

DEPARTMENT OF CONSUMER AND WORKER PROTECTION (DCWP)

42 Broadway New York, NY 10004

Dial 311 (212-NEW-YORK) nyc.gov/dcwp

## Written Argument Form – Recommended Decision

The Department of Consumer and Worker Protection (DCWP) may affirm, reverse, or modify a Recommended Decision issued by the Office of Administrative Trials and Hearings (OATH) in a Final Decision. You have the right to submit a written argument why DCWP should or should not follow OATH's Recommended Decision.

## Important:

- You must use this form to submit a written argument.
- Your written argument should rely only on facts and evidence that were used at the hearing. DCWP will not consider new facts or evidence.
- DCWP must receive your Written Argument Form within 30 days of the date of OATH's Recommended Decision.
- DCWP will issue a Final Decision no sooner than 60 days after the Recommended Decision is issued by OATH
- If you list a Representative, DCWP will mail the Final Decision to the Representative at the Representative's
  address. If you do not list a Representative, DCWP will mail the Final Decision to your (Respondent)
  address on this form.
- If you disagree with DCWP's Final Decision, you have the right to appeal by filing an Article 78 proceeding in New York State Supreme Court. More information about Article 78 proceedings can be found on the New York State Supreme Court website at nycourts.gov.

## Submission:

You can submit your Written Argument Form in ONE of three ways:

- 1. Email the completed form to <a href="mailto:RecommendedDecisions@dcwp.nyc.gov">RecommendedDecisions@dcwp.nyc.gov</a>. Make sure to include the Summons/Notice Number in the Subject line of your email. OR
- 2. Mail the completed form to: Department of Consumer and Worker Protection, Attn: General Counsel's Office Recommendation Review Team, 42 Broadway, 8th Floor, New York, NY 10004. OR
- 3. Bring the completed form to the address above.

Summons/Notice Number:		
Respondent Information	Representative Information	
Name:	Name:	
Mailing Address:	Mailing Address:	
City / State / ZIP Code:	City / State / ZIP Code:	
Telephone Number:	Telephone Number:	
Email Address:	Email Address:	
	Relationship to Respondent:	

WRITTEN ARGUN	/IENT	
Use the space belo	w to state why DCWP should or should	not follow OATH's Recommended Decision. Include an
	h charge. Attach additional sheets as ne	
Check one:	□ DCWP should follow OATH's	□ DCWP should <i>not</i> follow OATH's
Check one:	Recommended Decision.	Recommended Decision.
	Recommended Decision.	Recommended Decision.
		<del></del>
I, [print name]		, CERTIFY UNDER PENALTY OF PERJURY THAT I
	TO SUDMIT THIS WRITTEN ARCHME	
		xecuted in the City and State of New York and shall be
		the State of New York (notwithstanding New York choice
	law principles) and the laws of the Unite	
of law of conflict of	law principles) and the laws of the Office	tu States.
Signature		Date
Title/Position		