



**Consumer and
Worker Protection**

**DEPARTMENT OF CONSUMER AND
WORKER PROTECTION (DCWP)**

42 Broadway
New York, NY 10004

Dial 311 (212-NEW-YORK)

nyc.gov/dcwp

Request for Stay of Default

The Department of Consumer and Worker Protection (DCWP) intends to enter and docket a judgment against you in New York State Court based on a decision and order issued against you. You may request a “stay” so DCWP will stop or suspend entering and docketing a judgment against you.

Next Steps:

- **Before submitting this form**, you must request that the NYC Office of Administrative Trials and Hearings (OATH) vacate the decision under Section 1-45 or Section 6-21 of Title 48 of the Rules of the City of New York, or any applicable successor rule. Contact OATH online at nyc.gov/oath or by phone at 844-OATH-NYC (844-628-4692). *DCWP will deny your request if you did not first request that OATH vacate the decision.*
- You must use this form to request a stay of default.
- **DCWP must receive your Request for Stay of Default form within 30 days of the date you received DCWP’s Notice of Default (separate correspondence).** Contact DCWP at StayDefault@dcwp.nyc.gov if you have questions about the Notice of Default.

Important:

- Submitting the form does not mean your request for a stay of default is automatically approved. DCWP will issue its stay determination within 45 days of receiving this form.
- If you provide Representative Information, DCWP will mail its stay determination to your representative. If you do not list a representative, DCWP will mail its stay determination to you (Respondent).

Submission:

Submit your Request for Stay of Default form in one of two ways:

1. Email the completed form to StayDefault@dcwp.nyc.gov. **Make sure to include the Summons/Petition Number in the Subject line of your email.** OR
2. Mail the completed form to: Department of Consumer and Worker Protection, Attn: General Counsel Division Judgment Team, 42 Broadway, 8th Floor, New York, NY 10004

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

Continued >

You must check this box or DCWP will deny your request:

I confirm that I submitted a motion to OATH to vacate the default decision and order.

If you obtained a written decision or confirmation page showing that you requested to vacate the default decision at OATH, please include that document with your submission.

Check one box:

I requested a new hearing on the summons at OATH.

I pleaded guilty to all of the charges adjudicated in the decision. I agree to execute any required documents as evidence for the guilty plea.

Use the space below to state why DCWP should grant a stay of default and stop seeking to docket a judgment based on the decision and order issued against you. Please provide specific reasons why you were not able to participate in the OATH hearing on this matter. Attach additional sheets as necessary.

I, [print name] _____, CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO SUBMIT THIS REQUEST FOR STAY OF DEFAULT AND THAT ALL INFORMATION INCLUDED ON THIS FORM IS TRUE. This certification shall be deemed executed in the City and State of New York and shall be governed by and construed in accordance with the laws of the State of New York (notwithstanding New York choice of law or conflict of law principles) and the laws of the United States.

Signature

Date

Print Title/Position