REQUEST FOR JUDICIAL INTERVENTION UCS-840 (7/2012)						For Court Clerk Use Only: IAS Entry Date			
Supreme		COUNTY O	F	Albany		no Entry D	310		
Index No:			x Issued:_			Judge Assig	ned		
	he complete case cap a caption rider sheet.	tion. Do not use	et al or et ano	If more space is required,		RJI Date			
In the Matter of the A									
COMPETITIVE ENTERP									
Petition	•								
T Citabili	<u></u>			Plaintiff(s)/Petitioner(s)					
-against-									
THE ATTORNEY GENER	RAL OF NEW YORK	,							
Respond	lent.								
For a Judgment Pursu		the Civil Prac	lea Law and	Pulloc					
or a sudgment ruisa	unit to 718 tiele 70 of	the civil rac	icc Law and	raics.					
NATURE OF ACTIO	N OB BROCEE	NINC:	OL LONE L		n - 1 - 1	Defer	ndant(s)/Respondent(s)		
MATRIMONIAL	MORTROGEL	JING.	Check ONE D	ox only and specify where in COMMERCIAL	dicated,				
O Contested	·		· · · · · ·	O Business Entity (inclu	iding carners	tions partnerships (I Co. etc.\		
					uding corpora	itions, partnersnips, L	LUS, etc.)		
	monial actions where			O Contract					
1	ete and attach the MA			Insurance (where insurer is a party, except arbitration)					
For Uncontested Ma	trimonial actions, use	RJI form UD-13.		UCC (including sales, negotiable instruments)					
TORTS				Other Commercial:					
O Asbestos						(specify)			
O Breast Implant				NOTE: For Commo	rolal Division	goolanment vogulaate	IOO NIVODD e		
1 T						assignment requests he COMMERCIAL DI			
Environmental:		(specify)							
_		(specify)		REAL PROPERTY:	How many prop	perties does the applicat	ion include?		
O Medical, Dental, or Po	odiatric Malpractice			O Condemnation					
Motor Vehicle				O Mortgage Foreclosur	C (specify):	Residential	O Commercial		
Products Liability:				Property Address:			_		
		(specify)				City	State Zip		
Other Negligence:				NOTE: For Mortgage	e Foreclosure	actions involving a c	ne- to four-family,		
		(specify)		owner-occupied, res	idential prope	erty, or an owner-occu	pied		
Other Professional M	alpractice:			1		the FORECLOSU	•		
O CARON S POROCOSIONAL IN		(specify)		O Tax Certiorari - Secti					
Other Tort:				O Tax Foreclosure	OII.	Blook.			
O Outor Tork.		(specify)		Other Real Property:					
OTHER MATTERS		***		- Other Real Property:	.	(specify)			
	41 - (D) 10 T	NOTE :	~	ODESLAL DROOFERS	1100	(-,,,			
Certificate of Incorpor	•	e NOTE unger	ommerciai]	SPECIAL PROCEED					
Emergency Medical T	reatment			CPLR Article 75 (Arb		e NOTE under Comm	iercial]		
Habeas Corpus				CPLR Article 78 (Boo	dy or Officer)				
O Local Court Appeal				O Election Law					
O Mechanic's Lien				MHL Article 9.60 (Ke	ndra's Law)				
Name Change				MHL Article 10 (Sex 0	Offender Confin	ement-Initial)			
Pistol Permit Revocat	tion Hearing			MHL Article 10 (Sex 0		·			
Sale or Finance of Re	-	Property		MHL Article 81 (Guar		,			
Other:	_			Other Mental Hygien					
J =		specify)			·	(specify)			
				Other Special Procee	eding:				
					ogazogazgiya nanga tarakarin	(specify)			
STATUS OF ACTIO	N OR PROCEED	ING:		r NO for EVERY question Al	ND enter add	itional information wh	ere indicated.		
			YES						
Has a summons and com	plaint or summons w/	notice been filed	? 🔘	If yes, date filed:					
Has a summons and com	plaint or summons w/	notice been serv	ed?		d:				

is this action/proceeding being filed post-judgment?

NATURE OF JUDICIAL INTERVENTION:			Check ONE box only A	AND enter addition	onal information	where indic	ated.				
\simeq	Infant's Compromise	2 20 24/2/2/2									
_	Note of Issue and/or Certif										
O Notice of Medical, Dental, or Podiatric Malpractice				Date Issue Joined:		<u> </u>					
Notice of Motion			Relief Sought:		5V	Return Date	9:	1.0			
Notice of Petition				Article 78 (against body or off			e: 10/07/20				
Ŏ	Order to Show Cause			¥2		Return Date	ə:				
_	Poor Person Application										
	Request for Preliminary Co										
1000	Residential Mortgage Fore	closure Settle	ement Conference	ce							
Ŏ	Writ of Habeas Corpus										
O	Other (specify):										
BELVIELL (VSEZ.			ed actions. For Matrimonial actions, include any rela space is required, complete and attach the RJI Adde				Annual Carlotte Committee of the Committ	urt cases.			
		Index/Cas		Court				hin to Inst:	ant Case		
Case Title Index/Cas		IIIuex/Cas	C IAO'	Court	Judge (ii assigned)		Relations	elationship to Instant Case			
		<u> </u>			+						
		†			+						
DAD	TIES: For parties with	out an attorn	ey, check "Un-R	ep" box AND enter party	y address, phone	e number and e-	mail addres	s in space pro	ovided.		
PAR	If additional spa	ace is require	d, complete and	attach the RJI Addend	um.						
	Parties:			d/or Unrepresented				Issue			
	List parties in caption orde			y name, firm name, bus				Joined	Insurance		
Rep	indicate party role(s) (e.g. 3rd-party plaintiff).	defendant;		ttorneys that have appe e address, phone numb			ented	(Y/N):	Carrier(s):		
			arca:	e address, priorie ridirio	608 //	Jul 655.					
	Competitive Enterprise Institute Last Name		Bailen	Last Name	Mark	First Name		O			
			 Baker & Hostetle	rIIP				OYES			
П	First Name		Firm Name								
Ш	Primary Role:		1050 Connecticut Avenue, NW Washington District of Colu20036-6304								
Petitioner Secondary Role (if any):			Street	Address	ONO						
	Secondary Role (if any):		-1 (202) 861-1500 +1 (202) 861-1783 mbailen@bakerlaw.com Phone Fax e-mail								
	Compositive Enterprise Institute		Schutte	100							
	Competitive Enterprise Institute Last Name		benutte	chutte Elizabeth Last Name First Name				OYES			
			Baker & Hostetle	r, LLP				O'ES			
	First Name			Firm Name							
	Petitioner Secondary Role (if any):		45 Rockefeller Plaza New York New York 10111-0100 Street Address City State Zip								
									ONO		
	70 15		+1 (212) 589-4200 +1 (212) 589-4201 eschutte@bakerlaw.com Phone Fax e-mail								
	The Attorney General of New York		, w. Vilui								
	Last Name		1	Last Name First Name							
			Office of the New	York Attorney General_	rm Name			OYES			
	First Name Primary Role:		lan each or an								
	Respondent		The Capitol, Albany Office The Capitol Albany New York 12224-0341 Street Address City State Zip								
	Secondary Role (if a			⊙ NO							
			Phone	Fax	ā	e-mail					
	gu Anthuri			20 5000		2007/08/05 - Novikidaria					
	Last Name First Name Primary Role:		Last Name First Name				OYES				
			Firm Name								
			riiii Name								
	***************************************		Street	Address	City	State	Zip	O			
	Secondary Role (if a	ny):						ONO			
		Phone	Fax	-	e-mail						
	IRM UNDER THE PENA										
BEEN	I NO RELATED ACTION	NS OR PRO									
THIS	ACTION OR PROCEED	ING.			1	14					
					1,00	10	111				
	Dated: 08/31/20	016									
				=	SIGNATURE						
4865119				Elizabeth M. Schutte							
ATTORNEY REGISTRATION NUMBER					PRINT OR TYPE NAME						

Print Form