# REQUEST FOR CERTIFIED COPY OF ADMINISTRATIVE RECORD

1. An action has been filed seeking judicial review of the State Review Officer's Decision issued in Office of State Review Appeal Number .
2. The caption of the court proceeding is as follows:

 Plaintiff(s) *vs*

 Defendant(s)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The index or docket number of the court proceeding is .
2. The case was filed in the:

[ ]  U.S. District Court Northern District [ ]  U.S. District Court Southern District

[ ]  U.S. District Court Eastern District [ ]  U.S. District Court Western District

[ ]  New York State Supreme Court *(Please specify County)*

[ ] Other (*Please specify*)

The Judge assigned to preside over the case is .

Magistrate Judge is also assigned to the case. *(If applicable)*

1. I have received confirmation from the chambers of the assigned judge that *(select* ***ONE****)*

[ ]  The court prefers that a **hard copy** of the certified administrative record be sent **to chambers directly from the Office of State Review at the following address:**

[ ] The court prefers that the certified hard copy of the administrative hearing record be sent by the Office of State Review **to counsel for the school district** and be digitized and filed electronically in accordance with the court's CM/ECF rules.

[ ]  The court prefers that the certified hard copy of the administrative hearing record be sent by the Office of State Review **to counsel for the parent(s)** to be digitized and filed electronically in accordance with the court's CM/ECF rules.

|  |  |
| --- | --- |
| (*Signature*) |  |
| (*Printed Name*) |  |
| (*Street Address*) |  |
| (*City, State and Zip*) |  |
| (*Telephone Number*) |  |
| (*Fax Number*) |  |