

The City of New York Department of Finance
ADJUDICATION DIVISION - DISPOSITION AND PAYMENT DAILY LOG
 FOR COMMERCIAL ADJUDICATION USE ONLY

Date _____

Page _____ OF _____

BROKER OR CO. NAME _____

Represented by _____

Address _____

Electronic Case Folder # _____

Source Code & Batch NO. _____

City, State & Zip _____

ALJ'S NAME _____

ALJ ID CODE _____

Case No	Summons Numbers								VIOL CODE	Issue Date	PLEA	SCHD FINE+	PEN+ INT.	TOTAL	DISP CODE	REASON CODE	DISP AMT.	COMPLIER'S NAME	PLATE
1															DOO				
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			

I HEREBY CERTIFY THAT EACH OF THE MATTERS RECORDED ABOVE REFLECTS A HEARING CONDUCTED BY ME THAT THE DISPOSITIONS SHOWN ARE MADE BY ME AND THAT NO OTHER MATTERS ARE INCLUDED HEREIN AND THAT THIS LOG IS TRUE AND CORRECT IN ALL RESPECTS

 ALJ's Signature
 DATE _____

1. Total this page		# OF SUM(S) THIS PAGE _____
2. Brought Forward		BROUGHT FORWARD _____
3. TOTALS		TOTAL # SUMMONSES _____