REQUE	ST FOR JUDICIAL INTER	ENTION	For Court Clerk Use Only: IAS Entry Date				
Supreme	COURT, COUNTY OF	New York	BIO LINY DOLD				
ndex No:	Date Index Issued:	04/28/2015	Judge Assigned				
			1111 (Set-				
	the complete case caption. Do not use et al or et ano. a caption rider sheet.	If more space is required,	RJI Date				
SONZALES, ANDRES . MOROCHO, ASTRID P PLASTICS RECYCLING	NALLIANCE NYC, CECILIO ALBAYERO, JOSE CAS JAVIER-MORALES, ARISMENDY JEREZ, TONY JUI ORTILLO, SERGIO SANCHEZ, LUCINO RAMOS, E INC., DART CONTAINER CORPORATION, PACTIV ICS LLC, and REYNOLDS CONSUMER PRODUCTS	ELA, RUPERTO SMERALDA VALENCIA, / LLC, GENPAK LLC, 5 LLC,	SUPREME COURT APR 28 2 NEW YORK COUNT APR 28 2 EX-PARTE MOTION PART &				
against-		Plaintiff(s)/Petitioner(s)					
THE CITY OF NEW YO NEW YORK CITY DEP City of New York	RK; KATHRYN GARCIA, in her official capacity as ARTMENT OF SANITATION, a charter-mandated	agency; and BILL DE BL	ew York City Department of Sanitation; the ASIO, in his official capacity as Mayor of the APR NEW YORK NEW YORK Defendant(s)/Respondent(s) in the partment of Sanitation; the APR NEW YORK Defendant(s)/Respondent(s)				
NATURE OF ACTI	ON OR PROCEEDING: Check ONE box	r only and specify where in	timetery CLERT Derendant (Sincespondent(S)				
MATRIMONIAL		COMMERCIAL CO	Ptr.				
the age of 18, comp	imonial actions where the parties have children under elete and attach the MATRIMONIAL RJI Addendum. atrimonial actions, use RJI form UD-13.	Idel O contract					
O Asbestos		1 –	(specify)				
O Breast Implant O Environmental:			rcial Division assignment requests [22 NYCRR § e and attach the COMMERCIAL DIV RJI Addendum.				
	(specify)	-	How many properties does the application include?				
O Medical, Dental, or F O Motor Vehicle	Podiatric Malpractice	O Condemnation O Mortgage Foreclosur	e (specify): O Residential O Commercial				
O Products Liability:	(specify)	Property Address:	Address City State Zip				
O Other Negligence:	(specify)	NOTE: For Mortgage	e Foreclosure actions involving a one- to four-family, idential property, or an owner-occupied				
O Other Professional N			lete and attach the FORECLOSURE RJI Addendum.				
O other Test	(specify)		on: Block: Lot:				
O Other Tort:	(specify)	O Tax Foreclosure O Other Real Property:					
OTHER MATTERS			(specify)				
Certificate of Incorpo Emergency Medical Habeas Corpus Local Court Appeal Mechanic's Lien Name Change Pistol Permit Revoca	ation Hearing teligious/Not-for-Profit Property	CPLR Article 78 (Boo Election Law MHL Article 9.60 (Ke MHL Article 10 (Sex 0)	itration) [see NOTE under Commercial] ly or Officer) ndra's Law) Offender Confinement-Initial) Offender Confinement-Review) dianship)				
	(specify)	O Other Special Procee	(specify)				
	YES	NO	ND enter additional information where indicated.				
	nplaint or summons w/notice been filed?	•					
	nplaint or summons w/notice been served?		d: tate:				
s uns acuon/proceeding		i yes, juoument d	late.				

NAT	URE OF JUDICIAL INTER	RVENTION:	Check ONE box o	nly AND enter additi	onal information v	where indicate	ed.	
0	Infant's Compromise							
0	Note of Issue and/or Certificate	of Readiness						
0	Notice of Medical, Dental, or Po			·				
Q	Notice of Motion	Relief Sought:			Return Date:			
0	Notice of Petition	Relief Sought:	A		Return Date:		r	
0	Order to Show Cause	Relief Sought: ^I	Discovery		Return Date:	· ·		
0	Other Ex Parte Application	Relief Sought:						
	Poor Person Application							
0	Request for Preliminary Conference	ence						
0	Residential Mortgage Foreclosu	ire Settlement Conferen	ce .					
0	Writ of Habeas Corpus							
0	Other (specify):							
REL		any related actions. For					cases.	
		Iditional space is require						
Case	Title Inde	ex/Case No.	Court	Judge (if a	ssigned)	Relationshi	p to Insi	tant Case
								
								·····
an a			1					
PAR		n attorney, check "Un-R			e number and e-n	nail address ir	1 space p	rovided.
	r	required, complete and	allach the RJI Add	and a second		<u> </u>	Contract of the second	T
Un-	Parties: List parties in caption order and	······	<u> </u>	~	bono numbor on	d a madi l	ssue	Insurance
	indicate party role(s) (e.g. defen		Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.				Linined	Carrier(s):
-	3rd-party plaintiff).						[/N]:	
	Restaurant Action Alliance NYC	Mastro		Randy				
	Last Name		Last Name First Name			C	Oyes None	
		Gibson Dunn & C	Gibson Dunn & Crutcher LLP Firm Name					
	First Name Primary Role:							None
River and	Petitioner	200 Park Avenue Street	Address	New York City	New York 10 State	0166 Zip	-	
	Secondary Role (if any):			-		L. L.	ЭNO	
		+1 (212) 351-4000 Phone	+1 (212) 35	Fax rmast	ro@gibsondunn.com e-maił			
	Jerez	Mastro		Randy				
	Last Name		Last Name		First Name	C	YES	
_	Arismendy	Gibson Dunn & C	Crutcher LLP					
	First Name Primary Role:			Firm Name				None
	Petitioner	200 Park Avenue Street	Address	New York City	New York 10 State	2166 Zip		
	Secondary Role (if any):	*		2)NO	
		+1 (212) 351-4000 Phone	+1 (212) 35	Fax mast	ro@gibsondunn.com e-mail			
	Albayero	Mastro		Randy				
	Last Name		Last Name		First Name	r	YES	
A	Cecilio First Name	Gibson Dunn & C	Erutcher LLP	Eirm N=		0.00		
	First Name Primary Role:			Firm Name				None
	Petitioner	200 Park Avenue Street	Address	New York City	New York 10 State	0166 Zip	N	
	Secondary Role (if any):					L L)NO	
	······	+1 (212) 351-4000 Phone	+1 (212) 35	Fax rmast	ro@gibsondunn.com e-mail			
	Ramos	Mastro	Mastro Randy Last Name First Name Gibson Dunn & Crutcher LLP					
	Last Name				r)yes		
	Luciano	Gibson Dunn & (
	First Name Primary Role:			Firm Name				None
	Petitioner	200 Park Avenue Street	Address	New York City	New York 10 State	State 7in	\ -	
	Secondary Role (if any):			•		e e)NO	
		+1 (212) 351-4000 Phone	+1 (212) 35	Fax rmast	ro@gibsondunn.com e-mail			
I AFF	IRM UNDER THE PENALTY	OF PERJURY THAT	, TO MY KNOW	EDGE, OTHER T	HAN AS NOTE	D ABOVE,	THERE	ARE AND HAVE

BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: 04/28/2015

and M. Maytalia SIGNATURE

1792548

ATTORNEY REGISTRATION NUMBER

Randy M. Mastro PRINT OR TYPE NAME

Request for Judicial Intervention Addendum

Supreme

COURT, COUNTY OF

New York

Index No: _____

For use when additional space is needed to provide party or related case information.

	Parties:	Attorneys and/or Unrepresented Litigants:						Issue	
Un- Rep	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	address of a	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.					mail Joined (Y/N):	Insurance Carrier(s)
	Gonzales Last Name Maximilliano	Mastro Gibson Dunn	Last I & Crutcher LLP		Rar		first Name	Oyes	
	First Name Primary Role: Petitioner Secondary Role (if any):	+1 (212) 351-40	Street Address	+1 (212) 351~40		New rmastro@gibso	State ndunn.com	⁶⁶ Zip	None
	Javier-Morales Last Name Andres	Mastro	one Last I & Crutcher LLP	Name	ax Rar		e-mail Tirst Name	Oyes	
	First Name Primary Role: Petitioner Secondary Role (if any):	200 Park Avenu	e Street Address		i rm Name New York City 35	New '	State	66 Zip	None
	Juela Last Name	Ph Mastro	one Last I	F Name	ax Rar	ndy	e-mail irst Name	Oyes	
	Tony First Name Primary Role: Petitioner Secondary Role (if any):	200 Park Avenu	& Crutcher LLP e Street Address		rm Name New York City	New '	York 101 State	66 Zip	None
	Sanchez Last Name	+1 (212) 351-40 Ph Mastro	00 one Last #		35 ax Rar		ndunn.com e-mail ìrst Name	Oyes	
	First Name Primary Role:	200 Park Avenu	& Crutcher LLP e Street Address	Fi	rm Name New York City	New '	/ork 101 State		None
	Secondary Role (if any):	+1 (212) 351-40 Ph Mastro	00 one	+1 (212) 351-40 F	35 ax Rar	rmastro@gibsoi	ndunn.com e-mail		
	Last Name Esmeralda First Name		Last↑ & Crutcher LLP		rm Name		irst Name	Oyes	None
	Primary Role: Petitioner Secondary Role (if any):	+1 (212) 351-40	Street Address	+1 (212) 351-40	New York City 35 ax	New ` rmastro@gibsoi	State	⁶⁶ Zip	
	Castillo Last Name Jose First Name	Mastro Gibson Dunn	Last M & Crutcher LLP		Ran rm Name		irst Name	Oyes	
	Primary Role: Petitioner Secondary Role (if any):	200 Park Avenue New York New York 10166 Street Address City State Zip +1 (212) 351-4000 +1 (212) 351-4035 rmastro@gibsondunn.com			None				
EL/	TED CASES: List any rela				ax clude any rel	ated criminal a	e-mail and/or Fam	ily Court cases.	
ase	Title Index/Cas	se No.	Court		Judge	e (if assigne	d) Re	lationship to I	nstant Case

Request for Judicial Intervention Addendum

UCS-840A (7/2012)

YES

•NO

Relationship to Instant Case

Zip

None

\$

First Name

Primary Role:

Secondary Role (if any):

20

Index/Case No.

Street Address

Court

Phone

Case Title

RELATED CASES:

Supi	reme0	OURT, C	OUNTY OF	Nev	w York		Index I	No:		
For u	use when additional sp					ed case information. address, phone number and e-mail address in "Attorneys" space. tigants: ss address, phone number and e-mail di n the case. For unrepresented and e-mail address. Randy First Name W York 10166 City New York 10166 City State Zip City State Zip City State Zip City New York Zip City New York Zip City New York Zip City State Zip Pirst Name City New York Zip City State Zip City State Zip City State Zip Pirst Name City State Zip None				
PAR	TIES: For parties with	ut an attorne	ey, check "Un-Rep" t	ox AND ente	r party addro	ess, phone	e number and e-n	nail addre	ess in "Attor	neys" space.
	Parties:	A	ttorneys and/or l	Jnrepresen	ted Litiga	nts:				
Un- Rep	List parties in caption order a indicate party role(s) (e.g. de 3rd-party plaintiff).	fendant; ac	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.			Joined	Insurance Carrier(s):			
	Morocho Last Name			Last Name		Randy	First Name		Oyes	
	Ruperto First Name	Gi	bson Dunn & Crutche	r LLP	Firm Name				-	Nono
	Primary Role: Petitioner Secondary Role (if any):		0 Park Avenue Street Addre		New York	City	State	Zip	O NO	None
		+1	(212) 351-4000 Phone	+1 (212) 35	1-4035 Fax	rmast		1		
	Portillo Last Name			Last Name		Randy	First Name		Oyes	
Π	Astrid First Name	GI	bson Dunn & Crutche	rLLP	Firm Name					None
Primary Role: Petitioner Secondary Role (if any):	200	0 Park Avenue Street Addre		New York					lone	
	+1	(212) 351-4000 Phone	+1 (212) 35	1-4035 Fax	-	ro@gibsondunn.com		O NO		
	Last Name			Last Name			First Name		Oyes	
	First Name Primary Role:				Firm Name					None
	Secondary Role (if any):		Street Addre	SS		City	State	Zip	O NO	
			Phone		Fax		e-mail			
	Last Name		1	Last Name			First Name		Oyes	
Π	First Name Primary Role:				Firm Name					None
فستتسا	Secondary Role (if any):		Street Addre	\$\$	Ν	City		Zip	•NO	
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	Last Name		1	Last Name			First Name		OYES	
	First Name Primary Role:				Firm Name					None
-	Secondary Role (if any):		Street Addre	5 S		City	State	Zip	⊙ NO	
			Phone		Fax		e-mail			
	Last Name		I	Last Name			First Name		0	

Firm Name

Fax

List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

New York City

New York State

Judge (if assigned)

e-mail

Request for Judicial Intervention Addendum

Supreme

___COURT, COUNTY OF_____

F New York

Index No: _____

For use when additional space is needed to provide party or related case information.

PAR	TIES: For parties without an atto Parties:	ney, check "Un-Rep" box AND enter party address, phone number and e-mail address ir Attorneys and/or Unrepresented Litigants:	in "Attorn	eys" space.
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail	ssue oined Y/N):	Insurance Carrier(s)
	Plastics Recycling, Inc. Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Gibson Dunn & Crutcher LLP Firm Name 200 Park Avenue New York New York 10166)yes)no	None
	Dart Container Corporation Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Gibson Dunn & Crutcher LLP Firm Name 200 Park Avenue New York New York 10166 Street Address City State Zip +1 (212) 351-4000 +1 (212) 351-4035 rmastro@gibsondunn.com)yes)no	None
	Pactiv LLC Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Gibson Dunn & Crutcher LLP Firm Name 200 Park Avenue New York New York 10166 Street Address City State Zip +1 (212) 351-4000 +1 (212) 351-4035 rmastro@gibsondunn.com)yes Dno	None
	Genpak LLC Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Gibson Dunn & Crutcher LLP Firm Name 200 Park Avenue New York 10166)yes)no	None
	Commodore Plastics, LLC Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Mastro Randy Last Name First Name Gibson Dunn & Crutcher LLP Firm Name 200 Park Avenue New York New York 10166)yes)no	None
	Reynolds Consumer Products Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Gibson Dunn & Crutcher LLP Firm Name 200 Park Avenue New York New York 10166 Street Address City State Zip +1 (212) 351-4000 +1 (212) 351-4035 rmastro@gibsondunn.com)YES	None
RELA Case		ited actions. For Matrimonial actions, include any related criminal and/or Family Court ca		tant Case

Request for Judicial Intervention Addendum

Supreme

_COURT, COUNTY OF ____ New York _____

For use when additional space is needed to provide party or related case information.

Index No: _____

PAR		omey, check "Un-Rep" box AND er		e number and e-	mail addres	ss in "Atton	neys" space.
	Parties:	Attorneys and/or Unrepres		4			
Un- Rep	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm nam address of all attorneys that have litigants, provide address, phone		lssue Joined (Y/N):	Insurance Carrier(s):		
	City of New York Last Name	Last Name		First Name	•	Oyes	
— ––	First Name	Corporation Counsel	Firm Name	Name			Nono
	Primary Role: Respondent Secondary Role (if any):	100 Church Street Street Address	New York City	New York State	10007 Zip	⊙ NO	None
		Phone	Fax	e-mail			
	Garcia Last Name Kathryn	Last Name Corporation Counsel		First Name	•	Oyes	
	First Name		Firm Name				None
E	Primary Role: Respondent Secondary Role (if any):	100 Church Street Street Address	New York City	New York State	10007 Zip	O NO	
		Phone	Fax	e-mail	•••		
	New York City Department of Sanitation Last Name	Last Name Corporation Counsel		First Name		Oyes	
	First Name Primary Role:		Firm Name				None
	Respondent Secondary Role (if any):	100 Church Street Street Address	New York City	New York State	10007 Zip	ЮNO	
		Phone	Fax	e-mail			
	De Blasio Last Name	Last Name		First Name		OYES	
	Bill	Corporation Counsel					
	First Name Primary Role:		Firm Name				None
	Respondent	100 Church Street Street Address	New York City	New York State	10007 Zip	0.00	
	Secondary Role (if any):					•NO	
		Phone	Fax	e-mail			
	Last Name	Last Name		First Name		Oyes	
	First Name Primary Role:		Firm Name				None
hanna		Street Address	City	State	Zip	•NO	
	Secondary Role (if any):	Phone	Fax	e-mail			
	Last Name	Last Name		First Name		Oyes	
	First Name		Firm Name				None
L	Primary Role: Secondary Role (if any):	Street Address	City	State	Zip	•NO	
		Phone	Fax	e-mail			
	teri di dama mentenderi dan	ated actions. For Matrimonial action		T			
Case	Title Index/Ca	se No. Court	Judge (if a	assigned)	Relations	inip to In	stant Case

	REME COURT OF THE STATE OF NEW YORK
RES	TAURANT ACTION ALLIANCE NYC, et al. , Index No. $100734/2015$
	Plaintiffs,
	- against -
THE	CITY OF NEW YORK, et al.
	Defendants.
	REDACTION COVER PAGE
	K ALL THAT APPLY: The document filed contains no confidential personal information, as defined in 22 NYCRR 2025(c).
	The document filed is REDACTED in accordance with 22 NYCRR 202.5(e).
	The document filed is UN-REDACTED in accordance with 22 NYCRR 202.5(e).
	(a) The document filed contains SSN (as authorized by the order specified below).
	(b) The document filed contains confidential personal information as defined under 22 NYCRR 202.5(e) (as authorized by the order specified below).
	This document was previously filed REDACTED. Date:
	This document was previously filed UN-REDACTED. Date:
	The document filed seeks a remedy under 22 NYCRR 202.5(e)(2).
	The document filed seeks a remedy under 22 NYCRR 202.5(e)(3).
	Additional information:
	There is a previously filed order of the Court regarding this document: O yes / O no
	Date of order:
	Date order filed:
	Other identifying information for such order:
	The order of the Court is being filed with the redacted / un-redacted document: \bigcirc yes / \bigcirc no
	Date of order:
	Other identifying information for such order:
	Signature of filer: Kandy Mastro Print Name: Kandy Mastro Counsel appearing for: Petitioners (name of party)
	Filer is Unrepresented / Pro se: Oyes / O no
	Date: