

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

COURT, COUNTY OF _____

Index No: _____ Date Index Issued: ____/____/____

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.

For Court Clerk Use Only:	
IAS Entry Date	
Judge Assigned	
RJI Date	

Plaintiff(s)/Petitioner(s)

-against-

Defendant(s)/Respondent(s)

NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

MATRIMONIAL	COMMERCIAL
<input type="checkbox"/> Contested NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJI Addendum . For Uncontested Matrimonial actions, use RJI form UD-13.	<input type="checkbox"/> Business Entity (including corporations, partnerships, LLCs, etc.) <input type="checkbox"/> Contract <input type="checkbox"/> Insurance (where insurer is a party, except arbitration) <input type="checkbox"/> UCC (including sales, negotiable instruments) <input type="checkbox"/> Other Commercial: _____ (specify)
TORTS <input type="checkbox"/> Asbestos <input type="checkbox"/> Breast Implant <input type="checkbox"/> Environmental: _____ (specify) <input type="checkbox"/> Medical, Dental, or Podiatric Malpractice <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Products Liability: _____ (specify) <input type="checkbox"/> Other Negligence: _____ (specify) <input type="checkbox"/> Other Professional Malpractice: _____ (specify) <input type="checkbox"/> Other Tort: _____ (specify)	REAL PROPERTY: How many properties does the application include? _____ <input type="checkbox"/> Condemnation <input type="checkbox"/> Mortgage Foreclosure (specify): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Property Address: _____ NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the FORECLOSURE RJI Addendum . <input type="checkbox"/> Tax Certiorari - Section: _____ Block: _____ Lot: _____ <input type="checkbox"/> Tax Foreclosure <input type="checkbox"/> Other Real Property: _____ (specify)
OTHER MATTERS <input type="checkbox"/> Certificate of Incorporation/Dissolution [see NOTE under Commercial] <input type="checkbox"/> Emergency Medical Treatment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Local Court Appeal <input type="checkbox"/> Mechanic's Lien <input type="checkbox"/> Name Change <input type="checkbox"/> Pistol Permit Revocation Hearing <input type="checkbox"/> Sale or Finance of Religious/Not-for-Profit Property <input type="checkbox"/> Other: _____ (specify)	SPECIAL PROCEEDINGS <input type="checkbox"/> CPLR Article 75 (Arbitration) [see NOTE under Commercial] <input type="checkbox"/> CPLR Article 78 (Body or Officer) <input type="checkbox"/> Election Law <input type="checkbox"/> MHL Article 9.60 (Kendra's Law) <input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Initial) <input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Review) <input type="checkbox"/> MHL Article 81 (Guardianship) <input type="checkbox"/> Other Mental Hygiene: _____ (specify) <input type="checkbox"/> Other Special Proceeding: _____

STATUS OF ACTION OR PROCEEDING: Answer YES or NO for EVERY question AND enter additional information where indicated.

	YES	NO	
Has a summons and complaint or summons w/notice been filed?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date filed: ____/____/____
Has a summons and complaint or summons w/notice been served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date served: ____/____/____
Is this action/proceeding being filed post-judgment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, judgment date: ____/____/____

NATURE OF JUDICIAL INTERVENTION:

Check ONE box only AND enter additional information where indicated.

- Infant's Compromise
- Note of Issue and/or Certificate of Readiness
- Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined: ____/____/____
- Notice of Motion Relief Sought: _____ Return Date: ____/____/____
- Notice of Petition Relief Sought: _____ Return Date: ____/____/____
- Order to Show Cause Relief Sought: _____ Return Date: ____/____/____
- Other Ex Parte Application Relief Sought: _____
- Poor Person Application
- Request for Preliminary Conference
- Residential Mortgage Foreclosure Settlement Conference
- Writ of Habeas Corpus
- Other (specify): _____

RELATED CASES:

List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the **RJI Addendum**. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

PARTIES:

For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided. If additional space is required, complete and attach the **RJI Addendum**.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Name: Role(s):	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.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED 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: ____/____/____

SIGNATURE

ATTORNEY REGISTRATION NUMBER

PRINT OR TYPE NAME