[Fill in the spaces next to the instructions. Other spaces are for Court use.]

		At a(an) IAS/Special Term Part of the Supreme Court of the State of New York, held in and for the County of Nassau, at the Courthouse thereof, located at 100 Supreme Court Drive, Mineola, New York on the day of 20
PRESENT: HON Justice of the	ne Supreme Court	-
		X
	,	[1. Index No. & Year] Index No.
[2. Fill in name(s)]	Plaintiff(s)	/ ORDER TO SHOW
-against-		CAUSE IN A CIVIL ACTION
[3. Fill in name(s)]	Defendant(s)	WITH TEMPORARY RESTRAINING
		ORDER (T.R.O.)
Upon the reading and fili	ng the affidavit(s) of [4	. Your name(s)]
		Date the Affidavit was sworn to
before a notary public]	, 20	and upon the exhibits attached
to the affidavit, and [6. Identify o	ther supporting pape	ers, such as, additional affidavits]
Let the plaintiff/defendant(s) or	their attorney(s) show	cause at IAS PART Room,
of this Court, to be held at the Co	ourthouse, 100 Supren	ne Court Drive, Mineola, New York,
on, 20), ato'clock	in the noon or as soon as the
parties to this proceeding may b	e heard why an order	should not be made, providing the
following relief: [7. Describe wh	nat you are asking th	e Court to do]

for the reasons that [8.Describe the reasons your request should be granted]

Pending the hearing of this motion it is;

Ordered that [9. State what you want the Court to stay/stop.]

Sufficient cause appearing therefor, let personal service of a copy of this order, and the affidavit and all other papers upon which this order is granted, upon all parties to this plaintiff(s)/defendant(s), by _____

on or before ______, 20____ be deemed good and sufficient service hereof. An affidavit or other proof of service shall be presented to this Court on or before the return date directed in the second paragraph of this order.

ENTER

J.S.C.

[Fill in the spaces next to the instructions. Attach copies of the indicated documents and mark them as exhibits. Sign your name in the presence of a notary public]

Plaintiff(s)

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NASSAU

-----X

[10. Index No. & Year] Index No. / AFFIDAVIT IN SUPPORT

-against-

[12. Fill in name(s)] Defendant(s)

-----X

STATE OF NEW YORK,

[11. Fill in name(s)]

COUNTY OF _____ss:

[13. Your name] ______, being duly sworn, deposes and says:

1) I am the **[14. Circle one]** plaintiff/defendant, in this action. I make this affidavit in support of my motion for an order **[15. State what you want the Court's Order to provide/grant** you include why you should be granted immediate relief pending the hearing of this motion by the Court. The above statement must also be included in the Order to Show Cause or Notice of Motion.]



2) I believe the Court should grant my motion because [16. Explain your reasons. Attach additional pages if necessary]

3) I request that the Court issue an Order temporarily restraining the plaintiff/defendant from

[17. State the nature of the action or activity sought to be restrained.]

for the reason(s) that

[18. State the reasons- specifically why the order needs to be immediately granted.]

4)A prior application [19. Check that a prior application has been made only if you are seeking the same relief again] _____has or ____ has not been made for the relief requested herein. If a prior application has been made then provide the following information [20. What Court, when, who made the application, the result of the application, attach a copies of the application and explain why you are making another application.]

WHEREFORE, I respectfully request that this motion be granted, that the Court issue a temporary restraining order, and that I have such other and further relief as the Court may find to be just and proper.

[21. SIGN YOUR NAME BEFORE NOTARY]

[22. PRINT YOUR NAME]

Sworn to before me this day of _____, 20___

Notary Public [23. Affidavit must be notarized]

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NASSAU

[25. Fill in name(s)]

Plaintiff(s)

[24. Index No. & Year] Index No. /

-against-

[26. Fill in name(s)]

Defendant(s)

-----x

[27. Insert name(s) of papers submitted]

[28. YOUR SIGNATURE]

[29. PRINT YOUR NAME]

[30. YOUR ADDRESS]

[31. CITY, STATE ZIP CODE]

[32. YOUR PHONE NUMBER]