

Request for Judicial Intervention Addendum

UCS-840A (3/2011)

_____ COURT, COUNTY OF _____ Index No: _____

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

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties: List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Attorneys: Provide name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case.	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	

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

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