

**[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 Supreme Court  
-----x

\_\_\_\_\_,  
**[2. Fill in name(s)]** Plaintiff(s)

-against-

\_\_\_\_\_,  
**[3. Fill in name(s)]** Defendant(s)

-----x

**[1. Index No. & Year]**

Index No.

\_\_\_\_\_/

ORDER TO SHOW  
CAUSE IN A  
CIVIL ACTION

Upon the reading and filing the affidavit(s) of **[4. Your name(s)]**

\_\_\_\_\_, sworn to on **[5. Date the Affidavit was sworn to  
before a notary public]** \_\_\_\_\_, 20\_\_\_ and upon the exhibits attached  
to the affidavit, and **[6. Identify other supporting papers, such as, additional affidavits]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Let the plaintiff/defendant(s) show cause at IAS PART \_\_\_ Room \_\_\_, of this Court, to be  
held at the Courthouse, 100 Supreme Court Drive, Mineola, New York, on  
\_\_\_\_\_, 20\_\_\_, at \_\_\_ o'clock in the \_\_\_ noon or as soon as the parties  
to this proceeding may be heard why an order should not be made, providing the following  
relief:

**[7. Describe what you are asking the Court to do]**

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

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Sufficient cause appearing therefor, let service of a copy of this order and the other papers upon which this order is granted, upon the plaintiff(s)/defendant(s), by \_\_\_\_\_

\_\_\_\_\_ on or before the \_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_ be deemed good and sufficient. 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]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

\_\_\_\_\_,  
**[10. Fill in name(s)]** Plaintiff(s)

-against-

\_\_\_\_\_,  
**[11. Fill in name(s)]** Defendant(s)

-----X

STATE OF NEW YORK,  
COUNTY OF \_\_\_\_\_ ss:

**[12. Your name]** \_\_\_\_\_, being duly sworn, deposes and says:

1) I am the **[13. Circle one]** plaintiff/defendant, in this action. I make this affidavit in support of my motion for an order **[14. 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 **[15. Explain your reasons. Attach additional pages if necessary]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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3) A prior application [16. 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 [17. 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.]

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

\_\_\_\_\_  
**[18. SIGN YOUR NAME BEFORE NOTARY]**

\_\_\_\_\_  
**[19. PRINT YOUR NAME]**

Sworn to before me this  
day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public  
**[20. Affidavit must be notarized]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

\_\_\_\_\_  
[22. Fill in name(s)]

Plaintiff(s)

[21. Index No. & Year]

Index No.

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

-against-

\_\_\_\_\_  
[23. Fill in name(s)]

Defendant(s)

-----X

\_\_\_\_\_

\_\_\_\_\_  
[24. Insert name(s) of papers submitted]

\_\_\_\_\_  
[25. YOUR SIGNATURE]

\_\_\_\_\_  
[26. PRINT YOUR NAME]

\_\_\_\_\_  
[27. YOUR ADDRESS]

\_\_\_\_\_  
[28. CITY, STATE ZIP CODE]

\_\_\_\_\_  
[29. YOUR PHONE NUMBER]