[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]

COUNTY OF NASSAU	x	[22. Index No. & Year] Index No. / AFFIDAVIT IN SUPPORT
[23. Fill in name(s)] -against-	Plaintiff(s)	
[24. Fill in name(s)]	, Defendant(s)	,
STATE OF NEW YORK,	······································	`
COUNTY OFss:		
[25. Your name]		, being duly sworn,
deposes and says:		
1) I am the [26. Circle one] plai	intiff/defendant, in this acti	on. I make this affidavit in
support of my motion for an ord	er [27. State what you wa	ant the Court's Order to
provide/grant you include why	y you should be granted	immediate relief pending the
hearing of this motion by the in the Order to Show Cause o		
2) I believe the Court should gra	•	3. Explain your reasons.

3) A prior application [29. 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 [30. 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.]
WILLEBEEODE I reconnectfully required that this motion has granted, and that I have each
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.
[31. SIGN YOUR NAME BEFORE NOTARY]
[32. PRINT YOUR NAME]
Sworn to before me this
day of, 20
Notary Public

[33. Affidavit must be notal SUPREME COURT OF THE COUNTY OF NASSAU	rized] E STATE OF NEW YORK x	
[35. Fill in name(s)]	Plaintiff(s)	[34. Index No. & Year] Index No.
-against-		
[36. Fill in name(s)]	Defendant(s)	
[37. li	nsert name(s) of papers sub	mitted]
	[38. YOUR SIGNATURE]	
	[39. PRINT YOUR NAME]	
	[40. YOUR ADDRESS]	
	[41. CITY, STATE ZIP CODE	<u></u>
	[42. YOUR PHONE NUMBER	<u> </u>