[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	(
[23. Fill in name(s)]	Plaintiff(s)	[22. Index No. & Year] Index No. / AFFIDAVIT IN SUPPORT
-against-		
[24. Fill in name(s)]	, Defendant(s) x	
STATE OF NEW YORK,		
COUNTY OFss:		
[25. Your name]		, being duly sworn, deposes
and says:		
1) I am the [26. Circle one] plai	ntiff/defendant, in this action	. I make this affidavit in support
of my motion for an order [27.	State what you want the C	ourt's Order to provide/grant
you include why you should	be granted immediate relie	ef pending the hearing of this
motion by the Court. The al	bove statement must also	be included in the Order to
Show Cause or Notice of Mo	tion.]	
2) I believe the Court should gra	ant my motion because [28.	Explain your reasons. Attach
additional pages if necessar	y]	

) A prior application [29. Check that a	prior application has been made only if you are
	has or has not been made for the relief
	who made the application, the result of the
-	application and explain why you are making
another application.]	. , , , ,
-	
WHEREFORE, I respectfully re	equest that this motion be granted, and that I have
such other and further relief as the Co	urt may find to be just and proper.
	[31. SIGN YOUR NAME BEFORE NOTARY]
Sworn to before me this	[32. PRINT YOUR NAME]
day of, 20	<u> </u>
N. (D. I.	
Notary Public [33. Affidavit must be notarized]	

COUNTY OF NASSAU	THE STATE OF NEW YORK	
[35. Fill in name(s)]	Plaintiff(s)	[34. Index No. & Year] Index No.
-against- [36. Fill in name(s)]		
[3	37. Insert name(s) of papers subr	nitted]
	[38. YOUR SIGNATURE]	
	[39. PRINT YOUR NAME]	
· <u> </u>	[40. YOUR ADDRESS]	
	[41. CITY, STATE ZIP CODE]	1
_	[42. YOUR PHONE NUMBER]