[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 ST COUNTY OF NASSAU	TATE OF NEW YORK	
[11. Fill in name(s)] -against-	Plaintiff(s)	[10. Index No. & Year] Index No. / AFFIDAVIT IN SUPPORT
[12. Fill in name(s)]	Defendant(s)	
STATE OF NEW YORK,	x	
COUNTY OFss: [13. Your name] and says:		, being duly sworn, deposes
1) I am the [14. Circle one] plains of my motion for an order [15. So you include why you should be motion by the Court. The about	tate what you want the Co e granted immediate relie	ourt's Order to provide/grant f pending the hearing of this
Show Cause or Notice of Moti		be included in the Order to

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				
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				

WHEREFORE, I respectfully requ	uest 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.	
ma ac ac Jacobana propon	
	[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]	

COUNTY OF NASSAU	x	
[25. Fill in name(s)]	Plaintiff(s)	[24. Index No. & Year] Index No.
-against-		
[26. Fill in name(s)]		
[27	7. Insert name(s) of papers subr	mitted]
	[28. YOUR SIGNATURE]	
	[29. PRINT YOUR NAME]	
	[30. YOUR ADDRESS]	
	[31. CITY, STATE ZIP CODE	1
	[32. YOUR PHONE NUMBER	<u> </u>