## Supreme Court of the State of New York Appellate Division: Judicial Department

Informational Statement (Pursuant to 22 NYCRR 1250.3 [a]) - Civil

Case Title: Set forth the title of the show cause by which the matter w	For Court of Original Instance					
- against -			Date Notice of Appeal Filed			
			For Appellate Division			
Case Type		Filing Type				
<ul> <li>Civil Action</li> <li>CPLR article 75 Arbitration</li> </ul>	<ul> <li>CPLR article 78 Proceed</li> <li>Special Proceeding Oth</li> <li>Habeas Corpus Proceed</li> </ul>	er Original Proceed	Executive Law § 298 CPLR 5704 Review 220-b w § 36			
Nature of Suit: Check up to three of the following categories which best reflect the nature of the case.						
□ Administrative Review	□ Business Relationships					
□ Declaratory Judgment	□ Domestic Relations	□ Election Law	Estate Matters			
☐ Family Court	□ Mortgage Foreclosure	☐ Miscellaneous	□ Prisoner Discipline & Parole			
□ Real Property (other than foreclosure)	□ Statutory	$\Box$ Taxation	□ Torts			

	Appeal				
Paper Appealed From (Check one only):		If an appeal has been taken from more than one order or			
		judgment by the filing of this notice of appeal, please			
			ation for each such order or		
			on a separate sheet of paper.		
Amended Decree	Determination	□ Order	Resettled Order		
Amended Judgement	Finding	Order & Judgment			
Amended Order	□ Interlocutory Decree	Partial Decree	$\Box$ Other (specify):		
	□ Interlocutory Judgment	□ Resettled Decree			
Decree	Judgment	Resettled Judgment			
Court:		County:			
Dated:		Entered:			
Judge (name in full):		Index No.:	Index No.:		
Stage: 🗌 Interlocutory 🗌 Final 🗌	Post-Final	Trial: 🗌 Yes 🗌 No	If Yes: 🗌 Jury 🗌 Non-Jury		
	Prior Unperfected Appeal and	nd Related Case Information	n		
Are any appeals arising in the same ac	ction or proceeding currently	pending in the court?	🗆 Yes 🛛 No		
If Yes, please set forth the Appellate D	ivision Case Number assigne	ed to each such appeal.			
Where appropriate, indicate whether	•	r proceeding now in any co	urt of this or any other		
jurisdiction, and if so, the status of the	e case:				
	Original Proce	eeding			
Commonced by: Order to Show (		Writ of Haboas Corpus	Date Filed:		
Statute authorizing commencement of proceeding in the Appellate Division:					
	Proceeding Transferred Purs	uant to CPLR 7804(g)			
Court:	Cou	inty:			
Judge (name in full):		ler of Transfer Date:			
	CPLR 5704 Review of E				
Court:	Col	inty:			
Judge (name in full):	Dat	•			
			ssues		
Description of Appeal, Proceeding or Application and Statement of Issues					
Description: If an appeal, briefly describe the paper appealed from. If the appeal is from an order, specify the relief					
requested and whether the motion was granted or denied. If an original proceeding commenced in this court or transferred					
pursuant to CPLR 7804(g), briefly describe the object of proceeding. If an application under CPLR 5704, briefly describe the					
nature of the ex parte order to be reviewed.					
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Issues: Specify the issues proposed to be raised on the appeal, proceeding, or application for CPLR 5704 review, the grounds for reversal, or modification to be advanced and the specific relief sought on appeal.

## **Party Information**

Instructions: Fill in the name of each party to the action or proceeding, one name per line. If this form is to be filed for an appeal, indicate the status of the party in the court of original instance and his, her, or its status in this court, if any. If this form is to be filed for a proceeding commenced in this court, fill in only the party's name and his, her, or its status in this court.

No.	Party Name	Original Status	Appellate Division Status
1		Original Status	
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Attorney Information						
Instructions: Fill in the	names of the at	tornovs or firm	c for the respecti	vo partios If t	his form is to be filed w	ith tho
Instructions: Fill in the names of the attorneys or firms for the respective parties. If this form is to be filed with the notice of petition or order to show cause by which a special proceeding is to be commenced in the Appellate Division,						
only the name of the at		• •				-
himself, the box marked	• •		•			
in the spaces provided.						
Attorney/Firm Name:						
Address:						
City:	State:		Zip:	Telep	hone No:	
E-mail Address:						
Attorney Type:	Retained	Assigned	🗌 Governmen	t 🗌 Pro Se	Pro Hac Vice	
Party or Parties Represe	ented (set forth j	party number(s	) from table abo	ve):		
Attorney/Firm Name:						
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Party or Parties Represe	ented (set forth p	party number(s	) from table abov	/e):	1 / 11 / 11 / 11 / 11 / 11 / 11 / 11 /	11/11/11/11/11/11/10

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