

**SUMMARY STATEMENT ON APPLICATION FOR
EXPEDITED SERVICE AND/OR INTERIM RELIEF**

(SUBMITTED BY MOVING PARTY)

Date _____

Title of Matter _____ Index/Indict # _____

Appeal by _____ from order judgment of decree _____ of Supreme Surrogate's Family _____ County _____ Court entered on _____, 20 _____

Name of Judge _____ Notice of Appeal filed on _____, 20 _____

If from: administrative determination, state agency _____

Nature of action or proceeding _____

Provisions of order judgment appealed from _____ decree _____

This application by _____ appellant respondent is for _____

If applying for a stay, state reason why requested _____

Has any undertaking been posted _____ If "yes", state amount and type _____

Has application been made to court below for this relief _____ If yes, state Disposition _____

Has there been any prior application herein in this court _____ If "yes", state dates and nature _____

Has adversary been advised of this application _____ Does he/she consent _____

