

**REQUEST FOR JUDICIAL INTERVENTION**

COURT _____	COUNTY _____	INDEX NO. _____	DATE PURCHASED _____	For Clerk Only
PLAINTIFF(S):				IAS entry date
DEFENDANT(S):				Judge Assigned
				RJI Date

Date issue joined: \_\_\_\_\_ Bill of particulars served (Y/N): [ ] Yes [ ] No

**NATURE OF JUDICIAL INTERVENTION** (check ONE box only AND enter information)

- |   |  |
|---|--|
| <input type="checkbox"/> Request for preliminary conference   | <input type="checkbox"/> Notice of petition (return date: _____)<br>Relief sought _____  |
| <input type="checkbox"/> Note of issue and/or certificate of readiness                                  | <input type="checkbox"/> Notice of medical or dental malpractice action (specify: _____) |
| <input type="checkbox"/> Notice of motion (return date: _____)<br>Relief sought _____                   | <input type="checkbox"/> Statement of net worth  |
| <input type="checkbox"/> Order to show cause<br>(clerk enter return date: _____)<br>Relief sought _____ | <input type="checkbox"/> Writ of habeas corpus   |
| <input type="checkbox"/> Other ex parte application (specify: _____)                                    | <input type="checkbox"/> Other (specify: _____)  |

**NATURE OF ACTION OR PROCEEDING** (Check ONE box only)

MATRIMONIAL

- Contested -CM  
 Uncontested -UM

COMMERCIAL

- Contract -CONT  
 Corporate -CORP  
 Insurance (where insurer is a party, except arbitration) -INS  
 UCC (including sales, negotiable instruments) -UCC  
 \*Other Commercial -OC

REAL PROPERTY

- Tax Certiorari -TAX  
 Foreclosure -FOR  
 Condemnation -COND  
 Landlord/Tenant -LT  
 \*Other Real Property -ORP

OTHER MATTERS

- \* \_\_\_\_\_ -OTH

TORTS

Malpractice

- |  |      |
|--|------|
| <input type="checkbox"/> Medical/Podiatric                   | -MM  |
| <input type="checkbox"/> Dental                              | -DM  |
| <input type="checkbox"/> *Other Professional                 | -OPM |
| <input type="checkbox"/> Motor Vehicle                       | -MV  |
| <input type="checkbox"/> *Products Liability                 | -PL  |
| <input type="checkbox"/> Environmental                       | -EN  |
| <input type="checkbox"/> Asbestos                            | -ASB |
| <input type="checkbox"/> Breast Implant                      | -BI  |
| <input type="checkbox"/> *Other Negligence                   | -OTN |
| <input type="checkbox"/> *Other Tort (including intentional) | -OT  |

SPECIAL PROCEEDINGS

- |   |          |
|---|----------|
| <input type="checkbox"/> Art. 75 (Arbitration)      | -ART75   |
| <input type="checkbox"/> Art. 77 (Trusts)           | -ART77   |
| <input type="checkbox"/> Art. 78                    | -ART78   |
| <input type="checkbox"/> Election Law               | -ELEC    |
| <input type="checkbox"/> Guardianship (MHL Art. 81) | -GUARD81 |
| <input type="checkbox"/> *Other Mental Hygiene      | -MHYG    |
| <input type="checkbox"/> *Other Special Proceeding  | -OSP     |

**Check "YES" or "NO" for each of the following questions:**

Is this action/proceeding against a

YES NO YES NO  
  Municipality:   Public Authority:  
 (Specify \_\_\_\_\_) (Specify \_\_\_\_\_)

YES NO  
  Does this action/proceeding seek equitable relief?  
  Does this action/proceeding seek recovery for personal injury?  
  Does this action/proceeding seek recovery for property damage?

**Pre-Note Time Frames:**

(This applies to all cases except contested matrimonials and tax certiorari cases)

Estimated time period for case to be ready for trial (from filing of RJI to filing of Note of Issue):

Expedited: 0-8 months  Standard: 9-12 months  Complex: 13-15 months

**Contested Matrimonial Cases Only:** (Check and give date)

Has summons been served?  No  Yes, Date \_\_\_\_\_

Was a Notice of No Necessity filed?  No  Yes, Date \_\_\_\_\_

**ATTORNEY(S) FOR PLAINTIFF(S):**

<u>Self Rep.*</u>	<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<input type="checkbox"/>			
<input type="checkbox"/>			

**ATTORNEY(S) FOR DEFENDANT(S):**

<u>Self Rep.*</u>	<u>Name</u>	<u>Address</u>	<u>Phone #</u>
<input type="checkbox"/>			
<input type="checkbox"/>			

\*Self Represented: parties representing themselves, without an attorney, should check the "Self Rep." box and enter their name, address, and phone # in the space provided above for attorneys.

**INSURANCE CARRIERS:**

**RELATED CASES: (IF NONE, write "NONE" below)**

Title Index # Court Nature of Relationship

I AFFIRM UNDER PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(PRINT OR TYPE NAME)

\_\_\_\_\_  
ATTORNEY FOR

ATTACH RIDER SHEET IF NECESSARY TO PROVIDE REQUIRED INFORMATION