

[Fill in the spaces next to the instructions. Other spaces are for Court use.]

At a(an) IAS/Special Term Part ___
of the Supreme Court of the State
of New York, held in and for the
County of Nassau, at the
Courthouse thereof, located at
100 Supreme Court Drive,
Mineola, New York on the ___ day
of 20_____

PRESENT: HON. _____
Justice of the Supreme Court
-----X

_____,
[2. Fill in name(s)] Plaintiff(s)

-against-

_____,
[3. Fill in name(s)] Defendant(s)
-----X

[1. Index No. & Year]

Index No.

_____/_____
/

ORDER EXTENDING
PLAINTIFF'S TIME TO
SERVE THE SUMMONS

Now upon reading and filing the annexed affidavit(s) of **[4. Your name(s)]**
_____, sworn to on **[5. Date the Affidavit was sworn to**
before a notary public] _____ and upon the exhibits attached thereto,
and after due deliberation having been held thereon,

Now upon motion of **[6. Your name(s)]** _____, it is
ORDERED, that the time of the plaintiff to serve the summons and complaint is
hereby extended for an additional period of 120 days from the date of this order.

ENTER

J.S.C.

2) I believe the Court should grant my motion because **[13. Explain your reasons. Attach additional pages if necessary]**

3) A prior application **[14. 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 **[15. What Court, when, who made the application, the result of the application, attach a copies of the application, why you are making another]**

WHEREFORE, I respectfully request that this motion be granted , and that I have such other and further relief as the Court may find to be just and proper.

[16. SIGN YOUR NAME BEFORE NOTARY]

[17. PRINT YOUR NAME]

Sworn to before me this
day of _____, 20____

Notary Public
[18. Affidavit must be notarized]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

[20. Fill in name(s)]

Plaintiff(s)

[19. Index No. & Year]

Index No.

_____/_____

-against-

[21. Fill in name(s)]

Defendant(s)

-----X

[22. Insert name(s) of papers submitted]

[23. YOUR SIGNATURE]

[24. PRINT YOUR NAME]

[25. YOUR ADDRESS]

[26. CITY, STATE ZIP CODE]

[27. YOUR PHONE NUMBER]