

**[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

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]**

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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]**

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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]