

**[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

In the Matter of the Application of

\_\_\_\_\_,  
**[2. Fill in name(s)]** Petitioner(s)

-against-

\_\_\_\_\_,  
**[3. Fill in name(s)]** Respondent(s)

-----X

**[1. Index No. & Year]**

Index No.

\_\_\_\_\_/\_\_\_\_

ORDER TO SHOW  
CAUSE IN  
SPECIAL PROCEEDING

Upon the reading and filing the petition(s) of **[4. Your name(s)]**  
\_\_\_\_\_, sworn to on **[5. Date the Verified Petition**  
**notarized]** \_\_\_\_\_, 20\_\_ and upon the exhibits attached to the petition,  
and **[6. Identify other supporting papers, such as, additional affidavits]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Let the respondent(s) show cause at IAS PART \_\_\_, Room \_\_\_, of this Court, to  
be held at the Courthouse, 100 Supreme Court Drive, Mineola, New York, on  
\_\_\_\_\_, 20\_\_, at \_\_\_ o'clock in the \_\_\_ noon or as soon as the parties to this  
proceeding may be heard why an order should not be made, providing the following relief:

**[7. Describe what you are asking the Court to do]**

---

---

---

for the reasons that **[8. Describe the reasons your request should be granted]**

---

---

---

---

---

---

---

---

---

---

Sufficient cause appearing therefor, let personal service of a copy of this order, and the petition and all other papers upon which this order is granted, upon all parties to this proceeding, on or before \_\_\_\_\_, 20\_\_ be deemed good and sufficient service hereof.

ENTER

---

J.S.C.

**[Fill in the spaces next to the instructions. Attach copies of the indicated documents and mark them as exhibits.]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X  
In the Matter of the Application of

\_\_\_\_\_,  
**[10. Fill in name(s)]** Petitioner(s)

**[9. Index No. & Year]**  
Index No. \_\_\_\_\_ / \_\_\_\_\_  
PETITION

-against-

\_\_\_\_\_,  
**[11. Fill in name(s)]** Respondent(s)

-----X

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NASSAU:

The petition of **[12. Your name]** \_\_\_\_\_ respectfully  
shows to this Court as follows:

1) Your petitioner(s) resides at **[13. Your address]**

\_\_\_\_\_.

2) The respondent (s) **[14. Identify respondent]** and **[15. Your involvement]**

\_\_\_\_\_.

\_\_\_\_\_.

The facts concerning the litigation including underlying events and the nature of actions and decisions taken by respondents that petitioner wishes to challenge are as follows.

**[16. Describe facts & events concerning your claims. State the actions and decisions taken by respondents that you wish to challenge. Add more pages if needed]**

3) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Attached hereto are copies of relevant documents in support of petitioner's case, including determination(s) issued by respondent(s) that have a bearing on this case and/or of which petitioner herein complains, if any. **[17. Identify all documents including written decisions, determinations made by respondents that are relevant to this case.]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[18. Attach each document to this packet and label it as Exhibit A, Exhibit B, etc... List exhibits below]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8) A prior application **[19. 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 **[20. What Court, when, who made the application, the result of the application, attach a copies of the application and explain why you are making another application.]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**WHEREFORE, your deponent prays that this Court [21. Describe what you are asking the Court to do]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
and such other relief as the Court may find just and proper.

**[22. Date and County papers are signed in]**

Dated: \_\_\_\_\_ , New York  
\_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Petitioner Signature  
**[23. Your signature]**

\_\_\_\_\_  
Print Petitioner Name  
**[24. Print Your Name]**

**[Fill in the spaces next to the instructions.]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

In the Matter of the Application of

\_\_\_\_\_,  
**[26. Fill in name(s)]** Petitioner(s)

**[25. Index No. & Year]**

Index No. \_\_\_\_\_ / \_\_\_\_\_  
VERIFICATION

-against-

\_\_\_\_\_,  
**[27. Fill in name(s)]** Respondent(s)

-----X

STATE OF NEW YORK}

SS. :}

COUNTY OF \_\_\_\_\_ }

**[28. Insert County where papers signed and notarized]**

\_\_\_\_\_ **[29. Insert Your Name]**, being duly sworn, deposes and says: I am the \_\_\_\_\_ **[30. Insert Petitioner or Respondent]** in this matter. I have read the foregoing \_\_\_\_\_ **[31. Insert the name(s) of the above documents e.g. affidavit, petition etc.]** and know the contents thereof. The same are true to my knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters I believe them to be true

\_\_\_\_\_  
**[32. SIGN YOUR NAME BEFORE NOTARY]**

\_\_\_\_\_  
**[33. PRINT YOUR NAME]**

Sworn to before me this  
day of \_\_\_\_\_, 20 \_\_

\_\_\_\_\_  
Notary Public  
**[34. Verification must be notarized]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU

-----X

In the Matter of the Application of

\_\_\_\_\_,  
[36. Fill in name(s)] Petitioner(s)  
-against-

[35. Index No. & Year]

Index No. \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_,  
[37. Fill in name(s)] Respondent(s)

-----X

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_  
[39. YOUR SIGNATURE]

\_\_\_\_\_  
[40. PRINT YOUR NAME]

\_\_\_\_\_  
[41. YOUR ADDRESS]

\_\_\_\_\_  
[42. CITY, STATE ZIP CODE]

\_\_\_\_\_  
[43. YOUR PHONE NUMBER]