

[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 TO SHOW
CAUSE FOR CONTEMPT
IN A CIVIL ACTION

**NOTICE: THE PURPOSE OF THE HEARING IS TO PUNISH THE ACCUSED
FOR A CONTEMPT OF COURT, AND THAT SUCH PUNISHMENT MAY CONSIST OF
FINE OR IMPRISONMENT, OR BOTH, ACCORDING TO LAW.**

**WARNING:
YOUR FAILURE TO APPEAR IN COURT
MAY RESULT IN YOUR IMMEDIATE ARREST
AND IMPRISONMENT FOR CONTEMPT OF COURT**

Upon the reading and filing the affidavit(s) of **[4. Your name(s)]**
_____, sworn to on **[5. Date the Affidavit was sworn to**
before a notary public] _____, 20____ and upon the exhibits attached
to the affidavit, and **[6. Identify other supporting papers, such as, additional affidavits]**

Let the plaintiff/defendant(s) or their attorneys 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 service of a copy of this order and the other
papers upon which this order is granted, upon the plaintiff(s)/defendant(s), by _____

_____ on or before the ____ day of
_____, 20____ be deemed good and sufficient. An affidavit or
other proof of service shall be presented to this Court on or before the return date directed
in the second paragraph of this order.

ENTER

J.S.C.

[Fill in the spaces next to the instructions. Attach copies of the indicated documents and mark them as exhibits. Sign your name in the presence of a notary public]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

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

-against-

_____,
[11. Fill in name(s)] Defendant(s)

-----X

STATE OF NEW YORK,
COUNTY OF _____ ss:

[12. Your name] _____, being duly sworn, deposes and says:

1) I am the **[13. Circle one]** plaintiff/defendant, in this action. I make this affidavit in support of my motion for an order **[14. State what you want the Court's Order to provide/grant you include why you should be granted immediate relief pending the hearing of this motion by the Court. The above statement must also be included in the Order to Show Cause or Notice of Motion.]** _____

2) I believe the Court should grant my motion because **[15. Explain your reasons. Attach additional pages if necessary]**

[9. Index No. & Year]

Index No.

_____/_____
AFFIDAVIT IN SUPPORT

3) A prior application **[16. 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 **[17. 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, 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.

[18. SIGN YOUR NAME BEFORE NOTARY]

[19. PRINT YOUR NAME]

Sworn to before me this
day of _____, 20__

Notary Public
[20. Affidavit must be notarized]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

[22. Fill in name(s)]

Plaintiff(s)

[21. Index No. & Year]

Index No.

_____/_____

-against-

[23. Fill in name(s)]

Defendant(s)

-----X

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

[25. YOUR SIGNATURE]

[26. PRINT YOUR NAME]

[27. YOUR ADDRESS]

[28. CITY, STATE ZIP CODE]

[29. YOUR PHONE NUMBER]