

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X

[INSERT NAME(S)] Plaintiff(s)

-against-

[INSERT NAME(S)] Defendant(s)

-----X

Index No. _____

Calendar No. _____

Honorable _____

REQUEST FOR
PRELIMINARY CONFERENCE

The undersigned requests a preliminary conference.

The names, address and telephone numbers of all attorneys appearing in the action are as follows:

Plaintiff/Plaintiff, Pro Se

[CIRCLE ONE]

Post Office Address & Tel. No.

Defendants/Defendant Pro Se

[CIRCLE ONE]

Post Office Address & Tel. No.

Attorney(s) for

Post Office Address & Tel. No.

Attorney(s) for

Post Office Address & Tel. No.

Dated: _____, 200__

Plaintiff/Defendant
[CIRCLE ONE]

[SIGN YOUR NAME]

[PRINT YOUR NAME]

[YOUR TELEPHONE NUMBER]