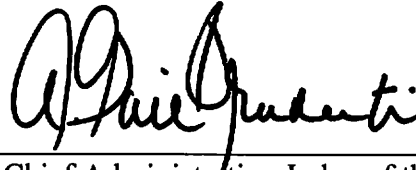


**ADMINISTRATIVE ORDER OF THE
CHIEF ADMINISTRATIVE JUDGE OF THE COURTS**

Pursuant to the authority vested in me, and in accordance with 22 NYCRR §202.6(a), I hereby rescind forms UCS-840 [Request for Judicial Intervention (3/2011)], UCS-840A [Request for Judicial Intervention (3/2011)], and UCS-840F [Foreclosure - Request for Judicial Intervention Addendum (3/2011)], and prescribe the attached forms UCS-840 [Request for Judicial Intervention (7/2012)], UCS-840A [Request for Judicial Intervention Addendum (7/2012)], and UCS-840F [Foreclosure - Request for Judicial Intervention Addendum (7/2012)] effective July 15, 2012.



Chief Administrative Judge of the Courts

Dated: June 18, 2012

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

COURT, COUNTY OF _____

Index No: _____ Date Index Issued: ____/____/____

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.

Plaintiff(s)/Petitioner(s)

-against-

Defendant(s)/Respondent(s)

For Court Clerk Use Only:
IAS Entry Date
Judge Assigned
RJI Date

NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

<p>MATRIMONIAL</p> <p><input type="checkbox"/> Contested NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJI Addendum. For Uncontested Matrimonial actions, use RJI form UD-13.</p> <p>TORTS</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Breast Implant</p> <p><input type="checkbox"/> Environmental: _____ (specify)</p> <p><input type="checkbox"/> Medical, Dental, or Podiatric Malpractice</p> <p><input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Products Liability: _____ (specify)</p> <p><input type="checkbox"/> Other Negligence: _____ (specify)</p> <p><input type="checkbox"/> Other Professional Malpractice: _____ (specify)</p> <p><input type="checkbox"/> Other Tort: _____ (specify)</p> <p>OTHER MATTERS</p> <p><input type="checkbox"/> Certificate of Incorporation/Dissolution [see NOTE under Commercial]</p> <p><input type="checkbox"/> Emergency Medical Treatment</p> <p><input type="checkbox"/> Habeas Corpus</p> <p><input type="checkbox"/> Local Court Appeal</p> <p><input type="checkbox"/> Mechanic's Lien</p> <p><input type="checkbox"/> Name Change</p> <p><input type="checkbox"/> Pistol Permit Revocation Hearing</p> <p><input type="checkbox"/> Sale or Finance of Religious/Not-for-Profit Property</p> <p><input type="checkbox"/> Other: _____ (specify)</p>	<p>COMMERCIAL</p> <p><input type="checkbox"/> Business Entity (including corporations, partnerships, LLCs, etc.)</p> <p><input type="checkbox"/> Contract</p> <p><input type="checkbox"/> Insurance (where insurer is a party, except arbitration)</p> <p><input type="checkbox"/> UCC (including sales, negotiable instruments)</p> <p><input type="checkbox"/> Other Commercial: _____ (specify)</p> <p>NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the COMMERCIAL DIV RJI Addendum.</p> <p>REAL PROPERTY: How many properties does the application include? _____</p> <p><input type="checkbox"/> Condemnation</p> <p><input type="checkbox"/> Mortgage Foreclosure (specify): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Property Address: _____</p> <p>NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the FORECLOSURE RJI Addendum.</p> <p><input type="checkbox"/> Tax Certiorari - Section: _____ Block: _____ Lot: _____</p> <p><input type="checkbox"/> Tax Foreclosure</p> <p><input type="checkbox"/> Other Real Property: _____ (specify)</p> <p>SPECIAL PROCEEDINGS</p> <p><input type="checkbox"/> CPLR Article 75 (Arbitration) [see NOTE under Commercial]</p> <p><input type="checkbox"/> CPLR Article 78 (Body or Officer)</p> <p><input type="checkbox"/> Election Law</p> <p><input type="checkbox"/> MHL Article 9.60 (Kendra's Law)</p> <p><input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Initial)</p> <p><input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Review)</p> <p><input type="checkbox"/> MHL Article 81 (Guardianship)</p> <p><input type="checkbox"/> Other Mental Hygiene: _____ (specify)</p> <p><input type="checkbox"/> Other Special Proceeding: _____</p>
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STATUS OF ACTION OR PROCEEDING: Answer YES or NO for EVERY question AND enter additional information where indicated.

Has a summons and complaint or summons w/notice been filed?	YES	NO	If yes, date filed: ____/____/____
Has a summons and complaint or summons w/notice been served?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date served: ____/____/____
Is this action/proceeding being filed post-judgment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, judgment date: ____/____/____

NATURE OF JUDICIAL INTERVENTION:

Check ONE box only AND enter additional information where indicated.

- Infant's Compromise
- Note of Issue and/or Certificate of Readiness
- Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined: ____/____/____
- Notice of Motion Relief Sought: _____
- Notice of Petition Relief Sought: _____ Return Date: ____/____/____
- Order to Show Cause Relief Sought: _____ Return Date: ____/____/____
- Other Ex Parte Application Relief Sought: _____ Return Date: ____/____/____
- Poor Person Application
- Request for Preliminary Conference
- Residential Mortgage Foreclosure Settlement Conference
- Writ of Habeas Corpus
- Other (specify): _____

RELATED CASES:

List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the RJI Addendum. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided.

If additional space is required, complete and attach the RJI Addendum.

	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
Un-Rep	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.		
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: ____/____/____

SIGNATURE

ATTORNEY REGISTRATION NUMBER

PRINT OR TYPE NAME

Request for Judicial Intervention Addendum

UCS-840A (7/2012)

_____ COURT, COUNTY OF _____ Index No: _____

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	

RELATED CASES: List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

Case Title	Index/Case No.	Court	Judge (If assigned)	Relationship to Instant Case

FORECLOSURE Request for Judicial Intervention Addendum

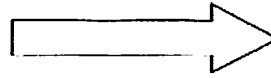
UCS-840F
7/2012

COURT, COUNTY OF _____

INDEX NO. _____

For use in ALL mortgage foreclosure actions where the property is: (check if applicable)

1. A one- to four-family owner-occupied residential property
OR
 2. An owner-occupied condominium



Instructions

If # 1 or # 2 is applicable:

- Select "Residential Mortgage Foreclosure Settlement Conference" as the Nature of Judicial Intervention on the RJI.
- The Defendant/Respondent Information section below **MUST** be completed for all defendants and attached to the RJI.

DEFENDANT/RESPONDENT INFORMATION: List parties in caption order. Attach additional sheets as necessary.

1. Last Name: _____ First Name: _____ Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____

Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)

Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: ____/____/____

2. Last Name: _____ First Name: _____ Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____

Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)

Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: ____/____/____

3. Last Name: _____ First Name: _____ Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____

Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)

Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: ____/____/____

4. Last Name: _____ First Name: _____ Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____

Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)

Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: ____/____/____

5. Last Name: _____ First Name: _____ Primary Phone: (____) ____ - _____ Secondary Phone: (____) ____ - _____

Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)

Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: ____/____/____

ATTENTION: Proof of service must be filed with this RJI for each defendant upon whom a summons and complaint or summons with notice has been served. [CPLR § 3408]