

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

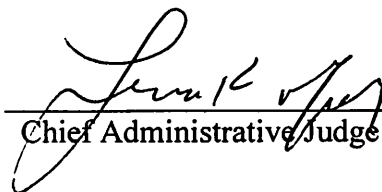
Pursuant to the authority vested in me, and with the advice and consent of the Administrative Board of the Courts, I hereby amend, effective immediately Rule 202.6(b) of the Uniform Rules of the Supreme Court and the County Court (22 NYCRR §202.6[b]), addressing the filing of the request for judicial intervention without fee, as follows (new material underlined):

(b) A request for judicial intervention shall be filed, without fee, for any application to a court not filed in an action or proceeding, as well as for a petition for the sale or finance of religious/not-for-profit property, an application for change of name, a habeas corpus proceeding where the movant is institutionalized, an application under CPLR 3102(e) for court assistance in obtaining disclosure in an action pending in another state, a retention proceeding authorized by article 9 of the Mental Hygiene Law, a proceeding authorized by article 10 of the Mental Hygiene Law, an appeal to a county court of a civil case brought in a court of limited jurisdiction, an application to vacate a judgement on account of bankruptcy, a motion for an order authorizing emergency surgery, or within the City of New York, an uncontested action for a judgment for annulment, divorce or separation commenced pursuant to article 9, 10 or 11 of the Domestic Relations Law, and an application for an extreme risk protection order.

\* \* \*

Further pursuant to the authority vested in me, I hereby prescribe the following revised form (Exh. A) for use in civil practice in the Supreme and County Courts, effective August 12, 2019. The former version of the below form may still be used until October 31, 2019 in cases not involving Child Victims Act claims and extreme risk protection order applications.

- Main Request for Judicial Intervention Form (UCS-840)

  
\_\_\_\_\_  
Chief Administrative Judge of the Courts

Date: July 30, 2019

AO/171/19

# **EXHIBIT A**



# REQUEST FOR JUDICIAL INTERVENTION

UCS-840  
(rev. 07/29/2019)

\_\_\_\_\_ COURT, COUNTY OF \_\_\_\_\_

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_\_

For Court Use Only:

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

IAS Entry Date

-against-

Plaintiff(s)/Petitioner(s)

Judge Assigned

RJI Filed Date

Defendant(s)/Respondent(s)

**NATURE OF ACTION OR PROCEEDING** Check only one box and specify where indicated.

**COMMERCIAL**

- Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)
- Contract
- Insurance (where insurance company is a party, except arbitration)
- UCC (includes sales and negotiable instruments)
- Other Commercial (specify): \_\_\_\_\_

*NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the **COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C)**.*

**REAL PROPERTY**

Specify how many properties the application includes: \_\_\_\_\_

- Condemnation
- Mortgage Foreclosure (specify):  Residential  Commercial  
Property Address: \_\_\_\_\_

*NOTE: For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the **FORECLOSURE RJI ADDENDUM (UCS-840F)**.*

- Tax Certiorari
- Tax Foreclosure
- Other Real Property (specify): \_\_\_\_\_

**OTHER MATTERS**

- Certificate of Incorporation/Dissolution [see *NOTE* in **COMMERCIAL** section]
- Emergency Medical Treatment
- Habeas Corpus
- Local Court Appeal
- Mechanic's Lien
- Name Change
- Pistol Permit Revocation Hearing
- Sale or Finance of Religious/Not-for-Profit Property
- Other (specify): \_\_\_\_\_

**MATRIMONIAL**

- Contested

*NOTE: If there are children under the age of 18, complete and attach the **MATRIMONIAL RJI ADDENDUM (UCS-840M)**.*

*For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (**UD-13**).*

**TORTS**

- Asbestos
- Child Victims Act
- Environmental (specify): \_\_\_\_\_
- Medical, Dental or Podiatric Malpractice
- Motor Vehicle
- Products Liability (specify): \_\_\_\_\_
- Other Negligence (specify): \_\_\_\_\_
- Other Professional Malpractice (specify): \_\_\_\_\_
- Other Tort (specify): \_\_\_\_\_

**SPECIAL PROCEEDINGS**

- CPLR Article 75 (Arbitration) [see *NOTE* in **COMMERCIAL** section]
- CPLR Article 78 (Body or Officer)
- Election Law
- Extreme Risk Protective Order
- MHL Article 9.60 (Kendra's Law)
- MHL Article 10 (Sex Offender Confinement-Initial)
- MHL Article 10 (Sex Offender Confinement-Review)
- MHL Article 81 (Guardianship)
- Other Mental Hygiene (specify): \_\_\_\_\_
- Other Special Proceeding (specify): \_\_\_\_\_

**STATUS OF ACTION OR PROCEEDING** Answer YES or NO for every question and enter additional information where indicated.

- |   | YES                      | NO                       |                                       |
|---|--------------------------|--------------------------|---------------------------------------|
| Has a summons and complaint or summons with notice been filed?  | <input type="checkbox"/> | <input type="checkbox"/> | If yes, date filed: ____/____/____    |
| Has a summons and complaint or summons with 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
- Extreme Risk Protective Order Application
- Note of Issue/Certificate of Readiness
- Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Notice of Motion Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Notice of Petition Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Order to Show Cause Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Other Ex Parte Application Relief Requested: \_\_\_\_\_
- 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 cases, list any related criminal or Family Court cases. If none, leave blank. If additional space is required, complete and attach the **RJI ADDENDUM (UCS-840A)**.

Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case

**PARTIES** For parties without an attorney, check the "Un-Rep" box and enter the party's address, phone number and email in the space provided. If additional space is required, complete and attach the **RJI ADDENDUM (UCS-840A)**.

Un-Rep	Parties List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 <sup>rd</sup> party plaintiff, etc.)	Attorneys and Unrepresented Litigants For represented parties, provide attorney's name, firm name, address, phone and email. For unrepresented parties, provide party's address, phone and email.	Issue Joined For each defendant, indicate if issue has been joined.	Insurance Carriers For each defendant, indicate insurance carrier, if applicable.
<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	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
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<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, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.

Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Attorney Registration Number