	ties and the Index Number. Complete the nted in bold type. PRINT AND USE BLACK	
	SEQ. NO	
	RELIEF	
	RETURN DATE	
	CAL. DATE	
	FOR COURT USE ONLY	
SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF QUEENSx		
FILL IN NAME(S)]Plaintiff(s)/Petitioner(s)	Index No/	
VS	NOTICE OF MOTION USE FOR CIVIL ACTION OR PROCEEDING	
FILL IN NAME(S)Defendant(s)Respondent(s)		
PLEASE TAKE NOTICE that upon the attached affidavit(s) of		
	[YOUR NAME(S)],	
sworn to on theday of, 200, [DATE THE AFFIDAVIT WAS SWORN TO		
BEFORE A NOTARY PUBLIC], and the exhibits attached thereto, and upon all the proceedings		
in this case to date, the plaintiff(s)/petitioner(s), defendant(s)/respondents [CIRCLE ONE]		
will move in this Court, at 9:30 A.M. on theday of, 20, [INSERT THE		
RETURN DATE YOU SELECTED] at the Courthouse, 88-11 Sutphin Boulevard, Jamaica, N.Y./		
25-10 Court Square, Long Island City, N.Y. [STRIKE THE ONE THAT DOES NOT APPLY],		
in IAS Part, for an order granting the following to the movant(s). [DESCRIBE WHAT		
YOU ARE ASKING THE COURT TO ORDER]		

	and
granting such other and further relief as this Co	ourt may deem just and proper.
PLEASE TAKE FURTHER NOTION	CE, that pursuant to Civil Practice Law and
Rules 2214(b), you are hereby required to serve	e copies of your answering affidavits on the
undersigned no later than the seventh day prior	or to the date set above for the submission
of this motion. [DELETE THIS PARAGRAPH UNLES	SS THE MOTION IS SERVED AT LEAST TWELVE
(12) [SEVENTEEN (17) IF MAILED] BEFORE THE RE-	TURN DATE].
Dated:, New York [COUNTY WHERE SIGNED], 20 [DATE SIGNED]	Respectfully Submitted,
	[PRINT YOUR NAME, ADDRESS and TELEPHONE NUMBER]
TO: Attorney for Plaintiff(s)/Petitioner(s) Defendant(s)/Respondent(s) [CIRCLE ONE]	
[PRINT NAME, ADDRESS and TELEPHONE NUMBER]	