

ORDER TO SHOW CAUSE WITH TRO - Action

PLEASE TAKE NOTICE

Prior to filing your Order to Show Cause in Room 140, **YOU MUST** make and retain at least one complete set of the papers you are submitting.

THE COURT CANNOT MAKE COPIES FOR YOU.

It is your responsibility to make and retain **at least one copy of the complete set** of papers you are submitting to the court (in addition to the set that you are submitting).

Copy machines are available in Room 140, Room 106, the Record Room in the basement, and the Library on the 6th floor.

TRO Notification Requirement:
Temporary Restraining Order

Per 202.7(f) of the Uniform Civil Rules for the Supreme and County Courts (see copy of rule below) if you are submitting an order to show cause with a temporary restraining order you must now submit an affidavit in support that indicates that you believe that there will be significant prejudice by giving your adversary notice (with detailed reasons) or that you have notified your adversary and what their response if any was.

Uniform Civil Rules for the Supreme and County Courts

202.7 Calendaring of Motions; Uniform Notice of Motion Form; Affirmation of Good Faith

(f) Upon an application for an order to show cause or motion for a preliminary injunction seeking a temporary restraining order, the application shall contain, in addition to the other information required by this section, an affirmation demonstrating there will be significant prejudice to the party seeking the restraining order by the giving of notice. In the absence of a showing of significant prejudice, the affirmation must demonstrate that a good faith effort has been made to notify the party against whom the temporary restraining order is sought of the time, date and place that the application will be made in a manner sufficient to permit the party an opportunity to appear in response to the application. This subdivision shall not be applicable to orders to show cause or motions in special proceedings brought under Article 7 of the Real Property Actions and Proceedings Law.

Instructions: Fill in the names of the parties to this case and the Index Number. Complete the blank spaces next to the instructions printed in bold type. PRINT AND USE BLACK INK ONLY. [Other blank spaces are for court use.]

SEQUENCE NO. _____

At IAS Part __ of the Supreme Court of the State of New York, held in and for the County of Queens at the Courthouse thereof, 88-11 Sutphin Blvd., Jamaica, New York, on the __ day of _____, 20__ .

PRESENT; HON. _____
Justice of the Supreme Court

-----X

Index No.

_____/____

[FILL IN NAME(S)] Plaintiff(s)

**ORDER TO SHOW CAUSE
WITH T.R.O. IN CIVIL ACTION**

vs.

[FILL IN NAME(S)] Defendant(s)

-----X

Upon reading and filing the affidavit of _____ + _____ [YOUR NAME],
sworn to on the ____ day of _____, 20__ [DATE THE AFFIDAVIT WAS
SWORN TO BEFORE A NOTARY PUBLIC] and upon the exhibits attached to the affidavit, and
[LIST ANY OTHER SUPPORTING PAPERS, E.G. ADDITIONAL AFFIDAVITS, EXHIBITS]

Pending the hearing and determination of this motion it is ORDERED that **[WRITE WHAT YOU ARE ASKING THE COURT TO STOP]** _____

Sufficient cause appearing therefor, let personal 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 the return date directed in the second paragraph of this order.

ENTER:

J.S.C.

2. I believe the Court should grant my motion because **[EXPLAIN YOUR REASONS, USE ADDITIONAL PAPER IF NECESSARY]**. _____

3. No prior application has been made for the relief sought herein except **[LIST ALL PRIOR REQUESTS FOR THE SAME RELIEF MADE IN THIS OR ANY OTHER COURT AND THE RESULTS OF THOSE APPLICATIONS. USE ADDITIONAL PAPER IF NECESSARY. IF NO PRIOR REQUESTS HAVE BEEN MADE, STATE "None"]** _____

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.

[Sign your name in the presence of a notary public]

[Print your name]

Sworn to before me this

____ day of _____, 20____

[NOTARY PUBLIC]

Instructions: FILL IN THE NAMES OF THE PARTIES AND THE INDEX NUMBER. COMPLETE THE BLANK SPACES NEXT TO THE INSTRUCTIONS PRINTED IN BOLD TYPE. PRINT AND USE BLACK INK ONLY. SIGN YOUR NAME IN THE PRESENCE OF A NOTARY PUBLIC.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X
f

Index No.

[FILL IN NAME(S)] Plaintiff(s)

_____/_____
/

EMERGENCY AFFIDAVIT

vs.

[FILL IN NAME(S)] Defendant(s)

-----X

I _____ [INSERT YOUR NAME] am the
plaintiff/defendant [CIRCLE ONE] in the above-named action/special proceeding [CIRCLE
ONE]. I request immediate judicial review of my _____

_____ [INSERT DESCRIPTION OF
PAPERS YOU ARE SUBMITTING, e.g., ORDER TO SHOW CAUSE] on the following
grounds (reasons) [INSERT BELOW A BRIEF EXPLANATION OF WHY YOU NEED
EMERGENCY OR IMMEDIATE RELIEF. DO NOT DISCUSS THE LEGAL MERITS
(BASIS) OF YOUR CLAIM. _____

**[SIGN YOUR NAME IN THE PRESENCE
OF A NOTARY PUBLIC]**

[PRINT YOUR NAME]

Sworn to before me on
this ____ day of _____, 20__

Notary Public

AFFIDAVIT IN SUPPORT OF NOTIFICATION

Instructions: FILL IN THE BOX BELOW AND THE INDEX NUMBER. COMPLETE THE BLANK SPACES PRINTED IN BOLD BELOW FOLLOWING THE DIRECTIONS PROVIDED. PRINT AND USE BLACK INK ONLY.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X

Index No.

_____ / _____

[FILL IN NAME(S) Plaintiff(s)/Petitioner(s)]

[FILL IN NAME(S) Defendant(s)/Respondent(s)]

-----X

STATE OF NEW YORK) **SS:** _____
COUNTY OF) **[INSERT COUNTY WHERE SIGNED]**

_____ **[YOUR NAME]**, being duly sworn, says:

1. I reside at _____ **[YOUR RESIDENCE]**
in the County of _____ **[INSERT COUNTY OF RESIDENCE]** and State of New York

2. I am about to commence a special proceeding or submit an order to show cause containing a stay and/or restraining order for **[BRIEFLY DESCRIBE THE REASONS WHY YOU WANT THE COURT TO GRANT YOUR REQUEST.]** _____

3. I have notified my opposition [THE OTHER SIDE] to appear at the Ex Parte Office, Room 140 at the Courthouse, 88-11 Sutphin Boulevard, Jamaica, N.Y., at _____ AN/PM on the _____ day of _____, 20____ to context the annexed application, by calling/faxing to phone # _____; I spoke to _____

[DID YOU RECEIVE A RESPONSE?] CIRCLE ONE: YES / NO

[WRITE RESPONSE HERE] _____

I contacted them at _____ AM/PM on the _____ day of _____, 20____

4. I believe that there will be significant prejudice by giving notice because

[WRITE YOUR REASONS] _____

5. No previous application for the same or similar relief has been made by me in this case

except: _____

[IF ANY PRIOR REQUEST HAS BEEN MADE, PROVIDE A DESCRIPTION OF WHERE, WHEN AND BY WHOM THE REQUEST WAS MADE, THE RESULT, AND IF THE APPLICATION WAS UNSUCCESSFUL, WHY YOU BELIEVE YOU ARE ENTITLED TO APPLY AGAIN.]

DATE: _____

[SIGN IN THE PRESENCE OF A NOTARY PUBLIC

Sworn to before me on

_____ day of _____, 20____

[PRINT YOUR NAME]

NOTARY PUBLIC

INDEX NO. _____ / _____

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

Plaintiff/Petitioner

- against -

Defendant/Respondent

ORDER TO SHOW CAUSE

**To the best of my knowledge, information and belief,
formed after an inquiry reasonable under the circumstances,
The presentation of these papers or the contentions therein
are not frivolous as defined in subsection (c) of section
130-1.1 of the Rules of the Chief Administrator (22NYCRR)**

SELF REPRESENTED LITIGANTS INFORMATION

Sign Name: _____

Print Name: _____

Address: _____

Telephone: _____

Fax #: _____

Service of a copy of the within is hereby admitted

Dated: _____, 20____

Attorney for _____

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS**

-----X

Index No.

_____ / _____

[FILL IN NAME(S) Plaintiff(s)/Petitioner(s)]

Affidavit of Service

- against -

[FILL IN NAME(S) Defendant(s)/Respondent(s)]

-----X

STATE OF NEW YORK
COUNTY OF _____ SS:

I, _____ being duly sworn says: **(NAME OF PERSON WHO SERVES PAPERS)** I am not a party to the action, am over 18 years of age and reside at _____ **(ADDRESS OF PERSON SERVING PAPERS)**. On _____, 20__ **(DATE OF SERVICE)**, I served a true copy of the following papers, _____ **(IDENTIFY THE PAPERS SERVED)** which are attached to this affidavit, in the following manner: **[CHECK ONE]**

_____ By personally delivering the papers to: _____ **[PERSON SERVED]** at **[ADDRESS]** _____.

PERSONAL SERVICE The individual I served had the following characteristics: **[FILL IN]**

_____ Male _____ Female _____ Skin Color _____ Hair Color
_____ 21-24 yrs. _____ 35-50 yrs. _____ 51-61 yrs. _____ Over 61
_____ 120-150 lbs. _____ 151-181 lbs. _____ Over 182 lbs.

Approximate height _____

Other distinguishing features _____

_____ By mailing the same in a sealed envelope, with postage prepaid
MAIL thereon, in a post-office or official depository of th U.S. Postal Service within the
State of New York, addressed to the last-known address of the addressee(s) as
indicated below:

_____ By depositing the same with an overnight delivery service in a wrapper properly
OVERNIGHT addressed. Said delivery was made prior to the latest time designated by the
DELIVERY overnight delivery service for overnight delivery.

SERVICE The delivery service used was _____. The
name(s) and address(es) of person(s) served are indicated below:

Name(s) and address(es) of Person(s) served:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

[SIGN NAME] Before a Notary

[PRINT NAME]

Sworn to before me this
_____ day of _____, 20____

Notary Public