

## **ORDER TO SHOW CAUSE WITH TRO - SP. PROC.**

### **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 6<sup>th</sup> 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  
In the Matter of the Application of

Index No.

\_\_\_\_\_  
[FILL IN NAME(S)] Petitioner(s)

\_\_\_\_\_/

**ORDER TO SHOW CAUSE  
WITH T.R.O.  
IN SPECIAL PROCEEDING**

vs.

\_\_\_\_\_  
[FILL IN NAME(S)] Respondent(s)  
-----X

Upon reading and filing the verified petition(s) of \_\_\_\_\_ [YOUR NAME(S)], sworn to on the \_\_\_\_ day of \_\_\_\_\_, 201\_\_ [DATE THE PETITION WAS SWORN TO BEFORE A NOTARY PUBLIC] and upon [LIST ANY OTHER SUPPORTING PAPERS, E.G. ADDITIONAL AFFIDAVITS, EXHIBITS]

Let the respondent(s) or his/her/their attorney show cause at the Centralized Motion Part, of this Court, Room 25, to be held at the Courthouse, 88-11 Sutphin Boulevard, Jamaica, N.Y. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at 2:15 P.M. or as soon as counsel may be heard why an order should not be made **[DESCRIBE THE RELIEF BEING SOUGHT]**

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\_\_\_\_\_, and why  
\_\_\_\_\_  
\_\_\_\_\_ **[YOUR NAME]**,

the petitioner(s)/respondent(s) **[CIRCLE ONE]**, should not have such other and further relief as may be just, proper or equitable.

Pending the hearing and determination of this motion it is ORDERED that

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**[BRIEFLY STATE THE STAY OR TRO YOU ARE SEEKING]**

Sufficient cause appearing therefor, let personal service of a copy of this order, and the petition and other papers upon which this order is granted, upon the respondent(s) on or before the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, be deemed good and sufficient. A copy of an affidavit or other proof of service shall be filed with the Office of the County Clerk of the County of Queens, 88-11 Sutphin Boulevard, Jamaica, N.Y. immediately after service and the original thereof shall be presented to this court on the return date directed in the second paragraph of this order.

ENTER:

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J.S.C.

**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  
\_\_\_\_\_  
[FILL IN NAME(S)]                      Petitioner(s)

Index No. \_\_\_\_\_ / \_\_\_\_\_

**AFFIDAVIT IN SUPPORT**

vs.

\_\_\_\_\_  
[FILL IN NAME(S)]                      Respondent(s)  
-----X

NOTARY PUBLIC  
STATE OF NEW YORK

STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_ **[COUNTY WHERE NOTARIZED]** ss:

\_\_\_\_\_ **[YOUR NAME]**, being duly sworn, deposes and says:

1. I am the plaintiff/defendant **[CIRCLE ONE]**, in this action. I make this affidavit in support of my motion for an order **[STATE WHAT YOU WANT THE COURT'S ORDER TO PROVIDE OR GRANT YOU, INCLUDING WHY YOU SHOULD BE GRANTED IMMEDIATE RELIEF PENDING THE HEARING OF THIS MOTION BY THE COURT. THIS STATEMENT MUST ALSO BE INCLUDED IN THE NOTICE OF MOTION OR ORDER TO SHOW CAUSE]** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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"]** \_\_\_\_\_

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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)]          Petitioner(s)

EMERGENCY AFFIDAVIT

vs.

\_\_\_\_\_  
[FILL IN NAME(S)]          Respondent(s)

-----X

I \_\_\_\_\_ [INSERT YOUR NAME] am the  
plaintiff/petitioner/defendant/respondent [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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**[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