

Instructions: Fill in the blank spaces below following the directions given in (BOLD PRINT). Print in black ink only.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

-----X
In the Matter of the Application of

_____,
[Fill in name(s)] Petitioner(s)

-against-

Index No.
_____ / _____

VERIFIED PETITION

_____,
[Fill in name(s)] Respondent(s)
-----X

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF _____:

The petition of _____

_____ [YOUR NAME(S)] respectfully shows to this Court as follows:

1. Your petitioner(s) resides at _____
_____ [YOUR ADDRESS].

2. The respondent(s) is/are [identify the respondent(s)] _____

_____.

3. [Describe what you are asking the Court to do and all the facts concerning your claims in this proceeding, including the underlying events and the nature of any action or decision taken by respondent(s) that you wish to challenge. Add more pages if needed. If you are appealing the decision of a government agency,

_____.

WHEREFORE, your deponent prays that this Court [DESCRIBE THE RELIEF YOU ARE REQUESTING (WHAT YOU ARE ASKING THE COURT TO DO FOR YOU)]_____

_____ and such other relief as the Court may find just and

Dated: _____, New York

_____, 200 _____

(DATE AND COUNTY WHERE SIGNED)

Petitioner

(SIGN YOUR NAME IN THE PRESENCE OF A NOTARY PUBLIC)

Sworn to before me on this ____ day of _____, 200_.

Notary Public

VERIFICATION

_____, being duly sworn, deposes and says:

I am the Petitioner. I have read the foregoing Petition and know the contents thereof. The same are true to my knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters I believe them to be true. 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 (22 NYCRR).

_____ [SIGNED]

_____ [TYPED]

Sworn to before me this

___ day of _____, 200___.

Notary Public

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