



REQUEST FOR JUDICIAL INTERVENTION

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

_____ COURT, COUNTY OF _____

Index No: _____ Date Index Issued: _____

For Court Use Only:

IAS Entry Date

Judge Assigned

RJI Filed Date

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

-against-

Plaintiff(s)/Petitioner(s)

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 rd 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	
<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	

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

_____ Attorney Registration Number

_____ Print Name