

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

(Names of Plaintiff(s)/Petitioner(s))

VS

(Names of Defendant(s)/Respondent(s))

To the Person(s) Named as Defendant(s) Above:

PLEASE TAKE NOTICE THAT YOU ARE HEREBY SUMMONED to answer the complaint of the plaintiff(s) herein and to serve a copy of your answer on the plaintiff(s) at the address indicated below within 20 days after the service of this Summons (not counting the day of service itself), or within 30 days after service is complete if the Summons is not delivered personally to you within the State of New York.

YOU ARE HEREBY NOTIFIED THAT should you fail to answer, a judgment will be entered against you by default for the relief demanded in the complaint.

Dated: _____ . 20__
(Date of Summons)

(Plaintiff(s) name - person bringing on lawsuit)

(Plaintiff(s) street address)

(Plaintiff(s) city, state, zip)

(Plaintiff(s) telephone no.)

(Defendant(s) name - person(s) sued)

(Defendant(s) street address)

(Defendant(s) city, state, zip)

Venue: Plaintiff(s) designate(s) _____ County as the place of trial. The basis of this designation is: (Enter County above; then select one category below, listing specific County)

- Plaintiff(s)' Residence in _____ County.
 Defendant(s)' Residence in _____ County.
 Other -- Describe: _____.

NOTE: THIS FORM OF SUMMONS MUST BE SERVED WITH A COMPLAINT