

File # \_\_\_\_\_

**C I T A T I O N**  
**THE PEOPLE OF THE STATE OF NEW YORK**  
**BY THE GRACE OF GOD, FREE AND INDEPENDENT,**

**TO:** \_\_\_\_\_  
\_\_\_\_\_, **an infant over the age of 14 years, of** \_\_\_\_\_, **New York**  
[List other parties]

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

being persons interested as creditors, legatees, devisees, beneficiaries, distributees or otherwise of the estate of \_\_\_\_\_, deceased, who at the time of death resided at \_\_\_\_\_.

A petition having been duly filed by \_\_\_\_\_, who is domiciled at \_\_\_\_\_.

**YOU ARE HEREBY CITED TO SHOW CAUSE** before the Surrogate's Court, Suffolk County at 320 Center Drive, Riverhead, New York on \_\_\_\_\_, at \_\_\_\_\_ a.m.

**WHY** the account of the proceedings of \_\_\_\_\_ as Administrat\_\_\_\_\_ of the estate of \_\_\_\_\_, deceased, a copy of which is attached, should not be judicially settled, and

**WHY** the administrat\_\_\_\_\_ should not be empowered to compromise and settle a certain claim for wrongful death against \_\_\_\_\_ for the sum of \$ \_\_\_\_\_ and to discontinue any claim for conscious pain and suffering, and

**WHY** the provisions in the limited Letters of Administration issued to the petitioner on \_\_\_\_\_, restraining the compromise or collecting upon the aforesaid claim and cause of action, should not be modified to permit said compromise, and

**WHY** the filing of a bond should not be dispensed with, and

**WHY** the defendant, \_\_\_\_\_, or defendant's insurance company, should not pay to \_\_\_\_\_, Esqs., out of the proceeds of the settlement for the claim for wrongful death, the sum of \$ \_\_\_\_\_ as and for attorneys' fees, together with disbursements in the sum of \$ \_\_\_\_\_, and

**WHY** the entire recovery of \$ \_\_\_\_\_ should not be allocated to the cause of action for decedent's wrongful death, and

**WHY** the balance of the settlement, to wit the sum of \$ \_\_\_\_\_, should not be distributed to those distributees having sustained a pecuniary loss as follows:

\_\_\_\_\_ % of the balance to \_\_\_\_\_ widow/widower of decedent;  
\_\_\_\_\_ % of the balance to \_\_\_\_\_, child of decedent; \_\_\_\_\_% of the  
balance to \_\_\_\_\_, child of decedent,

and

**WHY** the claim of \_\_\_\_\_ should not be rejected, as a nondistributee, and

WHY the claim of \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ should not be rejected, and

**WHY** upon payments as hereinbefore mentioned the said administrat\_\_\_\_\_ should not be permitted to execute and deliver general releases and all other necessary papers to the defendant, \_\_\_\_\_, or defendant's insurance company, releasing them from all claims against them arising out of the aforesaid action for wrongful death, together with any other papers necessary to effectuate the said compromise.

Dated, Attested and Sealed,  
\_\_\_\_\_, \_\_\_\_\_

**HON. VINCENT J. MESSINA, JR.**  
**Surrogate**

(Seal)

\_\_\_\_\_  
Doreen A. Quinn, Chief Clerk

**A T T O R N E Y**

Name of Attorney: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

Telephone Number of Attorney: \_\_\_\_\_

NOTE: This citation is served upon you as required by law. You are not obliged to appear in person. You have a right to have an attorney appear for you. If you fail to appear it will be assumed that you do not object to the relief requested.