

**NOTE OF ISSUE**

Calendar No. (if any) \_\_\_\_\_

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

\_\_\_\_\_ Court, \_\_\_\_\_ County, N.Y.

*For use of Clerk*

*Plaintiff/Petitioner*

*-against-*

*Defendant/Respondent*

\_\_\_\_\_  
Name of Justice Assigned

**NOTICE FOR TRIAL**

- \_\_\_ Trial by jury demanded
- \_\_\_ Of all issues
- \_\_\_ Of issues specified below
- \_\_\_ Or attached hereto
- \_\_\_ Trial without Jury

Filed by \_\_\_\_\_  
Date summons served \_\_\_\_\_  
Date service completed \_\_\_\_\_  
Date Issue joined \_\_\_\_\_

**NATURE OF ACTION OR PROCEEDING**

- \_\_\_ Tort
- \_\_\_ Motor Vehicle Negligence
- \_\_\_ Medical Malpractice
- \_\_\_ Other Tort
- \_\_\_ Contract
- \_\_\_ Contested Matrimonial
- \_\_\_ Uncontested Matrimonial
- \_\_\_ Tax Certiorari
- \_\_\_ Condemnation
- \_\_\_ Other (not itemized above) specify: \_\_\_\_\_

\_\_\_ This action is brought as a class action

Amount Demanded \$ \_\_\_\_\_  
Other Relief \_\_\_\_\_

Special Preference claimed under \_\_\_\_\_  
\_\_\_\_\_  
on the ground that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance carrier(s), if known: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attorney for Plaintiff/Plaintiff Pro Se: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

Attorney for Defendant/Defendant Pro Se: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number \_\_\_\_\_

## CERTIFICATE OF READINESS FOR TRIAL

(Items 1-7 must be checked)

- |   | Completed | Waived | Not Required |
|---|-----------|--------|--------------|
| 1. All pleadings served.....  | _____     | _____  | _____        |
| 2. Bill of particulars served.....  | _____     | _____  | _____        |
| 3. Physical examinations completed.....   | _____     | _____  | _____        |
| 4. Medical reports exchanged.....   | _____     | _____  | _____        |
| 5. Appraisal reports exchanged .....  | _____     | _____  | _____        |
| 6. Compliance with rules in matrimonial actions.....  | _____     | _____  | _____        |
| 7. Discovery now know to be necessary completed...  | _____     | _____  | _____        |
| 8. There are no outstanding requests for discovery.   |           |        |              |
| 9. There has been a reasonable opportunity to complete the foregoing proceedings.                         |           |        |              |
| 10. There has been compliance with any order issued to Precalendar Rules (22 NYCRR 202.12)                |           |        |              |
| 11. If a medical malpractice action, there has been compliance with any order pursuant to 22 NYCRR 202.56 |           |        |              |
| 12. The case is ready for trial.  |           |        |              |

Dated: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Attorney for/Party Pro Se \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

<p>State of New York County of _____ ss:</p> <p>_____</p> <p>being duly sworn deposes and says: that deponent is not a party to the action, is over 18 years of age and resides at _____ that on the ___ day of _____, 20___ deponent served the within Note of Issue and Certificate of Readiness on _____ attorney(s) for _____ herein at their office located at _____ during their absence from said office</p> <p>(a) by then and there leaving a true copy of the same with _____ the clerk; partner; person having charge of said office.</p> <p>(b) and said office being closed by depositing a true copy of same enclosed in a sealed wrapper directed to said attorney(s), in the office letter drop or box</p> <p>Sworn before me on the ___ day of _____, 20___</p> <p style="text-align: center;">_____ Notary Public</p>	<p>State of New York County of _____ ss:</p> <p>_____</p> <p>being duly sworn deposes and says: that deponent is not a party to the action, is over 18 years of age and resides at _____ that on the ___ day of _____, 20___ deponent served the within Note of Issue and Certificate of Readiness on _____ attorney(s) for _____ at _____</p> <p>the address designated by said attorney(s) for that purpose by depositing a true copy of same enclosed in a postpaid properly address wrapper, in -a post office- official depository under the exclusive care and custody of the United States Postal Service within New York State.</p> <p>Sworn before me on the ___ day of _____, 20___</p> <p style="text-align: center;">_____ Notary Public</p>
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**Admission of Service**

Due service of a note of issue and certificate of readiness of which the within is a copy is admitted this \_\_\_ day of \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
Attorney(s) for \_\_\_\_\_