

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (3/2011)

COURT, COUNTY OF _____

Index No: _____ Date Index Issued: ____/____/____

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

Plaintiff(s)/Petitioner(s)

Defendant(s)/Respondent(s)

For Court Clerk Use Only:	
IAS Entry Date	_____
Judge Assigned	_____
RJI Date	_____

NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

<p>MATRIMONIAL:</p> <input type="checkbox"/> Contested <input type="checkbox"/> Uncontested <p>NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJI Addendum.</p>	<p>COMMERCIAL:</p> <input type="checkbox"/> Business Entity (including corporations, partnerships, LLCs, etc.) <input type="checkbox"/> Contract <input type="checkbox"/> Insurance (where insurer is a party, except arbitration) <input type="checkbox"/> UCC (including sales, negotiable instruments) <input type="checkbox"/> Other Commercial: _____ (specify) <p>NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the COMMERCIAL DIV RJI Addendum.</p>
<p>TORTS:</p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Breast Implant <input type="checkbox"/> Environmental: _____ (specify) <input type="checkbox"/> Medical, Dental, or Podiatric Malpractice <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Products Liability: _____ (specify) <input type="checkbox"/> Other Negligence: _____ (specify) <input type="checkbox"/> Other Professional Malpractice: _____ (specify) <input type="checkbox"/> Other Tort: _____ (specify)	<p>REAL PROPERTY: How many properties does the application include?</p> <input type="checkbox"/> Condemnation <input type="checkbox"/> Foreclosure <p>Property Address: _____</p> <p>NOTE: For Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the FORECLOSURE RJI Addendum.</p> <input type="checkbox"/> Tax Certiorari - Section: _____ Block: _____ Lot: _____ <input type="checkbox"/> Other Real Property: _____ (specify)
<p>OTHER MATTERS:</p> <input type="checkbox"/> Certificate of Incorporation/Dissolution [see NOTE under Commercial] <input type="checkbox"/> Emergency Medical Treatment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Local Court Appeal <input type="checkbox"/> Mechanic's Lien <input type="checkbox"/> Name Change <input type="checkbox"/> Pistol Permit Revocation Hearing <input type="checkbox"/> Sale or Finance of Religious/Not-for-Profit Property <input type="checkbox"/> Other: _____ (specify)	<p>SPECIAL PROCEEDINGS:</p> <input type="checkbox"/> CPLR Article 75 (Arbitration) [see NOTE under Commercial] <input type="checkbox"/> CPLR Article 78 (Body or Officer) <input type="checkbox"/> Election Law <input type="checkbox"/> MHL Article 9.60 (Kendra's Law) <input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Initial) <input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Review) <input type="checkbox"/> MHL Article 81 (Guardianship) <input type="checkbox"/> Other Mental Hygiene: _____ (specify) <input type="checkbox"/> Other Special Proceeding: _____ (specify)

STATUS OF ACTION OR PROCEEDING: Answer YES or NO for EVERY question AND enter additional information where indicated.

Has a summons and complaint or summons w/notice been filed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, date filed: ____/____/____
Is this action/proceeding being filed post-judgment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, judgment date: ____/____/____

NATURE OF JUDICIAL INTERVENTION:

Check ONE box only AND enter additional information where indicated.

- Infant's Compromise
- Note of Issue and/or Certificate of Readiness
- Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined: ____/____/____
- Notice of Motion Relief Sought: _____ Return Date: ____/____/____
- Notice of Petition Relief Sought: _____ Return Date: ____/____/____
- Order to Show Cause Relief Sought: _____ Return Date: ____/____/____
- Other Ex Parte Application Relief Sought: _____
- 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 actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the RJI Addendum. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

PARTIES:

If additional space is required, complete and attach the RJI Addendum. For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties: List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Attorneys: Provide name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case.	Issue Joined (Y/N):	Insurance Carrier(s):
<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, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: ____/____/____

SIGNATURE

ATTORNEY REGISTRATION NUMBER

PRINT OR TYPE NAME

Request for Judicial Intervention Addendum

UCS-840A (3/2011)

_____ COURT, COUNTY OF _____ Index No: _____

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties: List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Attorneys: Provide name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case.	Issue Joined (Y/N):	Insurance Carrier(s):
<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	

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