

**SUMMARY STATEMENT ON APPLICATION FOR
EXPEDITED SERVICE AND/OR INTERIM RELIEF**

(SUBMITTED BY MOVING PARTY)

Date: _____

Case # _____

Title _____ Index/Indict/Docket # _____
of _____
Matter _____

Appeal _____ Order _____ Supreme _____ County _____
by _____ from Decree of Surrogate's _____
Court entered on _____, 20 _____
Family _____

Name of _____ Notice of Appeal _____
Judge _____ filed on _____, 20 _____

If from administrative determination, state agency _____

Nature of _____
action _____
or proceeding _____

Provisions of _____ order
judgment appealed from _____
decree _____

This application by _____ appellant
respondent is for _____

If applying for a stay, state reason why requested _____

Has any undertaking been posted _____ If "yes", state amount and type _____

Has application been made to _____ If "yes", state
court below for this relief _____ Disposition _____
Has there been any prior application _____ If "yes", state dates
here in this court _____ and nature _____

Has adversary been advised _____ Does he/she
of this application _____ consent _____

