



# REQUEST FOR JUDICIAL INTERVENTION

UCS-840  
(rev. 02/01/2022)

\_\_\_\_\_ COURT, COUNTY OF \_\_\_\_\_  
Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>CAPTION</b> Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet.	<b>For Court Use Only:</b>
	IAS Entry Date
Plaintiff(s)/Petitioner(s)	Judge Assigned
-against-	
	RJI Filed Date
Defendant(s)/Respondent(s)	

**NATURE OF ACTION OR PROCEEDING** Check only one box and specify where indicated.

**COMMERCIAL**

Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)

Contract

Insurance (where insurance company is a party, except arbitration)

UCC (includes sales and negotiable instruments)

Other Commercial (specify): \_\_\_\_\_

**NOTE:** For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the **COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C)**.

**TORTS**

Asbestos

Child Victims Act

Environmental (specify): \_\_\_\_\_

Medical, Dental or Podiatric Malpractice

Motor Vehicle

Products Liability (specify): \_\_\_\_\_

Other Negligence (specify): \_\_\_\_\_

Other Professional Malpractice (specify): \_\_\_\_\_

Other Tort (specify): \_\_\_\_\_

**SPECIAL PROCEEDINGS**

Child-Parent Security Act (specify):  Assisted Reproduction  Surrogacy Agreement

CPLR Article 75 – Arbitration [see **NOTE** in **COMMERCIAL** section]

CPLR Article 78 – Proceeding against a Body or Officer

Election Law

Extreme Risk Protection Order

MHL Article 9.60 – Kendra’s Law

MHL Article 10 – Sex Offender Confinement (specify):  Initial  Review

MHL Article 81 (Guardianship)

Other Mental Hygiene (specify): \_\_\_\_\_

Other Special Proceeding (specify): \_\_\_\_\_

**MATRIMONIAL**

Contested

**NOTE:** If there are children under the age of 18, complete and attach the **MATRIMONIAL RJI ADDENDUM (UCS-840M)**.

For Uncontested Matrimonial actions, use the **Uncontested Divorce RJI (UD-13)**.

**REAL PROPERTY** Specify how many properties the application includes: \_\_\_\_\_

Condemnation

Mortgage Foreclosure (specify):  Residential  Commercial

Property Address: \_\_\_\_\_

**NOTE:** For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the **FORECLOSURE RJI ADDENDUM (UCS-840F)**.

Partition

**NOTE:** Complete and attach the **PARTITION RJI ADDENDUM (UCS-840P)**.

Tax Certiorari (specify): Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Foreclosure

Other Real Property (specify): \_\_\_\_\_

**OTHER MATTERS**

Certificate of Incorporation/Dissolution [see **NOTE** in **COMMERCIAL** section]

Emergency Medical Treatment

Habeas Corpus

Local Court Appeal

Mechanic’s Lien

Name Change/Sex Designation Change

Pistol Permit Revocation Hearing

Sale or Finance of Religious/Not-for-Profit Property

Other (specify): \_\_\_\_\_

**STATUS OF ACTION OR PROCEEDING** Answer YES or NO for every question and enter additional information where indicated.

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

**NATURE OF JUDICIAL INTERVENTION** Check one box only and enter additional information where indicated.

Infant’s Compromise

Extreme Risk Protection Order Application

Note of Issue/Certificate of Readiness

Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of Motion Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Notice of Petition Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Order to Show Cause Relief Requested: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Ex Parte Application Relief Requested: \_\_\_\_\_

Partition Settlement Conference

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 cases, list any related criminal or Family Court cases. If none, leave blank.  
If additional space is required, complete and attach the **RJI ADDENDUM (UCS-840A)**.

Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case

**PARTIES** For parties without an attorney, check the "Un-Rep" box and enter the party's address, phone number and email in the space provided.  
If additional space is required, complete and attach the **RJI ADDENDUM (UCS-840A)**.

Un-Rep	Parties List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 <sup>rd</sup> party plaintiff, etc.)	Attorneys and Unrepresented Litigants For represented parties, provide attorney's name, firm name, address, phone and email. For unrepresented parties, provide party's address, phone and email.	Issue Joined For each defendant, indicate if issue has been joined.	Insurance Carriers For each defendant, indicate insurance carrier, if applicable.
<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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<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**I AFFIRM UNDER THE PENALTY OF PERJURY THAT, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.**

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

\_\_\_\_\_ Signature

\_\_\_\_\_ Attorney Registration Number

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