

# Request for Judicial Intervention Addendum

\_\_\_\_\_ 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.

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

**RELATED CASES:** List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

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