For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your Highlight Fields option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the Highlight Fields button that is on the far right side of the purple message bar.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____X

Plaintiff(s)/Petitioner(s),

- vs -

Defendant(s)/Respondent(s).
_____X

EMERGENCY AFFIDAVIT

Index No.:

STATE OF NEW YORK)
) ss:
COUNTY OF)

_____, being duly sworn, deposes and says:

I am the ☐ Plaintiff ☐ Petitioner ☐ Defendant ☐ Respondent in this action/proceeding. I request immediate judicial review of my _____ on the following grounds:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Signature

_____
Print name

Sworn to before me on this _____
day of _____, 20____.

_____
Notary Public