

**SUPREME COURT, CIVIL BRANCH  
New York County  
60 Centre Street, New York, N.Y. 10007**

**HELP CENTER  
Room 116  
646-386-3025**

**How to Correct a N.Y.C. Birth Record**

**Note: All persons involved in a lawsuit should consult an attorney. This office gives you information, forms and instructions on court procedures. As an office of this court, we cannot give legal advice or act as your advocate.**

**Before Starting a Birth Record Correction Case**

The first step in correcting a New York City birth certificate is to submit a request for correction to the N.Y.C. Department of Health and Mental Hygiene (DOHMH) at 125 Worth St, Room 144, New York, NY. For more information, call the DOHMH at (212) 788-4520 or go to their website at [www.nyc.gov/health](http://www.nyc.gov/health).

Follow the DOHMH procedure to receive the official letter that your request for correction is denied and that a “court order” is needed.

*You must have the DOHMH letter denying your request for correction before you can start your lawsuit.*

*You must also submit a certified “Vault” copy of the birth certificate to the court.*

A “Vault” copy is 8½“ x 11” and contains all the information given at the time of birth, with more details about the parent(s). It is not the same as the small birth certificate that is given to you immediately. Fill out the DOHMH **Application for a Birth Record** form and write the same information on the application that now appears on the birth certificate to be corrected. Write “Vault” in large letters at the top left side of the form. A copy costs \$15. Submit the application in Room 133 at 125 Worth St. The Vault copy will be mailed to you.

**Starting your lawsuit**

This type of lawsuit is called a Special Proceeding.

If you are 18 years old, you may file the lawsuit. You are the **Petitioner**.

If the birth certificate is for a child under 18 years old, a parent *must* be the Petitioner.

The N.Y.C. Department of Health and Mental Hygiene (DOHMH) is the **Respondent**.

If both parents are named on the certificate, they *must* agree to the correction. If one parent does not agree, he or she *must also be named as a respondent*. The law requires the other parent to be given notice of the lawsuit so he or she can tell the court why consent was not given.

The court fees total **\$313** (\$210, \$95, and \$8). Pay by cash, Visa/MasterCard or postal money orders made out to the “New York County Clerk”.

If you have a limited income, ask Room 116 about applying for a **Poor Person Order** that will allow you to file without paying these fees.

This package contains the necessary forms (listed below) and step-by-step instructions on how to file your case. **Complete every step. Do not skip a step. Check the box when done.**

Forms

Notice of Petition  
Verified Petition  
Consent

Order and Judgement  
Notice of Petition Litigation Back  
Request for Judicial Intervention (RJI)

Preparing your papers

- **Print or type** using **black** ink. Follow the instructions printed in **bold type** on the forms. Do not write in the margins or on the back of the page. There is a free Notary in the County Clerk's Office, 60 Centre Street, Room141B, in the Basement.

If it is your birth certificate and you are 18 years of age, fill in the name of the case like this:

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK  
-----X  
In the Matter of the Application of  
**[your name]**  
Petitioner,  
for leave to change, amend, or correct the records of the Bureau  
of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-  
**N.Y.C. Department of Health and Mental Hygiene,**  
Respondent,  
-----X

If it is your child's (under 18 years of age) birth certificate and both parents are named on the certificate, one parent is the petitioner and the other parent signs the **Consent** form in front of a notary. *Only add the other parent's name as a respondent if you do not have his or her consent to the correction.* Fill in the name of the case like this:

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK  
-----X  
In the Matter of the Application of  
**[your name] as Mother (or Father) and natural guardian  
and on behalf of (your child's name), an infant**  
Petitioner,  
for leave to change, amend, or correct the records of the Bureau  
of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-  
**[Only if consent not given]  
N.Y.C. Department of Health and Mental Hygiene (and other parent's name),**  
Respondent,  
-----X

- The **Notice of Petition** informs the DOHMH that you have started a lawsuit. The notice tells the respondent(s) the date, time and courtroom to appear to respond to your lawsuit. Pick a date six (6) weeks later. This is known as the return date.

After you have filed the papers to start your case, copies of the papers must be given to the DOHMH and other parent, if consent not given and the NYC Law Department (Corporation Counsel), the attorney for the DOHMH. This is known as service. The return date *must* be at least 20 days after the day your papers are served. Choose any Monday to Friday that does not fall on a holiday.

[1] name of your case (from page 2)

[2] Index number (case number given when papers are filed)

[3] your name

[4] date Verified Petition notarized

[5] return date (for 6 weeks later)

Write the information as it now appears on

the birth record to be corrected [6] name, [7] date of birth, [8] birth certificate number

List the requested changes using:

[9] Item number on birth certificate

[10] how item should read

[11] how item reads now

[12] date papers filled out

[13] your name, address, telephone number

**[Print in black ink all areas in bold letters]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

In the Matter of the Application of \_\_\_\_\_x **Index Number**  
\_\_\_\_\_ **[2]**

**[1]**  
**[your name]** Petitioner

for leave to change, amend, or correct the records of the Bureau  
of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-

**N.Y.C. Department of Health and Mental Hygiene,**  
Respondent  
\_\_\_\_\_x

**NOTICE OF PETITION  
CHANGE OF BIRTH RECORD**

PLEASE TAKE NOTICE that upon the Verified Petition of **[your name]** **[3]**  
\_\_\_\_\_ verified **[date signed in front of notary]** the \_\_\_\_ day of **[4]**  
20\_\_\_\_, the petitioner will move this court in the Motion Submission Part Courtroom, Room 130, at the  
Courthouse at 60 Centre Street, New York, N.Y., on the **[return date]** \_\_\_\_ day of **[5]**  
20\_\_\_\_, at 9:30 AM, for an order and judgement to change, amend, or correct the records of the N.Y.C.  
Department of Health and Mental Hygiene, in reference to a birth record as follows:

**The birth certificate of** **[6]** \_\_\_\_\_, **date of**  
**birth** **[7]** \_\_\_\_\_, **birth certificate number** **[8]** \_\_\_\_\_, to read as  
follows: **[List the change(s). Use the ITEM Number(s) from the Vault Copy.]**

ITEM Number **[9]** should read **[10]** \_\_\_\_\_ instead of **[11]** \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

PLEASE TAKE FURTHER NOTICE, that a copy of the proposed order and judgement is attached as  
Exhibit C.

Dated: \_\_\_\_\_ **[12]** \_\_\_\_\_, 20\_\_\_\_  
**[date filled out]**

Respectfully submitted,  
**[13]** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Petitioner  
**[your name, address, telephone number]**

To: N.Y.C. Dept. of Health & Mental Hygiene  
125 Worth Street – Room 602  
New York, NY 10013

- The **Verified Petition** is your sworn statement. It must *fully* explain the mistakes on the birth certificate and how they happened. You do not speak to the Judge unless you are notified that the Judge wants “oral argument”.

Submit any **Exhibits** (copies of documents which help explain and support your request). You will label your documents as follows: Label the certified Vault copy of the birth certificate by writing “Exhibit A” at the bottom of the document. Label the copy of the DOHMH letter as “Exhibit B”. Label the Order & Judgement which you will be preparing see page 7 as “Exhibit C”. Then, label copies of any other documents as Exhibit D, Exhibit E, and so on. Exhibits will not be returned. Do not give original documents, except for the Vault copy of the birth certificate and original certified translations of any foreign language documents. Bring the original documents when you come to court. Your petition *must* be signed in front of a notary.

- [1] name of your case (from page 2)
  - [2] Index number (when papers are filed)
  - [3] your name
  - [4] your address
  - [5] identify yourself as the mother or father
- Write the information as it now appears on the birth certificate to be corrected [6] name, [7] date of birth, and [8] birth certificate number
- List the requested changes using:
- [9] Item number on birth certificate
  - [10] how item should read
  - [11] how item reads now
  - [12] explain how the mistakes happened

- [13] insert letter of last exhibit
  - [14] identify each Exhibit
  - [15] circle “has not” if this is your first time asking the court to correct the birth certificate
  - [16] if not the first time, describe earlier requests and results
- Repeat* from page 1 of Verified Petition. Write the information as it now appears on the birth certificate to be corrected [6] name, [7] date of birth, and [8] birth certificate number.
- Repeat* from page 1 of Verified Petition. List the requested changes using:
- [9] Item number on birth certificate
  - [10] how item should read
  - [11] how item reads now

[Print in **black** ink all areas in bold letters]

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

In the Matter of the Application of \_\_\_\_\_x  
[1] \_\_\_\_\_x  
[your name] Petitioner

Index Number  
[2] \_\_\_\_\_

for leave to change, amend, or correct the records of the Bureau of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene, - against-

N.Y.C. Department of Health and Mental Hygiene, Respondent \_\_\_\_\_x

VERIFIED PETITION  
CHANGE OF BIRTH RECORD

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK:

The petition of [your name] [3] \_\_\_\_\_ respectfully shows to this court as follows:

- Your petitioner resides at [your address] [4] \_\_\_\_\_
- The respondent(s) is N.Y.C. Department of Health and Mental Hygiene (DOHMH). The DOHMH is responsible for the maintenance of birth records in the City of New York.
- I am the [circle one] Mother / Father of the Birth Certificate of [5] \_\_\_\_\_ [6] \_\_\_\_\_, date of birth [7] \_\_\_\_\_, birth certificate number [8] \_\_\_\_\_ and on the \_\_\_\_\_
- The changes in a birth record sought by this proceeding are as follows [List the change(s) you want to make. What do you want the birth certificate to say that it doesn't say now? Use the ITEM Number(s) on the Vault Copy.]  
ITEM Number [9] \_\_\_\_\_ should read [10] \_\_\_\_\_ instead of [11] \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_
- [Give the reason(s) for the change(s). Explain how the mistake(s) happened. Give full details to support your request to change the birth record. [12] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Attached as Exhibit A is a certified copy of the birth certificate which petitioner seeks to change.

7. Attached as Exhibit B is a copy of the DOHMH letter which denied my correction request.

8. Attached as Exhibit C is a proposed Order and Judgement.

9. Attached as Exhibit(s) D through [13] \_\_\_\_\_ are copies of additional items of proof, namely [Describe the documents you have attached. Include documents that say who you are. List additional Exhibits on separate page:]  
Exhibit D - [14] \_\_\_\_\_  
Exhibit E - \_\_\_\_\_  
Exhibit F - \_\_\_\_\_  
Exhibit G - \_\_\_\_\_  
Exhibit H - [15] \_\_\_\_\_

10. A prior application [circle one] has / has not been made for the relief requested herein. [If you made this application before in this or any other court, describe where, when, the result and why you are making it again.] [16] \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHEREFORE, your deponent respectfully requests that this Court grant petitioner's application and that the birth certificate of [6] \_\_\_\_\_, date of birth [7] \_\_\_\_\_, birth certificate number [8] \_\_\_\_\_, be corrected / amended / changed to state as follows: [List the changes using the ITEM number(s) from the Vault copy.]  
ITEM Number [9] \_\_\_\_\_ should read [10] \_\_\_\_\_ instead of [11] \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

Verified Petition - continued

- [17] date petition filled out
- [18] sign and print you name, address, and telephone number
- [19] print your name
- [20] sign and print your name in front of a notary

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
 ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
 ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_.

Dated: [17] \_\_\_\_\_, 20\_\_\_\_ [18]  
 [date Petition filled out] Petitioner [sign your name]

\_\_\_\_\_  
 [print your name]

\_\_\_\_\_  
 [your address and telephone no.]

VERIFICATION

STATE OF NEW YORK  
 COUNTY OF \_\_\_\_\_; ss:

[19] \_\_\_\_\_ [your name], being duly sworn,  
 deposes and says that: I am the petitioner in this proceeding; I have read the foregoing petition and know the contents thereof; the same is true to my own knowledge, except as to matters therein stated to be alleged on information and belief; and as to those matters I believe them to be true.

Sworn to before me this [20]  
 day of \_\_\_\_\_, 20\_\_\_\_ Petitioner [sign your name before a Notary]

\_\_\_\_\_  
 Notary Public [print your name]

The **Consent** form is signed by the other parent named on the birth certificate.

- [1] name of your case (from page 2)
- [2] Index number (when papers are filed)
- [3] your name
- [4] identify yourself as the mother or father

Write the information as it now appears on the birth certificate to be corrected [5] name, [6] date of birth, and [7] birth certificate number  
*(Fill in this information twice)*

- List the requested changes using:
- [8] Item number on birth certificate
  - [9] how item should read
  - [10] how item reads now

[11] sign and print your name in front of a notary

**[Print in black ink all areas in bold letters]**

SUPREME COURT OF THE STATE OF NEW YORK  
 COUNTY OF NEW YORK \_\_\_\_\_-x **Index Number**

In the Matter of the Application of \_\_\_\_\_ **[2]**  
 [your name] [1] Petitioner

for leave to change, amend, or correct the records of the Bureau of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
 - against- **CONSENT TO CHANGE OF BIRTH RECORD**

N.Y.C. Department of Health and Mental Hygiene,  
 Respondent

State of New York, County of \_\_\_\_\_-x  
 ss: \_\_\_\_\_ **[3]** [name of parent signing consent] being duly sworn, deposes and says: **[4]**

1. I am the **[circle one]** **[4]** Mother / Father on the birth Certificate of \_\_\_\_\_ **[5]**  
 \_\_\_\_\_, date of birth \_\_\_\_\_ **[6]**, birth certificate number \_\_\_\_\_ **[7]**.

2. I have read the foregoing Verified Petition in support of an application to change, amend, or correct the records of the Bureau of Vital Statistics. I have no objection to the request and hereby give my consent to change, amend, or correct the record as follows on the The changes in a birth record sought by this proceeding are as follows on the birth Certificate of \_\_\_\_\_ **[5]**  
 date of birth \_\_\_\_\_ **[6]**, birth certificate number \_\_\_\_\_ **[7]**. [List the change(s). Use the ITEM Number(s) on the Vault Copy.]

ITEM Number **[8]** should read \_\_\_\_\_ **[9]** instead of \_\_\_\_\_ **[10]**,  
 ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
 ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
 ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
 ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_.

Sworn to before me this \_\_\_\_\_ **[11]**  
 day of \_\_\_\_\_, 20\_\_\_\_ Petitioner [sign your name before a Notary]

\_\_\_\_\_  
 Notary Public [print your name]

The **Order & Judgement** is the "court order" the Judge will sign if you win your case.

- [1] name of your case
- [2] Index Number (when papers are filed)
- [3] your name
- [4] date Verified Petition signed in front of a notary

Write the information as it now appears on the birth certificate to be corrected.

- [5] name, [6] date of birth, and [7] birth certificate number

(Fill in this information twice)

List the requested changes using:

- [8] Item number on birth certificate
- [9] how item should read
- [10] how item reads now

At I.A.S. Part \_\_\_\_ of the Supreme Court of the State of New York, held in and for the County of New York, at the Courthouse thereof, 60 Centre Street, New York, N.Y., on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

PRESENT: HON. \_\_\_\_\_  
Justice of the Supreme Court

In the Matter of the Application of \_\_\_\_\_  
[1] \_\_\_\_\_  
Petitioner

Index Number  
[2] \_\_\_\_\_  
ORDER and JUDGEMENT

for leave to change, amend, or correct the records of the Bureau of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene, - against-

N.Y.C. Department of Health and Mental Hygiene,  
Respondent

Upon reading and filing the petition of \_\_\_\_\_ [3] \_\_\_\_\_, verified the \_\_\_\_ day of \_\_\_\_\_ [4] \_\_\_\_\_, 20\_\_\_\_, the annexed certified copy of the birth certificate of the applicant, and the parties having been heard on \_\_\_\_\_, or no one having appeared in opposition there to, it is

ORDERED, that the petition is granted, and it is further, ADJUDGED, that the birth record of the petitioner / petitioner's child \_\_\_\_\_ [5] \_\_\_\_\_, date of birth \_\_\_\_\_ [6] \_\_\_\_\_, birth certificate number \_\_\_\_\_ [7] \_\_\_\_\_, is corrected/amended/changed to state as follows:  
ITEM Number [8] \_\_\_\_\_ should read \_\_\_\_\_ [9] \_\_\_\_\_ instead of \_\_\_\_\_ [10] \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
ITEM Number \_\_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_  
and it is further

ORDERED that the applicant shall file a certified copy of this order and judgement with the New York City Department of Health and Mental Hygiene, which shall amend the official records pertaining to the aforesaid birth in accordance with this order and judgement.

ENTER

\_\_\_\_\_  
J.S.C.

The **Request for Judicial Intervention (RJ)** assigns your case to a Judge. \$95 fee.

- [1] & [2] Index Number and date purchased (leave blank for now)
- [3] name of your case
- [4] check box, fill in return date

- [5] your name, address, telephone number
- [6] name, address, telephone no. of parent who did not give consent
- [7] date filled out, sign and print your name

**REQUEST FOR JUDICIAL INTERVENTION** (Rev. 07/26/09)

SUPREME COURT, COUNTY OF \_\_\_\_\_

[1] Index No: \_\_\_\_\_ [2] Date Index Issued: \_\_\_\_\_ For Court Use Only: IAS Entry Date \_\_\_\_\_

**CAPTION** Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet. [3] \_\_\_\_\_

Plaintiff(s)/Petitioner(s) \_\_\_\_\_ Judge Assigned \_\_\_\_\_

NYC Department of Health and Mental Hygiene \_\_\_\_\_

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) \_\_\_\_\_

**MATRIMONIAL**

- Contested
- Substantive
- 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) \_\_\_\_\_

**TORTS**

**SPECIAL PROCEEDINGS**

- OLR Article 75 (Arbitration) [see NOFF in COMMERCIAL section]
- OLR Article 78 (Body or Officer)
- Election Law
- Estrange Rel. Protection Order
- MHL Article 9.60 (Elder's Law)
- MHL Article 30 (Sex Offender Confinement-Initial)
- MHL Article 30 (Sex Offender Confinement-Review)
- MHL Article 83 (Stewardship)
- Other Mental Hygiene (specify) \_\_\_\_\_
- Other Special Proceeding (specify) \_\_\_\_\_

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

- Condominium
- Mortgage Foreclosure (specify):  Residential  Commercial
- Property Address: \_\_\_\_\_
- Tax Certiorari
- Tax Foreclosure
- Other Real Property (specify) \_\_\_\_\_

**OTHER MATTERS** [see NOFF in COMMERCIAL section]

- Certificates of Incorporation/Dissolution
- Emergency Medical Treatment
- Habeas Corpus
- Local Court Appeal
- Mechanic's Lien
- Name Change
- Petrol/Permit Reception Hearing
- Sale or Finance of Religious/Non-Profit Property
- Other (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 with notice been filed? YES  NO  If yes, date filed: \_\_\_\_\_

Has a summons and complaint or summons with notice been served? YES  NO  If yes, date served: \_\_\_\_\_

Is this action/proceeding being filed post-judgment? YES  NO  If yes, judgment date: \_\_\_\_\_

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

- Infant's Compromise
- Estrange Rel. Protection Order Application
- Notice of Issue/Certificate of Readiness
- Notice of Medical, Dental or Podiatric Malpractice
- Notice of Motion
- Notice of Pardon
- Order to Show Cause
- Other Ex Parte Application
- Non-Petition Application
- Request for Preliminary Conference
- Residential Mortgage Foreclosure Settlement Conference
- Writ of Habeas Corpus
- Other (specify) \_\_\_\_\_

Date Issue/Relief Requested: \_\_\_\_\_ Date Issue/Relief Requested: \_\_\_\_\_

Date Issue/Relief Requested: \_\_\_\_\_ Date Issue/Relief Requested: \_\_\_\_\_

[4] \_\_\_\_\_

**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 RJ ADDENDUM (JCS-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 RJ ADDENDUM (JCS-840A).

Un-Rep	Parties	Attorneys and Unrepresented Litigants	Issue Joined	Insurance Carriers
<input type="checkbox"/>	Name: [5] _____ Role: Petitioner	Name: _____ Address: 125 Worth St., New York, NY 10013	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: [6] _____ Role: Respondent	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
<input type="checkbox"/>	Name: _____ Role: _____	Name: _____ Address: _____	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> 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.

Date: \_\_\_\_\_ [7] \_\_\_\_\_ Signature \_\_\_\_\_

Attorney Registration Number \_\_\_\_\_ [7] \_\_\_\_\_ Print Name \_\_\_\_\_

- On the right side of the **Notice of Petition Litigation Back**, fill in the name of your case. Sign and print your name, address and telephone number.  
Do not fill out the left side of the page.
- Arrange the papers listed below in the following order:
  - 1<sup>st</sup> – Notice of Petition
  - 2<sup>nd</sup> – Verified Petition
  - 3<sup>rd</sup> – Exhibits A (Vault copy); B (DOHMH letter); C (Order & Judgement); D, E and so on
  - 4<sup>th</sup> – Consent (if given by other parent names on certificate)
  - 5<sup>th</sup> – Notice of Petition Litigation Back
 This is the **original** set of papers, which will go to the Judge.
- Important:** If you are asking for poor person status, go to the Help Center, 60 Centre St., Room 116, 1<sup>st</sup> Floor, with the following completed papers:
  - Poor Person Order, Affidavit in Support, current proof of income, copy of photo I.D.
  - **Original** set of papers listed above
  - Request for Judicial Intervention (RJI)
- Make 5 copies of the **original** set of papers. Staple set together. Make one copy for other parent, if consent not given.
- Make 6 copies of the Request for Judicial Intervention (RJI), front and back. Make one copy for other parent, if consent not given.

**Filing the papers to start your case**

- Go to the County Clerk’s Office 60 Centre St., Room141B, in the basement with:
  - **original** set of papers and copies
  - **original** RJI and copies
 If you requested poor person status, go to the Law and Equity counter and pick up your copy of the poor person order and your receipt. If paying the \$210 fee, go directly to the Cashier in Room 141B.
- Give the Cashier in Room 141B:
  - one copy of the **original** set of papers
 The cashier will give a receipt with your **Index Number** (case number) on it.  
Write it on all of your papers. Keep the receipt for later.  
Write the date you got the Index Number on the RJI.
- Go to the Law and Equity counter in Room 141B.  
Use the file stamp on the counter to “stamp” the Litigation Backs of the **original** set and remaining copies.  
This “stamp” is proof of filing a copy of your papers in the County Clerk’s Office to start your case.

## Serving your papers

**Important:** Have copies of Notice of Petition papers and RJI served within 15 days of getting the Index Number and at least 20 days before the return date.

- Have someone mail a copy of the set of papers the Legal Department of the DOHMH at 42-09 28<sup>th</sup> St., L.I.C., Queens, 11101. That person must then fill out an affidavit of mail service for you to give to the court.
- Go to the Corporation Counsel's Office at 100 Church Street and serve:
  - 1 copy of the original set and 1 copy of the RJIAsk that they "stamp" the **original** Notice of Petition Litigation Back and **original** RJI. The "stamp" shows the date and time the copies were received and is proof of service.
- The parent who did not consent to the correction and is named as a respondent *must* also be served with a copy of the RJI. The papers *must* be served by personal service, by someone over the age of 18, who is not involved in the lawsuit. An **Affidavit of Service** is your proof of service which the server signs in front of a notary.

## Filing the **original** Notice of Petition papers and **original** Request for Judicial Intervention (RJI) with the court.

- After service, and at least 5 business days before the return date, go to the General Clerk's Office, 60 Centre St., Room 119, 1<sup>st</sup> Floor, with the following papers:
  - **Original** Notice of Petition papers
  - **Original** Request for Judicial Intervention (RJI) and one copy
  - Proof of Service: the Corporation Counsel's "stamp" and the Affidavit of Service if the other parent was also served. Make 2 copies of the proof of service for later.
  - Proof of mail service to the Legal Department of DOHMH at L.I.C., Queens.
- In Room 119 the Clerk will stamp your papers and send you to the Cashier in Room 160, 1<sup>st</sup> Floor, to pay the \$95 RJI fee OR show a copy of your poor person order.
- In Room 160, the Cashier will also stamp the original papers and keep the copy of the RJI. In Room 160, make a copy only of the Notice of Petition page.
- Return to Room 119. Give the Clerk the **original** Notice of Petition papers, the copy of the Notice of Petition page, and the **original** RJI.
- Go to Room 141B, in the basement. At the Law and Equity counter, file one proof of service. Keep the other for your records.



**Coming to court on the return date**

**Do Not Be Late!**

- At 9:30 A.M. on the return date, be in General Clerk's Courtroom at 60 Centre St., Room 130, 1<sup>st</sup> Floor. The calendar, which is a list of all cases scheduled, is posted near the door. Listen to the Clerk and answer "Here" when your case is called. Bring all original documents.

The DOHMH and the other parent, if named as a respondent can:

- contact you before the return date to ask for an **adjournment** to submit papers  
An **adjournment** is a new date agreed to by the parties or set by the court.  
If the parties agree, the court has to approve the new date.  
If the parties do not agree, the court will hear the request on the return date.  
Requests for adjournment *must* be made, *in person*, on the return or adjournment date.
- answer with an **Affidavit in Opposition** asking the court to deny your petition.  
Opposition papers can be served by mail. You may receive them before the return date or be told on the return date that papers have been mailed to you.

You can:

- request an adjournment to submit **Reply** papers  
A **Reply** allows you to respond only to a statement(s) made in opposition papers.  
You may not make new requests in Reply papers.  
A copy of your Reply *must* be served at least 1 day before the return or adjournment date by personal or mail service. A sample Reply form is available in Room 116.

**Original** opposition and **original** reply papers with proof of service are filed in Room 130 on the return or adjournment date. After reply papers, no further papers may be submitted without permission of a Judge.

The papers are now sent to the Judge.

If the Judge wants "oral argument", you will be notified, usually by mail, of the date, time, and courtroom. You *must* appear to speak to the Judge, or your petition may be denied.

The Judge will issue a written decision, usually within 2 months.

You may go to the Court's website and set up an *e-Track* account so you can receive updates on activity in your case.

*It is your responsibility to check if a decision has been made.*

You may call the Office of the Unrepresented at (646) 386-3025.

Have your Index Number, so we can check the status of your case.

**Serving the Order & Judgement on the N.Y.C. Department of Health and Mental Hygiene**

If you win your case, you will need a certified copy of the signed Order & Judgement to serve on the DOHMH.

- Go to the County Clerk's Office Record Room, Room 103B, in the basement at 60 Centre St., from 9:00 A.M. to 3:00 P.M.
  - fill out County Clerk File Requisition form (available at the counter)
  - you will be given your court file
    - The signed Order & Judgement will be inside. Make a copy.
    - Take the copy and the court file into Room 141B to the Certification Clerk (next to the cashier).
  - the copy is certified after you pay the \$8.00 fee OR show a copy of your poor person order.
  - make a copy of the now *certified Order & Judgement* for your own records.
  
- Go to the DOHMH, 125 Worth St. with:
  - **Application for a Birth Record** filled out
    - Write "Vault" at the top left side of the form.
  - \$15 for each copy of the new birth certificate being requested
  - **Application for the Correction of a Birth Certificate** filled out
  - Certified Order & Judgement

The DOHMH will send the new corrected birth certificate by mail.

**[Print in black ink all areas in bold letters]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

-----X  
In the Matter of the Application of

**Index Number**

\_\_\_\_\_  
**[your name]** Petitioner

for leave to change, amend, or correct the records of the Bureau  
of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-

**NOTICE OF PETITION  
CHANGE OF BIRTH RECORD**

N.Y.C. Department of Health and Mental Hygiene,  
Respondent  
-----X

PLEASE TAKE NOTICE that upon the Verified Petition of **[your name]** \_\_\_\_\_  
\_\_\_\_\_ verified **[date signed in front of notary]** the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, the petitioner will move this court in the Motion Submission Part Courtroom, Room 130, at the  
Courthouse at 60 Centre Street, New York, N.Y., on the **[return date]** \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, at 9:30 AM , for an order and judgement to change, amend, or correct the records of the N.Y.C.  
Department of Health and Mental Hygiene, in reference to a birth record as follows:

**The birth certificate of** \_\_\_\_\_, **date of**  
**birth** \_\_\_\_\_, **birth certificate number** \_\_\_\_\_, to read as  
follows: **[List the change(s). Use the ITEM Number(s) from the Vault Copy.]**

- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

PLEASE TAKE FURTHER NOTICE, that a copy of the proposed order and judgement is attached as  
Exhibit C.

Dated: \_\_\_\_\_, 20\_\_\_\_  
**[date filled out]**

Respectfully submitted,  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To: N.Y.C. Dept. of Health & Mental Hygiene  
125 Worth Street – Room 602  
New York, NY 10013

Petitioner  
**[your name, address, telephone number]**

**[Print in black ink all areas in bold letters]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

-----x  
In the Matter of the Application of

**Index Number**

\_\_\_\_\_  
**[your name]** Petitioner

for leave to change, amend, or correct the records of the Bureau  
of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-

VERIFIED PETITION  
CHANGE OF BIRTH RECORD

N.Y.C. Department of Health and Mental Hygiene,  
Respondent  
-----x

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK:

The petition of **[your name]** \_\_\_\_\_ respectfully  
shows to this court as follows:

1. Your petitioner resides at **[your address]** \_\_\_\_\_

2. The respondent(s) is N.Y.C. Department of Health and Mental Hygiene (DOHMH). The DOHMH is  
responsible for the maintenance of birth records in the City of New York.

3. I am the **[circle one]** Mother / Father on the **Birth Certificate of** \_\_\_\_\_  
\_\_\_\_\_, **date of birth** \_\_\_\_\_, **birth certificate number**  
\_\_\_\_\_ and on the

4. The changes in a birth record sought by this proceeding are as follows **[List the change(s) you  
want to make. What do you want the birth certificate to say that it doesn't say now? Use the ITEM  
Number(s) on the Vault Copy.]**

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_

5. **[Give the reason(s) for the change(s). Explain how the mistake(s) happened. Give full  
details to support your request to change the birth record.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,  
ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_.

Dated: \_\_\_\_\_, 20\_\_\_\_

**[date Petition filled out]**

\_\_\_\_\_  
Petitioner **[sign your name]**

\_\_\_\_\_  
**[print your name]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**[your address and telephone no.]**

VERIFICATION

STATE OF NEW YORK

COUNTY OF \_\_\_\_\_: ss:

\_\_\_\_\_ **[your name]**, being duly sworn,  
deposes and says that: I am the petitioner in this proceeding; I have read the foregoing petition and know the contents thereof; the same is true to my own knowledge, except as to matters therein stated to be alleged on information and belief; and as to those matters I believe them to be true.

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Petitioner **[sign your name before a Notary]**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
**[print your name]**

**[Print in black ink all areas in bold letters]**

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

-----X  
In the Matter of the Application of

**Index Number**

\_\_\_\_\_  
**[your name]** Petitioner

for leave to change, amend, or correct the records of the Bureau  
of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-

**CONSENT TO  
CHANGE OF BIRTH RECORD**

N.Y.C. Department of Health and Mental Hygiene,  
Respondent

-----X  
State of New York, County of \_\_\_\_\_, ss:

\_\_\_\_\_ **[name of parent signing consent]** being duly  
sworn, deposes and says:

1. I am the **[circle one]** Mother / Father on the **birth Certificate** of \_\_\_\_\_  
\_\_\_\_\_, **date of birth** \_\_\_\_\_, **birth certificate number** \_\_\_\_\_.

2. I have read the foregoing Verified Petition in support of an application to change, amend, or correct the  
records of the Bureau of Vital Statistics. I have no objection to the request and hereby give my consent to  
change, amend, or correct the record as follows on the **birth Certificate of**

\_\_\_\_\_, **date of birth** \_\_\_\_\_, **birth  
certificate number** \_\_\_\_\_. **[List the change(s). Use the ITEM Number(s) on the Vault  
Copy.]**

- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,
- ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_.

Sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Petitioner **[sign your name before a Notary]**

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
**[print your name]**

At I.A.S. Part \_\_\_\_ of the Supreme Court of the State of New York, held in and for the County of New York, at the Courthouse thereof, 60 Centre Street, New York, N.Y., on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

PRESENT: HON. \_\_\_\_\_  
Justice of the Supreme Court

-----x  
In the Matter of the Application of

**Index Number**

\_\_\_\_\_  
Petitioner

\_\_\_\_\_

**ORDER and JUDGEMENT**

for leave to change, amend, or correct the records of the Bureau of Vital Statistics, N.Y.C. Department of Health and Mental Hygiene,  
- against-

N.Y.C. Department of Health and Mental Hygiene,  
Respondent  
-----x

Upon reading and filing the petition of \_\_\_\_\_, verified the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, the annexed certified copy of the birth certificate of the applicant, and the parties having been heard on \_\_\_\_\_, or no one having appeared in opposition there to, it is

ORDERED, that the petition is granted, and it is further,

ADJUDGED, that the birth record of the petitioner / petitioner's child \_\_\_\_\_

\_\_\_\_\_, date of birth \_\_\_\_\_, birth certificate number \_\_\_\_\_, is corrected/amended/changed to state as follows:

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,

ITEM Number \_\_\_\_ should read \_\_\_\_\_ instead of \_\_\_\_\_,

and it is further

ORDERED that the applicant shall file a certified copy of this order and judgement with the New York City Department of Health and Mental Hygiene, which shall amend the official records pertaining to the aforesaid birth in accordance with this order and judgement.

ENTER

\_\_\_\_\_  
J.S.C.





# REQUEST FOR JUDICIAL INTERVENTION

UCS-840  
(rev. 07/29/2019)

COURT, COUNTY OF \_\_\_\_\_

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_\_

For Court Use Only:

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

-against-

Plaintiff(s)/Petitioner(s)

Defendant(s)/Respondent(s)

IAS Entry Date

Judge Assigned

RJI Filed Date

**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 262.70(d), complete and attach the COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C).*

**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).*

Tax Certiorari

Tax Foreclosure

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

**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): \_\_\_\_\_

**OTHER MATTERS**

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

Emergency Medical Treatment

Habeas Corpus

Local Court Appeal

Mechanic's Lien

Name Change

Pistol Permit Revocation Hearing

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

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

**SPECIAL PROCEEDINGS**

CPLR Article 75 (Arbitration) [see NOTE in COMMERCIAL section]

CPLR Article 78 (Body or Officer)

Election Law

Extreme Risk Protection Order

MHL Article 9.60 (Kendra's Law)

MHL Article 10 (Sex Offender Confinement-Initial)

MHL Article 10 (Sex Offender Confinement-Review)

MHL Article 81 (Guardianship)

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

Other Special Proceeding (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: \_\_\_\_\_

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	
<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	
<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	

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

\*\*\*\*\*NOTICE OF ENTRY\*\*\*\*\*

Sir/Madam:

Please take notice that the within is a (certified) true copy of a

\_\_\_\_\_ duly entered in the office of the clerk of

the within named court on the \_\_\_ day of \_\_\_\_\_, 20\_\_

Dated:

Yours, etc.

Attorney for: \_\_\_\_\_

\_\_\_\_\_ Office and Post

\_\_\_\_\_ Office Address

\_\_\_\_\_

To:

Attorney(s) for \_\_\_\_\_

\*\*\*\*\*NOTICE OF SETTLEMENT\*\*\*\*\*

Sir/Madam:

Please take notice that an \_\_\_\_\_

of which the within is a true copy will be presented for settlement

to the Hon. \_\_\_\_\_, one of the Justices

of the within court, at \_\_\_\_\_, on

\_\_\_\_\_, 20\_\_ at \_\_\_\_\_ AM/PM.

Dated: \_\_\_\_\_, 20\_\_

Yours, etc.

Presenting Party \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To:

Attorney(s) for \_\_\_\_\_

\_\_\_\_\_

INDEX NUMBER \_\_\_\_\_

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

In the Matter of the Application of \_\_\_\_\_

Petitioner,

- against -

NYC DEPARTMENT OF HEALTH and MENTAL HYGIENE,

Respondent,

To the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the presentation of these papers and the contentions therein are not frivolous as defined in subsection (c) of section 130 1.1 of the Rules of the Chief Administrator (22NYCRR).

Sign Name: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

Service of a copy of the within is hereby admitted

Dated: \_\_\_\_\_, 20\_\_

Attorney for \_\_\_\_\_