

[Print in ***black*** ink all areas in bold letters. Other spaces are for Court use].

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 therefore, 60 Centre Street, New York, N.Y., on the _____ day of _____, 20____

PRESENT: HON. _____
Justice of the Supreme Court
-----X

_____,
[fill in name(s)] Plaintiff(s)
- against -

Index Number

ORDER TO SHOW CAUSE

_____,
[fill in name(s)] Defendants(s)
-----X

PLEASE TAKE NOTICE THAT THE PURPOSE OF THIS HEARING IS TO PUNISH THE ACCUSED _____ FOR CONTEMPT OF COURT AND SUCH PUNISHMENT MAY CONSIST OF FINE OR IMPRISONMENT OR BOTH ACCORDING TO LAW.

WARNING

YOUR FAILURE TO APPEAR IN COURT MAY RESULT IN YOUR IMMEDIATE ARREST AND IMPRISONMENT FOR CONTEMPT OF COURT.

Upon reading and filing the affidavit(s) of _____ [your name(s)], sworn to on _____, 20____, [date Affidavit in Support notarized], and upon the exhibits attached to the affidavit, [Identify Exhibits below. List additional Exhibits on separate page.]

Exhibit **A**- Order/Judgment dated _____.

Exhibit **B** - _____

Exhibit **C** - _____

Let the party or attorney in opposition show cause at I.A.S. Part _____, Room _____,

of this Court, to be held at the Courthouse, 60 Centre Street, New York, N.Y., on the ____ day of
, 20__ at ____ o'clock in the ____ noon or as soon as such party or attorney may be heard
why an order should not be made, providing the following relief:

[briefly describe what you are asking the Court to do]: _____

for the reasons that **[briefly describe the reasons why you should be granted what you are
requesting]** _____

Sufficient cause appearing therefore, let personal service of a copy of this order, the
affidavit in support, and all other papers upon which this order is granted, upon all other parties to this
action or their attorneys, who have appeared in this action, on or before the ____ day of
_____, 20__ be deemed good and sufficient. An affidavit or other proof of
service shall be presented to this Court on the return date directed in the second paragraph of this
order.

ENTER

J.S.C.

[Print in black ink all areas in bold letters]

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

-----x

Index Number

_____,
[fill in names(s)] Plaintiff(s)/Petitioner(s),

- against -

**CONTEMPT
AFFIDAVIT IN SUPPORT**

_____,
[fill in name(s)] Defendant(s)/Respondent

-----x

STATE OF NEW YORK)
COUNTY OF NEW YORK) ss:

_____ [your name], being duly sworn, deposes and says:

1. I am [circle one] the plaintiff/ petitioner/ defendant/ respondent in this matter. I make this affidavit in support of this motion for an order punishing [name]_____ the [circle one] plaintiff/ petitioner/ defendant/ respondent for violation of the order/judgment **dated** _____ which directed **[stated what the party was required to do]**

2. I believe the Court should grant this motion because **[Explain how the party did not comply with the order/judgment. Attach as exhibits a copy of the order/judgment and any other documents which support your request. Add more pages if needed.]**

3. No prior application has been made to punish **[name]** _____ the plaintiff/ petitioner / defendant / respondent **[circle one]** for contempt of court for violation of the order/judgment **dated** _____ except **[List all prior requests for the same relief made in this or any other court and the results of those applications. Use more paper if needed.]**

4. The rights and remedies of the **[circle one]** plaintiff / petitioner / defendant / respondent have been impeded, impaired, prejudiced and defeated by the refusal of the **[circle one]** plaintiff / petitioner / defendant / respondent to obey the order/judgment **dated** _____

5. **[For matrimonial cases only]** This application is based upon the non-payment of **[circle one]** alimony / maintenance / child support / counsel fees. Sequestration (seizure of property and/or assets) would be ineffectual.

WHEREFORE, I respectfully request that this motion be granted, and that I have such other and further relief as may be just and proper.

Sworn to before me on the _____ day of _____, 20_____

Notary Public

[sign your name in front of a Notary]

[print your name]

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

-----X

Index Number

[fill in name(s)] Plaintiff(s)/Petitioner(s),

- against-

AFFIDAVIT OF SERVICE AFTER
COMMENCEMENT OF LITIGATION

[fill in name(s)] Defendant(s)/Respondent(s).

-----X

STATE OF NEW YORK
COUNTY OF _____ ss:

I, [name of person who served papers] _____,
being duly sworn, depose and say:

I am over 18 years of age and am not a party to this case.

I reside at [your address] _____

On [date of service] _____, 20__, at [time of day] _____ AM/PM, I served a true copy of the
following papers [identify papers served] _____,
_____ in the following manner. [check box that applies]:

Personal Service By personally delivering the papers to [identify person served] _____
_____ at [address] _____

The individual I served had the following characteristics [check one box in each category]

- | <u>Sex</u> | <u>Height</u> | <u>Weight</u> | <u>Age</u> |
|---------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Under 5' | <input type="checkbox"/> Under 100 lbs. | <input type="checkbox"/> 21 - 34 years |
| <input type="checkbox"/> Female | <input type="checkbox"/> 5'0" - 5'3" | <input type="checkbox"/> 100 - 130 lbs. | <input type="checkbox"/> 35 - 50 years |
| | <input type="checkbox"/> 5'4" - 5'8" | <input type="checkbox"/> 131 - 160 lbs. | <input type="checkbox"/> 51 - 61 years |
| | <input type="checkbox"/> 5'9" - 6'0" | <input type="checkbox"/> 161 - 200 lbs. | <input type="checkbox"/> Over 61 years |
| | <input type="checkbox"/> Over 6' | <input type="checkbox"/> Over 200 lbs. | |

Color of skin [describe] _____ Hair color _____

Other identifying features, if any [describe]: _____

Mail By mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official
depository of the U.S. Postal Service within the State of New York, addressed to the last-known address
of the addressee(s) indicated below:

Overnight Delivery Service By depositing the same with an overnight delivery service in a wrapper properly addressed. Said
delivery was made prior to the latest time designated by the overnight delivery service for
overnight delivery. The delivery service used was [name of delivery service] _____

[Name(s) and address(es) of person(s) served by mail/overnight delivery]:

Sworn to before me this
_____ day of _____, 20__

[sign your name before a Notary]

Notary Public

[print your 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 _____,

Plaintiffs/Petitioners,
- against -

Defendant/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 _____