

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

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\_\_\_\_\_  
[INSERT NAME(S)] Plaintiff(s)

-against-

\_\_\_\_\_  
[INSERT NAME(S)] Defendant(s)

-----x

Index No. \_\_\_\_\_

Calendar No. \_\_\_\_\_

Honorable \_\_\_\_\_

**REQUEST FOR  
PRELIMINARY CONFERENCE**

The undersigned requests a preliminary conference.

The names, address and telephone numbers of all attorneys appearing in the action are as follows:

Plaintiff/Plaintiff, Pro Se  
[CIRCLE ONE]  
Post Office Address & Tel. No.

Defendants/Defendant Pro Se  
[CIRCLE ONE]  
Post Office Address & Tel. No.

Attorney(s) for  
Post Office Address & Tel. No.

Attorney(s) for  
Post Office Address & Tel. No.

Dated: \_\_\_\_\_, 200\_

Plaintiff/Defendant  
[CIRCLE ONE]

\_\_\_\_\_  
[SIGN YOUR NAME]

\_\_\_\_\_  
[PRINT YOUR NAME]

\_\_\_\_\_  
[YOUR TELEPHONE NUMBER]