

Instructions: Fill in the Names of the Parties and the Index Number. Complete the blank spaces next to the instructions printed in bold type. PRINT AND USE BLACK INK ONLY. SIGN YOUR NAME IN THE PRESENCE OF A NOTARY PUBLIC.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS

-----x

\_\_\_\_\_  
[FILL IN NAME(S)]

Index Number  
\_\_\_\_\_/\_\_\_\_

Plaintiff(s)/Petitioner(s)

V.

EMERGENCY AFFIDAVIT

\_\_\_\_\_  
[FILL IN NAME(S)]

Defendant (s) /Respondent (s)

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I \_\_\_\_\_ [INSERT YOUR NAME] am the plaintiff/petitioner/defendant/respondent [CIRCLE ONE] in the above-named action/special proceeding [CIRCLE ONE]. I request immediate judicial review of my \_\_\_\_\_

[INSERT DESCRIPTION OF PAPERS YOU ARE SUBMITTING, e.g., ORDER TO SHOW CAUSE] on the following grounds (reasons) [INSERT BELOW A BRIEF EXPLANATION OF WHY YOU NEED EMERGENCY OR IMMEDIATE RELIEF. DO NOT DISCUSS THE LEGAL MERITS (BASIS) OF YOUR CLAIM].

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[SIGN YOUR NAME IN THE  
PRESENCE OF A NOTARY PUBLIC]

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[PRINT YOUR NAME]

Sworn to before me on  
this \_\_\_\_ day of \_\_\_\_\_, 200\_.

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Notary Public