

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (3/2011)

_____ COURT, COUNTY OF _____

Index No: _____ Date Index Issued: _____

For Court Clerk Use Only:

IAS Entry Date

Judge Assigned

RJI Date

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

Plaintiff(s)/Petitioner(s)

-against-

Defendant(s)/Respondent(s)

NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

MATRIMONIAL

- Contested
- Uncontested

NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**.

TORTS

- Asbestos
- Breast Implant
- Environmental: _____ (specify)
- Medical, Dental, or Podiatric Malpractice
- Motor Vehicle
- Products Liability: _____ (specify)
- Other Negligence: _____ (specify)
- Other Professional Malpractice: _____ (specify)
- Other Tort: _____ (specify)

COMMERCIAL

- Business Entity (including corporations, partnerships, LLCs, etc.)
- Contract
- Insurance (where insurer is a party, except arbitration)
- UCC (including sales, negotiable instruments)
- Other Commercial: _____ (specify)

NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the **COMMERCIAL DIV RJI Addendum**.

REAL PROPERTY: How many properties does the application include? _____

- Condemnation
- Foreclosure
- Property Address: _____
Street Address City State Zip
- NOTE:** For Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJI Addendum**.
- Tax Certiorari - Section: _____ Block: _____ Lot: _____
- Other Real Property: _____ (specify)

OTHER MATTERS

- Certificate of Incorporation/Dissolution [see **NOTE** under Commercial]
- 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** under Commercial]
- CPLR Article 78 (Body or Officer)
- Election Law
- 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 w/notice been filed?

If yes, date filed: _____

Is this action/proceeding being filed post-judgment?

If yes, judgment date: _____

NATURE OF JUDICIAL INTERVENTION: Check ONE box only AND enter additional information where indicated.

- Infant's Compromise
- Note of Issue and/or Certificate of Readiness
- Notice of Medical, Dental, or Podiatric Malpractice Date Issue Joined: _____
- Notice of Motion Relief Sought: _____ Return Date: _____
- Notice of Petition Relief Sought: _____ Return Date: _____
- Order to Show Cause Relief Sought: _____ Return Date: _____
- Other Ex Parte Application Relief Sought: _____
- 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 actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the **RJI Addendum**. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

PARTIES: If additional space is required, complete and attach the **RJI Addendum**. For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties:	Attorneys:	Issue Joined (Y/N):	Insurance Carrier(s):
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case.		
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	YES NO	

I AFFIRM UNDER THE PENALTY OF PERJURY THAT, TO MY KNOWLEDGE, OTHER THAN AS NOTED ABOVE, THERE ARE AND HAVE BEEN NO RELATED ACTIONS OR PROCEEDINGS, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION PREVIOUSLY BEEN FILED IN THIS ACTION OR PROCEEDING.

Dated: _____

SIGNATURE

ATTORNEY REGISTRATION NUMBER

PRINT OR TYPE NAME

MATRIMONIAL Request for Judicial Intervention Addendum

UCS-840M
3/2011

_____ COURT, COUNTY OF _____

INDEX NO. _____

For use when there are children under the age of 18 who are subject to the matrimonial action.

Plaintiff

Last Name: _____ First Name: _____

Date of Birth: _____

Prior Names (List any other names used, including maiden and/or former married names):

Gender: Male Female

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Present Address: _____
(Street Address) (City) (State) (Zip)

Address History for past 3 years: _____
(Street Address) (City) (State) (Zip)

_____ (Street Address) (City) (State) (Zip)

_____ (Street Address) (City) (State) (Zip)

Defendant

Last Name: _____ First Name: _____

Date of Birth: _____

Prior Names (List any other names used, including maiden and/or former married names):

Gender: Male Female

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

Present Address: _____
(Street Address) (City) (State) (Zip)

Address History for past 3 years: _____
(Street Address) (City) (State) (Zip)

_____ (Street Address) (City) (State) (Zip)

_____ (Street Address) (City) (State) (Zip)

Children

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: M F

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: M F

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: M F

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: M F

Last Name: _____ First Name: _____

Date of Birth: _____

Gender: M F