

# REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF Rockland

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)

Defendant(s)/Respondent(s)

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

**MATRIMONIAL**

Contested

**NOTE:** For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**. For Uncontested Matrimonial actions, use RJI form UD-13.

**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)

**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)

**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

Mortgage Foreclosure (specify):  Residential  Commercial

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

Street Address                      City                      State                      Zip

**NOTE:** For Mortgage 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: \_\_\_\_\_

Tax Foreclosure

Other Real Property: \_\_\_\_\_ (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.

	<b>YES</b>	<b>NO</b>	
Has a summons and complaint or summons w/notice been filed?	<input type="radio"/>	<input type="radio"/>	If yes, date filed: _____
Has a summons and complaint or summons w/notice been served?	<input type="radio"/>	<input type="radio"/>	If yes, date served: _____
Is this action/proceeding being filed post-judgment?	<input type="radio"/>	<input type="radio"/>	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:** For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided. If additional space is required, complete and attach the RJI Addendum.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.		
<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	<input type="radio"/> YES  <input type="radio"/> 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	<input type="radio"/> YES  <input type="radio"/> 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	<input type="radio"/> YES  <input type="radio"/> 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	<input type="radio"/> YES  <input type="radio"/> 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