

# 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