

**APPLICATION FOR INDEX NUMBER
FEE \$210.00**

Pursuant to CPLR 306-a


For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your **Highlight Fields** option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the **Highlight Fields** button that is on the far right side of the purple message bar.

 STATE OF NEW YORK
_____ County Clerk

Index Number

Do Not Write In This Space


FULL TITLE OF ACTION OR PROCEEDING *(Please type or print.)*

 _____ Court, _____ County




Plaintiff(s)/Petitioner(s)

VS.




Defendant(s)/Respondent(s)

Name and address of
Attorney for Plaintiff(s)/
Petitioner(s). *



*** Your name and address if you are representing yourself.**

Name and address of
Attorney for Defendant(s)/
Respondent(s).




Indexed and Entered
Do not write on line above.

DO NOT DETACH

FULL TITLE OF ACTION OR PROCEEDING *(Please type or print.)*

**INDEX NUMBER
FEE \$210.00**

 _____ Court, _____ County

Endorse this Index Number on
ALL papers and advise your
adversary of the number
assigned.

Plaintiff(s)/Petitioner(s)

VS.

Defendant(s)/Respondent(s)

**COMPLETE
THIS STUB**