

# REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (3/2011)

Supreme COURT, COUNTY OF Tompkins

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.

### 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)

#### 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  
 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)

#### 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): Name Change

**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):
<input type="checkbox"/>	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).  Last Name  First Name Primary Role:  Secondary Role (if any):	Provide name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case.  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