

Request for Judicial Intervention Addendum

Supreme

COURT, COUNTY OF _____

Index No: _____

For use when additional space is needed to provide party or related case information.

PARTIES: 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	<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	
<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	

RELATED CASES: List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

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

SUPREME COURT OF THE STATE OF NEW YORK

UCS-840C
3/2011

COUNTY OF _____ x

Index No. _____

RJI No. (if any) _____

-against-

Plaintiff(s)/Petitioner(s)

Defendant(s)/Respondent(s) x

COMMERCIAL DIVISION
Request for Judicial Intervention Addendum

COMPLETE WHERE APPLICABLE [add additional pages if needed]:

Plaintiff/Petitioner's cause(s) of action [check all that apply]:

- Breach of contract or fiduciary duty, fraud, misrepresentation, business tort (e.g. unfair competition), or statutory and/or common law violation where the breach or violation is alleged to arise out of business dealings (e.g. sales of assets or securities; corporate restructuring; partnership, shareholder, joint venture, and other business agreements; trade secrets; restrictive covenants; and employment agreements not including claims that principally involve alleged discriminatory practices)
- Transactions governed by the Uniform Commercial Code (exclusive of those concerning individual cooperative or condominium units)
- Transactions involving commercial real property, including Yellowstone injunctions and excluding actions for the payment of rent only
- Shareholder derivative actions — without consideration of the monetary threshold
- Commercial class actions — without consideration of the monetary threshold
- Business transactions involving or arising out of dealings with commercial banks and other financial institutions
- Internal affairs of business organizations
- Malpractice by accountants or actuaries, and legal malpractice arising out of representation in commercial matters
- Environmental insurance coverage
- Commercial insurance coverage (e.g. directors and officers, errors and omissions, and business interruption coverage)
- Dissolution of corporations, partnerships, limited liability companies, limited liability partnerships and joint ventures — without consideration of the monetary threshold
- Applications to stay or compel arbitration and affirm or disaffirm arbitration awards and related injunctive relief pursuant to CPLR Article 75 involving any of the foregoing enumerated commercial issues — without consideration of the monetary threshold

Plaintiff/Petitioner's claim for compensatory damages [exclusive of punitive damages, interest, costs and counsel fees claimed]:

\$ _____

Plaintiff/Petitioner's claim for equitable or declaratory relief [brief description]:

Defendant/Respondent's counterclaim(s) [brief description, including claim for monetary relief]:

I REQUEST THAT THIS CASE BE ASSIGNED TO THE COMMERCIAL DIVISION. I CERTIFY THAT THE CASE MEETS THE JURISDICTIONAL REQUIREMENTS OF THE COMMERCIAL DIVISION SET FORTH IN 22 NYCRR § 202.70(a), (b) AND (c).

Dated: _____

SIGNATURE

PRINT OR TYPE NAME

FORECLOSURE Request for Judicial Intervention Addendum

Supreme _____ COURT, COUNTY OF _____

INDEX NO. _____

For use in ALL mortgage foreclosure actions where the property is: (check if applicable)

- 1. A one- to four-family owner-occupied residential property, or
- 2. An owner-occupied condominium.



- Type of mortgage loan: (check one)
- subprime/high-cost/non-traditional [RPAPL § 1304(5)]
 - prime/traditional/conventional
 - open end credit plan [RPAPL § 1304(5)]

Instructions

If # 1 or # 2 is applicable:

- Select "Residential Mortgage Foreclosure Settlement Conference" as the Nature of Judicial Intervention on the RJI.
- The Defendant/Respondent Information section below **MUST** be completed for all defendants and attached to the RJI.

DEFENDANT/RESPONDENT INFORMATION: List parties in caption order. Attach additional forms as necessary.

1. Last Name: _____ First Name: _____ Primary Phone: _____ Secondary Phone: _____
 Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)
 Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: _____

2. Last Name: _____ First Name: _____ Primary Phone: _____ Secondary Phone: _____
 Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)
 Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: _____

3. Last Name: _____ First Name: _____ Primary Phone: _____ Secondary Phone: _____
 Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)
 Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: _____

4. Last Name: _____ First Name: _____ Primary Phone: _____ Secondary Phone: _____
 Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)
 Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: _____

5. Last Name: _____ First Name: _____ Primary Phone: _____ Secondary Phone: _____
 Address: _____ e-mail: _____
(Street Address) (City) (State) (Zip)
 Comments: _____ 90-day Notice [RPAPL § 1304(1)] mailed on: _____

ATTENTION: Proof of service must be filed with this RJI for each defendant upon whom a summons and complaint or summons with notice has been served. [CPLR § 3408]

MATRIMONIAL Request for Judicial Intervention Addendum

Supreme _____ 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: _____ New York
(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: _____ New York
(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