

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (3/2011)

COURT, COUNTY OF _____

Index No: _____ Date Index Issued: ____/____/____

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)

For Court Clerk Use Only:	
IAS Entry Date	
Judge Assigned	
RJI Date	

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

<p>MATRIMONIAL:</p> <p><input type="checkbox"/> Contested</p> <p><input type="checkbox"/> Uncontested</p> <p>NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJI Addendum.</p> <p>TORTS</p> <p><input type="checkbox"/> Asbestos</p> <p><input type="checkbox"/> Breast Implant</p> <p><input type="checkbox"/> Environmental: _____ (specify)</p> <p><input type="checkbox"/> Medical, Dental, or Podiatric Malpractice</p> <p><input type="checkbox"/> Motor Vehicle</p> <p><input type="checkbox"/> Products Liability: _____ (specify)</p> <p><input type="checkbox"/> Other Negligence: _____ (specify)</p> <p><input type="checkbox"/> Other Professional Malpractice: _____ (specify)</p> <p><input type="checkbox"/> Other Tort: _____ (specify)</p> <p>OTHER MATTERS</p> <p><input type="checkbox"/> Certificate of Incorporation/Dissolution [see NOTE under Commercial]</p> <p><input type="checkbox"/> Emergency Medical Treatment</p> <p><input type="checkbox"/> Habeas Corpus</p> <p><input type="checkbox"/> Local Court Appeal</p> <p><input type="checkbox"/> Mechanic's Lien</p> <p><input type="checkbox"/> Name Change</p> <p><input type="checkbox"/> Pistol Permit Revocation Hearing</p> <p><input type="checkbox"/> Sale or Finance of Religious/Not-for-Profit Property</p> <p><input type="checkbox"/> Other: _____ (specify)</p>	<p>COMMERCIAL</p> <p><input type="checkbox"/> Business Entity (including corporations, partnerships, LLCs, etc.)</p> <p><input type="checkbox"/> Contract</p> <p><input type="checkbox"/> Insurance (where Insurer is a party, except arbitration)</p> <p><input type="checkbox"/> UCC (including sales, negotiable instruments)</p> <p><input type="checkbox"/> Other Commercial: _____ (specify)</p> <p>NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the COMMERCIAL DIV RJI Addendum.</p> <p>REAL PROPERTY: How many properties does the application include? _____</p> <p><input type="checkbox"/> Condemnation</p> <p><input type="checkbox"/> Foreclosure</p> <p>Property Address: _____</p> <p>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.</p> <p><input type="checkbox"/> Tax Certiorari - Section: _____ Block: _____ Lot: _____</p> <p><input type="checkbox"/> Other Real Property: _____ (specify)</p> <p>SPECIAL PROCEEDINGS</p> <p><input type="checkbox"/> CPLR Article 75 (Arbitration) [see NOTE under Commercial]</p> <p><input type="checkbox"/> CPLR Article 78 (Body or Officer)</p> <p><input type="checkbox"/> Election Law</p> <p><input type="checkbox"/> MHL Article 9.60 (Kendra's Law)</p> <p><input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Initial)</p> <p><input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Review)</p> <p><input type="checkbox"/> MHL Article 81 (Guardianship)</p> <p><input type="checkbox"/> Other Mental Hygiene: _____ (specify)</p> <p><input type="checkbox"/> Other Special Proceeding: _____ (specify)</p>
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STATUS OF ACTION OR PROCEEDING: Answer YES or NO for EVERY question AND enter additional information where indicated.

Has a summons and complaint or summons w/notice been filed?	YES	NO	
Is this action/proceeding being filed post-judgment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date filed: ____/____/____
	<input type="checkbox"/>	<input type="checkbox"/>	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 RJJ 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 RJJ 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: List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Attorneys: Provide name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case.	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> 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

FORECLOSURE Request for Judicial Intervention Addendum

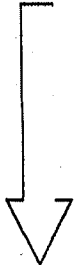
UCS-840F
3/2011

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

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]

Request for Judicial Intervention Addendum

UCS-840A (3/2011)

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"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: Role(s):		<input type="checkbox"/> YES <input type="checkbox"/> 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