

[Fill in the spaces next to the instructions. Other spaces are for Court use.]

At a(an) IAS/Special Term Part ___
of the Supreme Court of the State
of New York, held in and for the
County of Nassau, at the
Courthouse thereof, located at
100 Supreme Court Drive,
Mineola, New York on the ___ day
of 20_____

PRESENT: HON. _____
Justice of the Supreme Court

-----X

_____,
[2. Fill in name(s)] Plaintiff(s)

-against-

_____,
[3. Fill in name(s)] Defendant(s)

-----X

[1. Index No. & Year]

Index No.

_____/_____
/

ORDER TO SHOW

CAUSE IN A

CIVIL ACTION

Upon the reading and filing the affidavit(s) of **[4. Your name(s)]**

_____, sworn to on **[5. Date the Affidavit was sworn to
before a notary public]** _____, 20___ and upon the exhibits attached
to the affidavit, and **[6. Identify other supporting papers, such as, additional affidavits]**

Let the plaintiff/defendant(s) show cause at IAS PART ___ Room ___, of this Court, to be
held at the Courthouse, 100 Supreme Court Drive, Mineola, New York, on
_____, 20___, at ___ o'clock in the ___ noon or as soon as the parties
to this proceeding may be heard why an order should not be made, providing the following
relief:

[Fill in the spaces next to the instructions. Attach copies of the indicated documents and mark them as exhibits. Sign your name in the presence of a notary public]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x

_____,
[10. Fill in name(s)] Plaintiff(s)

-against-

_____,
[11. Fill in name(s)] Defendant(s)

-----x

STATE OF NEW YORK,
COUNTY OF _____ ss:

[12. Your name] _____, being duly sworn, deposes
and says:

1) I am the **[13. Circle one]** plaintiff/defendant, in this action. I make this affidavit in support of my motion for an order **[14. State what you want the Court's Order to provide/grant you include why you should be granted immediate relief pending the hearing of this motion by the Court. The above statement must also be included in the Order to Show Cause or Notice of Motion.]** _____

2) I believe the Court should grant my motion because **[15. Explain your reasons. Attach additional pages if necessary]**

[9. Index No. & Year]
Index No. _____ / _____
AFFIDAVIT IN SUPPORT

3) A prior application [16. Check that a prior application has been made only if you are seeking the same relief again] _____ has or _____ has not been made for the relief requested herein. If a prior application has been made then provide the following information [17. What Court, when, who made the application, the result of the application, attach a copies of the application and explain why you are making another application.]

WHEREFORE, I respectfully request that this motion be granted , and that I have such other and further relief as the Court may find to be just and proper.

[18. SIGN YOUR NAME BEFORE NOTARY]

[19. PRINT YOUR NAME]

Sworn to before me this
day of _____, 20__

Notary Public
[20. Affidavit must be notarized]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

_____,
[22. Fill in name(s)] Plaintiff(s)

[21. Index No. & Year]
Index No. _____ / _____

-against-

_____,
[23. Fill in name(s)] Defendant(s)

-----X

[24. Insert name(s) of papers submitted]

[25. YOUR SIGNATURE]

[26. PRINT YOUR NAME]

[27. YOUR ADDRESS]

[28. CITY, STATE ZIP CODE]

[29. YOUR PHONE NUMBER]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

X

Index Number _____

Plaintiff(s)/Petitioner(s)

- against -

Affidavit of Service

Defendant(s)/Respondant(s)

X

STATE OF NEW YORK
COUNTY OF _____ ss:

I, _____ being duly sworn says I am not a party to
the action, am over 18 years of age and reside
at _____.

On _____, 20 __ I served a true copy of the following papers,

----- which are attached to this affidavit, in the following
manner:

_____ By personally delivering the papers to:

PERSONAL _____ at _____
SERVICE

The individual I served had the following
characteristics

___ Male ___ Female _____ Skin Color _____ Hair Color

___ 21-34 yrs ___ 35-50 yrs ___ 51-61 yrs. ___ Over 61

___ 120-150 lbs. ___ 151-181 lbs ___ over 182 lbs

Approximate height _____

Other distinguishing features _____

_____ By mailing the same in a sealed envelope, with postage prepaid
MAIL thereon, in a post-office or official depository of the U.S.
Postal Service within the State of New York, addressed to the
last-known address of the addressee(s) as indicated below.

_____ By depositing the same with an overnight delivery service in
OVERNIGHT a wrapper properly addressed. Said delivery was made prior
DELIVERY to the latest time designated by the overnight delivery service
SERVICE for overnight delivery. The delivery service used was

_____ The name (s) and address (es)
of person(s) served are indicated below:

Name(s) and address(es) of Person(s) served:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature

Print your name

Sworn to before me on this
_____ day of _____, 20 ____

Notary Public