

Request for Judicial Intervention Addendum

UCS-840A (7/2012)

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.

| | Parties: | Attorneys and/or Unrepresented Litigants: | Issue Joined (Y/N): | Insurance Carrier(s): |
|---------------|---|---|---------------------|-----------------------|
| Un-Rep | List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff). | Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address. | | |
| | 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 | YES NO | |
| | 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 | YES NO | |
| | 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 | YES NO | |
| | 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 | YES NO | |
| | 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 | YES NO | |
| | 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 | YES 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 |
|------------|----------------|-------|---------------------|------------------------------|
| | | | | |
| | | | | |
| | | | | |