

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

For Court Clerk Use Only	
RECEIVED BY: _____	DATE: 08/09/2016
IAS Entry Date	
Judge Assigned	
RJI Date	

Supreme COURT, COUNTY OF **New York**

Index No: _____ Date Index Issued: **08/09/2016**

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.

NYP HOLDINGS, INC., SUSAN EDELMAN, AARON SHORT, and YOAV GONEN,

Plaintiff(s)/Petitioner(s)

-against-

NEW YORK CITY DEPARTMENT OF EDUCATION and CARMEN FARINA as Chancellor of the New York City Department of Education

Defendant(s)/Respondent(s)

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

MATRIMONIAL

Contested
NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**.
For Uncontested Matrimonial actions, use RJI form UD-13.

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
- Mortgage Foreclosure (specify): Residential Commercial
Property Address: _____
Street Address City State Zip

NOTE: For Mortgage 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: _____
- Tax Foreclosure
- 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.

Has a summons and complaint or summons w/notice been filed?	<input checked="" type="radio"/> YES <input type="radio"/> NO	If yes, date filed: 08/09/2016
Has a summons and complaint or summons w/notice been served?	<input type="radio"/> YES <input type="radio"/> NO	If yes, date served: _____
Is this action/proceeding being filed post-judgment?	<input type="radio"/> YES <input type="radio"/> NO	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: Article 78 (against body or officer) Return Date: 09/16/2016
- 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 **RJI Addendum**. If none, leave blank.

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

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided. If additional space is required, complete and attach the **RJI Addendum**.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	NYP Holdings, Inc. Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Chase Last Name Jeremy First Name Davis Wright Tremaine LLP Firm Name 1251 Avenue of the Americas Street Address New York City New York State 10020 Zip +1 (212) 489-8230 Phone +1 (212) 489-8340 Fax jeremychase@dwt.com e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Edelman Last Name Susan First Name Primary Role: Petitioner Secondary Role (if any):	same as above Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Short Last Name Aaron First Name Primary Role: Petitioner Secondary Role (if any):	same as above Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Gonen Last Name Yoav First Name Primary Role: Petitioner Secondary Role (if any):	same as above Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" 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: 08/09/2016

s/ Jeremy Chase

4822946

SIGNATURE
Jeremy Chase

ATTORNEY REGISTRATION NUMBER

PRINT OR TYPE NAME

Request for Judicial Intervention Addendum

Supreme COURT, COUNTY OF **New York** 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 and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	NEW YORK CITY DEPARTMENT OF EDUCATION Last Name First Name Primary Role: Respondent Secondary Role (if any):	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 Firm Name New York City Street Address 52 Chambers Street State New York Zip 10007 Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	FARINA Last Name CARMEN First Name Primary Role: Respondent Secondary Role (if any):	Last Name First Name Firm Name New York City Street Address 52 Chambers Street State New York Zip 10007 Phone Fax e-mail	<input type="radio"/> YES <input checked="" 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	

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