



REQUEST FOR JUDICIAL INTERVENTION

Supreme COURT, COUNTY OF Orleans

Index No: E23-01101 Date Index Issued: 10/12/2023

For Court Use Only:

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

IAS Entry Date

Lyndonville Central School District, Lyndonville Elementary School

Judge Assigned

Plaintiff(s)/Petitioner(s)

-against- Utica Mutual Insurance Company, Graphic Arts Mutual Insurance Company, Utica National Assurance Company, AB 511 Doe, AB 524 Doe

RJI Filed Date

Defendant(s)/Respondent(s)

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

COMMERCIAL

- Business Entity (includes corporations, partnerships, LLCs, LLPs, etc.)
Contract
Insurance (where insurance company is a party, except arbitration)
UCC (includes sales and negotiable instruments)
Other Commercial (specify):

NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), complete and attach the COMMERCIAL DIVISION RJI ADDENDUM (UCS-840C).

MATRIMONIAL

- Contested
NOTE: If there are children under the age of 18, complete and attach the MATRIMONIAL RJI ADDENDUM (UCS-840M).
For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (UD-13).

REAL PROPERTY Specify how many properties the application includes:

- Condemnation
Mortgage Foreclosure (specify): Residential Commercial
Property Address:

NOTE: For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the FORECLOSURE RJI ADDENDUM (UCS-840F).

- Partition
NOTE: Complete and attach the PARTITION RJI ADDENDUM (UCS-840P).

- Tax Certiorari (specify): Section: Block: Lot:
Tax Foreclosure
Other Real Property (specify):

TORTS

- Adult Survivors Act
Asbestos
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 in COMMERCIAL section]
Emergency Medical Treatment
Habeas Corpus
Local Court Appeal
Mechanic's Lien
Name Change/Sex Designation Change
Pistol Permit Revocation Hearing
Sale or Finance of Religious/Not-for-Profit Property
Other (specify):

SPECIAL PROCEEDINGS

- Child-Parent Security Act (specify): Assisted Reproduction Surrogacy Agreement
CPLR Article 75 - Arbitration [see NOTE in COMMERCIAL section]
CPLR Article 78 - Proceeding against a Body or Officer
Election Law
Extreme Risk Protection Order
MHL Article 9.60 - Kendra's Law
MHL Article 10 - Sex Offender Confinement (specify): Initial 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.

YES NO

- Has a summons and complaint or summons with notice been filed? [X] [] If yes, date filed: 10/12/2023
Has a summons and complaint or summons with notice been served? [X] [] If yes, date served: 10/12/2023
Is this action/proceeding being filed post-judgment? [] [X] If yes, judgment date:

NATURE OF JUDICIAL INTERVENTION Check one box only and enter additional information where indicated.

- Infant's Compromise
Extreme Risk Protection Order Application
Note of Issue/Certificate of Readiness
Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined:
Notice of Motion Relief Requested: Dismiss Return Date:
Notice of Petition Relief Requested: Return Date:
Order to Show Cause Relief Requested: Return Date:
Other Ex Parte Application Relief Requested:
Partition Settlement Conference
Poor Person Application
Request for Preliminary Conference
Residential Mortgage Foreclosure Settlement Conference
Writ of Habeas Corpus

RELATED CASES List any related actions. For Matrimonial cases, list any related criminal or Family Court cases. If none, leave blank. If additional space is required, complete and attach the RJI Addendum (UCS-840A) .					
Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case	
PARTIES For parties without an attorney, check the "Un-Rep" box and enter the party's address, phone number and email in the space provided. If additional space is required, complete and attach the RJI Addendum (UCS-840A) .					
Un-Rep	Parties	Attorneys and Unrepresented Litigants		Issue Joined	Insurance Carriers
	List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant, 3 rd party plaintiff, etc.)	For represented parties, provide attorney's name, firm name, address, phone and email. For unrepresented parties, provide party's address, phone and email.		For each defendant, indicate if issue has been joined.	For each defendant, indicate insurance carrier, if applicable.
<input type="checkbox"/>	Name: Lyndonville Central School District Role(s): Plaintiff/Petitioner	JESSE COOKE, Cooke Doyle, LLC, 403 Main Street Ste 700 , Buffalo, NY 14203, 7163207777, Jesse@CookeDoyle.com		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/>	Name: Lyndonville Elementary School Role(s): Plaintiff/Petitioner	JESSE COOKE, Cooke Doyle, LLC, 403 Main Street Ste 700 , Buffalo, NY 14203, 7163207777, Jesse@CookeDoyle.com		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/>	Name: Utica Mutual Insurance Company Role(s): Defendant/Respondent	ROBERT LOUTTIT, Hurwitz Fine P.C., 575 Broadhollow Road , Melville, NY 11747, 631-465-0700, rpl@hurwitzfine.com		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/>	Name: Graphic Arts Mutual Insurance Company Role(s): Defendant/Respondent			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/>	Name: Utica National Assurance Company Role(s): Defendant/Respondent	ROBERT LOUTTIT, Hurwitz Fine P.C., 575 Broadhollow Road , Melville, NY 11747, 631-465-0700, rpl@hurwitzfine.com		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input type="checkbox"/>	Name: AB 511 Doe Role(s): Defendant/Respondent	LEAH COSTANZO, Steve Boyd PC, 2969 Main Street , Buffalo, NY 14214, 7164000000, lcostanzo@steveboyd.com		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: AB 524 Doe Role(s): Defendant/Respondent	LEAH COSTANZO, Steve Boyd PC, 2969 Main Street , Buffalo, NY 14214, 7164000000, lcostanzo@steveboyd.com		<input checked="" 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, UPON INFORMATION AND BELIEF, THERE ARE NO OTHER RELATED ACTIONS OR PROCEEDINGS, EXCEPT AS NOTED ABOVE, NOR HAS A REQUEST FOR JUDICIAL INTERVENTION BEEN PREVIOUSLY FILED IN THIS ACTION OR PROCEEDING.

Dated: 11/01/2023

LEAH ANNE COSTANZO

Signature

4986097

LEAH ANNE COSTANZO

Print Name

Attorney Registration Number

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