



REQUEST FOR JUDICIAL INTERVENTION

Rensselaer Supreme COURT, COUNTY OF Rensselaer

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_\_

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. T. T. -against- HOOSIC VALLEY CENTRAL SCHOOL DISTRICT Plaintiff(s)/Petitioner(s) 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).

REAL PROPERTY: Specify how many properties the application includes: \_\_\_\_\_

Condemnation Mortgage Foreclosure (specify): Residential Commercial Property Address: \_\_\_\_\_ Tax Certiorari - Section: Block: Lot: Tax Foreclosure Other Real Property (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 Pistol Permit Revocation Hearing Sale or Finance of Religious/Not-for-Profit Property Other (specify): \_\_\_\_\_

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).

TORTS Asbestos Child Victims Act Environmental (specify): Medical, Dental, or Podiatric Malpractice Motor Vehicle Products Liability (specify): Other Negligence (specify): Other Professional Malpractice (specify): Other Tort (specify): \_\_\_\_\_

SPECIAL PROCEEDINGS CPLR Article 75 (Arbitration) [see NOTE in COMMERCIAL section] CPLR Article 78 (Body or Officer) Election Law Extreme Risk Protection Order 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 with notice been filed? YES NO If yes, date filed: 08/09/2021 Has a summons and complaint or summons with notice been served? YES NO If yes, date served: Is this action/proceeding being filed post-judgment? YES NO 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 Date Issue Joined: Notice of Medical, Dental, or Podiatric Malpractice Relief Requested: Return Date: Notice of Motion Relief Requested: Return Date: Notice of Petition Relief Requested: Return Date: Order to Show Cause Miscellaneous Return Date: Other Ex Parte Application Relief Requested: Poor Person Application Request for Preliminary Conference Residential Mortgage Foreclosure Settlement Conference Writ of Habeas Corpus



<b>RELATED CASES:</b> 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 <b>RJI Addendum (UCS-840A)</b> .				
Case Title	Index/Case Number	Court	Judge (if assigned)	Relationship to instant case
<b>PARTIES:</b> 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 <b>RJI Addendum (UCS-840A)</b> .				
Un-Rep	Parties	Attorneys and/or Unrepresented Litigants	Issue Joined	Insurance
	List parties in same order as listed in the caption and indicate roles (e.g., plaintiff, defendant; 3 <sup>rd</sup> 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: T., T. Role(s): Plaintiff/Petitioner	ALEXANDRA SLATER, HERMAN LAW, 1800 N MILITARY TRL STE 160 , BOCA RATON, FL 33431, aslater@hermanlaw.com	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/>	Name: HOOSIC VALLEY CENTRAL SCHOOL DISTRICT Role(s): Defendant/Respondent	2 Pleasant Avenue, Schaghticoke, NY 12154	<input type="checkbox"/> YES <input checked="" 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	
<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: 08/09/2021

ALEXANDRA DOROTHY SLATER

Signature

5116470

ALEXANDRA DOROTHY SLATER

Print Name

Attorney Registration Number

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