

SUMMARY STATEMENT ON APPLICATION FOR EXPEDITED SERVICE AND/OR INTERIM RELIEF

(SUBMITTED BY MOVING PARTY)

Date: _____

Title _____ Index/Indict/Docket # _____
of _____
Matter _____

Appeal _____ Order _____ Supreme _____ County _____
by _____ from Decree of Surrogate's _____
Court entered on _____, 20 _____
Family _____

Name of _____ Notice of Appeal _____
Judge _____ filed on _____, 20 _____

If from administrative determination, state agency _____

Nature of _____
action _____
or proceeding _____

Provisions of _____ order _____
judgment appealed from _____
decree _____

This application by _____ appellant _____
respondent is for _____

If applying for a stay, state reason why requested _____

Has any undertaking been posted _____ If "yes", state amount and type _____

Has application been made to _____ If "yes", state _____
court below for this relief _____ Disposition _____
Has there been any prior application _____ If "yes", state dates _____
here in this court _____ and nature _____

Has adversary been advised _____ Does he/she _____
of this application _____ consent _____

Attorney for Movant

Attorney for Opposition

Name _____

Address _____

Tel. No. _____

Appearing by _____

(Do not write below this line)

DISPOSITION

Justice Date
Motion Date _____ Opposition _____ Reply _____

EXPEDITE _____ PHONE ATTORNEYS _____ DECISION BY _____

ALL PAPERS TO BE SERVED PERSONALLY.

Court Attorney