

## NOTE OF ISSUE

Calendar No. (if any) \_\_\_\_\_

Index No. \_\_\_\_\_

\_\_\_\_\_ Court, \_\_\_\_\_ County

Name of assigned judge \_\_\_\_\_

For use of clerk

.....  
**NOTICE FOR TRIAL**

Trial by jury demanded

of all issues

of issues specified below

or attached hereto

Trial without jury

Filed by attorney(s) for \_\_\_\_\_

Date summons served \_\_\_\_\_

Date service completed \_\_\_\_\_

Date issue joined \_\_\_\_\_

**Nature of Action or Special Proceeding**

Tort:

Motor Vehicle Negligence

Medical Malpractice

Other tort

Contract

Contested matrimonial

Uncontested matrimonial

Tax certiorari

Condemnation

Other (not itemized above)

(specify) \_\_\_\_\_

Indicate if this action is brought  
as a class action

Amount demanded \$ \_\_\_\_\_

Other relief \_\_\_\_\_

Insurance carrier(s), if known: \_\_\_\_\_

\_\_\_\_\_ Plaintiff(s)  
-against-

\_\_\_\_\_ Defendant(s)

Special Preference claimed under \_\_\_\_\_

on the ground that \_\_\_\_\_

Attorney(s) for Plaintiff(s) \_\_\_\_\_

Office and P.O. Address \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Attorney(s) for Defendant(s) \_\_\_\_\_

Office and P.O. Address \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**NOTE: The clerk will not accept this Note of Issue unless accompanied by a Certificate of Readiness.**

# CERTIFICATE OF READINESS FOR TRIAL

(Items 1-7 must be checked)

For Clerk's Use
N. I. served on

- |  | Complete                 | Waived                   | Not Required             |
|--|--------------------------|--------------------------|--------------------------|
| 1. All pleadings served .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bill of Particulars served .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Physical examinations completed .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Medical reports exchanged .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Appraisal reports exchanged .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Compliance with section 202.16 of the Rules of the Chief Administrator (22 NYCRR 202.16) in matrimonial actions ...   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Discovery proceedings now known to be necessary completed .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. There are no outstanding requests for discovery.  |                          |                          |                          |
| 9. There has been a reasonable opportunity to complete the foregoing proceedings.  |                          |                          |                          |
| 10. There has been compliance with any order issued pursuant to section 202.12 of the Rules of the Chief Administrator (22 NYCRR 202.12).                                  |                          |                          |                          |
| 11. If a medical malpractice action, there has been compliance with any order issued pursuant to section 202.56 of the Rules of the Chief Administrator (22 NYCRR 202.56). |                          |                          |                          |
| 12. The case is ready for trial.   |                          |                          |                          |

Dated: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Attorney must sign above and type name below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Attorney(s) for: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Office and Post Office Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone No.: \_\_\_\_\_