

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (3/2011)

Supreme COURT, COUNTY OF New York

Index No: _____ Date Index Issued: _____

For Court Clerk Use Only:	
IAS Entry Date	_____
Judge Assigned	_____
RJI Date	_____

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

In the Matter of
the Application of
Maria T. Vullo, Acting Superintendent of Financial
Services of the State of New York, for an order to take
possession of the property of and liquidate the business and affairs of

Plaintiff(s)/Petitioner(s)

-against-

HEALTH REPUBLIC INSURANCE OF NEW YORK, CORP.

Defendant(s)/Respondent(s)

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

MATRIMONIAL

Contested
 Uncontested

NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**.

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)

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
 Foreclosure

Property Address: _____
Street Address City State Zip

NOTE: For 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: _____
 Other Real Property: _____ (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)

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: New York Insurance Law - Article 74 (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 w/notice been filed?	<input type="radio"/>	<input checked="" type="radio"/>	If yes, date filed: _____
Is this action/proceeding being filed post-judgment?	<input type="radio"/>	<input checked="" type="radio"/>	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: _____ Return Date: _____
- Order to Show Cause Relief Sought: Injunction/Restraining Order 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
None				

PARTIES: If additional space is required, complete and attach the RJI Addendum. 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:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Vullo Last Name Maria T. First Name Primary Role: Petitioner Secondary Role (if any):	Schneiderman Last Name Eric T. First Name N.Y.S. Office of the Attorney General Firm Name 120 Broadway Street Address New York City New York 10271 City State Zip +1 (212) 416-8000 Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Health Republic Insurance Last Name of New York Corp. First Name Primary Role: Respondent Secondary Role (if any):	Last Name First Name Firm Name 30 Broad Street Street Address New York City New York 10004 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	

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: 04/22/2016



SIGNATURE

David P. Holgado

PRINT OR TYPE NAME

DH-8333

ATTORNEY REGISTRATION NUMBER

Print Form