Supreme Court of the State of New York Appellate Division: Indicial Department

Informational Statement (Pursuant to 22 NYCRR 1250.3 [a]) - Civil

Case Title: Set forth the title of the			to For Court of Original Instance
show cause by which the matter w	as or is to be commenced, or as am	ended.	
- against -			Date Notice of Appeal Filed
			For Appellate Division
Case Type		Filing Type	
☐ Civil Action	☐ CPLR article 78 Proceed	ling	☐ Transferred Proceeding
☐ CPLR article 75 Arbitration	☐ Special Proceeding Oth	er Original Proceed	lings CPLR Article 78
	☐ Habeas Corpus Proceed	ing CPLR Article 78	☐ Executive Law § 298
		☐ Eminent Domain	☐ CPLR 5704 Review
		☐ Labor Law 220 or ☐ Public Officers La	
		☐ Real Property Tax	
Nature of Suit: Check up to	three of the following categor	ories which best reflect	the nature of the case.
☐ Administrative Review	☐ Business Relationships	☐ Commercial	☐ Contracts
☐ Declaratory Judgment	☐ Domestic Relations	☐ Election Law	☐ Estate Matters
☐ Family Court	☐ Mortgage Foreclosure	☐ Miscellaneous	☐ Prisoner Discipline & Parole
☐ Real Property	☐ Statutory	☐ Taxation	□ Torts
(other than foreclosure)			

Appeal							
Paper Appealed From (Check one only):		If an appeal has been taken from more than one order or judgment by the filing of this notice of appeal, please indicate the below information for each such order or judgment appealed from on a separate sheet of paper.					
☐ Amended Decree	\square Determination	☐ Order	☐ Resettled Order				
☐ Amended Judgement	\square Finding	☐ Order & Judgment	☐ Ruling				
☐ Amended Order	☐ Interlocutory Decree	☐ Partial Decree	☐ Other (specify):				
☐ Decision	☐ Interlocutory Judgment	☐ Resettled Decree					
☐ Decree	\square Judgment	\square Resettled Judgment					
Court:		County:					
Dated:		Entered:					
Judge (name in full):		Index No.:					
Stage: \square Interlocutory \square Final \square		Trial: 🗌 Yes 🗌 No	If Yes: ☐ Jury ☐ Non-Jury				
	Prior Unperfected Appeal a	nd Related Case Informatio	n				
If Yes, please set forth the Appellate Division Case Number assigned to each such appeal. Where appropriate, indicate whether there is any related action or proceeding now in any court of this or any other jurisdiction, and if so, the status of the case:							
	Original Proc	eeding					
Commenced by: Order to Show 0	Cause Notice of Petition	☐ Writ of Habeas Corpus	Date Filed:				
Statute authorizing commencement of proceeding in the Appellate Division:							
<u> </u>							
	Proceeding Transferred Purs	suant to CPLR 7804(g)					
Court:	Cou	unty:					
Judge (name in full):		der of Transfer Date:					
CPLR 5704 Review of Ex Parte Order:							
Court:	Cou	unty:					
Judge (name in full):		ted:					
Description	of Appeal, Proceeding or Ap	plication and Statement of	Issues				
Description: If an appeal, briefly description: If an appeal, briefly description we pursuant to CPLR 7804(g), briefly description of the ex parte order to be rev	as granted or denied. If an or cribe the object of proceeding	original proceeding comme	nced in this court or transferred				

Instructions: Fill in the name of each party to the action or proceeding, one name per line. If this form is to be filed for an appeal, indicate the status of the party in the court of original instance and his, her, or its status in this court, if any. If this form is to be filed for a proceeding commenced in this court, fill in only the party's name and his, her, or its status in this court. No. Party Name Original Status Appellate Division Status	appea form is	ctions: Fill in the name of each party to the action of the laction of the party in the court of origing to be filed for a proceeding commenced in this co	or proceeding, one name per line. inal instance and his, her, or its stat	cus in this court, if any. If this
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2 3 3 3 4 4 5 6 7 7 8 9	No.	Party Name	Original Status	Appellate Division Status
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Attorney Information Instructions: Fill in the names of the attorneys or firms for the respective parties. If this form is to be filed with the notice of petition or order to show cause by which a special proceeding is to be commenced in the Appellate Division, only the name of the attorney for the petitioner need be provided. In the event that a litigant represents herself or himself, the box marked "Pro Se" must be checked and the appropriate information for that litigant must be supplied in the spaces provided. Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: □ Retained ☐ Assigned ☐ Government ☐ Pro Se ☐ Pro Hac Vice Attorney Type: Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: ☐ Retained ☐ Assigned Attorney Type: ☐ Government ☐ Pro Se ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: ☐ Assigned ☐ Retained ☐ Government ☐ Pro Se Attorney Type: ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: Attorney Type: ☐ Retained ☐ Assigned ☐ Government Pro Se ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address: City: State: Zip: Telephone No: E-mail Address: Attorney Type: ☐ Retained ☐ Assigned ☐ Government Pro Se ☐ Pro Hac Vice Party or Parties Represented (set forth party number(s) from table above): Attorney/Firm Name: Address:

Zip:

☐ Government

State:

Party or Parties Represented (set forth party number(s) from table above):

☐ Assigned

☐ Retained

Telephone No:

☐ Pro Hac Vice

☐ Pro Se

E-mail Address:
Attorney Type:

City: