

**REQUEST FOR JUDICIAL INTERVENTION**

UCS-840 (7/2012)

Supreme COURT, COUNTY OF Westchester

Index No: 54272/2013 Date Index Issued: 03/25/2013

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

Superior Gunite

Plaintiff(s)/Petitioner(s)

-against-

Yonkers Contracting Company, Inc. and Zurich America Insurance Company

Defendant(s)/Respondent(s)

**NATURE OF ACTION OR PROCEEDING:** Check ONE box only and specify where indicated.**MATRIMONIAL**☐ Contested**NOTE:** For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJJ Addendum**. For Uncontested Matrimonial actions, use RJJ form UD-13.**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)**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)**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 RJJ Addendum**.**REAL PROPERTY:** How many properties does the application include? \_\_\_\_\_☐ Condemnation☐ Mortgage Foreclosure (specify): ☐ Residential ☐ CommercialProperty Address: \_\_\_\_\_  
Street Address City State Zip**NOTE:** For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJJ Addendum**.☐ Tax Certiorari - Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_☐ Tax Foreclosure☐ Other Real Property: \_\_\_\_\_ (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: \_\_\_\_\_ (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?

☒☐

If yes, date filed: 03/25/2013

Has a summons and complaint or summons w/notice been served?

☒☐

If yes, date served: 03/27/2013

Is this action/proceeding being filed post-judgment?

☐☒

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  
☐ Notice of Motion  
☐ Notice of Petition  
☐ Order to Show Cause  
☐ Other Ex Parte Application  
☐ Poor Person Application  
☒ Request for Preliminary Conference  
☐ Residential Mortgage Foreclosure Settlement Conference  
☐ Writ of Habeas Corpus  
☐ Other (specify):

Date Issue Joined: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Return Date: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

**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 RJJ Addendum. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

**PARTIES:**

For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided.

If additional space is required, complete and attach the RJJ Addendum.

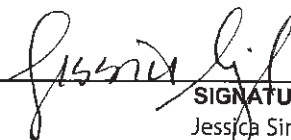
Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Superior Gunite Last Name  First Name Primary Role:  Plaintiff  Secondary Role (if any):	Canizio Last Name Mark First Name  Duane Morris LLP Firm Name 1540 BROADWAY Street Address NEW YORK City New York State 10036 Zip +1 (212) 692-1000 Phone +1 (112) 692-1020 Fax macanizio@duanemorris.com e-mail	<input checked="" type="radio"/> YES  <input type="radio"/> NO	
<input type="checkbox"/>	Yonkers Contracting Company, Inc. Last Name  First Name Primary Role:  Defendant  Secondary Role (if any):	McKenna Last Name Michael First Name  Lewis & McKenna Firm Name 82 East Allendale Road, Suite 6 Street Address Saddle River City New Jersey State 7458 Zip +1 (201) 934-9800 Phone Fax MMcKenna@lewismckenna.com e-mail	<input checked="" type="radio"/> YES  <input type="radio"/> NO	
<input type="checkbox"/>	Zurich American Insurance Company Last Name  First Name Primary Role:  Defendant  Secondary Role (if any):	McKenna Last Name Michael First Name  Lewis & McKenna Firm Name 82 East Allendale Road, Suite 6 Street Address Saddle River City New Jersey State 7458 Zip +1 (914) 779-1100 Phone Fax MMcKenna@lewismckenna.com e-mail	<input checked="" 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: 07/02/2013

4022190

ATTORNEY REGISTRATION NUMBER



SIGNATURE

Jessica Singh

PRINT OR TYPE NAME

Print Form