

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

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 a local or et al. If more space is required, attach a caption rider sheet.

Opara Port, LLC,

Plaintiff(s)/Petitioner(s)

-against-

New York Life Insurance and Annuity Corporation, New York Life Insurance Company, and Tarayvia Fletcher a/k/a Tarayvia Peters,

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 RJI Addendum**. For Uncontested Matrimonial actions, use RJI 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 RJI Addendum**.

REAL PROPERTY How many properties does the application include?

Condemnation

Mortgage Foreclosure (specify): Residential Commercial

Property 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 RJI 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 9.80 (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: Sale/Transfer (specify)

STATUS OF ACTION OR PROCEEDING Answer YES or NO to EVERY question AND enter additional information where indicated

YES NO



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: Transfer - Structured Settlement 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 spaces are required, complete and attach the RJ/ Addendum. If none, leave blank.

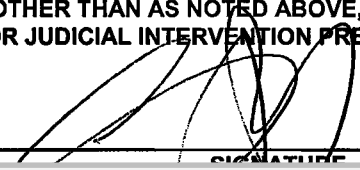
Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

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 RJ/ Addendum.

Un-Rep	Parties: List parties in caption order and indicate party role(s) (e.g. defendant, 3rd-party plaintiff).	Attorneys and/or Unrepresented Litigants: Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Orapa Port, LLC Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Brandimarte Last Name Luigi First Name Sacco & Fillas, LLP Firm Name 31-19 Newtown Avenue, Seventh Floor Street Address Astoria City New York State 11102 Zip +1 (718) 269-2201 Phone +1 (718) 732-2409 Fax lbrandimarte@saccofillas.com e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	New York Life Insurance and Annuity Last Name Corporation First Name Primary Role: Respondent Secondary Role (if any):	Cozen O'Connor Last Name First Name Firm Name 1650 Market Street, Suite 2800 Street Address Philadelphia City Pennsylvania State 19103 Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	New York Life Insurance Company Last Name First Name Primary Role: Petitioner Secondary Role (if any):	Cozen O'Connor Last Name First Name Firm Name 1650 Market Street, Suite 2800 Street Address Philadelphia City Pennsylvania State 19103 Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input checked="" type="checkbox"/>	Fletcher Last Name Tarayvia First Name Primary Role: Respondent Secondary Role (if any):	 Last Name First Name Firm Name 5707 Westover Village Drive Street Address Richmond City Virginia State 23225 Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" 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: 02/07/2019 _____


SIGNATURE