

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: Dismiss Return Date: _____
- Notice of Petition Relief Sought: _____ Return Date: _____
- Order to Show Cause Relief Sought: _____ 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

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 RJI 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 checked="" type="checkbox"/>	Coll Last Name James First Name Plaintiff Primary Role: Secondary Role (if any):	Coll Last Name James First Name Firm Name 579 Arlington Drive Seaford City New York State 11783 Zip Street Address City State Zip Phone <u>516/509-5215</u> Fax _____ JColl579@gmail.com e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	NYS Commission on Legislative, Judicial, and Executive Compensation First Name Defendant Primary Role: Secondary Role (if any):	Pernick Last Name Ralph First Name New York State Attorney General's Office Firm Name 200 Old Country Road - Suite 240 Mineola City New York State 11501-4239 Zip Street Address City State Zip Phone <u>516/248-3312</u> Fax <u>516/747-6432</u> Ralph.Pernick@ag.ny.gov e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	NYS Legislature Last Name First Name Defendant Primary Role: Secondary Role (if any):	[same as previous entry] Last Name First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	NYS Governor Last Name First Name Defendant Primary Role: Secondary Role (if any):	[same as previous entry] Last Name First Name Firm Name Street Address City State 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: 5/27/16



 SIGNATURE
 Ralph Pernick

 PRINT OR TYPE NAME

ATTORNEY REGISTRATION NUMBER