

For help in completing this form, click on the yellow question marks for instructions.
Once the form is complete you will be able to print it, but not save it. CPLR 3402(a) requires an original and two copies must be filed within 10 days of service upon the other side. There is also a fee to file the note of issue.

NOTE OF ISSUE



Calendar No. (if any) _____

Index No. _____

_____ Court, _____ County, N.Y.

For use of Clerk



Plaintiff/Petitioner

-against-

Defendant/Respondent

Name of Justice Assigned

NOTICE FOR TRIAL

- ☐ Trial by jury demanded
- ☐ Of all issues
- ☐ Of issues specified below
- ☐ Or attached hereto
- ☐ Trial without Jury

Filed by _____

Date summons served _____

Date service completed _____

Date Issue joined _____



NATURE OF ACTION OR PROCEEDING

- ☐ Tort
- ☐ Motor Vehicle Negligence
- ☐ Medical Malpractice
- ☐ Other Tort
- ☐ Contract
- ☐ Contested Matrimonial
- ☐ Uncontested Matrimonial
- ☐ Tax Certiorari
- ☐ Condemnation
- ☐ Other (not itemized above) specify: _____

☐ This action is brought as a class action



Amount Demanded \$ _____

Other Relief _____

Special Preference claimed under _____

Insurance carrier(s), if known: _____



_____ on the ground that _____

Attorney for Plaintiff/Plaintiff Pro Se: _____

Address: _____



Phone Number _____

Attorney for Defendant/Defendant Pro Se: _____

Address: _____

Phone Number _____



CERTIFICATE OF READINESS FOR TRIAL

(Items 1-7 must be checked)

- | | Completed | Waived | Not Required |
|---|--------------------------|--------------------------|--------------------------|
| 1. All pleadings served..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Bill of particulars served..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Physical examinations completed..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Medical reports exchanged..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Appraisal reports exchanged | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Compliance with rules in matrimonial actions..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Discovery now known to be necessary completed... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. There are no outstanding requests for discovery. | | | |
| 9. There has been a reasonable opportunity to complete the foregoing proceedings. | | | |
| 10. There has been compliance with any order issued to Precalendar Rules (22 NYCRR 202.12) | | | |
| 11. If a medical malpractice action, there has been compliance with any order pursuant to 22 NYCRR 202.56 | | | |
| 12. The case is ready for trial. | | | |

Dated: _____

Signature _____

Print Name _____

Attorney for/Party Pro Se _____

Address _____

Phone Number _____



State of New York County of _____ ss:

being duly sworn deposes and says: that deponent is not a party to the action, is over 18 years of age and resides at _____ that on the ____ day of _____, 20____ deponent served the within Note of Issue and Certificate of Readiness on _____ attorney(s) for _____ herein at their office located at _____ during their absence from said office

(a) by then and there leaving a true copy of the same with _____ the clerk; partner; person having charge of said office.

(b) and said office being closed by depositing a true copy of same enclosed in a sealed wrapper directed to said attorney(s), in the office letter drop or box

Sworn before me on the ____ day of _____, 20____

Notary Public

State of New York County of _____ ss:

being duly sworn deposes and says: that deponent is not a party to the action, is over 18 years of age and resides at _____ that on the ____ day of _____, 20____ deponent served the within Note of Issue and Certificate of Readiness on _____ attorney(s) for _____ at _____

the address designated by said attorney(s) for that purpose by depositing a true copy of same enclosed in a postpaid properly address wrapper, in -a post office- official depository under the exclusive care and custody of the United States Postal Service within New York State.

Sworn before me on the ____ day of _____, 20____

Notary Public

Admission of Service

Due service of a note of issue and certificate of readiness of which the within is a copy is admitted this ____ day of _____, 20____

Attorney(s) for _____