SUPREME COURT, COUNTY OF	_		
	Index No.		
Plaintiffs	R.J.I. No		
-against-	Hon		
Defendants			
			
NOTE OF ISSUE	Calendar No. (if any)		
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	Tort:		
Or special proceeding:	Motor vehicle negligence Medical malpractice		
	Other tort		
	Contract		
	Contested matrimonial		
	Uncontested matrimonial		
Special preference	Tax certiorari		
claimed under CPLR §3403(a)(4)	Condemnation		
on the ground that Plaintiffs	Other (not itemized above)		
are over age 70	(specify)injury to real property		
Attorney for the Plaintiffs:	Indicate if this action is brought		
	as a class action		
	Amount demanded: \$		
	against Defendant		
	Other relief: injunction,		
	permanent injunction		
Attorney for Defendants:			
	<pre>Insurance carrier(s), if known:</pre>		

NOTE: The clerk will not accept this note of issue unless accompanied by a certificate of readiness.

SUPREME COURT, COUNTY OF OTSEGO STATE OF NEW YORK			
	In	dex No	
Plaintiffs			
-against-	Но	n	
CERTIFICATE OF READINESS FOR TRIAL (Items 1-7 must be checked)			Not
	Completed	Waived	Required
 All pleadings served Bill of particulars served Physical examinations completed Medical reports exchanged Appraisal reports exchanged (inspection) Compliance with section 202.16 of the Rules of the Chief Administrator (22) 	on)		

8. There are no outstanding requests for discovery.

NYCRR 202.16) in matrimonial actions 7. Discovery proceedings now known to be

- 9. There has been a reasonable opportunity to complete the foregoing proceedings.
- 10. There has been compliance with any order issued pursuant to the PreCalendar Rules (22 NYCRR 202.12).
- 11. If a medical malpractice action, there has been compliance with any order issued pursuant to section 202.56 of the Rules of the Chief Administrator (22 NYCRR 202.56).
- 12. The case is ready for trial.

necessary completed

Dated:

Signature:

Name Address Phone