

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF New York

Index No: Date Index Issued:

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

Phramus, Inc. and James Levine

Plaintiff(s)/Petitioner(s)

-against-

Metropolitan Opera Association, Inc. aka The Metropolitan Opera, and Peter Gelb, in his professional and personal capacities

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 ☐ 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 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: March 15, 2018

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

☐

If yes, date served:

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): Complaint

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 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:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Pharmus, Inc Last Name First Name Primary Role: Plaintiff Secondary Role (if any):	Abramowitz Last Name Elkan First Name Morvillo Abramowitz Grand Iason & Anello P.C. Firm Name 565 Fifth Avenue Street Address New York City New York State 10017 Zip +1 (212) 856-9600 Phone +1 (212) 856-9494 Fax eabramowitz@maglaw.com e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Levine Last Name James First Name Primary Role: Plaintiff Secondary Role (if any):	Abramowitz Last Name Elkan First Name Morvillo Abramowitz Grand Iason & Anello P.C. Firm Name 565 Fifth Avenue Street Address New York City New York State 10017 Zip +1 (212) 856-9600 Phone +1 (212) 856-9494 Fax eabramowitz@maglaw.com e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/>	Metropolitan Opera Association, Inc. aka Last Name The Metropolitan Opera First Name Primary Role: Defendant Secondary Role (if any):	Last Name First Name Firm Name Lincoln Center Street Address New York City New York State 10023 Zip +1 (212) 870-7457 Phone Fax press@metopera.org e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/>	Gelb Last Name Peter First Name Primary Role: Defendant Secondary Role (if any):	Last Name First Name Firm Name Lincoln Center Street Address New York City New York State 10023 Zip +1 (212) 870-7457 Phone Fax press@metopera.org 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: March 15, 2018

1615350

ATTORNEY REGISTRATION NUMBER



SIGNATURE

Elkan Abramowitz

PRINT OR TYPE NAME

Print Form

Request for Judicial Intervention Addendum

Supreme

COURT, COUNTY OF New York

Index No: _____

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.				
Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	Pharmus, Inc. Last Name First Name Primary Role: Plaintiff Secondary Role (if any):	Little Last Name First Name Hughes Hubbard & Reed LLP Firm Name One Battery Park Plaza Street Address New York City New York State 10004 Zip +1 (212) 837-6000 Phone +1 (212) 422-4726 Fax edward.little@hugheshubbard.com e-mail	<input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	Levine Last Name First Name Primary Role: Plaintiff Secondary Role (if any):	Little Last Name First Name Hughes Hubbard & Reed LLP Firm Name One Battery Park Plaza Street Address New York City New York State 10004 Zip +1 (212) 837-6000 Phone +1 (212) 422-4726 Fax edward.little@hugheshubbard.com e-mail	<input 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	
<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	
<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	
<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	

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