

REQUEST FOR JUDICIAL INTERVENTION

COURT **Supreme** COUNTY **Westchester** INDEX NO. 05-19841
DATE PURCHASED 11/4/05

For Clerk Only
IAS Entry Date
Judge Assigned
RJI Date

PLAINTIFF(S):

Elena Sassower et al

DEFENDANT(S):

The New York Times et al

FILED
APR 25 2006
TIMOTHY C. IDONI
COUNTY CLERK
COUNTY OF WESTCHESTER

Date issue joined: 4/13/06 Bill of Particulars served: Yes No

NATURE OF JUDICIAL INTERVENTION (check ONE box only AND enter information)

- | | |
|---|--|
| <input type="checkbox"/> Request for preliminary conference | <input type="checkbox"/> Notice of petition (return date _____) |
| <input type="checkbox"/> Note of issue and/or certificate of readiness | <input type="checkbox"/> Relief sought _____ |
| <input checked="" type="checkbox"/> Notice of motion (return date <u>5/9/06</u>) | <input checked="" type="checkbox"/> Notice of medical or dental malpractice action (specify _____) |
| Relief sought <u>Motion to Dismiss CPLR 321(a) (1)</u> | <input type="checkbox"/> Statement of net worth |
| <input type="checkbox"/> Order to show cause (clerk enter return date _____) | <input type="checkbox"/> Writ of habeas corpus |
| Relief sought _____ | <input type="checkbox"/> Other (specify _____) |
| <input type="checkbox"/> Other ex parte application (specify _____) | |

NATURE OF ACTION OR PROCEEDING (Check ONE box only)

- | | | | |
|--|--|--|----------|
| MATRIMONIAL | | TORTS | |
| <input type="checkbox"/> Contested -CM | | Malpractice | |
| <input type="checkbox"/> Uncontested -UM | | <input type="checkbox"/> Medical/Podiatric | -MM |
| COMMERCIAL | | <input type="checkbox"/> Dental | -DM |
| <input type="checkbox"/> Contract -CONT | | <input type="checkbox"/> *Other Professional | -OPM |
| <input type="checkbox"/> Corporate -CORP | | <input type="checkbox"/> Motor Vehicle | |
| <input type="checkbox"/> Insurance (where insurer is a party, except arbitration) -INS | | <input type="checkbox"/> *Products Liability | -PL |
| <input type="checkbox"/> UCC (including sales, negotiable instruments) -UCC | | <input type="checkbox"/> Environmental | -EN |
| <input type="checkbox"/> *Other Commercial -OC | | <input type="checkbox"/> Asbestos | -ASB |
| REAL PROPERTY | | <input type="checkbox"/> Breast Implant | -BI |
| <input type="checkbox"/> Tax Certiorari -TAX | | <input type="checkbox"/> *Other Negligence | -OTN |
| <input type="checkbox"/> Foreclosure -FOR | | <input checked="" type="checkbox"/> *Other Tort (including intentional) <u>Libel</u> | -OT |
| <input type="checkbox"/> Condemnation -COND | | SPECIAL PROCEEDINGS | |
| <input type="checkbox"/> Landlord/Tenant -LT | | <input type="checkbox"/> Art. 75 (Arbitration) | -ART75 |
| <input type="checkbox"/> *Other Real Property -ORP | | <input type="checkbox"/> Art. 77 (Trusts) | -ART77 |
| OTHER MATTERS | | <input type="checkbox"/> Art. 78 | -ART78 |
| <input type="checkbox"/> * _____ -oth | | <input type="checkbox"/> Election Law | -ELEC |
| | | <input type="checkbox"/> Guardianship (MHL Art. 81) | -GUARD81 |
| | | <input type="checkbox"/> *Other Mental Hygiene | -MHYG |
| | | <input type="checkbox"/> *Other Special Proceeding | |

*If asterisk is used, please specify further.

RECEIVED

TOTAL \$ _____

APR 26 2006

DEPUTY
CHIEF CLERK
WESTCHESTER SUPREME
AND COUNTY COURTS

EFF

OSP 5/18/06 15:29
cash/Check/CCard: \$95.00CK

Check "YES" or "NO" for each of the following questions. Is this action/proceeding against a:

- YES NO Municipality: (Specify _____) YES NO Public Authority: (Specify _____)
- YES NO Does this action/proceeding seek equitable relief?
- YES NO Does this action/proceeding seek recovery for personal injury?
- YES NO Does this action/proceeding seek recovery for property damage?

Pre-Note Time Frames:

(This applies to all cases except contested matrimonials and tax certiorari cases)

Estimated time period for case to be ready for trial (from filing of RJ1 to filing of Note of Issue):

- Expedited: 0-8 months Standard: 9 - 12 months Complex: 13 - 15 months

Contested Matrimonial Cases Only: (Check and give date)

Has summons been served? NO YES, Date _____

Was a Notice of No Necessity filed? NO YES, Date _____

ATTORNEY(S) FOR PLAINTIFF(S):

SELF

REP*	NAME	ADDRESS	PHONE
<input checked="" type="checkbox"/>	Elena Sassower	16 Lake St. #2c, White Plains, NY 10603	914-421-1200
<input type="checkbox"/>	Eli Vigliano, Esq.	4901 Henry Hudson Pkwy. Bklyn. 10471	718-884-3747

ATTORNEY(S) FOR DEFENDANT(S):

SELF

REP*	NAME	ADDRESS	PHONE
<input type="checkbox"/>	George Freeman	229 w 43rd St. NY, NY 10036	212-556-1558
<input type="checkbox"/>			

* Self Represented: Parties representing themselves, without an attorney, should check the "Self Rep" box and enter their name, address, and phone number in the space provided above for attorneys.

INSURANCE CARRIERS:

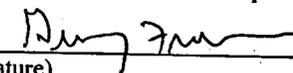
RELATED CASES: (if NONE, write "NONE" below)

<u>Title</u>	<u>Index #</u>	<u>Court</u>	<u>Nature of Relationship</u>
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None

I affirm under 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: 4/13/06


(Signature)

George Freeman
(Print or type name)

The New York Times Company et al
(Attorney for)

Attach rider sheet if necessary to provide required information