

AMENDED

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (3/2011)

Supreme COURT, COUNTY OF St. Lawrence

Index No: Date Index Issued:

Table with columns: Plaintiff's Name, Judge/Assigned, RJ Date

Plaintiff(s)/Petitioner(s)
HCl Distribution, Inc.
-against-

New York State Police, Troop B Commander, Ray Brook, New York;
New York State Police Evidence Custodian,
Ray Brook, New York;
St. Lawrence County District Attorney Nicole M. Duvé;
St. Lawrence County Assistant District Attorney John Becker;
Does 1-20.
Defendant(s)/Respondent(s)

NATURE OF ACTION OR PROCEEDING

MATRIMONIAL
Contested
Uncontested
NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the MATRIMONIAL RJ Addendum.

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)

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)

NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the COMMERCIAL DIV RJ Addendum.

REAL PROPERTY How many properties does the application include?
Condemnation
Foreclosure
Property Address: Street Address City State Zip
NOTE: For foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the FORECLOSURE RJ Addendum.
Tax Certiorari - Section: Block: Lot:
Other Real Property: (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)

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

Has a summons and complaint or summons w/notice been filed? YES NO
Is this action/proceeding being filed post-judgment? YES NO
If yes, date filed:
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 Date Issue Joined: _____
- Notice of Motion Relief Sought: _____ Return Date: _____
- Notice of Petition Relief Sought: _____ Return Date: _____
- Order to Show Cause Relief Sought: _____ Return Date: _____
- Other Ex Parte Application Relief Sought: Article 78 (against body or officer)
- Poor Person Application
- Request for Preliminary Conference
- Residential Mortgage Foreclosure Settlement Conference
- Writ of Habeas Corpus
- Other (specify): _____

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case

Un-Rep	Parties	Attorneys	Issue Joined (Y/N)	Insurance Carrier(s)
<input type="checkbox"/>	HCI DISTRIBUTION, INC. Last Name First Name Primary Role: PETITIONER Secondary Role (if any):	FENNER BEN Last Name First Name FREDERICKS PEEBLES & MORGAN LLP Firm Name 3610 N 163rd Plz OMAHA NE 68116 Street Address City State Zip (402) 333-4053 (402) 333-4761 b.fenner@ndnlaw.com Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name First Name Primary Role: Secondary Role (if any):	Last 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 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 Firm Name Street Address City State Zip Phone Fax 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: 02/28/2012


 SIGNATURE

Brandt Benjamin Fenner
 PRINT OR TYPE NAME

4472262
 ATTORNEY REGISTRATION NUMBER