

For help in completing this form, click on the yellow question marks or comment symbol for instructions. Please make sure that your **Highlight Fields** option is on so that the fields that need to be completed are light blue in color on the form. Turn it on by clicking on the **Highlight Fields** button that is on the far right side of the purple message bar.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____



X



Plaintiff(s),

- vs -



Defendant(s).

_____X

SUMMONS

Index No.: _____



Date Index No. Purchased



To the Person(s) Named as Defendant(s) Above:

PLEASE TAKE NOTICE THAT YOU ARE HEREBY SUMMONED to answer the complaint of the Plaintiff(s) herein and to serve a copy of your answer on the Plaintiff(s) at the address indicated below within 20 days after the service of this Summons (not counting the day of service itself), or within 30 days after service is complete if the summons is not delivered personally to you within the State of New York.

YOU ARE HEREBY NOTIFIED THAT should you fail to answer, a judgment will be entered against you by default for the relief demanded in the complaint.



Dated: _____, 20__



Signature

Print name

Address and Phone Number:

() - _____



Defendant's Address: _____



Venue: Plaintiff(s) designate(s) _____ County as the place of trial. The basis of this designation is (check one):

- Plaintiff(s) reside in _____ County.
- Defendant(s) reside in _____ County.
- Other (describe): _____

NOTE: THIS FORM OF SUMMONS MUST BE SERVED WITH A COMPLAINT