|  |
| --- |
| SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF [COUNTY] |
| |  |  |  |  | | --- | --- | --- | --- | | – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – | X |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | [PETITIONER'S NAME], | : |  | Index No. [ ]/[ ] | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Petitioner, | : |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | For a Judgment Pursuant to Article 78  of the Civil Practice Law and Rules | :  : |  |  | | -against- | : |  | **NOTICE OF PETITION** | |
| |  |  |  |  | | --- | --- | --- | --- | | [AGENCY'S NAME], | : |  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Respondent. | : |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – | X |  |  | |

PLEASE TAKE NOTICE that upon the Verified Petition of Petitioner [YOUR NAME], duly verified on the [FULL DATE VERIFIED PETITION WAS NOTARIZED] and the attached exhibits, petitioner will, at [TIME] on the [DATE TO RETURN] at the Courthouse at [COURTHOUSE LOCATION] in the [NAME OF COURTHOUSE, ROOM #] request that this court issue a judgment, pursuant to the Civil Practice Law and Rules (CPLR), granting the following relief to the petitioner:

(1) Ordering Respondent to produce all documents

(2) Awarding Petitioner its costs pursuant to Public Officers Law 89(4)(c); and

(3) such other and further relief as the court deems just and proper.

|  |  |  |
| --- | --- | --- |
| Dated: | [DATE]  [CITY], [STATE] |  |
|  |  | Respectfully Submitted,  [YOUR NAME]  by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ADDRESS]  [CITY, STATE ZIP]  [TELEPHONE NUMBER]  [EMAIL ADDRESS] |

To:

[AGENCY'S NAME]

[ADDRESS]

[CITY, STATE ZIP]

[TELEPHONE NUMBER]

[EMAIL ADDRESS]

|  |
| --- |
| SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF [NAME OF COUNTY] |
| |  |  |  |  | | --- | --- | --- | --- | | – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – | X |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | [YOUR NAME] | : |  | Index No. \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Petitioner(s), | : |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | For a Judgment Pursuant to Article 78  of the Civil Practice Law and Rules | :  : |  |  | | -against- | : |  | **VERIFIED PETITION** | |
| |  |  |  |  | | --- | --- | --- | --- | | [AGENCY'S NAME] | : |  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Respondent(s). | : |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – – | X |  |  | |

TO THE SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF :

The petition of respectfully shows to this Court as follows:

1. Petitioner, resides at [YOUR HOME ADDRESS].
2. The Respondent is the .
3. Venue in this proceeding lies in [County Where Agency is Located], because it is the county where the Respondent agency is located.
4. On [First FOIL Request Date], Petitioner sent [AGENCY'S NAME] a FOIL request seeking [what records you requested]. A copy of the FOIL request is attached as Exhibit A.
5. [AGENCY'S NAME] acknowledged the request on [Date the Agency First Responded (Month Day, Year)] and stated that the agency will respond in 20 business days.
6. A letter dated [Date of the Agency's Second Response (Month Day, Year)] stated that the agency would not produce the records requested because: [reason the agency did not grant your request]. A copy of the agency’s denial is attached as Exhibit B.
7. On [date of appeal (Month Day, Year)], Petitioner sent an appeal to [where you sent the appeal].A copy of the appeal is attached as Exhibit C.
8. [A] On [Date Agency Rejected Appeal], [AGENCY'S NAME]    [insert reasons for rejection, delete if N/A]. A copy of the agency’s denial is attached as Exhibit D.
9. I have a right to the records requested under FOIL. The government agency has not produced the records that I seek. The government agency’s obligation under FOIL to disclose the requested records is mandatory, not discretionary.
10. I exhausted my administrative remedies when I appealed the agency’s denial of my FOIL request and the agency denied the appeal.
11. Petitioner has no other remedy at law.
12. I have not made a prior application for the relief requested.

REQUESTED RELIEF

**WHEREFORE**, ,respectfully requests that a judgment be entered herein as follows:

A. Directing Respondent to comply with their duties under FOIL to provide the information sought by Petitioner in its request;

B. Directing Respondent to pay reasonable costs under Public Officers Law 89(4)(c); and

C. Granting such other and further relief as the Court deems just and proper.

|  |  |  |
| --- | --- | --- |
| Dated: | [Today's Date]  [City, State] |  |
|  |  | Respectfully submitted,  by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [ADDRESS]  [CITY, STATE ZIP CODE]  [TELEPHONE NUMBER]  [EMAIL ADDRESS] |

To:

[ADDRESS]

[CITY, STATE ZIP CODE]

[TELEPHONE NUMBER]

Verification

|  |  |  |
| --- | --- | --- |
| STATE OF NEW YORK | ) |  |
|  | ) ss.: | |
| COUNTY OF | ) |  |

, being duly sworn, deposes and says:

1. I am the plaintiff in this proceeding.
2. I have read the foregoing petition and its factual contents are true to my personal knowledge. As to those statements that are upon information and belief, I believe those statements to be true.

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Sworn to before me this  \_\_\_\_ day of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public |  |

|  |
| --- |
| [COURT NAME] COUNTY OF [COUNTY] |
| |  |  |  |  | | --- | --- | --- | --- | | – – – – – – – – – – – – – – – – – – – – – – – – – – – – | X |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | [PETITIONER'S NAME], | : |  | Index No. [NUMBER/YEAR] | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Plaintiff(s), | : |  | Hon. [JUDGE/JUSTICE] | |
| |  |  |  |  | | --- | --- | --- | --- | |  | : |  |  | | -against- | : |  | **AFFIDAVIT OF SERVICE** | |
| |  |  |  |  | | --- | --- | --- | --- | | [AGENCY'S NAME], | : |  |  | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | Defendant(s). | : |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | – – – – – – – – – – – – – – – – – – – – – – – – – – – – | X |  |  | |

|  |  |  |
| --- | --- | --- |
| STATE OF NEW YORK | ) |  |
|  | | ) ss.: |
| COUNTY OF [COUNTY] | ) |  |

[NAME OF SERVER], being duly sworn, deposes and says:

1. I am not a party to the action, am over 18 years of age, and reside in [CITY], [STATE]. I am used for plaintiff(s) [PETITIONER'S NAME] in this action.

2. On [DATE] at approximately [TIME], I served true copies of verified petition, notice of petition and RJI on the following: [TIME OF AGENCY], [AGENCY'S ADDRESS].

3. I made such service by personally delivering the aforementioned document(s) to [DEFENDANT] at [AGENCY'S ADDRESS/LOCATION OF SERVICE].

4. [RECIPIENT] identified [HIMSELF/HERSELF] as [RELATIONSHIP TO AGENCY].

5. Description of the individual the documents were given to:

Age: Ethnicity: Height: Gender:

Weight: Hair Color:

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  [NAME OF SERVER] |
| Sworn to before me  this \_\_\_ day of [MONTH], [YEAR]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Notary Public |