

Reset Form

INSTRUCTIONS: FILL IN THE NAMES IN THE BOX NUMBER BELOW, THE INDEX NUMBER AND THE DATE THE INDEX NUMBER WAS PURCHASED. COMPLETE ALL BLANKS IN ACCORDANCE WITH THE DIRECTIONS SET FORTH IN BOLD PRINT.

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

-----X

[YOUR NAME(S)]

Plaintiff(s),

Index No. ____/____

-against-

Date Index No.
purchased _____

[NAME OF PERSON(S) SUED]

SUMMONS

Defendant(s)

-----X
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____
[DATE OF SUMMONS]

[YOUR NAME(S)]

[YOUR ADDRESS(ES) and
PHONE NUMBER(S)]

Defendant's Address _____

[ADDRESS OF PERSON(S) SUED]

Venue: Plaintiff(s) designate(s) Queens County as the place of trial. The basis of this designation is [CHECK ONE]:

- ☐ Plaintiff(s)' Residence in Queens County.
☐ Defendant(s)' Residence in Queens County.
☐ Other -- Describe: _____

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