

REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

Supreme COURT, COUNTY OF New York

Index No: _____ Date Index Issued: _____

For Court Clerk Use Only:	
IAS Entry Date	
Judge Assigned	
RJI Date	

CAPTION: Enter the complete case caption. Do not use et al or et ano. If more space is required, attach a caption rider sheet.

In the matter of the application of
U.S. Bank National Association, Wells Fargo Bank, National Association, Wilmington Trust, National Association, Wilmington Trust Company, and Citibank, National Association (as Trustees, Indenture Trustees, Securities Administrators, Paying Agents, and/or Calculation Agents of Certain Residential Mortgage-Backed Securitization Trusts)

Plaintiff(s)/Petitioner(s)

-against-

N/A	Defendant(s)/Respondent(s)
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NATURE OF ACTION OR PROCEEDING: Check ONE box only and specify where indicated.

MATRIMONIAL

Contested
NOTE: For all Matrimonial actions where the parties have children under the age of 18, complete and attach the **MATRIMONIAL RJI Addendum**.
 For Uncontested Matrimonial actions, use RJI form UD-13.

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)

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)

COMMERCIAL

Business Entity (including corporations, partnerships, LLCs, etc.)
 Contract
 Insurance (where insurer is a party, except arbitration)
 UCC (including sales, negotiable instruments)
 Other Commercial: Article 77 (RMBS Trust Proceeding) (specify)
NOTE: For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the **COMMERCIAL DIV RJI Addendum**.

REAL PROPERTY: How many properties does the application include? _____

Condemnation
 Mortgage Foreclosure (specify): Residential Commercial
 Property Address: _____
Street Address City State Zip
NOTE: For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the **FORECLOSURE RJI Addendum**.
 Tax Certiorari - Section: _____ Block: _____ Lot: _____
 Tax Foreclosure
 Other Real Property: _____ (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: Answer YES or NO for EVERY question AND enter additional information where indicated.

	YES	NO	
Has a summons and complaint or summons w/notice been filed?	<input type="radio"/>	<input checked="" type="radio"/>	If yes, date filed: _____
Has a summons and complaint or summons w/notice been served?	<input type="radio"/>	<input checked="" type="radio"/>	If yes, date served: _____
Is this action/proceeding being filed post-judgment?	<input type="radio"/>	<input checked="" type="radio"/>	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: Judgment - Declaratory Return Date: _____
- Other Ex Parte Application Relief Sought: _____
- Poor Person Application
- Request for Preliminary Conference
- Residential Mortgage Foreclosure Settlement Conference
- Writ of Habeas Corpus
- Other (specify): _____

RELATED CASES: List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases. If additional space is required, complete and attach the RJJ Addendum. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case
U.S. Bank, et. al.	Index No. 652382/2014	Supreme Court of the State of New York,	Hon. Justice Friedman	RMBS proceeding
Wells Fargo Bank, N.A., et. al.	Index No. 657387/2017	Supreme Court of the State of New York,	Hon. Justice Friedman	RMBS proceeding


PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in space provided. If additional space is required, complete and attach the RJJ Addendum.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff). Last Name: U.S. Bank National Association First Name: Petitioner Primary Role: Secondary Role (if any):	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address. Last Name: Rademacher First Name: Kurt Firm Name: Morgan, Lewis & Bockius LL Street Address: 1701 Market Stree St. City: Philadelphia State: Pennsylvania Zip: 00001-9103 Phone: 2159635000 Fax: e-mail:	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name: Wells Fargo Bank, N.A. First Name: Petitioner Primary Role: Secondary Role (if any):	Last Name: Schnell First Name: Robert Firm Name: Faegre Baker Daniels LLP Street Address: 2200 Wells Fargo Center 90 S. Seventh St. City: Minneapolis State: Minnesota Zip: 00005-5402 Phone: 6127666000 Fax: e-mail:	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name: Wells Fargo Bank, N.A. First Name: Petitioner Primary Role: Secondary Role (if any):	Last Name: Newman First Name: Zachary Firm Name: Hahn & Hessen LLP Street Address: 488 Madison Avenue City: New York State: New York Zip: 10022 Phone: 2124787200 Fax: e-mail:	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name: Wilmington Trust, National Association First Name: Petitioner Primary Role: Secondary Role (if any):	Last Name: Alexander First Name: Lorenzo Firm Name: Alston & Bird LLP Street Address: 90 Park Avenue City: New York State: New York Zip: 10016 Phone: 212-910-94 Fax: e-mail:	<input type="radio"/> YES <input checked="" 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: April 4, 2018

2660033
 ATTORNEY REGISTRATION NUMBER


 SIGNATURE
 Zachary G. Newman, Esq.
 PRINT OR TYPE NAME

Print Form



STATE OF NEW YORK
UNIFIED COURT SYSTEM
FIRST JUDICIAL DISTRICT
SUPREME COURT, CIVIL BRANCH
60 CENTRE STREET
NEW YORK, NY 10007-1474
(646) 386-3211
FAX (212) 227-2919

A. GAIL PRUDENTI
Chief Administrative Judge

FERN A. FISHER
Deputy Chief Administrative Judge
New York City Courts

SHERRY KLEIN HEITLER
Administrative Judge for Civil Matters
First Judicial District

ADMINISTRATIVE ORDER

Pursuant to the authority vested in me as Administrative Judge, and in the interests of efficiency and the avoidance of inconsistent rulings, the clerk is directed to assign to the Honorable Marcy S. Friedman (Part 60) all actions hereafter brought in this court alleging misrepresentation or other wrong in connection with or arising out of the creation or sale of residential mortgage-backed securities ("RMBS actions"). This order is consistent with the intention of the undersigned reflected in orders issued in 2012 in RMBS cases. The party filing a request for judicial intervention in this court in any RMBS matter shall annex thereto a copy of this Administrative Order.

Dated: May 23, 2013

A handwritten signature in cursive script, appearing to read "Sherry Klein Heitler", written over a horizontal line.

Hon. Sherry Klein Heitler
Administrative Judge

Supreme COURT, COUNTY OF New York Index No: _____

For use when additional space is needed to provide party or related case information.

PARTIES: For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
	List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	Provide attorney name, firm name, business address, phone number and e-mail address of all attorneys that have appeared in the case. For unrepresented litigants, provide address, phone number and e-mail address.		
<input type="checkbox"/>	Last Name Wilmington Trust Company First Name Primary Role: Petitioner Secondary Role (if any):	Alexander Last Name Lorenzo First Name Alston & Bird LLP Firm Name 90 Park Avenue Street Address New York City New York State 10016 Zip +1 (212) 910-9400 Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	Last Name Citibank, National Association First Name Primary Role: Petitioner Secondary Role (if any):	Houpt Last Name Christopher First Name Mayer Brown LLP Firm Name 1221 Avenue of the Americas Street Address New York City New York State 10020-1001 Zip +1 (212) 506-2500 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 First 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 First 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 First 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 First Name Firm Name Street Address City State Zip Phone Fax e-mail	<input type="radio"/> YES <input type="radio"/> NO	

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