

If the parties submit this stipulation 2 business days prior to the scheduled compliance conference date, completed and executed by all parties, counsel need not appear at the compliance conference. This stipulation may be sent by mail, facsimile to (914) 995- 2194 or by e-mail to ComplianceWestchester@courts.state.ny.us.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER: COMPLIANCE PART  
-----X

Plaintiff (s),

TRIAL READINESS  
STIPULATION & ORDER

-against-

Index No. \_\_\_\_\_

Defendant (s).

-----X

It is hereby stipulated and agreed by and between all parties to the within action as follows:

(1) DISCOVERY IS COMPLETE: All disclosure previously ordered herein has been completed or waived and the matter is ready for trial; and

(2) NOTE OF ISSUE: Plaintiff shall serve and file a Note of Issue and Certificate of Readiness within twenty (20) days of entry of this Trial Readiness Stipulation and Order, and furnish to the Compliance Part, within ten (10) days thereafter, a copy of the filed Note of Issue and Certificate of Readiness, together with proof of service thereof; and

(3) SUMMARY JUDGMENT MOTIONS: Any motion for summary judgment by any party must be served within 60 days following the filing of the Note of Issue; opposition papers must be served within 30 days of service of motion papers; and reply papers, if any, must be served within 10

days following service of any opposition papers.

The contents and provisions of the foregoing proposed stipulation are agreed to, and the parties request that the Court order same.

Dated:

Attorneys for Plaintiff(s)/Plaintiff *pro se*:  
(Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Attorneys for Defendant(s)/Defendant(s) *pro se*:  
(Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Phone number.: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\*\*\*\*

Attorneys for \_\_\_\_\_  
(Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Attorneys for \_\_\_\_\_  
(Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Phone number.: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

\*\*\*\*

Attorneys for \_\_\_\_\_  
(Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Attorneys for \_\_\_\_\_  
(Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Phone number.: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

[add lines or pages for additional parties]

SO ORDERED:

\_\_\_\_\_  
Hon. Joan B. Lefkowitz, J.S.C.