

# REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

**For Court Clerk Use Only:**

IAS Entry Date

Judge Assigned

RJI Date

**Supreme** COURT, COUNTY OF **New York**

Index No: 152736/15 Date Index Issued: 3/20/2015

**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 a Proceeding under Article 70 of the CPLR for a Writ of Habeas Corpus,  
THE NONHUMAN RIGHTS PROJECT, INC. on behalf of HERCULES AND LEO, Petitioner,

Plaintiff(s)/Petitioner(s)

-against-

SAMUEL L. STANELY JR., M.D., as President of State University of New York at Stony Brook a/k/a STONY BROOK UNIVERSITY and STATE UNIVERSITY OF NEW YORK AT STONY BROOK a/k/a STONY BROOK UNIVERSITY, Respondents.

Defendant(s)/Respondent(s)

**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: \_\_\_\_\_ (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: Petition for a Writ of Habeas Corpus and Order to Show Cause (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?  YES  NO If yes, date filed: \_\_\_\_\_
- Has a summons and complaint or summons w/notice been served?  YES  NO If yes, date served: \_\_\_\_\_
- Is this action/proceeding being filed post-judgment?  YES  NO 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: Habeas Corpus      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 **RJI Addendum**. If none, leave blank.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case
THE NONHUMAN RIGHTS PROJECT, INC., v. LAVERY, et al.	02051	Supreme Court, Fulton County	Joseph M. Sise	common issue of law
THE NONHUMAN RIGHTS PROJECT, INC. v. LAVERY, et al.	518336	Supreme Court, App. Div., Third Dept.	Peters. Lahiten, Garry, Rose, Lynch	common issue of law
THE NONHUMAN RIGHTS PROJECT, INC. v. PRESTI, et al.	151725	Supreme Court, Niagara County	Ralph A. Boniello, III	common issue of law

**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 **RJI Addendum**.

Un-Rep	Parties:	Attorneys and/or Unrepresented Litigants:	Issue Joined (Y/N):	Insurance Carrier(s):
<input type="checkbox"/>	THE NONHUMAN RIGHTS PROJECT, INC. Last Name on behalf of HERCULES and LEO First Name Primary Role: Petitioner Secondary Role (if any):	Stein      Elizabeth Last Name      First Name Firm Name 5 Dunhill Road      New Hyde Park      New York      11040 Street Address      City      State      Zip +1 (516) 747-4726      +1 (516) 742-6680      liddystein@aol.com Phone      Fax      e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	STANLEY JR. M.D., Last Name SAMUEL L. First Name Primary Role: Respondent Secondary Role (if any):	Schneiderman      Eric Last Name      First Name Firm Name State of New York Office of the Attorney General 120 Broadway      New York      New York      10271 Street Address      City      State      Zip +1 (212) 416-8025      Fax      www.ag.ny.gov Phone      e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input type="checkbox"/>	STATE UNIVERSITY OF NEW YORK Last Name AT STONY BROOK First Name Primary Role: Respondent Secondary Role (if any):	Schneiderman      Eric Last Name      First Name Firm Name State of New York Office of the Attorney General 120 Broadway      New York      New York      10271 Street Address      City      State      Zip +1 (212) 416-8025      Fax      www.ag.ny.gov Phone      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	

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: 3/10/2015  
 1721083

  
 SIGNATURE  
 Elizabeth Stein

ATTORNEY REGISTRATION NUMBER

PRINT OR TYPE NAME

Print Form

# Request for Judicial Intervention Addendum

**Supreme** \_\_\_\_\_ **COURT, COUNTY OF**           New York           **Index No:** \_\_\_\_\_

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

<b>PARTIES:</b> For parties without an attorney, check "Un-Rep" box AND enter party address, phone number and e-mail address in "Attorneys" space.					
<b>Un-Rep</b>	<b>Parties:</b> List parties in caption order and indicate party role(s) (e.g. defendant; 3rd-party plaintiff).	<b>Attorneys and/or Unrepresented Litigants:</b> 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.			<b>Issue Joined (Y/N):</b>
<input type="checkbox"/>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name Primary Role:</p> <p style="text-align: center;">Secondary Role (if any):</p>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name</p> <p style="text-align: center;">Firm Name</p> <p style="text-align: center;">Street Address                      City                      State                      Zip</p> <p style="text-align: center;">Phone                      Fax                      e-mail</p>	<input type="radio"/> YES	<b>Insurance Carrier(s):</b>	
			<input type="radio"/> NO		
<input type="checkbox"/>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name Primary Role:</p> <p style="text-align: center;">Secondary Role (if any):</p>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name</p> <p style="text-align: center;">Firm Name</p> <p style="text-align: center;">Street Address                      City                      State                      Zip</p> <p style="text-align: center;">Phone                      Fax                      e-mail</p>	<input type="radio"/> YES		
			<input type="radio"/> NO		
<input type="checkbox"/>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name Primary Role:</p> <p style="text-align: center;">Secondary Role (if any):</p>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name</p> <p style="text-align: center;">Firm Name</p> <p style="text-align: center;">Street Address                      City                      State                      Zip</p> <p style="text-align: center;">Phone                      Fax                      e-mail</p>	<input type="radio"/> YES		
			<input type="radio"/> NO		
<input type="checkbox"/>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name Primary Role:</p> <p style="text-align: center;">Secondary Role (if any):</p>	<p style="text-align: center;">Last Name</p> <p style="text-align: center;">First Name</p> <p style="text-align: center;">Firm Name</p> <p style="text-align: center;">Street Address                      City                      State                      Zip</p> <p style="text-align: center;">Phone                      Fax                      e-mail</p>	<input type="radio"/> YES		
			<input type="radio"/> NO		

**RELATED CASES:** List any related actions. For Matrimonial actions, include any related criminal and/or Family Court cases.

Case Title	Index/Case No.	Court	Judge (if assigned)	Relationship to Instant Case
THE NONHUMAN RIGHTS PROJECT, INC. v. PRESTI, et al.	1300 CA 14-00357	Supreme Court App. Div., Fourth Department	Smith, Peradotto, Lindley, Valentino, Whalen	common issue of law
THE NONHUMAN RIGHTS PROJECT, INC. v. STANLEY, et al.	32098/13	Supreme Court, Suffolk County	W. Gerard Asher	same parties, same issues of law
THE NONHUMAN RIGHTS PROJECT, INC. v. STANLEY, et al.	2014-01825	Supreme Court App. Div. Second Department	Balkin, Dickerson, Leventhal, Hinds-Radix	same parties, same issues of law

At I.A.S Part \_\_\_\_ of the  
Supreme Court of the State of  
New York, held in and for the  
County of New York, at the  
Courthouse thereof, 60 Centre  
Street, New York, NY, on the  
\_\_\_\_ day of \_\_\_\_\_, 2015

PRESENT: HON. \_\_\_\_\_  
Justice of the Supreme Court

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

---

In the Matter of a Proceeding under Article 70 of the CPLR  
for a Writ of Habeas Corpus,

THE NONHUMAN RIGHTS PROJECT, INC., on  
behalf of HERCULES and LEO,

Petitioner,

-against-

SAMUEL L. STANLEY JR., M.D., as President of  
State University of New York at Stony Brook a/k/a  
Stony Brook University and STATE UNIVERSITY  
OF NEW YORK AT STONY BROOK a/k/a STONY  
BROOK UNIVERSITY,

Respondents.

---

**ORDER TO SHOW CAUSE &  
WRIT OF HABEAS CORPUS**

Index No.: 152 736/15

TO THE ABOVE NAMED RESPONDENTS:

PLEASE TAKE NOTICE, That upon the annexed Verified Petition of Elizabeth Stein,  
Esq. and Steven M. Wise, Esq. (subject to *pro hac vice* admission), filed the \_\_\_\_\_ day of  
\_\_\_\_\_, 2015, the exhibits and affidavits attached thereto, the Memorandum of Law in  
support of the Verified Petition, and upon all pleadings and proceedings herein, the Respondents

SAMUEL L. STANLEY JR., M.D., as President of State University of New York at Stony Brook a/k/a Stony Brook University, and STATE UNIVERSITY OF NEW YORK AT STONY BROOK a/k/a STONY BROOK UNIVERSITY, or their attorneys, are hereby ORDERED to SHOW CAUSE at I.A.S. Part \_\_\_\_\_, Room \_\_\_\_\_, of this Court to be held at the Courthouse located at 60 Centre Street, New York, New York 10007, on the \_\_\_\_\_ day of \_\_\_\_\_, 2015 at \_\_\_\_\_ o'clock in the \_\_\_\_\_ of that day, or as soon thereafter as counsel can be heard, why an Order should not be entered granting the Nonhuman Rights Project, Inc. ("Petitioner"), the following relief:

- A. Upon a determination that Hercules and Leo are being unlawfully detained, ordering their immediate release and transfer forthwith to Save the Chimps;
- B. Awarding Petitioner the costs and disbursements of this action; and
- C. Such other and further relief as this Court deems just and proper.

It is THEREFORE:

ORDERED THAT, Sufficient cause appearing therefore, let service of a copy of this Order and all other papers upon which it is granted upon SAMUEL L. STANLEY JR., M.D., as President of State University of New York at Stony Brook a/k/a Stony Brook University, and STATE UNIVERSITY OF NEW YORK AT STONY BROOK a/k/a STONY BROOK UNIVERSITY, and upon ERIC T. SCHNEIDERMAN, Attorney General of the State of New York, by personal delivery, on or before the \_\_\_\_\_ of \_\_\_\_\_, 2015, be deemed good and sufficient. An affidavit or other proof of service shall be presented to this Court on the return date fixed above.

IT IS FURTHER ORDERED, that answering affidavits, if any, must be received by Elizabeth Stein, Esq., 5 Dunhill Road, New Hyde Park, New York 11040, no later than \_\_\_\_ of

\_\_\_\_\_, 2015. Reply papers, if any, must be served on or before the \_\_\_\_ day of \_\_\_\_\_,  
2015.

Dated: \_\_\_\_\_, 2015  
New York, New York

\_\_\_\_\_  
Honorable

ENTER: