

# REQUEST FOR JUDICIAL INTERVENTION

UCS-840 (7/2012)

supreme COURT, COUNTY OF kings

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

Index No: \_\_\_\_\_ Date Index Issued: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

robert m malek

Plaintiff(s)/Petitioner(s)

-against-

acs, ocfs, sue novick wasko, john udochi, leslie leitner, john lalindez, wendy lattibeaudiere

Defendant(s)/Respondent(s)

**NATURE OF ACTION OR PROCEEDING:**

Check ONE box only and specify where indicated.

<p><b>MATRIMONIAL</b></p> <input type="checkbox"/> Contested <b>NOTE:</b> For all Matrimonial actions where the parties have children under the age of 18, complete and attach the <b>MATRIMONIAL RJI Addendum</b> . For Uncontested Matrimonial actions, use RJI form UD-13.	<p><b>COMMERCIAL</b></p> <input type="checkbox"/> Business Entity (including corporations, partnerships, LLCs, etc.) <input type="checkbox"/> Contract <input type="checkbox"/> Insurance (where insurer is a party, except arbitration) <input type="checkbox"/> UCC (including sales, negotiable instruments) <input type="checkbox"/> Other Commercial: _____ (specify) <b>NOTE:</b> For Commercial Division assignment requests [22 NYCRR § 202.70(d)], complete and attach the <b>COMMERCIAL DIV RJI Addendum</b> .
<p><b>TORTS</b></p> <input type="checkbox"/> Asbestos <input type="checkbox"/> Breast Implant <input type="checkbox"/> Environmental: _____ (specify) <input type="checkbox"/> Medical, Dental, or Podiatric Malpractice <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Products Liability: _____ (specify) <input type="checkbox"/> Other Negligence: _____ (specify) <input type="checkbox"/> Other Professional Malpractice: _____ (specify) <input type="checkbox"/> Other Tort: _____ (specify)	<p><b>REAL PROPERTY:</b> How many properties does the application include?</p> <input type="checkbox"/> Condemnation <input type="checkbox"/> Mortgage Foreclosure (specify): <input type="checkbox"/> Residential <input type="checkbox"/> Commercial Property Address: _____ <b>NOTE:</b> For Mortgage Foreclosure actions involving a one- to four-family, owner-occupied, residential property, or an owner-occupied condominium, complete and attach the <b>FORECLOSURE RJI Addendum</b> . <input type="checkbox"/> Tax Certiorari - Section: _____ Block: _____ Lot: _____ <input type="checkbox"/> Tax Foreclosure <input type="checkbox"/> Other Real Property: _____ (specify)
<p><b>OTHER MATTERS</b></p> <input type="checkbox"/> Certificate of Incorporation/Dissolution [see NOTE under Commercial] <input type="checkbox"/> Emergency Medical Treatment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Local Court Appeal <input type="checkbox"/> Mechanic's Lien <input type="checkbox"/> Name Change <input type="checkbox"/> Pistol Permit Revocation Hearing <input type="checkbox"/> Sale or Finance of Religious/Not-for-Profit Property <input type="checkbox"/> Other: _____ (specify)	<p><b>SPECIAL PROCEEDINGS</b></p> <input type="checkbox"/> CPLR Article 75 (Arbitration) [see NOTE under Commercial] <input checked="" type="checkbox"/> CPLR Article 78 (Body or Officer) <input type="checkbox"/> Election Law <input type="checkbox"/> MHL Article 9.60 (Kendra's Law) <input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Initial) <input type="checkbox"/> MHL Article 10 (Sex Offender Confinement-Review) <input type="checkbox"/> MHL Article 81 (Guardianship) <input type="checkbox"/> Other Mental Hygiene: _____ (specify) <input type="checkbox"/> Other Special Proceeding: _____

**STATUS OF ACTION OR PROCEEDING:**

Answer YES or NO for EVERY question AND enter additional information where indicated.

- Has a summons and complaint or summons w/notice been filed?
- Has a summons and complaint or summons w/notice been served?
- Is this action/proceeding being filed post-judgment?

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, date filed: ____/____/____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, date served: ____/____/____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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
- Notice of Motion
- Notice of Petition
- Order to Show Cause
- Other Ex Parte Application
- Poor Person Application
- Request for Preliminary Conference
- Residential Mortgage Foreclosure Settlement Conference
- Writ of Habeas Corpus
- Other (specify): \_\_\_\_\_

Date Issue Joined: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relief Sought: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relief Sought: \_\_\_\_\_ Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relief Sought: grant 120 days for me to respond Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Relief Sought: to order which should be august 10, 2023 Return Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
or sua sponte dismiss final order from ocfs court

**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
n/a				
n/a				
n/a				

**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):
	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 checked="" type="checkbox"/>	Name: robert m malek, pro se Role(s): petitioner	robert m malek 338 jericho turnpike # 209 syosset, ny 11791	601-714-9251 abc75abc@gmail.com	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: acs Role(s): respondent	acs 150 william street ny ny 1038 212 341 0900	SERVEACS@ACS.NYC.GOV	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: ocfs Role(s): respondent	ocfs 52 washington street Rensselaer, ny 12144	info@ocfs.ny.gov 518 473 7793	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: susan novick wasko, judge Role(s): respondent	sue novick wasko 163 west 125th street ny ny 10027	sue.novick-wasko@ocfs.ny.gov	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/>	Name: john udochi, judge Role(s): respondent	john udochi 163 west 125th street ny ny 10027	john.udochi@ocfs.ny.gov	<input type="checkbox"/> YES <input type="checkbox"/> 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: 07 / 06 / 2023

*Robert M. Malek*



SIGNATURE

robert m malek

PRINT OR TYPE NAME

ATTORNEY REGISTRATION NUMBER



leslie leitner, acs attny.  
150 william street  
ny ny 10038  
212 341 0900  
leslie.leitner@acs.nyc.gov  
respondent

john la lindez, attny  
150 william street  
ny ny 10038  
212 341 0900  
john.lalindez@acs.nyc.gov  
respondent

wendy lattibeaudiere, attny  
150 william street  
ny ny 10038  
212 341 0900  
wendy.lattibeaudiere@acs.nyc.gov  
respondent

**SERVED TO THEIR EMAILS AS WE HAVE BEEN SERVING EACH OTHER BY EMAIL  
PROOF OF EMAIL SERVICE TO THE PARTIES INCLUDED WITH THIS FILING.**

[Print in black ink to fill in the spaces next to the instructions.  
Other spaces are for Court use.]

At IAS Part \_\_\_ of the Supreme Court of the State of New York, held in and for the County of **kings** at the Courthouse, thereof, **360 adams street brooklyn** N.Y. on the \_\_\_ day of \_\_\_\_\_, 20 **23**.

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

-----X

In the Matter of the Application of

**robert m. malek**

Index No.

\_\_\_\_\_  
[Fill in name(s)] Petitioner(s)  
-against-

\_\_\_\_\_/\_\_\_\_\_  
ORDER TO SHOW CAUSE

**acs, ocfs, sue novick wasko, john udochi, leslie leitner, john lalindez, wendy lattibeaudiere**

IN SPECIAL PROCEEDING

\_\_\_\_\_  
[Fill in name(s)] Respondent(s)

-----X

Upon reading and filing the petition of **robert m malek**

\_\_\_\_\_  
[your name(s)], sworn to on

**july 6**, 20 **23** [date the Verified Petition notarized] and upon

the exhibits attached to the petition, and [identify other supporting papers, such as, additional affidavits] \_\_\_\_\_

**please refer to website, office of children and family services complaints.com and the affidavit within.**

Let the respondent(s) show cause at IAS PART \_\_\_\_\_, Room \_\_\_\_\_, of this Court, to be held at the Courthouse, **360 adams street, brooklyn**

N.Y., on the \_\_\_ day of \_\_\_\_\_, 20 **23** at \_\_\_\_\_ o'clock in the \_\_\_\_\_ noon or as soon as the parties to this proceeding may be heard why an order should not be made, providing the following relief: [describe

**what you are asking the Court to do] regarding ocfs case 109176, grant the full 120 days from april 10, 2023 which is the day i was served with the final order from ocfs as shown on office of children and family services complaints.com for me to respond.. I believe this would be august 10 and I am requesting until that**

**day. 120 days is my right by statute and i was served on april 10, 2023. Thank You. If the court wishes to dismissthe final order by wasko, ocfs sua sponte then thats up to you.**

for the reasons that [briefly describe the reasons why you should be granted what you are requesting] please refer to office of children and family services complaints.com which is in development. this action is clearly not frivolous and with merit.

Pending the hearing of this motion it is ORDERED that: [write here what action you want stayed] at this point, nothing unless upon viewing office of children and family services complaints.com you wish to do so sua sponte but thats up to you. i am requesting until august 10, 2023 to address this matter.

Sufficient cause appearing therefor, let personal service of a copy of this order, and the petition and other papers upon which this order is granted, upon all other parties to this proceeding or their attorneys, on or before the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ be deemed good and sufficient. A copy of an affidavit or other proof of service shall be filed with the County Clerk (Room 118) immediately after service and the original thereof shall be presented to this court on the return date directed in the second paragraph of this order.

ENTER

PLEASE NOTE : THE DEFENDANTS AND I HAVE BEEN SERVING EACH OTHER BY EMAIL.



[Print in black ink to fill in the spaces next to the instructions]

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF ~~ESSEX~~ KINGS

-----X  
**ROBERT M. MALEK**  
\_\_\_\_\_,  
[fill in name(s)] Plaintiff(s)/Petitioner(s)

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

-against-

**acs, ocfs, sue novick wasko, john udochi, leslie leitner, john lalindez,  
wendy lattibeaudiere**

AFFIDAVIT  
IN SUPPORT

\_\_\_\_\_,  
[fill in name(s)] Defendant(s)/Respondent(s)  
-----X

STATE OF NEW YORK  
COUNTY OF NASSAU ss:

**ROBERT M MALEK** \_\_\_\_\_ [your name],

being duly sworn, deposes and says:

1. I am the plaintiff/petitioner/defendant/respondent [circle the right one] in this matter. I make this affidavit in support of this motion for an order [Describe what you are asking the Court to do. This relief must also be stated in the Notice of Motion or Order to Show Cause]. regarding ocfs case 109176, grant the full 120 days from april

**10, 2023 which is the day i was served with the final order from ocfs as shown on office of children and family services complaints.com for me to respond. I believe this would be august 10, 2023 and i am requesting until that day. thank you. If the court wishes to dismiss the ocfs final order sua sponte then that is up to you.**

2. I believe the Court should grant this motion because [Explain why you should be granted what you are requesting. Attach any exhibits. Use more paper if needed].

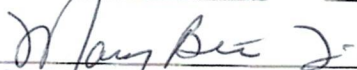
**i am supposed to have 120 days to respond by statute and this petition as shown on office of children and family services complaints.com is certainly not frivolous or without merit. i was served on april 10, 2023 and requesting until august 10, 2023 to address ocfs case number 109176.**

3. [If you are moving by Order to Show Cause you must fill in this paragraph.] No prior application has been made for the relief sought herein except: [List all prior requests for the same relief made in this or any other court and the results of those applications. Use more paper if needed. If no prior requests have been made, write "none"].

none

WHEREFORE, I respectfully request that this motion be granted, and that I have such other and further relief as may be just and proper.

Sworn to before me on the  
6 day of july, 20 23

  
Notary Public



[sign your name before a Notary]

robert m malek

[print your name]

MARY BETH TAIN  
NOTARY PUBLIC, State of New York  
No. 01TA8122450  
Qualified in Nassau County  
Commission Expires February 14, 2025

VERIFICATION

STATE OF NEW YORK )  
COUNTY OF brooklyn ) ss:

robert m malek

[your name],

being duly sworn, deposes and says: That I am the petitioner in this proceeding, that I have read the foregoing petition and know the contents thereof; that the same is true to my own knowledge, except as to matters therein stated to be alleged on information and belief; and that as to those matters I believe them to be true.

Sworn to before me on the

06 day of July, 2023



Petitioner

[Sign your name before a Notary]



Notary Public

robert m malek

[Print your name]

MARY BETH TAIN  
NOTARY PUBLIC, State of New York  
No. 01TA6122450  
Qualified in Nassau County  
Commission Expires February 14, 2025



Instructions: This affidavit must be used for service of a Summons and Complaint, a Summons with Notice, a Notice of Petition and Verified Petition, an Order to Show Cause and Verified Petition or Subpoena. Print to fill in the spaces next to the instructions.

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF ~~RAMPO~~ KINGS

-----X  
robert m malek

Index No.

[Fill in names(s)] Plaintiff(s)/Petitioner(s)

\_\_\_\_\_/\_\_\_\_\_

- against -

acs, ocfs, sue novick wasko, john udochi, leslie leitner, john lalindez,  
wendy lattibeaudiere

AFFIDAVIT OF SERVICE

OF INITIATING PAPERS

[Fill in names(s)] Defendant(s)/Respondent(s)

-----X **NOTE : WE HAVE BEEN SERVING EACH OTHER VIA EMAIL**

STATE OF NEW YORK  
COUNTY OF KINGS ss:

I, robert m malek, [name of person who

served papers], being duly sworn, depose and say:

I am over 18 years of age and am a party to this case.

I reside at 338 JERICHO TURNPIKE # 209 SYOSSET, NY 11791 [your address].

On JULY 6, 2023, [date of service], at \_\_\_\_\_ AM/PM [time of day], I served the attached papers ARTICLE 78, ORDER TO SHOW CAUSE

\_\_\_\_\_ [identify the papers served].

on the defendant in this case. The address of the place where the papers were served is TO THEIR EMAILS [state location where papers were served].

I served the papers in the manner indicated below: [check the right box]

I served the papers in the manner indicated below: [check the right box]

1)  Individual By delivering a true copy of each to the defendant personally. I knew the person served to be the person named in those papers because \_\_\_\_\_. [How did you know defendant? Fill out description of person below].

2)  Corporation \_\_\_\_\_ [name of business], a domestic corporation, by delivering a true copy of each to \_\_\_\_\_, [Identify person served. Fill out description of person below], who is \_\_\_\_\_ [identify his/her job title]. I knew the corporation to be that listed in the papers served and I knew the title of person named above and that she/she was authorized to accept service.

3)  **Substituted** By delivering a true copy of each to \_\_\_\_\_,  
**Service** [Identify person served. Fill out description of person below]  
a person of suitable age and discretion, at the actual place  
of business, dwelling house, or usual place of abode in the  
state, and mailing, as indicated below.

**Mailing** I also enclosed a copy of the above papers in a postpaid,  
(Use with 3) sealed envelope properly addressed to defendant's last known  
residence or actual place of business, located at \_\_\_\_\_  
[address],  
and I deposited the envelope in a post office depository under  
the exclusive care and custody of the United States Postal  
Service within New York State.

**Description** The individual I served had the following characteristics:  
(Use with 1, 2, or 3) [Check the right boxes]:

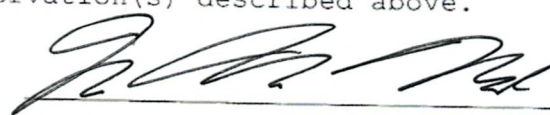
	<u>Sex</u>	<u>Height</u>	<u>Weight</u>	<u>Age</u>
7/6	<input type="checkbox"/> Male	<input type="checkbox"/> Under 5"	<input type="checkbox"/> Under 100 lbs.	<input type="checkbox"/> 21-34 years
	<input type="checkbox"/> Female	<input type="checkbox"/> 5'0"-5'3"	<input type="checkbox"/> 100-130 lbs.	<input type="checkbox"/> 35-50 years
		<input type="checkbox"/> 5'4"-5'8"	<input type="checkbox"/> 131-160 lbs.	<input type="checkbox"/> 51-61 years
		<input type="checkbox"/> 5'9"-6'0"	<input type="checkbox"/> 161-200 lbs.	<input type="checkbox"/> Over 61 yrs.
		<input type="checkbox"/> Over 6'	<input type="checkbox"/> Over 200 lbs.	

Color of skin [describe]: \_\_\_\_\_  
Color of hair [describe]: \_\_\_\_\_  
Other identifying features, if any [describe]: \_\_\_\_\_

**Military Service** I asked the person to whom I spoke whether the defendant was  
in the military of the United States or New York State in any  
capacity and was told that he/she was not. Defendant did not  
wear a military uniform. I state upon information and belief  
that the defendant is not in the military service of the  
United States or New York State. The basis for my belief is  
the conversation(s) and observation(s) described above.

Sworn to before me this  
06 day of JULY, 20 23

Mary Beth J.  
Notary Public

  
[Sign your name before a Notary]

ROBERT M MALEK  
[Print your name]

MARY BETH TAIN  
NOTARY PUBLIC, State of New York  
No. 01TA6122450  
Qualified in Nassau County  
Commission Expires February 14, 2025