

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: _____ 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


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"/>	Eros International Plc Last Name First Name Primary Role: Secondary Role (if any):	Bowe Last Name Michael First Name Kasowitz Benson Torres LLP Firm Name 1633 Broadway Street Address New York City State 10019 Zip +1 (212) 506-1700 Phone +1 (212) 835-5077 Fax mbowe@kasowitz.com e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	AIG
<input checked="" type="checkbox"/>	Mandrove Partners Last Name First Name Primary Role: Secondary Role (if any):	 Last Name First Name Firm Name 645 Madison Avenue, 14th Floor Street Address New York City State 10022 Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input checked="" type="checkbox"/>	Nathaniel H. August Last Name First Name Primary Role: Secondary Role (if any):	 Last Name First Name Firm Name 49 E 86th St., Apt. 11A Street Address New York City State 10028 Zip Phone Fax e-mail	<input type="radio"/> YES <input checked="" type="radio"/> NO	
<input checked="" type="checkbox"/>	Manuel P. Asensio Last Name First Name Primary Role: Secondary Role (if any):	 Last Name First Name Firm Name 400 E 54th St., Apt. 29B Street Address New York City State 10022 Zip Phone 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: 09/29/2017

2557973
ATTORNEY REGISTRATION NUMBER



SIGNATURE
Michael J. Bowe
PRINT OR TYPE NAME

Print Form