NY CLS CPLR R 3406

Current through 2025 released Chapters 1-207

New York

Consolidated Laws Service **>**

Civil Practice Law And Rules (Arts. 1 — 100) **>**

Article 34 Calendar Practice; Trial Preferences (§§ 3401 — 3410)

R 3406. Mandatory filing and pre-calendar conference in dental, podiatric and medical malpractice actions

(a) Mandatory Filing. Not more than sixty days after issue is joined, the plaintiff in an action to recover damages for dental, medical or podiatric malpractice shall file with the clerk of the court in which the action is commenced a notice of dental, medical or podiatric malpractice action, on a form to be specified by the chief administrator of the courts. Together with such notice, the plaintiff shall file: (i) proof of service of such notice upon all other parties to the action; (ii) proof that, if demanded, authorizations to obtain medical, dental, podiatric and hospital records have been served upon the defendants in the action; and (iii) such other papers as may be required to be filed by rule of the chief administrator of the courts. The time for filing a notice of dental, medical or podiatric malpractice action may be extended by the court only upon a motion made pursuant to section two thousand four of this chapter.

(b) Pre-Calendar Conference. The chief administrator of the courts, in accordance with such standards and administrative policies as may be promulgated pursuant to section twenty-eight of article six of the constitution, shall adopt special calendar control rules for actions to recover damages for dental, podiatric or medical malpractice. Such rules shall require a pre-calendar conference in such an action, the purpose of which shall include, but not be limited to, encouraging settlement, simplifying or limiting issues and establishing a timetable for disclosure, establishing a timetable for offers and depositions

pursuant to subparagraph (ii) of paragraph one of subdivision (d) of section thirty-one hundred one of this chapter, future conferences, and trial. The timetable for disclosure shall provide for the completion of disclosure not later than twelve months after the notice of dental, podiatric or medical malpractice is filed and shall require that all parties be ready for the trial of the case not later than eighteen months after such notice is filed. The initial pre-calendar conference shall be held after issue is joined in a case but before a note of issue is filed. To the extent feasible, the justice convening the pre-calendar conference shall hear and decide all subsequent pre-trial motions in the case and shall be assigned the trial of the case. The chief administrator of the courts also shall provide for the imposition of costs or other sanctions, including imposition of reasonable attorney's fees, dismissal of an action, claim, cross-claim, counterclaim or defense, or rendering a judgment by default for failure of a party or a party's attorney to comply with these special calendar control rules or any order of a court made thereunder. The chief administrator of the courts, in the exercise of discretion, may provide for exemption from the requirement of a pre-calendar conference in any judicial district or a county where there exists no demonstrated need for such conferences.

History

Add, L 1985, ch 294, § 5, eff July 1, 1985; amd, L 1986, ch 485, § 6, eff July 21, 1986; L 1988, ch 184, § 3, eff July 1, 1988; L 1991, ch 165, § 46, eff Oct 1, 1991.

Annotations

Notes

1991 Recommendations of Advisory Committee on Civil Practice:

The Committee unanimously proposes a series of amendments to the Judiciary Law and the Civil Practice Law and Rules to eliminate the use of medical malpractice panels.

Under present section 148-a of the Judiciary Law, a medical malpractice action may not proceed to trial unless it first has been heard by a medical malpractice panel. This panel, consisting of a Supreme Court Justice, a physician and a lawyer, conducts an informal hearing at which the merits of the action are evaluated. After this hearing, if the panel members unanimously agree upon a question of liability, they forward to the parties a formal written recommendation on that question. This recommendation is admissible in evidence at a subsequent trial of the action, although it will not be binding on the fact-finder.

This procedure mandating use of medical malpractice panels was established in 1974 as part of the Legislature's response to a brewing crisis in the medical profession occasioned by the reduced availability and escalated cost of medical malpractice insurance. L. 1974, c. 657. It was designed to weed out frivolous malpractice claims against physicians, to provide a structured forum for settlement negotiations and to apprise litigants of the strengths and weaknesses of their respective cases. It was hoped that realization of these goals would lead to a reduction in the overall number of medical malpractice suits reaching the trial state and thereby reduce the costs associated with medical malpractice litigation.

In the years since its inception, use of the medical malpractice panel has come under increasingly severe criticism in many quarters. * In the main, this criticism has focused upon a perceived failure of the panel procedure to achieve the goals which the Legislature had sought by its enactment. Thus, some have observed that use of the panel system has not produced any discernible reduction in the dollar value of settlements and verdicts in medical malpractice actions. Also, it has been noted that the panel system has not been shown to promote a greater percentage of settlements – whether during the panel process itself or at any other stage of the action. Others have urged that the panel system not only fails to accelerate the fair disposition of medical malpractice litigation, but that it actually represents a source of even greater delay.

---

* See, Report of the Ad Hoc Committee on Medical Malpractice Panels to the Chief Administrative Judge of the State of New York on the Operation of Medical Malpractice Panels (March 1980); Medical Malpractice Affirmative Proposals [Position of the New York State Bar Association as prepared by its Committee on Tort Reparations (December 1983)]; The Medical Malpractice Issue: Public Interest or Special Interest Legislation? [Position of the New York State Bar Association as prepared by its Committee on Tort Reparations (April 24, 1985)]; A Balanced Prescription For Change [Report of the New York State Insurance Department on Medical Malpractice (April 1, 1988)].

The experience of the members of the Committee is that the panel system causes significant practical and procedural problems. In some counties it is difficult to find physicians in particular medical specialties who are willing to serve on panels and are not disqualified. Problems arise concerning pre-hearing disclosure between parties of documents being submitted to panels and post-hearing but pre-trial ex parte communications between attorneys for the parties and physician-panelists.

The Legislature has shown some sensitivity to these criticisms. In 1985, it enacted comprehensive medical malpractice reform legislation including, among its several provisions, elimination of the panel requirement in medical malpractice cases brought in the Fifth Judicial District and in Suffolk County. L. 1985, c. 294, § 14; see also, Judiciary Law § 148-a(1). This legislation also directed the Chief Administrator to undertake a comparative analysis of medical malpractice disposition rates in these jurisdictions with those in the Seventh Judicial District in Nassau County, and, by January 1, 1988, to report his findings, together with appropriate recommendations, to the Legislature, the Governor and the Chief Judge. L. 1985, c. 294, § 22.

The report that has since been filed largely confirms the validity of the criticisms that have long been directed at use of the panel system and concludes with a recommendation that such system be abolished. See, Report of the Chief Administrative Judge On the Impact of Suspending the Use of Medical Malpractice Panels in the Fifth Judicial District and the County of Suffolk, Dec. 1987, p. 11. Among the principal findings of this report concerning the processing of medical malpractice cases in the jurisdictions surveyed:

• such cases are processed more quickly from the filing of a certificate of readiness to disposition when a panel hearing is not required.

• use of the panel process does not appear to have much effect on the incidence of settlement.

• there are no major differences in the types of case dispositions between the “panel” process and the “no panel” process.

• only slightly less than half of the panel hearings resulted in a unanimous recommendation concerning liability so as to be admissible in evidence.

• where panels are not used, mean settlement awards are lower.

For the foregoing reasons, we seek the abolition of the medical malpractice panels. Delays continually frustrate the administration of justice and distort public perceptions concerning the effectiveness of our judicial system and the integrity of our legal and medical professions. In our view, such delays are unacceptable and constitute a crisis of significant proportions justifying prompt amelioration.

This measure would produce annual savings in the Judiciary Budget. It would take effect 90 days after it shall have become a law, and would apply to actions where no formal written recommendation concerning the question of liability has been signed by the panel members and forwarded to all the parties.

Editor's Notes:

Laws 1991, ch 165, § 62(l), eff June 12, 1991, provides as follows:

(l) sections forty-five through forty-seven of this act shall take effect October 1, 1991, and shall apply only to actions where, as of such effective date, no formal written recommendation concerning the question of liability has been signed by the medical malpractice panel members and forwarded to all the parties. As to all other actions, the provisions of section 148-a of the judiciary law, in effect on the day immediately preceding such effective date, shall continue to apply.

Notes to Decisions

1.Generally

2.Non-compliance; propriety of dismissal

3.Timeliness of notice

4.Extension of time; sufficiency of showing

5.—Imposition of sanctions

1. Generally

Physician's negligent issuance of allegedly false statement to patient's disability insurer, indicating that patient had been partially disabled due to depression one year earlier, resulting in disclaimer of coverage for patient's heart attack on ground of omission of material information, did not constitute medical malpractice in absence of any claim that physician negligently diagnosed or treated patient or caused him any physical injury; thus, patient was not required to serve notice of medical malpractice action in order to maintain cause of action based on negligent issuance of statement. Pedulla v New York Life Ins. Co., 159 Misc. 2d 284, 603 N.Y.S.2d 988, 1993 N.Y. Misc. LEXIS 444 (N.Y. Sup. Ct. 1993).

2. Non-compliance; propriety of dismissal

Neither CLS CPLR § 3406(a) nor CLS Unif Sup & Cty Rls § 202.56 authorizes sanction of dismissal for plaintiff's noncompliance with notice requirement of statute, since statute contemplates dismissal only as sanction for noncompliance with special calendar control rules promulgated under CLS CPLR § 3406(b); to permit dismissal under § 3406(a) would defeat purpose of Medical Malpractice Reform Act to expedite malpractice litigation, in that collateral issue of notice compliance would be implicated. When notice is not timely filed under CLS CPLR § 3406(a) by plaintiff in medical malpractice action, defendant seeking expeditious resolution of underlying claim may move, even by order to show cause, to compel filing of notice; if plaintiff then disregards order, he may be deemed in willful violation either of calendar control rules of CLS CPLR § 3406(b), or of order directing discovery, both of which permit dismissal of action.

Tewari v Tsoutsouras, 75 N.Y.2d 1, 550 N.Y.S.2d 572, 549 N.E.2d 1143, 1989 N.Y. LEXIS 3124 (N.Y. 1989).

In medical malpractice action, court should have granted defendant's motion to dismiss complaint for failure to file notice of medical malpractice action within 60-day time limit of CLS CPLR § 3406(a) where plaintiff failed to demonstrate reasonable excuse for delay and meritorious claim. Kirschbaum v Brookdale Hosp. & Medical Center, 147 A.D.2d 530, 537 N.Y.S.2d 832, 1989 N.Y. App. Div. LEXIS 1623 (N.Y. App. Div. 2d Dep't 1989).

Dismissal of medical malpractice action is not authorized on ground that plaintiff failed to timely file notice of action pursuant to CLS CPLR § 3406(a). Ledlie v Moadel, 167 A.D.2d 371, 562 N.Y.S.2d 446, 1990 N.Y. App. Div. LEXIS 13636 (N.Y. App. Div. 2d Dep't 1990).

Dismissal of action is not authorized sanction for failure to timely serve and file notice of medical malpractice action pursuant to CLS CPLR § 3406(a). Settembrini v St. Joseph's Medical Center, 167 A.D.2d 530, 562 N.Y.S.2d 201, 1990 N.Y. App. Div. LEXIS 14324 (N.Y. App. Div. 2d Dep't 1990).

Dismissal of complaint was proper under CLS CPLR § 3406(b) and CLS Unif Tr Ct Rls § 202.56(b) where plaintiff failed to comply with trial court's directive to file certificate of readiness upon completion of discovery, and failed to seek extension of court's deadline for completing discovery. Puleo v Pagano, 203 A.D.2d 544, 612 N.Y.S.2d 935, 1994 N.Y. App. Div. LEXIS 4324 (N.Y. App. Div. 2d Dep't 1994).

In a medical malpractice action, defendants' cross motion to dismiss the complaint for failure to timely file a certificate of merit pursuant to CPLR 3412-a was properly denied because the failure to comply with CPLR 3412-a was analogous to noncompliance with this statute; the sanction of dismissal was not authorized. Fortune v New York City Health & Hosps. Corps., 193 A.D.3d 138, 142 N.Y.S.3d 54, 2021 N.Y. App. Div. LEXIS 1118 (N.Y. App. Div. 1st Dep't 2021).

3. Timeliness of notice

Plaintiff's notice of medical malpractice action was timely, although served more than 60 days after defendant hospital and three individual defendants served their answers, where plaintiff did file notice within 60 days of remaining defendant's answer, since NYCRR § 202.56 requires only that notice of malpractice be filed within "sixty days of joinder of issue by all defendant." Surleti v Stigliano, 134 Misc. 2d 456, 511 N.Y.S.2d 770, 1986 N.Y. Misc. LEXIS 3118 (N.Y. Sup. Ct. 1986).

In an action in which plaintiff, who filed two suits against defendant hospitals seeking damages for medical malpractice, appealed from two orders of the Supreme Court, Queens County, New York, which granted defendants' motions to dismiss Action No. 1 pursuant to the doctrine of law of the case and Action No. 2. as time barred, the outright dismissal of Action No. 1 against one defendant based upon the failure to file a notice of medical malpractice action was improper; there was no authority for the imposition of the sanction of dismissal for a plaintiff's failure to file a notice of medical malpractice action pursuant to N.Y. C.P.L.R. 3406(a) or 22 N.Y. Comp. Codes R. & Regs. tit. 202.56, except in the limited instance of the plaintiff's willful and deliberate disregard of either a court directive to file the notice or a condition imposed upon the granting of a motion to file late notice. Ciafone v New York Univ. Med. Ctr., 35 A.D.3d 780, 828 N.Y.S.2d 149, 2006 N.Y. App. Div. LEXIS 15755 (N.Y. App. Div. 2d Dep't 2006).

4. Extension of time; sufficiency of showing

Plaintiff's failure to timely file CLS CPLR § 3406(a) notice was not analogous to a pleading default, and thus plaintiff was entitled under CLS CPLR § 2004 to show "good cause" for extension of time despite absence of affidavit of merit; law office failure would be sufficient excuse where there was no evidence that defendant was prejudiced by delay. Tewari v Tsoutsouras, 75 N.Y.2d 1, 550 N.Y.S.2d 572, 549 N.E.2d 1143, 1989 N.Y. LEXIS 3124 (N.Y. 1989).

Trial court did not abuse its discretion in granting plaintiffs leave to serve late notice of medical malpractice action under CLS CPLR § 3406 where plaintiffs offered reasonable excuse for

delay, and exhibits and certificate of merit appended to motion papers demonstrated meritorious claim. Meyer v Hospital for Special Surgery, 156 A.D.2d 128, 548 N.Y.S.2d 882, 1989 N.Y. App. Div. LEXIS 15212 (N.Y. App. Div. 1st Dep't 1989).

Plaintiff's motion to serve late notice of medical malpractice action was properly granted where plaintiff made showing of "good cause" for delay, premised in law office failure, and there was no evidence that defendant had been prejudiced in any way. Nagi v Chan, 159 A.D.2d 278, 553 N.Y.S.2d 1, 1990 N.Y. App. Div. LEXIS 2660 (N.Y. App. Div. 1st Dep't 1990).

Defendant was not entitled to dismissal of medical malpractice action for plaintiffs' failure to comply with 90-day notice to file notice of issue where plaintiffs showed adequate merit through affidavit of medical expert, which explained alleged acts of malpractice and connected acts to injuries suffered by mother and allegedly wrongful death of newborn infant, and as excuse for delay, plaintiffs alleged that pre-calendar conference was never scheduled despite filing of request 2 years prior to 90-day notice, and that no appearance had been made before medical malpractice panel. Aaron v Donnenfeld, 162 A.D.2d 381, 556 N.Y.S.2d 919, 1990 N.Y. App. Div. LEXIS 7862 (N.Y. App. Div. 1st Dep't 1990).

Plaintiff was properly granted permission to file late certificate of merit required by CLS CPLR § 3012-a and late notice of medical malpractice action mandated by CLS CPLR § 3406(a) where omissions were due to inadvertence, plaintiff established legal merit to his complaint, and defendants made no claim of prejudice. Frisina v Jones, 167 A.D.2d 598, 562 N.Y.S.2d 846, 1990 N.Y. App. Div. LEXIS 13077 (N.Y. App. Div. 3d Dep't 1990).

Because a patient's claim of law office failure demonstrated the necessary good cause for an extension of time to serve a notice of medical malpractice action under N.Y. C.P.L.R. 2004, 3406(a), the trial court improvidently exercised its discretion in denying the motion. Russo v Pennings, 46 A.D.3d 795, 848 N.Y.S.2d 678, 2007 N.Y. App. Div. LEXIS 12897 (N.Y. App. Div. 2d Dep't 2007).

Late filing of notice of medical malpractice action was not jurisdictional defect and would be allowed where defendants were not prejudiced in any way; while statute requiring notice of medical malpractice action is phrased in mandatory terms, its express purpose is to facilitate case management. Trophia v Valvo, 136 Misc. 2d 925, 519 N.Y.S.2d 448, 1987 N.Y. Misc. LEXIS 2508 (N.Y. Sup. Ct. 1987).

CLS CPLR § 3406 and 22 NYCRR § 202.56, which permit discretionary consideration of permission for late filing of notice of malpractice action, do not permit dismissal of action as sanction for late filing since defendant has less draconian remedies for service of late notices, delays in discovery are generally punished by sanctions such as fines, not dismissal, and legislature's effort to obtain speedy decision on merits of malpractice cases is not served by litigation over whether notice is timely. Marte v Montefiore Medical Center, 142 Misc. 2d 745, 538 N.Y.S.2d 396, 1989 N.Y. Misc. LEXIS 111 (N.Y. Sup. Ct. 1989).

Leave would be granted to file late CLS CPLR § 3406(a) notice of malpractice action against podiatrist who did not oppose affidavit of merit in which plaintiff's expert factually detailed alleged acts constituting departures from good and accepted podiatric practice. But, leave would be denied to file late CLS CPLR § 3406(a) notice of malpractice action against hospital where independent podiatrist performed surgery on plaintiff as private patient, since expert's affidavit of merit recited only acts committed by podiatrist and thus failed to allege that hospital independently committed podiatric malpractice, and hospital was not vicariously liable for podiatrist's conduct because he was not its employee. Stare v Scholl, 144 Misc. 2d 198, 543 N.Y.S.2d 869, 1989 N.Y. Misc. LEXIS 419 (N.Y. Sup. Ct. 1989).

5. —Imposition of sanctions

Court would affirm grant of motion to file late notice of medical malpractice action under CLS CPLR § 3406(a); however, in light of 2-year delay caused by plaintiffs' failure to file notice, court would impose monetary sanction in amount of $750 to be paid by plaintiff's counsel to defendant

hospital. Negron v Hospital of Albert Einstein College of Medicine, 158 A.D.2d 408, 551 N.Y.S.2d 243, 1990 N.Y. App. Div. LEXIS 1880 (N.Y. App. Div. 1st Dep't 1990).

Plaintiff in medical malpractice action would be permitted to file late notice of action under CLS CPLR §§ 2004 and 3406, and 22 NYCRR § 202.56, regardless of merits of case, where plaintiff could be construed as having first raised issue by serving and filing late notice which defendants rejected in untimely fashion, parties had cooperated in discovery matters prior to motion, and no one complained of lack of notice; however, motion to file late notice would be granted on condition that plaintiff pay specified amount as sanction to client security fund. Marte v Montefiore Medical Center, 142 Misc. 2d 745, 538 N.Y.S.2d 396, 1989 N.Y. Misc. LEXIS 111 (N.Y. Sup. Ct. 1989).

Motion to file late notice of medical malpractice action would be granted, notwithstanding 15-month delay in making motion, where defendants did nothing to compel plaintiffs to file notice during such period and simply waited until motion for late filing to cross-move for dismissal; however, granting of motion would be on condition that plaintiffs' counsel pay $500 sanction to defendants out of their own funds. Calderon v Bronx Cross County Medical Group, 147 Misc. 2d 133, 555 N.Y.S.2d 229, 1990 N.Y. Misc. LEXIS 207 (N.Y. Sup. Ct. 1990).

Research References & Practice Aids

Cross References:

This section referred to in § 7558.

[Administration of the unified court system], CLS NY Const Art VI, § 28.

Preliminary conference, CLS Unif Tr Ctr Rls § 202.12.

Jurisprudences:

76 NY Jur 2d Malpractice §§ 85, 167, 267, 276– 278, 280, 282, 283, 301.

26 Am Jur Proof of Facts 3d 185, Discovery Date in Medical Malpractice Litigation.

Causes of Action:

Cause of Action Against Health Care Practitioner for Negligent Failure to Refer or Consult, 20 COA 333.

Cause of Action Against Hospital for Infection Contracted by Patient, 13 COA 491.

Cause of Action Against Hospital for Injury Suffered by Patient Fall, 9 COA 193.

Cause of Action Against Hospital for Injury or Death Resulting from Negligent Care or Custody of Mental Patient, 15 COA 651.

Cause of Action Against Hospital for Negligent Selection or Supervision of Medical Staff Member, 8 COA 427.

Cause of Action Against Hospital or Physician for Negligent Emergency Room Treatment, 1 COA2d 181.

Cause of Action for Malpractice by Anesthesiologist or Anesthetist, 6 COA 193.

Cause of Action for Malpractice of Dental or Oral Surgeon, 3 COA 547.

Cause of Action for Medical Malpractice Based on Misdiagnosis of or Failure to Diagnose Cancer, 13 COA 1.

Cause of Action for Medical Malpractice in Diagnosis or Treatment of Eye Conditions or Diseases, 23 COA 1.

Cause of Action for Medical Malpractice in the Diagnosis or Treatment of Heart Conditions and Diseases, 16 COA 1.

Cause of Action for Negligence or Malpractice of Psychiatrist, 1 COA 419.

Cause of Action Against Nursing Home for Injury to or Death of Patient, 9 COA 343.

Cause of Action Against Physician for Breach of Contract or Warranty, 22 COA 779.

Cause of Action Against Physician for Failure to Obtain Informed Consent, 5 COA 1.

Cause of Action Against Physician for Medical Malpractice Based on Foreign Object Left in Patient's Body, 9 COA 385.

Cause of Action Against Physician for Medical Malpractice in Performing Cosmetic Surgery, 18 COA 721.

Cause of Action Against Physician for Negligence in Prescribing Drugs or Medicines, 9 COA 1.

Cause of Action Against Physician for Obstetrical Malpractice, 7 COA 1.

Cause of Action Against Physician for Orthopedic Malpractice, 8 COA 1.

Cause of Action Against Physician for Wrongful Conception or Wrongful Pregnancy, 3 COA 83.

Cause of Action Against Physician or Other Health Care Practitioner for Wrongful Disclosure of Confidential Patient Information, 24 COA 503.

Cause of Action Against Physician or Surgeon for Breach of Duty of Attention and Care, 21 COA 1.

Cause of Action Against Provider of Mental Health Treatment for Injury Caused by Patient, 20 COA 89.

Cause of Action for Wrongful Birth or Wrongful Life, 7 COA 589.

Treatises

Matthew Bender's New York Civil Practice:

Weinstein, Korn & Miller, New York Civil Practice: CPLR Ch. 3406, Mandatory Filing and Pre-calendar Conference in Dental, Podiatric and Medical Malpractice Actions.

Matthew Bender's New York CPLR Manual:

CPLR Manual § 13.02. Extensions of time.

CPLR Manual § 15.02. The Individual Assignment System (IAS).

CPLR Manual § 19.09. Particular pleading requirements in certain actions.

CPLR Manual § 22.01. (Calendar Practice and Trial Preferences) Overview.

CPLR Manual § 22.05. Pretrial conferences.

Matthew Bender's New York AnswerGuides:

LexisNexis AnswerGuide New York Civil Litigation § 8.08. Filing Notice of Medical, Dental, or Podiatric Malpractice Actions With Clerk.

LexisNexis AnswerGuide New York Civil Litigation § 8.09. Scheduling and Purpose of Pre-Calendar Conference in Medical, Dental, or Podiatric Malpractice Actions.

LexisNexis AnswerGuide New York Negligence § 7.29. Filing Notice of Medical Malpractice Action.

LexisNexis AnswerGuide New York Negligence § 7.31. Understanding Court's Role in Supervision of Disclosure; Preliminary Conference.

Matthew Bender's New York Checklists:

Checklist for Preparing Initial Pleadings LexisNexis AnswerGuide New York Civil Litigation § 1.08.

Checklist for Complying With Special Rules in Medical, Dental, or Podiatric Malpractice Actions LexisNexis AnswerGuide New York Civil Litigation § 8.07.

Forms:

Bender's Forms for the Civil Practice Form No. CPLR 3406:1 et seq.

LexisNexis Forms FORM 380-17:601.— Notice of Medical, Dental or Podiatric Malpractice Action.

LexisNexis Forms FORM 521-14-3A.— Preliminary Conference Order for Medical, Dental or Podiatric Malpractice Action.

LexisNexis Forms FORM 521-20-22.— Notice of Medical, Dental or Podiatric Malpractice Action.

LexisNexis Forms FORM 521-14-3.— Notice of Medical, Dental or Podiatric Malpractice Action.

LexisNexis Forms FORM 1434-19180.— CPLR 3406: Notice of Medical, Dental or Podiatric Malpractice Action.

2 Medina's Bostwick Practice Manual (Matthew Bender), Forms 17:101 et seq .(calendar practice; trial preference).

Hierarchy Notes:

NY CLS CPLR, Art. 34