

(FOR OFFICE USE ONLY)

CIVIL COURT OF THE CITY OF NEW YORK
SMALL CLAIMS PART
STATEMENT OF CLAIM

INSTRUCTIONS:
Place only ONE letter or number in each space
and leave a blank space between words.

I CLAIMANT'S INFORMATION

(Your)
LAST NAME RIOTHSTEIN MIDDLE INITIAL
FIRST NAME TEI
ADDRESS 35 RIMS E ST
BOROUGH, CITY, STATE NY ZIP 11201
TOWN OR VILL. BROOKLYN
OTHER INFO
(Doing Business As or In Care Of)
PHONE NO. (718) 852 1551

II DEFENDANT'S INFORMATION

(Their)
LAST NAME LAPOINTE MIDDLE INITIAL
FIRST NAME PAUL
ADDRESS 108 E 88 ST #12
BOROUGH, CITY, STATE NY ZIP 10011
TOWN OR VILL. NEW YORK
OTHER INFO
(Doing Business As or In Care Of)
PHONE NO. (212) 777-0180

III CLAIM

Amount Claimed: \$ 941.40 (Maximum \$3,000) Date of Occurrence or Transaction: 6/5/95
Briefly state your claim here: (Include Identifying Number(s) — Receipt #, Account #, Policy #, Ticket #, License #)
Unpaid balance for completed professional services

If Automobile Accident (Note: Claim must be Owner against Owner.)

License Plate Number of Defendant's Car: _____ State: _____
Place of Occurrence of Accident: _____

6/7/95 Today's Date
Ted Rothstein Signature of Claimant or Agent

(FOR OFFICE USE ONLY)

SC# _____

CERT'D # _____

TODAY'S DATE _____

COA CODE _____

CLAIM AMT. \$ _____

FEE _____

STANDARD FEE PLUS POSTAGE

CLAIMANT V. DEFENDANT

NO FEE; POSTAGE ONLY

DEFENDANT V. THIRD PARTY

CLAIMANT V. ADD'L DEFENDANT

WAGE CLAIM TO \$300

RECEIPT # _____

LANGUAGE _____

DATE DATA ENTERED _____

DATE NOTICES MAILED _____

CASE TYPE:

MULTI DFT CTR/CLM

3 PARTY CRS/CMPLT

FIRST DATE _____

TRIAL DATE _____

DAY COURT

STATUTORY

OTHER