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

			STATEMENT (	OF CLAIM		
(Your)	I. CI	LAIMANT'S INFOR	RMATION			
LAST NAME	DINCER					
FIRST NAME	BARIS					MIDDLE INITIAL
ADDRESS (NO P.O. BOX)	BD2561, C	OLUMBIA STUDI	ENT MAIL, 70 MORNINGSII	DE DR.	_	
,	MANHAT	ΓAN, NEW YORK	STA	ATE NY Z	IP 10021	
	SECTION	155.74; 240.75				
oing Business As] [In Care Of ttention To] Circle One		E NO. (646) 256-36	509 EMAIL BOND	OSTRT@PROTO	NMAIL.CON	M
(Their)	II. D	EFENDANT'S INFO	DRMATION*			
LAST NAME	SULLIVA	N PROPERTIES, L	P.			
(or Full Business Name) FIRST NAME		·				MIDDLE INITIAL
ADDRESS (NO P.O. BOX)	101 WEST	55TH STREET				
BOROUGH CITY, TOWN OR VILL.	NEW YOR	RK	STA	ATE NY	ZIP 10019	
OTHER INFO		KER ORGANIZAT	TION			
Ooing Business As] [In Care Of Attention To] Circle One	PHON	E NO. (917) 843-34	456 EMAIL PRE	GAN@MSKYLIN	IE.COM	
	III. C	LAIM				
Amount Claimed: \$	2,785.54	(Maximu	m \$10,000.00) Date of Occ	currence or Transa	action:	05/31/2020
	Place of	occurrence, if Au	to Accident			
PRIMARY REASO	ON FOR CL	AIM (Check One):				
Damage caus		automobile	other personal property	real property		person
Failure to pr		proper repairs	proper services	proper merch	andise	goods paid for
Failure to re Failure to pa		<ul><li>✓ security</li><li>☐ salary</li></ul>	<ul><li>✓ property</li><li>☐ for services rendered</li></ul>	deposit insurance cla	im	money loaned
ranure to pa	•	rent	commissions	for goods sol		·ed
Breach of.		contract	lease	warranty	a ana acmvei	✓ agreement
Loss of:		☐ luggage	roperty property	✓ time from wo	rk	use of property
Returned: Other: (Be br	iaf	check (bounced)	☐ check (stopped)  OCKETS §26, §27, §50, AN	JD §75; IN `MEW	S` HSBC A	CCOUNT NO.: 258-XX
IDENTIFYING NU			#, Account #, Policy #, Ticket	t #, License #, Plat	te #'(s))	1386030
	12/23/2021	l				

(FOR OFFICE USE ONLY)

INDEX 1807 NSC 2021



	CERT'D #						
	COA CODE						
	CLAIM AMT.						
	\$						
	FEE						
	STANDARD FEE						
-	CLAIMANT V. DEFENDANT						
	NO FEE						
	☐ DEFENDANT V. THIRD PARTY ☐ CLAIMANT V. ADD'L DEFENDANT						
	POSTAGE ONLY						
	☐ WAGE CLAIM TO \$300						
	LANGUAGE						
	DATE DATA ENTERED						
	DATE NOTICES MAILED						
	CASE TYPE:						
	MULTI DFT ☐ CTR/CLM ☐						
	3 PARTY ☐ CRS/CMPLT ☐						
	FIRST DATE						
	DAY COURT						
# ct	☐ STATUTORY ☐ OTHER <b>business name</b> should he obtained from the						

Signature of Claimant or Agent

**Today's Date** 

<sup>\*</sup> DEFENDANT'S NAME: The <u>legal</u> name will be required in order to obtain an enforceable judgment. If the Defendant is a **business**, its full and correction of the County Clerk in the county in which the business is located or check on the following website: <u>www.dos.state.ny.us</u>.

DEFENDANT'S ADDRESS: YOU must indicate the proper <u>street address of</u> the Defendant. A Post Office Box is not acceptable.

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

(FOR	OFFICE	USE	ONLY)
------	--------	-----	-------

INDEX 1807 NSC 2021

(Your)	I. (	CLAIMANT'S INFOR	MATION				
LAST NAME	DINCER						
FIRST NAME	BARIS				MIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	BD2561,	COLUMBIA STUDE	NT MAIL, 70 MORNINGSI	DE DR.			
BOROUGH, CITY, TOWN OR VILL.	MANHA'	TTAN, NEW YORK	STA	ATE <u>NY</u> ZIP <u>10021</u>			
		N 155.74; 240.75					
[Doing Business As] [In Care Of Attention To] Circle One		NE NO. (646) 2 <u>56-36</u>	09 EMAIL BONI	DSTRT@PROTONMAIL.CO	OM	CERT'D#	
(Their)	II.	DEFENDANT'S INFO	RMATION*				
		AN PROPERTIES, L	P.			COA CODE	
(or Full Business Name) FIRST NAME					MIDDLE INITIAL	COA CODE	
ADDRESS (NO P.O. BOX)		ST 55TH STREET				CLAIM AMT.	
BOROUGH CITY, TOWN OR VILL.	NEW Y		ST.	ATE <b>N Y</b> ZIP 10019		FEE STANDARD FEE	
OTHER INFO	Paul R. F	Regan, Esq				☐ CLAIMANT V. D	EEENDANT
[Doing Business As] [In Care Of [Attention To] Circle One	7	NE NO. (917) 843-34	.56 EMAIL PRE	EGAN@MSKYLINE.COM		NO FEE	EFENDANT
		CLAIM				DEFENDANT V.	THIRD PARTY
A			n \$10,000.00) Date of Oc	ccurrence or Transaction:	05/31/2020	CLAIMANT V. A POSTAGE ONLY	DD'L DEFENDANT
Amount Claimed: \$					03/31/2020	☐ WAGE CLAIM TO	O \$300
		of occurrence, if Aut	o Accident			LANGUAGE	
PRIMARY REASC Damage caus		CLAIM (Check One):  automobile	d other newconel numbers				
Failure to pr	ovide:	proper repairs	other personal property proper services	real property proper merchandise	person goods paid for	DATE DATA ENTER	ED
Failure to re Failure to pa		security salary rent	<ul><li>✓ property</li><li>☐ for services rendered</li><li>☐ commissions</li></ul>	✓ deposit ☐ insurance claim ☐ for goods sold and deliv	✓ money loaned	DATE NOTICES MAI	ILED
Breach of.		contract	lease	warranty	☑ agreement	GAGE TYPE	
Loss of:		luggage	r property	time from work	use of property	CASE TYPE:	
Returned:	0	check (bounced)	check (stopped)			MULTI DFT □	CTR/CLM □
Other: (Be br	EXI	HIBITS §73 PAID, DO	OCKETS §26, §27, §50, A	ND §75; IN `MEWS` HSBC	ACCOUNT NO.: 258-XX	3 PARTY □	CRS/CMPLT □
IDENTIFYING N	,	· · · · · · · · · · · · · · · · · · ·	#, Account #, Policy #, Ticke	et #, License #, Plate #'(s))	1386030	FIRST DATE	
	12/23/20			G		DAY COURT	
	Γoday's D			Signature of Claimant or A	8	☐ STATUTORY	OTHER
* DEFENDANT'S N.	AME: The	legal name will be require	ed in order to obtain an enforcea	able judgment. If the Defendant i	s a business, its full and corre	et business name should	he obtained from the

FREE CIVIL COURT FORM
No fee may be charged to fill in this form

No fee may be charged to fill in this form. Form can be found at

<sup>\*</sup> DEFENDANT'S NAME: The <u>legal</u> name will be required in order to obtain an enforceable judgment. If the Defendant is a **business**, its full and cor Office of the County Clerk in the county in which the business is located or check on the following website: <u>www.dos.state.ny.us</u>. DEFENDANT'S ADDRESS: YOU must indicate the proper <u>street address of</u> the Defendant. A Post Office Box is <u>not acceptable</u>.

(Your)

I. CLAIMANT'S INFORMATION

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

(FOR OFFICE USE ONLY)

INDEX 1808 NSC 2021

LAST NAME DI	NCER				
FIRST NAME BA	RIS			MIDDLE INITIAL	<b>FINAL</b>
ADDRESS (NO P.O. BOX) BD	2561, COLUMBIA STUDI				
***************************************	W YORK, NEW YORK	STA	ATE NY ZIP 10021		
	E-PRESIDENT ID NO.: 9	39477-00048-00009-DOCKET	T153		
oing Business As] [In Care Of] ttention To] Circle One	PHONE NO. (646) 256-36		OSTRT@PROTONMAIL.C	OM	CERT'D#
(Their)	II. DEFENDANT'S INFO	DRMATION*			JERRY J.
	LLIVAN GP, LLC				COA CODE
(or Full Business Name) FIRST NAME				MIDDLE INITIAL .	COACODE
ADDRESS (NO P.O. BOX) 10	1 WEST 55TH STREET				CLAIM AMT.
BOROUGH CITY, TOWN OR VILL.	EW YORK, NY	STA	ATE NY ZIP 10019		FEE
OTHER INFO	E ZUCKER UKUANIZA I	TON LAURIE	ZUCKER		STANDARD FEE  CLAIMANT V. DEFENDANT
Doing Business As] [In Care Of] attention To] Circle One	PHONE NO. (212) 977-4		LIVANMEWS@MSKYLIN	NE.COM	NO FEE
	III. CLAIM				DEFENDANT V. THIRD PARTY CLAIMANT V. ADD'L DEFENDANT
Amount Claimed: \$7,7	52.72 (Maximus	m \$10,000.00) Date of Occ	currence or Transaction:	7/6/2020	POSTAGE ONLY
1	Place of occurrence, if Au	to Accident			WAGE CLAIM TO \$300
	OR CLAIM (Check One):	and the production of the second seco			LANGUAGE
Damage caused t		other personal property	☐ real property	person	DATE DATA ENTERED
Failure to provid		proper services	proper merchandise	goods paid for	DATE DATA ENTERED
Failure to return Failure to pay:	security salary	<ul><li>✓ property</li><li>☐ for services rendered</li></ul>	deposit insurance claim	☐ money loaned	DATE NOTICES MAILED
ranure to pay.	rent	commissions	for goods sold and deliv	vered	DATE NOTICES MAILED
Breach of.	contract	lease	warranty	✓ agreement	GLOD THE TOTAL T
Loss of:	luggage	r property	time from work	use of property	CASE TYPE:
Returned:	check (bounced)	check (stopped)			MULTI DFT ☐ CTR/CLM ☐
Other: (Be brief)	A BREACH OF CONTR	ACT, CUSTODIAN OF THE	E DEPOSIT HOLDS INTER	REST - ALLEGEDLY.	3 PARTY ☐ CRS/CMPLT ☐
		#, Account #, Policy #, Ticket	#, License #, Plate #'(s))	3749254	FIRST DATE
12/	/23/2021				DAY COURT
- 10000000	y's Date		Signature of Claimant or		STATUTORY DOTHER
* DEFENDANT'S NAME Office of the Cou	E: The <u>legal</u> name will be request, or the county in the	ired in order to obtain an enforcea which the business is located or	ble judgment. If the Defendant check on the following webs:	is a business, its full and correite: www.dos.state.ny.us.	ct business name should he obtained from the

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

No fee may be charged to fill in this form. Form can be found at

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

			01 02.11		
(Your)	I. CLAIMANT'S INFO	RMATION			
LAST NAME	DINCER				
FIRST NAME	BARIS			MIDDLE INITIAL	
ADDRESS	BD2561, COLUMBIA STUD	ENT MAIL, 70 MORNINGS	IDE DRIVE		
(NO P.O. BOX)	·				
TOWN OR VILL.	NEW YORK, NEW YORK	ST	TATE NY ZIP	10021	
OTHER INFO	VICE-PRESIDENT ID NO.: 9	39477-00048-00009-DOCKE	ET153		
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (646) 256-3	609 EMAIL BON	DSTRT@PROTONM	AII COM	
	II. DEFENDANT'S INF		DSTRT@TROTONNI	AIL.COM	CERT'D#
(Their)	SULLIVAN GP, LLC				
(or Full Business Name)	SULLIVAN OF, LLC				COA CODE
FIRST NAME				MIDDLE INITIAL	
ADDRESS	101 WEST 55TH STREET				CLAIM AMT.
(NO P.O. BOX) BOROUGH CITY,			1 1		<u>\$</u>
TOWN OR VILL.	NEW YORK, NY	ST	TATE NY ZIP	10019	FEE
OTHER INFO	LAURIE ZUCKER, VICE PE	RESIDENT			STANDARD FEE
Doing Business As] [In Care Of] Attention To] Circle One			LLIVANMEWS@MS	KYLINE COM	OCLAIMANT V. DEFENDANT NO FEE
	III. CLAIM	013	DELYTHAME WEGINES	KILINE.COM	DEFENDANT V. THIRD PARTY
					☐ CLAIMANT V. ADD'L DEFENDANT
Amount Claimed: \$	7,752.72 (Maximu	m \$10,000.00) Date of O	ccurrence or Transacti	on: 7/6/2020	POSTAGE ONLY  WAGE CLAIM TO \$300
	Place of occurrence, if Au	to Accident			LANGUAGE
PRIMARY REASO	N FOR CLAIM (Check One)	:			LANGUAGE
Damage caus		other personal property	_ , , ,	□ person	DATE DATA ENTERED
Failure to pro		proper services	proper merchand	8 F	DATE DATA ENTERED
Failure to ret		property	deposit	☐ money loaned	D. A THE MAN CHO MAN AND THE
Failure to pay		for services rendered	insurance claim		DATE NOTICES MAILED
	rent	commissions	for goods sold an		
Breach of.	contract	lease	warranty	agreement	CASE TYPE:
Loss of:	luggage	property	✓ time from work	use of property	MULTI DFT □ CTR/CLM □
Returned: Other: (Be brid	check (bounced)	check (stopped)			MULTI DFT ☐ CTR/CLM ☐
Other. (De on	A BREACH OF CONTI	RACT, CUSTODIAN OF TH	E DEPOSIT HOLDS	INTEREST - ALLEGEDLY.	3 PARTY ☐ CRS/CMPLT ☐
IDENTIFYING NU	MBER(S) - (Receipt #, Claim	#, Account #, Policy #, Tick	et #, License #, Plate #	'(s)) 3749254	FIRST DATE
	12/23/2021				DAYCOURT
	oday's Date		Signature of Claima	int or Agent	DAY COURT
* DEFENDANT'S NA	ME: The legal name will be requ	ired in order to obtain an enforce	able judgment. If the Det	fendant is a <b>business</b> , its full and corre	☐ STATUTORY ☐ OTHER cet business name should he obtained from the
Office of the 0	County Clerk in the county in	which the business is located o	r check on the following	g website: <b>www.dos.state.ny.us</b> .	FREE CIVIL COURT FORM
DEFENDANT'S AD	DRESS: YOU must indicate the	proper street address of the Defer	ndant. A Post Office Box	is not acceptable.	No fee may be charged to fill in this form.

(Your)

I. CLAIMANT'S INFORMATION

CIVIL COURT OF THE CITY OF NEW	<b>YORK</b>
SMALL CLAIMS PART	
STATEMENT OF CLAIM	

LAST NAME DINCER MIDDLE INITIAL FIRST NAME BARIS **ADDRESS** bd2561, Columbia Student Mail, 70 Morningside Drive (NO P.O. BOX) BOROUGH, CITY, New York, New York STATE NY ZIP 10027-7236 TOWN OR VILL. OTHER INFO [Doing Business As] [In Care Of] PHONE NO. (646) 256-3609 EMAIL BONDSTRT@PROTONMAIL.COM [Attention To] Circle One CERT'D# II. DEFENDANT'S INFORMATION\* (Their) LAST NAME MANHATTAN SKYLINE, LLC COA CODE (or Full Business Name) FIRST NAME MIDDLE INITIAL **ADDRESS** CLAIM AMT. 101 WEST 55TH ST. (NO P.O. BOX) \$ BOROUGH CITY, **NEW YORK** FEE STATE | N | Y ZIP 10019 TOWN OR VILL STANDARD FEE OTHER INFO Joseph Giamboi, General Counsel ☐ CLAIMANT V. DEFENDANT [Doing Business As] [In Care Of] PHONE NO. (212) 907-9600 EMAIL JGIAMBOI@MSKYLINE.COM Attention Tol Circle One NO FEE DEFENDANT V. THIRD PARTY III. CLAIM ☐ CLAIMANT V. ADD'L DEFENDANT **POSTAGE ONLY** 7/23/2020 (Maximum \$10,000.00) Date of Occurrence or Transaction: Amount Claimed: \$ 2.569.72 ☐ WAGE CLAIM TO \$300 Place of occurrence, if Auto Accident LANGUAGE PRIMARY REASON FOR CLAIM (Check One): Damage caused to: automobile other personal property real property person DATE DATA ENTERED proper services proper merchandise Failure to provide: proper repairs goods paid for Failure to return: security property deposit money loaned insurance claim salary for services rendered DATE NOTICES MAILED Failure to pay: commissions rent for goods sold and delivered Breach of. lease contract warranty ✓ agreement CASE TYPE: Loss of: use of property luggage property ✓ time from work MULTI DFT CTR/CLM Returned: ☐ check (stopped) ☐ check (bounced) Other: (Be brief) \$2,569.72 IN UNAUTHORIZED CHARGES, UNLAWFUL LEGAL FEES [ITEM 153] DOS 4726985 3 PARTY  $\square$ CRS/CMPLT □ FIRST DATE IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 4726985 12/22/2021 DAY COURT **Today's Date** Signature of Claimant or Agent ☐ STATUTORY OTHER \* DEFENDANT'S NAME: The legal name will be required in order to obtain an enforceable judgment. If the Defendant is a business, its full and correct business name should be obtained from the Office of the County Clerk in the county in which the business is located or check on the following website: www.dos.state.ny.us. FREE CIVIL COURT FORM DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

(FOR OFFICE USE ONLY)

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No fee may be charged to fill in this form. Form can be found at

CIV-SC-50 (Revised 01/28/21)

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

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

INDEX 1801 NSC

(Your)	I. CLAIMANT'S INFO	RMATION			
LAST NAME	DINCER				
FIRST NAME	BARIS			MIDDLE INITIAL	
ADDRESS	bd2561, Columbia Student Ma	iil, 70 Morningside Drive			
(NO P.O. BOX)  BOROUGH, CITY, TOWN OR VILL.  OTHER INFO	New York, New York	ST	ATE NY ZIP 10027-7	236	
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (646) 256-3	609 EMAIL BON	DSTRT@PROTONMAIL.CC	9M	CERT'D#
(Their)	II. DEFENDANT'S INF		<u>~</u>		CERT D#
LAST NAME	MANHATTAN SKYLINE, I	LC			204 2005
(or Full Business Name) FIRST NAME				MIDDLE INITIAL	COA CODE
ADDRESS	101 WEGT 55TH OT				CLAIM AMT.
(NO P.O. BOX)	101 WEST 55TH ST.				\$
BOROUGH CITY, TOWN OR VILL.	NEW YORK	ST	ATE <b>N Y</b> ZIP 10019		FEE
OTHER INFO	THE LLC, Service of Process	Name			STANDARD FEE
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (212) 907-9		inistration@mskyline.com		CLAIMANT V. DEFENDANT NO FEE
	III. CLAIM				DEFENDANT V. THIRD PARTY
Amount Claimed: \$	2 560 72 (Maximi	m \$10,000.00) Date of Oc	ccurrence or Transaction:	7/23/2020	CLAIMANT V. ADD'L DEFENDANT POSTAGE ONLY
Amount Claimed. \$	<u> </u>				☐ WAGE CLAIM TO \$300
DDIM A DV DE A CO	Place of occurrence, if Au				LANGUAGE
Damage cause	N FOR CLAIM (Check One) ed to:	other personal property	real property	person	
Failure to pro		proper services	proper merchandise	goods paid for	DATE DATA ENTERED
Failure to ret		property	deposit	☐ money loaned	
Failure to pay		for services rendered	insurance claim		DATE NOTICES MAILED
<b>D</b> 1 C	rent	commissions	for goods sold and delive		
Breach of. Loss of:	contract	☐ lease	warranty	<ul><li>agreement</li><li>use of property</li></ul>	CASE TYPE:
Returned:	☐ luggage☐ check (bounced)	✓ property  ☐ check (stopped)	✓ time from work	use of property	MULTI DFT □ CTR/CLM □
Other: (Be brid	A)	` ** /	WFUL LEGAL FEES [ITEM	153] DOS 4726985	3 PARTY ☐ CRS/CMPLT ☐
IDENTIFVING NII	MRFR(S) - (Receipt # Clain	#, Account #, Policy #, Ticke	at # Licansa # Plata #'(s))	4726985	FIRST DATE
IDENTIFY TING NO	12/22/2021	π, Account π, I oney π, Tieke	t #, Electise #, I late # (s))	4720903	
	oday's Date		Signature of Claimant or A	gent	DAY COURT
-		ired in order to obtain an enforce	8	8	□ STATUTORY □ OTHER  ct <b>business name</b> should he obtained from the
Office of the O	County Clerk in the county in	which the business is located or	check on the following websit	e: www.dos.state.ny.us.	FREE CIVIL COURT FORM

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

No fee may be charged to fill in this form. Form can be found at

(Your)

I. CLAIMANT'S INFORMATION

# CIVIL COURT OF THE CITY OF NEW YORK **SMALL CLAIMS PART**

# STATEMENT OF CLAIM

` '								
LAST NAME	DINCE	R						AIA
FIRST NAME	BARIS					MIDDLE INITIAL		NA
ADDRESS (NO P.O. BOX)	bd2561, Columbia Student Mail, 70 Morningside Drive							
BOROUGH, CITY, TOWN OR VILL.	New Yo	rk, New York	ST	TATE NY	ZIP <u>10027-7236</u>	· 		
			EW YORK, NY, 10012 IN T	HE FORMER				
Doing Business As] [In Care Of Attention To] Circle One	] PH0	ONE NO. (646) 2 <u>56-36</u>	09 EMAIL BON	DSTRT@PRC	TONMAIL.COM		   CERT'D #	
(Their)	П.	DEFENDANT'S INFO	RMATION*					
	MANH	ATTAN SKYLINE MA	ANAGEMENT CORP.				COA CODE	
(or Full Business Name) FIRST NAME						MIDDLE INITIAL	COA CODE	
ADDRESS (NO P.O. BOX)		55TH STREET					CLAIM AMT.	
BOROUGH CITY, TOWN OR VILL.	NEW Y	ORK	ST	TATE NY	ZIP 10019		FEE STANDARD FEE	
OTHER INFO Doing Business As] [In Care Of	DOINT	LD ZUCKER, Chief Ex	ecutive Officer				☐ CLAIMANT V.	
Attention To] Circle One	PHO	ONE NO. (212) 907-96	600 EMAIL LEG	GAL@MSKYI	LINE.COM		NO FEE	
	Ш	. CLAIM					DEFENDANT \ CLAIMANT V.	
Amount Claimed: \$	8,106.2	1 (Maximun	n \$10,000.00) Date of O	ccurrence or T	ransaction:	12/21/2021	POSTAGE ONLY	
	Place	e of occurrence, if Aut	o Accident				WAGE CLAIM 1	O \$300
PRIMARY REASO		CLAIM (Check One):					LANGUAGE	
Damage caus		automobile	other personal property	☐ real prop	erty	person	DATE DATA ENTE	- CDED
Failure to pr	ovide:	proper repairs	proper services	proper m	nerchandise	goods paid for	DATE DATA ENTE	KED
Failure to re		security	property	deposit	1-1	☐ money loaned		
Failure to pa	ıy:	salary	☐ for services rendered ☐ commissions	insuranc		1	DATE NOTICES MA	AILED
Breach of.		rent contract		u for good warranty	s sold and delivered			
Loss of:		luggage	rease property	✓ time from		<ul><li>agreement</li><li>use of property</li></ul>	CASE TYPE:	
Returned:		check (bounced)	check (stopped)	_ time nor	n work	_ use of property	MULTI DFT □	CTR/CLM □
Other: (Be br	rief) \$2	` ′	IY CREDIT CARD, THE B	ALANCE WA	S NOT WIRED.		3 PARTY □	CRS/CMPLT
IDENTIFYING NU	UMBER(	(S) - (Receipt #, Claim	#, Account #, Policy #, Ticke	et #, License #,	Plate #'(s)) 9	39477	FIRST DATE	
	12/22/2	021					DAY COURT	
	Γoday's I	Date		Signature of	Claimant or Agen	nt	□ STATUTORY	OTHER
* DEFENDANT'S NA Office of the	AME: The	e <u>legal</u> name will be requir Clerk in the county in w	red in order to obtain an enforce which the business is located o	able judgment. I	f the Defendant is a bound of	ousiness, its full and corre www.dos.state.ny.us.	ect business name shou FREE CIVII	ld he obtained from

(FOR OFFICE USE ONLY)

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•	CERT'D # 
	COA CODE
	CLAIM AMT.
	\$
	FEE
	STANDARD FEE
-	CLAIMANT V. DEFENDANT
	NO FEE  ☐ DEFENDANT V. THIRD PARTY ☐ CLAIMANT V. ADD'L DEFENDANT POSTAGE ONLY
	☐ WAGE CLAIM TO \$300
	LANGUAGE
	DATE DATA ENTERED
	DATE NOTICES MAILED
	CASE TYPE:
	MULTI DFT ☐ CTR/CLM ☐
	3 PARTY ☐ CRS/CMPLT ☐
	FIRST DATE
-	DAY COURT
ec	☐ STATUTORY ☐ OTHER t business name should he obtained from the

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

(FOR OFFICE USE ONLY)

INDEX 1800 NSC 2021

(Your)	I. CLAIMAI	NT'S INFORMA	ATION					
LAST NAME	DINCER							
FIRST NAME	BARIS				M	IIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	bd2561, Columbia	Student Mail, 70	0 Morningside Drive					
,	New York, New Yo	ork	STA	TE <u>NY</u> ZIP	10027-7236			
	RE: 111 SULLIVA	N #2BR, NEW	YORK, NY, 10012 IN TH	E FORMER				
[Doing Business As] [In Care Of Attention To] Circle One		(646) 256-3609	email BOND	STRT@PROTONN	AIL.COM		OFPTID #	
(Their)		ANT'S INFORM					CERT'D#	
` /	MANHATTAN S	KYLINE MAN	AGEMENT CORP.					
(or Full Business Name)							COA CODE	
FIRST NAME					M	IIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	101 W 55TH STR	EET					CLAIM AMT.	
BOROUGH CITY,	NEW YORK		CT A	TE NIN ZIE	10010		\$ FEE	
TOWN OR VILL.					10019		STANDARD FEE	
OTHER INFO	THE CORPORAT	ION, Service of	f Process Name and Addres	SS			CLAIMANT V. D	)FFFNDANT
[Doing Business As] [In Care Of [Attention To] Circle One	PHONE NO. (	(212) 907-9600	EMAIL LEGA	AL@MSKYLINE.C	COM		NO FEE	
	III. CLAIM						DEFENDANT V.	THIRD PARTY
	0.106.21	(Marrianova C1	0.000.00) Data of Oca			12/21/2021	POSTAGE ONLY	ADD'L DEFENDANT
Amount Claimed: \$	8 8,106.21	(Maximum \$1	0,000.00) Date of Occ	currence or Transact	.1011:	12/21/2021	□ WAGE CLAIM TO	O \$300
	Place of occurr	· · · · · · · · · · · · · · · · · · ·	ccident				LANGUAGE	
PRIMARY REASO		· ·						
Damage caus Failure to pr			other personal property proper services	<ul><li>real property</li><li>proper merchan</li></ul>	dise	<ul><li>□ person</li><li>□ goods paid for</li></ul>	DATE DATA ENTER	RED
Failure to pr		_	property	deposit	disc	money loaned		
Failure to pa			for services rendered	insurance claim	l	inoney todated	DATE NOTICES MA	ILED
•	□ rent		commissions	for goods sold	and delivered			
Breach of.	contr	act	lease	warranty		agreement	CASE TYPE:	
Loss of:	lugga 🗌		property	itime from work		use of property	_	
Returned: Other: (Be br	i.es	` ′	check (stopped)				MULTI DFT □	CTR/CLM □
other. (De or	\$2.00 REFUN	NDED TO MY (	CREDIT CARD, THE BA	LANCE WAS NOT	WIRED.		3 PARTY □	CRS/CMPLT □
IDENTIFYING NU	U <b>MBER(S) - (Recei</b>	ipt #, Claim #, A	Account #, Policy #, Ticket	#, License #, Plate	#'(s)) 939	9477	FIRST DATE	
	12/22/2021						DAY COURT	
7	Today's Date			Signature of Claim	ant or Agent		DAY COURT	Пожить
* DEFENDANT'S N	AME: The <u>legal</u> name	will be required i	in order to obtain an enforceal h the business is located or	ole judgment. If the D	efendant is a <b>bu</b>	siness, its full and correc	∦ □ STATUTORY ct <b>business name</b> should	OTHER d he obtained from the
			h the business is located or or street address of the Defend					COURT FORM ged to fill in this form.
PELENDANISA	DEATEDD. I OU MUST	mareate the prope	a <u>sasci address or</u> the Delend	min 11 1 001 Office DO	s is not acceptat	<u>010</u> .	Two ree may be cliat	god to min in tills form.

# CIVIL COURT OF THE CITY OF NEW YORK SMALL CLAIMS PART

STATEMENT OF CLAIM

I. CLAIMANT'S INFORMATION (Your) LAST NAME DINCER FIRST NAME BARIS MIDDLE INITIAL **ADDRESS** bd2561, Columbia Student Mail, 70 Morningside Drive (NO P.O. BOX) BOROUGH, CITY, NEW YORK STATE NY ZIP 10027-7236 TOWN OR VILL. OTHER INFO REF.: 2238260 [Doing Business As] [In Care Of] PHONE NO. (646) 256-3609 EMAIL BONDSTRT@PROTONMAIL.COM [Attention To] Circle One CERT'D# II. DEFENDANT'S INFORMATION\* (Their) LAST NAME INGRAM YUZEK GAINEN CARROLL & BERTOLOTTI, LLP COA CODE (or Full Business Name) FIRST NAME MIDDLE INITIAL ADDRESS CLAIM AMT. 250 PARK AVENUE, 6TH FLOOR (NO P.O. BOX) BOROUGH CITY, STATE NIY **NEW YORK** FEE ZIP 10177 TOWN OR VILL. STANDARD FEE OTHER INFO Shari Laskowitz, DOS ID: 2238260 CLAIMANT V. DEFENDANT [Doing Business As] [In Care Of] PHONE NO. (212) 907-9635 EMAIL slaskowitz@ingramllp.com Attention Tol Circle One NO FEE DEFENDANT V. THIRD PARTY III. CLAIM ☐ CLAIMANT V. ADD'L DEFENDANT 6/24/2020 POSTAGE ONLY (Maximum \$10,000.00) Date of Occurrence or Transaction: Amount Claimed: \$8,108,21 ☐ WAGE CLAIM TO \$300 Place of occurrence, if Auto Accident LANGUAGE PRIMARY REASON FOR CLAIM (Check One): Damage caused to: automobile other personal property real property person DATE DATA ENTERED proper services proper merchandise Failure to provide: proper repairs goods paid for Failure to return: property money loaned security deposit insurance claim salary DATE NOTICES MAILED Failure to pay: for services rendered commissions rent for goods sold and delivered Breach of. lease contract warranty agreement CASE TYPE: use of property Loss of: luggage property ime from work MULTI DFT CTR/CLM Returned: check (bounced) check (stopped) Other: (Be brief) Miss Laskowitz refuses to respond to me, I included the \$8106.21 on top of the \$2 last paid and registered. 3 PARTY CRS/CMPLT FIRST DATE IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 55366586, 279090 12/16/2021 DAY COURT **Today's Date** Signature of Claimant or Agent ☐ STATUTORY OTHER \* DEFENDANT'S NAME: The legal name will be required in order to obtain an enforceable judgment. If the Defendant is a business, its full and correct business name should be obtained from the Office of the County Clerk in the county in which the business is located or check on the following website: www.dos.state.ny.us.

(FOR OFFICE USE ONLY)

INDEX 1762 NSC 2021

FREE CIVIL COURT FORM

No fee may be charged to fill in this form. Form can be found at

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

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

(FOR OFFICE USE ONLY)

(Your)	I. CLAIMANT'S INFOR	MATION				
LAST NAME	DINCER					
FIRST NAME	BARIS			MIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	bd2561, Columbia Student Ma	il, 70 Morningside Drive				
BOROUGH, CITY, TOWN OR VILL	NEW YORK	ST	ATE NY ZIP 10027-	7236		
	REF.: 2238260					
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (646) 256-36	609 EMAIL BON	DSTRT@PROTONMAIL.C	OM	CERT'D#	
(Their)	II. DEFENDANT'S INFO	RMATION*			SEITT D'II	
	LASKOWITZ				COA CODE	
(or Full Business Name) FIRST NAME	SHARI			MIDDLE INITIAL	COACODE	
ADDRESS	150 EAST 42ND STREET, 19	OTH ELOOP		MIDDLE INTIAL	CLAIM AMT.	
(NO P.O. BOX)	130 EAST 42ND STREET, 15	TH FLOOR			S	
BOROUGH CITY, TOWN OR VILL.	NEW YORK	ST	ATE NY ZIP 10017		FEE	
OTHER INFO	INGRAM YUZEK GAINEN	CARROLL & BERTOLOTTI	I. LLP		STANDARD FEE	
[Doing Business As] [In Care Of] [Attention To] Circle One			kowitz@ingramllp.com		OCLAIMANT V. DI	EFENDANT
	III. CLAIM				DEFENDANT V.	
Amount Claimade ©		m \$10,000.00) Date of Oc	ccurrence or Transaction:	6/24/2020	CLAIMANT V. AI	DD'L DEFENDANT
Amount Claimed: \$	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		currence of Transaction.	200 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ WAGE CLAIM TO	\$300
PP 11 4 1 PV PP 4 6 0	Place of occurrence, if Au	Control of the Contro			LANGUAGE	9.986853-866
PRIMARY REASO Damage caus	N FOR CLAIM (Check One): ed to:  automobile	other personal property	□ rool proporty	Пиотоп	0	
Failure to pr		proper services	real property proper merchandise	<ul><li>person</li><li>goods paid for</li></ul>	DATE DATA ENTER	ED
Failure to re		property	☐ deposit	money loaned		
Failure to pa		for services rendered	insurance claim		DATE NOTICES MAI	LED
is militaria. Sentenci	□ rent	commissions	for goods sold and deli	vered		
Breach of.	✓ contract	lease	☐ warranty	✓ agreement	CASE TYPE:	
Loss of:	☐ luggage	property	ime from work	use of property	CASE ITPE:	
Returned:	check (bounced)	check (stopped)			MULTI DFT	CTR/CLM □
Other: (Be bri	Miss Laskowitz refuses to	respond to me, I included th	e \$8106.21 on top of the \$2	last paid and registered.	3 PARTY □ (	CRS/CMPLT
IDENTIFYING NU	MBER(S) - (Receipt #, Claim	#, Account #, Policy #, Ticke	et #, License #, Plate #'(s))	55366586, 279090	FIRST DATE	
	12/16/2021				DAY COURT	
Т	oday's Date	()————————————————————————————————————	Signature of Claimant or	Agent		Потигр
* DEFENDANT'S NA Office of the	ME: The <u>legal</u> name will be required to the county of the county in very county of the county in very county in the county in very county in the county in very county in the county in	red in order to obtain an enforce which the business is located or	able judgment. If the Defendant r check on the following webs	is a <b>business</b> , its full and correite: www.dos.state.ny.us.	ct business name should	he obtained from the

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

(FOR OFFICE USE ONLY)

(Your)	I. CLAIMANT'S INFOR	RMATION				
LAST NAME I	DINCER					
FIRST NAME I	BARIS			MIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	od2561, Columbia Student Ma	il, 70 Morningside Drive				
BOROUGH, CITY, NOWN OR VILL.	NEW YORK	ST	ATE NY ZIP 10027-	7236		
OTHER INFO I	REF.: 2238260					
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (646) 256-36	609 EMAIL BON	DSTRT@PROTONMAIL.C	OM	CERT'D#	
(Their)	II. DEFENDANT'S INFO	ORMATION*			CERT D#	
	INGRAM YUZEK GAINEN	CARROLL & BERTOLOTT	I, LLP		COA CODE	
(or Full Business Name) FIRST NAME				MIDDLE INITIAL	COACODE	
ADDRESS	250 DARK AMENIE CERE	LOOD		MIDDLE INITIAL	CLAIM AMT.	
(NO F.O. BOX)	250 PARK AVENUE, 6TH F	LOOK	400 TUS		s	
BOROUGH CITY, TOWN OR VILL.	NEW YORK	ST	ATE <b>N Y</b> ZIP 10177		FEE	
	Cory Weiss, DOS ID: 223826	0			STANDARD FEE	
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (212) 907-9		kowitz@ingramllp.com		O CLAIMANT V. DEFENDANT NO FEE	
· included To J Cliffee Gale	III. CLAIM	51051	xowitz@iiigraiiiip.coiii		DEFENDANT V. THIRD PARTY	8
		\$10,000,000 B + \$0	T	6/24/2020	CLAIMANT V. ADD'L DEFENDA POSTAGE ONLY	ANT
Amount Claimed: \$	8,108.21 (Maximu	m \$10,000.00) Date of Oc	ccurrence or Transaction:	6/24/2020	☐ WAGE CLAIM TO \$300	
	Place of occurrence, if Au	The state of the s			LANGUAGE	
	N FOR CLAIM (Check One):					
Damage cause Failure to pro		<ul><li>other personal property</li><li>proper services</li></ul>	real property proper merchandise	<ul><li>□ person</li><li>☑ goods paid for</li></ul>	DATE DATA ENTERED	
Failure to pro		property	deposit	money loaned		
Failure to pay		for services rendered	insurance claim	inoney rounce	DATE NOTICES MAILED	
	□ rent	commissions	for goods sold and deli	vered		
Breach of.	<ul> <li>contract</li> </ul>	lease	☐ warranty	agreement	CASE TYPE:	
Loss of:	☐ luggage	roperty property	ime from work	use of property		
Returned: Other: (Be brie	check (bounced)	check (stopped)			MULTI DFT ☐ CTR/CLM ☐	
Other. (Be one	Miss Laskowitz refuses t	o respond to me, I included th	e \$8106.21 on top of the \$2	last paid and registered.	3 PARTY ☐ CRS/CMPLT ☐	
IDENTIFYING NU	MBER(S) - (Receipt #, Claim	#, Account #, Policy #, Ticke	t #, License #, Plate #'(s))	55366586, 279090	FIRST DATE	
	12/16/2021				DAY COURT	
1	oday's Date		Signature of Claimant or	8	STATUTORY DOTHER	
* DEFENDANT'S NA Office of the C	ME: The <u>legal</u> name will be required County Clerk in the county in v	ired in order to obtain an enforce which the business is located or	able judgment. If the Defendant check on the following webs	is a <b>business</b> , its full and correite: <a href="https://www.dos.state.ny.us">www.dos.state.ny.us</a> .	ct business name should he obtained from FREE CIVIL COURT FORM	n the

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

(Your)	I. CLAIMANT'S INFOR	MATION			INDEX	1762 NSC 2021
LAST NAME	DINCER				III III	110211002021
FIRST NAME	BARIS			MIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	bd2561, Columbia Student Ma	l, 70 Morningside Drive				
BOROUGH, CITY, TOWN OR VILL.	NEW YORK	ST	ATE NY ZIP 10027-	7236		
OTHER INFO	REF.: 2238260					
[Doing Business As] [In Care Of]	PHONE NO. (646) 256-36	00 ENGLY DON	DOTTO TO DE COMMANDO	2014		
[Attention To] Circle One	II. DEFENDANT'S INFO		DSTRT@PROTONMAIL.C	OM	CERT'D#	
(Their)						
LAST NAME (or Full Business Name)	INGRAM YUZEK GAINEN	CARROLL & BERTOLOTT	I, LLP		COA CODE	
	THE PARTNERSHIP			MIDDLE INITIAL		
ADDRESS	250 PARK AVENUE, 6TH FI	OOP			CLAIM AMT.	
(NO P.O. BOX)	250 FARR AVENUE, 0111 FI	JOOK			S	
BOROUGH CITY, TOWN OR VILL.	NEW YORK	ST	ATE NY ZIP 10177		FEE	
	Service of Process DOS				STANDARD FEE	
[Doing Business As] [In Care Of]		CALL EMAIL			CLAIMANT V. D	EFENDANT
[Attention To] Circle One	PHONE NO. (212) 907-90	535 EMAIL slash	kowitz@ingramllp.com		NO FEE	
	III. CLAIM				DEFENDANT V.	THIRD PARTY
Amount Claimed: \$	8.108.21 (Maximur	n \$10,000.00) Date of Oc	ccurrence or Transaction:	6/24/2020	POSTAGE ONLY	IDD E DEI EITD/IIT
	3,133.21				☐ WAGE CLAIM TO	O \$300
DDIMARY DE 160	Place of occurrence, if Aut	o Accident			LANGUAGE	
Damage caus	N FOR CLAIM (Check One): ed to: automobile	other personal property	real property	person	p	
Failure to pro		proper services	proper merchandise	goods paid for	DATE DATA ENTER	RED
Failure to ret		property	☐ deposit	money loaned		
Failure to pa		for services rendered	insurance claim	_ money rounce	DATE NOTICES MA	ILED
•	□ rent	commissions	for goods sold and deli	vered		
Breach of.	✓ contract	lease	warranty	✓ agreement	CASE TYPE:	
Loss of:	☐ luggage	property	ime from work	use of property	CASE I TPE:	
Returned:	check (bounced)	check (stopped)			MULTI DFT	CTR/CLM □
Other: (Be bri	Miss Laskowitz refuses to	respond to me, I included th	e \$8106.21 on top of the \$2	last paid and registered.	3 PARTY □	CRS/CMPLT
IDENTIFYING NU	MBER(S) - (Receipt #, Claim	#, Account #, Policy #, Ticke	et #, License #, Plate #'(s))	55366586, 279090	FIRST DATE	
	12/16/2021				DAY COURT	
Tadayle Data			Signature of Claimant or		Потирг	
* DEFENDANT'S NA	ME: The <u>legal</u> name will be requi	red in order to obtain an enforce	able judgment. If the Defendant	is a business, its full and correc	t business name should	the obtained from the
Office of the	County Clerk in the county in v	villen the business is located of	check on the following webs	ne. www.uos.state.ny.us.	FREE CIVIL	COURT FORM

DEFENDANT'S ADDRESS: YOU must indicate the proper street address of the Defendant. A Post Office Box is not acceptable.

No fee may be charged to fill in this form.

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

(FOR OFFICE USE ONLY)

(Your)	I. CLAIMANT'S INFOR	RMATION				
LAST NAME	DINCER					
FIRST NAME	BARIS			MIDDLE INITIAL		
ADDRESS (NO P.O. BOX)	bd2561, Columbia Student Ma	il, 70 Morningside Drive		_		
BOROUGH, CITY, TOWN OR VILL.	NEW YORK	ST	ATE NY ZIP 10027-	7236		
OTHER INFO						
[Doing Business As] [In Care Of] [Attention To] Circle One	PHONE NO. (646) 256-36	609 EMAIL BON	DSTRT@PROTONMAIL.C	OM	CERT'D#	
(Their)	II. DEFENDANT'S INFO	DRMATION*			CERT D#	
	INGRAM YUZEK GAINEN	CARROLL & BERTOLOTT	I, LLP		COA CODE	
(or Full Business Name) FIRST NAME				MIDDLE INITIAL	COACODE	
ADDRESS	250 DADY AVENUE CTUE	COOR		MIDDLE INITIAL	CLAIM AMT.	
(NO P.O. BOX)	250 PARK AVENUE, 6TH F	LOOK	421 TVI		s	
BOROUGH CITY, TOWN OR VILL.	NEW YORK	ST	ATE <b>N</b>   Y ZIP 10177		FEE	
	THE PARTNERSHIP [ Service	e of Process Name and Addre	ess: 2238260 1		STANDARD FEE	
[Doing Business As] [In Care Of] [Attention To] Circle One			kowitz@ingramllp.com		CLAIMANT V. DE	FENDANT
·	III. CLAIM				DEFENDANT V. 1	HIRD PARTY
		" \$10,000,00\\ Data of Oc	annona ar Transaction.	6/24/2020	CLAIMANT V. AD POSTAGE ONLY	D'L DEFENDANT
Amount Claimed: \$	8,108.21 (Maximum	m \$10,000.00) Date of Oc	ccurrence or Transaction:	3-12-12-1	☐ WAGE CLAIM TO	\$300
	Place of occurrence, if Au	CONTRACTOR			LANGUAGE	18.000-2010-201
PRIMARY REASO Damage caus	N FOR CLAIM (Check One): ed to:  automobile	other personal property	- and annual			
Failure to pro		proper services	real property proper merchandise	<ul><li>□ person</li><li>☑ goods paid for</li></ul>	DATE DATA ENTERE	D
Failure to ret		property	☐ deposit	money loaned		
Failure to pa	y: salary	for services rendered	insurance claim	A contraction of the contract	DATE NOTICES MAII	.ED
	□ rent	commissions	for goods sold and deli	vered		
Breach of.	contract	lease	warranty	agreement	CASE TYPE:	
Loss of:	luggage	property		<ul><li>use of property</li></ul>	MULTI DFT	CTR/CLM □
Returned: Other: (Be bri	ef) Check (bounced)	☐ check (stopped)	- 6010( 21 64 - 62 )	1		
,	Miss Laskowitz refuses to	o respond to me, I included th	e \$8106.21 on top of the \$2	last paid and registered.	3 PARTY □ C	CRS/CMPLT
IDENTIFYING NU	MBER(S) - (Receipt #, Claim	#, Account #, Policy #, Ticke	t #, License #, Plate #'(s))	55366586, 279090	FIRST DATE	
10.00	12/16/2021				DAY COURT	
	oday's Date	5 (NSC 98 II SAME W	Signature of Claimant or	8	□ STATUTORY I	OTHER
* DEFENDANT'S NA Office of the	AME: The <u>legal</u> name will be requi County Clerk in the county in v	red in order to obtain an enforce which the business is located or	able judgment. If the Defendant check on the following webs	is a business, its full and corre ite: www.dos.state.ny.us.	ct business name should FREE CIVIL C	he obtained from the

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

(FOR OFFICE USE ONLY)

(Your)	I. CLAIMANT'S INFOR	MATION				
LAST NAME DI	NCER					
FIRST NAME BA	ARIS			MIDDLE INITIAL		
ADDRESS (NO P.O. BOX) bd2	2561, Columbia Student Mai	l, 70 Morningside Drive				
BOROUGH, CITY, NE	W YORK	ST	ATE NY ZIP 10027-	7236		
OTHER INFO RE	F.: 2238260					
Doing Business As] [In Care Of] Attention To] Circle One	PHONE NO. (646) 256-36	09 EMAIL BONI	DSTRT@PROTONMAIL.C	OM	CERT'D#	
(Their)	II. DEFENDANT'S INFO				CERT D#	
	GRAM YUZEK GAINEN	CARROLL & BERTOLOTT	I, LLP			
(or Full Business Name) FIRST NAME					COA CODE	
ADDRESS				MIDDLE INITIAL		
(NO P.O. BOX) 25	50 PARK AVENUE, 6TH FI	LOOR			CLAIM AMT.	
BOROUGH CITY, TOWN OR VILL.	EW YORK	ST	ATE NY ZIP 10177		FEE	
TOWN OR VILL.		e of Process Name and Addre			STANDARD FEE	
Doing Business As] [In Care Of]					CLAIMANT V. DE	EFENDANT
Attention To] Circle One	PHONE NO. (212) 907-96	635 EMAIL slasl	cowitz@ingramllp.com		NO FEE	THER DARTY
	III. CLAIM				DEFENDANT V.	DD'L DEFENDANT
Amount Claimed: \$8,	108.21 (Maximur	n \$10,000.00) Date of Oc	currence or Transaction:	6/24/2020	POSTAGE ONLY	
-	Place of occurrence, if Aut	o Accident			■ WAGE CLAIM TO	\$300
	FOR CLAIM (Check One):	o recident			LANGUAGE	
Damage caused	to: automobile	other personal property	☐ real property	□ person	DATE DATA ENTED	ED
Failure to provi		<ul><li>proper services</li></ul>	proper merchandise	goods paid for	DATE DATA ENTERI	ED
Failure to retur		property	☐ deposit	☐ money loaned		
Failure to pay:	salary	for services rendered commissions	insurance claim		DATE NOTICES MAII	LED
Breach of.	contract		for goods sold and deli		82	
Loss of:	□ luggage	☐ lease ☐ property	<ul><li>□ warranty</li><li>☑ time from work</li></ul>	agreement use of property	CASE TYPE:	
Returned:	check (bounced)	check (stopped)	inne from work	use of property	MULTI DFT	CTR/CLM □
Other: (Be brief)		respond to me, I included th	e \$8106.21 on top of the \$21	last paid and registered.	3 PARTY□ (	CRS/CMPLT
IDENTIEVING NUM	DED(S) (Descint # Claim	#, Account #, Policy #, Ticke	t # License # Plate #!(a))	55366586, 279090	FIRST DATE	_
	200-200-200-200 (#02-00-200-200-200-200-200-200-200-200-2	#, Account #, Poncy #, Ticke	t #, License #, Plate # (s))	33300380, 279090	FIRST DATE	
	2/16/2021 ay's Date	0	Signature of Claimant or	Agent	DAY COURT	
		red in order to obtain an enforce			STATUTORY	OTHER
Office of the Co	unty Clerk in the county in v	which the business is located or	check on the following webs	ite: www.dos.state.ny.us.	FREE CIVIL C	