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

(FOR OFFICE USE ONLY)

INDEX 1807 NSC 2021

FINAL

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER
FIRST NAME: BARIS MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): BD2561, COLUMBIA STUDENT MAIL, 70 MORNINGSIDE DR.
BOROUGH, CITY, TOWN OR VILL.: MANHATTAN, NEW YORK STATE: NY ZIP: 10021
OTHER INFO: SECTION 155.74; 240.75
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO.: (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): SULLIVAN PROPERTIES, L.P.
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 101 WEST 55TH STREET
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N | Y ZIP: 10019
OTHER INFO: THE ZUCKER ORGANIZATION
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO.: (917) 843-3456 EMAIL: PREGAN@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 2,785.54 (Maximum $10,000.00) Date of Occurrence or Transaction: 05/31/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☐ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☑ security	☑ property	☑ deposit	☑ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☑ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☐ check (stopped)		

Other: (Be brief) EXHIBITS §73 PAID, DOCKETS §26, §27, §50, AND §75; IN `MEWS` HSBC ACCOUNT NO.: 258-XX

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 1386030

12/23/2021
Today's Date

Signature of Claimant or Agent

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

FREE CIVIL COURT FORM
No fee may be charged to fill in this form.
Form can be found at
http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

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

(FOR OFFICE USE ONLY)

INDEX 1807 NSC 2021

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER

FIRST NAME: BARIS — MIDDLE INITIAL:

ADDRESS (NO P.O. BOX): BD2561, COLUMBIA STUDENT MAIL, 70 MORNINGSIDE DR.

BOROUGH, CITY, TOWN OR VILL.: MANHATTAN, NEW YORK — STATE: NY — ZIP: 10021

OTHER INFO: SECTION 155.74; 240.75

[Doing Business As] [In Care Of] [Attention To] **Circle One**

PHONE NO.: (646) 256-3609 — EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): SULLIVAN PROPERTIES, L.P.

FIRST NAME: — MIDDLE INITIAL:

ADDRESS (NO P.O. BOX): 101 WEST 55TH STREET

BOROUGH CITY, TOWN OR VILL.: NEW YORK — STATE: N | Y — ZIP: 10019

OTHER INFO: Paul R. Regan, Esq

[Doing Business As] [In Care Of] [Attention To] **Circle One**

PHONE NO.: (917) 843-3456 — EMAIL: PREGAN@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 2,785.54 (Maximum $10,000.00) — Date of Occurrence or Transaction: 05/31/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☐ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☑ security	☑ property	☑ deposit	☑ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☑ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☐ check (stopped)		

Other: (Be brief): EXHIBITS §73 PAID, DOCKETS §26, §27, §50, AND §75; IN `MEWS` HSBC ACCOUNT NO.: 258-XX

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 1386030

12/23/2021
Today's Date

Signature of Claimant or Agent

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:
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3 PARTY ☐ CRS/CMPLT ☐

FIRST DATE

DAY COURT
☐ STATUTORY ☐ OTHER

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http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

LAURIE ZUCKERS, GP

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

(FOR OFFICE USE ONLY)

INDEX 1808 NSC 2021

FINAL

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER
FIRST NAME: BARIS MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): BD2561, COLUMBIA STUDENT MAIL, 70 MORNINGSIDE DRIVE
BOROUGH, CITY, TOWN OR VILL.: NEW YORK, NEW YORK STATE: NY ZIP: 10021
OTHER INFO: VICE-PRESIDENT ID NO.: 939477-00048-00009-DOCKET153
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): SULLIVAN GP, LLC
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 101 WEST 55TH STREET
BOROUGH CITY, TOWN OR VILL.: NEW YORK, NY STATE: NY ZIP: 10019
OTHER INFO: ~~THE ZUCKER ORGANIZATION~~ LAURIE ZUCKER
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (212) 977-4813 EMAIL: SULLIVANMEWS@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 7,752.72 (Maximum $10,000.00) Date of Occurrence or Transaction: 7/6/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☑ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☑ security	☑ property	☑ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☑ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☑ check (stopped)		

Other: (Be brief) A BREACH OF CONTRACT, CUSTODIAN OF THE DEPOSIT HOLDS INTEREST - ALLEGEDLY.

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 3749254

12/23/2021
Today's Date

Signature of Claimant or Agent

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

FREE CIVIL COURT FORM
No fee may be charged to fill in this form.
Form can be found at
http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

CIV-SC-50 (Revised 01/28/21) NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

LAURIE ZUCKERS, GP

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

(FOR OFFICE USE ONLY)

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER
FIRST NAME: BARIS MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): BD2561, COLUMBIA STUDENT MAIL, 70 MORNINGSIDE DRIVE
BOROUGH, CITY, TOWN OR VILL.: NEW YORK, NEW YORK STATE: NY ZIP: 10021
OTHER INFO: VICE-PRESIDENT ID NO.: 939477-00048-00009-DOCKET153
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): SULLIVAN GP, LLC
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 101 WEST 55TH STREET
BOROUGH CITY, TOWN OR VILL.: NEW YORK, NY STATE: N Y ZIP: 10019
OTHER INFO: LAURIE ZUCKER, VICE PRESIDENT
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (212) 977-4813 EMAIL: SULLIVANMEWS@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 7,752.72 (Maximum $10,000.00) Date of Occurrence or Transaction: 7/6/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☑ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☑ security	☑ property	☑ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☑ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☑ check (stopped)		

Other: (Be brief) A BREACH OF CONTRACT, CUSTODIAN OF THE DEPOSIT HOLDS INTEREST - ALLEGEDLY.

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 3749254

12/23/2021
Today's Date

Signature of Claimant or Agent

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
☐ STATUTORY ☐ OTHER

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http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

CIV-SC-50 (Revised 01/28/21) NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

GIAMBIO, SKYLINE LLC, ESQ

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

(FOR OFFICE USE ONLY)

INDEX 1801 NSC 2021

FINAL

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER
FIRST NAME: BARIS MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): bd2561, Columbia Student Mail, 70 Morningside Drive
BOROUGH, CITY, TOWN OR VILL.: New York, New York STATE: NY ZIP: 10027-7236
OTHER INFO [Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO.: (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): MANHATTAN SKYLINE, LLC
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 101 WEST 55TH ST.
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N | Y ZIP: 10019
OTHER INFO: Joseph Giamboi, General Counsel
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO.: (212) 907-9600 EMAIL: JGIAMBOI@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 2,569.72 (Maximum $10,000.00) Date of Occurrence or Transaction: 7/23/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☐ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☐ security	☑ property	☐ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☐ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☐ check (stopped)		

Other: (Be brief) $2,569.72 IN UNAUTHORIZED CHARGES, UNLAWFUL LEGAL FEES [ITEM 153] DOS 4726985

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 4726985

12/22/2021
Today's Date

Signature of Claimant or Agent

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

FREE CIVIL COURT FORM
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http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

CIV-SC-50 (Revised 01/28/21) NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

GIAMBIO, SKYLINE LLC, ESQ

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

(FOR OFFICE USE ONLY)

INDEX 1801 NSC

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER
FIRST NAME: BARIS MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): bd2561, Columbia Student Mail, 70 Morningside Drive
BOROUGH, CITY, TOWN OR VILL.: New York, New York STATE: NY ZIP: 10027-7236
OTHER INFO
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): MANHATTAN SKYLINE, LLC
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 101 WEST 55TH ST.
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N | Y ZIP: 10019
OTHER INFO: THE LLC, Service of Process Name
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (212) 907-9600 EMAIL: administration@mskyline.com

III. CLAIM

Amount Claimed: $ 2,569.72 (Maximum $10,000.00) Date of Occurrence or Transaction: 7/23/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☐ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☐ security	☑ property	☐ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☐ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
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Other: (Be brief) $2,569.72 IN UNAUTHORIZED CHARGES, UNLAWFUL LEGAL FEES [ITEM 153] DOS 4726985

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 4726985

12/22/2021
Today's Date

Signature of Claimant or Agent

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CLAIM AMT.
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FEE
STANDARD FEE
☐ CLAIMANT V. DEFENDANT
NO FEE
☐ DEFENDANT V. THIRD PARTY
☐ CLAIMANT V. ADD'L DEFENDANT
POSTAGE ONLY
☐ WAGE CLAIM TO $300

LANGUAGE

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3 PARTY ☐ CRS/CMPLT ☐

FIRST DATE

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☐ STATUTORY ☐ OTHER

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

(FOR OFFICE USE ONLY)

INDEX 1800 NSC 2021

FINAL

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER

FIRST NAME: BARIS MIDDLE INITIAL:

ADDRESS (NO P.O. BOX): bd2561, Columbia Student Mail, 70 Morningside Drive

BOROUGH, CITY, TOWN OR VILL.: New York, New York STATE: NY ZIP: 10027-7236

OTHER INFO: RE: 111 SULLIVAN #2BR, NEW YORK, NY, 10012 IN THE FORMER

[Doing Business As] [In Care Of] [Attention To] **Circle One**

PHONE NO.: (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): MANHATTAN SKYLINE MANAGEMENT CORP.

FIRST NAME: MIDDLE INITIAL:

ADDRESS (NO P.O. BOX): 101 W 55TH STREET

BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N | Y ZIP: 10019

OTHER INFO: DONALD ZUCKER, Chief Executive Officer

[Doing Business As] [In Care Of] [Attention To] **Circle One**

PHONE NO.: (212) 907-9600 EMAIL: LEGAL@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 8,106.21 (Maximum $10,000.00) Date of Occurrence or Transaction: 12/21/2021

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☐ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☐ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☐ security	☑ property	☐ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☐ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☐ check (stopped)		

Other: (Be brief) $2.00 REFUNDED TO MY CREDIT CARD, THE BALANCE WAS NOT WIRED.

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 939477

12/22/2021
Today's Date

Signature of Claimant or Agent

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

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DATE NOTICES MAILED

CASE TYPE:
MULTI DFT ☐ CTR/CLM ☐
3 PARTY ☐ CRS/CMPLT ☐

FIRST DATE

DAY COURT
☐ STATUTORY ☐ OTHER

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

(FOR OFFICE USE ONLY)

INDEX 1800 NSC 2021

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER

FIRST NAME: BARIS — MIDDLE INITIAL:

ADDRESS (NO P.O. BOX): bd2561, Columbia Student Mail, 70 Morningside Drive

BOROUGH, CITY, TOWN OR VILL.: New York, New York — STATE: NY — ZIP: 10027-7236

OTHER INFO: RE: 111 SULLIVAN #2BR, NEW YORK, NY, 10012 IN THE FORMER

[Doing Business As] [In Care Of] [Attention To] **Circle One**

PHONE NO.: (646) 256-3609 — EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): MANHATTAN SKYLINE MANAGEMENT CORP.

FIRST NAME: — MIDDLE INITIAL:

ADDRESS (NO P.O. BOX): 101 W 55TH STREET

BOROUGH CITY, TOWN OR VILL.: NEW YORK — STATE: N | Y — ZIP: 10019

OTHER INFO: THE CORPORATION, Service of Process Name and Address

[Doing Business As] [In Care Of] [Attention To] **Circle One**

PHONE NO.: (212) 907-9600 — EMAIL: LEGAL@MSKYLINE.COM

III. CLAIM

Amount Claimed: $ 8,106.21 (Maximum $10,000.00) — Date of Occurrence or Transaction: 12/21/2021

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☐ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☐ proper services	☐ proper merchandise	☐ goods paid for
Failure to return:	☐ security	☑ property	☐ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
	☐ rent	☐ commissions	☐ for goods sold and delivered	
Breach of.	☑ contract	☐ lease	☐ warranty	☑ agreement
Loss of:	☐ luggage	☑ property	☑ time from work	☑ use of property
Returned:	☐ check (bounced)	☐ check (stopped)		

Other: (Be brief) $2.00 REFUNDED TO MY CREDIT CARD, THE BALANCE WAS NOT WIRED.

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 939477

12/22/2021
Today's Date

Signature of Claimant or Agent

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
☐ 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 he 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**.
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FREE CIVIL COURT FORM
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Form can be found at
http://www.nycourts.gov/courts/nyc/smallclaims/forms.shtml.

NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

S. YUKEZ

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

(FOR OFFICE USE ONLY)

INDEX 1762 NSC 2021

FINAL

I. CLAIMANT'S INFORMATION

(Your)

LAST NAME: DINCER
FIRST NAME: BARIS MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): bd2561, Columbia Student Mail, 70 Morningside Drive
BOROUGH, CITY, TOWN OR VILL.: NEW YORK STATE: NY ZIP: 10027-7236
OTHER INFO: REF.: 2238260
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): INGRAM YUZEK GAINEN CARROLL & BERTOLOTTI, LLP
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 250 PARK AVENUE, 6TH FLOOR
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N Y ZIP: 10177
OTHER INFO: Shari Laskowitz, DOS ID: 2238260
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (212) 907-9635 EMAIL: slaskowitz@ingramllp.com

III. CLAIM

Amount Claimed: $ 8,108.21 (Maximum $10,000.00) Date of Occurrence or Transaction: 6/24/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

Damage caused to:	☐ automobile	☑ other personal property	☐ real property	☐ person
Failure to provide:	☐ proper repairs	☑ proper services	☐ proper merchandise	☑ goods paid for
Failure to return:	☐ security	☑ property	☐ deposit	☐ money loaned
Failure to pay:	☐ salary	☐ for services rendered	☐ insurance claim	
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Other: (Be brief) Miss Laskowitz refuses to respond to me, I included the $8106.21 on top of the $2 last paid and registered.

IDENTIFYING NUMBER(S) - (Receipt #, Claim #, Account #, Policy #, Ticket #, License #, Plate #'(s)) 55366586, 279090

12/16/2021
Today's Date

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CIV-SC-50 (Revised 01/28/21) NOTE: If the Claim is a result of an automobile accident, the Claim must be OWNER against OWNER.

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PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): LASKOWITZ
FIRST NAME: SHARI MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 150 EAST 42ND STREET, 19TH FLOOR
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N|Y ZIP: 10017
OTHER INFO: INGRAM YUZEK GAINEN CARROLL & BERTOLOTTI, LLP
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (212) 907-9635 EMAIL: slaskowitz@ingramllp.com

III. CLAIM

Amount Claimed: $ 8,108.21 (Maximum $10,000.00) Date of Occurrence or Transaction: 6/24/2020

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PRIMARY REASON FOR CLAIM (Check One):

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PHONE NO.: (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): INGRAM YUZEK GAINEN CARROLL & BERTOLOTTI, LLP
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 250 PARK AVENUE, 6TH FLOOR
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N|Y ZIP: 10177
OTHER INFO: Cory Weiss, DOS ID: 2238260
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO.: (212) 907-9635 EMAIL: slaskowitz@ingramllp.com

III. CLAIM

Amount Claimed: $ 8,108.21 (Maximum $10,000.00) Date of Occurrence or Transaction: 6/24/2020

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

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PHONE NO.: (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): INGRAM YUZEK GAINEN CARROLL & BERTOLOTTI, LLP
FIRST NAME: THE PARTNERSHIP MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 250 PARK AVENUE, 6TH FLOOR
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: NY ZIP: 10177
OTHER INFO: Service of Process DOS
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO.: (212) 907-9635 EMAIL: slaskowitz@ingramllp.com

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S. YUKEZ

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

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INDEX 1762 NSC 2021

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LAST NAME: DINCER
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PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

II. DEFENDANT'S INFORMATION*

(Their)

LAST NAME (or Full Business Name): INGRAM YUZEK GAINEN CARROLL & BERTOLOTTI, LLP
FIRST NAME: MIDDLE INITIAL:
ADDRESS (NO P.O. BOX): 250 PARK AVENUE, 6TH FLOOR
BOROUGH CITY, TOWN OR VILL.: NEW YORK STATE: N | Y ZIP: 10177
OTHER INFO: THE PARTNERSHIP [Service of Process Name and Address: 2238260]
[Doing Business As] [In Care Of] [Attention To] **Circle One**
PHONE NO. (212) 907-9635 EMAIL: slaskowitz@ingramllp.com

III. CLAIM

Amount Claimed: $ 8,108.21 (Maximum $10,000.00) Date of Occurrence or Transaction: 6/24/2020

Place of occurrence, if Auto Accident

PRIMARY REASON FOR CLAIM (Check One):

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PHONE NO. (646) 256-3609 EMAIL: BONDSTRT@PROTONMAIL.COM

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(Their)

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