


<b>CIVIL ACTION COVER SHEET</b>		DOCKET NUMBER <div style="font-size: 1.2em; font-family: cursive;">2282C00038</div>	<b>Trial Court of Massachusetts The Superior Court</b>		
		COUNTY <b>Norfolk Superior Court (Dedham)</b>			
Plaintiff <b>Joanne Delapa, of Delapa Realty Trust</b>			Defendant: <b>Town of Westwood Conservation Commission</b>		
ADDRESS: <b>P.O. Box 277</b>			ADDRESS: <b>50 Carby Street</b>		
<b>Norwood, MA 02062</b>			<b>Westwood, MA 020290</b>		
Plaintiff Attorney: <b>Matthew Watsky / Rachel Watsky</b>			Defendant Attorney:		
ADDRESS: <b>30 Eastbrook Road, Suite 301</b>			ADDRESS:		
<b>Dedham, MA 02026</b>					
BBO: <b>546308 / 704043</b>			BBO:		
<b>TYPE OF ACTION AND TRACK DESIGNATION (see instructions section below)</b>					
CODE NO. <b>E03</b>	TYPE OF ACTION (specify) <b>Certiorari Action, G.L. c. 249 section 4</b>	TRACK <b>X</b>	HAS A JURY CLAIM BEEN MADE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
*If "Other" please describe:					
<div style="display: flex; justify-content: space-between;"><div>Is there a claim under G.L. c. 93A? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>Is there a class action under Mass. R. Civ. P. 237? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div></div> <b>STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A</b>					
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff's counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.					
<b><u>TORT CLAIMS</u></b>					
A. Documented medical expenses to date					
1. Total hospital expenses _____					
2. Total doctor expenses _____					
3. Total chiropractic expenses _____					
4. Total physical therapy expenses _____					
5. Total other expenses (describe below) _____					
<div style="font-size: 3em; font-weight: bold; opacity: 0.5; position: absolute; left: 50%; top: 50%; transform: translate(-50%, -50%);">B</div> Subtotal (1-5): <b>\$0.00</b>					
B. Documented lost wages and compensation to date _____					
C. Documented property damages to date _____					
D. Reasonably anticipated future medical and hospital expenses _____					
E. Reasonably anticipated lost wages _____					
F. Other documented items of damages (describe below) _____					
TOTAL (A-F): <b>\$0.00</b>					
G. Briefly describe plaintiff's injury, including the nature and extent of injury: _____					
<b><u>CONTRACT CLAIMS</u></b>					
<input type="checkbox"/> This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a).					
Item #	Detailed Description of Each Claim				Amount
1.					
Total					
Signature of Attorney/Unrepresented Plaintiff: X <b>Rachel Watsky, Esq.</b>					
Date: <b>January 12, 2022</b>					
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court. _____					
<b>CERTIFICATION PURSUANT TO SJC RULE 1:18</b>					
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.					
Signature of Attorney/Unrepresented Plaintiff: X <b>Rachel Watsky, Esq.</b>					
Date: <b>January 12, 2022</b>					