

This form is unofficial and provided primarily for pro se litigants. It should be completed in accordance with the substantive pleading requirements of Court of Claims Act section 11(b).

State of New York  
Court of Claims

THEO CHINO

pro se Claimant(s)

Claim

<sup>v.</sup>  
The department of Financial  
Services; AND BERND LANSKY  
in his official capacity as Superintendent  
of the New York State Department of  
Financial Services Defendant(s)

1. The post office address of the claimant (you) is 640 Riverside Drive  
LoB, New York, New York, 10031

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

DEFENDANT HAS Proposed DFS-25-14-00015-P in the  
New York State Register outside the scope of his authority  
and allowing those inside the scope of his authority  
a waiver there. Such proposal has forced me to  
reduce my work force and maybe close my small  
business

3. The place where the act(s) took place is (be specific): New York City  
New York

4. This claim accrued on the 24 day of July, 2014 at 9 o'clock.

5. Identify the items of damage or injuries claimed to have been sustained:

20140814-Doc003-TCvsNYDFS-SendingForService.pdf - 08/14/2014

- Closure and loss of investment.

6. (Check appropriate box):

☒ This Claim is served and filed within 90 days of accrual.  
OR

☐ A Notice of Intention to File a Claim was served on \_\_\_\_\_, which was within 90 days of accrual.

OR

☐ This is a claim by a correctional facility inmate to recover damages for injury to or loss of personal property and it is served and filed within 120 days of the exhaustion of claimant's administrative remedies.

By reason of the foregoing, Claimant was damaged in the amount of \$1,000,000.000, and Claimant demands judgment against the Defendant(s) for said amount.

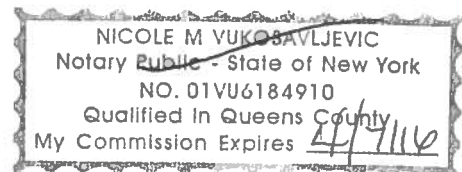
VERIFICATION

STATE OF NEW YORK ) ss:  
COUNTY OF New York )

THEO CHINO, being duly sworn, deposes and says that deponent is the Claimant in the within action; that deponent has read the foregoing Claim and knows the contents thereof; that the same is true to deponent's own knowledge, except as to matters therein stated to be alleged upon information and belief, and that as to those matters, deponent believes it to be true.

Sworn to before me this 13 day  
of August, 2014.

Nicole M. Vukosavljevic  
Notary Public, State of New York



## SERVICE AND FILING INSTRUCTIONS

You must serve a copy of the claim in accordance with Court of Claims Act section 11(a) and you must file the original and two copies, with proof of service, and the filing fee of \$50.00 or an application for waiver or reduction of the filing fee, with the Clerk of the Court of Claims.

FAILURE TO EFFECT PROPER AND TIMELY SERVICE AND FILING MAY RESULT IN DISMISSAL OF YOUR CLAIM

New York State Court of Claims  
Justice Building, P.O. Box 7344  
Albany, New York 12224  
(518) 432-3411

20140813-Doc002-TCysNYDFS-FaxReceipt.pdf - 08/13/2014  
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# Court of Claims

## State of New York

ROBERT ABRAMS BUILDING  
FOR LAW AND JUSTICE  
BOX 7344, CAPITOL STATION  
ALBANY, NEW YORK 12224

(518) 432-3478

**Richard E. Sise**  
Acting Presiding Judge

**Robert T. DeCataldo**  
Chief Clerk

**Fax No. (866) 413-1069**

To: Theo Chino, Pro Se

Date: August 13, 2014

Claimant's Name: Theo Chino

Number of pages received: 3

This will acknowledge **RECEIPT ONLY** (not actual filing) of the following documents. If said document(s) meet the necessary filing requirements, said document(s) will be filed as of the received date.

Document(s) received on August 13, 2014:

☒

CLAIM

Note: An acknowledgment letter containing claim number and place of accrual will be forwarded shortly after review of your submission.

☐

NOTICE OF MOTION

☐

PLEADING:

☐

OTHER:

☐

DOCUMENT RECEIVED NOT LEGIBLE, PLEASE **FAX AGAIN**.

☐

DOCUMENT RECEIVED MISSING PAGES:

PLEASE FAX MISSING PAGES IMMEDIATELY.

Aug 13 2014 3:32PM

Major y Theo

1-212-694-9968

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20140813-Doc001-TCvsNYDFS-NoticeOfClaimsFiling.pdf - 08/13/2014

New York State Court of Claims - Filing by Fax Cover Sheet  
(complete, print form, and fax with paper to be filed)

Date:

8/13/2014

Claimant(s):

THEO CHINO

Claim Number (if any):

Paper Being Filed:

NOTICE OF CLAIM

Name and Address of Filing Party or Attorney:

Pro Se

THEO CHINO

640 RIVERSIDE DRIVE - 100

NEW YORK, NY 10021

Telephone Number of Filing Party or Attorney:

(212) 694-9968

Fax Number of Filing Party or Attorney:

646-405-1250

Total Number of Pages of this Transmission, including Cover Page:

3

## \*\*\*\*\* FOR CLAIM FILINGS ONLY \*\*\*\*\*

If you are filing a claim, you must either pay the \$50.00 filing fee by completing the credit card authorization, or make an application for a waiver or reduction of the filing fee by submitting the appropriate affidavit.

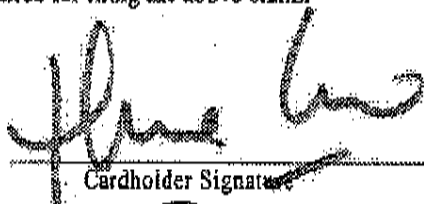
## CREDIT CARD AUTHORIZATION

THEO CHINO

I, THEO CHINO, authorize the New York State Court of Claims to charge my credit card for the \$50.00 filing fee required for filing the above claim.☐ Master Card☐ Discover Card☒ Visa

THEO CHINO

Cardholder Name



Cardholder Signature

Credit Card Number

Expiration Date

FAX to: 866-413-1069 (toll-free)

RECEIVED

AUG 13 2014

State Court of Claims  
Office of the Chief Clerk  
Albany, N.Y.

Aug 13 2014 3:32PM

Major y Theo

1-212-694-9968

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20140813-Doc002-TCvsNYDFS-FaxReceipt.pdf - 08/13/2014  
20140813-Doc003-TCvsNYDFS-SendingForService.pdf - 08/14/2014  
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State of New York  
Court of Claims

THEO CHINO

pro se Claimant(s)

Claim

The department of Financial  
SERVICES; AND BRUNO LAUSKY  
AS IS OFFICIAL CAPACITY AS SUPERVISOR  
OF THE NEW YORK STATE DEPARTMENT OF  
FINANCIAL SERVICES Defendant(s)

1. The post office address of the claimant (you) is 640 Riverside Drive  
108, New York, New York, 10031

2. This claim arises from the acts or omissions of the defendant. Details of said acts or omissions are as follows (be specific):

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**RECEIVED**

AUG 13 2014

State Court of Claims  
Office of the Chief Clerk  
Albany, N.Y.