

20140813-Doc002-TCvsNYDFS-FaxReceipt.pdf - 08/13/2014



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

page 1

20140813-Doc002-TCvsNYDFS-FaxReceipt.pdf - 08/13/2014

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: 8/13/2014Claimant(s): THEO CHINO

Claim Number (if any): _____

Paper Being Filed: NOTICE OF CLAIMName and Address of Filing Party or Attorney: Pro SeTHEO CHINO
640 RIVERSIDE DRIVE - 100
NEW YORK, NY 10021Telephone Number of Filing Party or Attorney: (212) 694-9968Fax Number of Filing Party or Attorney: 646-405-1250Total 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, 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☒ VisaTHEO CHINO

Cardholder Name

[Signature]

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 Theo

1-212-694-9968

page 2

20140813-Doc002-TCvsNYDFS-FaxReceipt.pdf - 08/13/2014

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

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

The department of Financial
SERVICES; AND BERNARD LAUSKY
IN HIS 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
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-29-14-00015-P in the
New York State Register outside the scope of his authority
and allowing those inside the scope of his authority
a waiver from. 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.

RECEIVED

AUG 13 2014

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