

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 - 10B
NEW YORK, NY 10031
 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

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

[Signature]

Cardholder Signature

4 388 5760 6808 5250

Credit Card Number

06/16

Expiration Date

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

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

^{v.}
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:

- 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.

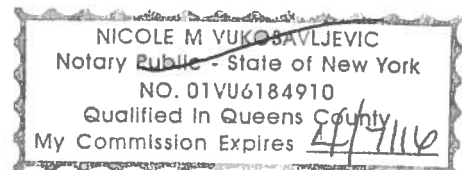
VERIFICATION

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. Vukobratovic
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