

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF Queens

Lucille Hamilton

Court Index No. 2858/13-1

Plaintiff,

Harry Dorville against
Harry's Nurses Registry

Defendant(s),

Address A 88-25 163 St
Jamaica, NY 11432

Address B 128-47 233 St
Laurelton NY
11432

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice. ** If you have any documents, such as an award letter, an annual statement from your pension, pay stubs, copies of checks or bank records showing the last two months of account activity include copies of the documents with this form. Your account may be released more quickly.

I state that my account contains the following type(s) of funds (check all that apply)

- Social Security;
- Supplemental security disability (SSD);
- Supplemental security income (SSI);
- Public Assistance;
- Wages while receiving SSI or public assistance;
- Veterans Benefits;
- Unemployment insurance;
- Payments from pensions and retirement accounts;
- Income earned in the last 60 days (90% of which is exempt);
- Child Support;
- Spousal support or maintenance (alimony)
- Workers compensation benefits;
- Railroad retirement or black lung benefits;
- Other (describe exemption)

I request that any correspondence to me regarding my claim be sent to the following address:

(FILL IN YOUR COMPLETE ADDRESS)

I certify under the penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date:

SIGNATURE OF THE JUDGMENT DEBTOR

AFFIRMATION OF SERVICE

STATE OF NEW YORK, COUNTY OF NASSAU, SS.:

The undersigned, an attorney admitted to practice in the courts of United States District, Eastern District of New York, shows: that he is a member of ROBERT SCHIRTZER, ESQ., P.C., and affirms this statement to be true under the penalties of perjury, pursuant to Rule 2106 CPLR:

That on the 19th day of July 2017, he served the annexed LETTER and COURT SCHEDULING ORDER upon:

Harry Dorviler
c/o HARRYS NURSES REGISTRY
88-25 163rd Street
Jamaica, New York 11432

being the address within the State theretofore designated by him for that purpose, by causing to be deposited a copy of the same, enclosed in a prepaid wrapper in a post office box in the Village of Garden City, State of New York, regularly maintained by the Government of the United States in said City.


ROBERT SCHIRTZER, ESQ.

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF Queens INDEX# 2858/13

Judgment Creditor
Lucille Hamilton

EXEMPTION CLAIM FORM

vs

Harry Dorvillez
Harry Nurses Registry Judgment Debtor

NAME AND ADDRESS OF JUDGMENT
CREDITOR OR ATTORNEY
ADDRESS A

NAME AND ADDRESS OF
FINANCIAL INSTITUTION
ADDRESS B

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I state that my account contains the following type(s) of funds (check all that apply).

- Social Security
- Social Security disability (SSD)
- Supplemental security income (SSI)
- Public assistance
- Wages while receiving SSI or public assistance
- Veterans benefits
- Unemployment insurance
- Payments from pensions and retirement accounts
- Income earned in last 60 days (90% of which is exempt)
- Child support
- Spousal support or maintenance (alimony)
- Workers' compensation benefits
- Railroad retirement or Black lung benefits
- Other (describe exemption) _____

I request that any correspondence to me my claim be sent to
The following address: _____

(FILL IN YOUR COMPLETE ADDRESS)

I certify under penalty of perjury that the statement above is true to the best of my knowledge and belief

DATE

SIGNATURE OF JUDGMENT DEBTOR

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF Queens

Lucille Hamilton

Plaintiff,

Court Index No.

2858/13-1

Harry Dorvilier against
c/o Harry's Nurses Registry
Defendant(s),

Address A

88-25 163 St
Jamaica, NY 11432

Address B

128-47233 St
Laurelton, NY
11432

Directions: To claim that some or all of the funds in your account are exempt, complete both copies of this form, and make one copy for yourself. Mail or deliver one form to ADDRESS A and one form to ADDRESS B within twenty days of the date on the envelope holding this notice. ** If you have any documents, such as an award letter, an annual statement from your pension, pay stubs, copies of checks or bank records showing the last two months of account activity include copies of the documents with this form. Your account may be released more quickly.

I state that my account contains the following type(s) of funds (check all that apply)

- Social Security;
- Supplemental security disability (SSD);
- Supplemental security income (SSI);
- Public Assistance;
- Wages while receiving SSI or public assistance;
- Veterans Benefits;
- Unemployment insurance;
- Payments from pensions and retirement accounts;
- Income earned in the last 60 days (90% of which is exempt);
- Child Support;
- Spousal support or maintenance (alimony)
- Workers compensation benefits;
- Railroad retirement or black lung benefits;
- Other (describe exemption)

I request that any correspondence to me regarding my claim be sent to the following address:

(FILL IN YOUR COMPLETE ADDRESS)

I certify under the penalty of perjury that the statement above is true to the best of my knowledge and belief.

Date:

SIGNATURE OF THE JUDGMENT DEBTOR

EXEMPTION NOTICE

as required by New York Law

Your bank account is restrained or "frozen."

The attached Restraining Notice or Notice of Levy by Execution has been issued against your bank account. You are receiving this notice because a creditor has obtained a money judgment against you, and one or more of your bank accounts has been restrained to pay the judgment. A money judgment is a court's decision that you owe money to a creditor. You should be aware that FUTURE DEPOSITS into your account(s) might also be restrained if you do not respond to this notice.

You may be able to "vacate" (remove) the judgment. If the judgment is vacated, your bank account will be released. Consult an attorney (including free legal services) or visit the Court Clerk for more information about how to do this.

Under state and federal law, certain types of funds cannot be taken from your bank account to pay a judgment. Such money is said to be "exempt."

Does your bank account contain any of the following types of funds?

1. Social security;
2. Social security disability (SSD);
3. Supplemental security income (SSI);
4. Public assistance (welfare);
5. Income earned while receiving SSI or public assistance;
6. Veterans benefits;
7. Unemployment insurance;
8. Payments from pensions and retirement accounts;
9. Disability benefits;
10. Income earned in the last 60 days (90% of which is exempt);
11. Workers' compensation benefits;
12. Child support;
13. Spousal support or maintenance (alimony);
14. Railroad retirement; and/or
15. Black lung benefits.

If YES, you can claim that your money is exempt and cannot be taken. To make the claim, you must
(a) complete the EXEMPTION CLAIM FORM attached.
(b) deliver or mail the form to the bank with the restrained or "frozen" account; and
(c) deliver or mail the form to the creditor or its attorney at the address listed on the form.

You must send the forms with 20 DAYS of the postmarked date on the envelope holding this notice. You may be able to get your account released faster if you send to the creditor or its attorney written proof that your money is exempt. Proof can include an award letter from the government, an annual statement from your pension, pay stubs, copies of checks, bank records showing the last two months of account activity, or other papers showing that the money in your bank account is exempt. If you send the creditor's attorney proof that the money in your account is exempt, the attorney must release that money within seven days. You do not need an attorney to make an exemption claim using this form.

City Marshal
Of the
City of New York
216-19 Merrick Blvd. Suite #202
Springfield Gardens, NY 11413
(718) 528-4584 office
(718) 528-4586 fax



Bernard Blake
City Marshal

FAX

3/19/14

Date:	
To:	Karen
From:	Sabrina
Fax#:	
Phone#:	

Total # of pages faxed (including this cover sheet):

regarding Harry Dorrville
Docket # E-78

ILLUSTRATIONS REGARDING EARNINGS:

IF DISPOSABLE EARNINGS IS:

AMOUNT TO PAY OR DEDUCT FROM EARNINGS UNDER THIS INCOME EXECUTION IS:

- (a) The greater of 30 times Federal Minimum wage (.) Or 30 times State Minimum wage (.) Or less
- (b) More than the greater of 30 times Federal Minimum wage (.) Or 30 times State Minimum wage (.) and less than 40 times Federal Minimum wage (.)
- (c) 40 times the federal minimum wage (.) or more.

No payment or deduction allowed.

The lesser of the excess over the greater of 30 times the Federal Minimum wage (.) Or 30 times the State Minimum wage (.) in disposable earnings, or 10% of gross income.

The lesser of 25% of disposable earnings or 10% of gross income.

III. NOTICE: YOU MAY BE ABLE TO CHALLENGE THIS INCOME EXECUTION THROUGH THE PROCEDURES PROVIDED IN CPLR § 5231 and CPLR § 5240.

If you think that the amount of your earnings being deducted under this income execution exceeds the amount permitted by state and federal law, you should act promptly because the money will be applied to the judgment. If you claim that the amount of your earnings being deducted under this income execution exceeds the amount permitted by state and federal law, you should contact your employer or other person paying your earnings. Further, YOU MAY CONSULT AN ATTORNEY INCLUDING LEGAL AID IF YOU QUALIFY. New York State law provides two procedures through which an income execution can be challenged.

CPLR § 5231 (g) Modification. At any time, the judgment debtor may make a motion to a court for an order modifying an income execution.

CPLR § 5240 Modification or protective order; supervision of enforcement. At any time, the judgment debtor may make a motion to a court for an order denying, limiting, conditioning, regulating, extending or modifying the use of any post-judgment enforcement procedure, including the use of income executions.

RETURN (FOR SHERIFF'S OR MARSHAL'S USE ONLY)

Fully satisfied _____ 20 _____ Partially satisfied _____ 20 _____ Unsatisfied

12 21 21

LUCILLE HAMILTON

Plaintiff(s)/Petitioner(s)

against

HARRY DORVILIER

C/O HARRY'S NURSES REGISTRY

Defendant(s)/Respondent(s)

EXECUTION
AGAINST
INCOME / PROPERTY

HARRY DORVILIER
(Judgment Debtor)
88-25 163 ST, JAMAICA, NY 11432-
(last known address)

2858 SCQ 2013 1

THE PEOPLE OF THE STATE OF NEW YORK

TO ANY SHERIFF OR TO ANY MARSHAL OF THE CITY OF NEW YORK.

A JUDGMENT was entered in this court on 12/17/2013, in favor of LUCILLE HAMILTON and against, HARRY DORVILIER, C/O HARRY'S NURSES REGISTRY judgment debtor in the amount of \$1529.00, together with interest, costs and disbursements, if any, for a total judgment of 2573.75, of which \$ 2573.75 remains due and unpaid.

YOU ARE HEREBY DIRECTED to levy and execute upon property in which the above named judgment debtor who is not deceased, has an interest, or upon debts owed to the judgment debtor and

YOU ARE FURTHER DIRECTED to collect installments of 10% but no more than the Federal limits (see 1 LIMITATIONS ON THE AMOUNT THAT CAN BE WITHHELD on the reverse side) from each payment of income to the judgment debtor by the employer or garnishee. CPLR §5231 and 15 United States Code § 1671 et seq.

February 10, 2014
Date

Carol J...
~~CHIEF CLERK~~
Chief Clerk, Civil Court

TO THE JUDGMENT DEBTOR: Please take notice that you shall immediately begin payment of the indicated installments to the Sheriff or Marshal named below, and that should you default, this execution will be served upon the employer or garnishee indicated.

TO THE EMPLOYER:

Name _____
Address _____

Please take notice that you are required by law to immediately withhold and pay over the indicated installments to the Sheriff or Marshal named below.

TO THE GARNISHEE:

Name _____
Address _____

Please take notice that you are required by law to immediately pay over to the Sheriff or Marshal named below, all money or other property in your possession in which the above-named judgment debtor has an interest.

Delivered on FEB 10 2014 20 to

Sheriff of the City of New York
 Marshal B Blake

SEE REVERSE SIDE FOR IMPORTANT NOTICE