

DISTRICT COURT OF THE COUNTY OF SUFFOLK
FIFTH DISTRICT: RONKONKOMA

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XXXXXXXXXXXXXXXXXXXX, XXX,
A/A/O XXXXXX XXXXXXXX,

Plaintiff(s),

Index #:

SUMMONS

- against -

XXXXXXXXXXXXX INSURANCE COMPANY,

Defendant(s).

Plaintiff designates SUFFOLK
County as the Place of Trial

Basis of Venue is Plaintiff's
place of business

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To the above named defendant(s):

YOU ARE HEREBY SUMMONED to appear in the DISTRICT COURT OF THE COUNTY OF SUFFOLK, FIFTH DISTRICT RONKONKOMA, at the office of the clerk at the said Court at 3105 Veterans' Memorial Highway, Ronkonkoma, New York, within the time provided by law as noted below and to file your answer to the annexed complaint with the clerk; upon your failure to answer, judgment will be taken against you for the relief demanded in the complaint, together with the costs of this action.

Dated: xxxxxxxxxxxx, New York
xxxxxxxxx x, 2008

Plaintiff's Address:

XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXX, New York XXXXX

By: Jeena R. Belil, Esq.

LAW OFFICE OF JEENA R. BELIL, PC

Attorney for Plaintiff

XXXXXXXXXXXXXXXXXXXX, XXX

XXXXXXXXXXXX XXXXX

XXXXXXXXXXXX, New York XXXXX

Tel. (631) 445-7380

Fax (631) 514-3615

Our File #: XXXXXXXX

Defendant's Address:

XXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXX

XXXXXX, XX 12207

NOTE: The laws or rules of court provide that:

- (a) If this summons is served by its delivery to you, or (for a corporation) an agent authorized to receive service, within the County of Suffolk, you must appear and answer within TWENTY (20) days after such service; or
- (b) If this summons is served by delivery to any person other than you personally, or is served outside the County of Suffolk, or by publication, or by means other than personal delivery to you within the County of Suffolk, you are allowed THIRTY (30) days after the proof of service thereof is filed with the Clerk of this Court within which to appear and answer.

DISTRICT COURT OF THE COUNTY OF SUFFOLK
FIFTH DISTRICT: RONKONKOMA

-----X
XXXXXXXXXXXXXXXXXXXX, XXX,
A/A/O XXXXXXXX XXXXXXXX,

Plaintiff(s),

Index #:

VERIFIED COMPLAINT

- against -

XXXXXXXXXXXXX INSURANCE COMPANY,

Defendant(s).

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Plaintiff(s), complaining of the Defendant(s), shows to the Court and alleges:

AS AND FOR A FIRST CAUSE OF ACTION

1. Defendant is an insurance company licensed to do business in the State of New York.
2. Defendant transacts business in the State of New York.
3. Defendant transacts business in SUFFOLK County, New York.
4. XXXXX XXXXXXXX was injured in an automobile accident.
5. At the time of the automobile accident there was an existing policy of insurance issued by Defendant covering the injuries sustained by XXXXXXXX XXXXXXXX.
6. The policy of insurance referenced in the preceding paragraph contained a Mandatory Personal Injury Protection Endorsement covering payment of medical expenses.
7. Defendant received notice of XXXXXXXX XXXXXXXX'S automobile accident.
8. Defendant received notice of XXXXXXXX XXXXXXXX'S injuries.
9. XXXXXXXXXXXXX XXXXXXX, XXX is a Health Service Provider licensed to provide such services in the State of New York.
10. XXXXXXXXXXXXX XXXXXXX, XXX, rendered necessary health services to XXXXXXXX XXXXXXXX for injuries resulting from the automobile accident.
11. XXXXXXXX XXXXXXXX assigned his/her no-fault benefits concerning such health services to XXXXXXXXXXXXXXX XXXXXXX, XXX.
12. That as a result of the aforesaid accident, XXXXXXXX XXXXXXXX was entitled to receive no-fault benefits.

AS AND FOR A SECOND CAUSE OF ACTION

13. Plaintiff repeats, reiterates and realleges the allegations set forth in the prior paragraphs of this complaint, as if fully set forth at length herein.
14. That Plaintiff Assignee submitted a bill and claim for payment in the amount of \$ XXXX.

15. That the said bill together with the proper verification was submitted to the defendant on or about XXXXXXXX XX, 2008.

16. That there has been no payment of said bill.

17. That the Defendant has assigned claim or file number XXXXXXXXXXXX to this matter.

18. That the sum of \$ XXX.XX remains unpaid and outstanding.

19. That the Plaintiff Assignee is entitled to interest at the rate of 2% per month until the bill is paid in full, computed from thirty days after the date the claim was submitted to the defendant, pursuant to New York State Insurance Law § 5106.

20. That this transaction is one in which no credit was extended to the defendant and is therefore not a “consumer credit transaction”.

AS AND FOR A FOURTH CAUSE OF ACTION

21. XXXXXXXXXXXX XXXXXX, XXX, retained THE LAW OFFICE OF JEENA R. BELIL, P.C., a law firm, to collect the above overdue No-Fault claims/benefits and pursuant to 11 NYCRR 65.17(b)(6)(v); 11 NYCRR 65-3.10 and 11 NYCRR 65-4.6(e) is entitled to recover attorney fees, calculated twenty per-cent (20%) of the TOTAL of the overdue claim PLUS statutory interest thereon, with a maximum fee of \$ 850.00 per cause of action and a minimum fee of \$80.00 per cause of action.

WHEREFORE, Plaintiff demands judgment against the Defendant as recited in the complaint, together with interest, costs and disbursements of this action.

Dated: XXXXX XXXXX, New York
XXXXXXXXXX X, 2008

Yours, etc.,

By: Jeena R. Belil, Esq.
LAW OFFICE OF JEENA R. BELIL, P.C.
Attorney for Plaintiff
XXXXXXXXXXXX XXXXXX, XXX
XXXXXXXXXX XXXXX
XXXXXXXXXXXX, XXX XXXX XXXXX
Tel. (631) 445-7380
Fax (631) 514-3615
Our File #: XXXXXX

Index #:

Year: 2008

DISTRICT COURT OF THE COUNTY OF SUFFOLK
FOURTH DISTRICT: RONKONKOMA

XXXXXXXXXXXXXXXXXXXX, XXX A/A/O XXXXXXXX XXXXXXXX,
Plaintiff(s),

- against -

XXXXXXXXXXXXX INSURANCE COMPANY,
Defendant(s).

SUMMONS WITH VERIFIED COMPLAINT

THE LAW OFFICE OF JEENA R. BELIL, P.C.
Attorney for the Plaintiff
XXXXXXXXXXXXX XXXXXXX, XXX
XXXXXXXXXXXXX
XXXXXX XXXXXX, XXX XXXX XXXXXX
(631) 445-7380
Fax (631) 514-3615
File #: XXXXXXX

Pursuant to 22 NYCRR 130-1.1-a, the undersigned, an attorney admitted to practice in the courts of New York State, certifies that, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the presentation of this document or the contentions contained therein are not frivolous.

Dated _____

Signature _____

Print Signer's Name _____

Service of a copy of the within _____ is hereby admitted.

Dated: _____

Attorney(s) for

Sir:

Please take notice

NOTICE OF ENTRY

That the within is a (certified) true copy of a

Duly entered in the office of the clerk of the within named Court on _____, 20__

NOTICE OF SETTLEMENT

That an order _____ of which the within is a true copy will be presented for settlement
to the HON. _____, one of the judges of the within named Court at
on the _____ day of _____ 20 __, at _____ .m.

VERIFICATION

STATE OF NEW YORK)
 ss:
COUNTY OF SUFFOLK)

XXXXXXXXXXXX, XXX being duly sworn, deposes and says under penalties of perjury:

I am the Plaintiff in this action and as such, I am fully familiar with the facts set forth in the foregoing complaint and that the allegations contained therein are true to my own knowledge, except as to matters therein stated to be alleged on information and belief and as to those matters he believes them to be true.

XXXXXXXXXXXX

Sworn to before me this
_____ day of _____

Notary Public