

Appendix B

Samples of Documents

Screen Layout and

Record Layout

OCA Retainer and Closing Statements

Batch Slip

Batch Number: _____

Box Number: _____

Start Number: _____
(Statement #)

End Number: _____
(Statement #)

SAMPLE NO. 01

1st
SAMPLE NO. 2

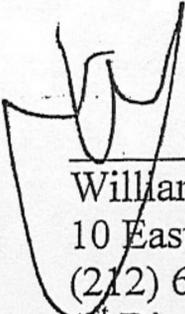
RETAINER STATEMENT

NYC OCA 2938527 SEP 30 04

To: OFFICE OF COURT ADMINISTRATION
Retainer and Closing Statements
Post Office Box 2016
Church Street Station
New York, New York 10008

1. Date of Agreement as to retainer: September 9, 2004
2. Terms of Compensation: Thirty-Three and One Third Percent (33-1/3%) of recovery, to be shared on a quantum meruit basis with the law firm which has engaged this attorney. I will work in additional pre-trial discovery and try the matter if it is to be tried.
3. Name and Address of Clients: Amilcar Sigaran Granados, 19 Washington Street, Hempstead, NY 11550.
4. If engaged by an attorney, name and address of retaining attorney: None
5. If claim for personal injuries, wrongful death or property damage, date and place of occurrence: September 5, 2004, Main Street and Lincoln Avenue, Hempstead, NY.
6. Not a condemnation or change of grade proceeding.
7. Name, address and relationship of person referring the client: The client was referred by a client, Jose Perdomo, whose mailing address is P.O. Box 733, Copiague, NY 11726.

Date: New York, New York
September 13, 2004



William P. Walzer
10 East 40th Street, Suite 1710
(212) 686-3636
1st Dist., 1st Dept., New York County

S

2110
SAMPLE No. 3

Statement as to Retainer - use for fee as per Schedule B or for Condemnation Proceedings, App. Div., July 1960.

RETAINER STATEMENT

TO: OFFICE OF COURT ADMINISTRATION
OF THE STATE OF NEW YORK
Post Office Box 2016
New York, NY 10008

NYC OCA 5819339 AUG 18 04
For office use:

1. Date of agreement as to Retainer: June 21, 2004
2. Terms of Compensation: Contingent Retainer - Straight 33 1/3 Percent
3. Name and home address of client: Kamika Gra
49 Montgomery Street, 5C, Brooklyn, NY 11213,
4. If engaged by an attorney, name and office address of retaining attorney: Not applicable
5. If claim for personal injuries, wrongful death or property damage, date and place of occurrence: June 6, 2004 at the sidewalk i/f/o 387 Utica Avenue, Brooklyn, New York
6. If a condemnation or change of grade proceeding: Not applicable
7. Name, address, occupation and relationship of person referring the client: Known to the undersigned,

Dated: Briarwood, New York, 23 day of June, 2004

Our File # 04-0038

Print Yours, etc
or Michael I. Feiner
Signature of Attorney

{ Michael I. Feiner
Attorney

Type GILDIN, ZELENITZ & SHAPIRO, P.C.
138-44 Queens Boulevard, Briarwood, New York
11435

Office and P. O. Address
11th Dist. 2nd Dept. Queens County

*Set forth particulars as to the fee arrangement, the type of services to be rendered in the matter, the code number assigned to the statement of retainer filed by the retaining attorney and the date when said statement of retainer was filed.



Sample No. 4

DATA ENTRY SCREEN

Select a New Statement

Retainer Statement

Statement Number: 2938527

Statement Date: 09/30/2004

Batch Number:

Batch Date:

1. Date of agreement as to retainer

2. Terms of Compensation

- (1) Fee schedule A; sliding scale
- (2) Fee schedule B; percent of recovery
- (3) Fee set by judicial order or malpractice

3. Name and home address of client

Client 1:

(First, MI, Last):

Address:

Client 1 home address:

Please note:

Only the address, apartment number, city, state and zip are used

Client 2:

(First, MI, Last):

Care of:

(First, MI, Last):

4. If engaged by an attorney:

- is filled in
- is blank, or is attorney filing this retainer

(Enter a date in Step 5 OR Step 6, but not both).

5. Claim for personal injuries, wrongful death or property damage, date of occurrence

Date of Occurrence:

6. Claim for condemnation or change of grade proceeding

7. Person referring the client

Office Address

Firm Name:

Firm Street Address:

County:

SAMPLE NO. 51

Retainer Statement Field Table

Field Name	Type	Size
retid	Number	Long Integer
atty_name	Text	50
atty_address	Text	75
atty_dict_county_type	Number	Integer
client1_first_name	Text	20
client1_middle_init	Text	1
client1_last_name	Text	30
client2_first_name	Text	20
client2_middle_init	Text	1
client2_last_name	Text	30
client1_care_of_first_name	Text	20
client1_care_of_middle_init	Text	1
client1_care_of_last_name	Text	30
client1_street	Text	50
client1_apt	Text	5
client1_city	Text	20
client1_dict_state_type	Text	2
client1_zip	Text	5
client1_zip_plus	Text	4
client1_dict_country_type	Number	Integer
mf_stmt_dict_judicial_dept	Number	Byte
mf_stmt_number	Number	Long Integer
mf_stmt_date	Date/Time	
retain_agreement_date	Date/Time	

dict_retain_compensation_type	Number	Integer
dict_retain_co_counsel_type	Number	Integer
dict_retain_proceeding_type	Number	Integer
incident_occurrence_date	Date/Time	
dict_retain_referral_type	Number	Integer
batch_number	Text	10
batch_date	Date/Time	
box_number	Text	50
error_description	Text	250

Note:

(1) Date/Time data format must be mm/dd/yyyy.

(2) Values of following fields are:

atty_dict_county_type_value is equal to the identity field of table dict_county_type

client1_dict_state_type_value is equal to the identity field of table dict_state_type

client1_dict_country_type_value is equal to the identity field of table dict_country_type

dict_retain_compensation_type value is equal to the identity field of table dict_retain_compensation_type

dict_retain_co_counsel_type value is equal to the identity field of table dict_retain_co_counsel_type

dict_retain_proceeding_type value is equal to the identity field of table dict_retain_proceeding_type

dict_retain_referral_type value is equal to the identity field of table dict_retain_referral_type

mf_stmt_judicial_dept value is equal to the identity field of table dict_judicial_department_type (mf_stmt_dict_judicial_dept, mf_stmt_number and mf_stmt_date are to be validated against the table retain_range)

NYC OCA 5819487 AUG 18 04

TO: THE OFFICE OF COURT ADMINISTRATION
Retainer and Closing Statements
P.O. Box 2016
Church Street Station
New York, New York 10008

SAMPLE NO. 6

1. Code number appearing on Attorney's receipt for filing of retainer statement of statement filed with Clerk of Appellate Division prior to July 1, 1960 (give date of such filing).

5420216Code Number

2. Name and present address of client: Richard Germain, 585 East 32nd Street, Brooklyn, New York 11212

3. Plaintiff(s): Richard Germain

4. Defendant(s): Rozmar GHR COMPANY LLC and Hellman Management

5. (a) If action commenced, state date: February 24, 2004, Supreme Court, Kings County.

5. (b) Was the action disposed of in open court? N/A

If not, and a request for judicial intervention was filed, state the date the stipulation or statement of discontinuance was filed with the clerk of the part to which the action was assigned:

If not, and an Index Number was assigned but no request for Judicial Intervention was filed, state the date the stipulation or statement of discontinuance was filed with the County Clerk: June 29, 2004.

6. Check items applicable: Settled (X); Claim abandoned by client (); Judgment (); Date of payment by carrier or defendant June 21, 2004, Date of payment to client June 24, 2004.

7. Gross amount of recovery (if judgment entered, include any interest, costs and disbursements allowed) \$10,000.00.

8. Name and address of insurance carrier or person paying judgment or claim and carrier's file number, if any: Tower Insurance Company, 120 Broadway, New York, New York, Claim#: L024998-01.

9. Net amounts: to client \$5,000.00., compensation to undersigned \$2,602.59.; names, addresses and amounts paid to attorneys participating in the contingent compensation: None.

10. Compensation fixed by, retainer agreement (X); under schedule (); or by court ().

11. If compensation fixed by court: Name of Judge: N/A
Court, Index No. Date of order, 19

12. Itemized statement of payments made for hospital, medical care or treatment, liens, assignments, claims and expenses on behalf of the client which have been charged against the client's share of the recovery, together with the name, address, amount and reason for each payment: 119 SEIU Benefit and Pension Funds, 330 West 42nd Street, New York New York 10036, Lien amount: \$1,627.41.

13. Itemized statement of the amounts of expenses and disbursements paid or agreed to be paid to

others for expert testimony, investigative or other services properly chargeable to the recovery of damages together with the name, address and reason for each payment:

Medical Report, Joseph Kleynerman, MD, 7206 Bay Parkway, Brooklyn, New York-\$400.00.
Hospital records, Coney Island Hospital, Brooklyn, New York -\$60.00
Index #, Clerk of the Supreme Court, County of Kings- \$210.00
Process Service, Aetna Central Judicial Service, 225 Broadway, N.Y., N.Y. 10007-\$60.00.
Last Owner's Search with Record Abstract, Nanuet, New York - \$40.00

14. Date on which a copy of this closing statement has been forwarded to the client June 29, 2004.

Dated: June 29, 2004
Brooklyn, New York

Yours etc.

ABRAHAM MELAMED
ABRAHAM MELAMED, P.C.
2562 86 STREET,
BROOKLYN, NEW YORK 11214
(718) 372-1221
2nd Dist.-2nd Dept.-Kings County

SAMPLE NO. 7

DATA ENTRY SCREEN

Closing Statement Department 1

Statement Number: 2938556

Statement Date: 09/30/2004

Batch Number:

Batch Date: 02/25/2005

1. Code number:

Firm 1 Name:	<input type="text"/>	Code number:	<input type="text"/>
Firm 2 Name:	<input type="text"/>	Code number:	<input type="text"/>
Firm 3 Name:	<input type="text"/>	Code number:	<input type="text"/>

2. Name of client(s): Please enter as first name, middle initial, last name

Client 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Client 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Plaintiff(s):

4. Defendant(s):

5. Court:

6. Disposition type: Payment date:

7. Gross amount of recovery: Please enter the gross amount of recovery as a whole dollar amount

8. Name and address, of insurance carrier or person paying judgment:

9. Net amounts:

10. Compensation fixed by:

11. If compensation fixed by court:

12. Itemized statement of payments:

13. Itemized statement of the amounts of expenses:

14. Date on which a copy of this closing statement has been forwarded to the client:

Firm #1:

Firm Name:

Office Address:

District	Department	County
<input type="text"/>	<input type="text"/>	<input type="text" value="--any--"/>

Firm #2:

Firm Name:

Office Address:

District	Department	County
<input type="text"/>	<input type="text"/>	<input type="text" value="--any--"/>

Firm #3:

Firm Name:

Office Address:

District	Department	County
<input type="text"/>	<input type="text"/>	<input type="text" value="--any--"/>

Save as a new record	CANCEL
----------------------	--------

SAMPLE NO. 8

Closing Statement Field Table

Name	Type	Size
clsid	Number	Long Integer
atty1_name	Text	50
atty1_address	Text	75
atty1_dict_county_type	Number	Integer
client1_first_name	Text	20
client1_middle_init	Text	1
client1_last_name	Text	30
client2_first_name	Text	20
client2_middle_init	Text	1
client2_last_name	Text	30
atty2_name	Text	50
atty2_address	Text	75
atty2_dict_county_type	Number	Integer
atty2_retain_mf_stmt_number	Number	Long Integer
atty3_name	Text	50
atty3_dict_county_type	Number	Integer
atty3_retain_mf_stmt_number	Number	Long Integer
mf_stmt_dict_judicial_dept	Number	Byte
mf_stmt_number	Number	Long Integer
mf_stmt_date	Date/Time	
dict_closing_court_type	Number	Integer
dict_closing_disposition_type	Number	Integer
defendant_payment_date	Date/Time	

gross_recovery_amount	Number	Long Integer
dict_closing_compensation_type	Number	Integer
batch_number	Text	10
batch_date	Date/Time	
box_number	Text	50
error_description	Text	250

Note:

(1) Date/Time data format must be mm/dd/yyyy.

(2) Values of following fields are:

atty1_dict_county_type, atty2_dict_county_type, atty3_dict_county_type values are equal to the identity field of table dict_county_type

dict_closing_court_type value is equal to the identity field of table dict_closing_court_type

dict_closing_disposition_type value is equal to the identity field of table dict_closing_disposition_type

dict_closing_compensation_type value is equal to the identity field of table dict_closing_compensation_type

mf_stmt_judicial_dept value is equal to the identity field of table dict_judicial_department_type

(mf_stmt_dict_judicial_dept, mf_stmt_number and mf_stmt_date are to be validated against the table retain_range)

SAMPLE NO. 9

Retainer and Closing Statement Data File and Processing

(A) General Information

Files from vendor should be in "Microsoft Access" format.

There are two types of files:

- o Files containing original records.
- o Files containing corrections of the records. A record is defined as a correction if previously uploaded to OCA.

Files with originals should be named: **UCSDB.mdb**, files with corrections should be named: **UCSDB_incoming_corrections.mdb**. The files must be posted by Vendor on FTP site for oca processing.

Every file must contain following 3 tables: head_table, retain, closing.

The tables must have following layouts:

(1) head_table table

Name	Type	Size
processing_date	Date/Time	
retain_amount	Number	Long Integer
closing_amount	Number	Long Integer
file_status (used for files with corrections)	Text	1

retain_amount value has to be equal to amount of records in retain table,

closing_amount value has to be equal to amount of records in closing table.

The value of the field **file_status** for file with corrections has to be "R". For file with originals this field is optional.

In case any of values in head_table is incorrect, the entire file will be rejected.

(B) Corrections Records Processing

Records from correction files will be processed according to the following rules.

- o If a record from a correction file has a duplicate in oca database, the record will be uploaded.
- o If a record does not have a duplicate - it won't be uploaded. Such record will be sent back to Vendor with the following error description: "E :Microfilm number does not exist in table RETAINER " (for retainer records) and "E : Microfilm number does not exist in table CLOSING" (for closing records). The verification on duplicates is performed to prevent the upload of those corrections, which have errors in their microfilm statement number, statement date or department date.

A criteria for duplicate records is:

- o A retain record is considered a duplicate if its microfilm statement number on the same department is present in database retainer table unless there are at least 2 years difference in when the statements numbers were filed.
- o A closing record is considered a duplicate if its microfilm statement number on the same department is present in database closing table unless there are at least 2 years difference in when the statements numbers were filed.

(C) Files with errors sent back to Vendor

The errors in incoming records are divided to 2 categories according to results of oca processing:

- o Fatal errors - Records with such errors are rejected by oca. They are not uploaded to oca database.
- o Warnings - Records with such errors are uploaded by oca with warnings.

Files sent back to Vendor contain records, which have fatal errors.

The errors are described in the field error_description of retainer/closing tables of these files. If the record in addition contains warnings, their description is included to the field error_description as well.

After an incoming file is processed it is deleted from FTP site. A file with error records is posted back to FTP site to the same folder.

The files with errors are named:

- (a) files with originals: **UCSDB_error.mdb**
- (b) files with corrections: **UCSDB_corrections_error.mdb**