

Supreme Court of the State of New York
Appellate Division: Second Judicial Department

ADM 2004-1103

The Appellate Division of the Supreme Court of the State of New York for the Second Judicial Department, pursuant to the authority vested in it,

DOES HEREBY, effective immediately, amend paragraph (2) of subdivision (a) and paragraph (2) of subdivision (b) of section 691.20 of Title 22 of the Official Compilation of Codes, Rules and Regulations of the State of New York as follows (additions in text are indicated by underlining and deletions by ~~strikethrough~~):

§ 691.20 Claims or actions for personal injury, property damage, wrongful death, loss of services resulting from personal injuries, due to negligence or any type of malpractice, and claims in connection with condemnation or change of grade proceedings.

(a) Statements as to retainers; blank retainers.

* * * *

(2) A statement of retainer must be filed in connection with each action, claim or proceeding for which the attorney has been retained. Such statement shall be on one side of paper 8½ inches by 11 inches and be in the following form and contain the following information:

Retainer Statement

For office use:

TO THE OFFICE OF COURT ADMINISTRATION OF THE STATE OF NEW YORK

1. Date of agreement as to retainer
2. Terms of compensation
3. Name and home address of client
-
4. If engaged by an attorney, name and office address of retaining attorney
-
-
5. If claim for personal injuries, wrongful death or property damage, date and place of occurrence
-
-
6. If a condemnation or change of grade proceeding:

- (a) Title and description
- (b) Date proceeding was commenced
- (c) Number or other designation of the parcels affected

7. Name, address, occupation and relationship of person referring the client

Dated:, N.Y., day of, 19 20.....

Yours, etc.

Print
 Signature of Attorney
 or
 Attorney's Name
 Type
 Office and P.O. Address
 Dist. Dept.County

NOTE: ~~COURT RULES CPLR 2104 AND 3217~~ REQUIRE THAT THE ATTORNEY FOR THE PLAINTIFF DEFENDANT FILE A STIPULATION OR STATEMENT OF DISCONTINUANCE WITH THE COURT UPON DISCONTINUANCE OF AN ACTION.

* * * *

(b) Closing statement; statement where no recovery.

* * * *

(2) Each closing statement shall be on one side of paper 8½ inches by 11 inches and be in the following form and contain the following information:

Closing Statement

For office use:

TO THE OFFICE OF COURT ADMINISTRATION OF THE STATE OF NEW YORK

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

.....

Code Number

2. Name and present address of client

3. Plaintiff(s) 4. Defendant(s)
-
-
5. (a) If an action was commenced, state the date:, 20.....,Court,County.
- (b) Was the action disposed of in open court?
- 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.
6. Check items applicable: Settled (); Claim abandoned by client (); Judgment ()
- Date of payment by carrier or defendant day of, 1920.....
- Date of payment to client day of, 1920.....
7. Gross amount of recovery (if judgment entered, include any interest, costs and disbursements allowed) \$ {(of which \$ was taxable costs and disbursements)}.
8. Name and address of insurance carrier or person paying judgment or claim and carrier's file number, if any
9. Net amounts: to client \$; compensation to undersigned \$; names, addresses and amounts paid to attorneys participating in the contingent compensation.
10. Compensation fixed by: retainer agreement (); under schedule (); or by court ().
11. If compensation fixed by court: Name of Judge Court, Index No., Date of Order
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 reasons for each payment
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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
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14. Date on which a copy of this closing statement has been forwarded to the client
....., 19 20.....

NOTE: ~~COURT RULES CPLR 2104 AND 3217~~ REQUIRE THAT THE
ATTORNEY FOR THE ~~PLAINTIFF~~ DEFENDANT FILE A
STIPULATION OR STATEMENT OF DISCONTINUANCE WITH THE
COURT UPON DISCONTINUANCE OF AN ACTION.

Dated:, N.Y., day of, 19 20.....

Yours, etc.

Print

Signature of Attorney

or

Attorney's Name

Type

Office and P.O. Address

..... Dist. Dept. County

(If space provided is insufficient, riders on sheets 8½ by 14 11 inches and signed by the
attorney may be attached.)

Dated: Brooklyn, New York
November 3, 2004



For the Court:

A. GAIL PRUDENTI
Presiding Justice

Attest:

JAMES EDWARD PELZER
Clerk of the Court