

CLOSING STATEMENT*

TO: Office of Court Administration
of the State of New York
Post Office Box 2016
New York, New York 10008

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): _____
2. Name and address of client:

3. Plaintiff(s) _____ 4. Defendant(s) _____

5. (a) If action commenced, state date: _____, 20__, _____ Court,

(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 []; Judgment []; Date of Payment by carrier or defendant: _____ day of _____, 20__. Date of payment to client: _____ day of _____, 20__.
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 _____.

* The above form is found in Rule 603.7 of the Appellate Division, First Department.