

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF DUTCHESS

-----X
JACQUELINE COOPER,

Plaintiff,

**DEMAND FOR
VERIFIED BILL
OF PARTICULARS**

-against-

Index No. 2020-51848

AME-ZION TRINITY HOUSING DEVELOPMENT FUND, INC.
d/b/a HARRIET TUBMAN TERRACE APARTMENTS,

Defendants.
-----X

COUNSELORS:

PLEASE TAKE NOTICE, that pursuant to Article 30 of the C.P.L.R., you are hereby required to serve upon the undersigned within twenty (20) of receipt of this demand a Verified Bill of Particulars as to the following:

1. Set forth the date of birth, social security number and present residence address of each plaintiff named herein.
2. Set forth the date, time and specific location of the incident referred to in plaintiff's Verified Complaint.
3. State separately as to each defendant named herein each and every act and/or failure to act which it will be alleged constituted negligence or other wrongful doing on the part of each of said defendants.
4. If it will be claimed that the incident in question resulted from the existence of a defective condition, specify the condition or conditions, including its exact location.
5. Set forth in what manner it will be claimed that the purported defective condition contributed to the happening of this incident.

6. If it will be claimed that any defendant herein had actual notice of the existence of the purported defective condition, state by whom, to whom, when and under what circumstances said actual notice was given. If written, set forth a true, correct and complete copy thereof.
7. If constructive notice is claimed, set forth the length of time said condition existed and the circumstances under which the defendant obtained constructive notice thereof.
8. Set forth each and every injury allegedly sustained by the plaintiff as a result of the incident referred to in the Complaint.
9. Set forth which of said injuries, if any, are claimed to be permanent.
10. If it will be alleged that the plaintiff herein sustained any aggravation or exacerbation of a prior existing condition:
 - A. State which condition or conditions previously existed;
 - B. Set forth in what manner same was aggravated or exacerbated;
 - C. Set forth in what manner the condition was originally incurred.
11. Identify all physicians and/or other medical personnel who have treated the plaintiff at any time since the date of the accident, together with the addresses of each and the date or dates of treatment.
12. If the plaintiff was treated or confined at any hospital following the incident referred to in the Complaint, identify all such hospitals and the date or dates of treatment and/or confinement.

13. If the plaintiff was confined to home for any period of time following the incident referred to in the Complaint, set forth the specific date or dates of said confinement.
14. If the plaintiff was confined to bed for any period of time following the incident referred to in the Complaint, specify the particular date or dates of such confinement.
15. If it is claimed that the plaintiff was disabled for a period of time, specify all periods of:
 - a. total disability;
 - b. partial disability.
16. With respect to plaintiff's employment, set forth:
 - a. the name and address of plaintiff's employer as of the date of the incident;
 - b. the name of plaintiff's immediate supervisor as of the date of the incident;
 - c. the nature of plaintiff's employment; and
 - d. the period or periods of time, by specific dates, if any, that plaintiff was unable to work.
17. Specify all items of special damages sustained by the plaintiff herein including:
 - a. Hospital expenses;
 - b. Physician expenses;
 - c. Other medical expense, itemizing same;
 - d. Loss of earnings.

18. If it will be claimed that the defendants herein violated any statutes, laws or ordinances, set forth same, identifying the particular sub-division or chapter thereof allegedly violated.

PLEASE TAKE FURTHER NOTICE, that in the event of plaintiff's failure to comply with the foregoing demand within twenty (20) days, these defendants will move to preclude the offering of any evidence as to the matters herein demanded, together with the costs of such application.

Dated: White Plains, New York
July 27, 2020

Yours, etc.

**BOEGGEMAN, CORDE, ONDROVIC
& HURLEY, P.C.**

Karen A. Ondrovic

KAREN A. ONDROVIC, ESQ.
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SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF DUTCHESS

-----X
JACQUELINE COOPER,

Plaintiff,

-against-

**DEMAND FOR NAMES
AND ADDRESSES OF
ALL WITNESSES,
STATEMENTS, PHOTOS
AND AUTHORIZATIONS**

Index No. 2020-51848

AME-ZION TRINITY HOUSING DEVELOPMENT FUND, INC.
d/b/a HARRIET TUBMAN TERRACE APARTMENTS,

Defendants.
-----X

COUNSELORS:

**PLEASE TAKE NOTICE, that the defendant we represent demands that
you set forth in writing, under oath, and serve upon us within twenty (20) days of
this date:**

1. The name and address of each person known or claimed by you or any party you represent in this action to be a witness to the occurrence alleged in the Complaint in this action.
2. The name and address of each person known or claimed by you or any party you represent in this action to be a witness with respect to:
 - A. Actual notice;
 - B. Constructive notice.
3. The names and addresses of each person plaintiff intends to call at the time of trial to present evidence with respect to the issue of damages as to:
 - A. Conscious pain and suffering;
 - B. Physical disability;

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