

Small Claims Area at Stamford
115 Hoyt St.
Stamford, CT 06905

Disposition

Docket No.: SCA1-161349 STRAUSS vs. SHIELDS

Amount of Claim: \$356.00

I. DISPOSITION

- A. Judgment for the Plaintiff after Default without Hearing in Damages
- B. Judgment for the Plaintiff after Default with Hearing in Damages
- C. Stipulated Judgment for the Plaintiff
- D. Judgment for the Plaintiff after Hearing
- E. Dismissed
- F. Withdrawn
- G. Judgment for the Defendant after Hearing
- H. Judgment for the Defendant
- I. Transferred to Civil Docket
- J. Dismissed Pursuant to P.B. Section 24-27
- K. Transferred To Another Court Location
- Z. Other _____

II. REASON FOR DECISION (Complete only if the case was contested.)

III. DAMAGES AND COSTS

Damages:	\$ 356	Entry Fee:	\$30.00
Interest:	\$	Service:	\$
Atty Fees:	\$	Other:	\$
TOTAL DAMAGES:	\$ 356	TOTAL COSTS:	\$ 30

TOTAL AMOUNT OF DAMAGES AND COSTS: \$ 386

IV. ORDER OF PAYMENT(S)

Total Amount above to be paid by: _____ Date _____

Payments of \$ 25 per week bi-week month bi-month other

are due commencing on: Date 12.7.00

Signed: _____ Date: 11.7.00

SMALL CLAIMS WRIT AND NOTICE OF SUIT

JD-CV-40 Rev. 11-98
C.G.S. § 51-15
Pr. Bk. § 24-1 et seq.

STATE OF CONNECTICUT
SUPERIOR COURT
SMALL CLAIMS SESSION

Type or print legibly - see instructions on back

DOCKET NO. SCA1-161349
ANSWER DATE 10-11-00

SMALL CLAIMS AREA LOCATION
 G.A. 1 HOUSING SESSION AT: _____
 JUDICIAL DISTRICT AT: _____

P L T F	NAME ADDRESS AND ZIP CODE OF PLAINTIFF #1 DR. BARBARA R. STRAUSS 432 N. MAIN ST. PORT CHESTER, N.Y. 10573	P L T F	NAME ADDRESS AND ZIP CODE OF PLAINTIFF #2
	TELEPHONE NO. (w/area code) ("X" ONE) <input type="checkbox"/> PARTNERSHIP (914) 939-1112 <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION		TELEPHONE NO. (w/area code) ("X" ONE) <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION

FOR THE PLAINTIFF(S) PLEASE ENTER THE APPEARANCE OF _____ JURIS NO. _____ TELEPHONE NO. (w/area code) ()

D E F	NAME ADDRESS AND ZIP CODE OF DEFENDANT #1 MR. SCOTT SHIELDS 1368 KING ST GREENWICH, CT. 06831	D E F	NAME ADDRESS AND ZIP CODE OF DEFENDANT #2
	TELEPHONE NO. (w/area code) ("X" ONE) <input type="checkbox"/> PARTNERSHIP (203) 531-9707 <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION		TELEPHONE NO. (w/area code) ("X" ONE) <input type="checkbox"/> PARTNERSHIP () <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION

FOR COURT USE ONLY: ATTORNEY FOR DEFENDANT(S) _____ TELEPHONE NO. (w/area code) ()

YOU ARE BEING SUED.

THE ABOVE PLAINTIFF(S) **CLAIMS YOU OWE** →

AMOUNT DUE
\$356.00

TOWN WHERE TRANSACTION/INJURY OCCURRED OR PREMISES LOCATED
PORT CHESTER, N.Y. (TOWN OF RYE)

PLUS COSTS, FOR THE FOLLOWING REASONS:
TO RECOVER FEES INCURRED FOR VETERINARY SERVICES RENDERED ON 5/22/00, 5/25/00 AND 5/30/00 TO "HONEY" AND "BEAR" AT THE SPECIAL INSTANCE AND REQUEST OF THE DEFENDANT. NO PART OF WHICH HAS BEEN PAID ALTHOUGH DULY DEMANDED.

The undersigned, being duly sworn, deposes and says that the signer has read the claim and, to the best of the signer's knowledge, information and belief, there is good ground to support it.

SIGNED X Barbara R Strauss	TYPE IN NAME OF PERSON SIGNING AT LEFT BARBARA R. STRAUSS, V.M.D.	DATE SIGNED 8/7/2000
SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) September 7, 2000	SIGNED (Clerk, Notary, Comm. of Sup. Ct.) X Robert S. Stimpson, Jr.	ROBERT S. STIMPSON, JR Notary Public, State of New York NO. 01-4799967

The undersigned deposes and says:

that the undersigned is unable to determine whether or not the defendant(s) in this action are in the military or naval service of the United States.

that the defendant is in the military or naval service of the United States.

that no defendant in this action is in the military or naval service of the United States, and that, to the personal knowledge of the undersigned (state facts showing defendant is not in such service)

SIGNATURE AND TITLE X Barbara R Strauss	ROBERT S. STIMPSON, JR Notary Public, State of New York NO. 01-4799967
SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) September 7, 2000	SIGNED (Clerk, Notary, Comm. of Sup. Ct.) X Robert S. Stimpson, Jr.
SIGNED (Clerk) X	Qualified in Westchester County Term Expires 12/31/2001

FOR COURT USE ONLY

DATE ENTERED
SEP 20 10 24 AM '00
SUPERIOR COURT
GA # 1

Small Claims Area at Stamford
115 Hoyt St.
Stamford, CT 06905

Disposition

Docket No.: SCA1-160986 THE MAIDS/LEADS ENT. vs. SHIELDS

Amount of Claim: \$1,321.64

I. DISPOSITION

- A. Judgment for the Plaintiff after Default without Hearing in Damages
 B. Judgment for the Plaintiff after Default with Hearing in Damages
 C. Stipulated Judgment for the Plaintiff
 D. Judgment for the Plaintiff after Hearing
 E. Dismissed
 F. Withdrawn
 G. Judgment for the Defendant after Hearing
 H. Judgment for the Defendant
 I. Transferred to Civil Docket
 J. Dismissed Pursuant to P.B. Section 24-27
 K. Transferred To Another Court Location
 Z. Other _____

II. REASON FOR DECISION (Complete only if the case was contested.)

III. DAMAGES AND COSTS

Damages:	\$ 1321.64	Entry Fee:	\$30.00
Interest:	\$	Service:	\$
Atty Fees:	\$	Other:	\$
TOTAL DAMAGES:	\$	TOTAL COSTS:	\$

TOTAL AMOUNT OF DAMAGES AND COSTS: \$

IV. ORDER OF PAYMENT(S)

Total Amount above to be paid by: _____ Date _____
 Payments of \$ 35- per week bi-week month bi-month other
are due commencing on: Date 12-15-00

Signed: *M. Kruty* Date: 11/15/00

SMALL CLAIMS WRIT AND NOTICE OF SUIT

JD-CV-40 Rev. 10-99
C.G.S. § 51-15
Pr. Bk. § 24-1 et seq.

STATE OF CONNECTICUT
SUPERIOR COURT
SMALL CLAIMS SESSION

Type or print legibly - see instructions on back.
www.jud.state.ct.us

DOCKET NO. SCA1-160986
ANSWER DATE 11-8-00

SEP 27 2000

SMALL CLAIMS AREA LOCATION

G.A. HOUSING SESSION AT: JUDICIAL DISTRICT AT:

PLTFF #1	NAME ADDRESS AND ZIP CODE OF PLAINTIFF #1 The Maids Heads Ent 19 Third Street Stamford, CT 06905	PLTFF #2	NAME ADDRESS AND ZIP CODE OF PLAINTIFF #2 327 West Ave 06902
	TELEPHONE NO. (w/area code) ("X" ONE) (203) 961-0399 <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		TELEPHONE NO. (w/area code) ("X" ONE) () <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION
ATTORNEY FOR PLAINTIFF(S)		JURIS NO.	TELEPHONE NO. (w/area code)
DEF #1		DEF #2	
NAME ADDRESS AND ZIP CODE OF DEFENDANT #1 Patricia Shields 1308 King St Greenwich, CT 06831		NAME ADDRESS AND ZIP CODE OF DEFENDANT #2	
TELEPHONE NO. (w/area code) ("X" ONE) (203) 531-9707 <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION		TELEPHONE NO. (w/area code) ("X" ONE) () <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	
ATTORNEY FOR DEFENDANT(S)		JURIS NO.	TELEPHONE NO. (w/area code)
FOR COURT USE ONLY:			

YOU ARE BEING SUED.

THE ABOVE PLAINTIFF(S) **CLAIMS YOU OWE** → PLUS COSTS, FOR THE FOLLOWING REASONS:

AMOUNT DUE \$1321.64	TOWN WHERE TRANSACTION/INJURY OCCURRED OR PREMISES LOCATED Greenwich, CT
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Non-payment of residential cleaning services performed at the above address on the following dates
5/15/00, 5/22/00, 5/30/00

The undersigned, being duly sworn, deposes and says that the signer has read the claim and, to the best of the signer's knowledge, information and belief, there is good ground to support it.

SIGNED X Stephen Pollack	TYPE IN NAME AND TITLE OF PERSON SIGNING AT LEFT Stephen Pollack, Managing Partner
SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 7/11/00	SIGNED (Clerk, Notary, Comm. of Sup. Ct.) X Charles McHadden

MILITARY SERVICE AFFIDAVIT My Commission Expires August 31, 2001

The undersigned deposes and says:

- that the undersigned is unable to determine whether or not the defendant(s) in this action are in the military or naval service of the United States.
- that the defendant is in the military or naval service of the United States.
- that no defendant in this action is in the military or naval service of the United States, and that, to the personal knowledge of the undersigned (state facts showing defendant is not in such service)

SIGNATURE AND TITLE X Stephen Pollack, managing partner	SIGNED (Clerk, Notary, Comm. of Sup. Ct.) X Charles McHadden
SUBSCRIBED AND SWORN TO BEFORE ME ON (Date) 7/11/00	My Commission Expires August 31, 2001
SIGNED (Clerk) X Sam	

FOR COURT USE ONLY	
DATE ENTERED	DOCKET NO.

JUL 17 9 04 AM '00
SUPERIOR COURT
04#100