

**SUFFOLK COUNTY DISTRICT COURT
COMPLAINT FORM**

BRSC-263-06

Monday
MAY 15, 2006
COURT DATE
9:30 AM 6th DIST.
TIME & DISTRICT

INDEX NO.

DATE MAILED

THIS FORM MUST BE TYPED OR PRINTED:

CHECK ONE TYPE OF CLAIM: SMALL CLAIM COMMERCIAL CLAIM CONSUMER TRANSACTION
CHECK ONE SESSION: DAY COURT NIGHT COURT

<p>PLAINTIFF'S NAME AND ADDRESS If plaintiff is a business, you must enter your true business name</p> <p>IN THE MATTER OF, VASILIE VS. LI POWER</p> <p>RECEIVED FROM PLAINTIFF</p> <p>RECEIVED FOR... NEW SC SMALL CLAIMS FILING</p> <p>SURCHARGE CRIME VICTIM FEE</p> <p>TOTAL DUE</p> <p>RECEIVED PAYMENT AS CASH..... IN THE AMOUNT OF</p> <p>CHANGE DUE...</p> <p>SPECIAL COMMENTS: This receipt is your proof of payment for the transaction and index number noted above. Please retain this receipt for your records. All work is processed in the order that it is received.</p> <p>CASHIER # 61</p>	<p>DEFENDANT'S NAME AND ADDRESS business you must enter its true business name</p> <p>Island Power Authority or True Business Name Main St. Boxes) 09ue NY 11772 516-545-2460</p> <p>Plaintiff <input checked="" type="checkbox"/> Additional Defendant Energy Delivery or True Business Name Main St. Boxes) NY 11772 631-853-8326</p> <p>Additional pages as needed, and check here: <input type="checkbox"/></p>
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SUFFOLK COUNTY DISTRICT COURT
6TH DISTRICT FINE/FEE RECEIPT
Monday March 13, 2006
DOCKET #... BRSC 263/06

RECEIPT #87008BR

LOAN
DEFECTIVE MERCHANDISE
DEFENDANT'S DEFECTIVE WORK,
OR SERVICES
E OF ACTION AS DETAILED BELOW

to collect illegal
to CLASS-Action
Authority (LIPA) Nassau
ES: Over \$ 2000 T.B.D.

nt books, receipts and other documents
ertifies to the best of his/her knowledge,

fies that no more than five (5) actions or
initiated in the courts of this state during

OF A COURT CLERK OR NOTARY

J. Vaal

AGENT OF PLAINTIFF

NATURAL GUARDIAN

**SUFFOLK COUNTY DISTRICT COURT
COMPLAINT FORM**

COURT DATE _____

INDEX NO. _____

TIME & DISTRICT _____

DATE MAILED _____

THIS FORM MUST BE TYPED OR PRINTED:

CHECK ONE TYPE OF CLAIM: SMALL CLAIM COMMERCIAL CLAIM CONSUMER TRANSACTION

CHECK ONE SESSION: DAY COURT NIGHT COURT

<p align="center">PLAINTIFF'S NAME AND ADDRESS</p> <p>If plaintiff is a business you must enter your true business name</p> <p><u>Carmine F. Vasile</u></p> <p><small>Last Name, First Name or True Business Name</small></p> <p><u>60 Herbert Circle</u></p> <p><small>Street Address (NO P.O Boxes)</small></p> <p><u>Patchogue, NY 11772</u></p> <p><small>City, State, Zip</small></p> <p>Telephone Number: <u>631-758-6271</u></p> <p><input type="checkbox"/> Additional Plaintiff <input type="checkbox"/> Additional Defendant</p> <p><small>Last Name, First Name or True Business Name</small></p> <p><small>Street Address (NO P.O Boxes)</small></p> <p><small>City, State, Zip</small></p> <p>Telephone Number: _____</p>	<p align="center">DEFENDANT'S NAME AND ADDRESS</p> <p>If defendant is a business you must enter its true business name</p> <p><u>LONG Island Power Authority</u></p> <p><small>Last Name, First Name or True Business Name</small></p> <p><u>460 E. Main St</u></p> <p><small>Street Address (NO P.O Boxes)</small></p> <p><u>Patchogue NY 11772</u></p> <p><small>City, State, Zip</small></p> <p>Telephone Number: <u>516-545-2460</u></p> <p><input type="checkbox"/> Additional Plaintiff <input checked="" type="checkbox"/> Additional Defendant</p> <p><u>KeySpan Energy Delivery</u></p> <p><small>Last Name, First Name or True Business Name</small></p> <p><u>460 E. Main St.</u></p> <p><small>Street Address (NO P.O Boxes)</small></p> <p><u>Patchogue, NY 11772</u></p> <p><small>City, State, Zip</small></p> <p>Telephone Number: <u>631-853-8326</u></p>
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If you need to list more than four parties, submit additional pages as needed, and check here:

CAUSE OF ACTION (CHECK ONE)

- | | |
|---|--|
| <input type="checkbox"/> (5) PERSONAL INJURIES | <input type="checkbox"/> (40) MONIES DUE |
| <input type="checkbox"/> (10) PROPERTY DAMAGE | <input type="checkbox"/> (50) PAYMENT OF LOAN |
| <input type="checkbox"/> (15) LOSS OF PERSONAL PROPERTY | <input type="checkbox"/> (70) REFUND ON DEFECTIVE MERCHANDISE |
| <input type="checkbox"/> (20) GOODS SOLD AND DELIVERED | <input type="checkbox"/> (80) REFUND ON DEFENDANT'S DEFECTIVE WORK, |
| <input checked="" type="checkbox"/> (25) BREACH OF CONTRACT OR WARRANTY | <input type="checkbox"/> LABOR AND/OR SERVICES |
| <input type="checkbox"/> (35) WORK, LABOR AND SERVICES | <input checked="" type="checkbox"/> (85) OTHER CAUSE OF ACTION AS DETAILED BELOW |

STATE DETAILS OF YOUR CLAIM: Fraud & Conspiracy to collect illegal
surcharges in violation of LIPA Act, according to CLASS-ACTION
Complaint in Carol Patti v. Long Island Power Authority (LIPA), Nassau
County Index # 06-3149 **TOTAL AMOUNT OF DAMAGES:** Over \$ 2000 T.B.D.

The undersigned acknowledges that he/she has been advised that supporting witnesses, account books, receipts and other documents required to establish the claim herein must be produced at the hearing. The undersigned further certifies to the best of his/her knowledge, the defendant is not in the military service.

If this is a complaint filed as a Commercial Claim (UDCA §1803-A), the undersigned hereby certifies that no more than five (5) actions or proceedings (including the instant action) pursuant to the commercial claims procedure have been initiated in the courts of this state during the present calendar month.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A COURT CLERK OR NOTARY

DATED: _____

PLAINTIFF

AS AUTHORIZED AGENT OF PLAINTIFF

AS PARENT AND NATURAL GUARDIAN

CLERK OR NOTARY