

[Print in black ink all areas in bold letters . Both pages must be completed. This summons cannot be used for divorce actions.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

SUMMONS WITH NOTICE

MURIEL KARAS
[your name(s)] Plaintiff(s)

Index Number
103788/07

Date Index Number
purchased _____, 200_



[name(s) of party being sued] Defendant(s)

07103788

To the Person(s) Named as Defendant(s) above:

PLEASE TAKE NOTICE THAT YOU ARE HEREBY SUMMONED to appear in this action by serving a notice of appearance on the plaintiff(s) at the address set forth below, and to do so within 20 days after the service of this Summons (not counting the day of service itself), or within 30 days after service is complete if the summons is not delivered personally to you within the State of New York.

YOU ARE HEREBY NOTIFIED THAT should you fail to answer or appear, a judgment will be entered against you by default for the relief demanded below.

Dated: MARCH 20, 2007
[date of summons]

x Muriel Karas
[sign your name(s)]

MURIEL KARAS
[print your name(s)]

355 8th Ave. 19A
New York, NY 10001
(212) 366 9555
[your address(es), telephone number(s)]

FILED
MAR 20 2007
NEW YORK
COUNTY CLERK'S OFFICE

Defendant(s) CARISTOPHER COAD MD 157 W. 19th ST NYC JOHN WESTON SIEBERT 799 Park Ave NYC
CHELSEA EYE ASSOC. 157 W. 19th ST NYC LINDA MARTIN
N.Y. EYE-LEAR INFIRMARY 310 E 14th ST NYC MARTIN FRIEDLAND
N.Y. MEDICAL CENTER 550 FIRST AVE NYC NYU 550 1st AVE NYC
[address(es) of party being sued]

Notice: The nature of this action is [briefly describe the nature of your case against the defendant(s), such as, breach of contract, negligence]:

MEDICAL/PROFESSIONAL MALPRACTICE
NEGLIGENCE
PERSONAL INJURY
FALSIFICATION OF MEDICAL RECORDS
BREACH OF PRIVACY PRACTICES AND SAFETY

The relief sought is [briefly describe the kind of relief you are asking for, such as, money damages of \$25,000] ONE MILLION DOLLARS

Should defendant(s) fail to appear herein, judgment will be entered by default for the sum of \$1,000,000.00 [amount of money demanded], with interest from the date of [date from which interest on the amount demanded is claimed] and the costs of this action.

Venue:

07103788

Plaintiff(s) designate New York County as the place of trial. The basis of this designation is

[check box that applies]:

- Plaintiff(s) residence in New York County
- Defendant(s) residence in New York County
- Other [See CPLR Article 5]: _____