



Human Resources Administration

Department of Social Services

HUMAN RESOURCES ADMINISTRATION
INVESTIGATION, REVENUE AND ENFORCEMENT ADMINISTRATION
DIVISION OF LIENS AND RECOVERY
P.O. BOX 3786 - CHURCH STREET STATION
NEW YORK, NY 10008-3786
Telephone: (212) 274-5892

**UPDATED / FINAL LIEN REQUEST
FAX FORM
Fax #: (212) 274-4988 or (212) 274-5603**

Date: _____

(I.) Plaintiff Name: _____

SSN: _____ Date of Birth: _____

Settlement Amount: _____ Date of Incident: _____

NYC File Number (if action against NYC): _____ Settlement Date: _____

Index Number: _____ Case Number or CIN: _____

Specify Injury: (E.G. Ankle Fracture), or Fax Bill of Particulars: _____

Type of Lien (circle one):

Updated

Final

(II.) Attorney requesting lien represents (circle one):

Plaintiff

Defendant

Firm Name: _____

Firm Address: _____

Telephone: _____ Fax: _____

Attorney Name: _____ E-mail: _____

Conference Date: _____

(III.) If the requesting attorney represents the plaintiff, please provide the Defendant's name, Defendant's attorney's name, address and phone number. If representing the Defendant, please provide the Plaintiff's name, Plaintiff's attorney's name, address and phone number.

1. _____

2. _____

(IV.) Provide the Name and Address of each Insurance Company insuring each Defendant named above. Include Insurance Company Claim/File for each.

1. _____

2. _____

(V.) Completed by: _____ Date: _____