

EXAMPLE OF NYS SUPREME COURT STIPULATION

SUPREME COURT OF NEW YORK - COUNTY OF SUFFOLK

CALENDAR # 831819/12

Petitioner(s): Richard [redacted]

Assessing Unit: Town of Brookhaven, County of Suffolk.

District: 200 Section: 81 Block: 1 Lots: [redacted]

The subject Small Claims Tax Review Proceeding is settled pursuant to agreement of the parties as follows:

TAX ROLL:	FINAL ASSESSMENT ROLL	CLAIMED ASSESSED VALUE	ASSESSED VALUE REDUCTION	CORRECTED ASSESSED VALUE
<u>12/13</u>	<u>3925</u>	<u>2943</u>	<u>-550</u>	<u>3375</u>

Costs in the amount of \$30.00 are being waived by the petitioner. This document grants the petition in whole or in part and shall have the same force and effect as a Decision of a Small Claims Hearing Officer. The tax assessment will be changed, if possible, before the levy of taxes or a refund of over-paid taxes will be made.

Petitioner or Petitioner by this representative warrants that no other person or entity has an interest in these proceedings. In the event that the petitioner and/or the representative become aware of such an interest at any time he shall so advise the County Treasurer. In the event that it is finally adjudged by a court of competent jurisdiction that another person has an interest in these proceedings and that part or all of the tax refund to be paid herein should have been paid to such person, petitioner agrees to make payment to such person and shall hold the County of Suffolk free and harmless from the payment of a tax refund. SIGNING THIS FORM REQUIRES THE PARTIES TO ACCEPT THE TERMS AND CONDITIONS SET FORTH HEREIN.

Refund Checks are issued by The Suffolk County Treasurer's Office normally between 12-15 months from court date.

Refund to be made payable to:
() Petitioner of () Petitioner's Representative of

Date August 23, 2013

() Petitioner of
() Petitioner's Representative

By: [Signature]
Town Attorney/Assessor

Petitioner's Social Security Number

Petitioner's Address [redacted] Royal Way
Shoreham, NY 11786

SO ORDERED ON THE 23 day of Aug. 2013

Print name or Representative, if any

[Signature]
J.S.C.

Representative's Address: The Heller & Clausen Grievance Group, LLC.
333 Route 25A Suite 120
Rocky Point, NY 11778
631-782-3177

Social Security or Fed ID Number