

PATIENT HISTORY REPORT

Flushing Hospital Medical Center
 Department of Clinical Laboratories
 45th Avenue at Parsons Blvd., Flushing, NY 11355
 Marta Niederland, M.D., Director

PATIENT: SHIN, YOUNG
 MRN#: F838282
 ADMIT: 10/06/11
 Loc/Rm/Bed: F081X--
 DOB: 01/15/1957 AGE: 54
 ADM:
 ACCT#: F404578163

R E S P I R A T O R Y T H E R A P Y

F4060649

COLLECTED | 10/06/11 03:10 | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

Collection Site	L. RADIAL	
Temperature	37.0	36.5-37.5 deg C ✓
FIO2	21.0	% ✓
A r t e r i a l B l o o d G a s		
pH (Arterial)	7.38	7.35-7.45 ✓
PCO2 (Arterial)	44.0	32.0-48.0 mmHg ✓
PO2 (Arterial)	90.0	80.0-100.0 mmHg ✓
HCO3 (Arterial)	26.0	18.0-26.0 mmol/L ✓
Base Excess (Arterial)	0.6	-4.0-2.0 mmol/L ✓
Carboxyhgb (Arterial)	2.0 H	0.0-1.5 % ✓

(1)

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SHIN, YOUNG SOON
Allergies: No Known Allergies

Age: 54 years
DOB: 1/15/1957

Gender: F

EMR: 3697781
Fin#: 000409996204

Loc: Emergency Dept
Emergency 000409996204

- Flowsheet
- Orders
- Medication Profile
- Clinical Notes
- PowerNote ED
- Patient Information
- Form Browser
- MAR
- Intake and Output
- Task List
- Rad Results

Flowsheet All Results Flowsheet Level ALL RESULT SECTIONS Table Group List

October 01, 2011 11:16 AM - October 03, 2011 11:16 AM (Clinical Range)

Navigator	Results
<input checked="" type="checkbox"/> Arterial Blood Gases	Arterial Blood Gases
<input checked="" type="checkbox"/> Miscs Labs	Sample Type: ARTERIAL
<input checked="" type="checkbox"/> Presenting Information	HCO3: 26.8
<input checked="" type="checkbox"/> Medication Hx	PaCO2: 43.9
<input checked="" type="checkbox"/> Vital signs and Measurement	PaO2: 160.8
<input checked="" type="checkbox"/> Pain Assessments	PaO2: 96
<input checked="" type="checkbox"/> Neuro	SAO2: 96
<input checked="" type="checkbox"/> Skin	Base Excess: 2.3
<input checked="" type="checkbox"/> Respiratory	Hemoglobin (ABG): 12.0
<input checked="" type="checkbox"/> Cardiovascular	Met Hemoglobin: 0.8
<input checked="" type="checkbox"/> GI	PH: 7.403
<input checked="" type="checkbox"/> Genito-Urinary	Miscs Labs
<input checked="" type="checkbox"/> OB GYN	COHb: 1.0
<input checked="" type="checkbox"/> Musculoskeletal	Presenting Information
<input checked="" type="checkbox"/> OB Psychosocial	Triage Comments: AS PER PT, B
<input checked="" type="checkbox"/> Immunization Hx	Tracking Acuity: 3 - Acute
<input checked="" type="checkbox"/> Emergency Visits	Visit Reason: SICK
<input checked="" type="checkbox"/> Admit/Transfer/Discharge Dr	Mode of Arrival: Self
<input checked="" type="checkbox"/> Valuables and Belongings Dr	ED HIV Test Offered: No, Patient De
<input checked="" type="checkbox"/> Medical Hx	Medication Hx: None
<input checked="" type="checkbox"/> ED Documents	Medication Y/N: None
<input checked="" type="checkbox"/> Patient Education	Vital signs and Measurements
	Temperature: 97.8 H 98.2 ✓
	Temperature Method: Temporal Temporal
	Heart Rate: 78 ✓ H 63
	Respiratory Rate: H 18 ✓ H 18 ✓
	Systolic Blood Pressure: H 160 ✓ H 142 ✓
	Diastolic Blood Pressure: 125 99
	Oxygen Saturation: 96 96
	Nurses Note Nursing Note
	Pain Assessments
	Pain Symptoms: Yes HEADACHE ✓
	Region: 5
	Pain Vas Scale
	Neuro
	Adult Verbal: Oriented
	Adult Motor: Obeys Comma
	Adult Eye Opening: Eyes open spc
	Neurological Assessment: See GCS, Ass
	Adult GCS Calculation: 15
	Neurological Additional Information: AWAKE, ALEF
	Adult/Ped Glasgow: Adult
	W/in: # E-B

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The NY Hosp Med Ctr of Queens

PO BOX 535
BALDWINVILLE, NY 13027
Tax ID: 111839362

Run Number:

11-147648

MultiMed Billing Service * Toll Free (800) 927-5845 * Local (315) 635-1789 * Fax (315) 635-3289

If you have insurance that will cover this claim, please fill out, sign and return the back of this form. Otherwise, remit payment or contact us to discuss payment arrangements. Please note, we do accept credit cards.

PLEASE COMPLETE THE INSURANCE QUESTIONNAIRE ON THE BACK OF THIS FORM AND RETURN BY MAIL OR FAX TO (315) 635-3289.

ADDRESSEE

PATIENT

YOUNG SOON SHIN
149-15 BARCLAY AVE APT 6
FLUSHING, NY 11355

YOUNG SOON SHIN
149-15 BARCLAY AVE, APT 6
FLUSHING, NY 11355

DATE OF SERVICE	FROM	TO	PAYOR
12/04/2011	Residence	Queens Hospital Center	Bill Patient

Date	Description	Quantity	Unit Price	Check #	Amount
	BLS Emergency Base Rate	1	\$827.40		\$827.40
	Mileage	4	\$7.72		\$30.88

PLEASE PAY THIS AMOUNT

\$858.28

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

<input type="checkbox"/> Check / Money Order	Amount Enclosed \$	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
CARD NUMBER	EXPIRATION /	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
PRINT NAME	ADDRESS	
CITY	STATE	ZIP
SIGNATURE	\$ AMOUNT	

REMIT TO

The NY Hosp Med Ctr of Queens
PO BOX 535
BALDWINVILLE, NY 13027

#3
#D-12

Run Number	Amount Due
11-147648	\$ 858.28
Statement Date	Due On
12/09/2011	12/23/2011
Patient Name	
YOUNG SOON SHIN	



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80398

QUEENS HOSPITAL CENTER
Department of Psychiatry - Inpatient Services
82-68 164th Street
Jamaica, NY 11432

Not my chart (fake chart)

35-565-32 PS-S F
SHIN, YOUNG
01/15/57 50352499
ADM. 12/04/11
FC S

Inpatient Nursing Admission Assessment

TO BE COMPLETED BY NURSING WITHIN 8 HOURS OF ADMISSION

<input type="checkbox"/> PATIENT PREFERRED TO SPEAK ENGLISH FOR THIS ASSESSMENT	<input checked="" type="checkbox"/> PATIENT PREFERRED A NON-ENGLISH LANGUAGE:
Preferred Language: <u>Korean</u>	Patient is: <input type="checkbox"/> Hard of Hearing <input type="checkbox"/> Deaf <input type="checkbox"/> Mute
<input checked="" type="checkbox"/> Clinician spoke in patient's preferred language <input type="checkbox"/> Interpreter Hotline (1500): <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Telephonic	<input type="checkbox"/> Staff Interpreter (other than the clinician) <input type="checkbox"/> Deaf Talk <input type="checkbox"/> Refused interpreter services, used person below
Interpreter Identification include Staff's name/title, Interpreter's Name or ID# or Name/Relationship (must be 18 or older) # <u>11510</u>	

IDENTIFYING DATA

Last: Shin First: Young AKA: _____

*Address: 149-15 Barclay Ave Tele: 917-982-7521

*Place of Birth: Flushing NY 11355 Marital Status: S

Ethnicity: Korean Education: college

Religion/Cultural Preferences: Yes No Explain: _____

Legal Status: Emergency 9.39 Voluntary Involuntary Legal Status Expires: _____

Advance Directives: Yes No If yes, check one: Proxy DNR

Admitted from: _____

Reason for Admission: Brought herself in thinking the landlord wants to kill her

Mode of Transport to Unit: Stretcher Wheelchair Ambulatory

Accompanied by: Cap Staff Relation: N/A Telephone: N/A

Property Clothing Sent Home: Yes No Searched by: NAME/TITLE MR. HUDSON BITA

Personal Medication: Home Property Office None

Comment: _____

Vital Signs:

Temp: 97.9 °F Oral Height: 5'3 Weight: 144 BMI: _____

B/P sitting 130/92 standing 138/100 Pulse: 96 /min RR: 18 /min

Allergies: Yes No Food: Dishes Drugs: Dishes If yes, allergy band _____

ID Band: Yes No Comment: _____

Sleep Pattern "I sleep well"

#4

Ambulance record & general CR medical record disappeared.

Deception e fraud paper

MR# 000003556532

DISCHARGE DATE
12-6-11

QUEENS HOSPITAL CENTER FACE - SHEET

ADMISSION NUMBER 60352499	ADMISSION DATE/TIME 12/04/2011 10:37	QUEENS HOSPITAL CENTER FACE - SHEET										DISCHARGE DATE 12-6-11			
SERVICE PSY	STATION P5-SP	BED NO. 52501	RT Z	PC S	NO. INS.	PA APP	PRE ADM	SOURCE	SEX M	RACE S	RELIG. UNK	DATE OF BIRTH 01/15/1957	AGE 54Y	PLACE OF BIRTH US	MED. REC'D 355653

PATIENT NAME AND ADDRESS SHIN, YOUNG 149-15 BARCLAY AVE APT/FLOOR 6 FLUSHING NY 11355 061 PHONE 917-992-7525										SOCIAL SECURITY NUMBER UNK, UNK			PATIENT EMPLOYMENT SELF EMPLOYED		
AKA FATHER NAME MOTHER MAIDEN U.S. CT. ALIEN NO.										PHONE					

MODE OF ARRIVAL OAM	AMB NAME AND NO.	PCT NO.	BADGE NO.	BLOOD	BLOOD PLAN NO.	ACCIDENT INFO CODE DATE TIME	
PREV. TREATMENT DATE	PREV. ADM	PREVIOUS NAME	DATE	PLACE	LMP	2 dont any step mothers	

NEXT OF KIN DR, B	RELATION STEP MOTHER	ADDRESS 33 WY (wrong)	HOME PHONE 347-392-980
PERSON TO BE NOTIFIED ELDAR, JIL	RELATION STEP MOTHER	ADDRESS ?? information	HOME PHONE 917-838-618

GUARANTOR NAME AND ADDRESS SHIN YOUNG 149-15 BARCLAY AVE FLUSHING NY 11355			GUARANTOR INFORMATION PHONE NO. 917-992-7525 SOCIAL SECURITY NO. OCCUP. SELF EMPLOYED			GUARANTOR EMPLOYER		
---	--	--	--	--	--	--------------------	--	--

MEDICAID NO.	CARD HOLDER	OTHER INSURANCE	GROUP NO.	RELATION
PLAN CODE	PART B	VERIFY	SOCIAL No.	EMPLOYER
REMEDIAL NO.	DATE OF CARD	CATEGORY	CENTER	VERIFY
UNION INFORMATION	UNION NAME AND ADDRESS	UNION PHONE	RELATION	

ADM. DR. NO. 803841	ADM. DOCTOR NAME SIDDIQI, ANILA A	ATT. DR. NO. 803841	ATT. DOCTOR NAME SIDDIQI, ANILA A	ARRIVAL DATE 12/04/11
ADM. DIAGNOSIS REACTIVE CONFUSION		298.2 CONDITION F		ADMITTED BY JPS

FOLLOWING TO BE FILLED OUT BY PHYSICIAN

FINAL DIAGNOSIS
Schizophrenia paranoid type
29534

COMPLICATIONS (INCLUDE DRUG REACTIONS AND INFECTIONS):

SURGERY, DELIVERIES OR TREATMENTS: (INCLUDE DATES):

DISPOSITION HOME SNF ICF HOME CARE OTHER HOSP. OWN RELEASE OTHER INST.

CONDITION IMPROVED UNIMPROVED OWN RELEASE

EXPIRED UNDER 48 HOURS OVER 48 HOURS

DATE/TIME DISCHARGED: 12/6/11

AUTOPSY YES NO M.E. CASE ACCEPTED REFUSED

ATTENDING: *G. DRAN-PA*

SIGNATURE: *G. DRAN-PA* DATE: 12/6/11

#5

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Queens Health Network
Chart Review Print

<u>Location</u>	<u>Patient Name</u>	<u>Patient Number</u>	<u>Visit Number</u>	<u>DOB</u>	<u>Sex</u>
EP	Shin, Young	3556532	3556532-2	01/15/57F	

Attending Physician

 Unscheduled Fall/Risk Assessment
 Event Time: Sun, 04 Dec 11 0645 Status: complete

Sun, 04 Dec 11 0645 Documented by Patrick Nicolas, RN

Fall/Risk Assessment: History of Falling: no Secondary Diagnosis: no
 Ambulatory Aid: none IV or Medlock: no Gait:
~~normal~~ Mental Status: oriented to own ability
 Fall Risk Score: 0

Documented By : Patrick Nicolas, RN

 Unscheduled Pain Assessment (Initial)
 Event Time: Sun, 04 Dec 11 0645 Status: complete

Sun, 04 Dec 11 0645 Documented by Patrick Nicolas, RN

Current Pain? : no pain at this time
 Type of Pain Scale : Numeric Pain Scale
 Numeric Scale : 0
 Comfort/Function Goal : unable to determine: assign patient a pain level 3
 Pain Score : 0
 Nurse Signature : Patrick Nicolas, RN

* * * End of Report * * *

#6

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**NOTICE OF STATUS AND RIGHTS
C.P.E.P. EMERGENCY ADMISSION**
(to be given to the patient upon initial
examination and retention by a C.P.E.P. staff physician)

Section 9.40 Mental Hygiene Law

333 35-565-33 4
 SMIN, TUNG
 01/15/1957 E.M. FC
 Sex Date of Birth
 Facility Name Unit/Ward/Residence No.

TO: _____

Date of Arrival at C.P.E.P.:			
	Mo.	Day	Yr.

Based upon an initial examination by a staff physician, you have been admitted as an emergency-status patient to this Comprehensive Psychiatric Emergency Program (C.P.E.P.) for immediate observation, care and treatment. Within 24 hours of the time you are received in the C.P.E.P. emergency room, you will be examined by another physician, who is a member of the psychiatric staff of the C.P.E.P. If he or she confirms the first physician's findings, you will then be moved to an extended observation bed and may be kept in the C.P.E.P. for a period of up to 72 hours from the time you are received in the emergency room. During this 72 hour period you may be released, asked to remain as an informal-status patient, or be admitted to a psychiatric hospital as a emergency, involuntary or voluntary patient.

You, and anyone acting on your behalf, should feel free to ask C.P.E.P. staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this program.

If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing. Copies of such a request will be forwarded by the C.P.E.P. director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this program, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting C.P.E.P. staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this C.P.E.P. may be reached at:

**MENTAL HYGIENE LEGAL SERVICES
ELMHURST HOSPITAL CENTER
79-01 BROADWAY, C-11-8
ELMHURST, N.Y. 11373
718 334-2351**

THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.

Signature of Staff Physician

12/1/79

Date

COPIES TO: Persons designated by patient to be informed of admission. (If None, type in "NONE")

*A copy of this Notice of Status and Rights is also being sent to the Mental Hygiene Legal Service.
State and Federal Laws prohibit discrimination based on race, color, creed, national origin, age, sex, or disability.*

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**NOTICE OF STATUS AND RIGHTS
EMERGENCY ADMISSION**

(to be given to the patient at the time of
admission to the hospital)

Section 9.39 Mental Hygiene Law

Patient's Name (Last, First, M.I.)		"C" No.	
338 SHIN, YOUNG		35 565 32 4	
01/15/1957		EMR FC S	
Sex	Date of Birth		
Facility Name	Unit/Ward Residence No.		

Date of arrival at Hospital:	Mo.	Day	Yr.

TO: _____

Based upon an examination by a staff physician, you have been admitted as an emergency-status patient to this hospital for persons with mental illness because you are alleged to have a mental illness for which immediate observation, care, and treatment in a hospital is appropriate. It also alleged that such mental illness is likely to result in serious harm, which according to Section 9.01 of the Mental Hygiene Law means "(a) a substantial risk of physical harm to the person as manifested by threats of, or attempts at suicide or serious bodily harm or other conduct demonstrating that the person is dangerous to himself or herself, or (b) a substantial risk of physical harm to other persons as manifested by homicidal or other violent behavior by which others are placed in reasonable fear of serious physical harm." Within 48 hours of the time of your admission, you will be examined by another physician, who is a member of the psychiatric staff of the hospital. If he or she confirms the first physician's findings, you may then be kept in the hospital for a period of up to 15 days from the date of your arrival. During this 15 day period you may be released, converted to involuntary status, or asked to remain as a voluntary or informal patient.

You, and anyone acting on your behalf, should feel free to ask hospital staff about your condition, your status and rights under the Mental Hygiene Law, and the rules and regulations of this hospital.

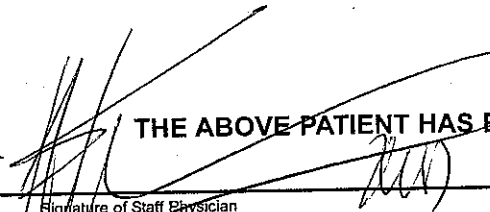
If you, or those acting on your behalf, believe that you do not need immediate observation, care and treatment, you or they may make a written request for a court hearing that will take place as soon as possible, and in any event, within 5 days after the request is received by the hospital. Copies of such a request will be forwarded by the hospital director to the appropriate court and the Mental Hygiene Legal Service.

MENTAL HYGIENE LEGAL SERVICE

The Mental Hygiene Legal Service, a court agency independent of this hospital, can provide you and your family with protective legal services, advice and assistance, including representation, with regard to your hospitalization. You are entitled to be informed of your rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

You, or someone acting on your behalf, may see or communicate with a representative of the Mental Hygiene Legal Service by telephoning or writing directly to the office of the Service or by requesting hospital staff to make such arrangements for you.

The Mental Hygiene Legal Service representative for this hospital may be reached at:

 THE ABOVE PATIENT HAS BEEN GIVEN A COPY OF THIS NOTICE.
 _____ Date 12/4/11

COPIES TO: Persons designated by patient to be informed of admission.
(If None, type in "NONE".)

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QUEENS HOSPITAL CENTER
 DEPARTMENT OF PSYCHIATRY
 UNIT: PS Phone: (718) 883- 2988

13-565-32 PS-578
 SHIN, YOUNG
 1/13/97 60352499
 ADM: 12/04/11
 FC 3

Admission Date 12/4/11

Discharge Date 12/6/11

ADULT DISCHARGE AND AFTER-CARE SUPPORT SERVICE PLAN:

Dear Young Shin, family member, significant other or other involved person:

You have just completed your psychiatric hospitalization at Queens Hospital Center for paranoid thinking. We are glad that you have improved.

We believe that if you follow the recommendations outlined below, you will increase the likelihood of continuing to improve. For progress to continue, it will be necessary for you to follow your recommendations for: Medication Counseling or Psychotherapy Individual Instructions

Appointments:

Including Psychiatric, Medical, Educational, Vocational and Rehabilitative Treatment Services:
 You have the following appointments:

Psychiatric Appointment - Date/Time Wed 12/7/11 @ 9 AM
 Agency/Address QHC - Adult outpt clinic - Pavilion Bldg - 3rd fl
82-68 164 ST
 Contact/Phone # Debra Washington - 718-883-2872 Flushing NY 11432

Date/Time _____ Purpose of Appointment _____
 Agency/Address _____
 Contact/Phone # _____

Date/Time _____ Purpose of Appointment _____
 Agency/Address _____
 Contact/Phone # _____

Date/Time _____ Purpose of Appointment _____
 Agency/Address _____
 Contact/Phone # _____

#10

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QUEENS HOSPITAL CENTER
 DEPARTMENT OF PSYCHIATRY
 UNIT: _____ Phone: (718) 883- _____

30-565-52 P5-S F
 SHIM, YOUNG
 01/15/57 00352499
 12/04/11
 P.C.S.

Intensive Case Management:

Patient is is not eligible for ICM Services. Patient agrees Yes No

AOT Yes No in progress

Agency: _____ Referral Date: _____

Contact Person: _____ Phone: _____

Living Arrangements:

Your social worker has worked with you to develop this plan; you will be living at:

41-02 Murray ST ^{Pat's cell phone} 919-992-7525
 Flushing NY 11355

Primary Contact Confirmed Name: Joong Lee Telephone # 347 392 9807 - friend

Patient/Family Agreement to living arrangements: Yes No

This is a supervised residence unsupervised residence home other _____

There are children, or elderly or other dependents in the home, and the following services are available and could be contacted for assistance:

Contact # _____

Financial Arrangements: The following have been arranged, or are in progress: employed

Public Assistance SSI SSD Medicaid VA benefits Medicare Others

#: _____

Status of arrangement in progress and what you must do to follow up:

If you have any questions about financial arrangements, please contact Patient Accounts at 718-883-2482

Individual Instructions:

Patient/Family/Significant other agreement with aftercare plan YES NO

#11



QUEENS HOSPITAL CENTER
 DEPARTMENT OF PSYCHIATRY
 UNIT: PS Phone: (718) 883-2788

33-565-32 P5-S F
 SHIN, YOUNG
 1/15/57
 ADM: 60352499
 FC S 12/06/11

Medication Recommendation: The following Medication (s) are prescribed for you:

Medication	Dose	Frequency	Purpose
NO	meds	prescribed	

If any injectable medications listed above, document date last given: _____

Comments:

PT refused to take meds.
 (after 2day) before they gave the medicine with sour acid drink → I took it
^{was} It's ~~strange~~ strange why not give with medicine. instead of sour acid drink.

If any side effect occurs that require medical attention DO NOT TAKE THE NEXT DOSE OF YOUR MEDICATION, contact your Doctor or go to the QUEENS PSYCHIATRIC EMERGENCY ROOM: Telephone # (718) 883-3575

after I took the medicine for 2days, I was very sick, so I refused it with one staff advise
 " I have the right of refuse the medicine & thank you so much that staff #12



QUEENS HOSPITAL CENTER
 DEPARTMENT OF PSYCHIATRY
 UNIT: _____ Phone: (718) 883-_____

35-365-32 PS-S F
 SHIM, YOUNG
 11/15/57 50352499
 12/06/11
 FC 5

Allergies: _____

Diet: Regular Special Specify special diet: _____

Wound /Dressing Care Continued after discharge: YES NO N/A

Glucose Testing: Continued after discharge: YES NO N/A

Vaccination: YES NO

Pneumovax: Date Given _____ Influenza: Date Given _____

Condition: _____

Instructions: _____

Condition: _____

Instructions: _____

SMOKING CESSATION REFERRAL:

TO BE USED AT DISCHARGE FROM ADULT INPATIENT UNITS FOR ALL PATIENTS WHO SMOKE

Patient does NOT smoke
 (No further action indicated)

Patient smokes

Current smoking cessation treatment:

- Nicotine Gum None
- Nicotine Patch Not motivated at this time
- Zyban Other: _____

QUEENS SMOKING CESSATION PROGRAM Telephone No. (718) 883-4210

Date of appointment: _____ Time: _____

#13

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QUEENS HOSPITAL CENTER
 DEPARTMENT OF PSYCHIATRY
 UNIT: PS Phone: (718) 883- 2788
 The Discharge and Aftercare Plan has

been reviewed with me. My questions have

been answered and I understand the instructions:

[Signature]

Patient _____ Date _____

Nurse + provider number _____ Date _____

Nurse Practitioner + provider # _____ Date _____

Family/Involved/Relation/Other _____ Date _____

PATRICIA PENN, LCSW-R
 PROVIDER #035527 12/6/11

Social Worker + provider number _____ Date _____

[Signature] Georges Jean-Pierre, M.D.
 Department of Psychiatry 12/6/11
 Psychiatry Attending + provider # _____ Date _____

IN CASE OF EMERGENCY, THE PSYCHIATRIC EMERGENCY ROOM IS OPEN 24 HOURS- A- DAY SEVEN DAYS- A -WEEK.

Other: _____

Queens Hospital Centers' follow-up program has been explained to me and I understand it. Queens Hospital Center will follow up on my aftercare by calling me, after care agencies, living facilities, or any other agency that is working with me for a period of 30 days. The follow-up worker is TAM Stroth and their telephone number is: (718) 883-2807 I am also aware that I may receive a phone call from Healthstream inquiring as to my experiences and quality of care in the Hospital

[Signature] _____ 12/6/2011
 Patient Signature _____ Date _____

Follow - Up Don't Follow Up 12/6/11
 _____ Date _____

GIVE ONE COPY TO PATIENT; PUT ONE COPY IN CHART, AND SEND ONE COPY TO NEXT LEVEL OF CARE ALONG WITH DISCHARGE SUMMARY. INFORM PATIENT ABOUT RECEIVING PHONE CALLS FROM KOSKINAS (FOLLOW-UP) WORKER AS WELL AS HEALTHSTREAM.

[Signature] _____ 12/6/11
 Social Worker Signature and Stamp _____ Date _____

PATRICIA PENN, LCSW-R
 PROVIDER #035527

I don't want to sign this paper because I need to place against my will & get out this hell place without sign.

5 but I signed the paper of discharge because I need to get out this hell place without sign. #14

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QUEENS HOSPITAL CENTER
Department of Psychiatry - Inpatient Services
82-68 164th Street
Jamaica, NY 11432

35-565-32 PS-S F
SHIN, YOUNG
01/15/57 20352499
ADM. 12/24/11
FC S

Inpatient Nursing Admission Assessment

PAST PSYCHIATRIC HISTORY:

APPEARANCE/GROOMING APPROPRIATE INAPPROPRIATE Well-groomed Disheveled

ORIENTATION

Alert and Oriented to: Time Place Person
 Situation Confused Uncooperative
 Does Not Recognize illness Disorganized

AFFECT

Appropriate Constricted Flat Blunted Guarded

Describe:

MOOD

Euthymic Labile Anxious Depressed Sad Irritable Other:

Describe:

DELUSIONS:

Yes No Hallucinations Auditory Visual Tactile Olfactory

Describe:

THOUGHT PROCESS:

Blocking No PROBLEMS Tangential Flight of Ideas Circumstantial
 LOA

Describe:

BEHAVIOR DURING INTERVIEW

Cooperative Partial Response Refused to Answer Suspicious Agitated

Describe:

HISTORY OF VIOLENCE: DENIES Self People Objects

#15

QUEENS HOSPITAL CENTER
 Department of Psychiatry – Inpatient Services
 82-68 164th Street
 Jamaica, NY 11432

35-565-32 PS-S F
 SHIN, YOUNG
 1/15/57 60352499
 DOB: 12/04/11
 FC S

Inpatient Nursing Admission Assessment

FUNCTIONAL SCREEN

1. Activities of Daily Living

	<u>Independent</u>	<u>Assisted</u>	<u>Dependent</u>	<u>Problem/Nursing Dx</u>
Feeding	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Altered Self-Care
Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Grooming Hygiene
Toileting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nutritional Maintenance
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Receives Home Care Services: Yes No

Note: _____

2. Mobility Status:

- Ambulatory
- Bedbound
- Wheelchair Bound
- Transfer w/Assistance
- Ambulatory w/Assistance
- Nursing staff can adequately Provide care
- MD Referral is needed

MORSE FALL SCALE ASSESSMENT (circle and add all numbers which apply)	
Directions: The RN will assess the patient on admission, upon transfer, with change in condition, after a fall and weekly. Circle the appropriate number in the box and then total. If the total is 45 or greater, the patient is at risk for falling.	
History of Falling	No = 0 Yes = 25
Secondary Diagnosis	No = 0 Yes = 15
Ambulatory Aid	None/Bed rest/Nurse Assist = 0 Crutches/Cane/Walker = 10 Furniture = 30
Intravenous or Medlock	No = 0 Yes = 25
Gait	Normal/Bed rest/Wheelchair = 0 Weak = 10 Impaired = 20
Mental Status	Oriented to own ability = 0 Overestimates/Forgets limitations = 15
Implement Falls Protocol for Falls Prevention if Total Score is Greater than 45. TOTAL: 0	
Brought to hospital:	<input type="checkbox"/> Glasses <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> Contacts <input type="checkbox"/> Prosthesis <input type="checkbox"/> Walker <input type="checkbox"/> Other:

- Potential for Fall
- Educate on Fall Prevention
- Alternation and Mobility
- Fall Protocol initiated and documented

(4/16)

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QUEENS HOSPITAL CENTER
Department of Psychiatry – Inpatient Services
 82-68 164th Street
 Jamaica, NY 11432

35-565-32 PS-S F
 SHIN, YOUNG
 01/15/57 00352499
 12/04/11
 FC S

Inpatient Nursing Admission Assessment

ALCOHOL/DRUG SCREEN

1. Do you ever feel you should cut down on your drinking or drug use? Yes No
 2. Type of Drink: Denies Amount: Denies Time of Last Drink: Denies
 3. Drug Use: Denies How Much/Day: Denies Last Use: Denies
 4. Have you had DT's, withdrawal seizures or ever had treatment for alcohol/drug withdrawal? Yes No
- AA/NA participation? Yes No

VIOLENCE SCREEN

- A. Has someone ever tried to restrict your freedom or keep you from doing things that were important to you (e.g. going to school, seeing friends or family)? Yes No
 - B. Has someone ever threatened to hurt you or someone close to you? Yes No
 - C. Has your partner or ex-partner ever hit you or physically hurt you? Yes No
 - D. Have you ever been raped or sexually assaulted? Yes No
 - E. Have you been accused of child/spousal/elder abuse? Yes No
- If yes, describe _____

BROSET VIOLENCE CHECKLIST (BVC)

The BVC is a short checklist to help predict violent behavior during the next 24 hours. Checklist will be Completed upon admission and daily until the patient scores less than 2. Plan of care for violent/aggressive patient will be initiated and discontinued.

Score (1) if present or (0) if absent during the Tour preceding scoring. Note regarding patients who exhibit target behaviors on a persistent basis at their baseline: an increase in the behavior over the baseline level is scored as (1), but a behavior exhibited at the baseline level is scored as (0).

Completed by S. Hill, R.N.
 Date 12/4/11 Tour I ___ II III ___
 Previous Tour score was _____
 Violent behavior past Tour? Yes ___ No ___
 Stat doses psychotropic medications administered past Tour? Yes ___ No ___

Confused	0 <input checked="" type="checkbox"/> 1 ___
Irritable	0 <input checked="" type="checkbox"/> 1 ___
Loud, unruly	0 <input checked="" type="checkbox"/> 1 ___
Physically threatening	0 <input checked="" type="checkbox"/> 1 ___
Verbally threatening	0 <input checked="" type="checkbox"/> 1 ___
Attacking objects/persons	0 <input checked="" type="checkbox"/> 1 ___
SUM TODAY'S SCORE:	<u>0</u>

(Handwritten signature/initials)

QUEENS HOSPITAL CENTER
 Department of Psychiatry - Inpatient Services
 82-68 164th Street
 Jamaica, NY 11432

33-555-32 PS-S F
 SHIM, YOUNG
 01/15/87 50352499
 ADM. 12/04/11
 FC S

Inpatient Nursing Admission Assessment

ELOPEMENT RISK ASSESSMENT

Name Imprint

Indicator	Assessment			Reassessment		
	Yes	No	Date	Yes	No	Date
* Patient has a prior history of elopement from an inpatient psychiatric setting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
* Patient is checking doors and windows	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
* Patient is making attempts to escape from the unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
* Patient is making verbal statements of intent to leave the unit without permission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
Patient has a prior history of AWOL from other facilities, i.e. hospital, school,	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
Current substance withdrawal with verbalization of strong urge to use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
Patient is fearful and demonstrating paranoia related to the hospital environment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12/4/11	<input type="checkbox"/>	<input type="checkbox"/>	
RN Initials		SN				
* Denotes high risk						

If the patient is positive or answers "YES" to any of the indicators in bold print with an asterisk he/she is a **HIGH RISK** for elopement and the RN will: (1) Notify MD for collaboration, (2) Develop a plan of care which includes maintaining patient on Every-15-Minute Observation.

- If possible, restrict patient to the unit unless there is an emergency - no off-unit appointments
- Encourage patient not to stand near the exit door
- Assign the patient a room away from the unit exit door
- RN to meet with the patient every shift to establish trust relationship and assess risk for elopement
- Elicit the patient's cooperation and document patient understanding of the plan of care.
- If appropriate, place patient in hospital pajamas after discussion with MD document the reason in the patient's medical record.

If the patient is positive or answers "YES" to any of the other indicators not bolded, he/she is at **MODERATE RISK** and should be placed on Every-15-Minute Observation and notify MD.

MD/NP/PA Review of the Elopement Assessment): _____ Date: _____

#18

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QUEENS HOSPITAL CENTER
 Department of Psychiatry – Inpatient Services
 82-68 164th Street
 Jamaica, NY 11432

Inpatient Nursing Admission Assessment

35-565-32 P5-S F
 SHIN, YOUNG
 01/15/57 60352499
 AD. 12/04/11
 C S Addressograph

Sleep Apnea Screening Tool

Obtain information from patient, family, and/or observations by provider.

	Yes	No
1. History of sleep apnea		✓
2. Loud/heavy snoring (loud enough to be heard through a closed door)		✓
3. Daytime hypersomnolence (feeling unrefreshed upon awakening and/or falls asleep easily in a non-stimulating environment e.g. watching TV, reading or riding)		✓
4. Witnessed apneas (loud snoring → quiet → loud snoring)		✓
5. Obesity (BMI)		✓
6. Neck circumference 17 inches (men) or 16 inches (women)		✓

The sleep apnea screen is positive as per below:

- If the patient has items 1 – 4, or
- If the patient has item 5 or 6 in conjunction with items 1, 2, 3, or 4.

Notification of a positive screen made to:

 MD/NP/PA notified Date

Follow-up Sleep Apnea Screen:

S. Hoil RN 60608
 RN Signature Date

(Handwritten circled initials)

33-565-32 PS-S F
SHIN, YOUNG
-1/15/57
ADM. 12/04/11
FC S

NEW YORK CITY
HEALTH AND HOSPITAL CORPORATION
NUTRITIONAL SERVICES DEPARTMENT

**BEHAVIORAL HEALTH
SCREEN FOR NUTRITIONAL RISK
ADULT (In -Patient)**

Nutritional High Risk: (Priority 1)

- Unintentional weight loss > 5% in 30 days
- PO intake < 50% of usual for 3 days
- Diagnosis of Malnutrition (Failure to thrive)
- Unintentional vomiting/diarrhea > 3 days
- Difficulty chewing/swallowing/sore mouth
- Uncontrolled DM, DKA or New Onset DM
- Gestational Diabetes
- AIDS
- Pregnancy
- Metastatic Cancer/Head, Neck Ca/GI Ca
- Acute Renal Disease
- Pressure Ulcers

Nutritional Moderate Risk: (Priority 2)

- Anorexia/Bulimia
- Dementia/Alzheimers
- Concern that food/fluid may be poisoned/altered
- Overly active/unable to take time to eat/drink
- Uninterested in eating
- Constipated > 3 days
- BMI > 30
- History of DM
- BMI < 17

NUTRITIONAL LOW RISK: (Priority 3)

No nutritional referral needed at this time

*** For Food Preferences call Food and Nutrition Department at 3-3838**

Completed by: J. Hoif RN 12/4/11 1:45 pm
Nursing Signature Title Date Time

#20

The NY Hosp Med Ctr of Queens

PO BOX 535
BALDWINVILLE, NY 13027
Tax ID: 111839362

Run Number:

11-121874

Multimed Billing Service * Toll Free (800) 927-5845 * Local (315) 635-1789 * Fax (315) 635-3289

If you have insurance that will cover this claim, please fill out, sign and return the back of this form. Otherwise, remit payment or contact us to discuss payment arrangements. Please note, we do accept credit cards.

PLEASE COMPLETE THE INSURANCE QUESTIONNAIRE ON THE BACK OF THIS FORM AND RETURN BY MAIL OR FAX TO (315) 635-3289.

ADDRESSEE

PATIENT

YOUNGSOON SHIN
149-15 BARCLEY AVE
FLUSHING, NY 11354

YOUNGSOON SHIN
149-15 BARCLEY AVE
FLUSHING, NY 11354

DATE OF SERVICE	FROM	TO	PAYOR
10/06/2011	Residence	Flushing Hospital Medical Ctr	Bill Patient

Date	Description	Quantity	Unit Price	Check #	Amount
	BLS Emergency Base Rate	1	\$827.40		\$827.40
	Mileage	2	\$7.72		\$15.44
	NY State HCRA Surcharge 8.85%	1	\$81.08		\$81.08

PLEASE PAY THIS AMOUNT

\$923.92

DETACH ALONG LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

<input type="checkbox"/> Check / Money Order	Amount Enclosed \$	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
CARD NUMBER	EXPIRATION /	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD
PRINT NAME	ADDRESS	
CITY	STATE	ZIP
SIGNATURE	\$ AMOUNT	

REMIT TO

The NY Hosp Med Ctr of Queens
PO BOX 535
BALDWINVILLE, NY 13027

21

Run Number	Amount Due
11-121874	\$ 923.92
Statement Date	Due On
11/02/2011	11/16/2011
Patient Name	
YOUNGSOON SHIN	

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79784



Flushing Hospital Medical Center

Emergency Department Nursing Notes and Vital Sign

Time Entered: 10/6/2011 3:50 Vitals Taken By: CAM

Temperature	Pulse	Blood Pressure	Respirations	Pulse Ox	Pain Scale
O 98.0	Right 71	R 121/65	14	100%	No Pain @ this time
T	Left	L			
R					

Nursing Notes

Time Note Entered	RN Initials	Note
10/6/2011	2:23 CAM	Pt walk-in ER with multiple complaint; pt stated she smell gas in her apartment yesterday and have it checked but negative; with headache and nauseas; Gen App- Awake A&Ox3; Skin- No pallor/ rashes warm & moist; Neck- NT Full ROM No JVD; Lungs- Lungs CTA No Ret; Chest Wall- Chest Wall NT; ABD- Tenderness-None; ABD- BS-NL/No Bruits; ABD- No Pulsating Masses; Extr- Throughout all; Extr- Extremities; Extr- No Tenderness; Extr- Appearance Normal; Extr- CBR < 2 sec; Extr- Active ROM-Full; Neuro- Gait Normal
10/6/2011	2:54 CAM	Pt seen and examined by Dr. patel; kept pt comfortable; continue monitor.
10/6/2011	4:07 CAM	Pt remain awake and alert; pt insisted that she's retaining CO2 and that another test needs to be done; Dr. patel spoke to pt and explained the result; pt medically cleared for dsicharge home.
10/6/2011	4:20 CAM	Pt refused to sign D/C insisting that she suffered from Carbon Monoxide Poisoning, demanding another test; Dr. Patel informed; called security for assistance to D/C pt.

Primary Nurse Diagnosis	Primary Nurse Outcome	Achieved
Comfort, Altered	Demonstrate Decrease S & S	Yes
Primary RN (Print)		

*with Ambulance in ER. not walk in ER & called fire dep't (fire dep't visit my apt) by 9/11
pr gard of fire dep't said no gas in apt*

your blood level gas bue lab report 2% CO in my blood that's

Lab report 2% CO in my blood.

See the Ref # The NY Hosp Med cer of process bill

#22

Flushing Hospital Medical Center Triage

Category **3 ESI-3 (Urgent)**

Transported by **Ambulance** Mode **Private** Walked

Police Dept **Self**

Chief Complaint **c/o of dizzy nausea/chills**

pt states she smells gas in her house house was checked but has negative readings pt has multiple c/o at time of triage

Past Medical History Additional:

 No Significant PMHx

 Asthma COPD CAD Cancer CHF CVA

 DM HTN Psych Renal Seizures Substance Abuse

Medications

 No Meds Unknown

 pain med

by ambulance see run # 11-121874

Allergies

 No Known Drug Allergies

Vaccinations (DTaP) Unknown

 TB Hx, PPD Pos or No Infectious Exposures?

**If yes to TB or Infectious question take precautions*

Mental Status / Psychiatric Level

 Alert Oriented

Lungs		CNS	
R	L	R	L
Clear	<input type="checkbox"/>	Equal	<input type="checkbox"/>
Diminished	<input type="checkbox"/>	Reactive	<input type="checkbox"/>
Wheezes	<input type="checkbox"/>	Fixed	<input type="checkbox"/>
Rales	<input type="checkbox"/>	Constricted	<input type="checkbox"/>
Rhonchi	<input type="checkbox"/>	Dilated	<input type="checkbox"/>
Retractions	<input type="checkbox"/>	Cataract	<input type="checkbox"/>

Extremity Exam

 Eye

 Verbal

 Motor

 Total 0

Signs

 Color Normal

 Temp Normal

 Moist Normal

History

 LMP 08/01/2011

 G P Ab Miscarriages

 0 0 0 0

Extremities

 Pulses

 ROM

Patient Name SHIN, YOUNG SOON

Medical Record Number 838282

Account Number 404578163

DOB 01/15/1957

Age 54 Years

Gender Female

Vitals

Tem

 Oral **98.6**

 Rectal

 Tympanic

Pulse

 Right **73**

 Left

Respirations

18

Blood Pressure

 Right **124/86**

 Left

Pulse Ox

98%

Weight (Kg)

59 Kg

Head

Height Circumference

Pain Scale

No Pain

ECG

 Normal

Fall Risk Assessment

 No Fall Risks Identified

Child Abuse Assessment

 No risk identified

Plan

 AWR

 Triage Nurse: Whitehead, Loraine (RN)

 Triage II: LWH

 Triage III: LWH

Domestic Violence Assessment

 Are you being hurt by someone you live with or who takes care of you?

 Yes/No NA

 * Mandatory completion of Domestic Violence Referral.

Functional Status

 Daily Living Independent

 Living Conditions Alone

 Going Home with Self

Assessing Patient's Ability to Provide Health Care

 Primary Language English

 Assessed Disability No Disability

 Communication Barrier

 Language Translator

 Motivation Level Med

 Knowledge Level Med

 Comprehension Ability Med

LWBS LW Completed Tx/ Eloped AMA AMA Refused Patient Rights and Responsibilities and Guide to Pain Management given to Patient, Family, and/or Caretaker

#23

IN THE MATTER OF THE CLAIM OF

-against-

in Samin

NYC Agency (Queens Hospital)

TO = COMPTROLLER OF THE CITY OF NEW YORK

PLEASE TAKE NOTICE that the claimant hereby makes claim and demand against the City of New York as follows:

1. The name and post-office address of each claimant and of his attorney is:

YOUNG SHIN

149-15 Barclay Ave #6

Flushing, NY 11355

2. The nature of the claim:

Civil Right Violation
Medical Malpractice

3. The time when, the place where and the manner in which the claim arose:

12/04/2011 Queens Hospital Center in Samin

4. The Items of Damage of Injuries Claimed Are:

The undersigned claimant therefore presents this claim for adjustment and payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Dated: March 2, 2012

Young Shin

#24-A

Sworn to before me on the 2nd March of 2012

YOUNGSOO CHOI
Notary Public, State of New York
No. 02CH6114697
Qualified in Queens County

IN THE MATTER OF THE CLAIM OF

-against-

in Sammie
NYC Agency (Queens Hospital)

TO = COMPTROLLER OF THE CITY OF NEW YORK

PLEASE TAKE NOTICE that the claimant hereby makes claim and demand against the City of New York as follows:

1. The name and post-office address of each claimant and of his attorney is:

*YOUNG SHIN
149-15 Barclay Ave #6*

*Flushing NY 11355
2. The nature of the claim:
Civil Right Violation
Medical Malpractice*

3. The time when, the place where and the manner in which the claim arose: *12/04/2011 Queens Hospital Cents in Sammie*

4. The Items of Damage of Injuries Claimed Are:

The undersigned claimant therefore presents this claim for adjustment and Payment. You are hereby notified that unless it is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on this claim.

Witness, March 2, 2012

Young Shin

#24-A

*Sworn to before me on 12.7
2nd March of 2012*

[Signature]
YOUNGSOO CHOI
Notary Public, State of New York
No. 02CH6114697
Qualified in Queens County

OFFICE OF THE COMPTROLLER CITY OF NEW YORK

CLAIMANT INFORMATION
NOTICE OF CLAIM
 CLAIMANT'S NAME: Young Shin TEL. #: (979) 992-2525
 STREET ADDRESS: 149-15 Barclay Ave #6
 CITY: Flushing STATE: NY ZIP: 1355
 SOC. SEC. # OR TAX I.D. #: _____

CLAIM INFORMATION
 CITY AGENCY INVOLVED: Queens Hospital Center in Jamaica
 NATURE OF CLAIM: (ATTACH ADDITIONAL SHEET(S) OF PAPER, IF NECESSARY)
Civil Right Violations
Medical malpractice

TOTAL AMOUNT CLAIMED: \$ TBD

IF MORE THAN ONE ITEM IS INCLUDED IN THE TOTAL AMOUNT CLAIMED, SUPPLY BREAKDOWN OF AMOUNTS AND SPECIFY ITEMS: (ATTACH ADDITIONAL SHEET(S), IF NEEDED)

ITEM	AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

PLEASE ATTACH COPIES OF SUPPORTING DOCUMENTATION, PREVIOUS CORRESPONDENCE, INVOICES, ETC.

CLAIMANT'S SIGNATURE: [Signature]
 SS: STATE OF N.Y. _____
 CITY OF N.Y. SUBSCRIBED AND SWORN TO BEFORE ME THIS 24 DAY OF March, 2012

 NOTARY

TO: OFFICE OF THE COMPTROLLER
 DIVISION OF LAW - RM.1225 South
 1 CENTRE STREET
 NEW YORK, N.Y. 10007
 TELEPHONE # (212) 669-4736

YOUNGSOO CHOI
 Notary Public, State of New York
 No. 02CH6114697
 Qualified in Queens County
 Commission Expires August 23, 2012

24-B

[Print in black ink to fill in the spaces next to the instructions. Both pages must be completed. This summons cannot be used for divorce actions.]

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

~~Peer Person Application~~
~~Pending Determination~~

YOUNG SHIN Plaintiff(s)

-against-

① Queens Hospital Center in Jamaica
CNYC Health & Hospital Corp
② NYC Defendant(s)

SUMMONS WITH NOTICE

Index No. 4234, 13

3/5 Date Index No. purchase 2013

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

Request for Justice
Intervention

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: 5 APRIL 2013 YOUNG SHIN

[Date of summons] **FILED** [Your name(s)]

MAR 05 2013
COUNTY CLERK
QUEENS COUNTY

[Your address(es) and telephone no.(s)]

149-09 Northern Blvd #3B
Flushing, NY 11354
Country of Queens:
Subscribed and Sworn
to (or Affirmed) before
me this 5th day of April, 2013
[Signature]
Notary Public

JEAN CLAUD J LAFAYE
Notary Public, State of New York
No. 01 LA5034391
Qualified in Queens County
Commission Expires 03/31/2014

4234-13

**Poor Person Application
Pending Determination**

At IAS Part AS of the
Supreme Court of the Queens County
Courthouse, located at 88-11 Sutphin Blvd.,
Jamaica, NY 11435
This 12 day of March, 2013

PRESENT: Hon. HON. JEREMY S. WEINSTEIN
Admin Judge

YOUNG SHIN

Plaintiff/Petitioner,

-against-

- ① Queens Hospital Center in Jamaica
(NYC Health & Hospital Corp)
- ② NYC

Defendant/Respondent.

**POOR PERSON ORDER
PURSUANT TO
CPLR § 1101(d)**

Index No. 4234/13

FILED

MAR 22 2013

COUNTY CLERK
QUEENS COUNTY

Upon reading and filing the affidavit of the Plaintiff/Petitioner, sworn to on the _____

day of 03/05, 2013, seeking to commence an action/special proceeding for
CIVIL Right violation, and due deliberation having been had thereon, it is:
& Malpractice

ORDERED, that the application of the Plaintiff/Petitioner for leave to proceed as a poor person is **GRANTED**, and all fees and costs relating to the filing of the pleadings and the Request for Judicial Intervention (RJI) are waived.

ORDERED, that the application of the Plaintiff/Petitioner for leave to proceed as a poor person is **DENIED**. Plaintiff must pay the statutory Index Number fee and all accompanying fees within 120 days from the date of this order or the action is deemed dismissed without prejudice.

ORDERED, that all fees and costs relating to filing an appeal of this Order are waived.

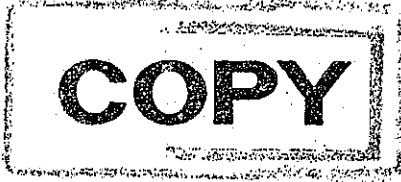
ENTER:

~~13~~
#26

[Signature]
J.S.C.
HON. JEREMY S. WEINSTEIN

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

CV 14 - 4133



COMPLAINT

[Your Name],

YOUNG SHIN
Plaintiff,

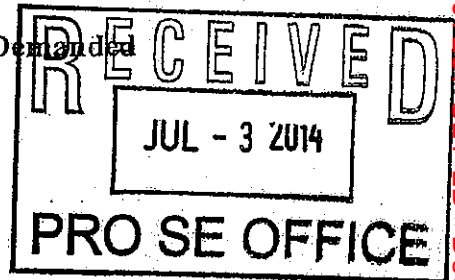
- against -

TOWN

[Insert Names],

Oikos Development LLC
Defendants.

Jury Trial Demanded



I. Parties:

Plaintiff YOUNG SHIN, resides at

41-13 159th St #2FL Flushing, NY 11355

Defendant Oikos Development LLC, resides at

195-11 45th Ave, Flushing, NY 11358

Defendant _____, resides at _____

II. The jurisdiction of the Court is invoked pursuant to

negligence and/or intentional infliction of harm or gas leak

III. Statement of Claim.

[give a clear and concise statement of facts: where the claim arose, the date of each relevant event, a description of what occurred and how each defendant named was involved in the claim]

From 07/01/2011 to 05/11/2012, YOUNG SHIN had exposed & remained in poisoning gas, mold, hazard, dangerous, cruel, unreasonable long human misery length of the time on 149-15 Barclay Ave #6 (basement) Flushing, NY 11355

IV. Remedy.

State what relief, such as money damages, you seek from each defendant.

* In all to plaintiffs damage in sum that exceeds the jurisdictional amounts of any lower court plus interest from the date of accident, the cost of its bursement of each cause of action

Date

* my landlord must give a proper punishment

because of all defendants illegal behaviors & crimes # ① - C

Sign Your Name

YOUNG SHIN

Telephone Number

718-992-9521

SEUNG KWON LE
Notary Public/State of NY
Qualified in Queens Co
No. 01LE6289526

Case 1:14-cv-07237-SLT-FB Document 1-2 Filed 12/11/14 Page 29 of 98 PageID #: 40

Hello, my name is
Dennis Baranolica.
I'm friend of Young's
Shin, and lately she
has come to me complain
g and worry about her
apartment running danger
gas. She seems to be very
worry about her health
due to this Gas running
problem. I decided to go
and experiences it myself.
She was completely right.
My stomach and throat
started hurting immediately.
I decided to bring other
people even a ~~2~~ individual
who's name is Fernan

any questions please
call me to (917) 435-7259

25-61

Persons Blvd

2100r

Fishing

NY 11374

Charge
646-440-5869

HR-3

and he was aware of
the small. I'm concern about
my friend's health I want
people to try to understand
what she so desperately has
been trying to express, but
do^{to} her lack of language she
can't really explain it. We feel
that her landlord is doing this
purposefully for his convenience
or ~~is~~ taking her out the place
or maybe hurt her health.
Her and everyone else who is
part of this community deserves
to be listen. We demand for
someone to run a investigation
and to analyse and observe with
full dedication what's going on.
We want change let's start
somewhere.

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 DIVISION OF ENVIRONMENTAL HEALTH
 INSPECTION REPORT — NOTICE OF VIOLATION

PG. 2 OF 2

OWNER <u>Young Shin</u>	D/B/A <u>Bsmt Apt</u> <u>149-15 Barclay Ave</u>	C.C. NO. <u>111-10-28-368</u>
ADDRESS <u>149-15 Barclay Avenue</u>	BORO <u>Queens</u>	PERMIT NO.
BUREAU <u>B</u>	PROGRAM <u>TX</u>	DATE <u>10/28/11</u>

ITEM NUMBER	DESCRIPTION OF VIOLATIONS
	not noted Basement landscaping with one unit that were not placed in and out of operation. Basement provided with one hot water heater and six boilers - all gas operated.
	- Test for carbon monoxide with Q-tax revealed no detection.
(*)	Apt carbon monoxide detector not disconnected and hanging off wall (*)
(*)	Landscaping gas leak (*)
	- Your landlord will be notified of operations observations and appropriate action taken.

NOTICE: Department of Health and Mental Hygiene employees must show identification on request.

RECEIVED BY <u>X Mailed</u>	SIGNATURE & BADGE # <u>G. Brosh #3059</u>	SUPERVISOR'S SIGNATURE	DATE
--------------------------------	--	------------------------	------

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a FINE of not more than \$500 or not more than 60 days imprisonment or both. — NYC ADMINISTRATIVE CODE, SEC. 1151-9.0.

4 (*)

Case 1:14-cv-07237-SLT-LB Document 1-2 Filed 12/11/14 Page 32 of 98 PageID #: 43

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
 DIVISION OF ENVIRONMENTAL HEALTH
 INSPECTION REPORT — NOTICE OF VIOLATION

PG. 1 OF 2

OWNER Tenant Young Shin	D/B/A 35mt Apt 149-15 Barclay Ave	C.C. NO. TL-10-25-368
ADDRESS 149-15 Barclay Avenue	BORO Queens	PERMIT NO.
BUREAU B	PROGRAM TX	DATE 10/28/11

ITEM NUMBER	DESCRIPTION OF VIOLATIONS
Re:	Initial Carbon Monoxide Investigation
-	A visit was made by office of Environmental Investigations to investigate a possible Carbon monoxide hazard in basement apt.
-	Access into apt was gained by tenant.
-	Interview with tenant revealed the following: - For the past three months she has noted unidentifiable odors within her apt - She suspects odors emanate from laundry/bathroom that shares a common wall with her apt. She is concerned that Carbon monoxide is entering her apt
-	Survey of apt revealed the following: - Apt is located within basement of a multiple dwelling - Odors, fumes were

NOTICE: Department of Health and Mental Hygiene employees must show identification on request.

RECEIVED BY X Mailed	SIGNATURE & BADGE # G. B... 3059	SUPERVISOR'S SIGNATURE	DATE
-------------------------	-------------------------------------	------------------------	------

PENALTY FOR FALSIFICATION: Falsification of any statement made herein is an offense punishable by a FINE of not more than \$500 or not more than 60 days imprisonment or both. — NYC ADMINISTRATIVE CODE, SEC. 1151-9.0.

H X (5) (6)

PATIENT HISTORY REPORT

Flushing Hospital Medical Center
 Department of Clinical Laboratories
 5th Avenue at Parsons Blvd., Flushing, NY 11355
 Arta Niederland, M.D., Director

PATIENT: SHIN, YOUNG SOON
 MRN#: F838282
 ADMIT: 10/06/11
 Loc/Rm/Bed: F081X--
 DOB: 01/15/1957 AGE: 56 SEX: F
 ADM: ,
 ACCT#: F404578163

R E S P I R A T O R Y T H E R A P Y

-----F4060649-----
 COLLECTED | 10/06/11 03:10 | REFERENCE RANGE
 PRIORITY, PHYSICIAN | STAT STAFF, PHYSICIAN |

Collection Site	L. RADIAL	
Temperature	37.0	36.5-37.5 deg C
pO2	21.0	†
A r t e r i a l B l o o d G a s		
pH (Arterial)	7.38	7.35-7.45
pO2 (Arterial)	44.0	32.0-48.0 mmHg
pCO2 (Arterial)	90.0	80.0-100.0 mmHg
pO3 (Arterial)	26.0	18.0-26.0 mmol/L
Base Excess (Arterial)	0.6	-4.0-2.0 mmol/L
Hemoxymgb (Arterial)	2.0 H	0.0-1.5 %

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RESULT REPORTED FIRST TIME KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC
 Att Phy: PATEL, ANILKUMA MRN#: F838282
 Loc/Rm/Bed: F081X-- PATIENT: SHIN, YOUNG SOON
 PRINTED: 02/22/2013 15:13 PAGE: 1 of 1

E-2 (O)

SHIN, YOUNG SOON
Allergies: No Known Allergies

Age: 54 years
DOB: 1/15/1957

Gender: F

EMR: 3697781
Fin#: 000409996204

Loc: Emergency Dept
Emergency 000409996204

- Flowsheet
- Orders
- Medication Profile
- Clinical Notes
- PowerNote ED
- Patient Information
- Form Browser
- MAR
- Intake and Output
- Task List
- Rad Results

Flowsheet: All Results Flowsheet Level: ALL RESULT SECTIONS

Table Group List

October 01, 2011 11:16 AM - October 03, 2011 11:16 AM (Clinical Range)

Navigator	Results
Arterial Blood Gases	Arterial Blood Gases
Misc Labs	Sample Type: ARTERIAL
Presenting Information	26.8 ✓
Medication Hx	HCO3: 43.9 ✓
Vital signs and Measurements	PaCO2: 43.9 ✓
Pain Assessments	PaO2: 96 ←
Neuro	SaO2: 96
Skin	Base Excess: 2.3
Respiratory	Hemoglobin (ABG): 12.0
Cardiovascular	Met Hemoglobin: 0.8
GI	PH: 7.403
Genito-Urinary	Misc Labs
OB-GYN	COHb: 1.0
Musculoskeletal	Presenting Information
OB Psychosocial	Triage Comments: AS PER PT. B
Immunization Hx	Triage Acuity: 3-Acute
Emergency Visits	Visit Reason: SICK
Admit/Transfer/Discharge Dts	Mode of Arrival: Self
Variables and Belongings Dts	ED HIV Test Offered: No, Patient De
Medical Hx	Medication Hx: None
ED Documents	Medication Y/N: None
Patient Education	Vital signs and Measurements
	Temperature: 97.8 H 98.2
	Temperature Method: Temporal Temporal
	Heart Rate: 78 63
	Respiratory Rate: H 18 H 18
	Systolic Blood Pressure: H 160 H 142
	Diastolic Blood Pressure: 125 99
	Oxygen Saturation: 95 96
	Nurses Note: Nursing Note Nursing Note
	Pain Assessments
	Pain Symptoms: Yes
	Region: HEADACHE
	Pain VAS Scale: 5
	Neuro
	Adult Verbal: Oriented
	Adult Motor: Obeys Comma
	Adult Eye Opening: Eyes open spc
	Neurological Assessment: See GCS, Ass
	Adult GCS Calculation: 15
	Neurological Additional Information: AWAKE, ALET
	Adult/Ped Glasgow: Adult

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11/10

P-365

211

10



11)



(1)

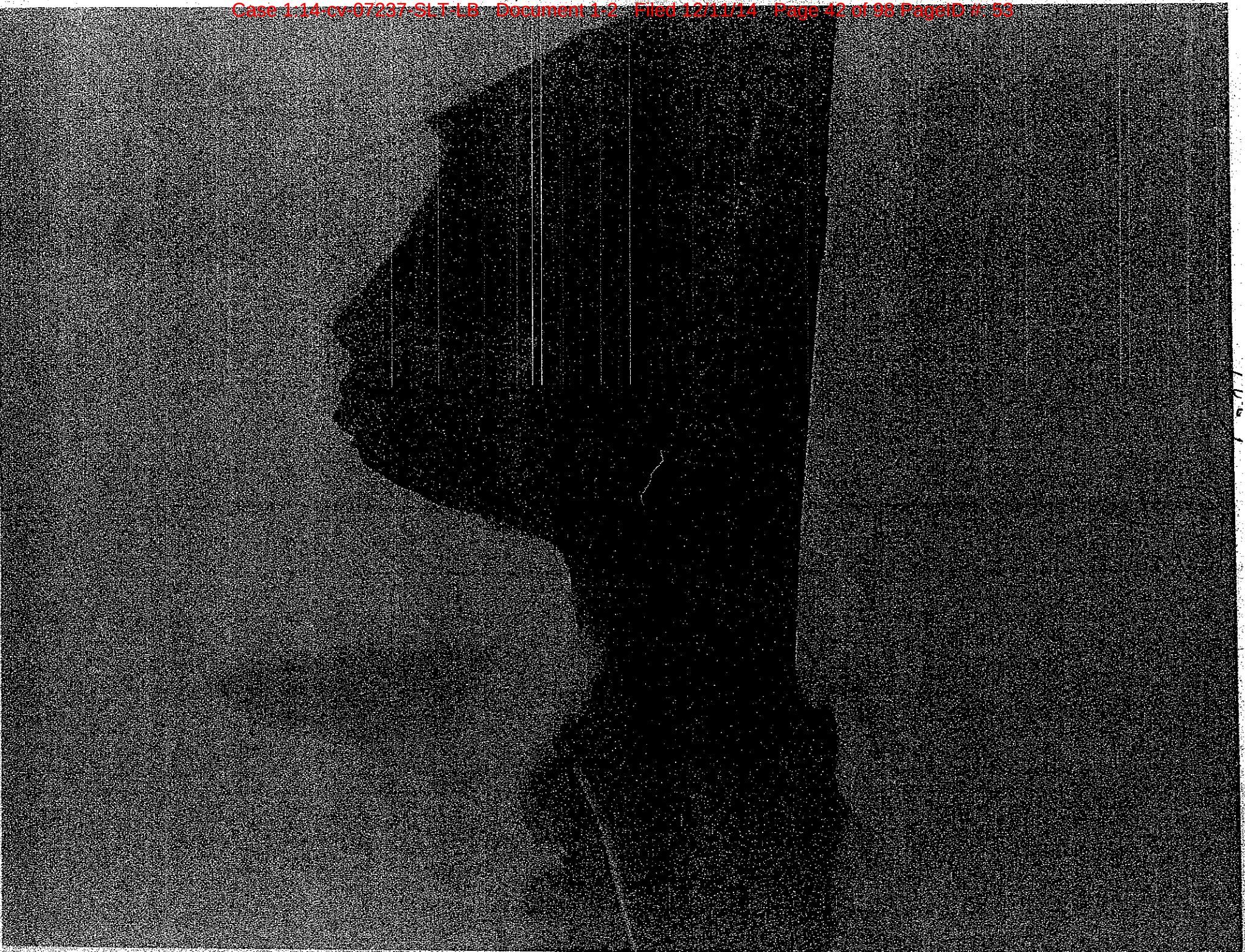


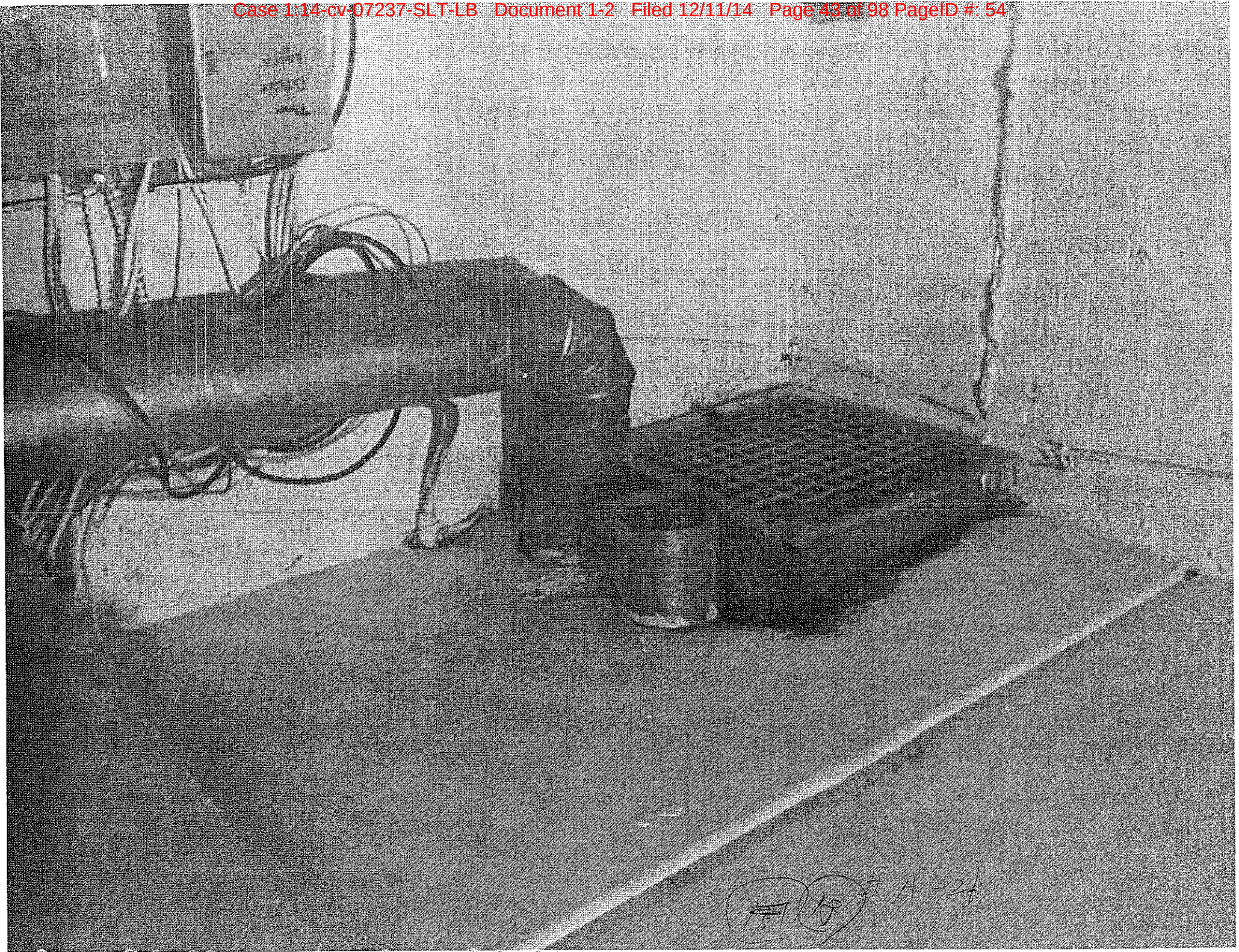
137





101
12/11/14



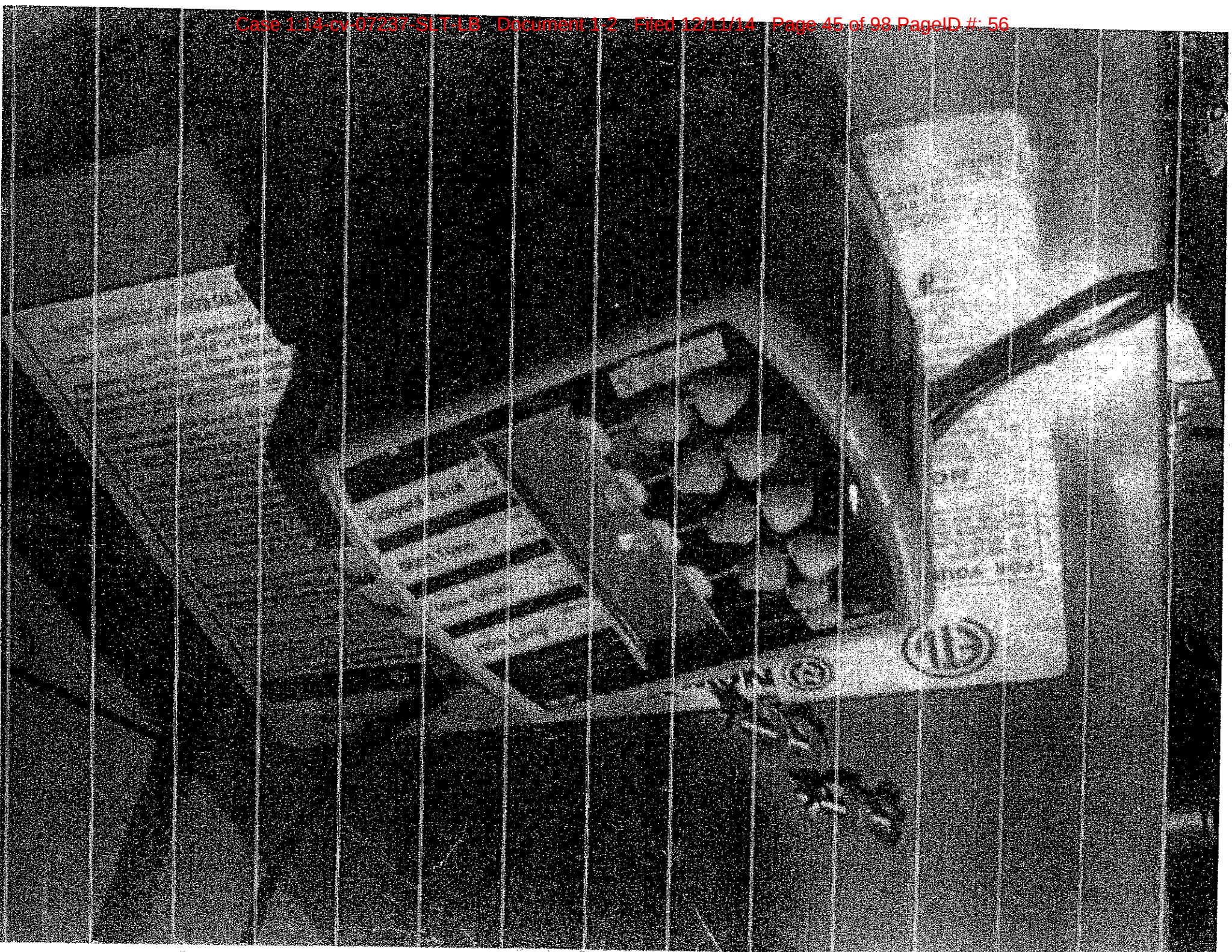


Upside down
Can not go one
gases & ATRS

(A9)

COO

SK

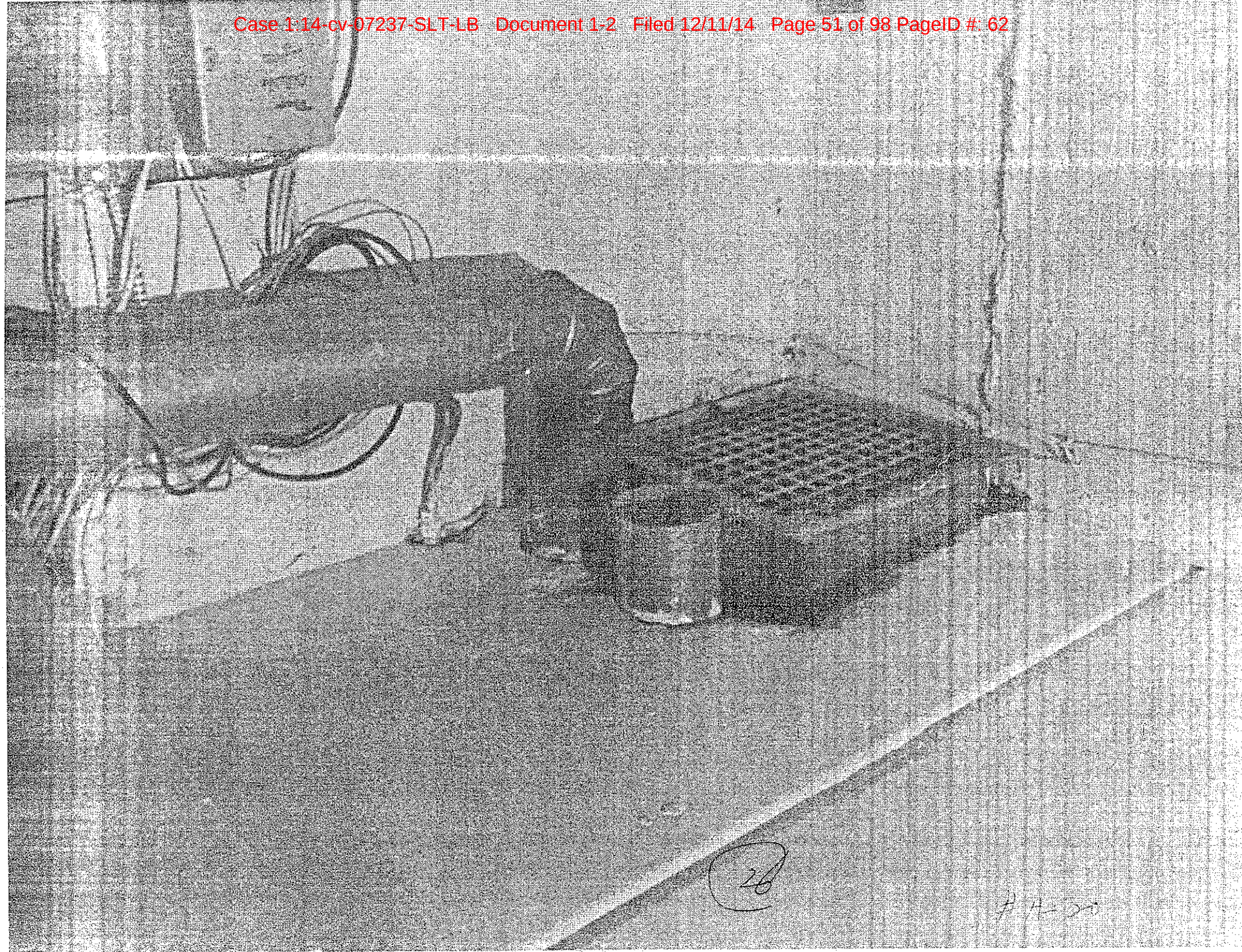


(22)



23





R-2 (1)

Model N # KN COPP-3

Assembly N # 900-0056
03/12/2011 - Manufacture

11/11 = 19 PPM

12/3 10 PPM

12/4 10 PPM

12/4 → reset - fireman

12/7 → 0 PPM

12/8 → 0 PPM

|

12/13 - 0 PPM

Model KN-COE-G-3

Assembly N # 900-0113

August 20/2011 → Manufa

11/12 = 21 PPM

|

12/25 = 21 PPM

12/02 = reset. ~~0000~~

12/03 - 15 PPM

12/04 - 15 PPM

|

12/06 ↓ 0 PPM

12/07 - 0 PPM

12/13 - 0 PPM

F1 →

1. set up 30 PPM
2. set up 26 PPM
3. set up 20 PPM
4. set up 15 PPM
5. set up 10 PPM
6. set up 5 PPM
7. set up 0 PPM

too high 30 PPM for alarm
set up 26 PPM
set up 20 PPM for alarm
set up 15 PPM
set up 10 PPM
set up 5 PPM
set up 0 PPM

R-2 (1)

A-15

R-2(2)

12/04 → both machine reset
LO

CO + GAS

12/04/2011 → 0 PPM

12/04/2011 → 0 PPM

12/30/2011 Test 214 PPM
Gas YES

01/26/2012 ~~pic~~ peak
13

01/26/2012
17

02/01/2012 13
unit reset 02/01/2012

0

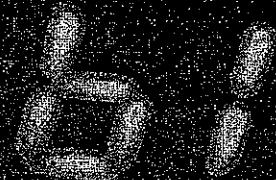
17

unit now 0

01/17/2012 asked Steel my ladling # A-16
to stop gas & chemicals

(28)

but he said he can't stop unit gas & chemical
in am not because if did not catched fire was



JE



H.A.A.
30

20

Ars & Counter Claim

#1

Ars: Index # 074271/2010 & (non-payment)

Index # 82678/2011 (hold over case)

79444/2011 (hold over case)

Counter Claim: Intentional Negligent, Intentional
breach of safety warranty of habitability
Intentional breach of lease (contract)

To: NYC Court in Queens & Orlcos Development

- ① Currently this premises has the six units including my apt #6.
- ② Certificate of Occupancy (See # B-3)
Apt #6; 149-15 Barclay Ave #6. Flushing NY 11355 does not an Apartment & permit "Cellar" ⇒ Apt #6 is ineffect cellar, & Also Apt #6 is illegal 3rd Apt
- ③ My lease & Non-payment case (A 74271/2010, wrote as Apt #6 is ground floor but hold over case (A 82678 & 79444) wrote

Case 1:14-cv-07237-SLT-LB Document 1-2 Filed 12/11/14 Page 56 of 98 PageID #: 67

As APT #6 is the basement

#2

" On petition paper #4 (Index # 82678 :

hold over) expressed All room Bsmt in Basement

as 149-15 Barclay Ave Basement Floor,

Flushing, NY 11355"

When I signed the lease agreement,

my landlord said this APT is the ground floor

So: The basement APT #6 rented as the
ground floor APT #6 to me for 1 year. let
by my landlords. ~~let~~ as described non-

payment case (#74201/10)

(see #A-1, C-1, 2, B-1, 2, 3) & hold over

case (#82678 & 79444),

⇒ This petitioners - Landlord is doing
fland definitely to me & the court,

⑤ This is the multiple dwelling (APT)
according to certificate of occupancy.

③ ⇒ This #6 is "illegal 3rd apartment"

⑥ Respondent Young Shin is a tenants in #3 possession of said premises pursuant to written rental agreement made 06/01/2010 for 1 yrs.

So It is not correct on # 82678 (hold over NO #2: " NO written rental agreement made "

⑦ petition #9 in Lot #74271/10 (Non-payment) is that "The premises are not a multiple dwelling" (See #C-2)

Also petition #9 in Lot #82678 & 79444 hold over is that "The premises are the multiple dwelling".

According to Depart. of Building Co (See #C-2)

This building can use the multiple dwelling

⇒ My landlord & their lawyers ~~conveniently~~ conveniently have been fraud to every body.

⑧ On the petition paper # 8267% & 79444 #44
(hold over) is that " The APT is not subject
to rent stabilization or rent control because
the APT is exempt or. the premises contain
fewer than six units."

but currently this premises has the
six units including my APT # 6.

So. According my landlord ~~said that~~ ^{said that} this
premises could be the rent stabilization or
rent control APT according on the petition.
(Non-payment & hold over) because currently
this premises has the six units including
my APT # 6.

This is not correct & Any action on
your demand & written on the ~~per~~ petition
is a breach of the law. (See # 74271/10,

Non-paycase & # 8267% & 79444 hold
over case)

#5

After false inspection on 07/16/2010 about converted illegal apt #6, my landlord put me non-payment case August 2010 in court.

I went to court 3 times. After 2 times court,

my landlord came to my apt & told me

"Not go to court for non-payment case any more". ~~because I will go to court~~

~~with illegal converted apt #6 false~~

~~inspection~~ & my landlord offered 1 year

free rent to me with verbal agreement on

around 11/03/2010 although he can not

ask the rent by law.

(false inspection is ~~name~~ no one live in apt #6 on 07/16/2010, although I am living in apt #6 from 06/04/ until now 02/29/2012)

After verbal agreement, I got the rent

harassment, provided not safety habitabilities,

my the Damagement of my properties by landlord intentionally.

⑨ After I moved in June 4th 2010 in this #6 premises, I got a notice on window about my APT around June 20, 2010 for "Inspection of illegal converted APT #6" but the landlord ordered to me "Do not open the door to the unknow people" Now I think it because of the building Inspection.

Regarding another notice for Inspection on July 16, 2010, landlord tried to make the wall for blocking my bathroom & kitchen with 4 men. My landlord ordered 4 men to the packing all my belong to look lilce the storage not repair. They came in my APT for repair of my APT at that time.

My APT #6 Started repair "look lilce storage & sign down for my home busine

My landlord (Sack) put me a hotel on #1
July 15, 2010 night for 1 day of Inspection on

July 16, 2010 in my APT.

My landlord (Sack) promised to make the
Original state of my APT before when I
returned in my APT. but he did not do

after false Inspection as No illegal

converted APT #6 although I am living

in my APT from 06/04/2010 until now

02/29/2012 with illegal converted

APT #6

⇒ This is the definitely Fraud against
city & Inspector.

So with a little argument, the landlord

broke the wall to open the my bathroom

door & kitchen.

he asked me move out with \$1000⁰⁰

on the street of the building when I return
after false inspect

(36) B

I did not happy what he said & #8
He took the advantage of my good heart.
although this is his fault & his deception to
me & NYC Inspector

(I did not know what's going on at that
time)

I had spent 4-5 days for clean & arrange
in my apt after inspection on 1/16/2010.

He had to give the proper compensation
about my loss (time & business) but he
did not do it at that time.

As my signs down every day for inspection
& after inspection even though on other
owner fence sign by my landlord. I lost
my business completely for paying rent
& living after false inspection & with

putting gases in my apt.

When my landlord packed my belongings
for inspection on July 15 2010 to

9
#10
Something is not correct.

So I asked it to lawyers by the phone & personally when he asked me to move out after false inspection day July 16, 2010 on the street of the premises when I returned from hotel.

Then I knew that it is a illegal APT & landlord deception & fraud to me & city

(11) A - The landlord did not provide the hot water in my bathroom since I move in June 4th 2010 until July 23, 2010 after false inspection for almost one & half month

(12) B - The landlord did not give the heat this winter 2011 until now,

C - shut down the electricity on 9/16/2010

(13) D - take down my signs for home business

9

Something is not correct.

So I asked it to lawyers by the phone & personally when he asked me to move out after false inspection day July 16, 2010 on the street of the premises when I returned from hotel.

Then I knew that it is a illegal apt & landlord deception & fraud to me & city.

20... A - The landlord did not provide the hot water in my bathroom since I move in same 4th 2010 until July 23, 2010 after false inspection for almost one & half month

~~21~~ B - The landlord did not give the heat this winter 2011 until now.

C - shut down the electricity on 9/16/2010

~~22~~ D - take down my sigis for home busin

in the another owner fence - started #1.
around 07/10/10.

E - every morning whenever I opened door in my back yard door, there are bowel movements for 3 months from April to

June 2011.

F - dropped water from ceiling bath room for 4 months every day upon 10 min from around 6/17/11 changed time to

5 Am in the morning

I saw ft to my landlord's employer & my landlord & fireman.

G - called drain pipe & sealed with cement & plastic bag in drain pipe.

hole (the sewer drainage) to make

my APT flooding in raining day by

my landlord on purpose inside 20 inches

outside door 40 inches of my APT #6

I took out the flooding water in my APT
by hand for 3-4 day. (see R-1. P-2 C1-2

#12
I called my landlord over 10 times for this flooding cases but I did not hear it at all from my landlord.

On purpose the damage of my properties (Clothes, books, computer, Notebooks, bed all furnitures etc.)

It is a criminal case for on purpose

Damage of my properties.

(27) yelled with F-words from my landlord families & my landlords many times in my apt, the front of door, street to me whenever they saw me after 11/03/2014

(17) My landlord (woman, & man) walked in my apt I said "I got to go" but & my landlord woman throwed on my belongings to me. So when I called

(40) 911 to report ~~to~~ my landlord violence

She grabbed my telephone & lied 911 #12

" here is violence in my apt & gave her name & thrived out my telephone on the face although my landlord women did

violence to me =>

(14) baseless Sues 3 times (1 time - non payment 2 times - hold over case) for 1yrs to me

It is too hardship for me.

(My landlord lawyer told me on 11/20/2011 at court " Don't show up 12/01/2011 court day # 19444 for hold over case " because of this case was closed already. but they (My landlord lawyer & landlord) all show up for proceeding this holdover case without me in court 12/01/2011)

It is a trick & dirty game (professional ethical problems) => two case in same time of court => fraud case my landlord put gases including CO, & other chemical substances on & off

(15)

(16)

In my Apt almost 7 months until #13
now from June 2011.

It have been hard to catch those because
of on & off the gases in my Apts &
when open the door & window.

Although I have some evidences about gases, CO
with little machine measuring gases, CO
etc 15-17 ppm 19 CO in my apt.

They have tried to make me insane.
With normal people.

With landlord cut pipe in boiler room
as my landlord cut pipe in boiler room
for draining. smell & gases & made big hole
of the wall in the boiler room &

air drain pipes made upside down
contaminated air could not take out
from boiler room

so all contaminated air & chemicals in
boiler room have been entering into
floor

#14
the my apt #6 intentionally.

As my landlord put gases & chemical substances
in my apt on & off on purpose (intentionally)
It is harm the people case.

* If gas pipe leaked, gases, co & chemical
substances it's always there (in my apt #6)

* When I told him a small fire in my apt
to using match for candle, he (saw) said,
It is not possible to fire because he put
a very small amount gases in your apt.
after that, my smoke alarm cutted when
I returned home ~~out~~ from outside.

* 01/11/2012 I asked Sacks (my landlord)
to stop to put gases & co. & chemicals
substances at the front of door the
building on 149-15 Barclay Ave, but
he said no & he can not stop to put
gases & chemical substances in my apt

because I could see the men did not
caught those in my apt because I opened

the window & door whenever they come in
apt (sometime I did not see to turn on

the machine of firman, just see black
not zero sign when they came to check
my apt on 12/04/201 night & other time

* According lease agreement #32 (see - A -

Landlord states that the apt & building
are fit for human living & there is no
condition dangerous to health life or
safety.

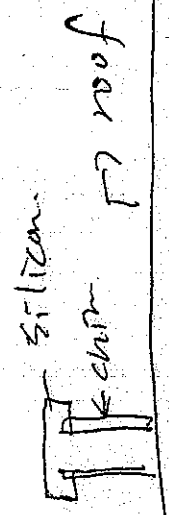
* The my landlord didn't provide photos
safe habitabilties Intentionally in my
apt for a long period time,
(see - the R 3)

* mold on the wall in the bathroom
Kitchen, closet, under all furnitures
in the room & living room because of

(77)

18) No light outside of walking in the #16 building almost of 2010 & 2011.

19) The summer 2011, my landlord put in a lot of silicon on the roof & chin.



When I asked the professional opinion by the phone with Demaris M Statcen PhD for health, Toxicology, & Environment above putting silicon on the roof & chin. It could be blockage draining fates. like w. car, contaminated air. from inside to outside.

19) I received it by a certified mail after first court day 11/20/2011 about affidavit of service was not properly served.

⇒ So. This holdover case is dismissed (45)

① my landlord did not ask me the renewal lease #19

② my mail is lost & returned to sender (see post card sign)

* my landlord (Jack) said I did not do wrong & strange action during 1 1/2 yrs living in the apt, in trial for hold over case # 82-68 on 06/16/10

my request

① I ask the court the whole building

Inspection including my apt #6 (see R-3, G-1, F-1, H-1, P-1)

② false inspection (06/16/10) against NYC about as illegal converted apt, illegally converted apt although I have lived in apt #6 from 06/04/2010 until now => this is fraud

③ Apt #6 is not an primary resident #18 as permit 11 cellar is but currently

The premises has the six unites as illegal converted apt by my landlord

APT # 6 is illegal 3rd APTment & was given illegal lease & cheated the Ground

Floor. by landlord to me & court (see non-payment court paper & my lease)

The petitioner(s) - landlord must be put
the restitute place because of dangerous
person not to harm in society & nation
from now & in the future with intentionally
negligent & intentionally breach of safety
Warranty of habitabilities, Intentional
breach of contract (lease)

④ Also please ask to dismiss the compl. the petition # 74 201/10 (non-payment case & holdover # 8 2 27 8) based on fact of the subject matter jurisdiction or (47)

by order of Ejectment Jurisdiction #18
in Supreme Court.

Respondent ask the Court those petition
must dismiss because Any action on
my landlord demon is a breach of law
& fraud.

My landlord should not ask rent or using
occupancy because of not provided the
proper living condition & staying in apt -
safety from which I moved in apt

June 4 2010

* please pay the cost & disbursement of this
proceeding, compensation (\$200,000^{or}) about me
proper living conditions such as no hot water
in bath room, No heat, flooding in my apt.
putting water, fuses, other chemical substances,
& not proper process lawsuits, landlordship. A
mentally & physically ^(P) baseless law suits

#22
Intentionally negligent & breach of
Safety warranty of habitabilities,
Intentionally breach of contract (lease)
Damaged loss of my properties, Medical
bill etc.

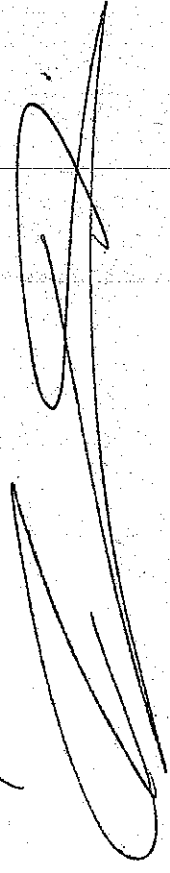
Also ask the court to live safety
warranty habitabilities.

Thank you.

149-15 Barclay Ave. #d

Flushing, NY 11357

Younis ~~Shin~~ Shin



(48)

99 444 1/11

Oikos Development

against

YOUNG SHIN

For this matter is discontinued.

I asked the compensation of baseless case
Cndrx # 074291) - fraud
proceeding - dirty game is this section

she with same subject

today (12/11/2014) index # 994444, harassment

by landlord & people for him such as water & gas

leakage on e off for minor business tear down walls

flooding in apt with cutting pipe & illegal insul-

with illegal lease & illegal rent etc

those harassment interfere with

comfort & quiet times baseless & not proper

& my power reduce as flooding

#2
cutting drain pipe on purpose \$10,000, Hospital Ex
fee because of gas leakage on \$ off in my apt
around \$5000.

I asked total \$35,000 but this case closed
without those.

I ask to Judge those (\$35,000) for this case
closed.

My landlord lawyer told me on 12/24/2011 at court.

" don't show up 12/30/2011 (today court day 2 index #
19444/11) because of this case was closed already.

They all showed up for proceeding this case without
(my landlord & lawyer)
me. It is a trick & dirty game.

They put another case already 11/20/2011 (2 index
826978/11) with same subject. They cannot do this
action. I'm with same subject & same time.

They (my landlord lawyer & my landlord) must give
a proper punishment because professional ethical problems
& fraud.

Thank you Young Shin

149-15 Barclay Ave (51) Flushing, NY 11354

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF QUEENS

HOUSING PART

-----X

Index No. 07 Y 271
L & T 2010

OIKOS DEVELOPMENT LLC,

Petitioner (Landlord)

PETITION
Non-Payment Dwelling

- against -

Petitioner's Business Address:
149-15 Barclay Avenue
Flushing, New York 11355

YOUNG SOON SHIN,

Respondent (Tenant)

Address: ~~149-15 Barclay Avenue Apt 6~~
~~Flushing New York 11355~~

-----X

THE PETITION OF OIKOS DEVELOPMENT LLC, the owner and landlord of the Premises, shows that:

1. The Petitioner is the owner and landlord of the Premises.
2. The undersigned is a managing member of the Petitioner, a New York limited liability company.
3. The Respondent, YOUNG SOON SHIN, is the tenant of the Premises described below, who entered into possession under a certain rental agreement made on or about May 27, 2010, between Respondent as tenant and Petitioner as landlord, wherein Respondent promised to pay to landlord as rent \$1,000.00 per month, payable on the first day of each month. Respondent is now in possession of said Premises.

basement apt

4. The Premises from which removal is sought were rented for dwelling purposes and are described as follows: ~~all rooms, Apt No 6 (Ground floor), 149-15 Barclay Avenue, Flushing, New York. The Premises are situated within the territorial jurisdiction of the Civil Court of the City of New York County of Queens.~~

No found floor

5. Pursuant to said rental agreement there was due to landlord from Respondent tenant as follows: \$1,000.00 for July, 2010; \$1,000.00 for August, 2010. Respondent tenant has defaulted in the payment thereof, and the total rent in arrears as of the date hereof is \$2,000.00.

C-2 (52) A

6. Rent has been demanded personally from Respondent tenant, in writing, since the same became due. Rent has been demanded by service of a "Three Day Notice" upon the Respondent, in accordance with the requirements of the Real Property Actions and Proceedings Law of the State of New York. A copy of said notice, together with proof of service thereof, is attached hereto and made a part hereof.

7. Respondent holds over and continues in possession of the Premises without the permission of landlord after said default.

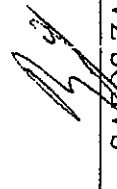
8. The Premises are not subject to rent control or the Rent Stabilization Law of 1969, as amended by Chapter 576, Laws of 1974, as amended by Chapter 403, Laws of 1983, by reason of the fact that the building in which the Premises are located is not a multiple dwelling.

9. The Premises are not a multiple dwelling.
 ⇒ can use a multiple dwelling (see #B-3)

10. ~~The property herein sought to be recovered is the residence of the tenant therein.~~

WHEREFORE, Petitioner requests final judgment awarding possession of the Premises to the Petitioner landlord; the issuance of a warrant to remove Respondent from possession of the Premises; a judgment for rent in arrears against Respondent tenant for \$2,000.00; and the costs and disbursements of this proceeding.

Dated: August 31, 2010


SAKOS ZACHARIAS
Authorized Member
OIKOS DEVELOPMENT LLC
Petitioner

(52) B

②

들었는데 사진이나 메모나도 기록이 아파드미 등 문에
 있어도 할 때 등 pipe는 누군가에 의해 잘라 놓았을
 것은 (지붕 밑에서 아래로 내려오는 어느 pipe의 연결부) 파손
 되어서 내려오지 않았고. 하수도로 연결되어서 아래에서
 올라오는 것인데 어느 때쯤인지 모르겠으나...
 한바탕은 2011년 7월 22일 수요일 오전 10시 30분경
 시공사 직원이 상층에서, 배수용 pipe를 주인이 잘라
 놓은 것이라는데 확인하는 데 22일 오후 2시 정도
 지난 다음 23일 수요일 중 이해가 되질 않았음.
 이를 확인하는 동안 24일 수요일 오전 11시 30분
 주A, 주B에 이해가 된 것 여하했음.
 시공사 직원이 24일 수요일에 사진을 여러장 찍고,
 Voice memo도 찍었음.
 그 후 24일 오후 5시 30분...

우선 주A는 어느 pipe를 파는 것이 apt 문쪽으로 들어
 가도록 해야 할지 생각하다가, 다른 분의 도움이 필요할
 것이라, 시공사의 apt # (등이) (A) 살고 있는 사람에게 도움을
 청하여 도와달라 # (A apt) 이 가서

(57) 등에게 A씨는 상하문의 (57) 문에 apt

③

홍남수문의 여론의 Pipe를 거머쥐어, 선거권 못이

다른 Pipe를 연결하며 물의 양향을 Apt 아래로

다시 쉼쉬우라. 그리고 나서 홍남수문은 상층을 들어갈

지하 선명선생남은 CAM 정도의 자외선으로 들어와서

사육사 해, 꽃잎은도 같이하고, 간혹간 아바사사를 하신리문

그서 관수인어비 여러리도 지리(은) (은) (은) (은) (은)

전과, 아바사들이 열의우우라...

선명선생남은 8/13/11 9시 (AM)부터 ~ 8/15/11 8시까지

수영재 Apt 인종은 아바사들이 있는 물은 편하고 있을것이다.

(지하 물은은 아바사 차인이 간재마를 기수 물은은

Free Free 되네 (만일우우라).

8/13/11, 인종은. 그리고 지리사사는 제가 제정 서가고

아바사들고 계수해가 인종은 Apt 안에 있는 물은

있을것이다.

Apt에 있는 가늘은 물은 물에 잠겨도 물이 도아고

OK. 물은. 가늘, 학업사사거 물의 지리 상층을 들어와서

8/14/11. (수업은) 이 선명선생남은 관수인의 하수구

물은 시에르물은 여러개와 같은 것인데, 수인이 아니라

문도라사하 Bug으로 하수구 파내는 일을 아바사

(5)

아바사 여러개와우우라.

#R-1

Joung Yun Seo

149-11 Barclay Ave #3A

Flushing NY 11355

C.P.: 646-289-2593

My name is Seo Joung Yun. I am a neighbor of Young Shin (Address: 149-15 Barclay Ave #6 (Basement) Flushing NY 11355). Early on Sunday, August 13, 2011 at 4:30am I woke up to the sound of someone knocking on my door. It had been raining heavily all night and when I opened the door Young Shin was standing in the doorway completely drenched. She said she needed help because there was water in her Apartment. I went to her house and I was surprised. Outside of her back door there was about 40 inches high and about 20 inches inside the apartment. All of her furniture, clothes, computer etc was all submerged in in water. It was continually raining outside and the pipe that drains water seems to have been severed and missing. Rain from the rooftop that should have drained into the sewers had nowhere else to go. I was rendered speechless. Young Shin said that the drainage pipe had been cut by the landlord. She had requested that it be fixed several times but he ever did. When I heard that I couldn't believe it.

According to my neighbor Young Shin, the landlord had cut off the drainage pipe and never fixed it despite Young's requests to fix it. When I heard that, I did not quite understand. I wondered, wouldn't all landlords immediately fix any problems that arise in the apartment or the surrounding area? Young had called the landlord several times and even left voice mail but the landlord did not answer the phone or even return her calls.

It made sense that the first thing we should do was to block the drainage pipe so that the water could be contained and stop flowing towards the apartment door. However, we needed help from others to do this so Young went to ask for help from someone living in 1A of the first floor. Around 5am the man who lived there opened the door and listened to the story. He found some leftover pipe part and connected it to the area which the drainage pipe was cut off, in order to change the direction of the water away from the apartment. Then the man went back home and around 6am Young came to my house to take a shower and eat some breakfast. Then, Young made about ten more phone calls to the landlord but there was still no reply. Between 7am on August 13, 2011 to the afternoon of August 15, 2011, Young was scooping out water from her apartment with her hands. Whenever I went to the parking lot after work, I would see her continuously scooping water out with a bowl.

On Sunday, August 13, 2011, when I bought some dinner to go and delivered it to Young myself, I saw her still scooping out water from her apartment. The furniture in her apartment was soaked and damaged. Her room, kitchen, living room and bathroom was filled with water and looked like a swimming pool. On Monday, August 14, 2011, Young showed me where the landlord



used the cement wall to blocked up the sewer drainage, and showed me the ^{picture} ~~place~~ where the landlord removed the big plastic bag which blocked the sewage hole. The whole apartment was flooded and all the furniture in the apartment was damaged. Young seemed very frightened. The landlord should have taken a look at the apartment, seen the situation and tried to solve the problem in any way possible. However, the landlord never appeared.

As I witnessed Young using her hands to remove and wipe the water, and organize her apartment for three days, I felt concerned for her. I did not know how to help. From common sense I found the landlord's attitude strange and hard to understand because most landlords come to check up on the problem two or three days after receiving the call. However, from my experience I really cannot comprehend the behavior of Young's landlord.

If you have any questions about this incident, please reach me at the following address or number:

Date: 11-25-11 Friday

Name: Joung Yun Seo

Address: 149-11 Barclay Ave #3A

Flushing NY 11355

CP.: 646-289-2593

WP.: 718-805-2318

(58)

175,000.

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

AA

BOROUGH QUEENS

DATE: 11-16-89

NO. Q- 211239

ZONING DISTRICT B5

This certificate supersedes C.O. No.

THIS CERTIFIES that the new—~~amended existing~~—building—premises located at
149-15 Barclay Ave.

Block 5054 Lot 5

CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

NB 647/87

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MASKING NO. OF PERSONS PERMITTED	ZONING DWELLING OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
CELLAR	0.G.			1	2		ACCESSORY USES
1st	40		1	2	2	J-2	MULTIPLE DWELLING "A" REQUIRED ONE CAR GARAGE
2nd	40		2	4	2	J-2	MULTIPLE DWELLING "A"
3rd	40		2	4	2	J-2	MULTIPLE DWELLING "A" REQUIRED OPEN PARKING FOR TWO CARS THIS IS ONE OF (5) FIVE TAX LOTS ON A SINGLE ZONING LOT. SEE N.B. 643-647/87 RESTRICTIVE DECLARATION FILED UNDER REEL 2612 PAGE 1669 DRYWELLS IN ACCORDANCE WITH BSA CAL.# 895-87A

THIS CERTIFICATE SHALL ALSO BE CONSIDERED A CERTIFICATE
OF COMPLIANCE OF OCCUPANCY UNDER SECTION 301 OF THE
MULTIPLE DWELLING LAW.

OPEN SPACE USES

(SPECIFY—PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO THE TERMS, CONDITIONS AND
SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Philip E. Olin
BOROUGH SUPERINTENDENT

Philip E. Olin
COMMISSIONER

ORIGINAL OFFICE COPY—DEPARTMENT OF BUILDINGS

COPY

59

B-8

Case 1:14-cv-07237-SLT-LB Document 1-2 Filed 12/11/14 Page 87 of 98 PageID #: 98

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the NORTH side of BARCLAY AVE.
 distant 75' WEST feet from the corner formed by the intersection of
 149 Pl. and BARCLAY AVE.
 running thence _____ feet; thence _____ feet;
 thence W 31.25 feet; thence N. 150 feet;
 thence E. 6.26 feet; thence S. 50 feet;
 thence E. 25 feet; thence S. 100 feet;
 to the point or place of beginning.

N.B. or A.D.T. No. 647/87 DATE OF COMPLETION 8-15-89 CONSTRUCTION CLASSIFICATION ID
 BUILDING OCCUPANCY GROUP CLASSIFICATION j-2 HEIGHT 3 STORIES, 30 FEET

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

			NONE	
	YES	NO	YES	NO
STANDPIPE SYSTEM				
YARD HYDRANT SYSTEM				
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM				
SMOKE DETECTOR		X		
FIRE ALARM AND SIGNAL SYSTEM				

STORM DRAINAGE DISCHARGES INTO:
 A) STORM SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

SANITARY DRAINAGE DISCHARGES INTO:
 A) SANITARY SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

LIMITATIONS OR RESTRICTIONS: 895-87A
 BOARD OF STANDARDS AND APPEALS CAL. NO. _____
 CITY PLANNING COMMISSION CAL. NO. _____
 OTHERS:

60

B-9

Civil Court of the City of New York Housing Court

Assigned to Part _____

Date Filed _____

Fee Waived - Judge _____

Appeal Filed - _____

Jury Demand Filed _____

Respondent Answers on _____

Answer is _____

Petitioner Notified on _____

Trial Date 4-2-12 Part C 9³⁰

Date <u>4-2-12</u>	Court Action or Comments <u>1</u>	Adjudgment Request: Petitioner _____ Respondent _____
Part <u>C</u>	<u>adj to 5/2/12</u>	Reason for Adjudgment:
So Ordered Judge <u>DEICHTON S. WATHE</u> <u>JUDGE HOUSING PART</u>	<u>pending inspection</u>	Rent Deposit: _____ Adjudgment period to be exc _____ Adjudgment period to be cha _____ Days charged to be limited to
Date <u>5-2-12</u>	Court Action or Comments <u>2</u>	Adjudgment Request: Petitioner _____ Respondent _____
Part <u>C</u>		Reason for Adjudgment:
So Ordered Judge <u>DEICHTON S. WATHE</u> <u>JUDGE HOUSING PART</u>		Rent Deposit: _____ Adjudgment period to be exc _____ Adjudgment period to be cha _____ Days charged to be limited to
Date <u>6-4-12</u>	Court Action or Comments <u>3</u>	Adjudgment Request: Petitioner _____ Respondent _____
Part <u>C</u>	<u>proceeding is dismissed</u>	Reason for Adjudgment:
So Ordered Judge <u>DEICHTON S. WATHE</u> <u>JUDGE HOUSING PART</u>	<u>w/o/l as per <u>febbone</u></u> <u>has been lawfully evicted</u>	Rent Deposit: _____ Adjudgment period to be exc _____ Adjudgment period to be cha _____ Days charged to be limited to

FELONY WARNING:

A person who willfully and unlawfully removes, mutilates, destroys, or attempts to do so, any document or record, or any other property, of the court, or to punishment by imprisonment for five years. (Penal Law § 175.25)

61

t _____

000463/2012 HP T VIOLS
03/08/2012

PREMISES:
149-15 BARCLAY AVE 6

Judge _____

PET: SHIN YOUNG
ATY: PRO SE

Filed _____

RSP: OIKOS DEVELOPMENT
ATY:
 Residential H.P. 7-A Commercial

Date Filed _____ Index Number _____

riment Request: Petitioner Respondent Court Consent	Notice of Appearance <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
n for Adjournment:	
Deposit: Adjournment period to be excluded under RPAPL §745(2) Adjournment period to be charged under RPAPL §745(2) Days charged to be limited to _____	
riment Request: Petitioner Respondent Court Consent	Notice of Appearance <input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
n for Adjournment:	
Deposit: Adjournment period to be excluded under RPAPL §745(2) Adjournment period to be charged under RPAPL §745(2) Days charged to be limited to _____	
riment Request: Petitioner Respondent Court Consent	Remarks:
n for Adjournment:	
Deposit: Adjournment period to be excluded under RPAPL §745(2) Adjournment period to be charged under RPAPL §745(2) Days charged to be limited to _____	

Case 1:14-cv-07237-ATL Document 12 Filed 02/11/14 Page 90 of 98
 DER Graphics II
 1-800-667-071

removes, mutilates, destroys, conceals or obliterates a record of this office is subject years. (Penal Law § 175.25)

One of _____

627

CIVIL COURT OF THE CITY OF
COUNTY OF QUEENS: HOUSING

OIKOS DEVELOPMENT LLC.,

Pet

-against-

YOUNG SOON SHIN

HON. ULYSSES B. LEVERETT:

Petitioner Oikos Development commenced this holdover proceeding alleging that respondent Young Soon Shin has continued to be in possession of the subject premises without the permission of the petitioner. Respondent alleges breach of warranty of habitability.

The subject premises at 149-15 Barclay Avenue, Flushing, New York is a multiple dwelling duly registered with the Department of Housing Preservation and Development. Respondent resides in an illegal basement apartment at the subject premises.

After trial the Court makes the following findings of fact and conclusions of law.

Petitioner witness Zacharias testified that respondent moved into the subject premises in 7/10. He stated that the subject premises are an unlawful basement unit and that respondent's lease has expired on 5/31/11.

Respondent Young Shin testified that she moved into the subject premises in 6/10 and that her lease expired in 5/31/11. She stated that she has not paid rents since 7/2010 because she became aware that the basement apartment was illegal. Respondent testified that she had no heat since 11/12, that there is an on going gas leak from 6/10 to present, mold in the apartment, and water leak from bathroom ceiling.

→ Z filed the notice of appeal on June 21, 2012
- T was evicted from this illegal bsmt apt on 5/16 as per Hon. Leverett 3/16 decision after trial.
my show order came (6-6-12) → denied & My document of motion dismissed

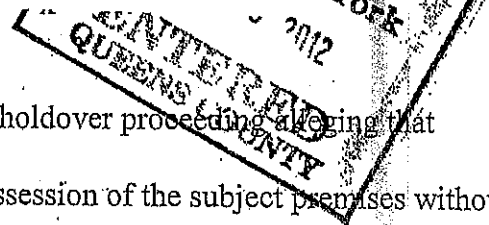
Index No.: 82678/11

DECISION/ORDER

So 2 things
ZEB
waited
time

- She says she plans to appeal but hasn't yet.

Re - LL atty wants dismissed



Case 14-cv-07237-SLT-LB Document 1-2 Filed 12/11/14 Page 91 of 98 PageID #: 102

→ Z came 2 inspection note on the end of June/2010
06/2011 (63)

Civil Court of the City of New York

County of _____
Part _____

Index Number _____

OIKOS Development LLC

82678/2011

Claimant(s)/Plaintiff(s)/Petitioner(s),

NOTICE OF APPEAL

-against-

Young Skin

Defendant(s)/Respondent(s)

PLEASE TAKE NOTICE that the Appellant, Young Skin

hereby appeals to the Appellate Term of the Supreme Court, First/Second Department, from

(Strike one)

the Order/Judgment by the Hon. CLYSES S. Heverett

(Strike one)

Judge of the Civil/Housing Court of the City of New York, entered in the office of the Clerk of

(Strike one)

said Court on June 21, 2012 and from each and every part thereof.

Dated: June 21, 2012

Appellant's Signature: _____

Appellant's Name: Young Skin

Address: 149-15 Barclay Ave #6
Hushing, NY 11355

Appellant's Phone: 917-992-2525

To:

Papas + Papas
3320 Broadway
Atl.

Civil Court of the City of New York
87-17 Sutphin Boulevard
Jamaica, NY 11435

Register #: 02 Transaction No.: 590351

Index Number: 82678 DLT 2011

FEE: \$30.00 Paid June 25, 2012

Cash

Notice Of Appeal

PMA 06-25-12 AM 15:26
KEEP THIS RECEIPT WITH YOUR COURT PAPERS

Notice Of Appeal

H
Fee: \$30.00 Paid
06-25-12 Transaction #:
Index No.: 82678 DLT 2011

64

APPELLATE TERM OF THE SUPREME COURT
OF THE STATE OF NEW YORK FOR THE 2ND, 11TH & 13TH JUDICIAL DISTRICTS

MICHAEL L. PESCE, P.J.
JAIME A. RIOS
THOMAS P. ALIOTTA, JJ.

-----X
DECISION & ORDER ON MOTION

Oikos Development, Respondent, v Young Soon Shin,
Appellant.

Appellate Term Docket No.
2012-1687 Q C

Lower Court # 082678/11
-----X

Motion by appellant to be restored to possession of the subject apartment pending the determination of an appeal from an order of the Civil Court of the City of New York, Kings County, dated June 21, 2012, and for other relief.

Upon the papers filed in support of the motion and no papers having been filed in opposition thereto, it is

ORDERED that the motion is denied.



ENTER:

Paul Kenny
Chief Clerk

RECEIVED
APPELLATE TERM
CLERK'S OFFICE
12 NOV 14 PM 4:38

I filed my times
for show order cause

but I denied & also
I filed my papers for show order cause
& court missed all papers (my papers)

SEP 21 2012

So I give up it because it is
wait time &
system is not
worked for justice

OIKOS DEV. v YOUNG SOON SHIN

CIVIL COURT OF THE CITY OF NEW YORK

County of Queens
Date 11/28/11 Part D

Index No. L&T: 79444/11
Page 1 of 1
Hon. M. Pinney

Oikos Development
Petitioner(s)

against

Yang Shen
Respondent(s)

STIPULATION OF SETTLEMENT

The parties understand that each party has the right to a trial, the right to see a Judge at any time and the right not to enter into a stipulation of settlement. However, after review of all the issues, the parties agree that they do not want to go to trial and instead agree to the following stipulation in settlement of the issues in this matter.

Case 1:14-cv-00237-SLT-LB Document 1-2 Filed 12/11/14 Page 94 of 98 PageID #: 105

Party (please print)	Added/Amended or Deleted	Appearance	No Appearance	No Answer
Petitioner				
Respondent 1				
Respondent 2				
Respondent 3				

This matter is discontinued without prejudice.

[Signature]
Att. for LI

[Signature]
Tenant
Indep. Rep.

* (Tenant No Sign + agree) *

fraud
TRICK

79444 case was discontinued as of 11/28/11 on 12/01/2012

my landlord lawyer

court day case # 8298 12/01/2012

ASIC me dont show up on 12/01/12

12/01/2012

(66) because case closed but this case same time in court

date: in 12/01/2011 court day

COURT OF THE CITY OF NEW YORK

of Queens
11/28/11

Part D

use and sign

Index No. L&T: # 12114/11
Page of
Hon. M. J. [unclear]

Development
Petitioner(s)

Shen
Respondent(s)

so 2 did not sign it

STIPULATION OF SETTLEMENT

The parties understand that each party has the right to a trial, the right to see a Judge at any time and the right not to enter into a stipulation of settlement. However, after review of all the issues, the parties agree that they do not want to go to trial and instead agree to the following stipulation in settlement of the issues in this matter.

please print)

insert # 12114 case day

Added/Amended or Deleted	Appearance	No Appearance	No Answer

dent 1 11/28/11

dent 2 date on 12/01/2011 court day

dent 3 my landlord ask me dont show up lawyer

This matter is discontinued

[Signature]
Attorney for [unclear]

[Signature]
Tenant's Representative

2 did not sign

(67)



3) 04/23/12 = NO vacate need for Inspector by court) ~~vacate~~ my landlord avoid fines & punishment after I already vacated from my apt 03/12/2012 always open

NYC Department of Buildings Overview for Complaint #:4498173 = RESOLVED

Something going on in here

Complaint at: 149-15 BARCLAY AVENUE BIN: 4315217 Borough: QUEENS ZIP: 11355 Re: APT 6/ BSMT ILLEGALLY CONVERTED INTO AN APT Category Code: 45 ILLEGAL CONVERSION DOB District: N/A Special District: Assigned To: QUEENS BOROUGH OFFICE

03/28/12 Inspector # 2269 3) 04/23/12 Inspector # 2269 NO egress & NO vacate need with my landlord favor (2) & for my landlord avoid fine & punishment

Received: 10/28/2011 15:20 Block: 5054 Lot: 5 Community Board: 407 Owner: OIKOS DEVELOPMENT LLC Last Inspection: 03/12/2012 -- BY BADGE # 2269 Disposition: 03/12/2012 - Y3 - PARTIAL VACATE ORDER SERVED Comments: 3 FAM: CONVERTED TO 4 FAMILY BY THE ADDITION OF CLASS 'A' APT AT CELLAR WITH INAQUATE 2ND MEANS OF EGRESS VACATE IN PROGR DOB Violation #: 031212C07RM01/02 ECB Violation #: 34950606P 34950607R

after I already vacated from my apt 03/12/12

So I slept in back yard 2 months because of vacated by

Complaint Disposition History

Table with columns: Disposition Date, Code, Disposition, Inspection By, Date. Row 1: 03/07/2012, C1, INSPECTOR UNABLE TO GAIN ACCESS - 1ST ATTEMPT - NO ACCESS LS4 POSTED, 2269, 03/03/2012. Row 2: 03/12/2012, Y3, PARTIAL VACATE ORDER SERVED 3 FAM: CONVERTED TO 4 FAMILY BY THE ADDITION OF CLASS 'A' APT AT CELLAR WITH INAQUATE 2ND MEANS OF EGRESS VACATE IN PROGR, 2269, 03/12/2012

If you have any questions please review these Frequently Asked Questions, the Glossary, or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

on 03/12/2012

Resolved with a wrong inspection report (EX: really register apt # of the building is 5 family converted 6 families but.

Inspector # 2269 had the wrong inspector & the wrong report as 3 family converted to 4 family. I was vacated from my apt immediately & effected the judgement for eviction as not rent stabilized apt.

really my apt #6 have 2 doors but inspector reported at cellar with inadequate 2nd means of egress => fire cord violation must be vacated from my apt fire cord violation must be vacated all building not partial vacate only me.

Case: 11-01-07837-SLT-LE Document: 12/11/14 Page 96 of 98 PageID #: 107

NYC BUILDINGS

DO NOT REMOVE

**VACATE
DO NOT ENTER**

THE DEPARTMENT OF BUILDINGS HAS DETERMINED THAT CONDITIONS IN THIS PREMISES ARE IMMINENTLY PERILOUS TO LIFE.

THIS PREMISES HAS BEEN VACATED AND REENTRY IS PROHIBITED UNTIL SUCH CONDITIONS HAVE BEEN ELIMINATED TO THE SATISFACTION OF THE DEPARTMENT.

VIOLATORS OF THIS COMMISSIONER'S VACATE ORDER ARE SUBJECT TO ARREST.

DATE 03.12.12

ADDRESS 149-15 BARCLAY AVE

FLOOR CELLAR



By Order of the
BUILDING

CIVIL COURT OF THE CITY OF NEW YORK
COUNTY OF QUEENS: HOUSING PART P

OIKOS DEVELOPMENT LLC.,

Petitioner-Landlord

-against-

YOUNG SOON SHIN

Respondent-Tenant

HON. ULYSSES B. LEVERETT:

Index No.:82678/11

DECISION/ORDER

Petitioner Oikos Development commenced this holdover proceeding alleging that respondent Young Soon Shin has continued to be in possession of the subject premises without the permission of the petitioner. Respondent alleges breach of warranty of habitability.

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Respondent resides in an illegal basement apartment at the subject premises.

After trial the Court makes the following findings of fact and conclusions of law.

Petitioner witness Zacharias testified that respondent moved into the subject premises in 7/10. He stated that the subject premises are an unlawful basement unit and that respondent's lease has expired on 5/31/11.

Respondent Young Shin testified that she moved into the subject premises in 6/10 and that her lease expired in 5/31/11. She stated that she has not paid rents since 7/2010 because she became aware that the basement apartment was illegal. Respondent testified that she had no heat since 11/12, that there is an on going gas leak from 6/10 to present, mold in the apartment, and water leak from bathroom ceiling.

*Closed wall with
barrier & bathroom
& make 4 page
for inspection
day on 3/11/11*

*Fraud
as ground
floor apt
& inspection
of face.*

*nd
leak
1 yrs
grand
Suzied thru
in court*

*6/14/10
6/10
- Depo*

*1 Yrs free rent
for 1 yr
asked for
\$8 million rent*

70

*6/2011
Gases include
CO
M
Raffia*

*↓ Flood apt
on Aug 2011
also
2 cant walk
because of my
leg injury
(against city)
of landlord case*

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