



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

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

Date: \_\_\_\_\_

**I.** Plaintiff Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Settlement Amount: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

NYC File #(if action against NYC): \_\_\_\_\_

Settlement Date: \_\_\_\_\_

Index No. \_\_\_\_\_

Case # or CIN: \_\_\_\_\_

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

Type of Lien (check one):

Updated

Final

**II.** Attorney requesting Lien represents:  Plaintiff  Defendant

Firm Name: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Attorney Name: \_\_\_\_\_

Email: \_\_\_\_\_

Conference Date: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

**V.** Completed by: \_\_\_\_\_

Date: \_\_\_\_\_