

RC/dab #15166

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**CERTIFICATION
PURSUANT TO NYCRR
SECTION 130-1.1(c)**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

The undersigned hereby certified that, to the best of my knowledge, information and belief, formed after an inquiry reasonable under the circumstances, the presentation of the following papers:

- VERIFIED ANSWER;
- DEMAND FOR A VERIFIED BILL OF PARTICULARS;
- NOTICE FOR DISCOVERY AND INSPECTION;
- DEMAND;
- DEMAND FOR MEDICAL EXPERT WITNESS INFORMATION PURSUANT TO CPLR 3101(D);
- DEMAND FOR NON-MEDICAL EXPERT WITNESS INFORMATION PURSUANT TO CPLR 3101(D);
- NOTICE FOR DISCOVERY AND INSPECTION OF DOCUMENTS PURSUANT TO CPLR 3101(E);
- DEMAND FOR COLLATERAL SOURCE INFORMATION PURSUANT TO CPLR 4545;
- NOTICE FOR DISCOVERY & INSPECTION OF VIDEOS;
- DEMAND FOR PHOTOGRAPHS AND VIDEOTAPES;
- NOTICE TO PRODUCE MEDICARE/MEDICAID LIEN INFORMATION;
- NOTICE FOR DISCOVERY AND INSPECTION OF MEDICARE/MEDICAID DOCUMENTS;
- NOTICE FOR DISCOVERY & INSPECTION OF DAY IN THE LIFE; AND

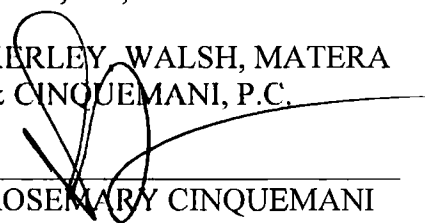
SOCIAL NETWORKING DEMAND.

is not frivolous as defined in subsection (c) of Section 130-1.1(c).

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KIRLEY WALSH, MATERA
& CINQUEMANI, P.C.



ROSEMARY CINQUEMANI
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

RC/dab #15166

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

VERIFIED ANSWER

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x
S I R S:

Defendants, NASSAU HEALTH CARE CORPORATION d/b/a NASSAU
UNIVERSITY MEDICAL CENTER, by their/her/his attorneys, KERLEY, WALSH, MATERA
& CINQUEMANI, P.C., answering the Complaint of the plaintiff herein, respectfully alleges upon
information and belief.

FIRST: Denies any knowledge or information sufficient thereof to form a belief as
to each and every allegation contained in paragraphs designated "1", "4", "5", "6", "7", "8", "9",
"10", "11", "12", "13", "14", "15", "16", "17", "21", "22", "23", "24", "25", "26", "27", "28", "30",
"32", "33", "34" and "36" of the Complaint herein.

SECOND: Denies each and every allegation in paragraphs designated "35", "37",
"38", "40", "41", "42", "43" and "44" of the Complaint herein.

THIRD: Denies each and every allegation in the form alleged contained in
paragraphs designated "3", "20", "29" and "31" of the Complaint herein.

FOURTH: Denies each and every allegation in the form alleged contained in paragraph designated "18" of the Complaint herein, except admits that NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER was a Public Benefit Corporation organized and existing under the laws of the State of New York and is located at 2201 Hempstead Turnpike, East Meadow, County of Nassau, State of New York.

FIFTH: Denies each and every allegation in the form alleged contained in paragraph designated "19" of the Complaint herein, except admits that NASSAU HEALTH CARE CORPORATION operated the hospital facility known as NASSAU UNIVERSITY MEDICAL CENTER located at 2201 Hempstead Turnpike, East Meadow, County of Nassau, State of New York.

SIXTH: Defendant repeats and reiterates the above denials for paragraphs designated "39" of the Complaint herein.

SEVENTH: Defendant, NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER, demand that the liability, if any be apportioned.

**AS AND FOR A STATUTORY DEFENSE TO THE
CAUSES OF ACTION IN THE COMPLAINT
ANSWERING DEFENDANT, ALLEGES, UPON
INFORMATION AND BELIEF:**

EIGHTH: It is alleged upon information and belief that the cause of action asserted by the plaintiff concerning the receipt by the defendant of an informed consent falls within the scope of Section 2805-d of the Public Health Law, such law having been fully complied with by the defendant, thus barring the assertion of this cause of action.

**AS AND FOR A STATUTORY DEFENSE TO THE
CAUSES OF ACTION IN THE COMPLAINT
ANSWERING DEFENDANT, ALLEGES, UPON
INFORMATION AND BELIEF:**

NINTH: This defendant will rely upon the provisions of Article 16 of the CPLR with regard to the limitation of joint and several liability.

**AS AND FOR A FIRST SEPARATE AND COMPLETE
AFFIRMATIVE DEFENSE TO THE CAUSES OF ACTION
IN THE COMPLAINT, ANSWERING DEFENDANT,
ALLEGES, UPON INFORMATION AND BELIEF:**

TENTH: Upon information and belief, the injuries sustained by the plaintiff was not as the result of any culpable conduct of the defendants herein, or, in the alternative, the amount of damages otherwise recoverable shall be diminished in the percentage proportion of the culpable conduct of the plaintiff which contributed to the culpable conduct that caused the injury.

**AS AND FOR A SECOND SEPARATE AND COMPLETE
AFFIRMATIVE DEFENSE TO THE CAUSES OF ACTION
IN THE COMPLAINT, ANSWERING DEFENDANT,
ALLEGES, UPON INFORMATION AND BELIEF:**

ELEVENTH: This defendant may assert and prove, at the time of trial, that certain items of monetary recovery being sought by the plaintiff was or will, with reasonable certainty, be replaced or indemnified, in whole or in part, from collateral sources, and that the Court should reduce the amount of any such award to the plaintiff, including reduction for federal, state and local personal income taxes which the plaintiff would have been obligated by law to pay, pursuant to CPLR Sections 4545, 4546, and any other applicable provision of the law.

**AS AND FOR A THIRD SEPARATE AND COMPLETE
AFFIRMATIVE DEFENSE TO THE CAUSES OF ACTION
IN THE COMPLAINT, ANSWERING DEFENDANT,
ALLEGES, UPON INFORMATION AND BELIEF:**

TWELFTH: This defendant claims entitlement under CPLR Article 14 for contribution as to all defendants or potential defendants, rights under CPLR Article 16, rights

under General Obligations Law Section 15-108, and any other applicable provision of law governing contribution amongst the defendants and/or potential defendants and/or the effect of settlement by one or more defendants or tortfeasors on the remaining defendants in this action.

**AS AND FOR A FOURTH SEPARATE AND COMPLETE
AFFIRMATIVE DEFENSE TO THE CAUSES OF ACTION
IN THE COMPLAINT, ANSWERING DEFENDANT,
ALLEGES, UPON INFORMATION AND BELIEF:**

THIRTEENTH: Upon information and belief, any damages sustained by the plaintiff or caused by the plaintiff having voluntarily and unreasonably assumed a known and dangerous risk, and/or damages were caused by or aggravated by such conduct.

**AS AND FOR A FIFTH SEPARATE AND COMPLETE
AFFIRMATIVE DEFENSE TO THE CAUSES OF ACTION
IN THE COMPLAINT, ANSWERING DEFENDANT,
ALLEGES, UPON INFORMATION AND BELIEF:**

FOURTEENTH: The plaintiff has failed to mitigate damages.

WHEREFORE, defendant/s, NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER, demands judgment dismissing the Complaint herein, together with interest, costs, and disbursements, or judgment over as may be required by law.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783

(516) 409-6200

TO:

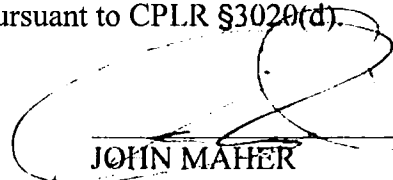
RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

RC/dab
#15166

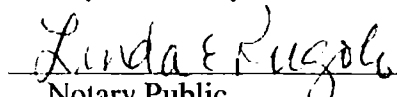
#N16-1435-175
(Lisa D'Avanzo v. NHCC)

STATE OF NEW YORK)
COUNTY OF NASSAU) ss.:

JOHN MAHER, being sworn deposes and says, that I am Executive Vice President and Chief Financial Officer of defendant, NASSAU HEALTH CARE CORPORATION in the action herein. I have read the annexed ANSWER and know the contents thereof and the same are true to my knowledge, except those matters therein which are stated to be alleged on information and belief, and as to those matters I believe them to be true, and submit this Verification on behalf of the answering defendants herein, pursuant to CPLR §3020(d).


JOHN MAHER
Executive Vice President and Chief Financial Officer

Sworn to before me this
12 day of January, 2018.


Linda E. Rugolo
Notary Public

LINDA E. RUGOLO
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01RU6042479
QUALIFIED IN NASSAU COUNTY
COMMISSION EXPIRES 5/30/2018

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**DEMAND FOR A
VERIFIED BILL
OF PARTICULARS**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.
-----x

S I R S:

PLEASE TAKE NOTICE, that pursuant to §3041, Rules 3042 and 3043 and §3044 of the Civil Practice Law and Rules, you are hereby required to serve a Verified Bill of Particulars upon the undersigned within twenty (20) days after the receipt of this Demand.

In the event of your failure to comply with this Demand for a Verified Bill of Particulars within that time, motion will be made for an Order precluding you from offering any evidence on the causes of action alleged in the Complaint concerning the following it:

1. The dates and times of day of the alleged negligent act and/or omissions which will be alleged and claimed against the answering defendant herein.
2. The exact location of the alleged negligent acts and/or omissions charged against the answering defendant herein.
3. A statement of each and every act of negligence or omission which constituted the alleged malpractice complained of with the date of each if different from the dates in paragraph one.
4. State the names of each and every person who performed such acts or failed to act; if the names are not known, describe the physical appearances with sufficient clarity for ready identification.

5. State the occupation of each such person.
6. A statement of the accepted medical practices, customs and medical standards which it is claimed were violated in each of the above acts or omissions.
7. State whether or not any claim is made as to improper, unavailable or defective equipment, and if so, identify the equipment and state the defective conditions.
8. State what law of the State of New York were allegedly violated by the answering defendant herein as to:
 - a. The performance of the operation.
 - b. The part of the body operated upon, and
 - c. Any other procedure or treatment performed by the answering defendant.
9. List any operation, procedure or therapy which is claimed to be improper.
10. Describe the manner of the alleged impropriety referred to in item nine.
11. State:
 - a. The injuries the plaintiff suffered as the result of the alleged negligence and/or malpractice of each defendant responsible. State which injuries are claimed to be permanent.
12. State the dates the plaintiff was confined to each of the following:
 - a. Bed
 - b. House
 - c. Hospital and names.
13. State separately the total amounts claimed by the plaintiff as special damages for each of the following:
 - a. Physician's services
 - b. Nurse's services
 - c. Medical supplies,
 - d. Hospital expenses, with the names and addresses of all hospitals.
 - e. Loss of earnings,
 - f. Loss of any type of employment or union benefit.
 - g. Any other expenses.
14. State the:

- a. Occupation of the plaintiff.
 - b. Name and address of his employer; if self-employed, state the address of his place of employment and the type of business or occupation in which he was engaged immediately prior to the occurrence.
 - c. The length of time plaintiff was unable to attend to his employment, with dates.
 - d. The amount of money plaintiff was alleged to have earned during the year prior to the occurrence.
 - e. The amount of earnings the plaintiff was alleged to have lost as a result of the occurrence.
15. State the date of birth of the plaintiff.
16. State the residence address of the plaintiff.
17. If a claim is made regarding lack of information or disclosure, set forth:
- a. A summary of the information given to plaintiff.
 - b. A summary of the information which should have been given.
 - c. A summary of all the information in possession of plaintiff, from whatever source obtained.
 - d. A description of any alternative treatment which plaintiff would have chosen, with the basis therefor.
 - e. Whether plaintiff consented to any treatment whatsoever and described extent of consent and any restrictions or limitations.
 - f. List the name and addresses of all hospitals and physicians that treated the plaintiff for five (5) years prior to the condition complained of herein.
 - g. Set forth any statutory violations that will be claimed, with proper citations thereof.
 - h. Set forth all amounts which have been received from collateral sources and identify the source thereof.
18. State whether it is claimed that NASSAU HEALTH CARE CORPORATION and NASSAU UNIVERSITY MEDICAL CENTER is vicariously liable for any person or entity not named as a defendant in this law suit.

If the foregoing is answered in the affirmative, state:

- a. the identity of the person or entity (if identity is not known,
- b. describe with sufficient specificity so as to enable the hospital to identify the person or entity in question.
- c. the basis for the claim that NASSAU HEALTH CARE CORPORATION and NASSAU UNIVERSITY MEDICAL CENTER is vicariously liable.

19. If the plaintiff claims that the defendants, NASSAU HEALTH CARE CORPORATION and NASSAU UNIVERSITY MEDICAL CENTER ignored signs, symptoms, made an erroneous diagnosis, afforded improper treatment, or failed to take or administer tests or improperly took or administered tests, state:

- a. the complaints, signs, and symptoms that the defendant ignored;
- b. state the claimed direct diagnosis;
- c. state the name of each test the plaintiff claims was improperly taken or administered.

20. If the plaintiff claims that the defendants, NASSAU HEALTH CARE CORPORATION and NASSAU UNIVERSITY MEDICAL CENTER, improperly performed a procedure or performed a contraindicated and/or unnecessary procedure, state:

- a. the name of the surgical procedure and the date performed;
- b. what surgical procedures were contraindicated and/or unnecessary.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:
RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff

1355 Motor Parkway
Islandia, NY 11749

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**NOTICE FOR DISCOVERY
AND INSPECTION**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x
S I R S:

PLEASE TAKE NOTICE, that the below named attorneys demand that you furnish the following items within twenty (20) days of the service of this demand:

1. Pursuant to CPLR Section 3120 and the rules of this court governing the exchange of medical reports, you are required to serve upon and deliver to the undersigned copies of all medical reports of those physicians who have treated or examined the party seeking recovery, including a detailed recital of the injuries and conditions complained thereof.

FURTHER, you are to include duly executed and acknowledged written authorizations permitting the undersigned to obtain and make copies of all medical records for those institutions, physicians, physical therapists, clinics and other medical and health care providers that have treated the plaintiff(s). The authorizations must include:

- c. The full name of the hospitals, physicians, physical therapists, clinics and other medical care providers;
- d. The correct address of the persons or entities outlined above;

- e. The specialty of said physicians(s);
- f. The dates of treatment;
- g. The plaintiff(s) full name and address;
- h. Identifying information necessary to acquire records:
 - (1) Hospital identification number;
 - (2) Blue Cross/Blue Shield identifying number, if different from Social Security number.

2. Pursuant to Rule 2103(e) of the CPLR, the names and addresses of each party and attorney appearing in this action, for the purpose of service of papers.

3. Name and address of any witnesses known to the party you represent or your office, including witnesses to admissions, notice, or conversations. Specify the name and address of any witness to each of the following, including but not limited thereto:

- a. The occurrence alleged in the Complaint;
- b. Any acts, omissions or conditions which allegedly caused the occurrence alleged in the Complaint;
- c. Any actual notice allegedly given to the defendant(s) answering herein of any condition which allegedly caused the occurrence alleged in the Complaint;
- d. The nature and duration of any alleged condition which allegedly caused the occurrence alleged in the Complaint.
- e. Any statement or admission made by defendant(s) or defendant(s) agents, servants or employees.
- f. Any item of damages or injuries.
- i. Any other relevant issue for which the plaintiff(s) intends to call any witness to testify at trial.

4. Pursuant to Civil Practice Law and Rules § 3017(c) eliminating the ad damnum clause from the Complaint, state the amount which will be sought in damages with respect to each cause of action set forth in the Complaint.

5. Photographs in the possession of the party you represent or your office of the accident scene, the instrumentalities or the vehicle involved in this action and/or injuries sustained by the plaintiff.

6. Bills, receipts, canceled checks, and other documentation in support of claimed special damages.

7. Documentation received from the Social Security Administration or from any Federal, State, Local or private disability program or carrier with regard to any benefits paid or payable on account of any claimed injuries or conditions of the plaintiff(s) including, but not limited to, the amounts of any such payments, how the amounts were determined, the period of payment, and the loss the payments are intended to replace.

8. Documentation received from any employee benefit programs with regard to any benefits paid or payable on account of any claimed injuries or conditions of the plaintiff(s) including, but not limited to, the amounts of any such payments, how the amounts were determined, the period of payment, the portion of the benefits which constitute the employer's contribution, and the loss the payments are intended to replace. Also documentation from any employee or union benefits program outlining benefits to which the plaintiff(s) may have been entitled, which the plaintiff(s) claims were lost in whole or in part as a result of the issues in this litigation.

9. Documentation received from Workers' Compensation with regard to any benefits paid or payable on account of any claimed injuries or conditions of the plaintiff(s) including, but not limited to, the amounts of any such payments, how the amounts were determined, the period of payment, and the loss the payments are intended to replace.

10. A color copy of the plaintiff's license.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

DEMAND

-against-

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., PLANNED PARENTHOOD OF NASSAU COUNTY, INC., BRONWYN FITZ, M.D., NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER, IRWIN GOLDSTEIN, M.D. and LONG ISLAND OB GYN ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE, that you are hereby required to produce the following material at the office of the undersigned within twenty (20) days of the receipt hereof:

1. All records, reports, memoranda, and/or transcripts from any interview or contact directly or indirectly with any physician or health care provider who attended the plaintiff(s) and/or the plaintiff(s) decedent and/or the plaintiff's mother, if applicable.
2. This is a continuing demand and will apply as well to any such contacts in the future.

PLEASE TAKE FURTHER NOTICE, that failure to respond to this demand in a timely manner shall be grounds for an Order precluding you from offering any evidence or testimony at trial upon the above requested information.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

-against-

**DEMAND FOR MEDICAL
EXPERT WITNESS
INFORMATION**

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----X

S I R S:

PLEASE TAKE NOTICE, that pursuant to CPLR 3101(d)(1), you are hereby required to serve within twenty (20) days of the date of this notice upon the undersigned attorneys a statement disclosing, in reasonable detail, the following information regarding each person expected to be called as a medical expert witness at the trial of this action:

1. Name each person whom you expect to call as an expert witness at trial, including address.
2. Disclose in reasonable detail the qualifications of each expert witness. In a medical or dental malpractice case includes the following:
 - a. The undergraduate college attended and the date of graduation.
 - b. State the medical school attended and the date of graduation.
 - c. State the dates of the expert's internship, the area of specialization and name and location of the institution where the internship was performed.

- d. State the date of the expert's residency, the area of specialization and name and location of the institution where the residency was performed.
 - e. State the expert's present hospital affiliations.
 - f. State the specialties which comprise the expert's medical practice.
 - g. State the State the specialties in which the expert is board certified and the dates of certification.
 - h. State the specialties in which the expert is board eligible.
 - i. State when the expert obtained his/her medical license and for which states.
 - j. List the title of all articles published by the expert including the name and date of the publication in which the article appeared.
 - k. List those medical journals or texts which the expert subscribes to or refers to in order to remain current in the fields of medicine.
 - l. List the expert's teaching affiliations.
 - m. Give the County and State in which the expert practices medicine.
 - n. List the expert's memberships in professional societies and organizations.
3. Disclose in reasonable detail the subject matter on which expert is expected to testify.
4. Disclose in reasonable detail the substance of the facts and opinions on which each expert is expected to testify including, but not limited to the following:
- a. Will the expert testify that in his or her opinion, there were departures from generally accepted standards of medical practice on the part of this defendant(s) in the treatment of this plaintiff(s)?
 - b. If so, list those departures and a summary of the facts which form the grounds for the expert's opinion as to each departure.
 - c. List those steps, which in the expert's opinion, this defendant(s) should have taken in order to conform his treatment of the plaintiff(s) to generally accepted standards of medical practice.

- d. List those steps, which in the expert's opinion, this defendant(s) should not have taken in order to conform his treatment of the plaintiff(s) to generally accepted standards of medical practice.
- e. For each departure from generally accepted standards of medical malpractice on the part of this defendant(s) which will be testified to by the expert, state the substance of the expert's opinion as to any injuries that these departures caused to the plaintiff(s) and a summary of the facts upon which this opinion is grounded.

5. Disclose in reasonable detail a summary of the grounds for each expert's opinion. In a medical or dental malpractice cases include:

- a. A description of the materials upon which said expert's testimony is based, including, but not limited to medical, dental and/or hospital records, office records and reports of treating and examining physicians, laboratory tests and reports, radiological tests and reports, private duty nursing records, and office records of treating and/or examining psychiatrists and/or psychologists.

This is a continuing demand for information regarding experts retained by you for trial. Failure to comply with this notice in a timely manner shall be grounds for an Order precluding you from offering the testimony at trial of any expert witness whose name and expected testimony is not disclosed, striking the Complaint or cross-claim, dismissing the action and/or such other relief as the Court deems just under the circumstances.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**DEMAND FOR
NON-MEDICAL
EXPERT WITNESS**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE, that pursuant to CPLR 3101(d)(1), you are hereby required to serve upon the undersigned attorneys a statement disclosing, in reasonable detail, the following information regarding each person expected to be called as a non-medical expert at the trial of this action:

1. State the name and address of each and every non-medical expert retained or employed by you in anticipation of this litigation or in preparation thereof or for trial whom you expect to call as a witness at the trial of this matter.

2. State the qualifications of the witness, including, but not limited to, the following:

- a. His or her area of specialty;
- b. The nature of all academic degrees held, the dates of such degrees, and the names and address of such institutions where said degrees were obtained;

- c. The name and address of all educational or academic institutions with which the witness is affiliated, the nature of the affiliation, and the dates of the affiliation;
- d. The professional societies or associations of which said expert is a member or officer, the title of each office held, and the dates of membership or tenure in said office.

3. With regard to each and every economist, actuary, or other expert expected to testify on economic issues identified in response to item No. 1 above, state in reasonably detail:

- a. The subject matter upon which each expert is expected to testify, including, but not limited to, the types of losses with respect to which calculations by the expert will be made (including, but not limited to, present value of the loss of future earnings, present value of future medical expenses, etc.)
- b. The undiscounted amount of such loss;
- c. The present value of the dollar amount of such loss;
- d. The discount rate applied by such persons to determine present value and the reason for such rate;
- e. The number of years involved in such discounting process and the opinions and facts on which the economist or actuary bases the determination of that number of years;
- f. With regard to testing concerning a growth of future income on an annual or other basis at a projected rate of income greater than the income earned by the plaintiff(s) when last employed, state the growth rate of such income as estimated by such person, the opinions and facts on which that estimate is based, and specify the publications and/or tables;
- g. Set forth each factor other than those which have been set forth above, which the person has used in calculating the net amount of the present value of the loss and identify specifically the source of material by publication and/or table, year of publication and page number on which such person bases his/her opinion or draws the facts on which he/she relied;
- h. Set forth any information secured from any test, publication, graph, chart, or study other than as already designated above;
- i. State in detail, the manner in which the expert reached his/her conclusions, showing the mathematical calculations involved;

- j. With regard to any report, memoranda, or any other matter in writing showing in whole or in part the expert's conclusions or the facts upon which such conclusions were based, state the date of such writing and the names and addresses of persons having copies of it.

4. With respect to each and every non-medical and non-economic expert whom you expect to call at trial, state in reasonable detail:

- a. The subject matter on which each expert is expected to testify;
- b. The substance of the facts and opinions on which each said expert is expected to testify, including a summary of the grounds for each opinion;
- c. The qualifications of the witness.

This is a continuing demand and plaintiff(s) is required to provide the information requested above when and if experts or additional experts are retained or employed. Failure of the plaintiff(s) to provide said information pursuant to this demand will result in the appropriate motions at the time of trial as to the testimony of any non-medical witnesses.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

-against-

**NOTICE FOR DISCOVERY
AND INSPECTION OF
DOCUMENTS PURSUANT
TO CPLR 3101(e)**

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x
S I R S:

PLEASE TAKE NOTICE, that pursuant to CPLR 3101(e), you are hereby required to produce and permit discovery by the undersigned attorneys of the following documents at KERLEY, WALSH, MATERA & CINQUEMANI, P.C., on the twentieth (20) day following the date hereof, at 9:30 o'clock in the forenoon of that day:

1. All writings and/or documents made by this defendant, or this defendant's employee, agent or servant, including but not limited to, bills, records, reports, correspondence, notes, insurance forms, prescriptions, and any other memoranda in the possession or control of the party you represent, or the party's representative and/or attorney;
2. Any and all written statements and, any and all transcripts, notices or other recordings of any and all oral statements made by this defendant, or this defendant's employee, agent or servant.

PLEASE TAKE FURTHER NOTICE, that this defendant(s) will object to the introduction of any mentioned documents in evidence at trial, if the party you represent fails to comply with this notice.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

-against-

**DEMAND FOR
COLLATERAL SOURCE
INFORMATION PURSUANT
TO CPLR 4545**

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE, that pursuant to §4545 of the CPLR, this Defendant
s demands that on the twentieth (20) day following the date hereof, plaintiff(s) serve s a verified
statement, setting forth:

1. Whether plaintiff(s) has been reimbursed or indemnified for economic loss
claimed in this action from any collateral source:

- a. If the answer to the foregoing is in the affirmative, state for which
of such claims plaintiff(s) has received payment, the amount thereof,
and the name and address of the person, firm, or organization who
made such payment;
- b. If such payment was made by an insurance company, state the
number of the policy under which it was paid.

2. Whether plaintiff(s) has made claim for payment for economic loss which has
not as yet been paid:

- a. If the answer to the foregoing is in the affirmative, state the name of
the person, firm, or organization to whom such claim was presented,
the date of presentation, and the amount claimed;

- b. If such claim was presented to an insurance company, state the number of the policy under which it was made.

FAILURE TO COMPLY with the within demand will be the basis of motion

seeking appropriate relief.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**NOTICE FOR DISCOVERY
AND INSPECTION OF
VIDEOS**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE that the below-named attorneys demand that all parties furnish the following items within twenty (20) days of the service of this demand:

Pursuant to CPLR Section 3120, you are required to serve upon and deliver to the undersigned, copies of all videotapes, including DVD or VHS format, that the plaintiff intends to rely upon in this litigation depicting the plaintiff (or decedent, if applicable) and any activities of the plaintiff prior to and subsequent to the events in issue, including but not limited to any and all "Day in the Life" films depicting the plaintiff (or decedent, if applicable) herein. Said films/videotapes requested above are to be produced within the time frame set forth herein, however, this is a continuing demand and therefore, if such films become available after the twenty (20) days set forth above, then same are to be produced at such time thereafter that they are made.

Plaintiff(s) herein is required to produce said films/videotapes prior to trial to enable the defendant(s) herein ample time to inspect and review said films/videotapes and provide

them to any expert that defendant may call at the time of trial to give testimony on issues including but not limited to, the plaintiff's (or decedent's if applicable) medical condition, damages, injuries or life expectancy.

FURTHER, you are to include the name of the person or persons who recorded the films/videotape and the date of such recording. This is a continuing demand. Failure to provide the items demanded above will be the basis of a motion seeking appropriate relief, and a motion at the time of trial to preclude plaintiff or any witness on behalf of the plaintiff from using or referring to said films/videotapes, or introducing them into evidence at the time of trial.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**DEMAND FOR
PHOTOGRAPHS AND
VIDEOTAPES**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----X
S I R S:

PLEASE TAKE NOTICE that you are hereby required to furnish to the undersigned attorneys within twenty (20) days of service of this demand, the following items:

1. Copies of all photographs and/or videotapes depicting the alleged negligence claimed herein,
2. Copies of all photographs and/or videotapes depicting the injuries alleged herein,
3. Copies of all photographs and/or videotapes of any facts or conditions material to this case.

PLEASE TAKE FURTHER NOTICE, that upon the failure to comply with this demand, the plaintiff(s) will be precluded from proving liability, causation, and damages or testifying as to any of the items requested herein.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**NOTICE TO PRODUCE
MEDICARE/MEDICAID
LIEN INFORMATION**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE, that pursuant to the requirements of Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (42 U.S.C. 1395y (b)(7) and (b)(8), defendant(s) demands that plaintiff(s) provide the following information within (20) days of the date hereof:

1. Plaintiff's date of birth and gender;
2. A sworn statement as to whether the plaintiff(s) has received benefits from Medicare at any time, for any reason, including, but not limited to the injuries alleged in the instant action. If so, plaintiff(s) is hereby demanded to provide the following:
 - a. The identification number or beneficiary number (HICN) issued to plaintiff(s) for Medicare or other Federal government benefits;
 - b. The name and address of the office handling the Medicare file;
 - c. Copies of all documents in the possession of plaintiff(s) or his/her attorneys pertaining to plaintiff's receipt of Medicare benefits, including, but not limited to, claim forms, forms accompanying

checks sent by Medicare, lien papers, and all other papers received from Medicare or the Agency handling the Medicare claim; and

- d. Set forth each and every healthcare condition, illness or event for which treatment was rendered and Medicare provided payment in whole or in part.
- e. A duly executed HIPAA-compliant authorization permitting KERLEY, WALSH, MATERA & CINQUEMANI, P.C. or its designee to obtain copies of plaintiff's Medicare records. Said authorization to contain plaintiff's date of birth, Social Security number and the Medicare file number.

3. A sworn statement as to whether the plaintiff(s) has received benefits from Medicaid at any time, for any reason, including, but not limited to the injuries alleged in the instant action. If so, plaintiff(s) is hereby demanded to provide the following:

- a. The Medicaid and/or identification number;
- b. The name and address of the office handling the Medicaid file;
- c. Copies of all documents in the possession of plaintiff(s) or his/her attorneys pertaining to plaintiff's receipt of Medicaid benefits, including, but not limited to, claim forms, forms accompanying checks sent by Medicaid, lien papers, and all other papers received from Medicaid or the Agency handling the Medicaid claim; and
- d. Set forth each and every healthcare condition, illness, or event for which payment was made in whole or in part by a Medicaid program, the identity of the party receiving payment, and all dates on which such payments were made.
- e. A duly executed HIPAA-compliant authorization permitting KERLEY, WALSH, MATERA & CINQUEMANI, P.C. or its designee to obtain copies of plaintiff's Medicaid records. Said authorization to contain plaintiff's date of birth, Social Security number and the Medicaid file number.

4. Have any of plaintiff's medical bills, for which you are making a claim for recovery been paid in whole or in part by Medicare?

5. If yes to number 4 above, set forth:

- a. Each and healthcare condition, illness or event for which payment was made in whole or in par by Medicare; and

- b. The identity of the party receiving payment; and
 - c. All dates on which such payments were made.
6. State whether plaintiff(s) ever received Social Security Disability Benefits or ever applied for Social Security Disability Benefits. If so,
 - a. Identify all dates on which such benefits were received;
 - b. Identify the specific healthcare condition, illness, or event which formed the basis of the disability payments.
7. State whether plaintiff(s) has been diagnosed with or is being treated for end-stage renal failure attributable or related to any accident or illness which is the subject of this litigation;
8. State whether any application for said Medicare, Medicaid, SSI and/or SSDI benefits has been denied.
9. State whether plaintiff(s) has appealed or intends to appeal from any denial of said Medicare, Medicaid, SSI, or SSDI benefits.
10. State whether Medicare and/or Medicaid has a lien and if so, state the amount.
11. Provide copies of documents, records, memoranda, notes, etc. in plaintiff's possession pertaining to receipt of Medicare, Social Security Disability, and/or Medicaid benefits, including copies of all documents provided to or received from Medicare, Social Security Disability, and/or Medicaid administrators.
12. If plaintiff(s) has not received Medicare Social Security Disability and/or Medicaid benefits in the past or is not receiving Medicare, Social Security Disability and/or Medicaid benefits now, state whether plaintiff(s) is eligible to receive said benefits.
13. If plaintiff(s) was receiving Medicare Social Security Disability and/or Medicaid benefits and is now deceased, please provide the following:

- a. Relationship of the Administrator/Executor of the Estate to the decedent;
- b. Name and address of Administrator/Executor;
- c. Telephone number and address of Administrator/Executor;
- d. An authorization to examine and copy deceased's Medicare, Social Security Disability and/or Medicaid records.

14. State whether plaintiff(s) or any person acting on plaintiff's behalf has provided notice to Medicare or to any state agency dispensing Medicaid or other public health assistance that plaintiff(s) has filed the instant claim.

15. If yes to number "14" above, set forth:

- a. The date of notice;
- b. The manner in which notice was provided (i.e., written or verbal); and
- c. The person or persons to whom notice was provided.
- d. If notice was not provided, please state why notice was not provided.

PLEASE TAKE FURTHER NOTICE, that pursuant to the New York Civil Practice Law and Rules §3101(h), this is a continuing demand that requires plaintiff(s) to update the responses made hereto within twenty (20) days of receipt of the above-entitled information, and no later than thirty (30) days prior to trial.

PLEASE TAKE FURTHER NOTICE, that failure to comply with this Notice will serve as a basis for a motion to preclude the plaintiff(s) upon the trial of this action from offering proof relative to medical damages, if such sworn statements, HIPAA-compliant authorizations, and documents and papers requested are not produced within the time set forth above.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

-against-

**NOTICE DISCOVERY AND
INSPECTION OF
MEDICARE/MEDICAID
DOCUMENTS**

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE that pursuant to Article 31 of the Civil Practice Law and Rules, the undersigned attorney for defendant(s), hereby demands that you furnish US within 30 days of the service of this notice, the following:

1. Copies of any and all medical bills, paid in whole or in part by Medicare, generated from any health care provider, that relate in any way to the treatment and examination of the plaintiff(s) regarding the alleged accident that is at issue in this case.

2. Copies of any and all medical bills paid in whole or in part by any state Medicare program, generated from any health care provider that in any way relate to the treatment and examination of the plaintiff(s) regarding the alleged accident that is at issue in this case.

3. Copies of any and all Medicare or Medicaid correspondence, bills, status reports, Medicare or Medicaid Beneficiary Card(s), Medicare or Medicaid Award letters, or medical

records received from the Centers for Medicare & Medicaid Services (“CMS”), the Coordinator of Benefits (“COB”), or any Medicare or Medicaid third party administrator.

4. Copies of any correspondence, e-mail or other document evidencing that you, or someone on your behalf, has provided notice of the instant claim to Medicare or to any state agency which has paid Medicaid or other public health assistance benefits to you or to any other person or entity on your behalf.

PLEASE TAKE FURTHER NOTICE, that pursuant to the New York Civil Practice Law and Rules §3101(h), this is a continuing demand that requires plaintiff(s) to update the responses made hereto within twenty (20) days of receipt of the above-entitled information, and no later than thirty (30) days prior to trial.

PLEASE TAKE FURTHER NOTICE, that failure to comply with this Notice will serve as a basis for a motion to preclude the plaintiff(s) upon the trial of this action from offering proof relative to medical damages, if such sworn statements, HIPAA-compliant authorizations, and documents and papers requested are not produced within the time set forth above.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**NOTICE FOR DISCOVERY
& INSPECTION OF DAY IN
THE LIFE-ADULT**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE that the below-named attorneys demand that you furnish the following items within twenty (20) days of the service of this demand:

Pursuant to CPLR Section 3120, you are required to serve upon and deliver to the undersigned, copies of all videotapes, including DVD or VHS format, that the plaintiff(s) intends to rely upon in this litigation depicting the plaintiff(s) and any activities of the plaintiff(s) prior to and subsequent to the events in issue, including but not limited to any and all "Day in the Life" films depicting the plaintiff(s) herein. Said films/videotapes requested above are to be produced within the time frame set forth herein, however, this is a continuing demand and therefore, if such films become available after the twenty (20) days set forth above, then same are to be produced at such time thereafter that they are made.

Plaintiff(s) herein is required to produce said films/videotapes prior to trial to enable the defendant(s) herein ample time to inspect and review said films/videotapes and provide

them to any expert that defendant(s) may call at the time of trial to give testimony on issues including but not limited to, the plaintiff's medical condition, damages, injuries or life expectancy.

FURTHER, you are to include the name of the person or persons who recorded the films/videotape and the date of such recording. This is a continuing demand. Failure to provide the items demanded above will be the basis of a motion seeking appropriate relief, and a motion at the time of trial to preclude plaintiff(s) or any witness on behalf of the plaintiff(s) from using or referring to said films/videotapes, or introducing them into evidence at the time of trial.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**SOCIAL NETWORKING
DEMAND**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE, that pursuant to Rule §3101 of the CPLR, the plaintiff is hereby required to produce the following at the office of the undersigned within twenty (20) days:

1. A written authorization permitting the undersigned access to any and all social networking sites to which plaintiff(s) is a member, or has been a member for a period of three (3) years before and following the accident alleged.
2. The email used by the plaintiff(s) to register for any of the social networking sites set forth above.
3. The user ID maintained by the plaintiff(s) in connection with any of the social networking sites set forth above.
4. The complete URL of any profile maintained by the plaintiff(s) on any social networking sites set forth above.

5. The account ID for any instant messaging accounts used by the plaintiff(s) on any social networking sites set forth above.

PLEASE TAKE FURTHER NOTICE, that this is a continuing demand and that your failure to comply with the foregoing within twenty (20) days and on a continuous basis thereafter, will serve as the basis of a Motion for appropriate relief pursuant to CPLR.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

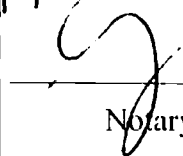
DARLENE BOSHANS, being sworn says: I am not a party to the action, am over 18 years of age, and reside at Mineola, New York.

On January 17th 2018, I served a true copy of the annexed **CERTIFICATION PURSUANT TO NYCRR SECTION 130-1.1 (c), VERIFIED ANSWER, DEMAND FOR A VERIFIED BILL OF PARTICULARS, NOTICE FOR DISCOVERY AND INSPECTION, DEMAND, DEMAND, DEMAND FOR MEDICAL EXPERT WITNESS INFORMATION PURSUANT TO CPLR 3101(D), DEMAND FOR NON-MEDICAL EXPERT WITNESS INFORMATION PURSUANT TO CPLR 3101(D), NOTICE FOR DISCOVERY AND INSPECTION OF DOCUMENTS PURSUANT TO CPLR 3101(E), DEMAND FOR COLLATERAL SOURCE INFORMATION PURSUANT TO CPLR 4545, NOTICE FOR DISCOVERY & INSPECTION OF VIDEOS; DEMAND FOR PHOTOGRAPHS AND VIDEOTAPES, NOTICE TO PRODUCE MEDICARE/MEDICAID LIEN INFORMATION, NOTICE FOR DISCOVERY AND INSPECTION OF MEDICARE/MEDICAID DOCUMENTS AND NOTICE FOR DISCOVERY & INSPECTION OF DAY IN THE LIFE-; SOCIAL NETWORKING DEMAND**, by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York addressed to the last known address of the addressee(s) as indicated below:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300


DARLENE BOSHANS

Sworn to before me on this
17th day of January, 2018.



Notary Public

GLENN J. MATERA
Notary Public, State of New York
No. 02MA4841719
Qualified in Nassau County
Commission Expires 3/2/2018

**Index No.: 613549/2017
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU**

LISA M. D'AVANZO,

Plaintiff,

-against-

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., PLANNED PARENTHOOD OF NASSAU COUNTY, INC., BRONWYN FITZ, M.D., NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER, IRWIN GOLDSTEIN, M.D. and LONG ISLAND OB GYN ASSOCIATES,

Defendants.

CERTIFICATION PURSUANT TO NYCRR SECTION 130-1.1 (c), VERIFIED ANSWER, DEMAND FOR A VERIFIED BILL OF PARTICULARS, NOTICE FOR DISCOVERY AND INSPECTION, DEMAND, DEMAND FOR MEDICAL EXPERT WITNESS INFORMATION PURSUANT TO CPLR 3101(D), DEMAND FOR NON-MEDICAL EXPERT WITNESS INFORMATION PURSUANT TO CPLR 3101(D), NOTICE FOR DISCOVERY AND INSPECTION OF DOCUMENTS PURSUANT TO CPLR 3101(E), DEMAND FOR COLLATERAL SOURCE INFORMATION PURSUANT TO CPLR 4545, NOTICE FOR DISCOVERY & INSPECTION OF VIDEOS DEMAND FOR PHOTOGRAPHS AND VIDEOTAPES, NOTICE TO PRODUCE MEDICARE/MEDICAID LIEN INFORMATION, NOTICE FOR DISCOVERY AND INSPECTION OF MEDICARE/MEDICAID DOCUMENTS AND NOTICE FOR DISCOVERY & INSPECTION OF DAY IN THE LIFE; SOCIAL NETWORKING DEMAND

KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200
Facsimile No. (516) 409-8288

NOTICE OF ENTRY

Sir: Please take notice that the within is a (certified) true copy of a **duly**
entered in the office of the Clerk of the within named Court on **20**
Dated:

NOTICE OF SETTLEMENT

Sir: Please take notice that an order **of which the within is a true copy will be**
presented for settlement to the Hon. **one of the judges of the within**
named Court, at **on the** **day of** **at** **.M.**
Dated:

KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant s
2174 Jackson Avenue

RC/dab #15166

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**NOTICE PURSUANT TO
CPLR SECTION 2103(5)**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----X

S I R S:

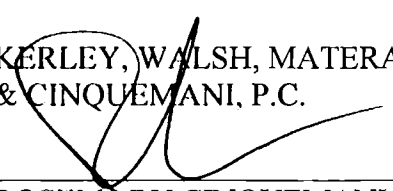
PLEASE BE ADVISED that the defendant(s) herein object to service of papers

via electronic means.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.


ROSEMARY CINQUEMANI
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

**Index No.: 613549/2017
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU**

LISA M. D'AVANZO,

Plaintiff,

-against-

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., PLANNED PARENTHOOD OF NASSAU COUNTY, INC., BRONWYN FITZ, M.D., NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER, IRWIN GOLDSTEIN, M.D. and LONG ISLAND OB GYN ASSOCIATES,

Defendants.

NOTICE PURSUANT TO CPLR 2103(5)

**KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200
Facsimile No. (516) 409-8288**

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named Court, at **at** **on the** **.M.** **day of**
Dated:

**KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant s
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200
Facsimile No. (516) 409-8288**

Service of a Copy of the within **is hereby admitted.**
Dated: **20**

RC/dab#15166

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

-against-

**NOTICE TO TAKE
DEPOSITION UPON ORAL
EXAMINATION**

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

----- x

S I R S:

PLEASE TAKE NOTICE, that pursuant to Article 31 of the Civil Practice Law and Rules the testimony, upon oral examination of plaintiff(s) and co-defendants as an adverse party will be taken before a Notary Public who is not an attorney, or employee of an attorney, for any party or prospective party herein and is not a person who would be disqualified to act as a juror because of interest or because of consanguinity or affinity to any party herein, at **KERLEY, WALSH, MATERA & CINQUEMANI, P.C., 2174 Jackson Avenue, Seaford, New York 11783 at (516) 409-6200, on the 8th day of March, 2018 at 10:00 o'clock** in the forenoon of that day with respect to evidence material and necessary in the -prosecution-defense- of this action:

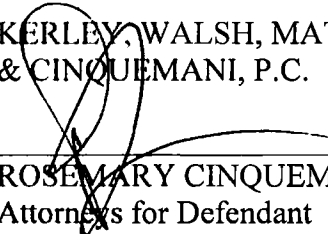
That said person to be examined is required to produce at such examination the following:

Any and all reports, records, documents, and memoranda in relationship to the above entitled action.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY, WALSH, MATERA
& CINQUEMANI, P.C.



ROSEMARY CINQUEMANI
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

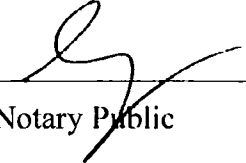
DARLENE BOSHANS, being sworn says: I am not a party to the action, am over 18 years of age, and reside at Mineola, New York.

On January 17th, 2018, I served a true copy of the annexed **NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION** by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York addressed to the last known address of the addressee(s) as indicated below:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300


DARLENE BOSHANS

Sworn to before me on this
17th day of January, 2018.



Notary Public

GLENN J. MATERA
Notary Public, State of New York
No. 02MA4641719
Qualified in Nassau County
Commission Expires 3/2/2018

**Index No.: 613549/2017
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU**

LISA M. D'AVANZO,

Plaintiff,

-against-

PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., PLANNED PARENTHOOD OF NASSAU COUNTY, INC., BRONWYN FITZ, M.D., NASSAU HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER, IRWIN GOLDSTEIN, M.D. and LONG ISLAND OB GYN ASSOCIATES,

Defendants.

NOTICE TO TAKE DEPOSITION UPON ORAL EXAMINATION

**KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200
Facsimile No. (516) 409-8288**

NOTICE OF ENTRY

Sir: Please take notice that the within is a (certified) true copy of a **duly**
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Dated:

**KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant s
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200
Facsimile No. (516) 409-8288**

Service of a Copy of the within **is hereby admitted.**

Dated: **20**

RC/dab #15166

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----x **Index No.: 613549/2017**

LISA M. D'AVANZO,

Plaintiff,

**DEMAND FOR
CERTIFICATE
OF MERIT**

-against-

PLANNED PARENTHOOD FEDERATION OF
AMERICA, INC., PLANNED PARENTHOOD OF
NASSAU COUNTY, INC., BRONWYN FITZ, M.D.,
NASSAU HEALTH CARE CORPORATION d/b/a
NASSAU UNIVERSITY MEDICAL CENTER, IRWIN
GOLDSTEIN, M.D. and LONG ISLAND OB GYN
ASSOCIATES,

Defendants.

-----x

S I R S:

PLEASE TAKE NOTICE, that the undersigned attorneys demand that you furnish
the following items within ten (10) days of the service of this demand:

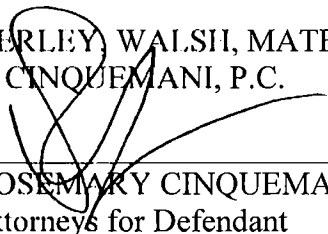
1. A Certificate of Merit relative to the above entitled matter which was not
received with the Verified Complaint.

Failure to provide this item demanded above will be the basis of a motion seeking
appropriate relief.

Dated: Seaford, New York
January 5, 2018

Yours, etc.,

KERLEY WALSH, MATERA
& CINQUEMANI, P.C.



ROSEMARY CINQUEMANI
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL
CENTER
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200

TO:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300

AFFIDAVIT OF SERVICE

STATE OF NEW YORK)
) ss.:
COUNTY OF NASSAU)

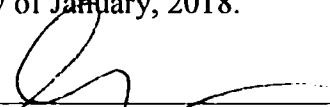
DARLENE BOSHANS being sworn says: I am not a party to the action, am over 18 years of age, and reside at Mineola, New York.

On January 17th, 2018, I served a true copy of the annexed **DEMAND FOR CERTIFICATE OF MERIT** by mailing the same in a sealed envelope, with postage prepaid thereon, in a post office or official depository of the U.S. Postal Service within the State of New York addressed to the last known address of the addressee(s) as indicated below:

RAPPAPORT, GLASS, LEVINE & ZULLO
Attorneys for Plaintiff
1355 Motor Parkway
Islandia, NY 11749
(631) 293-2300


DARLENE BOSHANS

Sworn to before me on this
17th day of January, 2018.



Notary Public

GLENN J. MATERA
Notary Public, State of New York
No. 02MA4841719
Qualified in Nassau County
Commission Expires 3/2/2018

**Index No.: 613549/2017
SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU**

LISA M. D'AVANZO,

Plaintiff,

-against-

**PLANNED PARENTHOOD FEDERATION OF AMERICA, INC., PLANNED
PARENTHOOD OF NASSAU COUNTY, INC., BRONWYN FITZ, M.D., NASSAU
HEALTH CARE CORPORATION d/b/a NASSAU UNIVERSITY MEDICAL CENTER,
IRWIN GOLDSTEIN, M.D. and LONG ISLAND OB GYN ASSOCIATES,**

Defendants.

DEMAND FOR CERTIFICATE OF MERIT

**KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant
NASSAU HEALTH CARE CORPORATION
d/b/a NASSAU UNIVERSITY MEDICAL CENTER
2174 Jackson Avenue
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Dated:

**KERLEY, WALSH, MATERA & CINQUEMANI, P.C.
Attorneys for Defendant s
2174 Jackson Avenue
Seaford, NY 11783
(516) 409-6200
Facsimile No. (516) 409-8288**

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