

CIVIL ACTION COVER SHEET

DOCKET NUMBER

16-0170 B

Trial Court of Massachusetts  
The Superior Court



PLAINTIFF(S): Saman Gharony a minor, by and through his mother  
ADDRESS: and next friend, Siveth SO

COUNTY: Suffolk

57 Pleasant Hill Ave  
Mattapan MA 02126

DEFENDANT(S): Rebecca Jessel, M.D., Jessica Oparaku-Anane, M.D., Robert Barbieri, M.D., and Brigham & Women's Hospital, its agents, assigns, and employees

ATTORNEY: Kenneth M. Levine, Esq. & Sheila E. Mone, Esq.

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS: Kenneth M. Levine & Associates  
32 Kent Street  
Brookline Village, MA 02445

BBO: 296850 (Levine), 634615 (Mone)

TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)

CODE NO.

806

TYPE OF ACTION (specify)

Malpractice - Medical

TRACK

A

HAS A JURY CLAIM BEEN MADE?

YES

NO

\*If "Other" please describe: \_\_\_\_\_

STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A

The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.

TORT CLAIMS

(attach additional sheets as necessary)

A. Documented medical expenses to date:

- 1. Total hospital expenses ..... \$ 25,000.00
- 2. Total doctor expenses ..... \$ 30,000.00
- 3. Total chiropractic expenses ..... \$ \_\_\_\_\_
- 4. Total physical therapy expenses ..... \$ \_\_\_\_\_
- 5. Total other expenses (describe below) ..... \$ \_\_\_\_\_

Subtotal (A): \$ 105,000.00

B. Documented lost wages and compensation to date ..... \$ \_\_\_\_\_

C. Documented property damages to dated ..... \$ \_\_\_\_\_

D. Reasonably anticipated future medical and hospital expenses ..... \$ 25,000.00

E. Reasonably anticipated lost wages ..... \$ \_\_\_\_\_

F. Other documented items of damages (describe below) ..... \$ \_\_\_\_\_

G. Briefly describe plaintiff's injury, including the nature and extent of injury:

child has a permanent injury to her arm limiting use for her lifetime.

TOTAL (A-F): \$ 180,000.00

CONTRACT CLAIMS

(attach additional sheets as necessary)

Provide a detailed description of claims(s):

TOTAL: \$ \_\_\_\_\_

Signature of Attorney/Pro Se Plaintiff: X

Kenneth Levine

Date: 1/15/2016

RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.

CERTIFICATION PURSUANT TO SJC RULE 1:18

I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.

Signature of Attorney of Record: X

Kenneth Levine

Date: 1/15/16

2016 JAN 19 PM 12:23  
MICHAEL JOSEPH DONOVAN  
CLERK/MAGISTRATE