State of New York	
Court of Claims	
, Claimant,	
Oldinari,	Affidavit in Support of Application
	Pursuant to CPLR 1101 (d)
V.	
	Claim No.
The State of New York,	
,	
Defendant(s).	
State of New York )	
) ss: County of )	
I,, being duly sv	worn, hereby declare as follows:
1) I am the claimant in this proceeding, I am not an inm facility and I submit this affidavit to support my applicat	
2) I currently receive income from the following sources	s (check appropriate boxes):
Salary or wages (state employer's name and adwages: )	
Public assistance (amount):	
Social Security / SSI (amount):	
Other (source and amount):	
3) In the past twelve months, I have received money from	om the following sources:
Business, profession or other self-employment	yes no
Rent payments, interest or dividends	yes no
Pensions, annuities or life insurance payments Disability or workers' compensation payments	yes no yes no
Gifts or inheritances	yes no

(If your answer to any of the above is "yes," list each source of money, the amount received and what you expect to continue to receive) (over):

4) (check appropriate box):		
☐ I do not own any cash or bank accounts. ☐ I own cash and bank accounts with a total value of		
□ NONE		
☐ List property:	Value:	
6) The following people are dependent on relationship and how much you contribute t	me for their support (list names of dependent(s), your to their support. If none, write "none."):	
7) I have no savings, property, assets or ince		
•	iling fee has a beneficial interest in the result of this	
10) The facts of my case are described in n	ny claim and other papers filed with the court.	
11) I have made no prior request for this rel	lief in this case.	
	(signature)	
Sworn to before me this day of	·	
Notary Public		