



Medicaid and Public Assistance Lien Search

Attn: Sr. ACA Susan Kettner

In order to complete a lien search, please complete the following and email to LienSearch@WestchesterCountyNY.gov. Note: this email address is not for service of the CPLR §306-c Notice. Please be sure to print or type the information clearly.

Lien searches take approximately 3-4 weeks. Attach additional sheets, if necessary.

Case Caption: _____

Index No: _____ Courthouse: _____

Client's Full Name: _____ Date of Birth: _____

Social Security No: _____ Date of Accident: _____

Location of Accident: _____

Case Type & Facts (MVA, T&F, etc.): _____

Injuries (provide a short list of injuries and attach all Bills of Particulars): _____

Is the case settled? Yes, date of the accepted (or conditionally accepted) offer? _____

No, next appearance date: _____, Judge _____

Defendants Names: Name: _____

Address: _____

Defendants Insurer: Name: _____

Address: _____

Case No.: _____

Requesting Attorney Contact Information: Name: _____

Firm: _____

Address: _____

Email Address: _____ Telephone No.: _____