Department of Social Services
Human Resources Administration
Department of Homeless Services

Office of
Program Accountability

UPDATED / FINAL LIEN REQUEST FAX FORM
Fax #: (844) 449-3445

The Department of Social Services Division of Liens and Recovery work to collect Medicaid and Public Assistance liens. Please fax all updated or final lien requests to the number shown above.

Date: _____

I. Plaintiff Name: _____

SSN: _____ Date of Birth: _____

Settlement Amount: _____ Date of Incident: _____

NYC File # (if action against NYC): _____ Settlement Date: _____

Index Number: _____ 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: _____

Attorney Name: _____ Telephone: _____

Email: _____ Fax: _____

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 the requesting Attorney represents 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 for each.

1. _____
2. _____

V. Completed by: _____ Date: _____