



**NEW YORK STATE  
Unified Court System**

**OFFICE OF COURT ADMINISTRATION  
ATTORNEY REGISTRATION UNIT**

# RECEIPT

June 06, 2016

**Attorney Registration #:** 1826593

**Batch #:** Online

**Process Date:** 06/06/2016

**Receipt #:** 370372

**Next Registration:** March 2018

**\* Registration Status:** Currently registered

CLAUDE ANTHONY SIMON  
71 TONJES RD  
CALLICOON, NY 12723-5729

**This will acknowledge receipt of your 2016-2017 registration as an attorney and your certification that you are retired from the practice of law pursuant to Part 118.1(g) of the Rules of the Chief Administrator.**

**Name:** CLAUDE ANTHONY SIMON

First: CLAUDE  
Middle: ANTHONY  
Last: SIMON  
Suffix:

**DOB:** XX/XX/1956

**SSN:** XXX-XX-1158

Social Security numbers are required in order to administer the collection of revenue from attorney registration fees 42 U.S.C. § 405 (c)(2)(C)(i). Your Social Security number will not be made public. The first 5 digits have been concealed to protect your identity.

**Admission Data:**

Year Admitted to the NYS Bar: 1982  
Judicial Dept. of Admission: 2

**Law School:** Brooklyn Law School

**Business Address:**

534 W 42nd St Apt 8  
New York, NY 10036-6221

**Home Address:** (Note: Is public information if no business is listed.)

71 Tonjes Rd  
Callicoon, NY 12723-5729

**Business County:** New York

**Home County:** Sullivan

**Business Phone:** (212) 683-9300

**e-mail (optional):**

Note: If provided, the e-mail address will be made public.

**Our records contain information above, return only if changes to the above are required and retain a copy for your records.**

Please review the above information on this receipt for accuracy. The Rules of the Chief Administrator require that this office be notified of any changes in the above information within 30 days of any such change. If changes are required you may make them online or by mail.

■ **Online** 1) Go to [www.nycourts.gov](http://www.nycourts.gov) and Attorney Online Services 2) Make desired changes 3) Print a corrected receipt.

- OR -

■ **By Mail** 1) Circle the item 2) Enter the correct information directly on the receipt 3) Sign and date the receipt 4) Return to the address at the bottom of the receipt. You will receive a new receipt by mail acknowledging the above changes made.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Certifications Recorded:**

**Child Support Oblig. §3-503:** No Obligation

**Part 1200 (1.15) Affirmation:** Not Applicable

**CLE:** Certified as Exempt

**Pro Bono Reported:** Yes