NEW YORK STATE
Unified Court System

OFFICE OF COURT ADMINISTRATION
ATTORNEY REGISTRATION UNIT

RECEIPT

March 31, 2018

Attorney Registration #: 1826593
Batch #: Online
Process Date: 03/31/2018
Receipt #: 514384
Next Registration: March 2020
Registration Status: Currently registered

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

This will acknowledge receipt of your 2018-2019 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.

Law School: Brooklyn Law School

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

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
Business Phone: (212) 683-9300

Home County: Sullivan

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 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