

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

-----X  
ELENA GAVRIELATOS,

Plaintiff

SUMMONS WITH NOTICE

INDEX NO. 23888/2

- against-

PLANNED PARENTHOOD HUDSON PECONIC,  
INC. & DR. "DOE" (a fictitious name, the real  
name being presently unknown),

Defendants.

FILED  
DEC - 8 2006  
TIMOTHY C. IDONI  
COUNTY CLERK  
COUNTY OF WESTCHESTER

-----X  
To the above named Defendant:

**YOU ARE HEREBY SUMMONED** to answer the Complaint in this action, and to serve a copy of your answer, or, if the Complaint is not served with this Summons, to serve a notice of appearance, on the plaintiff's attorney(s) within 20 days after the service of this summons, exclusive of the day of service, where service is made by delivery upon you personally within the state, or within 30 days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the Complaint.

Plaintiff designates Westchester County as the place of trial.  
The basis of the venue is Plaintiff's residence.  
Plaintiff resides at 1002 Orchard Street, Peekskill, NY 10566

**PLEASE TAKE FURTHER NOTICE THAT:**

The nature of the action is negligence.

Upon your failure to appear, judgment will be taken against you by default for the sum of \$ \_\_\_\_\_ with interest from \_\_\_\_\_ 20 together with costs and disbursements of this action.

Dated: Yorktown Hts., NY  
December 7, 2006

Yours, etc.

GRACE & GRACE

A handwritten signature in black ink, appearing to read 'W. J. Grace', written over a horizontal line.

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By: William J. Grace, Esq.  
Attorney(s) for Plaintiff  
360 Underhill Avenue  
Yorktown Heights, NY 10598  
(914) 962-6100

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER

=====X  
ELENA GAVRIELATOS,

Plaintiff

- against -  
-

PLANNED PARENTHOOD HUDSON PECONIC, INC.  
& DR. "DOE" ( a fictitious name, the  
real name being presently unknown)

Defendants.  
=====X

VERIFIED COMPLAINT

Index No.

Date Filed:

**FILED**

DEC - 8 2006

THOMAS C. IDONI  
CLERK  
COUNTY OF WESTCHESTER

The Plaintiff, ELENA GAVRIELATOS, by her attorneys GRACE & GRACE and  
for a complaint, alleges as follows:

1. The Plaintiff, ELENA GAVRIELATOS, is a resident of the County of Westchester, State of New York.
2. That at all times hereinafter mentioned, and upon information and belief the Defendant, DR. "DOE" (a fictitious name, the real name being presently unknown) was a duly licensed physician in the State of New York, specializing in obstetrics and gynecology.
3. That at all times hereinafter mentioned PLANNED PARENTHOOD HUDSON PECONIC, INC., was a professional medical corporation licensed to do business in the State of New York doing business at New Rochelle Medical Center 247-249 North Avenue, New Rochelle, New York 10801.
4. That at all times hereinafter mentioned the defendant, DR. "DOE" (a fictitious name, the real name being presently unknown), was an agent, servant and/or employee of defendant Planned Parenthood Hudson Peconic, Inc.
5. That the Defendants undertook to render care and treatment to the Plaintiff, ELENA

GAVRIELATOS, in accordance with the proper and accepted medical practices and standards.

6. That the Defendants undertook to render care and treatment to the Plaintiff, ELENA GAVRIELATOS, on or about June 10 and June 17, 2004 and continued to treat the Plaintiff thereafter at the said New Rochelle Medical Center.
7. That the Defendants, their agents, servants and/or employees, departed from proper and accepted medical practices and standards in the care and treatment rendered to the Plaintiff, ELENA GAVRIELATOS, in misdiagnosing plaintiff's condition and in otherwise being careless, negligent and departing from the proper and accepted medical practices and standards in rendering care and treatment to the Plaintiff, ELENA GAVRIELATOS.
8. That as a result of the foregoing the Plaintiff, ELENA GAVRIELATOS, sustained permanent, grave, disabling injuries and will continue to be impaired by permanent, grave, disabling injuries, and has been physically and mentally disabled all as a result of the negligence, carelessness, and departures as herein alleged in an amount exceeding the jurisdiction of all other Courts that would otherwise have jurisdiction.

AS AND FOR A SECOND CAUSE OF ACTION  
ON BEHALF OF ELENA GAVRIELATOS FOR LACK OF INFORMED CONSENT

9. The Plaintiff repeats and realleges each and every allegation contained in paragraphs designated 1 through 8 above as if more fully set forth at length below.
10. That the Defendants, their agents, servants and/or employees performed some and

failed to perform other medical treatment and procedures, surgery and/or diagnostic procedures upon the Plaintiff without obtaining the informed consent of the plaintiff.

11. That the Defendants, their agents, servants and/or employees failed to advise the Plaintiff of the risks, dangers and consequences associated with the performance or nonperformance of the aforesaid medical treatment, procedure, surgery and/or diagnostic procedures.

12. That a reasonably prudent person in the position of the plaintiff would not have consented to the treatment, procedure, surgery and/or diagnostic procedures and would have chosen a different course of treatment if such person had been fully informed of the risks, dangers and consequences.

13. That as a result of the aforesaid medical treatment and procedures, surgery and/or diagnostic procedures being withheld or performed upon the plaintiff by the defendants, their agents, servants, and/or employees the plaintiff was seriously and permanently injured.

14. That such lack of informed consent was a proximate cause of the plaintiff's damages for which relief is sought herein and caused the Plaintiff to be damaged in an amount that exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

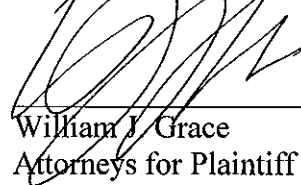
WHEREFORE, the Plaintiff, ELENA GAVRIELATOS, demands judgment over and against the Defendants, PLANNED PARENTHOOD HUDSON PECONIC, INC. & DR. "DOE" ( a fictitious name, the real name being presently unknown)

in all of the above causes of action in an amount that exceeds the jurisdictional limits of all other Courts that would otherwise have jurisdiction together with costs and disbursements for bringing this action and such other and further relief as to this Court deems just and proper.

Dated: Yorktown Heights, NY  
December 7, 2006

Yours, etc.,

GRACE & GRACE

A handwritten signature in black ink, appearing to read 'WJ Grace', is written over a horizontal line.

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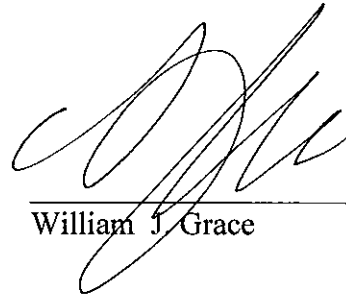
William J. Grace  
Attorneys for Plaintiff  
360 Underhill Avenue  
Yorktown Heights, NY 10598  
(914) 962-6100

VERIFICATION

STATE OF NEW YORK        )  
COUNTY OF WESTCHESTER ) ss:

WILLIAM J. GRACE, ESQ., being duly sworn deposes and says, I am a Partner in the firm of GRACE & GRACE, and represent the Plaintiffs in this action. I am acquainted with the facts of this action, have read the annexed Summons and Complaint and know the contents thereof, and the same are true to my knowledge, except those matters therein which are stated to be alleged on information and belief, and as to those matters, I believe them to be true. The reason this Verification is being made by me is that the Plaintiffs are not presently available.

Dated: December 7, 2006  
Yorktown Heights, NY



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William J. Grace

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF WESTCHESTER**

=====X  
**ELENA GAVRIELATOS,**

**Plaintiff(s)**

**-against-**


**Certificate of Merit  
Medical or Dental  
Malpractice Action**

**PLANNED PARENTHOOD HUDSON PECONIC,  
INC. & DR. "DOE" (a fictitious name, the real  
name being presently unknown,**

**Defendant(s).**

=====X

The undersigned, attorney for Plaintiff, declares that,  
(Check the appropriate box)

 I have reviewed the facts of the case and have consulted with at least one physician or dentist who is licensed to practice in this state or any other state and who I reasonably believe is knowledgeable in the relevant issues involved in this action, and I have concluded on the basis of such review and consultation that there is a reasonable basis for the commencement of this action.

\_\_\_ I was unable to obtain the consultation required by CPLR Section 3012-a(a)(1) because a limitation of time established by CPLR Article 2 would bar the action, and the certificate required by CPLR Section 3012-a(a)(1) could not reasonably be obtained before such time expired. The certificate required shall be filed within ninety days after service of the complaint.


\_\_\_ I was unable to obtain the consultation required by CPLR 3012-A(a)(1) because I have made three separate good faith attempts with three separate physicians or dentists to obtain such consultation and none of those contacted would agree to such a consultation.

\_\_\_ I intend to rely solely on the doctrine res ipsa loquitur and for that reason am not filing the certificate required by Section 3012-a(a).

Dated: December 7, 2006  
Yorktown Heights, NY

Yours, etc.,

GRACE & GRACE



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William J. Grace, Esq.  
Attorney(s) for Plaintiff  
360 Underhill Ave  
Yorktown Heights, NY 10598

ELENA GAVRIELATOS,

- against -

PLANNED PARENTHOOD HUDSON PECONIC, INC. and  
DR. "DOE" (a fictitious name, the real name being presently unknown)

**SUMMONS & COMPLAINT**

Plaintiff

**GRACE & GRACE**

*Attorney(s) for*

*Office and Post Office Address, Telephone*

360 UNDERHILL AVENUE  
YORKTOWN HEIGHTS, NEW YORK 10598  
(914) 962-6100

To

Signature (Rule 130-1.1-a)

Print name beneath

Service of a copy of the within is hereby admitted.

Attorney(s) for

Dated: \_\_\_\_\_

**PLEASE TAKE NOTICE:**

NOTICE OF ENTRY

that the within is a (*certified*) true copy of a  
duly entered in the office of the clerk of the within named court on

NOTICE OF SETTLEMENT

that an order  
will be presented for settlement to the HON.  
within named Court, at  
on \_\_\_\_\_ at \_\_\_\_\_ M.

of which the within is a true copy  
one of the judges of the

Dated,

Yours, etc.

**GRACE & GRACE**



1. Place cover this side up on top of first page of document. Staple as indicated.



2. Lift bottom of cover up and over top, folding on top score line



3. Fold cover down behind papers on remaining score line.

Note: Address area on back middle panel appears in window in a No. 10 envelope

STATE OF NEW YORK, COUNTY OF

ss.:

I, the undersigned, an attorney admitted to practice in the courts of New York State,

**Certification By Attorney** certify that the within  
 **Attorney's Affirmation** state that I am  
 the attorney(s) of record for \_\_\_\_\_ in the within  
 action; I have read the foregoing \_\_\_\_\_ and know the contents thereof;  
 the same is true to my own knowledge, except as to the matters therein alleged to be on information and belief, and as to those matters I believe it to be true. The reason this verification is made by me and not by

Check Applicable Box

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

I affirm that the foregoing statements are true, under the penalties of perjury.

Dated:

.....  
The name signed must be printed beneath

STATE OF NEW YORK, COUNTY OF

ss.:

I, the undersigned, being duly sworn, depose and say: I am

**Individual Verification** in the action; I have read the foregoing  
 \_\_\_\_\_ and know the contents thereof; the same is true to my own knowledge, except  
 **Corporate Verification** as to the matters therein stated to be alleged on information and belief, and as to those matters I believe it to be true.  
 the \_\_\_\_\_ of \_\_\_\_\_  
 a \_\_\_\_\_ corporation and a party in the within action; I have read the foregoing  
 and know the contents thereof; and the same is true to my own knowledge,  
 except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true. This  
 verification is made by me because the above party is a corporation and I am an officer thereof.

Check Applicable Box

The grounds of my belief as to all matters not stated upon my own knowledge are as follows:

Sworn to before me on

.....  
The name signed must be printed beneath

STATE OF NEW YORK, COUNTY OF

ss.:

(If more than one box is checked—indicate after names type of service used.)

I, the undersigned, being sworn, say: I am not a party to the action, am over 18 years of age and reside at

On \_\_\_\_\_ I served the within  
 **Service By Mail** by mailing a copy to each of the following persons at the last known address set forth after each name below.  
 **Personal Service on Individual** by delivering a true copy of each personally to each person named below at the address indicated. I knew each person served to be the person mentioned and described in said papers as *a party therein*:  
 **Service by Electronic Means** by transmitting a copy to the following persons by  FAX at the telephone number set forth after each name below  E-MAIL at the E-Mail address set forth after each name below, which was designated by the attorney for such purpose, and by mailing a copy to the address set forth after each name.  
 **Overnight Delivery Service** by dispatching a copy by overnight delivery to each of the following persons at the last known address set forth after each name below.

Check Applicable Box

Sworn to before me on

.....  
The name signed must be printed beneath