

STATEMENT OF DAMAGES
G.L. c. 218, § 19A (a)

DOCKET NO.

Trial Court of Massachusetts



PLAINTIFF(S)
MASSACHUSETTS EDUCATIONAL FINANCING
AUTHORITY

DEFENDANT(S)
JAMES J BENTING

DATE FILED

INSTRUCTIONS: THIS FORM MUST BE COMPLETED AND FILED WITH THE COMPLAINT OR OTHER INITIAL PLEADING IN ALL DISTRICT AND BOSTON MUNICIPAL COURT CIVIL ACTIONS SEEKING MONEY DAMAGES.

COURT DIVISION

TORT CLAIMS

AMOUNT

A. Documented medical expenses to date:	
1. Total hospital expenses:	\$ 0.00
2. Total doctor expenses:	\$ 0.00
3. Total chiropractic expenses:	\$ 0.00
4. Total physical therapy expenses:	\$ 0.00
5. Total other expenses (<i>describe</i>) _____	\$ 0.00
SUBTOTAL:	\$ 0.00
B. Documented lost wages and compensation to date:	\$ 0.00
C. Documented property damages to date:	\$ 0.00
D. Reasonably anticipated future medical and hospital expenses:	\$ 0.00
E. Reasonable anticipated lost wages:	\$ 0.00
F. Other documented items of damage (<i>describe</i>): _____	\$ 0.00
G. Brief description of Plaintiff's injury, including nature and extent of injury: _____ _____	
TOTAL:	\$ 0.00


CONTRACT CLAIMS **AMOUNT**

This action includes a claim involving collection of a debt incurred pursuant to a revolving credit agreement. Mass. R. Civ. P. 8.1(a)

Provide a detailed description of the claim(s): _____

TOTAL: \$ 10,738.90

ATTORNEY FOR PLAINTIFF (OR UNREPRESENTED PLAINTIFF)


SIGNATURE:  DATE: 5/10/19

DEFENDANT'S NAME AND ADDRESS:

JAMES J BENTING
107 PRECINCT ST
LAKEVILLE, MA 02347

[] JENNIFER A. KIRKWOOD, ESQ. 667265
[x] KRISTEN LEIGH RUOTOLO, ESQ. 685704
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CERTIFICATION PURSUANT TO SJC RULE 1:18: I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.

Signature of Attorney on Record: 

Date: 5/10/19