

CITY COUNCIL

The City of Orange Township, New Jersey

DATE October 6, 2020

NUMBER 411-2020 (WO)

TITLE: A RESOLUTION APPROVING PAYMENT TO MONMOUTH-OCEAN HOSPITAL SERVICE CORPORATION (Sponsored by Council Member Adrienne Wooten)

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF ORANGE TOWNSHIP, that payment in the amount of \$12,765.81 to Monmouth-Ocean Hospital Service Corporation is hereby authorized to fully and completely resolve all claims by and between the City of Orange Township and Monmouth-Ocean Hospital Service Corporation as asserted in litigation entitled *Monmouth-Ocean Hospital Service Corporation v. City of Orange et al.*, Docket No. ESX-L-005647-18; and,

BE IT FURTHER RESOLVED, that the Administration is hereby authorized to disburse said funds to Monmouth-Ocean Hospital Service Corporation, payable to "Kathleen R. Wall, Attorney Trust Account" such that it is delivered no later than October 9, 2020.

Adopted: October 6, 2020

Joyce L. Lanier
City Clerk

Kerry J. Coley
Council President

Vaughn Parchment
the City Attorney

CITY ATTORNEY

CITY OF ORANGE
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS
ADOPTED BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange, do hereby certify to the best of my knowledge and belief that there are sufficient funds to Contract with:

Vendor Name: Kathleen R. Wall Esq., Attorney Trust Account
Address: 2640 Highway 70, Suite 9A

City: Manasquan
State: NJ
Zip Code: 08736


Purpose: Payment to Monmouth-Ocean Hospital
to resolve all claims

Vendor ID: KATHL005

Fund: Current Fund
Account Name: LAW - SETTLEMENTS
Account Numbers(s): 0-01-20-155-000-366

PO Number: 20-01631

Amount: \$ 12,765.81

Division Head	Date
 Nile Clements Chief Financial Officer	10-03-2020 Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. KATHLEEN R. WALL, ESQ.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					Exemption from FATCA reporting code (if any) _____
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					(Applies to accounts maintained outside the US)
	<input type="checkbox"/> Other (see instructions) ▶ _____					
5 Address (number, street, and apt. or suite no.) See instructions. 2640 HIGHWAY 70, SUITE 9A			Requester's name and address (optional)			
6 City, state, and ZIP code MANASQUAN, NJ 08736						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
OR										
Employer identification number										
2	2		-	2	6	0	0	9	0	2

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶ 10-2-2020
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

FILED

March 15, 2019

KATHLEEN R. WALL, ESQ. - 011851974
2640 HIGHWAY #70
MANASQUAN, NJ 08736
732-223-0111
Attorney for Plaintiff
Our File No. 33591-16

Thomas R. Vena, J.S.C.

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION: ESSEX COUNTY

MONMOUTH-OCEAN HOSPITAL
SERVICE CORPORATION

DOCKET NO. ESX-L-005647-18

Plaintiff

VS:

ORDER

CITY OF ORANGE AND JOHN DOES
1-9 AND JOHN DOE CORPORATIONS
1-9 I/J/S

Defendant

THIS MATTER having been brought before the Court by KATHLEEN R. WALL, ESQ., appearing on behalf of the Plaintiff, and the Court having read and considered the moving papers and good cause having been shown:

IT IS on this 15th day of MARCH, 2019

ORDERED that the Order of December 7, 2018 striking the Defendant's Answer for failure to answer Interrogatories and respond to the Demand for Production of Documents be and is hereby entered with prejudice, and

IT IS FURTHER ORDERED that Judgment be entered in favor of the Plaintiff, Monmouth-Ocean Hospital Service Corporation and against the Defendants, City of Orange in the amount of \$11,897.92 plus costs of \$349.99, and

IT IS FURTHER ORDERED that a copy of this Order be served upon all interested parties within 7 days of the date hereof.

Thomas R. Vena

Thomas R. Vena, J.S.C.

UNOPPOSED

PAPERS CONSIDERED

Notice of Motion
 Movant's Affidavit
 Movant's Brief
 Answering Affidavit
 Answering Brief
 Cross Motion
 Movant's Reply
 Other _____

Law Offices
KATHLEEN R. WALL, ESQ.

April 2, 2019

732-223-0111
TELEFAX 732-223-0290
2640 HIGHWAY 70
P.O. BOX A
MANASQUAN, NJ 08736

REFERENCE NO. 33591-16

CITY OF ORANGE
29 NORTH DAY STREET
ORANGE, NJ 07050

RE: MONMOUTH-OCEAN HOSPITAL SERVICE CORPORATION
VS: CITY OF ORANGE AND JOHN DOES 1-9
AND JOHN DOE CORPORATIONS 1-9 I/J/S
DOCKET NO. ESX-L-005647-18

PAYOFF STATEMENT

JUDGMENT DATE:	March 15, 2019	
PRINCIPAL JUDGMENT AMOUNT:		\$ 11,897.92
COURT COSTS:		\$ 349.99
POST JUDGMENT COSTS:		\$ -
INTEREST:		\$ -
ATTORNEY FEE:		\$ -
STATUTORY ATTORNEY FEE:		\$ -
CREDIT (A):		\$ -
SUBTOTAL:		\$ 12,247.91
DOCKETING/JUDGMENT FEE:		\$ 35.00
TOTAL JUDGMENT:		\$ 12,282.91
POST JUDGMENT COSTS:		\$ -
POST JUDGMENT INTEREST CALCULATED FROM:	March 15, 2019 TO:	April 2, 2019
		\$ 8.80
SUBTOTAL:		\$ 12,291.71
CREDIT (B):		\$ -
SUBTOTAL:		\$ 12,291.71
CONSTABLE/SHERIFF COMMISSION:		\$ -
SUBTOTAL:		\$ 12,291.71
CREDIT (C):		\$ -
Warrant to Satisfy Judgment Filing Fee:		\$ 50.00
TOTAL DUE TO:	April 2, 2019	\$ 12,341.71

INTEREST IS ACCRUING AT THE RATE OF: \$0.49 per day.

Please make the checks payable to: Kathleen R. Wall, Attorney Trust Account