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(12) **United States Design Patent**
Contreras et al.

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(54) **DISPLAY SCREEN WITH GRAPHICAL USER INTERFACE**

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(**) Term: **14 Years**

(21) Appl. No.: **29/514,732**

(22) Filed: **Jan. 15, 2015**

(51) **LOC (10) Cl.** **14-04**

(52) **U.S. Cl.**
USPC **D14/485**

(58) **Field of Classification Search**
USPC D14/485–495
CPC G06F 21/6218; G06Q 40/10
See application file for complete search history.

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(57) **CLAIM**

The ornamental design for a display screen with graphical user interface, as shown and described.

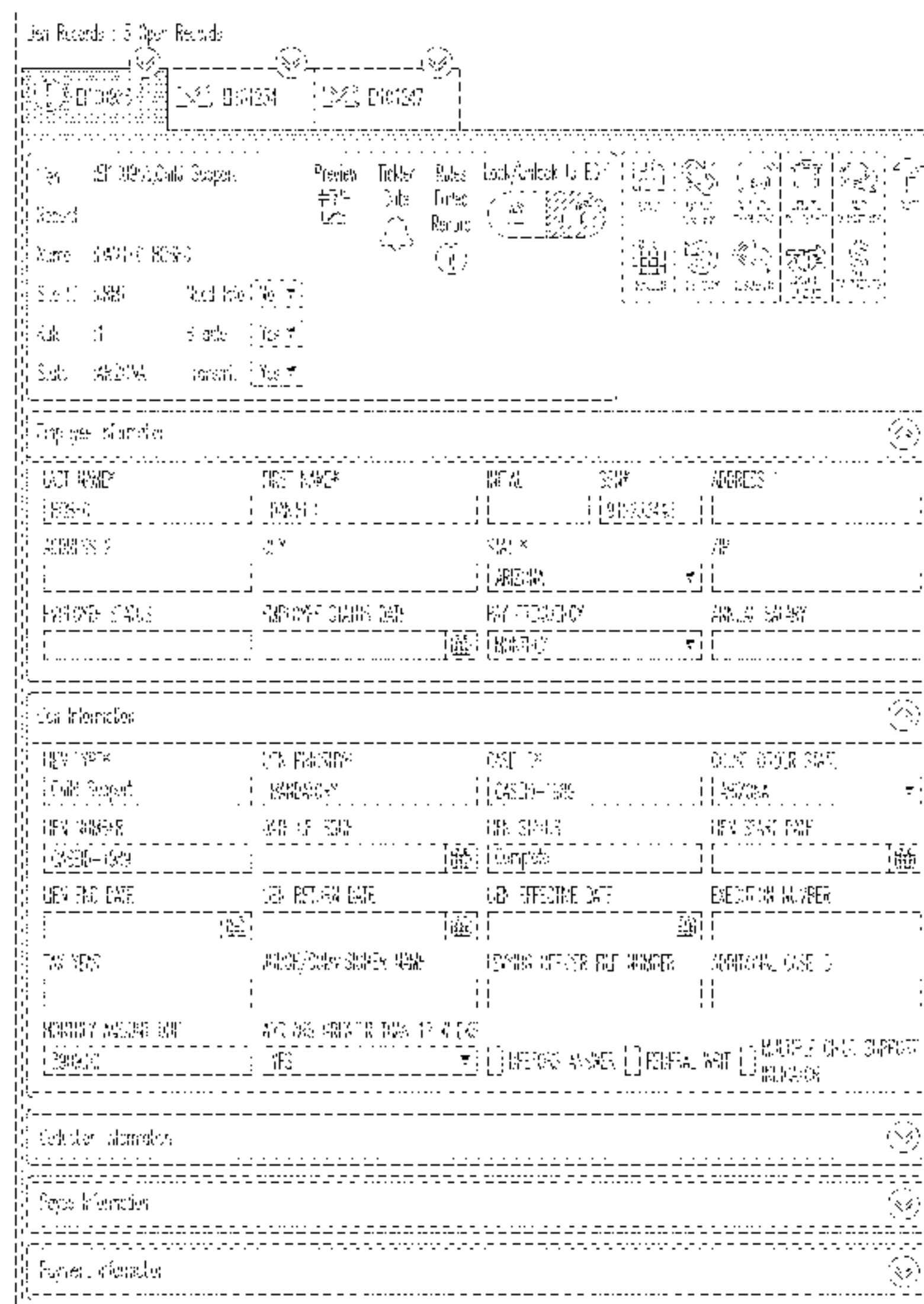
DESCRIPTION

FIG. 1 is a front view of a display screen with graphical user interface;

FIG. 2 is a front view of a second embodiment thereof; and, FIG. 3 is a front view of a third embodiment thereof.

The broken line showing of a display screen in all views are for the purpose of illustrating environment and forms no part of the claimed design. The broken line showing of the graphical user interface in all views are for the purpose of illustrating portions of the article and forms no part of the claimed design.

1 Claim, 3 Drawing Sheets



(56)

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FIG. 1

Lien Records : 3 Open Records

E1100986
 E1101234
 E1101247

Lien : E1100986,Child Support Preview Tickler Date Rules Failed Record Lock/Unlock to EDIT

Record Name : DANIELC BOBEC

Site ID : JRM1 Need Info

Rule : 1 Billable

State : ARIZONA Transmit

Employee Information

LAST NAME*	FIRST NAME*	INITIAL	SSN*	ADDRESS 1
BOBEC	DANIELC		912233443	
ADDRESS 2	CITY	STATE*	ZIP	
		ARIZONA		
EMPLOYEE STATUS	EMPLOYEE STATUS DATE	PAY FREQUENCY	ANNUAL SALARY	
		MONTHLY		

Lien Information

LIEN TYPE*	LIEN PRIORITY*	CASE ID*	COURT ORDER STATE
Child Support	MANDATORY	CASEID-1989	ARIZONA
LIEN NUMBER	DATE OF ISSUE	LIEN STATUS	LIEN START DATE
CASEID-1989		Complete	
LIEN END DATE	LIEN RETURN DATE	LIEN EFFECTIVE DATE	EXECUTION NUMBER
TAX YEAR	JUDGE/COMMISSIONER NAME	LEVYING OFFICER FILE NUMBER	ADDITIONAL CASE ID
MONTHLY AMOUNT DUE	ARREARS GREATER THAN 12 WEEKS	<input type="checkbox"/> DEBTORS ANSWER <input type="checkbox"/> FEDERAL WRIT <input type="checkbox"/> MULTIPLE CHILD SUPPORT INDICATOR	
3909.00	YES		

Deduction Information

Payee Information

Payment Information

FIG. 2

Lien Records.: 3 Open Records

E1100986
 E1101234
 E1101247

Lien :E1100986,Child Support Preview Tickler Rules Lock/Unlock to EDIT
 Record Date Failed Record

Name :JOHN SMITH

Site ID :JRM4 Need Info:

Rule :1 Billable:

State :TEXAS Transmit:

SAVE	LINK/UNLINK	CHANGE REQUEST	DELETE	ADD COMMENTS	COPY
TICKLER	HISTORY	RESUBMIT	PAYOFF QUEUE	PAYMENTS	

Employee Information

LAST NAME*	FIRST NAME*	INITIAL	SSN*	ADDRESS 1
SMITH	JOHN		505713555	
ADDRESS 2	CITY	STATE*	ZIP	
		TEXAS		
EMPLOYEE STATUS	EMPLOYEE STATUS DATE	PAY FREQUENCY	ANNUAL SALARY	
		MONTHLY		

Lien Information

LIEN TYPE*	LIEN PRIORITY*	CASE ID*	COURT ORDER STATE
LIEN NUMBER	DATE OF ISSUE	LIEN STATUS	LIEN START DATE
CASEID-2001			
LIEN END DATE	LIEN RETURN DATE	LIEN EFFECTIVE DATE	EXECUTION NUMBER
TAX YEAR	JUDGE/COMMISSIONER NAME	LEVYING OFFICER FILE NUMBER	ADDITIONAL CASE ID
MONTHLY AMOUNT DUE	ARREARS GREATER THAN 12 WEEKS	<input type="checkbox"/> DEBTORS ANSWER <input type="checkbox"/> FEDERAL WRIT <input type="checkbox"/> MULTIPLE CHILD SUPPORT INDICATOR	

Deduction Information

Payee Information

Payment Information

FIG. 3

Lien Records : 3 Open Records

E1100986
 E1101234
 E1101247

Lien Record: E1100986, Child Support
 Preview
 Tickler Date
 Rules Failed Record
 Lock/Unlock to EDIT

Name: JEFFREYA JONES
 Site ID: JRM2
 Need Info: Yes
 Rule: 1
 Billable: Yes
 State: OHIO
 Transmit: Yes

[SAVE] [LOCK/UNLOCK] [CHANGE RECORDS] [DELETE] [COPY] [REORDER] [HISTORY] [RESUBMIT] [STATUS] [PAYMENTS]

Employee Information

LAST NAME*	FIRST NAME*	INITIAL	SSN*	ADDRESS 1
JONES	JEFFREYA		588715555	
ADDRESS 2	CITY	STATE*	ZIP	
		OHIO		
EMPLOYEE STATUS	EMPLOYEE STATUS DATE	PAY FREQUENCY	ANNUAL SALARY	
		MONTHLY		

Lien Information

LIEN TYPE*	LIEN PRIORITY*	CASE ID*	COURT ORDER STATE
LIEN NUMBER	DATE OF ISSUE	LIEN STATUS	LIEN START DATE
CASEID-3642			
LIEN END DATE	LIEN RETURN DATE	LIEN EFFECTIVE DATE	EXECUTION NUMBER
TAX YEAR	JUDGE/COMMISSIONER NAME	LEVYING OFFICER FILE NUMBER	ADDITIONAL CASE ID
MONTHLY AMOUNT DUE	ARREARS GREATER THAN 12 WEEKS	<input type="checkbox"/> DEBTORS ANSWER <input type="checkbox"/> FEDERAL WRIT <input type="checkbox"/> MULTIPLE CHILD SUPPORT INDICATOR	

Deduction Information

Payee Information

Payment Information