

B1040 (FORM 1040) (12/24)

ADVERSARY PROCEEDING COVER SHEET (Instructions on Reverse)		ADVERSARY PROCEEDING NUMBER (Court Use Only)	
<b>PLAINTIFFS</b> <i>Euch, de Julien</i>		<b>DEFENDANTS</b> <i>Lavie Care Center LLC</i>	
<b>ATTORNEYS</b> (Firm Name, Address, and Telephone No.)		<b>ATTORNEYS</b> (If Known)	
<b>PARTY</b> (Check One Box Only) <input type="checkbox"/> Debtor <input type="checkbox"/> U.S. Trustee/Bankruptcy Admin <input checked="" type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="checkbox"/> Trustee		<b>PARTY</b> (Check One Box Only) <input checked="" type="checkbox"/> Debtor <input type="checkbox"/> U.S. Trustee/Bankruptcy Admin <input type="checkbox"/> Creditor <input type="checkbox"/> Other <input type="checkbox"/> Trustee	
<b>CAUSE OF ACTION</b> (WRITE A BRIEF STATEMENT OF CAUSE OF ACTION, INCLUDING ALL U.S. STATUTES INVOLVED) <i>I was wrongfully terminated by Fletcher Health &amp; Rehabilitation Center on 10-05-22.</i>			
<b>NATURE OF SUIT</b> (Number up to five (5) boxes starting with lead cause of action as 1, first alternative cause as 2, second alternative cause as 3, etc.)			
<b>FRBP 7001(a) – Recovery of Money/Property</b> <input type="checkbox"/> 11-Recovery of money/property - §542 turnover of property <input type="checkbox"/> 12-Recovery of money/property - §547 preference <input type="checkbox"/> 13-Recovery of money/property - §548 fraudulent transfer <input checked="" type="checkbox"/> 14-Recovery of money/property - other		<b>FRBP 7001(f) – Dischargeability (continued)</b> <input type="checkbox"/> 61-Dischargeability - §523(a)(5), domestic support <input type="checkbox"/> 68-Dischargeability - §523(a)(6), willful and malicious injury <input type="checkbox"/> 63-Dischargeability - §523(a)(8), student loan <input type="checkbox"/> 64-Dischargeability - §523(a)(15), divorce or separation obligation (other than domestic support) <input type="checkbox"/> 65-Dischargeability - other	
<b>FRBP 7001(b) – Validity, Priority or Extent of Lien</b> <input type="checkbox"/> 21-Validity, priority or extent of lien or other interest in property		<b>FRBP 7001(g) – Injunctive Relief</b> <input type="checkbox"/> 71-Injunctive relief – imposition of stay <input type="checkbox"/> 72-Injunctive relief – other	
<b>FRBP 7001(c) – Approval of Sale of Property</b> <input type="checkbox"/> 31-Approval of sale of property of estate and of a co-owner - §363(h)		<b>FRBP 7001(h) Subordination of Claim or Interest</b> <input type="checkbox"/> 81-Subordination of claim or interest	
<b>FRBP 7001(d) – Objection/Revocation of Discharge</b> <input type="checkbox"/> 41-Objection / revocation of discharge - §727(c),(d),(e)		<b>FRBP 7001(i) Declaratory Judgment</b> <input type="checkbox"/> 91-Declaratory judgment	
<b>FRBP 7001(e) – Revocation of Confirmation</b> <input type="checkbox"/> 51-Revocation of confirmation		<b>FRBP 7001(j) Determination of Removed Action</b> <input type="checkbox"/> 01-Determination of removed claim or cause	
<b>FRBP 7001(f) – Dischargeability</b> <input type="checkbox"/> 66-Dischargeability - §523(a)(1),(14),(14A) priority tax claims <input type="checkbox"/> 62-Dischargeability - §523(a)(2), false pretenses, false representation, actual fraud <input type="checkbox"/> 67-Dischargeability - §523(a)(4), fraud as fiduciary, embezzlement, larceny (continued next column)		<b>Other</b> <input type="checkbox"/> SS-SIPA Case – 15 U.S.C. §§78aaa <i>et seq.</i> <input type="checkbox"/> 02-Other (e.g. other actions that would have been brought in state court if unrelated to bankruptcy case)	
<input type="checkbox"/> Check if this case involves a substantive issue of state law		<input type="checkbox"/> Check if this is asserted to be a class action under FRCP 23	
<input type="checkbox"/> Check if a jury trial is demanded in complaint		Demand \$ <i>10,000,000.</i>	
Other Relief Sought			



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B1040 (FORM 1040) (12/24)

BANKRUPTCY CASE IN WHICH THIS ADVERSARY PROCEEDING ARISES		
NAME OF DEBTOR <i>Lavie Care Centers, LLC</i>		BANKRUPTCY CASE NO. <i>24-55507</i>
DISTRICT IN WHICH CASE IS PENDING <i>Northern District of Georgia</i>		DIVISION OFFICE NAME OF JUDGE
RELATED ADVERSARY PROCEEDING (IF ANY)		
PLAINTIFF	DEFENDANT	ADVERSARY PROCEEDING NO.
DISTRICT IN WHICH ADVERSARY IS PENDING		DIVISION OFFICE NAME OF JUDGE
SIGNATURE OF ATTORNEY (OR PLAINTIFF)		
DATE <i>03-10-25</i>		PRINT NAME OF ATTORNEY (OR PLAINTIFF) <i>Euclide Julien</i>

#### INSTRUCTIONS

The filing of a bankruptcy case creates an "estate" under the jurisdiction of the bankruptcy court which consists of all of the property of the debtor, wherever that property is located. Because the bankruptcy estate is so extensive and the jurisdiction of the court so broad, there may be lawsuits over the property or property rights of the estate. There also may be lawsuits concerning the debtor's discharge. If such a lawsuit is filed in a bankruptcy court, it is called an adversary proceeding.

A party filing an adversary proceeding must also complete and file Form 1040, the Adversary Proceeding Cover Sheet, unless the party files the adversary proceeding electronically through the court's Case Management/Electronic Case Filing system (CM/ECF). (CM/ECF captures the information on Form 1040 as part of the filing process.) When completed, the cover sheet summarizes basic information on the adversary proceeding. The clerk of court needs the information to process the adversary proceeding and prepare required statistical reports on court activity.

The cover sheet and the information contained on it do not replace or supplement the filing and service of pleadings or other papers as required by law, the Bankruptcy Rules, or the local rules of court. The cover sheet, which is largely self-explanatory, must be completed by the plaintiff's attorney (or by the plaintiff if the plaintiff is not represented by an attorney). A separate cover sheet must be submitted to the clerk for each complaint filed.

**Plaintiffs and Defendants.** Give the names of the plaintiffs and defendants exactly as they appear on the complaint.

**Attorneys.** Give the names and addresses of the attorneys, if known.

**Party.** Check the most appropriate box in the first column for the plaintiffs and the second column for the defendants.

**Demand.** Enter the dollar amount being demanded in the complaint.

**Signature.** This cover sheet must be signed by the attorney of record in the box on the second page of the form. If the plaintiff is represented by a law firm, a member of the firm must sign. If the plaintiff is pro se, that is, not represented by an attorney, the plaintiff must sign.



UNITED STATES BANKRUPTCY COURT  
 NORTHERN DISTRICT OF GEORGIA  
 ATLANTA DIVISION

IN RE:

LAVIE CARE CENTERS, LLC  
 Debtor

Euclide Julien  
 Plaintiff

VS.

LAVIE CARE CENTERS, LLC  
 Defendant

Case No.

24-555017

Chapter

Adversary No.

FILED IN CLERK'S OFFICE  
 U.S. BANKRUPTCY COURT  
 NORTHERN DISTRICT  
 OF GEORGIA  
 2025 MAR 10 AM 8:26  
 BY: VAHIA S. ALLEN  
 CLERK  
 DEPUTY CLERK

On 10-05-22, I was terminated by Fletcher Health & Rehabilitation Center unjustly. I was subject to various forms of discrimination including sex and national origin, and more. I had to seek mental help, as issues were intensifying. After working about 985 hours in 2 months for the company, I began having back pain. (For different occasions, I was accompanied by my family to the Emergency room for muscle aches. I communicated it to Fletcher Health & Rehabilitation Center and also provided the doctors' notes, but Travis (from the corporate office) and Jayna Moore (the Administrator) told me that the doctor's note I had received for the Hospital visit (or) at the



end of September 2022 was not valid. The doctor from the Emergency Room I had gone placed me on light duty and (offly) referred me to a chiropractor and other specialists because of the (stat) mental and physical state I was in. Instead of having me on light duty, Fletcher Health and Rehabilitation Center terminated my employment on 10-05-22. I called an attorney I (previously) previously had. ~~on~~ and appended the case against Fletcher Health and Rehabilitation Center. This company denied everything I reported to the (Employment) Equal Employment Opportunity Commission (EEOC), but they, in fact, took advantage of me and my lack of knowledge of U.S. Laws. They (Fletcher Health and Rehabilitation Center) did not notify me of their Bankruptcy. I found out from the Lawyer I had on that case. I worked for them as a Certified Nursing Assistant for 4 years.

Signature

Euclide Julien

Printed Name

Euclide Julien

Address

6421 N. Florida Avenue. Tampa, FL 33604

Telephone Number

(239) 758-4045.



## CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY  
☐ FEPA  
☒ EEOC

CHARGE NUMBER  
 511-2023-00511

Florida Commission on Human Relations and EEOC  
 State or local Agency, if any

NAME (indicate Mr., Ms., Mrs.)

**Ms. Euclide M. Julien**

HOME TELEPHONE (Include Area Code)

**239-758-4045**

STREET ADDRESS

**212 Halliday Park Drive**

CITY, STATE AND ZIP CODE

**Tampa FL 33612**

DATE OF BIRTH

**02/02/1992**

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME

**Fletcher Health and Rehabilitation Center**

NUMBER OF EMPLOYEES,  
MEMBERS

**50+**

TELEPHONE (Include Area Code)

**813-265-1600**

STREET ADDRESS

**518 W Fletcher Ave**

CITY, STATE AND ZIP CODE

**Tampa FL 33612**

COUNTY

**Hillsborough**

NAME

TELEPHONE (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☒ NATIONAL ORIGIN  
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify:)

DATE DISCRIMINATION TOOK PLACE

EARLIEST LATEST  
 10/5/22

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional space is needed, attach extra sheet(s):

### I. Personal Harm:

On January 24, 2022, I filed EEOC Charge No. 511-2022-00315. Since filing the Charge, I was subjected to retaliatory treatment, including cutting my hours, randomly changing my schedule without notice and assignment of undesirable shifts. I have also been passed over for promotions. The EEOC issued a Notice of Rights on May 13, 2022. Since the Right to Sue was issued, I was subjected to retaliation and unjust discipline including a suspension on September 20, 2022 and termination from employment on October 5, 2022 for misconduct in which I did not engage. Comments have also been made about my Haitian national origin, including but not limited to whether I am Legal and practice Voodoo. Additionally, males have engaged in similar or worse misconduct but were not similarly disciplined or discharged.

### II. Reason for Adverse for Adverse Action:

I was told I was terminated for insubordination, poor performance and a no call, no show. However, I received permission for my absence that day.

### III. Discrimination Statement:

I believe I have been discriminated against based on my race, national origin and sex and retaliated against for engaging in protected activity in violation of Title VII of the Civil Rights Act of 1964, as amended, and the Florida Civil Rights Act, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or telephone number and cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
 DATE  
 (Month, day and year)

Date **11-14-22** **Euclide M. Julien**  
 Charging Party (Signature)



## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

Tampa Field Office  
501 East Polk St, Suite 1000  
Tampa, FL 33602  
(800) 669-4000  
Website: [www.eeoc.gov](http://www.eeoc.gov)

### **DETERMINATION AND NOTICE OF RIGHTS**

(This Notice replaces EEOC FORMS 161, 161-A & 161-B)

To: Euclide Julien  
212 Halliday Park Dr  
Tampa, FL 33612  
Re: Charge No: 511-2023-00511  
EEOC Representative and email: Jose Torres  
Investigator  
[jose.torres@eeoc.gov](mailto:jose.torres@eeoc.gov)

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### **DETERMINATION OF CHARGE**

The EEOC issues the following determination: The EEOC will not proceed further with its investigation and makes no determination about whether further investigation would establish violations of the statute. This does not mean the claims have no merit. This determination does not certify that the respondent is in compliance with the statutes. The EEOC makes no finding as to the merits of any other issues that might be construed as having been raised by this charge.

### **NOTICE OF YOUR RIGHT TO SUE**

This is official notice from the EEOC of the dismissal of your charge and of your right to sue. If you choose to file a lawsuit against the respondent(s) on this charge under federal law in federal or state court, **your lawsuit must be filed WITHIN 90 DAYS of your receipt of this notice.** Receipt generally occurs on the date that you (or your representative) view this document. You should keep a record of the date you received this notice. Your right to sue based on this charge will be lost if you do not file a lawsuit in court within 90 days. (The time limit for filing a lawsuit based on a claim under state law may be different.)

If you file a lawsuit based on this charge, please sign in to the EEOC Public Portal and upload the court complaint to charge 511-2023-00511.

Please retain this notice for your records.

On behalf of the Commission,

A handwritten signature in black ink, reading "Tamra S. Schweiberger", is written over a horizontal line.

Digitally signed by Tamra  
Schweiberger  
Date: 2024.12.03 13:13:13 -05'00'

Tamra S. Schweiberger  
Director

Cc: Jennie L Conrad; Synergy Healthcare Services; 5102 W Laurel St Ste 700 Tampa, FL 33607;  
[Jennie.l.conrad@synergvhcs.com](mailto:Jennie.l.conrad@synergvhcs.com)  
Joan M Kosanovich; Synergy Healthcare Services; 5102 W Laurel St Ste 700 Tampa, FL 33607;  
[Joan.m.kosanovich@synergvhcs.com](mailto:Joan.m.kosanovich@synergvhcs.com)  
Anelys Perez; 1005 N Marion St Tampa, FL 33602; [Anelys@nbmlawyers.com](mailto:Anelys@nbmlawyers.com)  
Darren D McClain Esq.; Nelson, Bisconti & McClain, LLC; 1005 N Marion St Tampa, FL 33602;  
[Dmcclain@tampaemploymentlawyer.com](mailto:Dmcclain@tampaemploymentlawyer.com)



Enclosure with EEOC Notice of Closure and Rights (01/22)

### **INFORMATION RELATED TO FILING SUIT UNDER THE LAWS ENFORCED BY THE EEOC**

*(This information relates to filing suit in Federal or State court **under Federal law**. If you also plan to sue claiming violations of State law, please be aware that time limits may be shorter and other provisions of State law may be different than those described below.)*

#### **IMPORTANT TIME LIMITS – 90 DAYS TO FILE A LAWSUIT**

If you choose to file a lawsuit against the respondent(s) named in the charge of discrimination, you must file a complaint in court **within 90 days of the date you receive this Notice**. Receipt generally means the date when you (or your representative) opened this email or mail. You should **keep a record of the date you received this notice**. Once this 90-day period has passed, your right to sue based on the charge referred to in this Notice will be lost. If you intend to consult an attorney, you should do so promptly. Give your attorney a copy of this Notice, and the record of your receiving it (email or envelope).

If your lawsuit includes a claim under the Equal Pay Act (EPA), you must file your complaint in court within 2 years (3 years for willful violations) of the date you did not receive equal pay. This time limit for filing an EPA lawsuit is separate from the 90-day filing period under Title VII, the ADA, GINA, the ADEA, or the PWFA referred to above. Therefore, if you also plan to sue under Title VII, the ADA, GINA, the ADEA or the PWFA, in addition to suing on the EPA claim, your lawsuit must be filed within 90 days of this Notice and within the 2- or 3-year EPA period.

Your lawsuit may be filed in U.S. District Court or a State court of competent jurisdiction. Whether you file in Federal or State court is a matter for you to decide after talking to your attorney. You must file a "complaint" that contains a short statement of the facts of your case which shows that you are entitled to relief. Filing this Notice is not enough. For more information about filing a lawsuit, go to <https://www.eeoc.gov/employees/lawsuit.cfm>.

#### **ATTORNEY REPRESENTATION**

For information about locating an attorney to represent you, go to:  
<https://www.eeoc.gov/employees/lawsuit.cfm>.

In very limited circumstances, a U.S. District Court may appoint an attorney to represent individuals who demonstrate that they are financially unable to afford an attorney.

#### **HOW TO REQUEST YOUR CHARGE FILE AND 90-DAY TIME LIMIT FOR REQUESTS**

There are two ways to request a charge file: 1) a Freedom of Information Act (FOIA) request or 2) a "Section 83" request. You may request your charge file under either or both procedures. EEOC can generally respond to Section 83 requests more promptly than FOIA requests.

Since a lawsuit must be filed within 90 days of this notice, please submit your FOIA and/or Section 83 request for the charge file promptly to allow sufficient time for EEOC to respond and for your review.

**To make a FOIA request for your charge file**, submit your request online at <https://eeoc.arkcase.com/foia/portal/login> (this is the preferred method). You may also submit a FOIA request for your charge file by U.S. Mail by submitting a signed, written request identifying your request as a "FOIA Request" for Charge Number 511-2023-00511 to the

Enclosure with EEOC Notice of Closure and Rights (01/22)

District Director at Evangeline Hawthorne, 100 SE 2nd St Suite 1500, Miami, FL 33131.

**To make a Section 83 request for your charge file**, submit a signed written request stating it is a "Section 83 Request" for Charge Number 511-2023-00511 to the District Director at Evangeline Hawthorne, 100 SE 2nd St Suite 1500, Miami, FL 33131.

You may request the charge file up to 90 days after receiving this Notice of Right to Sue. After the 90 days have passed, you may request the charge file only if you have filed a lawsuit in court and provide a copy of the court complaint to EEOC.

For more information on submitting FOIA requests, go to <https://www.eeoc.gov/eeoc/foia/index.cfm>.

For more information on submitted Section 83 requests, go to <https://www.eeoc.gov/foia/section-83-disclosure-information-charge-files>.