

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/Tehum>.

ID: 25843306

PIN: xr99P6nC

**Fill in this information to identify the case:**

Debtor Tehum Care Services, Inc.

United States Bankruptcy Court for the Southern District of Texas

Case number 23-90086

**Official Form 410  
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

**Part 1: Identify the Claim**

NameID: 15133363

1. **Who is the current creditor?** Alex Scott #98450  
 Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor ALEX, DAVID TONY, SCOTT

2. **Has this claim been acquired from someone else?**  No  
 Yes. From whom? \_\_\_\_\_

3. <b>Where should notices and payments to the creditor be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor be sent?</b> <u>Alex Scott #98450</u> Idaho Maximum Security Inst (I.M.S.F. B-Block) PO Box 51 Boise, ID 83707	<b>Where should payments to the creditor be sent? (if different)</b> <u>Alex, David, Tony, Scott</u> Name <u>514 5TH STREET #6</u> Number Street <u>MELBA ID. 83641</u> City State ZIP Code <u>U.S. OF AMERICA</u> Country
	Address _____ Contact phone <u>(208) 515-8686</u> Contact email _____	Contact phone <u>(208) 515-8686</u> Contact email _____

Uniform claim identifier for electronic payments in chapter 13 (if you use one): \_\_\_\_\_

4. **Does this claim amend one already filed?**  No 9TH CIR OF APPEALS  
 Yes. Claim number on court claims registry (if known) 23-35083 Filed on 05 01 2023  
 MM / DD / YYYY

5. **Do you know if anyone else has filed a proof of claim for this claim?**  No  
 Yes. Who made the earlier filing? \_\_\_\_\_

RECEIVED  
MAY 22 2023  
KURTZMAN CARSON CONSULTANTS



**Part 2: Give Information About the Claim as of the Date the Case Was Filed**

6. Do you have any number you use to identify the debtor?  No  
 Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: \_\_\_\_\_

7. How much is the claim? \$200,000.00 PUNITIVE  
\$5,000.00 NOMINAL  
\$125,000.00 COMPENSATOR DAMAGES!  
 Does this amount include interest or other charges?  
 No  
 Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim? Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.  
 Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).  
 Limit disclosing information that is entitled to privacy, such as health care information.  
PERSONAL INJURY'S

9. Is all or part of the claim secured?  No  
 Yes. The claim is secured by a lien on property.  
**Nature of property:**  
 Real estate: If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.  
 Motor vehicle  
 Other. Describe: TEHUM CARE SERVICES, INC. CORIZON, DEBTOR'S CONTRACT \$ PROFITS

**Basis for perfection:** \_\_\_\_\_  
 Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

**Value of property:** \$ \_\_\_\_\_  
**Amount of the claim that is secured:** \$ \_\_\_\_\_  
**Amount of the claim that is unsecured:** \$ \_\_\_\_\_ (The sum of the secured and unsecured amount should match the amount in line 7.)

**RECEIVED**  
**MAY 22 2023**  
**KURTZMAN CARSON CONSULTANTS**

**Amount necessary to cure any default as of the date of the petition:** \$ \_\_\_\_\_

**Annual Interest Rate** (when case was filed) \_\_\_\_\_ %  
 Fixed  
 Variable

10. Is this claim based on a lease?  No  
 Yes. Amount necessary to cure any default as of the date of the petition. \$ \_\_\_\_\_

11. Is this claim subject to a right of setoff?  No  
 Yes. Identify the property: \_\_\_\_\_



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

No

Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ \_\_\_\_\_

Up to \$3,350\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ \_\_\_\_\_

Wages, salaries, or commissions (up to \$15,150\*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ \_\_\_\_\_

Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ \_\_\_\_\_

Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ \_\_\_\_\_

Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.

\$ 230,000.00

\* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

I am the creditor.

I am the creditor's attorney or authorized agent.

I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this Proof of Claim serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this Proof of Claim and have reasonable belief that the information is true and correct.

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

Executed on date 05 15 2023  
MM / DD / YYYY

Alex Scott  
Signature

Print the name of the person who is completing and signing this claim:

Name ALEX DAVID, TONY SCOTT  
First name Middle name Last name

Title CREDITOR

Company \_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address \_\_\_\_\_  
Number Street

Contact phone \_\_\_\_\_  
City State ZIP Code Country  
(208) 515-8686 AND (208) 919-5698

RECEIVED

MAY 22 2023

KURTZMAN CARSON CONSULTANTS



I.M.S.F. PARALEGAL,  
MS. PAISLEY,

\* MA-AM ATTACHED IS LEGAL DOCUMENTS  
I NEED MAILED TO DEFENDANTS / DEBTOR IN  
MY BANKRUPTCY CASE NO. 23-90086 CHAPTER  
11. PLEASE MAIL ALL DOCUMENTS

TO ADDRESSES: TEHUM CARE SERVICES INC. CLAIMS  
PROCESSING CENTER c/o KCC  
PLEASE MAIL TO → 222 N. PALM COAST HWY,  
STE. 300  
EL SEGUNDO, CA. 90245

\* ALSO I NEED A COPY OF ALL THE DOCUMENTS  
BEING MAILED THAT ARE IN THIS ORANGE FOLDER.  
THANK YOU FOR ALL CONSIDERATION!  
\* I AM INDABENT.

INMATE: MR. SCOTT #D.O.C.#98450  
I.M.S.F. (UNIT 5-3) (73A CELL)

5-15-2023

ALEX DAVID JONY SCOTT  
2023

## Holmes, Paisley

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**From:** ca9\_ecfnoticing@ca9.uscourts.gov  
**Sent:** Monday, May 1, 2023 11:31 AM  
**To:** Holmes, Paisley  
**Subject:** 23-35083 Alex Scott v. Scott Eliason "Motion Filed"

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

CAUTION: This email originated outside the State of Idaho network. Verify links and attachments BEFORE you click or open, even if you recognize and/or trust the sender. Contact your agency service desk with any concerns.

\*\*\*NOTE TO PUBLIC ACCESS USERS\*\*\* Judicial Conference of the United States policy permits attorneys of record and parties in a case (including pro se litigants) to receive one free electronic copy of all documents filed electronically, if receipt is required by law or directed by the filer. PACER access fees apply to all other users. To avoid later charges, download a copy of each document during this first viewing.

United States Court of Appeals for the Ninth Circuit

### Notice of Docket Activity

The following transaction was entered on 05/01/2023 at 10:30:54 AM Pacific Daylight Time and filed on 04/28/2023

Case Name: Alex Scott v. Scott Eliason

Case Number: 23-35083

Document(s): <https://ecf.ca9.uscourts.gov/docs1/009033988451?uid=883a5b92ad85d2af>

### Docket Text:

Filed Appellant Alex David Tony Scott motion requesting to proceed in court of appeals in the 9th Circuit. Deficiencies: None. Served on 04/28/2023. [12705886] (BJK)

Notice will be electronically mailed to:

ID IMSI Librarian: idprisonimsi@idoc.idaho.gov, pholmes@idoc.idaho.gov

Case participants listed below will not receive this electronic notice:

Alex David Tony Scott

#98450

IMSI - IDAHO MAXIMUM SECURITY INSTITUTION

P.O. Box 51

Boise, ID 83707

The following document(s) are associated with this transaction:

666 Document Description: Main Document

Original Filename: 23-35083-Scott-04-28-2023\_2023-04-28\_130410.pdf

Electronic Document Stamp:

[STAMP acecfStamp\_ID=1106763461 [Date=04/28/2023] [FileNumber=12705886-0]

[9ddd3be3afe18df0b8535f1f97406e38162154c1dfc1ae7666cbdc38f44b462dc8933d9b05bf6b5606b83e02165869bf3fef  
beaa659b61c12c7549011137a78]]

*Court Filing Record*

*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 03/28/2023*

*Date Filed: 03/28/2023*

*9<sup>th</sup> Cir. Case No. 23-35083*

*Inmate No.: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: Prisoner Authorization Form*

*Total Pages: 1 (not including cover page)*

*Total: 1 of 1*

**UNITED STATES COURT OF APPEALS**

**FOR THE NINTH CIRCUIT**


**Prisoner Authorization Form**

**9th Cir. Case Number: 23-35083**

I, Alex David Tony Scott, am the Appellant in the above case number.

I understand that I am required by statute to pay the full amount of the \$505.00 docketing and filing fees for this appeal, regardless of my forma pauperis status, and regardless of the disposition of this appeal. I hereby authorize the prison officials at this institution to assess, collect, and forward to the district court the full amount of these fees, in monthly increments based on 20 percent of the average of deposits to or balance in my prison trust account, subject to the provisions set forth in 28 U.S.C. § 1915(b).

I understand that I am not responsible for payment when the funds in my trust account total less than \$10.00, but that payments will resume when additional deposits are made or funds are otherwise available.

NAME Alex David Tony Scott  
SIGNATURE   
CASE NO. 23-35083  
PRISONER I.D. NO. 98450  
PRISON FACILITY IMSI - IDAHO MAXIMUM SECURITY INSTITUTION  
ADDRESS P.O. Box 51  
Boise, ID 83707  
DATE 3-28-2023

**Mail this form to the Court at:**

*Clerk, U.S. Court of Appeals for the Ninth Circuit, P.O. Box 193939, San Francisco, CA 94119-3939*



UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

**FILED**

MAR 30 2023

MOLLY C. DWYER, CLERK  
U.S. COURT OF APPEALS

ALEX DAVID TONY SCOTT,

Plaintiff - Appellant,

v.

SCOTT ANDERS ELIASON, MD,

Defendant - Appellee.

No. 23-35083

D.C. No. 1:22-cv-00227-BLW

U.S. District Court for Idaho, Boise

**ORDER**

Appellant Alex David Tony Scott, prison identification number 98450, has been granted leave to proceed in forma pauperis in this appeal and has completed and filed the required authorization form directing the appropriate prison officials to assess, collect, and forward to the district court the filing and docketing fees for this appeal pursuant to 28 U.S.C. § 1915(b)(1) and (2). This court hereby assesses an initial filing fee of 20 percent of the greater of (A) the average monthly deposits to the prisoner's account; or (B) the average monthly balance in the prisoner's account for the six-month period immediately preceding the filing of the January 31, 2023 notice of appeal. Appellant is not responsible for payment when the funds

in appellant's prison trust account total less than \$10, but payments must resume when additional deposits are made or funds are otherwise available.

The Clerk shall serve this order and appellant's completed authorization form on the United States Attorney for the District of Idaho, who shall notify the appropriate agency or prison authority responsible for calculating, collecting, and forwarding the initial payment assessed in this order and for assessing, collecting, and forwarding the remaining monthly payments of the fee to the district court for this appeal. *See* 28 U.S.C. § 1915(b)(2). Each payment should be accompanied by the district court and appellate docket numbers for this appeal and a record of previous payments made for this appeal.

The Clerk shall also serve a copy of this order on the clerk and the financial unit of the district court.

FOR THE COURT:

MOLLY C. DWYER  
CLERK OF COURT

By: Cyntharee K. Powells  
Deputy Clerk  
Ninth Circuit Rule 27-7

Case No: 23-35083 *Alex Scott v. Scott Eliason*  
Appellant: Alex Scott, No. 98450

United States Attorney's Office, District of Idaho  
Attn: PLRA Payment Processing  
1290 West Myrtle Street, Ste. 500  
Boise, ID 83702

***Court Filing Record***

***Court: United States Court of Appeals for the Ninth Circuit***

***Date Submitted: 04/28/2023***

***Date Filed: 04/28/2023***

***9<sup>th</sup> Cir. Case No. 23-35083***

***Inmate No.: Alex David Tony Scott***

***Inmate No.: 98450***

***Document Title: Requesting to Proceed in Courts in the 9<sup>th</sup> Circuit***

***Total Pages: 73 (not including cover page)***

***Total: 1 of 1***

UNITED STATES COURTS OF APPEALS  
FOR THE NINTH CIRCUIT

ALEX DAVID TONY SCOTT,  
PLAINTIFF-APPELLANT,

V.

SCOTT ANDERS ELIASON, M.D.,  
DEFENDANT-APPELLEE

NO. 23-35-35083

D.C. NO. 1:22-CV-00227-BLW  
U.S. DISTRICT COURT FOR IDAHO, BOISE  
- MOTION -

"REQUESTING TO PROCEED IN  
COURTS OF APPEALS IN THE 9TH CIR."

I ALEX SCOTT, PLAINTIFF-APPELLANT, AM ASKING FOR THE COURTS  
MERCY TO ALLOW ME TO PROCEED IN THE 9TH CIRCUIT IN  
CASE NO. 23-35-35083 DUE TO FACT THE ISSUE IN CASE NO. HAS  
MERIT AND HAS TRAMATISED AND STILL TRAMATIZES ME AND TO  
HAVE A JURY HEAR MY CASE OR A SUDGE DO A SUMMERY  
SUDJEMENT WOULD BRING SOME JUSTICE AND HELP ME  
COPE WITH THE TRAMA SCOTT ANDERS ELIASON, M.D., DEFENDANT,  
APPELLEE, HAS AND STILL DISPLAYS TOWARDS I, ALEX SCOTT, ATTACHED  
ARE AFFADAVIT WITH EXHIBITS TO SHOW COURTS PROCEEDING IN  
THE 9TH CIRCUIT ON THIS CASE NO. 23-35-35083 IS PASSED  
DUE AND IS NECESSARY FOR JUSTICE TO BE SERVED  
IN ISSUE THE 9TH CIRCUIT COURT OF APPEALS DOCKET NO.  
23-35083 (D.C. CASE NO. 1:22-CV-00227-BLW) IS HANDLING.

AFFADAVIT IS THE OUT LINE OF EXHIBITS  
# 1, 2, 3, 4, 5, 6, 7, 8, WHICH IS

- 1 EXHIBIT IS THE SCHEDULE ORDER
- 2 EXHIBIT IS THE E-FILE OF MY OPENING BRIEF
- 3 EXHIBIT SHOWING NO REPLY OR SUBMISSION OF APPELLEE'S OPENING BRIEF
- 4 EXHIBIT MY MOTION ASKING FOR OPPOSING COUNCIL INFO AND IF I SERVE  
TWO A COPY OF MY OPENING BRIEF WHILE PROCEED IN FORMA  
PAUPER IS AND BEING PRO CE AND WHILE E-FILED DOCUMENTS TO  
ABOUT COURT 9TH CIR,
- 5 EXHIBIT ORDERING PROCEED IN FORMA PAUPER
- 6 EXHIBIT MOTIONS FILED IN THE UNITED STATES BANKRUPTCY COURT FOR  
THE SOUTHERN DISTRICT OF TEXAS HOUSTON DIVISION CHAPTER 11  
CASE NO. 23-90086 (CML) REGARDING THIS CASE IN 9TH CIR, CASE NO.  
23-35-35083
- 7 EXHIBIT SHOW MOTION I FILED TO PROCEED IN 9TH CIR. TO BANKRUPTCY COURTS,  
THE EXHIBIT MOTIONS TO 9TH CIR IS ABOUT WITH ALL MY DOC. FILED ARE NEEDED

— Important —

\* NOTE: IN EXHIBITS

TITLES OR CAPTIONS AT BOTTOM  
OF PAGES ARE FROM OLD  
FILINGS, PLEASE DISCONSIDER THEM.

THE COVER PAGE OF EACH  
EXHIBIT SHOWS THE AMOUNT  
OF PG'S IN EACH EXHIBIT.

J. HANLEY

EXHIBIT #1

Ph. 7 of 1

1  
1

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

**FILED**

FEB 01 2023

MOLLY C. DWYER, CLERK  
U.S. COURT OF APPEALS

ALEX DAVID TONY SCOTT,

Plaintiff - Appellant,

v.

SCOTT ANDERS ELIASON, MD,

Defendant - Appellee.

No. 23-35083

D.C. No. 1:22-cv-00227-BLW

U.S. District Court for Idaho, Boise

**TIME SCHEDULE ORDER**

WHAT DOES THIS  
MEAN.

The parties shall meet the following time schedule.

**Mon., April 3, 2023**

Appellant's opening brief and excerpts of record  
shall be served and filed pursuant to FRAP 31 and  
9th Cir. R. 31-2.1.

**Failure of the appellant to comply with the Time Schedule Order will result in automatic dismissal of the appeal. See 9th Cir. R. 42-1.**

**Appellants without representation of counsel in a prisoner appeal may have their case submitted on the briefs and record without oral argument, pursuant to FRAP 34(a).**

FOR THE COURT:

MOLLY C. DWYER  
CLERK OF COURT

By: Aurielle Breanna Trapps  
Deputy Clerk  
Ninth Circuit Rule 27-7



EXHIBIT #2

Pgs. <sup>15</sup> 1 of 48

2

# IMSI Resource Center Response

A3-600

Date: 2/23/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

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The following items or materials were sent to offender via institutional mail:

Stopped by housing unit.

You requested to have a Appellant's Opening Brief (43 pages) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083. (D.C. case no. 1:22-CV-00227-BLW) Completed. Originals attached.

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

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*Court Filing Record*

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*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 02/23/2023*

*Date Filed: 02/23/2023*

*Case No.: 1:21-CV-00227-BLW*

*Inmate Name: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: Appellant's Informal Opening Brief*

*Total Pages : 43 (not including cover page)*

*Total: 1 of 1*

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UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

ALEX DAVID TONY SCOTT

Appellant(s),

9th Cir. Case No.

23-35083

vs.

District Court or

BAP Case No. 1:22-cv-00227-BLW

SCOTT ANDERS ELIASON, MD

Appellee(s).

**APPELLANT'S INFORMAL OPENING BRIEF**

*(attach additional sheets as necessary; up to a total of 50 pages including this form)*

**JURISDICTION.** This information helps the court determine if it can review your case.

1. Timeliness of Appeal:

a. What is the date of the judgment or order that you want this court to review? FEB. 01, 2023

b. Did you file any motion, other than for fees and costs, after the judgment was entered? Answer yes or no: YES

• If you did, on what date did you file the motion? 1-31-2023

• For prisoners or detainees, what date did you give the motion to prison authorities for mailing? 1-31-2023

• What date did the district court or bankruptcy appellate panel (BAP) decide the motion that you filed after judgment? FEB 01, 2023

c. What date did you file your notice of appeal? JAN 27<sup>TH</sup>, 2023

• For prisoners or detainees, what date did you give your notice of appeal to prison authorities for mailing? JAN 27<sup>TH</sup>, 2023

**FACTS.** Include all facts that the court needs to know to decide your case.

2. What are the facts of your case?

HAS PLACED ME ON MEDICATIONS THAT GIVES ME SUICIDE TENDENCIES AND NEGLECTED THEM WHICH CAUSED SUICIDE ATTEMPTS. HAS THREATEN ME WITH INJECTIONS OF MEDICATIONS ~~THAT~~ CAUSE SUICIDE TENDENCIES; WHEN IT'S DOCUMENTED IN MY MEDICAL FILE I HAVE SUICIDAL TENDENCIES ON THESE MEDICATIONS. HE, SCOTT ANDERS ~~ELIASON~~, MD., HAS ALSO MOCKED AND DISREGARDED MY PRACTICE OF MY RELIGION THAT IS ACKNOWLEDGED BY THE U.S. CONSTITUTION OF AMERICA AND HE HAS THREATEN ME. PLEASE SEE AFFIDAVITS WITH EXHIBITS.

AFFIDAVIT: SCOTT ANDERS ELIASON, M.D.  
HAS BEEN ASSIGNED MY MENTAL HEALTH  
PROVIDER. ALL TRUST AND MUTUAL RESPECT  
HAS BEEN BROKEN. I EXERCISED MY RIGHT  
TO REFUSE HIS TREATMENT AND HAVE A  
SAY IN MY HEALTH CARE AND IT  
HAS BEEN DISREGARDED, NEGLECTED AND  
FORCED ON ME WITHOUT ANY COURT ORDER.  
PLEASE SEE EXHIBIT #1 THAT DESCRIBES ME  
ADDRESSING TO TERMINATE SCOTT ANDERS  
ELIASON AS MY MENTAL HEALTH PROVIDER  
AND HOW HE'S CAUSING ME HARM BY  
NEGLECTING THE EXTREMELY BAD SIDE  
EFFECTS OF THE MEDS HE PRESCRIBES, HOW  
HE THREATENS ME WITH FORCE MEDICATION  
(HARPO) IF I DON'T TAKE HIS PRESCRIBED  
MEDICATION, HOW HE TALKS TO ME LIKE  
A DICTATOR AND NOT ALLOWING ME TO  
HAVE A SAY IN MY HEALTH CARE, EXHIBIT #2  
DESCRIBES MY REQUEST TO HAVE A "TREATMENT REFUSAL  
FORM" FILLED OUT ~~AND~~ TO STOP STAFF SCOTT ANDERS ELIASON,  
M.D. AND STILL I'VE BEEN NOT ALLOWED TO EXERCISE  
MY RIGHT. EXHIBIT #3 IS THE POLICE TITLE: RIGHT TO  
REFUSE TREATMENT AND OPERATION PROCEDURE FOR IT. EXHIBIT  
#4 IS PAGE 2 OF POLICE TITLE: RIGHT TO REFUSE TREATMENT  
AND OPERATION PROCEDURE. EXHIBIT #5 IS PAGE 3 OF POLICE

TITLED: RIGHT TO REFUSE TREATMENT AND OPERATION PROCEDURE. EXHIBIT #6 IS PG. 4 OF POLICE TITLED: RIGHT TO REFUSE TREATMENT AND OPERATION PROCEDURE. EXHIBIT #7 IS PG. 5 OF POLICE TITLED: RIGHT TO REFUSE TREATMENT AND OPERATION PROCEDURE. PLEASE SEE LAST LINE

IN TASK IN STEP 4 "NO FURTHER ACTION IS NEEDED." (THE PROCESS ENDS HERE.) NOTE: THIS POLICE OF RIGHT TO REFUSE TREATMENT SHOULD OR BEEN EXERCISE/ALLOWED WHICH WOULD OF ENDED THE ILLLEGAL FORCE OF SCOTT ANDERS ELIASON, M.D. PRESCRIBING MY MED.'S WHICH CAUSE A SUICIDE ATTEMPT ON APRIL 7<sup>TH</sup> 2021.

EXHIBIT #8 IS PG. 6 OF RIGHT TO REFUSE TREATMENT. EXHIBIT #9 IS THE REFUSAL TO ACCEPT MEDICAL TREATMENT I FILLED OUT AND FOLLOWED PROCEDURE IN THE POLICE "RIGHT TO REFUSE TREATMENT". EXHIBIT #10 IS

REFUSAL OF CLINICAL SERVICES FORM I FILLED OUT AND SUBMITTED FOLLOWING THE PROCEDURE IN THE POLICE: RIGHT TO REFUSE TREATMENT. EXHIBIT #11 IS A JOHNS DEPARTMENT OF CORRECTION GRIEVANCE FORM I FILLED TO HAVE MY RIGHT TO REFUSE TREATMENT FROM SCOTT ANDERS ELIASON, M.D. EXERCISED. EXHIBIT #12 IS PG. 2 OF THE

JOHNS DEPARTMENT OF CORRECTION GRIEVANCE FORM I FILLED TO HAVE MY RIGHT TO REFUSE TREATMENT FROM SCOTT ANDERS ELIASON, M.D. EXERCISED. EXHIBIT #13 IS A CONCERN FORM ADDRESS HOW I SCOTT ANDERS ELIASON ORDERED AN INJECTION OF MEDICATION I REFUSED AND HAD HIS C.M.'S AND NURSE FORCE IT ~~IN~~ MY BODY. AFFIDAVIT PG: 2 OF 3 WITH 15 PGS OF EXHIBITS.

EVEN AFTER I STATED DURING THE INJECTION WAS ~~TO BE~~ DONE " I AM UNWILLING."

EXHIBIT # 14 IS A JOHNS DEPARTMENT OF CORRECTION GRIEVANCE FORM Pg. 1 OF THE INCIDENT ON 7-2-21 WHEN I SUBMITTED A "TREATMENT REFUSAL FORM" AND STILL SCOTT ANDERS ELIASON HAD ME INJECTED WITH HIS PRESCRIBED MEDICATIONS EVEN WHEN BEFORE THE INJECTION WAS ~~TO BE~~ I STATED "I AM UNWILLING" AND HOW NO COURT ORDER WAS ISSUED FOR FORCE MEDICATION ON ME. EXHIBIT # 15 IS Pg. 2 OF THE JOHNS DEPARTMENT OF CORRECTION GRIEVANCE FORM ADDRESSING HOW "TREATMENT REFUSAL" POLICE IS NOT BEING ALLOWED TO BE EXERCISED BY ME AND HOW I AM BEING PUNISHED FOR NOT TAKING SCOTT ANDERS ELIASON, M.D. PRESCRIBED MEDICATION AND HOW I'VE REPORTED SUICIDAL THOUGHTS ON THESE MEDICATIONS SCOTT ANDERS ELIASON, M.D. HAS PLACED ME ON AND FORCES THEM ON ME WHICH CAUSED A SUICIDE ATTEMPT ON 4-7-21.

\*AFFIDAVIT PG. 3 OF 3 WITH 15 PAGES OF EXHIBITS\*



IDAHO DEPARTMENT OF CORRECTION

Inmate Concern Form

Rec'd 10/24/20

PG. 37

Inmate Name: MR. SCOTT

IDOC Number: 98450

Institution, Housing Unit, & Cell: L.M.S.I., C-2, 33A

Date: 10-22-2020

To: DR. SCOTT ELIASON, CORIZON HEALTH MENTAL HEALTH PROVIDER, (Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: THIS IS TO INFORM YOU THAT I AM TERMINATING YOU FROM MY MENTAL HEALTH CARE PROVIDER BECAUSE YOU DISREGARD THE EXTREM BAD SIDE EFFECTS ON THE MEDS YOU PUT ON, YOU TALK TO ME AS IF YOU'RE A DICTATOR YOU MAKE FALSE ACCUSATION ON ME AND MAKE THREATS TO ME THAT YOU'RE GOING TO HARBOR ME WHEN I AM NOT A THREAT TO OTHERS PROPERTY OR MYSELF THE RELATIONSHIP BETWEEN A MEDICAL PROVIDER AND A PATIENT REQUIRES COMPATIBILITY, TRUST AND MUTUAL RESPECT WHICH YOU HAVE BROKEN! I HAVE DONE MY BEST TO BE MEDICAL COMPLIANT, YOU CAN NO LONGER PROVIDE ME WITH CARE OR PRESCRIPTIONS I REQUEST OBTAINING ANOTHER MENTAL HEALTH DR.

(Description of the issue must be written only on the lines provided above.)

Inmate signature: Alex Scott - WHITEMOUNTAIN APACHE

Staff Section

(Signature of Staff Member Acknowledging Receipt) / Associate ID#

Collected/Received: 10-22-2020 (Date collected or received)

Reply: You may discuss these concerns with Dr. Eliaison in clinic. Thank you and have a great day!

Responding Staff Signature: Michael D. Grace RN Associate ID #: B348 Date: 11/4/20

Pink copy to inmate (after receiving staff's signature), Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

This is an exact model and must be produced on three (3)-part NCR paper.

3

IDAHO DEPARTMENT OF CORRECTION

Inmate Concern Form

Rec'd 10-24-20

3

Inmate Name: MR. SCOTT

IDOC Number: 98450

Institution, Housing Unit, & Cell: L.M.S.I., C-2, 33A

Date: 10-25-2020

To: DR. SCOTT CAMPBELL AND OR DR. SONG, CORIZON. (Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: SIR, MAY I HAVE 10 MINUTES OF YOUR TIME REGARDING MENTAL HEALTH ISSUE AND UNPROFESSIONAL CONDUCT BY DR. SCOTT ELIASON. THANK YOU FOR ALL CONSIDERATION.

(Description of the issue must be written only on the lines provided above.)

Inmate signature: Alex Scott

Staff Section

(Signature of Staff Member Acknowledging Receipt) / Associate ID#

Collected/Received: 10/25/20 (Date collected or received)

Reply: It sounds like a grievance would be the most appropriate avenue to voice your concern.

Responding Staff Signature: W Campbell Associate ID #: C308 Date: 11-4-2020

Pink copy to inmate (after receiving staff's signature), Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

This is an exact model and must be produced on three (3)-part NCR paper.

3

IDAHO DEPARTMENT OF CORRECTION  
Inmate Concern Form

9

Inmate Name: MR. SCOTT IDOC Number: #98450  
Institution, Housing Unit, & Cell: I.M.S.I., C-2, 9A Date: 5-6-2021  
To: F.M.S.F. MEDICAL DIRECTOR MR. JONES  
(Address to appropriate staff; Person most directly responsible for this issue or concern)

Issue/Concern: I FILLED OUT A H.S.R. SAYING "I REFUSE MENTAL HEALTH TREATMENT" ON 4-27-2021. I REFUSE ANY EVALUATION AND/OR TREATMENT. PLEASE HAVE THE "TREATMENT REFUSAL FORM" FILLED OUT AND HAVE ONE OF THE HEALTH CARE STAFF MEMBERS SIGN SO I MAY SIGN. THERE IS NO SIGNIFICANT RISK SO PLEASE RESPECT MY RIGHT TO REFUSE AND S.U.P. TREATMENT BEING. PLEASE DISCONTINUE SCHEDULING ME TO SEE DR. ELISON I REFUSE ANY EVALUATION. THANK YOU FOR ALL CONSIDERATION.  
(Description of the issue must be written only on the lines provided above.)

Inmate signature: [Signature]

Staff Section

(Signature of Staff Member Acknowledging Receipt) / Associate ID# \_\_\_\_\_ Collected/Received: 5-2-21  
(Date collected or received)

Reply: You have the right to refuse care however, we will continue to offer you  
care.


Responding Staff Signature: [Signature] Associate ID #: 17421 Date: 5/11/21

Pink copy to inmate (after receiving staff's signature),  
Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

This is an exact model and must be produced on three (3)-part NCR paper.

4

EXHIBIT #2

Idaho Department of Correction 	<b>Standard Operating Procedure</b>	<b>Control Number:</b> 401.06.03.071	<b>Version:</b> 2.1	<b>Page Number:</b> 1 of 6
	<b>Division of Education and Treatment</b>  <b>Operational Services</b>	<b>Title:</b> Right to Refuse Treatment		<b>Adopted:</b> 3-1-2001  <b>Reviewed:</b> 9-26-2008

This document was approved by Dr. Mary Perrien, chief of the Division of Education and Treatment, on 9/26/08 (signature on file).

**BOARD OF CORRECTION IDAPA RULE NUMBER 401**  
 Medical Care

**POLICY STATEMENT NUMBER 401**  
 Hospitalization, Institutional Clinical Services, and Treatment

**POLICY DOCUMENT NUMBER 401**  
 Hospitalization, Institutional Clinical Services, and Treatment

**DEFINITIONS**

Standardized Definitions List

**Contract Medical Provider:** A private company under contract with the Department to provide comprehensive medical, dental, and/or mental health services to the incarcerated offender population. A contract medical provider may include private prison companies and other entities under contract with the Department to operate the Idaho Correctional Center (ICC) and other out-of-state facilities housing Department offenders.

**Facility Health Authority:** The contract medical provider employee who is primarily responsible for overseeing the delivery of medical services in an Idaho Department of Correction (IDOC) facility.

**Facility Medical Director:** The highest ranking physician in an Idaho Department of Correction (IDOC) facility.

**Health Authority:** The Department employee who is primarily responsible for overseeing or managing the Department's medical and mental health services. The health authority is commonly referred to as the health services director.

**Qualified Health Professional:** A physician, physician assistant, nurse practitioner, nurse, dentist, mental health professional or others who -- by virtue of their education, credentials, and experience -- are permitted by law (within the scope of their professional practice) to evaluate and care for patients.

**Treatment Plan:** A series of written statements specifying a patient's particular course of therapy and the roles of qualified healthcare professionals in carrying it out.

EXHIBIT #3

~~NOT ADOPTED BY BOARD OF CORRECTION~~ ~~IN 2008~~

<b>Control Number:</b> 401.06.03.071	<b>Version:</b> 2.1	<b>Title:</b> Right to Refuse Treatment	<b>Page Number:</b> 2 of 6
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**PURPOSE**

The purpose of this standard operating procedure (SOP) is to establish procedures to afford offenders the opportunity to refuse specifically recommended or prescribed healthcare evaluations and treatments.

**SCOPE**

This SOP applies to all Idaho Department of Correction (IDOC) healthcare services staff, offenders, contract medical providers and subcontractors.

**RESPONSIBILITY**

**Health Authority**

The health authority is responsible for:

- Monitoring and overseeing all aspects of healthcare services; and
- The implementation and continued practice of the provisions provided in this SOP.

When healthcare services are privatized, he will also be responsible for:

- Reviewing and approving (prior to implementation) all applicable contract medical provider policy, procedure, and forms; and
- Monitoring the contract medical provider's performance, to include but not limited to reviewing processes, procedures, forms, and protocols employed by the contract medical provider to ensure compliance with all healthcare-related requirements provided in respective contractual agreements, this SOP, and in *National Commission on Correctional Health Care (NCCHC) standard P-1-05, Informed Consent and Right to Refuse.* (See section 2 of this SOP.)

**Contract Medical Provider**

When healthcare services are privatized, the contract medical provider is responsible for:

- Implementing and practicing all provisions of this SOP, unless specifically exempted by written contractual agreements;
- Ensuring that all aspects of this SOP and NCCHS standard P-1-05 are addressed by applicable contract medical provider policy and procedure;
- Ensuring facility health authorities utilize all applicable contract medical provider policy, procedure, forms, and educational information to fulfill all healthcare-related requirements provided in this SOP, *NCCHC standard P-1-05*, or as indicated in their respective contractual agreement(s); and
- Ensuring all applicable contract medical provider policy, procedure, and forms are submitted to the health authority for review and approval prior to implementation.

<b>Note:</b> Nothing in this SOP shall be construed to relieve the contract medical provider(s) of any obligation and/or responsibility stipulated in respective contractual agreements.
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EXHIBIT #4

~~Amended COMPLIANCE PL, & SUPPORTING FILES IN EXHIBIT~~

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**Facility Medical Director**

The facility medical director (or designee) will be responsible for:

- Reviewing the circumstances and clinical consequences of the offender's refusal to accept the recommended evaluation and/or treatment, and
- Making a determination of whether the offender's refusal to accept the recommended evaluation and/or treatment presents significant adverse health risks.

**Facility Health Authority**

The facility health authority will be responsible for:

- Ensuring the presence of an adequate number of appropriately trained staff and materials are available to meet the requirements of this SOP; and
- Establishing and monitoring applicable contract medical provider policy and procedure to ensure that all elements of this SOP and *NCCHC standard P-1-05* are accomplished as required.

**Qualified Health Professional**

The qualified health professional will be responsible for:

- Providing sufficient explanation and information to the offender to allow the offender to understand the consequences of refusing the recommended evaluation and/or treatment, and
- Documenting the refusal in the offender's healthcare record.

**Note:** When an offender's refusal to accept the recommended evaluation and/or treatment has significant adverse health risks or consequences, the qualified health professional shall—at a minimum of 90 days or as detailed in the treatment plan—discuss the evaluation and/or treatment with the offender.

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**GENERAL REQUIREMENTS**

**1. Guidelines**

- Refusing treatment at a particular time does not waive the offender's right to subsequent healthcare.
- The process for informing and clarifying understanding of the recommended evaluation and/or treatment (e.g., face-to-face contact, discussion of the alternative(s), associated risks, etc.) must be documented in the healthcare record.

EXHIBIT #5

~~Amended Complaint Pt. 9 Supportive Facts~~ [Signature]

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2. Process Steps

**Note:** The contract medical provider is responsible for supplying and providing any forms or lists indicated in this section.

Functional Roles and Responsibilities	Step	Tasks
Qualified Healthcare Professional	1	<ul style="list-style-type: none"> <li>Provide information sufficient enough for an offender to make an informed decision to refuse recommended healthcare evaluations and/or treatment.</li> <li>If the offender requests, a more detailed explanation must be provided to include details of the recommended evaluation and/or treatment, the viable alternatives, and any material risks to the recommended evaluation and/or treatment.</li> </ul>
		<p><b>Note:</b> Treatment is mandatory for an offender who has latent tuberculosis infection (LTBI) and/or active tuberculosis (TB) (see SOP 401.06.03.076, <i>Tuberculosis</i>) or when he does not have the mental capacity to make an informed decision (see SOP 401.06.03.070, <i>Informed Consent</i>).</p> <p><b>Note:</b> If an offender does not speak English, a written interpretation or telephone interpretation service must be provided in the language spoken.</p>
Qualified Healthcare Professional	2	<p>If the offender refuses evaluation and/or treatment:</p> <ul style="list-style-type: none"> <li>Complete the <i>Treatment Refusal Form</i>,</li> <li>Secure a healthcare staff member to serve as a witness,</li> <li>Have the offender sign and date the form in the presence of the witness, and</li> <li>Have the witness sign and date the form in the presence of the offender.</li> </ul>
		<p><b>Note:</b> If the offender refuses to sign the form, have the witness sign and date the form indicating the offender's refusal to sign.</p>
		<p>If the offender accepts evaluation and/or treatment:</p> <ul style="list-style-type: none"> <li>Take steps to obtain informed consent (see SOP 401.06.03.070, <i>Informed Consent</i>) and provide the evaluation and/or treatment. (The process ends here.)</li> </ul>
Qualified Healthcare Profession	3	<ul style="list-style-type: none"> <li>Document the information provided, circumstances, and the offender's stated reason for refusal in the "progress notes" section of the healthcare record, and</li> <li>Forward the healthcare record to the facility medical director (or designee) for review.</li> </ul>

EXHIBIT #6

~~Amended Complaint pl. 10 supporting facts to claim~~

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Functional Roles and Responsibilities	Step	Tasks
Facility Medical Director (or designee)	4	Review the circumstances and clinical consequences of the offender's refusal to accept evaluation and/or treatment. <ul style="list-style-type: none"> <li>If the refusal to accept evaluation and/or treatment <b>does</b> present a significant adverse health risk:                             <ul style="list-style-type: none"> <li>Schedule the offender for a subsequent appointment with the healthcare provider to discuss the refusal, and</li> <li>Forward the healthcare record to the qualified healthcare professional.</li> </ul> </li> </ul>
		Note: If the refusal to accept evaluation and/or treatment places others in the facility at risk of contracting infectious disease, appropriately isolate the offender.
		<ul style="list-style-type: none"> <li>If the refusal to accept evaluation and/or treatment <b>does not</b> present a significant adverse health risk:                             <ul style="list-style-type: none"> <li>No further action is needed. (The process ends here.)</li> </ul> </li> </ul>
Qualified Healthcare Professional	5	Repeat step 1, and <ul style="list-style-type: none"> <li>If the offender continues to refuse evaluation and/or treatment:                             <ul style="list-style-type: none"> <li>Consider referral to a mental health provider for an assessment of the offender's mental status,</li> <li>Document the information provided, circumstances, and the offender's stated reason for refusal in the "progress notes" section of the healthcare record, and</li> <li>Forward the healthcare record to the facility medical director (or designee) for review.</li> </ul> </li> <li>If the offender rescinds his earlier refusal to accept the evaluation and/or treatment:                             <ul style="list-style-type: none"> <li>Take steps to obtain informed consent (see SOP 401.06.03.070, <i>Informed Consent</i>) and provide the evaluation and/or treatment. (The process ends here.)</li> </ul> </li> </ul>
Facility Medical Director (or designee)	6	Record the refusal on the <i>Healthcare Record Problem List</i> .

### 3. Compliance

Compliance with this SOP and all related Department-approved protocols will be monitored by the health authority (or designee) by using various sources to include: this SOP, clinical practice guidelines, routine reports, program reviews, and record reviews.

The health authority (or designee) must conduct two (2) audits a year (or more frequently as desired based on prior audit results). The audits must consist of monitoring applicable contract medical provider and IDOC policy and procedures, applicable NCHC standards, and the review of a minimum of 15 individual records.

EXHIBIT # 7

~~Amended Complaint # 11 Supporting Facts IN CHAM 1~~

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**REFERENCES**

National Commission on Correctional Health Care (NCCHC), Standard P-I-05, *Informed Consent and Right to Refuse*

- End of Document -

EXHIBIT # 8

~~Article Compliance PLR Support Facg IN ITEM 1~~



**REFUSAL TO ACCEPT MEDICAL TREATMENT**

I, (Name) \_\_\_\_\_ (Number) \_\_\_\_\_, at  
(Facility) \_\_\_\_\_,

refuse to accept the following Dental/ Psychiatric/ Medical/ and/or Surgical services and/ or  
treatment recommended by this Facility's Dental/ Psychiatric/ Medical staff and/or a referred  
secondary care specialist: (list treatment(s)/service(s) in layman terminology)

\_\_\_\_\_  
\_\_\_\_\_

I am refusing the above recommended treatment(s)/service(s) for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I have been informed of the risks and possible consequences which include,  
but are not limited to, the following, and which may be up to and including death:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the possible consequences and/or complications, listed above and still refuse  
recommended treatment. I understand that my failure to follow this advice may seriously affect  
my health or the health of the person under my guardianship.

I hereby release the Dental/ Psychiatric/ Medical staff and/or a referred secondary care specialist  
associated with this correctional facility, CoreCivic, any contract managed care company, and  
their employees and agents of all responsibility regarding this matter, and I am making this  
decision of my own free will.

\_\_\_\_\_  
**Inmate/Resident Signature**                      **Inmate/Resident #**                      **DOB**

**(This section to be completed by a staff member)**

\_\_\_\_\_  
**Qualified Health Care Professional Signature**                      **Date/Time**  
*(Note: For CDCR inmates, must be an RN or higher credentialed QHCP)*

\_\_\_\_\_  
**Witness Signature**                      **Date/Time**

**EXHIBIT #9**

~~Amended Complaint Pl. 15 Supportive Facts - Inmate~~  
Proprietary Information - Not For Distribution - Copyrighted - Property of CoreCivic



# REFUSAL OF CLINICAL SERVICES

PA 20  
Pg. 30

PATIENT DEMOGRAPHICS			
Patient Name:		ID Number:	
Facility Name:		Date of Birth:	
Housing Location:	<input type="radio"/> General Population <input type="radio"/> Segregation <input type="radio"/> Infirmary <input type="radio"/> Other		Sex: <input type="radio"/> Male <input type="radio"/> Female
SERVICE(S) REFUSED			
I, _____ have been told I have _____			
Name of Patient		Condition/illness	
The risks and benefits of my treatment plan have been explained to me and I am refusing:			
<input type="checkbox"/> Medication (list)	<input type="checkbox"/> Chronic Care Clinic (list)	<input type="checkbox"/> X-Ray Services (list)	
<input type="checkbox"/> Physical Exam / H&P/ Health Assessment	<input type="checkbox"/> Behavioral Health/Psychiatry	<input type="checkbox"/> Offsite Appointments (list)	
<input type="checkbox"/> Other (list)	<input type="checkbox"/> Dental Care (list)		
<i>**Health Services Staff: If critical medication refer to policy G-05.01-Refusal of Medication or Clinical Encounter</i>			
Location of refused encounter: <input type="checkbox"/> Onsite <input type="checkbox"/> Offsite <input type="checkbox"/> Telehealth			
REASON/POSSIBLE RISKS, COMPLICATIONS AND/OR SIDE EFFECTS OF REFUSAL			
Reason for refusal:			
I understand there are the following possible risks, complications, and/or side effects in refusing clinical services:			
Potential risks explained to patient:			
<b>ACKNOWLEDGEMENT CLAUSE</b>			
<p>➤ I acknowledge that I have been fully informed and understand the above recommendation(s), and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, my health care provider, and all medical personnel from all responsibility and any ill effects which may result from this action/refusal and I personally assume all responsibility for my refusal.</p> <p>➤ I understand that I will continue to have access to health care, and may resubmit a request for this service.</p>			
SIGNATURE/WITNESS			
I understand the information on this form and have had the opportunity to ask questions.			
Signature of Patient:		Signature of Additional Witness (if required):	
Date:	Time:	Date:	Time:
	<input type="radio"/> AM <input type="radio"/> PM		<input type="radio"/> AM <input type="radio"/> PM
<input type="checkbox"/> Patient has refused to sign this form. This requires the signature of another witness in addition to that of health services staff			
HEALTH SERVICES STAFF		REFERRAL	
Signature of Health Services Staff:		Referral for additional follow up: <input type="radio"/> No <input type="radio"/> Yes	
Printed/Stamped:		Describe:	
Date:	Time:		
	<input type="radio"/> AM <input type="radio"/> PM		

EXHIBIT #10

~~A [unclear] Complaint Pt. 14 Supporting [unclear] in [unclear]~~



Idaho Department of Correction  
Grievance Form

Offender Name: SCOTT, ALEX DAVID TONY

Location: IMSI

Offender Number: 98450

Number: IM 210000201

Category: MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 05/14/2021

The problem is:

Ive submitted H.S.R. and concern forms refusing mental health treatment. Policy, control number 401.06.03.071m title, "Right to Refuse Treatment" has been violated and not followed. Ive requested a "treatment refusal form" to be filled out and I refuse and evaluation and/or treatment and have a healthcare staff serve so I can sign. This has not been done violating policie above

I have tried to solve this problem informally by:

2 concern forms one on 4-24-2021 the second on 5-6-2021 and a H.S.R. on 4-27-2021. Ive brought issue to C.M.S., clinisian.

I suggest the following solution for the problem:

A "treatment refusal form" filled out and a healthcare staff serve it so I may sign and I refuse any evaluation due to the fact theres no significant adverse health risk and I refuse any assessment.

**Level 1 Initial Response**

Date Forwarded: 05/14/2021

Date Returned:

05/14/2021

Date Due Back: 05/28/2021

Level 1 Responder:

WINGERT, WILLIAM

The response from the staff member or person in charge of the area/operation being grieved:

You do have the right to refuse medical and mental health treatment as long as you are not ordered by a judge. As part of our commitment to your care we will continue to schedule you to see mental health. You may sign a refusal the day of your appointment. We will then reschedule you for a later date. As long as you still have a mental health diagnosis, we are obligated to schedule you. As I said, you are free to sign a refusal at that time.

EXHIBIT # 11

~~Handwritten signature and scribbles at the bottom of the page.~~

**Level 2 - Reviewing Authority Response**

Date Forwarded:	05/14/2021	Grievance Disposition:	MODIFIED
Date Due Back:	05/30/2021	Level 2 Responder:	JONES, PATRICK
Date Returned:	06/01/2021	Response sent to offender:	06/01/2021

Your grievance has been reviewed and I find:

Modify

Mr. Scott,

You have the right to refuse any treatment. However the refusal that you sign is only good for that single appointment. We will continue to ask you to be seen by a provider as it is our job to make sure you are getting adequate care. Thank you.

**Offender Appeal**

Offender Comments:

I have the right to refuse treatment. Policy "treatment refusal gives me the opportunity to terminate mental health serves, medications, behavioral health/psy-chiatric, all evaluations, all clinic visits, the right to terminate all prescribers, etc., etc. I was sentence by a judge to prison time thats it. I have no judge order to that ties me to any mental health care. I am not a threat to others, self, or property. I think rational and make good decisions.

**Level 3 - Appellate Authority Response**

Date Appealed:	06/02/2021	Grievance Disposition:	MODIFIED
Date Forwarded:	06/02/2021	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	06/18/2021	Response sent to offender:	06/03/2021
Date Returned:	06/03/2021		

Your appeal has been reviewed and I find:

Grievance Appeal Disposition: Modified

Mr. Scott:

Ms. Smock and I came to IMSI and met with you. We discussed concerns with refusal of treatment. You may recall that you can certainly refuse an appointment or treatment but the refusal is only good that specific time. You will continue to be scheduled.

EXHIBIT # 12

~~Amended Copy of Letter of Support with Facts to Exhibit 1~~

PT-29

IDAHO DEPARTMENT OF CORRECTION  
Resident Concern Form

Resident Name: MR. Scott IDOC Number: 90450  
Institution, Housing Unit, & Cell: I.M.S.I C-2.40A Date: 7-9-2021  
To: NURSE MITCHEAL GRACE, I.M.S.I.  
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: ON 7-2-2021 I SUBMITTED A "TREATMENT REQUEST FORM" REUSAT OF CLINICAL SERVICES ATTACHED TO A HSR TO C.M.S. SABENSKI @ 9 AM. SHE, C.M.S. SABENSKI, FORWARDED IT TO YOU IN THE ABOVE LISTED FORM I REQUESTED "ALL MEDICATION STOPPED/TERMINATED." YOU THEN SENT C.M.S. SABENSKI TO INJECT ME WITH AN ANTISSACITIC @ 12:56 AM 7-2-21 @ I.M.S.I. C-2 UNIT, CELL 40A. I TOLD HER "I AM UNWILLING," AND I WANT MY REQUEST FOR TREATMENT REQUEST RESPECTED." SHE TOLD ME "NURSE GRACE SENT ME TO SHOW YOU UP". THE INJECTION WAS DONE RIGHT AFTER I TOLD HER "I AM UNWILLING." I REQUEST NURSE GRACE AND DR. SCOTT A. KLASIN, MD, FIRED, NEVER TO RETURN.  
(Description of the issue must be written only on the lines provided above.)

Resident signature: Alia Scott

(Signature of Staff Member Acknowledging receipt) [Signature] Associate ID # 17713 Collected/Received: 7-9-21  
(Date collected or Received)

Reply: Mr. Scott is correct and follows Prison Health Treatment plan. Until you have a diagnosis we must continue to offer you mental health services. Mr. Grace will not be terminated.

Responding Staff Signature: M. Wingert RN Associate ID #: 9108 Date: 7/13/21  
Wingert RN

Pink copy to resident (after receiving staff's signature).  
Original and yellow to responding staff (after completing reply, yellow copy returned to resident.) Last Rev. 1/21

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PRT3MRCF

EXHIBIT # 13  
Alia Scott Complaint PG. 13 Support not facts in court



PLI, 2e

## Idaho Department of Correction Grievance Form

Offender Name: SCOTT, ALEX DAVID TONY

Location: IMSI

Offender Number: 98450

Number: IM 210000312

Category: MEDICAL/HEALTHCARE

**Offender Grievance Information**

Date Received: 07/20/2021

The problem is:

On 7-2-21 I submitted a "Treatment Refusal Form" Refusal of clinical services" Attached to a M.S.R. to C.M.S. Saspski @ 9 AM. She forwarded it to Nurse Grace in the above listed form I requested " all medications terminated/stopped. Nurse Grace then sent C.M.S. sabenski to inject me with with an antiscatic @ 12:56 AM 7-2-21 @ I.M.S.I C-2 unit, Cell 48A. I told her "I am unwilling!" and i want my request for treatment refusal respected. She told me Nurse Grace sent me. The injection was done.

I have tried to solve this problem informally by:

2 concern forms, one on 7-9-21 second on 7-13-21. Written treatment refusal forms. Verbaly stated I refuse all mental health treatment to Corizon staff.

I suggest the following solution for the problem:

Nurse Grace and Scott A Eliason, MD. Terminated and never to return to IDOC Facility grounds. All mental health treatment stopped/Terminated upon me. an apology, 250,000 in Non Econmical Damages, A paid Attorney.

**Level 1 - Initial Response**

Date Forwarded: 07/20/2021

Date Returned:

07/20/2021

Date Due Back: 08/03/2021

Level 1 Responder:

WINGERT, WILLIAM

The response from the staff member or person in charge of the area/operation being grieved:

As long as you have an existing Mental Health Diagnosis Corizon is obligated by contract to offer you mental health services and medications. You have the right to refuse those services and/or medications, but as long as your diagnosis exists we will still schedule you for appointments and offer you medications. Again, you currently have the right to refuse.

EXHIBIT # 14

*Amber's Complaint On 8-5-2021 Filed In Court*

**Level 2 - Renewing Authority Response**

Date Forwarded:	07/20/2021	Grievance Disposition:	DENIED
Date Due Back:	08/05/2021	Level 2 Responder:	JONES, PATRICK
Date Returned:	07/26/2021	Response sent to offender:	07/26/2021

Your grievance has been reviewed and I find:

Mr. Scott,

As discussed previously, you have the right to refuse medical/mental health treatment and/or medications. However, as long as there are medication orders entered by a medical/mental health provider you will be offered your medications. It is up to you to refuse them each time if that is what you decide to do. There is no refusal form that will stop us from offering you medications that have been ordered. Also, as long as you have a mental health diagnosis and a mental health level of care we are obligated to schedule you with your designated mental health provider, who at this time is Dr. Eliason. You have the right to refuse these appointments as well, but will continue to be offered them each time.

**Offender Appeal**

Offender Comments:

I appeal Grievance number, IM210000312 Due to the fact policie of "Treatment Refusal is not being followed. The "Treatment Refusal forms" and "Refusal of clinical services" are not being followed I being punished for not taking the medication DR. Ellason Prescribes by being documented " Medication non compliant" which has santions in the unit im housed in At I.M.S.I. C-Block. I've been forced to take medications after Ive filled out Treatment Refuals forms, and win Corizon staff "Im unwilling for injections or meds" As in on 7-2-21 stated in Grievance, Ive been placed on these meds which give me suicidal thoughts which cause suicide attempts. Ive been misdiaonsed so Corizon can profit off me

**Level 3 - Appellate Authority Response**

Date Appealed:	07/29/2021	Grievance Disposition:	DENIED
Date Forwarded:	07/29/2021	Level 3 Responder:	SIEGERT, RONA
Date Due Back:	08/14/2021	Response sent to offender:	08/03/2021
Date Returned:	08/03/2021		

Your appeal has been reviewed and I find:

Mr. Scott:

I met with you at IMSI to discuss your issue with refusal of medical services. At our meeting I explained that you can refuse medication and medical services but will continue to be offered both. You cannot sign a blanket refusal. If the medication is an active order you will be offered that medication ongoing.

EXHIBIT # 15

~~AMEND TO COMPLAINT DR. L. S. JAMESON FROM IN CHAM I~~

AFFIDAVIT: SCOTT ANDERS ELIASON, M.D. HAD ME ON MEDICATION THAT WAS GIVING ME SUICIDAL TENDENCIES THAT I REPORTED AND HE NEGLECTED AND REFUSED TO ALLOW ME TO EXERCISE MY RIGHT TO REFUSE HIS TREATMENT WHILE HE FORCED MEDICATION IN ME AND WITH NO COURT ORDER TO DO SO AND PUNISHED ME IF I DIDN'T TAKE THE MEDICATIONS ALL WHICH CAUSED A SUICIDE ATTEMPT ON 4-7-21 AT ABOUT 11:30pm AT IDAHO MAXIMUM SECURITY INSTITUTION, C-2 UNIT IN CELL. EXHIBIT #16 IS A CONCERN FORM TO SCOTT ANDERS ELIASON, M.D. ON 2-23-2021 REPORTING EXTREMELY BAD SIDE EFFECTS OF CHRONIC PAIN IN BACK MUSCLES FROM THE PRESCRIBED MEDICATION FROM HIM THAT WAS CAUSING A STATE WHERE I BARGED FOR MERCY TO BE HELPED. PLEASE SEE LINE 6 ON CONCERN FORM.

EXHIBIT #17 IS PG. 1 OF AN AFFIDAVIT OF SWORN OATH BY BENNY SANCHEZ WHO WITNESSED INCIDENT ON 2-2-21 AT IDAHO MAXIMUM SECURITY INSTITUTION, C-BLOCK, TIER 1, CELL 16 OF THE EXTREMELY BAD SIDE EFFECTS SCOTT ANDERS ELIASON, M.D. MEDICATION PRESCRIBED TO ME, ALEX SCOTT, WAS CAUSING WHICH LEAD UP TO A SUICIDE ATTEMPT ON 4-7-21 AT IDAHO MAXIMUM SECURITY INSTITUTION, C-BLOCK, TIER 2. EXHIBIT #18 IS PG. 2 OF THE AFFIDAVIT OF SWORN OATH BY BENNY SANCHEZ WHO IS A WITNESS OF INCIDENT ON 2-2-21 AND INCIDENT 4-7-21. EXHIBIT #19 IS PG. 3 OF AFFIDAVIT OF SWORN OATH BY BENNY SANCHEZ. EXHIBIT #20 IS AN IDAHO DEPARTMENT OF CORRECTIONS INFORMATION REPORT ON INCIDENT 2-2-21 OF THE EXTREMELY BAD STATE THE MEDICATION SCOTT ANDERS ELIASON, M.D.

AFFIDAVIT PG. 1 OF 4 WITH EXHIBITS #16 THROUGH #31 PAGES. #



LEFT ME IN WHICH LEAD TO THE INCIDENT ON 4-7-21 OF SUICIDE ATTEMPT. EXHIBIT # 21 IS AN IDAHO DEPARTMENT OF CORRECTIONS INMATE CONCERN FORM DATED 5-17-21 OF ADDRESS INCIDENT ON 4-7-21 OF SUICIDE ATTEMPT AND REPORTING ALTHOUGH EXTREMELY BAD SIDE EFFECTS FROM MED'S SCOTT ANDERS ELLISON, M.D. IS PRESCRIBING, WHICH IS CAUSING ME HARM AND MY REQUEST OF INCIDENT REPORT WITH PIC'S TAKEN OF THE BLOOD IN CELL AFTER SUICIDE ATTEMPT, AND HOW I WAS DENIED THE INFORMATION REQUEST ON REPLY OF SECTION ON CONCERN FORM. EXHIBIT # 22 IS A SAINT ALPHONSUS REGIONAL MEDICAL CENTER HANDOFF FORM, PLEASE SEE 3RD PARAGRAPH LINES 10, 11, 12 ON SECTION OF ANTICIPATED EVENTS OF FORM THAT DESCRIBE I, ALAN SCOTT, "COMPLAINS THAT MEDICATION HE IS TAKING AT THE PRISON IS MAKING HIM SUICIDAL." THIS IS DATED 4-8-21 RIGHT AFTER SUICIDE ATTEMPT ON 4-7-21 @ ABOUT 11:30pm WHICH CAUSE A SAINT ALPHONSUS EMERGENCY ROOM VISIT AND SAINT ALPHONSUS URGENT CARE FOR SURGERY. EXHIBIT # 23 IS A SAINT ALPHONSUS REGIONAL MEDICAL CENTER HISTORY & PHYSICAL REPORT ON SUICIDE ATTEMPT ON 4-7-21. PLEASE SEE PARAGRAPH # TITLED: "HISTORY OF PRESENT ILLNESS" WHICH DESCRIBES SUICIDE INCIDENT AND INJURY OF LACERATION OF VEINS IN LEFT ARM WHICH NEEDED DONALD MD, GRAHAM TO REPAIR THE VEINS IN OPERATING ROOM. EXHIBIT # 24 IS A SAINT ALPHONSUS REGIONAL MEDICAL CENTER EMERGENCY/URGENT CARE REPORT. PLEASE SEE PARAGRAPH UNDER TITLE: "HISTORY OF PRESENT ILLNESS" - IT DESCRIBES SUICIDE ATTEMPT ON 4-7-21 AND REASONS WHY SUICIDE ATTEMPT WAS DONE. EXHIBIT # 25 IS A SAINT ALPHONSUS REGIONAL MEDICAL CENTER OPERATIVE/PROCEDURE REPORTS. IT DESCRIBES THE SURGERY # AFFIDAVIT PG. 2 OF 4 WITH EXHIBITS # 16 THROUGH # 31 PAGES. \*

NEEDED TO BE DONE FROM SUICIDE ATTEMPT ON 4-7-21.  
EXHIBIT #26 IS AN IDAHO DEPARTMENT OF CORRECTION  
IMMEDIATE CONCERN FORM DATED 5-17-21 TO SCOTT ANDERS  
ELIASON, M.D. ADDRESS THE SUICIDE ATTEMPT ON 4-7-21  
CAUSED BY THE EXTREMELY BAD SIDE EFFECTS FROM HIS  
MEDICATION HE PRESCRIBES AND I, ALEX SCOTT, REQUEST  
FOR AN APOLOGY FROM/FOR HIS NEGLIGENCE AND DISREGARD  
OF THE EXTREMELY BAD SIDE EFFECTS WHICH CAUSED THE  
SUICIDE ATTEMPT ON 4-7-21. EXHIBIT #27 IS  
A NOTE I, ALEX SCOTT WROTE REGARDING EXHIBIT #26 OF  
HOW SCOTT ANDERS ELIASON, M.D. NEVER RESPONDED/REPLIED  
TO CONCERN I AM MENTIONING IN EXHIBIT #26. EXHIBIT #28  
IS AN IDAHO BOARD OF MEDICINE "MEDICAL MALPRACTICE  
PRELITIGATION HEARING APPLICATION & CLAIM Pg. 1 OF 3 ADDRESSING  
CLAIMANT I, ALEX SCOTT, AND RESPONDENT SCOTT ANDERS  
ELIASON, M.D. ON SUICIDE ATTEMPT ON 4-7-21 FROM  
SCOTT ELIASON'S MEDICAL MALPRACTICE, EXHIBIT #29  
IS Pg. 2 OF 3 OF THE IDAHO BOARD OF MEDICINE "  
MEDICAL MALPRACTICE PRELITIGATION HEARING APPLICATION &  
CLAIM, PLEASE SEE TITLED FACTS TO SUPPORT YOUR CLAIM  
THAT MALPRACTICE OCCURRED, IT DESCRIBES SCOTT ANDERS  
ELIASON PRESCRIBING MEDICATION CAUSING EXTREMELY BAD  
SIDE EFFECTS WHICH CAUSED SUICIDE ATTEMPT ON 4-7-21  
WHICH CAUSED AN EMERGENCY ROOM 2 DAY VISIT AT ST. AL'S  
IN BOISE, ID. EXHIBIT #30 IS Pg. 3 OF 3 OF THE  
IDAHO BOARD OF MEDICINE "MEDICAL MALPRACTICE PRELITIGATION  
HEARING APPLICATION & CLAIM'S CASE NO. '038-21 SCOTT V. ELIASON,  
M.D. EXHIBIT #31 IS CASE LAW DESCRIBING HOW  
SCOTT ANDERS ELIASON CAN NOT IMPOSE ORDER  
\*AFFIDAVIT Pg. 3 OF 4 WITH EXHIBITS #16 THROUGH #31 PAGES\*

WITH PSYCHOTROPIC MEDICATION / TRANQUILIZERS. AND  
HOW EVEN IF THE PRISONER IS A DISCIPLINARY NIGHTMARE  
SCOTT ANDERS ELIASON, M.D. CAN NOT INVOLUNTARILY FORCE  
MEDICATIONS IN PRISONERS OR I, Alex Scott.

IDAHO DEPARTMENT OF CORRECTION

19

Inmate Concern Form

Inmate Name: MR. SCOTT IDOC Number: 99450  
Institution, Housing Unit, & Cell: I.M.S.I. C-1, 20A Date: 2-23-2021  
To: DR. ELISON, MENTAL HEALTH

(Address to appropriate staff person most directly responsible for this issue or concern)

Issue/Concern: SIR, TODAY 2-23-2021 I SAW YOU. I REPORTED THE BAD SIDE EFFECT OF THE TERRIBLE PAIN IN MY BACK MUSCLES FROM THE CURRENT MED. DR. ELISON LET GET REAL BAD. I HAVE A HARD TIME WITH THE PAIN WITHIN MY PAIN. CAN YOU PLEASE TRY. INJECTION OF ABILITY PLEASE HAVE MERCY ON ME. I'M IN CRONIC PAIN IN MY BACK MUSCLES.

(Description of the issue must be written only on the lines provided above.)

Inmate signature: [Signature]

Staff Section

[Signature]  
(Signature of Staff Member Acknowledging Receipt) / Associate ID#

Collected/Received: 02/23/2021  
(Date collected or received)

Reply: This concern was received by medical 4/21/21. Scott, I apologize for the lateness in this response; however, I believe we resolved this concern for you. Have a great day.

Responding Staff Signature: [Signature] Associate ID #: B348 Date: 4/23/21

Print copy to inmate (after receiving staff's signature), Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

This is an exact model and must be produced on three (3)-part NCR paper.

Vertical handwritten notes on the left margin, including "EXHIBIT # 16" and other illegible text.

P.12

Benny Sanchez  
Full Name/Prisoner Name  
IDOC No. 108063  
I.M.S.I.  
PO Box 51  
Boise ID 83707  
Complete Mailing Address

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF IDAHO

ALEX, DAVID, TONY, SCOTT,  
Plaintiff/Petitioner,  
  
vs.  
DR. SCOTT A. ELIASON,  
Defendant/Respondent.

Case No. 1:22-CV-00227-BLW

AFFIDAVIT OF  
Sworn oath

I, after first being duly sworn upon his/her oath, deposes  
and says as follows: around the end of march, beginning of april 2021 at Idaho maximum security institution (I.M.S.I.) in Boise, Id. Unit C-1 I was cell mates with inmate: Scott I.D.# 99450. I witness him in paralyzing chronic pain from the injections of the Resptital prescribe to him. I witness him tell C.M.S. Tyler (first name Tyler) he was in paralyzing chronic pain from the injection and to notice nurse Grade. I personally told C.M.S. Tyler you need to help this Guy, Mr. Scott, he's suffering from pain from the injections. C.M.S. Tyler told me "mind your own business". I witness inmate Scott plea for help to nurse Grade to help him with the paralyzing chronic pain from the Resptital injectis all nurse Grade did was give him milted rub that still left Mr. Scott in the same paralyzing chronic pain. during the time we were cell mates mentioned above I witness Scott's pain get so bad he couldn't move off his bunk, he had to use the toilet so he brought

AFFIDAVIT OF Sworn oath - pg. 4  
Revised 3/24/16

~~ANALYSIS COMPLETE BY [unclear] 1/25/22~~ EXHIBIT #17

The pain to get to his feet to use the toilet soon as he got to his feet he collapsed on the concrete floor in cell he was on floor crying and couldn't move. I pushed the emergency button, C.O. came to cell I told C.O. what happened, the C.O. contacted medical C.N.S. first name, Tina. C.N.S. Tina came in cell with C.O.'s to lift inmate Scott off floor and put him back on bunk C.N.S. Tina took his blood pressure and told inmate Scott "I'm writing a report on incident then C.N.S. Tina and C.O.'s left the cell. Inmate Scott = I.D.O.C. # 98450 ended up urinating himself in his pants due to unable to get off his bunk, from the paralyzing chronic pain he was left in. C.N.S. Tina did bring inmate Scott Tydard that night. I had to clean inmate Scott's urine and change his clothing in our cell that night. I witness inmate Scott cry every night when we were cell mates. From the chronic paralyzing pain he was left in from the injection of hospital Dr. Elison prescribed him. After all this he was still left on the above mentioned injections and on April 7, 2021 at about 11:30 pm inmate Scott tried to commit suicide in unit C-2 at L.M.D.P. he was taken to St. Al's emergency room for surgery and stitches to correct the vains he cut, the suicide attempt was committed to me. I was unable to live in the paralyzing chronic pain he was left in from the injections of hospital Dr. Elison prescribed him. I witnessed the stitches on his arm from suicide attempt. I am traumatized from witnessing the harm Dr. Elison put mr. Scott through.

DATED This 17 day of MAY, 2021.

Benny Sanchez  
Signature

CERTIFICATION UNDER PENALTY OF PERJURY

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

Date: 5-17-21

BENNY SANCHEZ  
Typed/Printed

Benny Sanchez  
Signature

AFFIDAVIT OF Sworn oath - pg. 2  
Revised 3/24/16

EXHIBIT #18

~~Appendix C - State of Idaho Superior Court Rules to Case 2~~

**CERTIFICATE OF MAILING**

I HEREBY CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I  
mailed a true and correct copy of the AFFIDAVIT \_\_\_\_\_ via  
prison mail system for processing to the U.S. mail system to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

AFFIDAVIT OF Sworn oath - pg. 3  
Revised 3/24/16

~~Amendments Compliant PL 6 Supportive Factors in Certain 2~~ EXHIBIT # 19

IDAHO DEPARTMENT OF CORRECTION  
Information Report

IR#: 2102-35-020 Date: 2/2/2021 Time: 1936  
Location: C-Block, Tier 1, Cell 10 Type of Incident: Medical Emergency

Individuals Involved:

Name: Scott IDOC#: 98450  
Name: Sanchez IDOC#: 108063

(Add additional rows if necessary)

**Information Report (Who, What, When, Where, How, and Why)**

On 2/2/2021, at approximately 1936 hours, I, Officer Haggard D445, responded to an offender hitting their call button in C-Block, Tier 1, Cell 10. Upon arrival at the cell, I noticed Offender Scott #98450 laying in a fetal position, shaking, breathing heavily, while complaining of severe back pain. I asked for another officer over the C-Block radio channel and briefly explained what was happening. Once Officer Hilsabeck arrived, I had the C-Block Control Officer open cell 10. I then had Offender Sanchez #108063 exit the cell and go into the shower while waiting for medical staff to arrive. I then asked Scott where his back pain was and then gently placed my hand on his spine. LPN Sticht arrived on scene. I assisted Scott to a seated position. LPN Sticht made an assessment and then cleared Offender Scott to remain in his cell. I then helped Scott to his bed. Afterward, I resecured Sanchez in the cell. LPN Sticht told me that she would be back to give him some medication.

LPN Sticht came back to C-Block with the medication. I opened the cell door, had Offender Sanchez step out of the cell, and watched Sticht administer the medication. I then had Sanchez return to the cell and secured the door.

-Print Form-

Reporting staff and associate #: Haggard D445  
Signature: [Signature]  
Submitted to: [Signature] Date: 2-2-2021

**Supervisor Review**

Shift commander/supervisor: [Signature] Associate ID #: 6299 Date: 02.02.2021

Action(s) taken: \_\_\_\_\_

**Administrative Review**

Investigator (if applicable):  
Action taken by: \_\_\_\_\_ Associate ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Action(s) taken: \_\_\_\_\_

Security manager: [Signature] Associate ID #: [Signature] Date: 2/3/21

Action(s) taken: \_\_\_\_\_

Deputy warden (equivalent): [Signature] Associate ID #: 8501 Date: 2-3-2021

Action(s) taken: \_\_\_\_\_

Deputy warden (equivalent): \_\_\_\_\_ Associate ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Action(s) taken: \_\_\_\_\_

~~Appendix C Complaint # 2102-35-020 Supplemental Facts in Column 2~~ EXHIBIT # 20



IDAHO DEPARTMENT OF CORRECTION

9

MR. SCOTT

Inmate Concern Form

#98450

Inmate Name:

IDOC Number:

Institution, Housing Unit, & Cell: I.M.S.I. C-2, 9A

Date: 5-17-2021

To: I.M.S.I. INVESTIGATIONS

(Address to appropriate staff: Person most directly responsible for this issue or concern)  I NEED THE PICTURES TAKEN OF BLEED IN CELL

Issue/Concern: I WAS ON INJECTIONS OF RESPITAL PRESCRIBED BY DR. ELSUN. IT CAUSED A STATE OF PARALYZING CRONIC PAIN. DUE TO THE PHYSICAL STATE THE INJECTIONS CAUSED ME ON APRIL 7, 2021 AT ABOUT 11:30PM I TRIED TO COMMIT SUICIDE IN C-2 UNIT AT I.M.S.I. BY CUTTING MY VEINS IN MY ARM DUE TO THE FACT I COULDN'T LIVE WITH THE CRONIC PARALYZING PAIN THE ABOVE MENTIONED INJECTION CAUSED ME. I REQUEST THE INSIDENT REPORT, A PAID ATTORNEY, AND AN APPROXY.

(Description of the issue must be written only on the lines provided above.)

Inmate signature: *Aly Scott*

Staff Section

*John Wiltony, E-277*  
(Signature of Staff Member Acknowledging Receipt) / Associate ID#

Collected/Received: \_\_\_\_\_  
(Date collected or received)

Reply: UNFORTUNATELY I CANNOT PROVIDE THE INFORMATION YOU HAVE REQUESTED.

Responding Staff Signature: *[Signature]* Associate ID #: 4127 Date: 5/19/21

Pink copy to inmate (after receiving staff's signature),  
Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

This is an exact model and must be produced on three (3)-part NCR paper.

Vertical handwritten notes on the left margin, including "CRIMINAL #21".

Vertical handwritten number "947" on the right margin.

**SAINT ALPHONSUS REGIONAL MEDICAL CENTER**

Boise, ID 83706-

A Member of Trinity Health  
Livonia, Michigan

Patient Name: **SCOTT, ALEX**  
MRN: (BIS)-003169063  
Date of Birth: 7/15/1984  
Admit Date: 4/8/2021  
Discharge Date: 4/8/2021  
Account Number: 031131962-1097  
Patient Type: Inpatient  
Attending: Donald MD, Graham

**Handoff Form**

Handoff Form  
04/08/21 05:54 MDT Performed by Tropea RN, Tara  
Entered on 04/08/21 06:05 MDT

Updated on

-----  
04/08/21 06:40 MDT by Tropea RN, Tara

Handoff Form

-----  
Anticipated Events-(Retrieval)

Anticipated Events - Retrieval \*\*

04/08/2021 02:50 Lashaway, Joel E -  
Report given; pt a/o x4; denies pain  
in left arm; c/o of mild blow back  
pain, chronic; talks continuously  
with excessive cussing; a/o x4; drsg  
C/D/I; iv patent; foley dc'd at EOC  
of case with 800ml drainage; vss,  
afebrile; pt went straight to OR d/t  
no COVID results; now COVID negative;

04/08/2021 02:16 Lashaway, Joel E -  
Received report from Terry Black,  
CRNA

04/08/2021 01:32 Christopherson RN,  
Danielle R - patient brought  
directly from er into Or. Bedside  
consent obtained from Dr. Donald and  
anesthesia team, patient escorted by  
Officers. Shoes in labeled bag.  
Patient arrived to floor this  
morning. Alert and oriented x4. RA  
Voiding. Stand by assist. Denies pain  
in left arm. Complains that  
medication he is taking at the prison  
is making him suicidal. No acute  
changes. Continue plan of care.  
Report given to oncoming RN

Anticipated Events

Printed Date/Time: 7/28/2021 12:57 EDT

Report Request ID: 288938671

*EXHIBIT #22*

~~Amended Complaint pg 9 supporting facts in Exhibit~~

SAINT ALPHONSUS REGIONAL MEDICAL CENTER  
Boise, ID 83706-

Patient Name: **SCOTT, ALEX**  
MRN: (BIS)-003169063  
Date of Birth: 7/15/1984  
Admit Date: 4/8/2021  
Discharge Date: 4/8/2021  
Account Number: 031131962-1097  
Patient Type: Inpatient  
Attending: Donald MD, Graham

A Member of Trinity Health  
Livonia, Michigan

**History & Physical**

DOCUMENT NAME:  
ELECTRONICALLY SIGNED BY:

History & Physical  
Donald MD, Graham (4/8/2021 02:04 MDT)

**Chief Complaint**

Priority III Trauma/ self-inflicted laceration. See paper chart.

**History of Present Illness**

36-year-old prisoner with a history of suicidal ideation, who presents from prison today after being found in his cell covered in blood. He was evaluated in the ED, and found to have a laceration at his left antecubital fossa, with concern for a brachial artery injury with reportedly a visible brachial artery which was bleeding at the base of the wound and pulsatile bleeding when his bandaged left arm was uncovered. I was consulted for repair in the operating room.

**Physical Exam**

Vitals & Measurements (Last Charted)

T: 98.5 °F HR: 66 RR: 16 BP: 118/72 SpO2: 100% HT: 172 cm WT: 86 kg  
BMI: 29.1

NAD

Left arm with pressure dressing in place. Left hand is warm and well-perfused. Radial pulse is palpable. Grip strength is normal.

**Assessment/Plan**

Possible left brachial artery injury, self-inflicted. Risks, benefits, and alternatives of operative repair were explained to the patient, and he was amenable to proceed. Risks include infection, bleeding, nerve injury, and limb loss. We will proceed to the operating room.

90 minutes were spent on this encounter, over half of which was spent reviewing images, counseling the patient, and coordinating care.

**Problem List/Past Medical History**

Ongoing

- Back pain
- Depression
- Schizophrenia
- Suicidal thoughts

**Medications**

- Naproxen, 500 mg, PO, BID
- Norco, PO, Q6h
- Xanax, PO, Daily

**Allergies**

codeine

**Social History**

Alcohol - Low Risk

Past, Beer, 1-2 times per year

Substance Abuse - High Risk

Current, Marijuana, 3-5 times per week

Tobacco

No qualifying data available.

**Health Maintenance**

**Health Maintenance**

**Pending** (in the next year)

Due

Depression Screening  
due 04/08/21 and every 1 Year(s)

HIV Screening  
due 04/08/21 One-time only

Lipid Screening due 04/08/21 and  
every 5 Year(s)

Pertussis Vaccine  
due 04/08/21 One-time only

TB Screening due 04/08/21 One-time  
only

Tetanus/TD Vaccine  
due 04/08/21 and every 10 Year(s)

Due In Future

Influenza Vaccine not due  
until 09/01/21 and every 1 Year(s)

**Satisfied** (in the past 1 year)

There are no satisfied recommendations  
within the defined date range

**Diagnostic Results**

None

EX HIBIT #23

~~Antonio Caplan pg 10 support with notes in chart 2~~

**SAINT ALPHONSUS REGIONAL MEDICAL CENTER**

Boise, ID 83706-

A Member of Trinity Health  
Livonia, Michigan

Patient Name: **SCOTT, ALEX**

MRN: (BIS)-003169063

Date of Birth: 7/15/1984

Admit Date: 4/8/2021

Discharge Date: 4/8/2021

Account Number: 031131962-1097

Patient Type: Inpatient

Attending: Donald MD, Graham

**Emergency/Urgent Care**

**History of Present Illness**

36-year-old male presents to the Boise emergency department from prison, he has a self-inflicted laceration over the left antecubital fossa. He says that he did this because he is sick of living in pain. They keep giving him Risperdal injections in his arms or his schizophrenia and they gave him terrible back pain. He says he tried everything to try to convince the doctors to change the amount, to a different medicines, to not let them take them, he says he is even tried bringing the doctor to the board of medicine and nobody will listen to him. He says he cannot live like this anymore. He took some sort of object that he had access to in his cell and slowly started cutting on himself, he tried to get to some of them in his hands but he said that it was too dull of a an object, he then started chipped away at his antecubital fossa until he started bleeding. He did not seek help or ask for help, he was found in his cell approximately 30 minutes later with his entire self full of blood and him covered head to toe front and back and blood as well. He says he feels a little bit anxious and tired. He has moderate pain at the location.

**Review of Systems**

Review of systems normal as reviewed but for as noted in HPI

**Physical Exam**

**Vitals & Measurements**

HT: 172 cm WT: 86 kg BMI: 29.1

GEN: alert, no acute distress little bit pale, pleasant, literally covered nearly head to toe and blood

SKIN: warm dry pink

HEENT: NCAT PERRL, neck normal movement

LUNGS: no distress or tachypnea/ dyspnea

CVS: Heart is regular, normal perfusion, no edema

BACK: full rom

NEURO: appropriate affect, MAEW, no focal deficits

**Left antecubital fossa and forearm and hand:** Patient has a very small maybe centimeter and a half laceration just directly over the left antecubital, at first it looks like it is actually hemodynamically stable and fine and I thought it be able to take care of it myself, however when I pull the opening of the laceration proximally I am able to see the brachial artery and it starts spurting about 10 to 15 cm in the air consistently and does not slow down until I put pressure on it or extend extend the skin back over it distally. He has good perfusion distally however, he has a good radial pulse slightly diminished ulnar pulse the perfusion that I can tell over his fingers despite being covered in dried blood appears normal, he has good thumb extension lumbrical exam grip strength and normal sensation over his medial radial and ulnar nerve distributions.

**Medical Decision Making**

This appears to be an isolated brachial artery laceration, I think the laceration itself is actually quite small I can see where it is coming from, I definitely do not think it is transected by any means, however I do not think it is in my skill set to be able to close this vascular injury on my own. I consulted with Dr. Donnell of vascular surgery is coming to see the patient at the bedside. CBC and type and screen pending.

Dr. Donnell has taken the patient directly to the OR.

Norco, PO, Q6h  
Xanax, PO, Daily

**ED Administered Medications**

**Allergies**

codeine

**Social History**

Alcohol - Low Risk

Past, Beer, 1-2 times per year

Substance Abuse - High Risk

Current, Marijuana, 3-5 times per week

**Lab Results**

**ED Labs**

Specimen Source: NASOPHARYNGEAL

(04/07/21 00:18:00)

SARS-CoV-2: Negative (04/07/21 00:18:00)

WBC Count: 12.41 thou/cumm High

(04/07/21 23:39:00)

Red Blood Cell Count: 3.26 million/mm3 Low

(04/07/21 23:39:00)

Hemoglobin: 9.3 gm/dL Low (04/07/21

23:39:00)

Hematocrit: 29.2 % Low (04/07/21

23:39:00)

MCV: 90 FL (04/07/21 23:39:00)

MCH: 28.5 Picograms (04/07/21 23:39:00)

MCHC: 31.8 gm/dL (04/07/21 23:39:00)

RDW: 13 % (04/07/21 23:39:00)

Platelet Count: 275 thou/cumm (04/07/21

23:39:00)

MPV: 9.2 FL (04/07/21 23:39:00)

Diff Method: AUTO DIFF (04/07/21

23:39:00)

Neutrophil Percent: 78 % (04/07/21

23:39:00)

Lymphocyte Percent: 12.7 % (04/07/21

23:39:00)

Monocyte Percent: 8.1 % (04/07/21

23:39:00)

Eosinophil Percent: 0.2 % (04/07/21

23:39:00)

Basophil Percent: 0.4 % (04/07/21 23:39:00)

Immature Granulocyte Percent: 0.6 % High

(04/07/21 23:39:00)

Nucleated RBC Percent: 0 % (04/07/21

23:39:00)

Nucleated RBC: 0 thou/cumm (04/07/21

23:39:00)

Neutrophil Absolute: 9.69 thou/cumm

(04/07/21 23:39:00)

Printed Date/Time: 7/28/2021 12:57 EDT

Report Request ID: 288938671

~~Antibiotic Compliance PK 13 Supportive Care to ED 2~~ EXHIBIT #24

**SAINT ALPHONSUS REGIONAL MEDICAL CENTER**  
Boise, ID 83706-

Patient Name: **SCOTT, ALEX**  
MRN: (BIS)-003169063  
Date of Birth: 7/15/1984  
Admit Date: 4/8/2021  
Discharge Date: 4/8/2021  
Account Number: 031131962-1097  
Patient Type: Inpatient  
Attending: Donald MD, Graham

A Member of Trinity Health  
Livonia, Michigan

**Operative/Procedure Reports**

I connected the 2 transverse incisions in the antecubital fossa with a scalpel. Subcutaneous tissues were dissected with Bovie electrocautery. Once the subcutaneous tissues were dissected, brisk venous bleeding was noted from a hole in the cephalic vein, which itself was quite large, at least 6 or 7 mm in diameter, in the proximal antecubital fossa. Proximal and distal control was applied digitally, and the venotomy was repaired with Prolene suture. On the medial aspect of the wound, the brachial artery could be palpated deep to a crossing vein and the overlying fascia.

Hemostasis was ensured. Local anesthesia was infiltrated into the wound. The wound was then closed in interrupted fashion with nylon sutures.

Sterile dressing was applied, and the patient was awoken from anesthesia and brought to the recovery room for convalescence.

The patient tolerated the procedure well.

*EXHIBIT #28*

~~Amber... Company PC ID: 3-17-2021 10:16:00 AM~~

IDAHO DEPARTMENT OF CORRECTION  
Inmate Concern Form

Inmate Name: MR. Scott IDOC Number: # 98450  
Institution, Housing Unit, & Cell: L-1151 C-79A Date: 5-17-2021  
To: DR. SCOTT A. ELIASON

(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: ON APRIL 7, 2021 at 11:30pm I ATTEMPTED SUICIDE  
DUE TO THE PARALYZING CHRONIC PAIN THE INJECTIONS OF  
ROBORTAL YOU PRESCRIBED. I REQUEST AN APPOINTMENT  
FOR THE PAIN YOU CAUSED ME, AND A PAID ATTORNEY  
FOR THE AGAIN PREVIOUSLY I AM BEING HELD THE BOARD OF DISCIPLINE,  
ALSO THE FUNDS FOR THE CHINA PCC FOR THE COUNCIL OF THE ISC  
WILL BE IN COURT, AND I 2 SCHOOL IN MENTAL DAMAGE.

(Description of the issue must be written only on the lines provided above.)

Inmate signature: [Signature]

Staff Section: \_\_\_\_\_

(Signature of Staff Member Acknowledging Receipt) / Associate ID#

Collected/Received: \_\_\_\_\_  
(Date collected or received)

Reply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responding Staff Signature: \_\_\_\_\_ Associate ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Pink copy to inmate (after receiving staff's signature),  
Original and Yellow copy to responding staff (after completing the reply, yellow copy returned to inmate)

This is an exact model and must be produced on three (3)-part NCR paper.

Vertical handwritten notes on the left margin, including a large scribble at the top and the text "PAIN 7/20" written vertically.

~~Handwritten notes on the left margin:~~  
\* NOTE REGARDING THE "IDAHO DEPARTMENT OF CORRECTION  
~~INMATE~~ CONCERN FORM" BY INMATE: MR. SCOTT - DOC. #98450  
DATED 5-17-2021, TO: DR. SCOTT A. ELIASON; DR. SCOTT  
ELIASON NEVER RESPONDED ON THE "REPLY" SECTION  
AT THE BOTTOM OF ABOVE MENTIONED "CONCERN FORM".

CLAIMANT,  
ALEX, DAVID, TONY, SCOTT 5-25-21

ORATHIA



# IDAHO STATE BOARD OF MEDICINE

Logger Creek Plaza  
345 Bobwhite Court, Suite 150  
Boise, Idaho 83706  
(208) 327-7000

Fax (208) 327-7005  
E-Mail [info@bom.idaho.gov](mailto:info@bom.idaho.gov)  
Website [bom.idaho.gov](http://bom.idaho.gov)

## MEDICAL MALPRACTICE PRELITIGATION HEARING APPLICATION & CLAIM



Please use this form to request a hearing for prelitigation consideration of a personal injury claim for money damages. PLEASE NOTE: THIS IS NOT A COMPLAINT FORM.

Please email, fax, or mail a printed or typed application and claim to:  
Idaho State Board of Medicine-Prelitigation, PO Box 83720, Boise, Idaho, 83720-0058  
Express Mail: 345 Bobwhite Ct., Suite 150, Boise, Idaho, 83706  
Email: [prelitigation@bom.idaho.gov](mailto:prelitigation@bom.idaho.gov) Fax: (208) 327-7005

RECEIVED

MAY 28 2021

### APPLICATION

IDAHO STATE BOARD OF MEDICINE

I, or an actively licensed Idaho attorney, request consideration of a claim for personal injury or wrongful death by a hearing panel in accordance with Idaho Code Section 6-1001, et seq.

Signed: Alex Scott, Claimant

Printed Name: ALEX, DAVID, TONY, SCOTT Complainant Date: 5-25-2021

### CLAIMANT:

Telephone: NONE Cell: NONE FAX: NONE  
Address: SCOTT #98450, I.M.S.I C-Block, P.O. Box 51  
City/State/Zip: BOISE, IDAHO 83707  
Email: NONE

### COUNSEL:

NONE  
Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

RESPONDENT #1: DR. SCOTT A. ELIASON I.D.O.C. CORIZON <sup>MENTAL HEALTH</sup> <sub>PRESCRIBER/PROVIDER</sub>  
FULL name of physician (MD or DO) or acute care general hospital

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: I.M.S.I, P.O. Box 51  
City/State/Zip: BOISE, IDAHO 83707

RESPONDENT #2: \_\_\_\_\_  
FULL name of physician (MD or DO) or acute care general hospital

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ FAX: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

CONTINUE TO CLAIM

\*If there are additional respondents, please list them and claim information on an additional sheet(s) of paper.

EXHIBIT #28

~~DAVID SCOTT A.D. IS SUPPLEMENTAL TO THE 2~~



**CLAIM**

To complete your application and claim, please set forth in writing and in general terms for each Respondent, by whom, where, when and facts supporting your claim that malpractice occurred and the healthcare in question that was allegedly and improperly provided or withheld that resulted in the untoward result or contributed to the injury as well as damages claimed. Please use additional sheets of paper if necessary.

**RESPONDENT #1:**

**BY WHOM:** FULL name of physician (MD or DO) or acute care general hospital

SCOTT ELIASON (DR.) IDAHO MAXIMUM SECURITY INSTITUTION, I.D.O.C. CORIZON MENTAL HEALTH PRESCRIBER/PROVIDER.

**WHERE:** FULL address for physician or acute care general hospital

IDAHO MAXIMUM SECURITY INSTITUTION, I.D.O.C. CORIZON MENTAL HEALTH  
P.O. BOX 51, BOISE, IDAHO 83707

**WHEN:** Date(s) (DD/MM/YY) for each alleged incident the healthcare in question was allegedly improperly provided or withheld by the physician and/or acute care general hospital

3/1/2021 THROUGH 5-25-2021

**FACTS TO SUPPORT YOUR CLAIM THAT MALPRACTICE OCCURRED:**

I WAS PLACED ON INJECTIONS OF RESPITAL BY DR. ELIASON, I REPORTED  
EXTREMELY BAD SIDE EFFECTS 3/4/2021 OF THE PARALYZING CHRONIC PAIN IT  
WAS CAUSING AND HOW IT WAS GIVING ME SUICIDAL TENDENCIES; THE HARM WAS  
NEGLECTED WHICH CAUSED A SUICIDE ATTEMPT ON APRIL 7, 2021 WHICH  
CAUSE AN EMERGENCY ROOM 2 DAY VISIT AT ST. AL'S IN BOISE, IDAHO.

**MONEY DAMAGES CLAIMED:**

250,000.00 IN/FOR NON-ECONOMIC DAMAGES.

**RESPONDENT #2:**

**BY WHOM:** FULL name of physician (MD or DO) or acute care general hospital

**WHERE:** FULL address for a physician or acute care general hospital

**WHEN:** Date(s) (DD/MM/YY) for each alleged incident the healthcare in question was allegedly improperly provided or withheld by the physician and/or acute care general hospital

**FACTS TO SUPPORT YOUR CLAIM THAT MALPRACTICE OCCURRED:**

**MONEY DAMAGES CLAIMED:**

CONTINUE TO PRELITIGATION HEARING AGENDA GUIDELINES

EXHIBIT #29

~~Amended Complaint PG 16 Supporting Files & Exhibits~~

Case No.: 038-21 Scott v Eliason, MD

NEW ATTORNEY ADDED

Alex David Tony Scott #98450  
Pro Se  
IMSI C Block PO Box 51  
Boise ID 83707

Scott Anders Eliason MD  
2976 E State St # 120-432  
Eagle ID 83616-6394

--- Dylan A Eaton  
Attorney at Law  
800 W Main Street, Suite 1300  
Boise ID 83702

John S Grover  
Attorney at Law  
6126 W State Street, Ste 613  
Boise ID 83703

Complainant(s) shall provide a true copy of the application, claim, and all documents that are "PERTINENT TO THE CLAIM OR SUPPORT" to the Panel Chairman, each named Respondent(s), Respondent's counsel(s) and all the members of the hearing panel, prior to the Prelitigation Hearing.

Respondent(s) shall provide a true copy of the application, claim, and all documents that are "PERTINENT TO THE CLAIM OR SUPPORT" to the Panel Chairman, each named Complainant(s), Complainant's counsel(s) and all the members of the hearing panel, prior to the Prelitigation Hearing.

**REMINDER: At the close of the Prelitigation proceeding, the hard copy or CD of the application and claim and all such evidence, documents and exhibits shall be destroyed by the Panel Chairman, unless the parties have requested they be returned.**

EXHIBIT #20  
6/14/2021

~~Amended Complaint Pg. 17~~

DISCIPLINARY PURPOSES (NELSON V. HEYNE, 491 F.2d  
352, 356, 5 (7th Cir. 1974)) (TRANQUILIZERS COULD NOT BE USED TO KEEP  
ORDER); KNECHT V. GILLMAN, 488 F.2d 1136, 1139-40 (8th  
Cir. 1973) (PUNITIVE USE OF DRUGS IS UNLAWFUL); BREADS V.  
MOETHRLE, 781 F. Supp. 953, 957 (W.D.N.Y. 1984)  
(CLAIM THAT PRISONER WAS A "DISCIPLINARY NIGHT MARE"  
DID NOT JUSTIFY INVOLUNTARY MEDICATION).

EXHIBIT #31

AFFIDAVIT: STATES HOW I, ALEX SCOTT ~~REACHED~~  
REACHED OUT TO PRISON REFORM PRESIDENT OF  
THE BOARD OF DIRECTORS FOR BARNONE REGARDING  
SCOTT, ANDERS, ELIASON'S HARM HE'S BEEN  
DOING TO I, ALEX SCOTT, IN MEDICAL CARE. AND  
HOW DAVID LUND THE PRESIDENT OF THE BOARD  
OF DIRECTORS OF THE PRISON REFORM BELIEVES  
THAT THERE IS A MAJOR ISSUE HERE AND  
HOW I, ALEX SCOTT, AM NOT CRAZY. PLEASE  
SEE PARAGRAPH 3 OF EXHIBIT #32.

AFFIDAVIT PG. 1 OF 1 WITH EXHIBIT #32. \*



Alex Scott  
98450  
IMSI, Unit C  
PO Box 51  
Boise, ID 83707

July 17, 2021

Mr. Scott,

I appreciate that you reached out to BarNone to seek help for your ongoing issues with medical treatment and housing within the Idaho Department of Correction. I wanted to help you. I spoke with IDOC staff on multiple occasions about your circumstances. Understandably, they would not provide specific details about your situation but alluded to your complaints being related to having mental health issues. Frankly, they seem resistant to any change and have entrusted your care to the primary psychologist there at IMSI as well as the Chief Psychologist for IDOC.

I have taken another role with a government agency outside of the State of Idaho, and no longer act as the executive director for BarNone. That role has not been filled as of this time. I am still the President of the Board of Directors, which is largely a ceremonial role. As you can imagine, I am unable to fulfill the duties of my new position and continue working with BarNone on the scale that I was. BarNone is also no longer able to provide the attention to these details that you require. I apologize.

Please do not lose hope. If you are able, please seek legal advice on this issue. I believe that there is a major issue here. You are unhappy with your medical care, and you are not crazy. You have a right to determine your own treatment and have a say in your care.

I am writing to include a letter of explanation for you that I will include with all the documents you mailed to me. You will need them, and I don't want you to lose them by sending them to me.

I hope you can find some resolution to your concerns. I know that I have heard many complaints like yours and there is apparently a breakdown in the communication and care at IMSI. The medical contract is coming up for renewal and I know that IDOC has expressed a desire to find a new contractor. Only time will tell.

Best of luck Mr. Scott. I know it is not easy being in there and especially under the circumstances of the last year. It's been tough. Keep a positive attitude if you can, my friend.

EXHIBIT # 32.

~~AMCOP-11111111 Pg. 2 SUPPORTING FACTS TO ST-1111-2~~

**PROCEEDINGS BEFORE THE DISTRICT COURT OR THE BAP.** In this section, we ask you about what happened before you filed your notice of appeal with this court.

3. What did you ask the district court or the BAP to do—for example, did you ask the court to award money damages, issue an injunction, or provide some other type of relief?

\* NOMINAL DAMAGES \$5,000.00  
 \* COMPENSATOR DAMAGES \$25,000.00  
 \* PUNITIVE DAMAGES \$200,000.00  
 \* INJUNCTION: THAT SCOTT ANDERS ELIASON (M.D.) PREVENTED TO USE OR PRACTICE PSYCHIATRIC TREATMENT PREVENTED TO IMPOSE OR JUSTIFY INVOLUNTARY MEDICATION AND USE TRANQUILIZERS ALL ON I, ALEX SCOTT, AS WELL AS ANY OTHER D.O.C. EMPLOYEE AND D.O.C. CONTRACTED EMPLOYEE PRACTICING, IMPOSING, OR JUSTIFYING MENTAL HEALTH TREATMENT ON I, ALEX DAVID TONY SCOTT.

4. What legal claim or claims did you raise in the district court or at the BAP?

VIOLATION OF MY 8th & 14th PRISONER CONSTITUTIONAL RIGHTS / 5th

5. **Exhaustion of Administrative Remedies.** For prisoners, did you use up all administrative remedies for each claim before you filed your complaint in the district court? If you did not, please tell us why.

YES.

**PROCEEDINGS BEFORE THE COURT OF APPEALS.** In this section, we ask you about issues related to this case before the court of appeals and any previous cases you have had in this court.

6. What issues are you asking the court to review in this case? What do you think the district court or the BAP did wrong?

MY AFFIDAVITS WITH EXHIBITS  
ATTACHED TO PG. 2 ON  
THIS APPELLANT'S INFORMAL  
OPENING BRIEF.

7. Did you present all issues listed in Question 6 to the district court or the BAP?  
Answer yes or no: Yes.

If not, why not?

8. What law supports these issues on appeal? (You may refer to cases and statutes, but you are not required to do so.)

① NELSON V. HYNE

② KNECHT V. GILMAN

③ BREADS V. MOETHLE



9. **Other Pending Cases.** Do you have any other cases pending in the court of appeals? If so, give the name and docket number of each case.

No.

10. **Previous Cases.** Have you filed any previous cases that the court of appeals has decided? If so, give the name and docket number of each case.

No

ALEX DAVID TONY SCOTT Alex Scott  
Name Signature  
I.M. SE, A-Block I.D.C. #98450  
P.O. Box 51  
Besse, La. 83707  
Address Date  
0-22-2023

*Court Filing Record*

*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 03/21/2023*

*Date Filed: 03/21/2023*

*9<sup>th</sup> Cir. Case No. 22-35083*

*Inmate No.: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: Motion to Order*

*Total Pages: 1 (not including cover page)*

*Total: 1 of 1*

# IMSI Resource Center Response

Date: 3/21/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

Please see the address that you requested below:

Jacob Bottari  
350 N. Ninth St, Ste 500  
Boise, Idaho 83702

(208)-331-2100

You requested to have a "Motion to Order" (1 pages) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083 (D.C. case no. 1-22-CV-00227-BLW) Completed. Originals attached.

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer estos y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayude con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

# IMSI Resource Center Response

B3-80  
NASW

Date: 3/17/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

---

The following items or materials were sent to offender via institutional mail:

Stopped by housing unit

As per your request to obtain a copy of your kiosk documents you can do so if it is requested by the Court by reaching out to the Court and asking them to issue an Order to IDOC.

As we discussed when you get your property back please submit a new Access to Court form and I will visit your housing unit to discuss your filing.

As for your attorney visit it has not yet been scheduled, I will notify you when it is.

Paisley

---

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

---

UNITED STATES COURTS OF APPEALS  
FOR THE NINTH CIRCUIT

ALEX, DAVID, TONY, SCOTT  
APPELLANT(S),

VS.

SCOTT ANDERS ELIASON, M.D.,  
APPELLEE(S).

9TH CIR. CASE NO. 23-35083

DISTRICT COURT OR

BAP CASE NO. 1-22-CV-00227-BLW

"MOTION TO  
ORDER"

I, ALEX DAVID TONY SCOTT, APPELLANT IN ABOVE CASE AM ASKING THE COURT TO ISSUE AN ORDER TO I.D.O.C. TO OBTAIN A COPY OF MY KIOSK EMAIL DOCUMENTS SENT AND RECEIVED FROM CONTACT: MR. LUND ON THE J-PAY EMAIL INBOX AND SENT MAIL FROM DATES 3-5-2021 THROUGH 7-1-21; ALL FOR EXCIBITS TO AN AFFIDAVID PERTAINING TO MERIT IN ABOVE CASE NO. I.D.O.C. (IDAHO DEPARTMENT OF CORRECTION) HAS ACCESS TO THE EMAIL INBOX AND SENT EMAIL/MAIL TO AND FROM MR. LUND TO I, ALEX DAVID TONY SCOTT, ON MY J-PAY ACCOUNT. THANK YOU FOR ALL CONSIDERATION

SIGNATURE: Alex Scott  
DATE: 3-19-23

NAME: ALEX DAVID TONY SCOTT I.D.O.C. # 98450  
ADDRESS: I.M.S.I., B-Block I.D.O.C. # 98450  
P.O. Box 51  
Boise, ID. 83707

# IMSI Resource Center Response

JZ-52

Date: 4/5/2023

IDOC: 98450 Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

Stopped by housing unit

You requested to have a "Order to Answer" (3 pages) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083. Completed. Originals attached.

Book request received. Legal book (Tucker's Legal Directory) will be delivered to you on the next book day, Wednesday the 12th

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

*Court Filing Record*

*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 04/05/2023*

*Date Filed: 04/05/2023*

*9<sup>th</sup> Cir. Case No. 23-35083*

*Inmate No.: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: "Order to Answer"*

*Total Pages: 3 (not including cover page)*

*Total: 1 of 1*

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

ALEX DAVID TONY SCOTT,  
PLAINTIFF-APPELLANT,  
V.  
SCOTT ANDERS ELIASON, M.D.,  
DEFENDANT-APPELLEE

NO. 23-35083

D.C. NO. 1:22-CV-00227-BLW  
U.S. DISTRICT COURT FOR IDAHO, BOISE

"ORDER TO  
ANSWER"

ATTACHED TO THE REQUEST FOR AN "ORDER TO ANSWER"  
IS AFFIDAVIT WITH EXHIBIT #1 IN REGARDS IN  
ABOVE CASE NO.

AFFIDAVIT TO EXPLAIN EXHIBIT #1 IS ON 4-3-2023  
@ ABOUT 8:20 AM IN J-BLOCK'S MEDICAL ROOM AT IDAHO  
MAXIMUM SECURITY INSTALLATION I SAW SCOTT ANDERS  
ELIASON, M.D. REGARDING MY SUICIDE TENDENCY'S ON  
ANTI-PSYCHOTIC MEDICATION/CHEMICALS INJECTION HE PRESCRIBE  
TO I, PLAINTIFF, CURRENT ONE "INVEGA". SCOTT ANDERS  
ELIASON, M.D. STATED IN VISIT "THEIR TALKING ABOUT  
CIVILLY COMMITTING YOU TO IDAHO MAXIMUM SECURITY INSTA-  
LUTION C-BLOCK UNDER DANGERMENT TO SOCIETY ON YOUR  
GOLD SEAL DATE AUG. 14TH 2023."  
I, PLAINTIFF, AM REQUESTING COURT TO HAVE DEFENDANT  
ANSWER QUESTION WAS THIS SIAD OR BEING DONE AS  
RETAIATION FOR PROSCUING ABOVE CIVIL CASE NO. ABOVE?  
THANK YOU FOR ALL CONSIDERATION.

NAME: ALEX DAVID TONY SCOTT

SIGNATURE: Alex Scott

ADDRESS: F.M.S.F. J-2 UNIT, CELL 52A, I.D.O.C. #98450  
P.O. BOX 51

DATE: 4-5-2023



~~NOTE~~

ON EXHIBIT #1 (CONCERN FORM DATED 4-3-2023)  
TO SCOTT, ELIASON M.D.

ON REPLY ON BOTTOM OF CONCERN FORM

SCOTT, ANDERS, ELIASON, (M.D.) NEVER  
ANSWERED REPLY SECTION.

IDAHO DEPARTMENT OF CORRECTION  
Resident Concern Form

Resident Name:

MR. SCOTT

IDOC Number:

90450

Institution, Housing Unit, & Cell:

J.M.S.I. J-2; 52A

Date:

7-3-2023

To:

SCOTT, ANDERS, ELIASON (M.D.) @ J.M.S.I.

(Address to appropriate staff. Person most directly responsible for this issue or concern)

Issue/Concern:

SIR. TODAY 4-3-2023 @ ABOUT 8:20AM IN J-Block MEDICAL ROOM @ J.M.S.I. I SAW YOU FOR MY SUICIDE TENDENCIES ON ANTIDEPRESSANT DRUGS / CHEMICALS INJECTIONS; CURRENT ONE INJECA. "WELL YOU STATED "THEIR TALKING ABOUT CIVIL COMMITTING YOU UNDER DANGEMENT TO SOCIETY ON YOUR TOP OUT DATE AUG 14TH 2023." I REQUEST ANSWER TO THE QUESTION OF IS THIS RETALIATION TO MY CIVIL CASE "9TH CIR. CASE NO. 23-35083" REPORT NO. 1-22 (CV 00237)

(Description of the issue must be written only on the lines provided above.)

Resident signature:

*Mr. Scott*

Staff Section:

(Signature of Staff Member Acknowledging receipt)

Associate ID #

Collected/Received:

(Date collected or Received)

Reply:

Responding Staff Signature:

Associate ID #:

Date:

Pink copy to resident (after receiving staff's signature).

Original and yellow to responding staff (after completing reply, yellow copy returned to resident.) Last Rev. 1/21

(EXHIBIT # 1)

PRT3NCR CF



# Idaho Department of Correction Grievance Form

**CBLOCK 1-22A**

Offender Name: SCOTT, ALEX DAVID TONY

Location: IMSI

Offender Number: 98450

Number: IM 220000317

Category: COMPLAINT AGAINST

### Offender Grievance Information

Date Received: 07/08/2022

The problem is:

On 6-30-2022 @ about 6pm nurse Grase was on Teir 1 unit C-Block passing nurse Grase I then asked nurse Grase for a second of his time. I told him this inmates having bad side effects on his med. Can you report it to Dr. Eliason. He told me "mind your own fucken buisness" I then told him can you let Ms. Riedie know I would like to talk to her. Nurse Grase then told me "Im not your bitch." I told him its your job to report concerns to Dr. Eliason and you can email ms. Riedie requesting to talk to her. Nurse Grase then stated "I'm done with your crap."

I have tried to solve this problem informally by:

Concern Form, Talked to LT.

I suggest the following solution for the problem:

A written apology and nurse Grase escorted off prison ground never to return as employee for the unprofessional conduct in saying fuck, bitch in his language toward me.

### Level 1 - Initial Response

Date Forwarded: 07/08/2022

Date Returned:

07/22/2022

Date Due Back: 07/22/2022

Level 1 Responder:

YOUNG, STEVEN

The response from the staff member or person in charge of the area/operation being grieved:

Mr. Scott

I am sorry that you had a negative interaction with one of the Nurses here at IMSI. However, I feel the need to mention a few things so that this issues does not happen again going forward. Please do not follow the nurse around during pill pass. This creates a security concern and increases the chance of a medication error. When it is your turn to receive medications you can ask the nurse questions. Secondly, If the nurse asks you to wait until pill pass is complete so that they can discuss this issue with them please allow them to finish. When the nurse is being followed and questioned over and over it slows them down and can cause other individuals to not receive there medications in a timely manner. RN Grace reports that informed you that he was aware of and would deal with the issue you brought to his attention. You continued to press the issue and harass RN Grace over this issue. At no point can you demand that any of the Nurses stop what they are doing doing and go and get HSA Reidy to discuss a problem. As RN Grace stated please submit a concern form addressed to Reidy if you have an issue she needs to address.

**Level 2 - Reviewing Authority Response**

Date Forwarded:	07/22/2022	Grievance Disposition:	DENIED
Date Due Back:	08/07/2022	Level 2 Responder:	REIDY, TONJA
Date Returned:	07/26/2022	Response sent to offender:	07/26/2022

Your grievance has been reviewed and I find:

Level 2 Response: Grievance Denied. Mr. Scott, when there is a nurse on the tier conducting pill pass or administering medication, he or she is focused on ensuring the right medication is being administered to the right patient. Therefore, unless it's an emergency, he or she will not be answering any other questions from another resident until the nurse has completed their tasks. When the nurse arrives to your cell to provide you with your medication, you can speak to them at that time, after your medication has been administered and you have swallowed your pills. Safety is the priority of all of our medical staff members and for a nurse to continue to speaking to another resident while administering medication to another resident, it puts the resident, the nurse, and security at risk for an unsafe event to occur.

Tonja S Reidy, ACHE, RCIS, MBA, DHA(c)

Health Service Administrator, IMSI

**Offender Appeal**

Offender Comments:

**Level 3 - Appellate Authority Response**

Date Appealed:	Grievance Disposition:
Date Forwarded:	Level 3 Responder:
Date Due Back:	Response sent to offender:
Date Returned:	

Your appeal has been reviewed and I find:



**Offender Appeal**

Offender Comments:

**Level 3 - Appellate Authority Response**

Date Appealed:

Grievance Disposition:

Date Forwarded:

Level 3 Responder:

Date Due Back:

Response sent to offender:

Date Returned:

Your appeal has been reviewed and I find:

I.D.O.C.

Martin, Seth #105560

I witnessed on 9-22-2021 C.M.S.

Kendrick tell inmate Scott #98450  
to "go fuck yourself" in an unprofessional

manner. at IMSE A2 Cell 02 @ 7:45 AM

NOTE  
IN APPROVAL  
ELM on 3/29/23

~~EXHIBIT #2 IS~~  
A MATTER TO  
GRIEVANCE IN  
SYSTEM SUBMITTED  
4-25-23

(GRIEVANCE WAS ON  
LSSMS - )



*Court Filing Record*

*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 03/29/2023*

*Date Filed: 03/29/2023*

*9<sup>th</sup> Cir. Case No. 23-35083*

*Inmate No.: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: Affidavit with Exhibits*

*Total Pages: 5 (not including cover page)*

*Total: 1 of 1*

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

ALEX DAVID TONY SCOTT,  
PLAINTIFF - APPELLANT,  
V.

SCOTT ANDERS ELIASON, MD,  
DEFENDANT - APPELLEE

No. 23-35083

D.C. NO. 1:22-CV-00227-BLW

U.S. DISTRICT COURT FOR IDAHO, BOISE

"AFFIDAVIT WITH EXHIBITS"

~~FILE~~

#'s 1, 2, 3, 4"

ATTACHED TO THIS AFFIDAVIT IS EXHIBITS #1, #2, #3, #4  
TO SHOW HOW AGAINST MY WILL, WITHOUT A COURT ORDER, AND  
HARM IS DONE TO ME, AS WELL DEFENDANT ALSO IS IMPOSING  
ORDER AND DISCIPLINING I, PLAINTIFF, WITH ADMINISTRATION  
OF ANTI PSYCHOTIC.

EXHIBIT #1, SHOWS HOW I, PLAINTIFF, AM TRYING TO ADDRESS THE HARM THE  
ANTI PSYCHOTIC INJECTION CAUSE ME AND THE UNPROFESSIONAL CONDUCT OF  
FORCING THE INJECTIONS WITHOUT DUE PROCESS OF A COURT ORDER AND  
AGAINST MY WILL.

EXHIBIT #2, SHOWS HOW DEFENDANT IS USING ANTI PSYCHOTIC INJECTION ON  
I, PLAINTIFF, TO IMPOSE ORDER AND DISCIPLINE ME. (PLEASE SEE EXHIBIT #3  
IN AFFIDAVIT IN APPELLANT'S  
INFORMAL OPENING BRIEF)

EXHIBIT #3, SHOWS HOW DEFENDANT INJECTS ME AGAINST MY WILL AND  
WITHOUT A COURT ORDER. PLEASE SEE EXHIBITS 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,  
12, 13, 14, 15 IN AFFIDAVIT IN APPELLANT'S INFORMAL OPENING  
BRIEF 9TH CIR. CASE NO. 23-35083; DISTRICT COURT OR  
BAP CASE NO. 1:22-CV-00227-BLW.

EXHIBIT #4, SHOWS CONTINUAL HARM OF SUICIDAL TENDENCIES ON THE  
ANTI PSYCHOTIC MED. INJECTION DONE BY DEFENDANT TO I, PLAINTIFF,  
DISPITE NO COURT ORDER, AND AGAINST MY WILL.

NAME: ALEX DAVID TONY SCOTT

ADDRESS: F.M.S.#, J-2 UNIT, CELL 52A, F.D.O.C. #98450

P.O. BOX 51

SIGNATURE: Alex Scott

DATE: 3-28-23

IDAHO DEPARTMENT OF CORRECTION  
Resident Concern Form

Resident Name: MR Scott IDOC Number: 994150  
Institution, Housing Unit, & Cell: J.M.S.I., B-3 90A Date: 3-13-23  
To: NURSE GRACE, MENTAL HEALTH @ J.M.S.I.  
(Address to appropriate staff. Person most directly responsible for this issue or concern)

Issue/Concern: TODAY 3-13-23 @ 1:18 PM YOU CAME TO MY CELL 90A IN B-3 UNK AT J.M.S.I. AND TOLD ME YOU HAD AN INJECTION OF AN ANTI-PSYCHOTIC DRUG CALLED INVEGA ORDER BY DR SCOTT ANDERS ELIASON, MD. I TOLD YOU "I'M UNWILLING" YOU HAD CO MARSH TAKE ME OUT OF CELL IN HANDCUFFS AND YOU INJECTED ME AFTER I STATED "I'M UNWILLING". YOU KNOW I HAVE SUICIDE TENDENCIES ON INJECTIONS OF ANTI-PSYCHOTIC DRUGS. THERE'S NO COURT ORDER FOR THIS I REQUEST AN ATTORNEY.  
(Description of the issue must be written only on the lines provided above.)

Resident signature: Mr Scott

Staff Section  
(Signature of Staff Member Acknowledging receipt) / E949 Associate ID # 3-13-23 Collected/Received: (Date collected or Received)

Reply: Mr Scott, I educated you that you have every right to refuse this medication. Although you were given every opportunity to refuse the medication, you chose to take it "willingly". We appreciate your cooperation and we believe this medication will be a benefit to you. If you have any concerns or questions please feel free to ask. #2

Responding Staff Signature: Michael D. Druen Associate ID #: B348 Date: 3/20/23



1303545

HEALTH SERVICES REQUEST

EXHIBIT #1

Administrative Use Only

Inmate Initiated Visit  Medical Issue  Mental Health Issue

Patient Name: MR. SOTT Initials: AS Inmate ID: 90450  
Date of Birth: 7-15-84 Housing Location: 1. M.S.I., B-3, 80A

I consent to be treated by health staff for the condition described below.

Inmate Signature: [Signature] Date: 3-10-23

Nature of Complaint/Problem: TO MENTAL HEALTH SIR, HEALTH SERVICE ADMINISTRATOR I URGENTLY NEED TO TALK TO YOU REGARDING MY HYDRACT 1996 "DO NO HARM" BE VIOLATED, AND UNPROFESSIONAL CONTACT IN MEDICAL STAFF COORDINATED ME. (BANKS)



HEALTH SERVICES REQUEST

EXHIBIT #4

C 0112724

Administrative Use Only

Inmate Initiated Visit  Medical Issue  Mental Health Issue

Patient Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Inmate ID: 1194580  
Date of Birth: \_\_\_\_\_ Housing Location: \_\_\_\_\_

I consent to be treated by health staff for the condition described below.

Inmate Signature: [Signature] Date: 3/22

Nature of Complaint/Problem: I am having suicidal tendency while on Trisega/this anxiety injection

# IMSI Resource Center Response

J2-52

Date:

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

You requested to have a "Affidavit with Exhibits" (5 pages) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083. (D.C. case no. 1:22-CV-0027-BLW) Completed. Originals attached.

You requested to have a "Appellant's Informal Opening Brief" (45 pages) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083 (D.C. case no. 1:22-CV-0027-BLW) Completed. Originals attached.

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

*Court Filing Record*

*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 03/29/2023*

*Date Filed: 03/29/2023*

*9<sup>th</sup> Cir. Case No. 23-35083*

*Inmate No.: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: Appellant's Opening Brief*

*Total Pages: 46 (not including cover page)*

*Total: 1 of 1*

# IMSI Resource Center Response

J2-52

Date: 4/24/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

Legal book (Prisoners Self-Help Litigation Manual) delivered to Resident in their unit. Due date is 5/3.

Provided indigent supplies (paper and pen).

Provided the following packets:

State Civil Rights

Tort Claim

Blank Affidavit

You requested to have a "Affidavit with Exhibits (8 pages) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083 (D.C. case no. 1:22-CV-00227-BLW) Completed. Originals attached.

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

***Court Filing Record***

***Court: United States Court of Appeals for the Ninth Circuit***

***Date Submitted: 04/24/2023***

***Date Filed: 04/24/2023***

***9<sup>th</sup> Cir. Case No. 23-35083***

***Inmate No.: Alex David Tony Scott***

***Inmate No.: 98450***

***Document Title: Affidavit with Exhibits***

***Total Pages: 8 (not including cover page)***

***Total: 1 of 1***



ALEX DAVID TONY SCOTT,  
PLAINTIFF-APPELLANT,  
V.  
SCOTT ANDERS ELIASON, M.D.,  
DEFENDANT-APPELLEE,

NO. 23-35083  
D.C. NO. 1:22-CV-00227-BLW  
U.S. DISTRICT COURT FOR IDAHO, BOISE  
"AFFIDAVID WITH EXHIBITS #1, 2, 3"

ATTACHED TO THIS AFFIDAVID ARE EXHIBITS #1, 2, 3 TO SHOW THE COURT HOW SCOTT ANDERS ELIASON, MD (DEFENDANT) IN ABOVE CASE NO. HAS AND AS OF 4-23-23 STILL THREATENS I, ALEX SCOTT, BY THIS TIME, SHOW IN EXHIBITS ATTACHED WITH CIVIL COMMITMENT UPON MY IDAHO DEPARTMENT OF CORRECTIONS GOLD SEAL TOP OUT DATE AUG. 14TH 2023 WITH HIS INTERACTIONS AND INTERACTION WITH HIS ASSIGNED CLINISIANS TO I, ALEX SCOTT. AS ASSIGNED TO I, ALEX SCOTT FOR MENTAL HEALTH TO THREATEN I, ALEX SCOTT, WITH BEING "HARPERED" (WASHINGTON V. HARPER, 494 U.S. 214(1990)) INJECTIONS PERSCRIBED BY THE ANTI-PSYCHOTIC MEDICATION ADMINISTRATION EVEN WHEN ACKNOWLEDGED/INFORMED AND DISPIE THE EXTREM BAD SIDE EFFECTS OF SUICIDEAL TENDENCIES FROM THE MEDICATION INJECTIONS OF ANTI-PSYCHOTIC PRESCRIBED BY SCOTT ANDERS ELIASON, MD. EXHIBITS #1 SHOWS HOW SCOTT ELIASON'S, MD'S CLINISIAN MR. BONGARDNER TO I, ALEX SCOTT THREATENS ME WITH BEING CIVILY COMMITTED UPON MY RELEASE DATE DUE TO THE ISSUE ADDRESSED IN ABOVE CASE NO. 23-35083

EXHIBIT #2 SHOWS HOW SCOTT ANDERS ELIASON, MD'S CLINISIAN AMY HOYALS TO I, ALEX SCOTT THREATENS ME WITH BEING CIVILY COMMITTED UPON MY RELEASE DATE DUE TO THE ISSUE ADDRESSED IN ABOVE CASE NO. 23-35083 THEN VIOLATES MY HIPAA ACT 1996 "DO NO HARM" BY TELLING ME TO TAKE THE PRESCRIBED ANTI-PSYCHOTIC INJECTIONS SCOTT ANDERS ELIASON, MD PRESCRIBES AND DEAL WITH THE SUICIDEAL TENDENCIES. EXHIBIT #3 SHOWS HOW SCOTT ANDERS ELIASON, MD'S NURSE MR. GRASE TO I, ALEX SCOTT THREATENS ME WITH "HARPER" (FORCE MEDICATION) IF I, ALEX SCOTT DISPIE NO COURT ORDER TO TAKE ANY MEDICATION AND DISPIE THE EXTREM BAD SIDE EFFECTS OF SUICIDEAL TENDENCIES

EXHIBIT #1 #2 #3 IN 1-20

IDAHO DEPARTMENT OF CORRECTION

Resident Concern Form

Resident Name:

MR. Scott

IDOC Number:

90450

Institution, Housing Unit, & Cell:

I.M.S.I. T-2 52A

Date:

4-18-23

To:

I.M.S.I. CLINTON MR. BONGARDNER

(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern:

TODAY 4-18-23 @ ABOUT 12:05PM YOU TOLD ME WE ARE TALKING ABOUT CIVILY COMMITTING YOU ON YOUR RELEASE DATE. I WAS EXPLAINING TO YOU THE CAUSE OF WHY I'VE CUT MYSELF. YOU SAID YOU DONT BELIEVE MY CRAP. I TOLD YOU GET AWAY FROM MY DOOR YOU CROOK. YOU SAID DO YOU WANT A D.O.R. FOR HERASSMENT WE CAN USE IT AS AMUNATION WHEN WE CIVILY COMMIT YOU. I TOLD YOU THATS WHY YOUR A CROOK. YOU SAID HANG FUN CIVILY COMMITED IN C3 UNIT IN I.M.S.I. FOR THE REST OF YOUR LIFE. I REQUEST AN ANSWER IS THIS RETALIATION FOR MY CIVIL COMPLAINT IN THE 9TH CIR. (COURT)

(Description of the issue must be written only on the lines provided above.)

Resident signature:

[Handwritten Signature]

Staff Section

(Signature of Staff Member Acknowledging receipt)

Associate ID #

Collected/Received:

(Date collected or Received)

Reply:

Responding Staff Signature:

Associate ID #:

Date:

Pink copy to resident (after receiving staff's signature).

Original and yellow to responding staff (after completing reply; yellow copy returned to resident.) Last Rev. 1/21

APPROVED WITH EXHIBITS #1, 2, 3

EXHIBIT #1

PG. 2

PRT3NCRCP

\* NOTE: CONCERNING EXHIBIT #1  
WRITTEN ON 4-18-23, TO SCOTT ELIASON'S  
CLINICIAN MR. ~~BOB~~ BONGARDNER TO  
I, ALEX SCOTT, ON REPLY TOWARDS BOTTOM  
OF CONCERN FORM SCOTT ANDERS ELIASON, MD'S  
CLINICIAN MR. BONGARDNER DID NOT  
REPLY ON CONCERN FORM.

IDAHO DEPARTMENT OF CORRECTION  
Resident Concern Form

Resident Name: MR. SCOTT IDOC Number: 98450  
Institution, Housing Unit, & Cell: I.M.S.F., J-2 52A Date: 4-21-23  
To: AMY HOYALS, I.M.S.F., J-Block CLINISIAN, DR. ELIASON'S J-BLOCK CLINISIAN  
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: ON 4-19-23 @ ABOUT 11:00AM AT I.M.S.F. MEDICAL HOLDING #9  
YOU TALKED TO ME YOU TOLD ME I WAS GOING TO BE CIVILY COMMITTED ON  
MY RELEASE DATE AUG 14 2023. I ASKED YOU "HOW DO I PREVENT THAT  
I NEED HELP". YOU STATED "TAKE YOUR ANTI-PSYCHOTIC INJECTION OF HALLDILL  
DR. ELIASON WANTS YOU ON IT" I TOLD YOU "I GET SUICIDE ON IT" YOU STATED  
"YOU NEED TO TAKE THE MEDICATION AND DEAL WITH THE SUICIDE TENDENCIES WE'LL KEEP  
YOU SAFE" THIS IS VIOLATION OF THE HYDRA ACT "DO NO HARM" I REQUEST ANSWER AS TO THIS RETALIATION  
(Description of the issue must be written only on the lines provided above.)

Resident signature: MR. SCOTT

Staff Section: DO91 Collected/Received: 4/21/23  
(Signature of Staff Member Acknowledging receipt) / Associate ID # (Date collected or Received)

Reply: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responding Staff Signature: \_\_\_\_\_ Associate ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Pink copy to resident (after receiving staff's signature).  
Original and yellow to responding staff (after completing reply; yellow copy returned to resident.) Last Rev. 1/21  
APPIDAVID WITH EXHIBITS #1,2,3 EXHIBIT #2 PG. 4 PAT/NCRCF

\*NOTE: CONCERNING EXHIBIT #2 WRITTEN ON  
4-21-23 TO AMY HUYALS I.M.S.I., J-Block  
CLINISIAN, DR. ELIASON'S J-Block CLINISIAN  
TO J, ALEX SCOTT, ON REPLY TOWARDS  
BOTTOM OF CONCERN FORM SCOTT ANDERS  
ELIASON, MD'S CLINISIAN AMY HUYALS DID  
NOT REPLY ON CONCERN FORM AS WELL  
AS EITHER SCOTT ANDERS ELIASON, MD ..

IDAHO DEPARTMENT OF CORRECTION  
Resident Concern Form

#90450  
18450

Resident Name: MR. SCOTT IDOC Number: \_\_\_\_\_

Institution, Housing Unit, & Cell: I.M.S.T., 3-2, S2A Date: 4-21-23

To: DR. ELTAVIN'S NURSE MR. GRAFF @ I.M.S.T.  
(Address to appropriate staff. Person most directly responsible for this issue or concern)

Issue/Concern: I HAD A CONVERSATION WITH YOU ASKING WHY DR. YIM + DR. ELTAVIN  
SAY I'M MENTALLY ILL AND NEED ANTI-PSYCHOTIC MEDICATION INJECTIONS  
BECAUSE OF YOUR ABRASAL OF MY BEHAVIOR(S) WHEN THEIR GANG MEMBERS  
AT I.M.S.T. WERE STAB EACH OTHER, BEAT FACIL GUARD UP AND  
ATTACK CORRECTIONAL OFFICERS AND YOU TELL ONLY THOSE MEN THEM  
WITH HARPER OF ANTI-PSYCHOTIC'S YOU NEVER ANSWER MY QUESTION  
EFFICIENT. I REQUEST AN INVESTIGATION ON DR. ELTAVIN AND NURSE MR. GRAFF!

(Description of the issue must be written only on the lines provided above.)

Resident signature: Alex Scott

Staff Section: \_\_\_\_\_

(Signature of Staff Member Acknowledging receipt) 1 Associate ID # TD091 Collected/Received: 4/21/23  
(Date collected or Received)

Reply: \_\_\_\_\_

Responding Staff Signature: \_\_\_\_\_ Associate ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Pink copy to resident (after receiving staff's signature),  
Original and yellow to responding staff (after completing reply, yellow copy returned to resident.) Last Rev. 1/21

AFFIDAVIT WITH EXHIBITS #1, 2, 3

EXHIBIT #3 PG. 6  
PRT3NCRCF

\*Note: CONCERNING EXHIBIT #3 WRITTEN  
ON 4-21-23, TO: DR. ELIASON'S NURSE MR.  
GRASE @ J.M.S.I., ON REPLY SECTION  
TOWARDS BOTTOM OF CONCERN FORM  
SCOTT ANDERS ELIASON, MD, OR HIS NURSE  
MR. GRASE ASSIGNED TO I, Alex Scott, DID  
NOT REPLY ON THE REPLY SECTION OF  
CONCERN FORM TOWARDS BOTTOM OF  
CONCERN FORM.

\* NAME: ALEX DAVID TONY SCOTT

\* ADDRESS: J.M.S.I., 5-2011, CELL 52A  
IDAHO DEPARTMENT OF CORRECTIONS #98450  
MR. SCOTT

P.O. Box 51  
BOISE, IDAHO 83707

\* SIGNATURE: Alex Scott

\* DATE: 4-24-23



EXHIBIT #3

Pg. 1 of 1

\* FEB 1<sup>ST</sup> 2023 "TIME SCHEDULE ORDER FILED  
 BY UNITED STATES COURT OF APPEALS FOR THE  
 NINTH CIRCUIT By: MOLLY DEWYER, CLERK  
 US. COURT OF APPEALS

\* I, ALEX DAVID TONY SCOTT, PLAINTIFF-APPELLANT,  
 E-FILED APPELLANT'S OPENING BRIEF (43 PG'S) INTO  
 THE 9<sup>TH</sup> CIRCUIT COURTS OF APPEALS DOCKET  
 NO. 23-35083. (D.C. CASE NO. 1:22-CV-00227-BLW)  
 COMPLETED

\* APRIL 17<sup>TH</sup> SCOTT ANDERS ELIASON, M.D. AND  
 HIS COUNSEL WAS TO SERVE AND FILE THEIR  
 OPENING BRIEF TO I, ALEX SCOTT, PLAINTIFF -  
 APPELLANT AND TO THE UNITED STATES COURT OF  
 APPEALS FOR THE NINTH CIRCUIT IN  
 CASE NO. 23-35083. (D.C. CASE NO. 1:22-CV-00227-BLW)  
 WHICH WAS NEVER DONE AND AS OF 4-28-23  
 @ 7:00AM STILL HAS NOT BEEN DONE, PAST DUE.

URGENT

EXHIBIT # 4  
Pg<sup>15</sup> 1 of 3

# IMSI Resource Center Response

*medical*  
*or*  
*J29*  
*B380*

Date: 3/22/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

You requested to have a Letter/Inquiry (1 page) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083 Completed. Originals attached.

**Legal Mail**

Letter to Attorney

Jacob D. Bottari

350 N. Ninth St. Ste. 500

Boise, Idaho 83702

We have returned one of your withdrawal slips as I discussed e-filing with you at which point you agreed. You were not charged.

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

*Court Filing Record*

*Court: United States Court of Appeals for the Ninth Circuit*

*Date Submitted: 03/22/2023*

*Date Filed: 03/22/2023*

*9<sup>th</sup> Cir. Case No. 23-35083*

*Inmate No.: Alex David Tony Scott*

*Inmate No.: 98450*

*Document Title: Letter*

*Total Pages: 1 (not including cover page)*

*Total: 1 of 1*

~~80~~  
TO: CLERK U.S. COURTS OF APPEALS  
FOR THE NINTH CIRCUIT,  
MY NAME IS ALEX SCOTT, I AM A  
APPELLANT IN 9TH CIR. CASE NO. 23-35093  
DISTRICT COURT OR  
BAP CASE NO. 1:22-CV-00227-BLW

MY QUESTION IS ON 2-22-2023 I SUBMITTED  
TO YOU MY APPELLANTS INFORMAL OPENING BRIEF  
WELL MY QUESTION IS WAS I TO MAIL A  
COPY TO DEFENDANT/APPELLEE SCOTT ANDERS ELIASON, M.D.  
ATTORNEY? IF SO I WAS NEVER GIVEN HIS  
ATTORNEY'S NAME AND ADDRESS.

\* Thank you for all consideration in  
answering my ABOVE question. \*

\* MY ADDRESS:  
INMATE: SCOTT #90450  
F.M.S.F., B-3 UNIT  
P.O. Box 51  
BOISE, ID. 83707

(Rully)  
ALEX, DAVID, TONY, SCOTT  
Alex Scott  
3-19-23 @ 6:59 pm

EXHIBIT # 5

Pgs 1 of 2

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

**FILED**

MAR 24 2023

MOLLY C. DWYER, CLERK  
U.S. COURT OF APPEALS

ALEX DAVID TONY SCOTT,  
Plaintiff - Appellant,

v.

SCOTT ANDERS ELIASON, MD,  
Defendant - Appellee.

No. 23-35083

D.C. No. 1:22-cv-00227-BLW

U.S. District Court for Idaho, Boise

**ORDER**

A review of the district court docket reflects that appellant was permitted to proceed in forma pauperis in the district court, and that such permission has not been revoked to date. Consequently, appellant's forma pauperis status continues in this court. *See* Fed. R. App. P. 24(a). Pursuant to 28 U.S.C. § 1915(b)(1) and (2), however, appellant must pay the full amount of the filing and docketing fees for this appeal when funds are available in appellant's account. Appellant is not responsible for payment when the funds in appellant's prison trust account total less than \$10, but payments must resume when additional deposits are made or funds are otherwise available.



Consequently, within 21 days after the filing date of this order, appellant shall complete and file with this court the enclosed authorization form, which directs the prison officials at appellant's institution to assess, collect, and forward to the court the \$505 filing and docketing fees for this appeal on a monthly basis whenever funds exist in appellant's trust fund account. These fees will continue to be collected regardless of the date or manner of disposition of this appeal. *See* 28 U.S.C. § 1915(b)(2) and (e)(2).

If appellant fails to comply with this order, the appeal may be dismissed by the Clerk. *See* 9th Cir. R. 42-1.

FOR THE COURT:

MOLLY C. DWYER  
CLERK OF COURT

By: Cyntharee K. Powells  
Deputy Clerk  
Ninth Circuit Rule 27-7

EXHIBIT #6  
Pg. 1 of 4

6

# IMSI Resource Center Response

J2-52

Date: 4/14/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

Stopped by housing unit

Made copies (x1) of "Motion to Allow Participation in Hearing". Your copy attached.

Legal Mail

Motion to Allow Participation in Hearing

United States Bankruptcy Court

Southern District of Texas

Bob Casey United States Courthouse

Case No. 23-90086

515 Rusk Avenue

Houston, TX 77002

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

IN RE:  
TEHUM CARE SERVICES, INC.,  
DEBTOR.

CASE NO. 23-90086 (CML)  
CHAPTER 11

— MOTION —  
TO ALLOW PARTICIPATION IN HEARINGS

I PARTIE, ALEX SCOTT, AM A PLAINTIFF/CREDITOR IN ABOVE CASE NO. 23-90086 (CML). I AM ASKING THE COURTS TO CONTACT MS. PAISLEY, WHO IS THE PARALEGAL, AT IDAHO MAXIMUM SECURITY INSTITUTION IN BOISE, IDAHO 83707 TO SET UP A PHONE CONFERENCE OR VIDEO HEARING SO I PARTIE, ALEX SCOTT, A PLAINTIFF/CREDITOR CAN PARTICIPATE IN APRIL 27TH 2023 AT 10:00 AM C.D.T. IN COURTROOM 401, 515 RUSK, HOUSTON, TEXAS 77002, (COURT HEARINGS IN MY CASE).

MY ADDRESS IS: INMATE: MR. SCOTT I.D.O.C. #98450

MS. PAISLEY IS THE PARALEGAL, TO SET UP MY PARTICIPATION IN HEARING AT SAME ADDRESS

IDAHO MAXIMUM SECURITY INSTITUTION  
P.O. Box 51  
BOISE, IDAHO 83707

ADDRESS: INMATE: MR. SCOTT I.D.O.C. #98450  
J.M. St. J-Block  
P.O. Box 51  
BOISE, ID. 83707

SIGNATURE: Alex Scott

DATE: 4-10-2023

NAME: ALEX DAVID, LONY, SCOTT

# IMSI Resource Center Response

J2-52

Date: 4/11/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

Stopped by housing unit

Legal Mail

Motion, 23-90086 CML

Attorney

Jason S. Brookerner

Gray Reed

1601 Elm Street suite 4600

Houston, TX 75201

Declaration of Alex David Tony Scott

1:22-CV-00524

Jake Bottari

350 North Ninth Street, Suite 500

Boise, Idaho 83702

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION

ALEX SCOTT,  
PLAINTIFF,  
V.

TEHUM CARE SERVICES, INC.,  
DEBTOR, DEFENDANTS.

CHAPTER 11

CASE NO. 23-90086 (CML)  
ADV. PROC. NO. 23-03049

- MOTION -

"WRITTEN RESPONSE"  
ANSWER

I, ABOVE PLAINTIFF, ALEX DAVID TONY SCOTT AM A NON-DEBTOR  
PARTIE IN ABOVE LAWSUIT. I AM A PLAINTIFF IDENTIFIED IN  
THE STAYED MATTERS IN THE MAIN CASE STAY MOTION. I  
AM REQUESTING NOT BE REMOVED FROM THE ADVERSARY  
STAY MOTION AS: TORT CLAIM NOTICE OF ALEX SCOTT. MY  
DUE PROCESS RIGHTS OF IMPACTED PARTIE BE PRESERVED!  
I AM CURRENTLY IN IDAHO MAXIMUM SECURITY INSTITUTION  
IN BOISE IDAHO 83707 HOUSED AS INMATE: MR. SCOTT  
IDAHO DEPARTMENT OF CORRECTIONS NO. #98450 (MR. SCOTT I.D.O.C.#98450)  
AM HOUSED AT I.M.S.F., J-2 UNIT, CELL 52A IN BOISE, IDAHO ON  
23 HOUR LOCK DOWN WITH ACCESS TO THE PHONE 4 TIMES A  
MONTH WITH \$0.084 ON MY INMATE ACCOUNT TO MAKE  
CALLS, WITH NO OPPORTUNITY FOR EMPLOYMENT FOR FUNDS TO  
MAKE OUT GOING CALLS, WITH THAT STAY IT'S BEEN ALMOST  
IMPOSSIBLE TO PARTICIPATE IN ABOVE CASE NO. 1'S PROCEEDING.  
I AM AWARE OF A SCHEDULED EVIDENTIARY HEARING ON THE  
MAIN CASE MOTION FOR MAY 17TH, 2023 AT 1:00PM. I AM  
ALSO REQUESTING THE COURT CONTACT MS. PAISLEY AT

ANSWER/  
MOTION WRITTEN RESPONSE OF 1/2/23

IDAHO MAXIMUM SECURITY INSTITUTION IN BOISE, IDAHO  
P.O. Box 51, BOISE, IDAHO 83707 WHO, MS. PAISLEY, IS  
THE PARALEGAL SO THE COURTS AND HER CAN  
SCHEDULE A LEGAL CALL FOR I, PLAINTIFF, ALEX  
SCOTT IN THIS CHAPTER 11 CASE NO. 23-90086 (CML)  
TO PARTICIPATE IN THE SCHEDULED HEARING ON  
MAY 17TH, 2023 AT 1:00PM. I, ALEX SCOTT, PLAINTIFF  
AM ALSO REQUESTING THE COURTS (CHRISTOPHER LOPEZ  
UNITED STATES BANKRUPTCY JUDGE TO ISSUE  
I, ALEX SCOTT, PLAINTIFF AN ATTORNEY DUE TO MY  
MENTIONED RESTRICTION TO PROCEED AS PRO CE AND  
TO EFFECTIVELY REPRESENT MYSELF. CURRENTLY I,  
ALEX SCOTT, HAVE AN ACTIVE 9TH CIRCUIT COURT OF  
APPEALS DOCKET NO. 23-35083 AS BEING THE  
PLAINTIFF AS ALSO PRO CE IN CASE NO. WHICH I  
BELIEVE PERTAINS TO THIS ISSUE, IN CASE NO. 23-90086 (CML)  
THAT HONORABLE JUDGE CHRISTOPHER LOPEZ IS HANDLING.  
PLEASE REVIEW TO IDENTIFY IF THATS CORRECT, THE CONNECTION.  
THANK YOU FOR YOUR CONSIDERATION

NAME: ALEX DAVID, LONN, SCOTT

\* SIGNATURE: Alex Scott

\* DATE: 4-5-2023

ADDRESS: INMATE: MR. SCOTT I.D.O.C.#99450  
J.M.S.I., J-2 UNIT, CELL 52A  
P.O. Box 51  
BOISE, ID, 83707

ANSWER/

MANUAL CRIMINAL RESOURCE DE 2023

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

In re:	)	
	)	Chapter 11
TEHUM CARE SERVICES, INC., <sup>1</sup>	)	
Debtor.	)	Case No. 23-90086 (CML)
	)	
	)	

**DEBTOR’S OBJECTION TO MOTION TO  
DISMISS BANKRUPTCY CASE FILED BY PRO SE MOVANT ALEX SCOTT**  
[Relates to Docket No. 227]

The above-captioned debtor and debtor in possession (the “Debtor”), for its objection to the *Motion to Dismiss Bankruptcy Case* [Docket No. 227] (the “Motion”) filed by prisoner and *pro se* movant Alex Scott (“Scott”), respectfully represents as follows:

**Jurisdiction and Venue**

1. The United States Bankruptcy Court for the Southern District of Texas, Houston Division (the “Court”) has jurisdiction over this matter pursuant to 28 U.S.C. § 1334. This is a core proceeding pursuant to 28 U.S.C. § 157(b).
2. Venue is proper pursuant to 28 U.S.C. §§ 1408 and 1409.

**Background**

3. The Debtor provided correctional healthcare services across the United States. In May 2022, the Debtor effectuated a divisional merger pursuant to the Texas Business Organizations Code in which (among other things) assets and liabilities were allocated between CHS TX, Inc. and the Debtor. The Debtor spent the second half of 2022 attempting to settle and satisfy its allocated liabilities, but ongoing litigation and associated costs have made such efforts

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<sup>1</sup> The last four digits of the Debtor’s federal tax identification number is 8853. The Debtor’s service address is: 205 Powell Place, Suite 104, Brentwood, Tennessee 37027.



impractical. Through this chapter 11 process, the Debtor aims to maximize the value of its estate and propose a chapter 11 plan that, to the best of the Debtor's ability, provides meaningful recoveries for creditors and other stakeholders.

4. On February 13, 2023, the Debtor filed a voluntary petition for relief under chapter 11 of the Bankruptcy Code. The Debtor is operating as a debtor in possession pursuant to sections 1107(a) and 1108 of the Bankruptcy Code. No request for the appointment of a trustee or examiner has been made in this chapter 11 case. On March 2, 2023, the United States Trustee for the Southern District of Texas appointed an official committee of unsecured creditors pursuant to section 1102 of the Bankruptcy Code [Docket No. 77], as amended on March 3, 2023 [Docket No. 145].

5. Based upon the allegations in the Motion, it appears that Scott is an inmate at a prison in the State of Idaho. The Motion asserts that he incurred medical expenses on October 6, 2022, that Scott disputes he owes. The Motion does not set forth any basis that the Debtor or Debtor's estate is obligated to pay such medical expenses. However, if Scott desires to file a proof of claim against Debtor's bankruptcy estate, he is free to do so. Debtor additionally denies that the Motion sets forth any basis to dismiss Debtor's bankruptcy case pursuant to 11 U.S.C. § 1112. Debtor expressly asserts that no cause exists to grant any of the relief requested in the Motion.<sup>2</sup>

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<sup>2</sup> Even though not referenced in the Motion, this Court temporarily extended the automatic stay to cover Scott's prepetition tort claim notice. See *Order Regarding Debtor's Emergency Motion to Extend and Enforce the Automatic Stay* entered on March 3, 2023 [Docket No. 118].

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

	)	
In re:	)	Chapter 11
	)	
TEHUM CARE SERVICES, INC., <sup>1</sup>	)	Case No. 23-90086 (CML)
	)	
Debtor.	)	Re: Docket No. 227
	)	

**ORDER DENYING *PRO SE* MOVANT ALEX  
SCOTT'S MOTION TO DISMISS BANKRUPTCY CASE**

Upon the *Motion to Dismiss Bankruptcy Case* [Docket No. 227] (the "Motion") filed by prisoner and *pro se* movant Alex Scott, and this Court having reviewed and considered the Motion and the objection thereto, the Court is of the opinion that the Motion should be denied.

IT IS THEREFORE ORDERED that the Motion is DENIED.

Signed: \_\_\_\_\_, 2023

---

Christopher M. Lopez  
United States Bankruptcy Judge



<sup>1</sup> The last four digits of the Debtor's federal tax identification number is 8853. The Debtor's service address is: 205 Powell Place, Suite 104, Brentwood, Tennessee 37027.

EXHIBITS 7<sup>1</sup>/<sub>8</sub>

Pgs 1 of 4

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# IMSI Resource Center Response

J2-52

Date: 4/26/2023

IDOC: 98450

Last Name Scott

First Name Alex

Unit: C121

The following items or materials were sent to offender via institutional mail:

You requested to have a "Order to Answer" (1 page) e-filed into the 9th Circuit Court of Appeals docket no. 23-35083 (D.C. case no. 1:22-CV-00227-BLW). Completed. Originals attached.

Legal Mail

File A Claim, 23-90086 (CML)  
Honorable Christopher M. Lopez  
United States Bankruptcy Judge  
515 Rusk Avenue  
Houston, Texas 77002

Paisley

You will find the requested form(s)/packet(s) attached. If you have questions after you have read the material or need to make an appointment for a notary and copies, you may do so by submitting an Access to Courts Request. Black pens are available through the commissary. If you are indigent you may get a black pen through the Resource Center.

Si usted no puede leer ingles y no hay alguien quien puede leer para usted, se puede pedir que el paralegal le ayuda con entender este paquete. Para pedir asistencia usa la forma "Access to Courts Request."

THANK YOU FOR ALL YOUR CONSIDERATION

***Court Filing Record***

***Court: United States Court of Appeals for the Ninth Circuit***

***Date Submitted: 04/26/2023***

***Date Filed: 04/26/2023***

***9<sup>th</sup> Cir. Case No. 23-35083***

***Inmate No.: Alex David Tony Scott***

***Inmate No.: 98450***

***Document Title: Order to Answer***

***Total Pages: 1 (not including cover page)***

***Total: 1 of 1***

IN RE:  
TETUM CARE SERVICES, INC.,  
DEBTOR

CASE NO. 23-90086 (CML)  
CHAPTER 11  
MOTION  
"FILE A CLAIM"

I, ALEX SCOTT, AM A CREDITOR/PLAINTIFF IN ABOVE  
CASE NO. 23-90086 (CML). I AM ASKING THE COURT  
TO LEFT AUTOMATIC STAY AND ALLOW I, ALEX  
SCOTT TO PROCEED IN COURTS, UNITED STATES  
COURT OF APPEALS FOR THE NINTH CIRCUIT IN  
9TH CIR. CASE NO. 23-35083 ON MY ISSUES  
WITH DEBTOR'S EMPLOYEE IN CASE NO. 23-90086 (CML)  
WHO DEFENDANT APPELLEE IS SCOTT ANDERS ELIASON, M.D. IN CASE NO. 23-  
THIS ISSUE IN CASE NO. 23-90086 (CML) AND  
CASE NO. 23-35083 IS URGENT TO BE  
ADDRESS AND SERVED JUSTICE. (THANK YOU  
FOR ALL CONSIDERATION.

NAME: ALEX SCOTT

SIGNATURE: Alex

ADDRESS: MR. SCOTT #D.O.C. #98450

DATE: 4-25-23

J.M.S.F., J-Block  
P.O. Box 51  
BOISE, IDAHO 83707

UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT

Alex David Tony Scott,  
PLAINTIFF - APPELLANT,  
V.  
Scott Anders Eliason, M.D.,  
DEFENDANT - APPELLEE

NO. 23-35083  
D.C. NO. 1-22-CV-00227-BLW  
U.S. DISTRICT COURT FOR IDAHO, BOISE  
- MOTION -

"ORDER TO ANSWER"

I, Alex David Tony Scott, APPELLANT IN ABOVE CASE NO. 23-35083  
HAVE FILED IN UNITED STATES COURT OF APPEALS FOR THE NINTH  
CIRCUIT DOCUMENTS TITLED: "ORDER TO ANSWER" ON 4-5-23, "MOTION  
TO ORDER" ON 3-21-23, "AFFIDAVIT WITH EXHIBITS" ON 3-29-23  
WITH AGAIN "APPELLANT'S OPENING BRIEF" ON 3-29-23  
WITH EXHIBITS" ON 4-24-2023; "LEGAL LETTER" ON 3-22-2023  
ALL ABOVE IN 9TH CIR. CASE NO. 23-35083

Alex David Tony Scott HAVE NOT GOTTEN A REPLY OR  
RESPONSE TO ANY ABOVE DOCUMENTS I'VE FILED IN  
MY ABOVE CASE NO. 23-35083.

I REQUEST AN ANSWER TO ALL ABOVE DOCUMENTS  
TITLED LISTED ABOVE IN THIS MOTION "ORDER TO  
ANSWER". THANK YOU FOR THE COURTESY AND OPPOSING  
COUNCIL IN FULFILLING THIS REQUEST/MOTION.

\* NAME: Alex David Tony Scott  
\* ADDRESS: MR. SCOTT I.D.C. #98450  
I.M.S.I., J-2 UNIT, CELL 52A  
P.O. Box 51  
BOISE, IDAHO 83707

\* SIGNATURE: Alex Scott  
\* DATE: 4-26-2023

\* NAME: ALFA PAUL O LOWY SCOTT

\* ADDRESS:

MR. SCOTT I.D.O.C. #98450  
I.M.S.I., 5-2 UNIT, S2A CEN  
P.O. Box 51  
BOISE, ID, 83707

\* SIGNATURE: Alfa Scott

\* DATE: 4-28-23

MOTION "REQUESTING" TO PROCEED IN COURT P<sup>W</sup> C<sup>R</sup>.