

**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 WITNESS AND EXHIBIT LIST FOR AUGUST 16, 2024 HEARINGS**

The above-captioned debtor and debtor in possession (the “Debtor”), files this Witness and Exhibit List for the hearings to be held on **August 16, 2024, at 1:00 p.m.** (prevailing Central Time) (the “Hearings”).

**Witnesses**

1. Russell A. Perry, Chief Restructuring Officer
2. Any witness called or listed by any other party in interest; and
3. Impeachment witnesses, as necessary.

**Exhibits**

Ex. No.	Description
1.	Lone Star Alliance Declarations Page for Policy No. 4-454719
2.	Proof of Claim No. 117 filed by Tyrone Anthony Bell dated May 1, 2023
3.	Proof of Claim No. 689 filed by Gregory Libert dated August 15, 2023
4.	Proof of Claim No. 631 filed by Antoinette Windhurst dated August 11, 2023
5.	Lone Star Alliance Declarations Page for Policy No. 4-100167
6.	Coverys Specialty Insurance Company Declarations Page for Policy No. 5-10229
7.	Any document or pleading filed with the Court in the above-captioned case
8.	Any exhibit necessary for impeachment purposes

<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.



Ex. No.	Description
9.	Any exhibit identified or offered by any other party

**Reservation of Rights**

The Debtor reserves the right to supplement or otherwise amend this Witness and Exhibit List prior to the Hearings.

Respectfully submitted this 14th day of August, 2024.

**GRAY REED**

By: /s/ Jason S. Brookner

Jason S. Brookner  
Texas Bar No. 24033684  
Aaron M. Kaufman  
Texas Bar No. 24060067  
Lydia R. Webb  
Texas Bar No. 24083758  
Amber M. Carson  
Texas Bar No. 24075610

1300 Post Oak Boulevard, Suite 2000  
Houston, Texas 77056

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akaufman@grayreed.com  
lwebb@grayreed.com  
acarson@grayreed.com

*Counsel to the Debtor  
and Debtor in Possession*

**Certificate of Service**

I certify that on August 14, 2024, I caused a copy of the foregoing document to be served by the Electronic Case Filing System for the United States Bankruptcy Court for the Southern District of Texas.

/s/ Jason S. Brookner

Jason S. Brookner



**LONE STAR  
ALLIANCE**  
A RISK RETENTION GROUP

**POLICY NUMBER 4-454719**

Renewal  New Policy

**Agent – USI/HLS**

**DECLARATIONS PAGE  
Professional Liability Insurance Policy  
Occurrence**

NAMED INSURED: (including mailing address)

**Valitas Health Services, Inc.  
103 Powell Court  
Brentwood, TN 37027**

**NAMED INSURED IS A(N): Group**  
NOTICE: THIS POLICY IS ISSUED BY YOUR  
RISK RETENTION GROUP

Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

POLICY PERIOD:

Effective Date:  
Expiration Date:

**01/01/2019  
01/01/2020**

Beginning and ending at 12:01 a.m.

SPECIALTY:

**See Schedule of Insureds**

TOTAL PREMIUM:

**[REDACTED]**  
**Premium is fully earned at policy inception.**

LIMITS OF LIABILITY:

TOTAL POLICY AGGREGATE LIMIT	\$21,000,000
AGGREGATE SELF-INSURED RETENTION*	\$17,000,000
<b>MEDICAL GROUP PROFESSIONAL LIABILITY:</b>	
Each Medical Incident – Each Physician Insured Limit	\$1,000,000
Each Medical Incident – All Other Non-Physician Insureds Combined Limit	\$1,000,000
Each Medical Incident Aggregate – All Insureds Combined Limit**	\$2,000,000
Each Physician Insured Aggregate Limit	\$3,000,000
Each Medical Incident – Physician Insured Self-Insured Retention	\$1,000,000
Each Medical Incident – All Other Non-Physician Insureds Combined Self-Insured Retention	\$1,000,000
Each Medical Incident Aggregate – All Insureds Combined Self-Insured Retention**	\$2,000,000
Each Physician Insured Aggregate Self-Insured Retention	\$3,000,000

\*The Aggregate Self-Insured Retention reduces the Total Policy Aggregate Limit. The Aggregate Self-Insured Retention is reduced by damages only, not **Defense Costs**. **Defense Cost** are paid directly by the **First Named Insured** and do not erode the Limits of Insurance or the Self-Insured Retention. Thus, the maximum total amount payable as damages by Lone Star Alliance, Inc. is \$4,000,000.

\*\* The Each Medical Incident Aggregate – All Insureds Combined Limit and Self-Insured Retention apply regardless of the number of Insured defendants involved or named in a **medical incident**.

**Debtor's  
EXHIBIT 1**

This Declarations Page, along with the coverage forms and *endorsements* attached, completes the above numbered policy and is part of and subject to all terms, conditions and exclusions of the above numbered policy and any *endorsements* issued by the Corporation to the *Named Insured*.

Issue Date: 12/27/2018

AM

Countersigned by:



Authorized Representative of  
Lone Star Alliance Inc., A Risk Retention Group

| [ph 844 595 8866](tel:8445958866)  
| [www.lonestara.com](http://www.lonestara.com)

P.O. Box 160140  
Austin, Texas 78716-0140



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

Debtor 1 TEBUME CARE SERVICE INC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Southern District of TEXAS

Case number 23-90086-CML

United States Courts  
 Southern District of Texas  
**FILED**  
 MAY 01 2023  
 Nathan Ochsner, Clerk of Court



**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 of 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. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. **Who is the current creditor?** TURONE-ANTHONY BELL  
 Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor \_\_\_\_\_

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

3. **Where should notices and payments to the creditor be sent?**  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>TURONE-ANTHONY BELL #240134</u>                  Name  <u>3225 John Conley Drive</u>                  Number Street  <u>LANSING, Michigan 48116</u>                  City State ZIP Code                  Contact phone <u>248-470-9127</u>                  Contact email _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____                  Name                  _____                  Number Street                  _____                  City State ZIP Code                  Contact phone _____                  Contact email _____</p>
--	--

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

4. **Does this claim amend one already filed?**  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
 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? \_\_\_\_\_



**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: 8853

7. How much is the claim? \$ 72,365,922.42 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 civil litigation

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: \_\_\_\_\_  
**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 amounts should match the amount in line 7.)  
**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 one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* 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 acknowledgment 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 a 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 4-24-23  
MM / DD / YYYY

Tyrone Anthony Bell  
 Signature

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

Name TYRONE ANTHONY BELL  
First name Middle name Last name

Title \_\_\_\_\_

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

Address 3225 John Conley Drive  
Number Street

Lapeer Michigan 48446  
City State ZIP Code

Contact phone 248-470-9127 Email \_\_\_\_\_

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

Debtor 1 TEBUME CARE SERVICE INC

Debtor 2 (Spouse, if filing) \_\_\_\_\_

United States Bankruptcy Court for the: Southern District of TEXAS

Case number 23-90086-CML

United States Courts  
Southern District of Texas  
**FILED**  
MAY 01 2023  
Nathan Ochsner, Clerk of Court

**Official Form 410**  
**Proof of Claim**

04/22

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Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of 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. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. **Who is the current creditor?** TYRONE-ANTHONY BELL  
Name of the current creditor (the person or entity to be paid for this claim)  
Other names the creditor used with the debtor \_\_\_\_\_

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

3. **Where should notices and payments to the creditor be sent?**  
Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

<p><b>Where should notices to the creditor be sent?</b></p> <p><u>TYRONE-ANTHONY: BELL # 240134</u> Name <u>3225 John Conley Drive</u> Number Street <u>LANSING, MICHIGAN 48116</u> City State ZIP Code Contact phone <u>248-470-9127</u> Contact email _____</p>	<p><b>Where should payments to the creditor be sent? (if different)</b></p> <p>_____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____</p>
---	---

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

4. **Does this claim amend one already filed?**  
 No  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_ 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? \_\_\_\_\_

**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: 8853

7. How much is the claim? \$ 72,365,922.42 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).

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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: \_\_\_\_\_ **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 amounts should match the amount in line 7.) **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 one:

	Amount entitled to priority
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* 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 acknowledgment 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 a 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 4-24-23  
MM / DD / YYYY

Tyrone-Anthony: Bell  
Signature

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

Name TYRONE ANTHONY BELL  
First name Middle name Last name

Title \_\_\_\_\_

Company \_\_\_\_\_

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

Address 3225 John Conley Drive  
Number Street

Lapeer Michigan 48446  
City State ZIP Code

Contact phone 248-470-9127 Email \_\_\_\_\_

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

\_\_\_\_\_  
In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

\_\_\_\_\_  
DECLARATION OF TYRONE-ANTHONY: BELL IN SUPPORT OF PROOF OF CLAIM

I, Tyrone-Anthony: Bell, unsecured creditor, party-in-interest declare the following:

1.] That I have an unsecured claims against Corizon Health Inc. now d/b/a Tehume Care Service ("Tehume")in the above cpation in the United States District Court for the Eastern District of Michigan under case nos. 21-cv-10399, 21-cv-10705, 21-cv-12481 and the United States Court of Appeal in the Sixth Circuit under case no. 22-2132.

2.] That I have an unsecured claim against Tehume under the civil litigation where I was pursuing \$66 million dollars in damages under case no. 21-cv-10399; 21-cv-10705. Exhibit A

3.] I have an unsecured claim under civil litigation case no. 21-cv-12481 where I was pursuing \$6 million dollars in damages. Exhibit B

4.] That the cases are still open where I am current in the United States Court of Appeals for the Sixth Circuit case no 21-cv-12481 is assigned case no. 22-2132, case no 21-cv-10399, 21-cv-10705 has not yet been assigned a case no.

5.] I am a paralegal who has worked 5 days a week with over 2088 billable paralegal hours totaling \$365,400.00

6.] That I have spend approximately \$147.17 on postage. Exhibit C

7.] That I have spend over \$351.95 on legal books. Exhibit D



8.] That I have spent over \$21.20 on copies related to these above cased litigations. Exhibit E

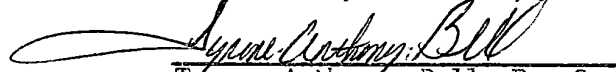
9.] That the total unsecured claim against Tehume Care Service is approximately \$72,365,922.42

VERIFICATION

I, Tyrone-Anthony: Bell, unsecured creditor/party-in-interest, declare (swear, certify, verify or state) that the aforementioned is true and correct under the penalty of perjury pursuant to 28 USC § 1746.

Date: 4/24 2023

Respectfully Submitted,



Tyrone-Anthony: Bell, Pro Se  
MDOC No. 240434  
Thumb Correctional Facility  
3225 John Conely Drive  
Lapeer, Michigan 48446

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

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In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

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EXHIBIT LIST

A- Pages from the Register of Action Case No. 21-cv-10399; 21-cv-10705

B- Pages from Register of Action case no 21-cv-12481

C- Expedited Legal Mail Receipts

D- Legal Book Receipts

E- Legal Copies Receipts

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

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In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

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EXHIBIT A

PAGES OF REGISTER OF ACTIONS case no 21-cv-10399; 21-cv-10705

**U.S. District Court  
Eastern District of Michigan (Flint)  
CIVIL DOCKET FOR CASE #: 4:21-cv-10399-SDK-EAS**

Bell v. Washington\*\*CASE CLOSED - ALL ENTRIES MUST  
BE MADE IN 21-10705.\*\*  
Assigned to: District Judge Shalina D. Kumar  
Referred to: Magistrate Judge Elizabeth A. Stafford  
Cause: No cause code entered

Date Filed: 02/12/2021  
Date Terminated: 03/18/2022  
Jury Demand: Plaintiff  
Nature of Suit: 550 Prisoner: Civil Rights  
Jurisdiction: Federal Question

**Plaintiff**

**Tyrone Anthony Bell**

represented by **Tyrone Anthony Bell**  
240434  
MUSKEGON CORRECTIONAL  
FACILITY  
2400 S. SHERIDAN  
MUSKEGON, MI 49442  
PRO SE

**Plaintiff**

**Terrell Counts**

represented by **Terrell Counts**  
922815  
SAGINAW CORRECTIONAL FACILITY  
9625 PIERCE ROAD  
FREELAND, MI 48623  
PRO SE

**Plaintiff**

**Xavier Beaumont**

represented by **Xavier Beaumont**  
457707  
SAGINAW CORRECTIONAL FACILITY  
9625 PIERCE ROAD  
FREELAND, MI 48623  
PRO SE

**Plaintiff**

**Andre Ferguson**

represented by **Andre Ferguson**  
633008  
1817 E Oltoef St  
Apt 102  
Austin, TX 78741  
PRO SE

V.

**Defendant**

**Heidi Washington**

*Director of Michigan Department of  
Corrections*

**Defendant**

**Richard D. Russell**

*Legal Administrator of MDOC*

**Defendant**

**Gary Miniard**

*Warden*

**Defendant**

**R. Morgan**

*Deputy Warden*

**Defendant**

**Carol Walker**

*Assistant Deputy Warden*

**Defendant**

**J. Anderson**

*Assistant Deputy Warden*

**Defendant**

**Raquepaw**

*Administrative Assistant*

**Defendant**

**Bischer**

*Resident Unit Manager/Supervisor*

**Defendant**

**Chalker**

*Resident Unit Manager/Supervisor*

**Defendant**

**Anderson**

*Sergeant*

**Defendant**

**Miller**

*Lt., Supervisor*

**Defendant**

**Dew**

*Correctional Officer*

**Defendant**

**Villarreal***Correctional Officer***Defendant****Aldrich***Correctional Officer***Defendant****Daniels***Correctional Officer***Defendant****Sharon Oliver***Physician***Defendant****Jane Doe***Nurse***Defendant****Corizon Healthcare**

<b>Date Filed</b>	<b>#</b>	<b>Docket Text</b>
02/12/2021	<u>1</u>	COMPLAINT filed by Tyrone Anthony Bell against Heidi Washington (Attachments: # <u>1</u> Document Continuation Civil Cover Sheet) (LGra) (Entered: 03/01/2021)
03/01/2021	<u>2</u>	NOTICE of Mediation Program (LGra) (Entered: 03/01/2021)
03/04/2021	<u>3</u>	ORDER to Correct Deficiency for failure to submit filing fee. <b>Correction due by 4/5/2021</b> Signed by Magistrate Judge R. Steven Whalen. (TTho) (Entered: 03/04/2021)
03/04/2021		TEXT-ONLY CERTIFICATE OF SERVICE re <u>3</u> Order to Correct Deficiency (Habeas and 1983 Complaints Only) on Tyrone Anthony Bell, 240434, SAGINAW CORRECTIONAL FACILITY, 9625 PIERCE ROAD, FREELAND, MI 48623 (TTho) (Entered: 03/04/2021)
03/18/2021	<u>5</u>	APPLICATION [Motion] to Proceed without prepaying fees or costs by Tyrone Anthony Bell. (SSch) (Entered: 04/01/2021)
03/25/2021	<u>4</u>	Notice Regarding Parties' Responsibility to Notify Court of Address Changes (KCas) (Entered: 03/25/2021)
04/02/2021	<u>6</u>	ORDER granting <u>5</u> Application to Proceed Without Prepaying Fees or Costs and Directing Payment of an Initial Partial Filing Fee in the amount of \$20 and subsequent payments. Signed by Magistrate Judge R. Steven Whalen. (TTho) (Entered: 04/02/2021)
04/02/2021		TEXT-ONLY CERTIFICATE OF SERVICE re <u>6</u> Order on Application to Proceed Without Prepaying Fees or Costs on Tyrone Anthony Bell 240434 SAGINAW

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

---

In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

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EXHIBIT B

PAGES FROM REGISTER OF ACTION case no 21-cv-12481



**U.S. District Court  
Eastern District of Michigan (Detroit)  
CIVIL DOCKET FOR CASE #: 2:21-cv-12481-SJM-PTM  
Internal Use Only**

Bell v. Washington et al  
Assigned to: District Judge Stephen J. Murphy, III  
Referred to: Magistrate Judge Patricia T. Morris  
Cause: No cause code entered

Date Filed: 10/08/2021  
Jury Demand: Both  
Nature of Suit: 550 Prisoner: Civil Rights  
Jurisdiction: Federal Question

**Plaintiff**

**Tyrone A. Bell**

represented by **Tyrone A. Bell**  
240434  
MUSKEGON CORRECTIONAL  
FACILITY  
2400 S. SHERIDAN  
MUSKEGON, MI 49442  
PRO SE

V.

**Defendant**

**Heidi Washington**

represented by **Allan J. Soros**  
Michigan Department of Attorney General  
MDOC Division  
P.O. Box 30217  
525 W. Ottawa  
Lansing, MI 48909  
517-335-3055  
Fax: 517-335-7157  
Email: sorosa@michigan.gov  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Robert Naples**

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Connie Horton**

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Tim O'Bell Winn**

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**James Corrigan**

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Carol Walker**

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Ducan Maclearn**

*TERMINATED: 04/08/2022*

**Defendant**

**David LaLonde**

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**T. Eicher**

*Correctional Officer*

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**A. Ortiz**

*Correctional Officer*

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Libby**

*Correctional Officer*

represented by **Allan J. Soros**  
(See above for address)  
*ATTORNEY TO BE NOTICED*  
*Bar Status: Not Sworn*

**Defendant**

**Babcock**  
*Correctional Officer*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Miller**  
*Correctional Officer*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**M. Macdonald**  
*Correctional Officer*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Weems**  
*C/O*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**M. Aldrich**  
*C/O*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Bond**  
*C/O*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Trombley**  
*C/O*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Dave Berry**  
*Quartermater*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**T. Corey-Spiker**  
*Resident Unit Manager*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**James Bischer**  
*Resident Unit Manager*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Jodie Anderson**  
*Resident Unit Manager*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**Barry R. Butler**  
*Resident Unit Manager*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**D. Plumm**  
*Assist. Resident Unit Manager*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**John McCollum**  
*Hearing Investigator*

represented by **Allan J. Soros**  
(See above for address)  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Not Sworn*

**Defendant**

**David Theut**  
*Hearing Officer*

represented by **Bryan William Beach**  
MI Attorney General's Office  
525 W. Ottawa Street  
P.O. Box 30736  
Lansing, MI 48909  
517-373-6434  
Fax: 517-373-2454  
Email: beachb@michigan.gov  
**ATTORNEY TO BE NOTICED**  
*Bar Status: Sworn*

**Defendant**

**John Doe #2**

*Inspector*

**Defendant**

**John Doe #3**

*Inspector*

**Defendant**

**Michael McLean**

*Grievance Coordinator*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**

**Reesie A. Stranaly**

*Nurse*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**

**Bethany Stain**

*Nurse*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**

**Melissa laPlunt**

*Health Unit Manager*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**

**Amy**

*Nurse*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**

**McDowell**

*Nurse*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**

**Richard D. Russell**

*Legal Administrator*

represented by **Allan J. Soros**

(See above for address)

**ATTORNEY TO BE NOTICED**

*Bar Status: Not Sworn*

**Defendant**



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

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In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

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EXHIBIT C

EXPEDITED LEGAL MAIL RECEIPTS



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-56 Institution Leaune Correctional Facility-ICF

Prisoner Number 240724 Prisoner Name Tyrone-Anthony Bell

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 23-90086

Pay To United States Bankruptcy Court for the Southern District of Texas

Mailing Address Bob Casey United States Courthouse  
515 Rusk Avenue, Houston TX 77002  
Request to Lift Stay, Brief in Support w/ Attachment

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 3-6-23 1:50A

Received by [Signature] Staff Signature [Signature]

Date & Time Received by Authorizing Staff 3-6-23 1:50am

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_

Section Below to be Completed by Mail Room Staff

Placed in Mail by C. Kelts Signature [Signature]

Postage Amount \$1.98 Date Placed in Outgoing Mail 3-6-23

Only Business Office Staff are to Write in the Section Below

Postage \$1.98 Total Obligation \$ —  Court Filing Fee Denied Due to NSF

Filing Fee \$ — Check # —

Date Copy Sent to Prisoner 3-7-23

Processed by C. Kelts GDA Signature [Signature]

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

3-7-23 1:50 am

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-50 Institution Lapeer Correctional Facility-ICF

Prisoner Number 260424 Prisoner Name Tyrone-Anthony Bell

Legal Postage Filing Fee Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 21-cv-12481; 21-cv-10399; 21-cv-10705; 22-2102

Pay To Allen J. Sores, AAG, Office of Attorney General, MDOC Division

Mailing Address P.O. Box 30217, 525 W. Ottawa St., Lansing, Michigan 48909

Plaintiff's Motion to Lift Automatic Stay; Motion to Allow Limited Discovery and Brief in Support

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Date & Time Submitted 3-6-23 18:35A

Received by Staff Signature

Date & Time Received by Authorizing Staff 3-6-23 8:35 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by C. Kelts Signature

Postage Amount \$ 1.98 Date Placed in Outgoing Mail 3-6-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 1.98 Total Obligation \$ - Court Filing Fee Denied Due to NSF

Filing Fee \$ - Check #

Date Copy Sent to Prisoner 3-7-23

Processed by C. Kelts BDA Signature

DISTRIBUTION: Prisoner Accounting Prisoner Counselor's File Prisoner

3-3-23 19 PM

MICHIGAN DEPARTMENT OF CORRECTIONS

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-56 Institution LAPEER CORRECTIONAL FACILITY  
Prisoner Number 240434 Prisoner Name TYRONE-ANTHONY BELL  
Type or Print Clearly  
 Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 22-2132

Pay To United States Court of Appeals  
Mailing Address For the Sixth Circuit  
100 E Fifth Street Room 540  
Cincinnati, Ohio

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 3-6-23, 8:35A  
Received by K. Shannon PC Staff Signature [Signature]  
Type or Print Name & Title  
Date & Time Received by Authorizing Staff 3-6-23 1 8:35 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by C. Kelts Signature [Signature]  
Type or Print Name & Title  
Postage Amount \$ 1.74 Date Placed in Outgoing Mail 3-6-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 1.74 Total Obligation \$  Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner 3-7-23

Processed by

Type or Print Name & Title

C. Kelts GOA

Signature

[Signature]

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

2.9 PZ. LG ENV.

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-56 Institution Lake County Correctional Facility-JCF

Prisoner Number 247634 Prisoner Name Tyrone-Anthony Bell

Legal Postage Filing Fee Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 21-cv-12481; 21-cv-10399; 21-cv-10795; 22-2132

Pay To Nicholas Pillow, Cheppan Law Group, 1441 West Long Lake Road,

Mailing Address Suite 310, Troy, Michigan 48069 Attorney For Prisoner

Plaintiff's Motion to lift automatic stay under chapter 11; Motion to allow limited discovery

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 3-7-23 18:35A

Received by X Shuman IC Staff Signature X [Signature]

Date & Time Received by Authorizing Staff 3-6-23 18:35 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by C. Kelts Signature C. Kelts

Postage Amount \$1.98 Date Placed in Outgoing Mail 3-6-23

Only Business Office Staff are to Write in the Section Below

Postage \$1.98 Total Obligation \$ - Court Filing Fee Denied Due to NSF

Filing Fee \$ - Check # -

Date Copy Sent to Prisoner 3-7-23

Processed by C. Kelts GSOA Signature C. Kelts

DISTRIBUTION: Prisoner Accounting Prisoner Counselor's File Prisoner

3.8 07 19 ENV





MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock Ca-36 Institution Lapeer Correctional Facility-TCF

Prisoner Number 290434 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-12481; 22-2132

Pay To Judge Stephen J. Murphy III, United States District Court Eastern District of Michigan, United States Courthouse, 251 W. Lafayette Blvd. Detroit, Michigan 48226

Mailing Address Plaintiff's Motion To Lift Automatic Stay Under Chapter 11; Motion For Limited Discovery; Brief in Support

Plaintiff's Motion To Lift Automatic Stay Under Chapter 11; Motion For Limited Discovery; Brief in Support

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 3-6-23 18:35A

Received by Staff Member Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 3-6-23 8:35 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by C. Kelts Signature [Signature]  
Type or Print Name & Title

Postage Amount \$1.74 Date Placed in Outgoing Mail 3-6-23

Only Business Office Staff are to Write in the Section Below

Postage \$1.74 Total Obligation \$ —  Court Filing Fee Denied Due to NSF

Filing Fee \$ — Check # —

Date Copy Sent to Prisoner 3-7-23

Processed by C. Kelts GDA Signature [Signature]  
Type or Print Name & Title

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

2.9.07.19.ENV.

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-ICF

Prisoner Number 240454 Prisoner Name Tyrone-Anthony Bell

[X] Legal Postage [ ] Filing Fee \$ [ ] Certified Mail (Must Be a Court Ordered Requirement)

[ ] New Case [X] Case Number 23-90086-CML

Pay To Warren J. Stapleton, Osborn Malcom PA, 2929 North Central Ave.

Mailing Address Suite 2000, Phoenix, Arizona 85012

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 4-3-23 12:08

Received by [Signature] Type or Print Name & Title [Signature] Staff Signature [Signature]

Date & Time Received by Authorizing Staff 4-3-23 12:08

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

PAID

Denied by [Signature] Type or Print Name & Title [Signature] Signature [Signature]

Section Below to be Completed by Mail Room Staff

Placed in Mail by CKELTS GOA Signature [Signature] Type or Print Name & Title [Signature]

Postage Amount \$2.46 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$2.46 Total Obligation \$ 0 [ ] Court Filing Fee Denied Due to NSF

Filing Fee \$ 0 Check #

Date Copy Sent to Prisoner

Processed by CKELTS GOA Signature [Signature] Type or Print Name & Title [Signature]

DISTRIBUTION: [ ] Prisoner Accounting [ ] Prisoner [ ] Counselor's File [ ] Prisoner

5-2-07 LG ENV



MICHIGAN DEPARTMENT OF CORRECTIONS

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-TCF

Prisoner Number 240434 Prisoner Name Tyrons-Anthony: Bell

Legal Postage Filing Fee \$ Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 23-90086

Pay To Charissa C. Brady, Stinson LLP, 1850 N. Central Avenue, Suite 2100

Mailing Address Phoenix, Arizona 85004-4584

ANS 67 202.5

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 4-3-23

Received by [Signature] Type or Print Name & Title Staff Signature [Signature]

Date & Time Received by Authorizing Staff 4-3-23 12:08pm

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

PAID

Denied by [Signature] Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by CKelts GOA Signature CKelts

Postage Amount \$2.46 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$2.46 Total Obligation \$0 Court Filing Fee Denied Due to NSF

Filing Fee \$0 Check #

Date Copy Sent to Prisoner

Processed by CKelts GOA Signature CKelts

DISTRIBUTION: Prisoner Accounting Prisoner Counselor's File Prisoner

Proof of Service  
In re: Tyron Bell Case No. 23-90086-123, Detroit

MICHIGAN DEPARTMENT OF CORRECTIONS  
DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER) CSJ-318  
REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-TCF  
Prisoner Number 240434 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)  
 New Case  Case Number 23-90086-GML

Pay To Phillip J. Ashfield, Stinson, LLP, 50 South Sixth St. #2600,  
Mailing Address Minneapolis, MN 55402 and Edwin H. Caldic

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 4-3-23 12:08pm  
Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title \_\_\_\_\_  
Date & Time Received by Authorizing Staff 4-3-23 12:08pm

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

**PAID**

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by CKelts GOA Signature [Signature]  
Type or Print Name & Title  
Postage Amount \$2.46 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 2.46 Total Obligation \$ 0  Court Filing Fee Denied Due to NSF  
Filing Fee \$ 0 Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_  
Processed by CKelts GOA Signature [Signature]  
Type or Print Name & Title

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

5.4.02 lg env

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-TCF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell

[X] Legal Postage [ ] Filing Fee \$ [ ] Certified Mail (Must Be a Court Ordered Requirement)

[ ] New Case [X] Case Number 23-90086-01L

Pay To Jason Breakner, Aaron Koufran, Lydia Webb, Amber M. Carson, 1300 Post

Mailing Address Oak Blvd. Suite 2000, Houston, Texas 77056

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 4-3-23 11:20 AM

Received by [Signature] Type or Print Name & Title [Name] Staff Signature [Signature]

Date & Time Received by Authorizing Staff 4-3-23 12:18 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

PAID

Denied by [Signature] Type or Print Name & Title [Name] Signature [Signature]

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Type or Print Name & Title [Name] Signature [Signature]

Postage Amount \$2.46 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$2.46 Total Obligation \$0 [ ] Court Filing Fee Denied Due to NSF

Filing Fee \$0 Check #

Date Copy Sent to Prisoner

Processed by [Signature] Type or Print Name & Title [Name] Signature [Signature]

5-2-02 19 ENV

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-ICF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony Bell

Legal Postage Filing Fee Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 23-90086-CML

Pay To Martin L. Besech, Cedarlow LLC, 110 East Lockwood Ave

Mailing Address St. Louis, MO 63119

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Date & Time Submitted 4-3-23 1:12 PM

Received by Staff Signature

Date & Time Received by Authorizing Staff 4-3-23 12:00 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain) PAID

Denied by Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by CKetts GOA Signature

Postage Amount \$2.46 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$2.46 Total Obligation \$0 Court Filing Fee Denied Due to NSF

Filing Fee \$0 Check #

Date Copy Sent to Prisoner

Processed by CKetts GOA Signature

DISTRIBUTION: Prisoner Accounting Prisoner Counselor's File Prisoner

53 of 19 env.

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-TCF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony Ball  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 23-90086-QML

Pay To United States Bankruptcy Court for the Southern District of Texas  
Mailing Address Bob Casey United States Courthouse, 515 Risk Ave. Houston, TX 77002

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Ball Date & Time Submitted 4-3-23 11:00 AM

Received by K. Stinson Type or Print Name & Title Staff Signature [Signature]

Date & Time Received by Authorizing Staff 4-3-23 12:00 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

**PAID**

Denied by \_\_\_\_\_ Type or Print Name & Title Signature \_\_\_\_\_

Section Below to be Completed by Mail Room Staff

Placed in Mail by CKELTS GOA Type or Print Name & Title Signature [Signature]

Postage Amount \$3.66 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 3.66 Total Obligation \$ 0  Court Filing Fee Denied Due to NSF

Filing Fee \$ 0 Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by CKELTS GOA Type or Print Name & Title Signature [Signature]

10.3.02 LG ENV



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock CA-58 Institution Lapeer Correctional Facility-TCF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony; Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 23-90086-CML

Pay To Zachary Esenway, Stinson LLP, 1201 Walnut Street, Suite 2900

Mailing Address Kansas City, Missouri 64106-2150 Michael Peppas, Nicholas Zludicky

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 4-3-23 11:20 AM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 4-3-23 12:08 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

**PAID**

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by C. Kelts GSA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 2.46 Date Placed in Outgoing Mail 4-5-23

Only Business Office Staff are to Write in the Section Below

Postage \$ 2.46 Total Obligation \$ 0  Court Filing Fee Denied Due to NSF

Filing Fee \$ 0 Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by C. Kelts GSA Signature [Signature]  
Type or Print Name & Title

5.2.02 19.50V. 2023 5/1







MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 70012 Institution Michigan Correctional Facility

Prisoner Number 440124 Prisoner Name Tyrone-Anthony: bell  
Type or Print Clearly 3.75

Legal Postage  Filing Fee \$ 3.75  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-2144 7018 3090 0000 9231 4582

Pay To John Howell, Michigan Secretary of State, Mail Division

Mailing Address 10000 Michigan Ave, 525 West Ottawa Street, P.O. Box 20412  
Lansing, Michigan 48205

Prisoner Signature, Date, and Certified Mail Green Check for Return Receipt

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony: Bell Date & Time Submitted 1-31-22 12:09 PM

Received by L. Davis Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 1/31/22 1 2:04 pm

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummings Signature [Signature]  
Type or Print Name & Title

Postage Amount \$16.05 Date Placed in Outgoing Mail 2-1-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-92 Institution Logan Correctional Facility-SWF

Prisoner Number 206436 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12481

Pay To Ryan W. Beach, AG, Attorney for David Thant

Mailing Address Civil Rights & Elections Division  
P.O. Box 30736, Lansing, Michigan 48909  
Plaintiff's Reply To Deny and to Strike Motion to Dismiss

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 5-11-22 19:45

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5-11-22 0945

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.50 Date Placed in Outgoing Mail 5-12-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 100-97 Institution Logansport Correctional Facility - MI

Prisoner Number 244634 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12431

Pay To Clerk of the Court, Prison State District Court

Mailing Address Eastern District District of Michigan, United States Courthouse  
600 Church Street, Flint, Michigan 48502

Plaintiff's Reply To Lony and to Strike Motion to Dismiss

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 5-11-22 12:41 PM

Received by REGAN Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5-11-22 1:09 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummings Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.56 Date Placed in Outgoing Mail 5-12-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF.

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 100-92 Institution SCOTTSDALE CORRECTIONAL FACILITY

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12401

Pay To Clerk of the Court United States District Court

Mailing Address Eastern District of Michigan United States Courthouse

600 Cannon Street, Flint, Mich. 48502

Plaintiff's Showing of Cause Not To Dismiss

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3-6-22 12:00 PM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 3/4/22 1400

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Bourchomp/COA Signature M.B.  
Type or Print Name & Title

Postage Amount \$ 2.16 Date Placed in Outgoing Mail 3-7-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-92 Institution Saginaw Correctional Facility

Prisoner Number 240134 Prisoner Name Tyrone-Anthony: Bell

Legal Postage Filing Fee \$ Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 21-12401

Pay To George Stephen J. Murphy III, United States District Court

Mailing Address Eastern District Of Michigan, Southern Division 600 Church St.

Flint, Michigan 48502

Plaintiff's Objection to Court May 27, 2022 Order

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Date & Time Submitted 6-7-22 10:30 AM

Received by DC GAH Staff Signature

Date & Time Received by Authorizing Staff 6-7-22, 10:30 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Type or Print Name & Title Signature

Postage Amount \$ 1.30 Date Placed in Outgoing Mail 6-5-22

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by

Type or Print Name & Title

Signature

DISTRIBUTION: Prisoner Accounting, Prisoner, Counselor's File, Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-92 Institution Saginaw Correctional Facility-SRF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell

Legal Postage Filing Fee Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 21-cv-12481

Pay To Allen J. Soros, MAG, MDCC Division

Mailing Address P.O. Box 30217, Lansing, Michigan 48909

Plaintiff's Objections to Court's May 27, 2022 Order

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Date & Time Submitted 6-7-22 12:30 PM

Received by PCGNIT Staff Signature

Date & Time Received by Authorizing Staff 6-7-22 12:30 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Type or Print Name & Title Signature

Postage Amount \$ 1.36 Date Placed in-Outgoing Mail 6-8-22

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by Type or Print Name & Title Signature



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

**DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)**

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock # \_\_\_\_\_ Institution \_\_\_\_\_

Prisoner Number 201228 Prisoner Name Tyrone-Anthony Bell  
 Type or Print Clearly

Legal Postage  Filing Fee \$ \_\_\_\_\_  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number \_\_\_\_\_

Pay To MICHAEL ANTHONY BELL

Mailing Address 10000 217  
40002 Detroit MI 48201  
Verizon Complaint, Request for U.S. Marshall Service, waiver of fees

**The Following Section Must Be Completed In Authorizing Staff Member's Presence**

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 10-8-21 11:20 AM

Received by M. GUARD PC Staff Signature [Signature]  
 Type or Print Name & Title

Date & Time Received by Authorizing Staff 10/8/21, 11:20

**Authorization Denied**

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain) \_\_\_\_\_

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
 Type or Print Name & Title

**Section Below to be Completed by Mail Room Staff**

Placed in Mail by Cummings Signature [Signature]  
 Type or Print Name & Title

Postage Amount \$ 1.96 Date Placed in Outgoing Mail 10-8-21

**Only Business Office Staff are to Write in the Section Below**

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
 Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 770-114 Institution Saginaw Correctional Institution

Prisoner Number 2401 Prisoner Name Tyrone Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number

Pay To U.S. District Court Eastern District of Michigan

Mailing Address 201 W. Lafayette Blvd.  
East Lansing, Michigan 48826  
Attention: Clerk of Court, U.S. District Court, Eastern District of Michigan

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 10-8-21 11:20 AM

Received by M. G. [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 10/8/21 11:20

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$2.16 Date Placed in Outgoing Mail 10-8-21

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-210 Institution Eastern Correctional Facility

Prisoner Number 210930 Prisoner Name Tyrone-Anthonys Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 700-210

Pay To Court of the County of Wayne State District Court

Mailing Address Clerk of the Court of Michigan, United States District Court

733  
200 West Wackerly Drive, Detroit, Michigan 48226  
Included envelope to the Clerk of the Court for processing

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 12/27/21 10:40AM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 12/27/21 08:10

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummings Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 3.56 Date Placed in Outgoing Mail 12-27-21

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 2018 Institution Michigan Department of Corrections

Prisoner Number 2018 Prisoner Name Tyrone Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)  
 New Case  Case Number 2018 # 2018-3090-0000-9231-4567

Pay To Dana Nessel

Mailing Address 525 W. Ottawa St.

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Bell Date & Time Submitted 11/30/21 2:59

Received by PC GR Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 11/30/21 2:59

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummins Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 8.76 Date Placed in Outgoing Mail 12-1-21

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-156 Institution Saginaw Correctional Facility

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: bell

Legal Postage Filing Fee \$ Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number

Pay To Bill Schuette, Michigan Attorney General,

Mailing Address G. Mennen Williams Bldg. 7th Fl., P.O. Box 30212 Lansing, Michigan 48909

Missing (exhibit) Brief for the Application For Leave To Appeal

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 2-5-21 1:21 PM

Received by PC Bisner Staff Signature [Signature]

Date & Time Received by Authorizing Staff 2-5-21 0928

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by [Signature] Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Benurhamp/GOA Signature M.B.

Postage Amount \$7.20 Date Placed in Outgoing Mail 2-5-21

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by [Signature] Type or Print Name & Title Signature

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-92 Institution Saginaw Correctional Facility-SNF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12431

Pay To Dylan W. Laron, AAG, Michigan Attorney General

Mailing Address Civil Rights & Elections Division, P.O. Box 30736  
Lansing, Michigan 48909

Plaintiff's Motion for Default and Supporting Documents

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 5-23-22 12:30

Received by M. Corbett Riva Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5/23/22 0830

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummings Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.76 Date Placed in Outgoing Mail 5-24-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-92 Institution Saginaw Correctional Facility-SAF

Prisoner Number 240434 Prisoner Name Tyrone Anthony Bell

Legal Postage Filing Fee Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 2:21-cv-12481

Pay To United States District Court Eastern District of Michigan

Mailing Address United States Courthouse, 600 Church Street  
Flint, Michigan 48502

Plaintiff's Motion For Default Judgment and Supporting Documents

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 5-23-22 12:30

Received by M. G. ... Staff Signature

Date & Time Received by Authorizing Staff 5/23/22 0830

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in 'OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by ... Signature

Postage Amount \$ 1.96 Date Placed in Outgoing Mail 5-24-22

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by Signature

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 10-92 Institution eginaw Correctional Facility

Prisoner Number 240434 Prisoner Name Tyrone-Anthonny: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12461

Pay To Allen J. Soros, AAG

Mailing Address Michigan Attorney General, MDOC Division,  
P.O. Box 30217, Lansing, Michigan 48906  
Plaintiff's Motion for Default and Supporting Documents

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthonny Bell Date & Time Submitted 5-23-22 1:30 PM

Received by M. GARRIN PC Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5/23/22 1:00 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by

Type or Print Name & Title \_\_\_\_\_ Signature \_\_\_\_\_

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummings Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.710 Date Placed in Outgoing Mail 5-24-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-1506 Institution Washtenaw Correctional Facility-MI

Prisoner Number 240454 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 23-21-CV-12061

Pay To Judge Stephen J. Murphy II, United States District Court  
Mailing Address Eastern District of Michigan 600 Church St. Flint, MI 48502  
Plaintiff's Motion to Transfer back to an institution  
in the Eastern District based on regulatory transfer

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Bell Date & Time Submitted 6-9-24 1:12:30pm

Received by Mc Jones Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 6-9-24 1:12:36

- Authorization Denied**
- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
  - Not hand delivered to authorizing staff member
  - Does not include court order for handling as certified mail
  - Prisoner refused to sign & date in staff member's presence
  - New case or case number not on form
  - Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Prisoner or Staff

Placed in Mail by Deborah - GFA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$436 Date Placed in Outgoing Mail 6/10/24

Only Business Office Staff may fill in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-1521 Institution Michigan Correctional Facility-DET

Prisoner Number 20064 Prisoner Name TYRONE-ANTHONY: BELL  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-12401

Pay To ALBERT J. SOROS, AGG, MAC DIVISION

Mailing Address P.O. BOX 30217 LANSING, MICHIGAN 48207

Plaintiff's Motion to Transfer Plaintiff Lock to An Institution in The Eastern District Based On The Explanatory Statement

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 6-9-22 11:23 AM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 6-9-22 11:23 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Placed in Mail by OS PRISONER-DET Signature [Signature]  
Type or Print Name & Title

Postage Amount \$1.30 Date Placed in Outgoing Mail 06/10/22

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-1226 Institution Muskegon Correctional Facility-MUS

Prisoner Number 20043 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-12402

Pay To DEYUN W. BROWN, AIG, CIVIL RIGHTS & ELECTIONS DIVISION

Mailing Address P.O. BOX 39700, LANSING, MICHIGAN 48209

Plaintiff's Address: To Transfer Plaintiff Back to An Institution  
In The Eastern District Court Of The Republic Of Michigan

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Bell Date & Time Submitted 5-9-22 11:36 AM

Received by PC BONES Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 6-9-22 11:22

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by DEBORAH DODD Signature [Signature]  
Type or Print Name & Title

Postage Amount \$4.36 Date Placed in Outgoing Mail 6/11/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 0-103-B Institution Michigan Correctional Facility-1700

Prisoner Number 211004 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12461

Pay To Donald R. Bell, Attorney General, Department of Attorney General

Mailing Address P.O. Box 30217, Lansing, Michigan 48909

enclosed is 1 copy of Plaintiff's Objections, Declaration in  
Application In Support, Disputed Fees, brief In Opposition of  
summary Judgment Warrants

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 6-29-22 18:30:00

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title AK OMS

Date & Time Received by Authorizing Staff 6-29-22 10:22

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by DECLARATION OMA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$2.36 Date Placed in Outgoing Mail 6/29/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature APPROVED  
Type or Print Name & Title JUL 06 2022

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

CFA KINROSS BUS. OFF.

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 111111 Institution Michigan State Prison

Prisoner Number 111111 Prisoner Name TYRONE-ANTHONY BELL  
Type or Print Clearly

Legal Postage  Filing Fee \$             Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 111111

Pay To George Stephen J. Murphy, Esq., District Director, District Court

Mailing Address 1000 West Main Street, Detroit, Michigan 48226  
1000 West Main Street, Detroit, Michigan 48226

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 6-29-22 10:22 AM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 6-29-22 10:22

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 756 Date Placed in Outgoing Mail 7/6/2022

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

APPROVED

JUL 06 2022

Processed by \_\_\_\_\_ Signature CFA KINROSS-BUS. OFF.  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-b Institution Washtenaw Correctional Facility-MCF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-12481

Pay To Allen J. Sorens, AAG, Michigan Attorney General Office

Mailing Address Michigan Department of Attorney General, FDCC Division,

P.O. Box 30217, Lansing, Michigan 48909

Plaintiff's Request for Interrogatories, Documents, Admissions

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 7-13-22 18:15pm

Received by R.C. Jones Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 7-14-22 10:16

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain) [Handwritten Note]
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by 955 Cantlon - DDA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.68 Date Placed in Outgoing Mail 7/15/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-B Institution Washtenaw Correctional Facility-MDF

Prisoner Number 240434 Prisoner Name Tyrone-Anthonv. Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12481

Pay To Allen J. Loran, AAG, Michigan Department of Attorney General

Mailing Address ADOC Division, P.O. Box 30217, Lansing, Michigan 48919

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 7/25/22 12:00 PM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 7.25.22 11:48

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by V. McKee Signature V. McKee  
Type or Print Name & Title

Postage Amount \$1.05 Date Placed in Outgoing Mail 7/25/22 5:00 PM

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock S-152-D Institution Washtenaw Correctional Facility-ACF

Prisoner Number 240324 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12481

Pay To Judge Stephen J. Murphy III, United States District Court

Mailing Address Eastern District of Michigan United States Courthouse

251 West Lafayette Blvd. Detroit, Michigan 48226

Motion For Appointment of Counsel, Memorandum In Support & other documents

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 7-25-21 12:08pm

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 7-25-21 11:08

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by KMcKee Signature KMcKee  
Type or Print Name & Title

Postage Amount \$ 1.29 Date Placed in Outgoing Mail 7/25/21 5:00pm

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-B Institution Inkster Correctional Facility-MIF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12461

Pay To Bryan B. Lorch, AAG, Michigan Department of Attorney General

Mailing Address Civil Rights & Elections Division,  
P.O. Box 30736, Lansing, Michigan 48909

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 7/25/22 12:08 PM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 7-25-22 11:40 AM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Knickke Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.05 Date Placed in Outgoing Mail 7/25/22 5:00 PM

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-B Institution Nuskegon Correctional Facility

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-12481

Pay To Judge Stephen J. Murphy III, United States District Court

Mailing Address Eastern District of Michigan, United States Courthouse

251 West Lafayette Blvd, Detroit, Michigan 48226

Plaintiff's Timely Filed Notice of Appeal

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 7/28/22 12:30 PM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 7-28-22 1:45 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Placed in Mail by K McKee Signature [Signature]  
Type or Print Name & Title

Postage Amount \$1.29 Date Placed in Outgoing Mail 7/29/22 5:00 AM

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-152-B Institution Michigan Correctional Facility-MCF

Prisoner Number 330434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12461

Pay To Stephen J. Murphy III, United States District Court Eastern District

Mailing Address of Michigan, United States Courthouse 600 Church St., Flint MI 48502

Plaintiff's Requesting the Clerk of the Court to Forward Documents, Appeal by Right from the June 29, 2022 Opinion and Order, Brief in Support of Appeal by Right from the June 29, 2022 Opinion & Order

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 8-4-22 11:14A

Received by [Signature] Type or Print Name & Title Re Jente S Staff Signature [Signature]

Date & Time Received by Authorizing Staff 8/4/22 11:14

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Deborah - OPA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$3.10 Date Placed in Outgoing Mail 8/14/22

Only Business Office Staff are to Write In the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-b Institution Muskegon Correctional Facility-MUF

Prisoner Number 260434 Prisoner Name Tyrons-Anthony: Bell

Legal Postage Filing Fee \$ Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 2:21-cv-12481

Pay To Bryan W. Losh, AAG, Michigan Department of Attorney General

Mailing Address Civil Right & Election Division, P.O. Box 39736, Lansing, MI 48906

Appeal by Right from the June 29, 2022 Opinion and Order

brief in Support of Appeal By Right from June 29, 2022 Opinion & Order

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 6-4-22 11:14

Received by RC Jones Staff Signature [Signature]

Date & Time Received by Authorizing Staff 8.4.22 11:54

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by [Signature] Signature [Signature]

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]

Postage Amount \$21.04 Date Placed in Outgoing Mail [Signature]

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by [Signature] Signature [Signature]

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock J-132-b Institution Hastings Correctional Facility-MCF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12481

Pay To Allan J. Soroc, AAG, Michigan Department of Attorney General

Mailing Address MDCC Division, P.O. Box 30217, Lansing, Michigan 48909

Plaintiff's Objection To defendants' reply, Plaintiff's Response

Opposing MDCC Defendants' Motion To Stay Discovery and Brief In Support of Opposition

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 8-14-22 11:14 AM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title RC JAMES

Date & Time Received by Authorizing Staff 8-11-22 11:14

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by A. Seaman-OBA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$7.68 Date Placed in Outgoing Mail 8/12/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock: 5-132-B Institution Washtenaw Correctional Facility-MCF

Prisoner Number 260434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 2:21-cv-12461

Pay To United States Court of Appeal for the Sixth Circuit

Mailing Address 100 E. Fifth Street, Ste. 500, Cincinnati, Ohio 45202

Plaintiff's Appeal by Right from the June 29, 2022 Opinion and Order  
Plaintiff's brief in support of appeal by right from the June 29, 2022 Opinion and Order

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 8-6-22 11:17 AM

Received by RE Jones Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 8-4-22 1:31 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP-05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by

Type or Print Name & Title

Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by DISPATCH-OPF Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 7.88 Date Placed in Outgoing Mail 8/15/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by

Type or Print Name & Title

Signature



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-152-B Institution Mustang Correctional Facility-MCF

Prisoner Number 280434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$         Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 22-1702

Pay To United States Court of Appeals For the Sixth Circuit

Mailing Address 100 East Fifth Street, Room 540

Cincinnati, Ohio 45202-3880

Plaintiff-Appellants's Motion For Paper Status and Attachments

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 8-29-22

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 8-29-22 1:09:21

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 7.92 Date Placed in Outgoing Mail 8/30/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-213 Institution Saginaw Correctional Facility

Prisoner Number 240434 Prisoner Name Tyrone Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number

Pay To Ward, Washington, Director

Mailing Address P.O. Box 30005

LANSING, Michigan 481023

Verified Complaint Technology Billing

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 8:30 June 1, 2020

Received by [Signature] Type or Print Name & Title Prisoner Staff Signature [Signature]

Date & Time Received by Authorizing Staff 6/1/20 0830

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 15 Date Placed in Outgoing Mail 6-9-20

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-102-B Institution Muskegon Correctional Facility-MCF

Prisoner Number 240535 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 22-2132

Pay To United States Court of Appeals for the Sixth Circuit

Mailing Address 100 E. Fifth Street, Room 540, Cincinnati Ohio 45202-3986  
Mainstaff-Appellant's Motion For Proper Status and Attorneys

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 1-13-23 11:25:00

Received by Ke Jones Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 1-13-23 11:25:00

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by K Brown Signature K Brown  
Type or Print Name & Title

Postage Amount \$1.68 Date Placed in Outgoing Mail 1/11/23

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

DISTRIBUTION:  Prisoner Accounting  Prisoner  Counselor's File  Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock S-132-t Institution Easton Correctional Facility-100

Prisoner Number 200434 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-10705; 21-cv-10399

Pay To United States District Court Eastern District of Michigan  
Mailing Address United States Courthouse, 231 West Lafayette Blvd. Detroit, MI 48226  
Plaintiff's Objections to DOJ Nos 2851 286 and Exhibit attached

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 1-23-23 12:17 PM

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 1/23/23 11:45

- Authorization Denied**
- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
  - Not hand delivered to authorizing staff member
  - Does not include court order for handling as certified mail
  - Prisoner refused to sign & date in staff member's presence
  - New case or case number not on form
  - Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$770 Date Placed in Outgoing Mail 1/24/23

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_  
Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-L Institution Lansing Correctional Facility-MF

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-10705; 21-cv-10397

Pay To Allen J. Szos, AGG Office of Michigan Attorney General, P.O. Box

Mailing Address 30217, 525 W. Ottawa, Lansing, Michigan 48909

Plaintiff's Objections to ECF No 265; 266

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 1-23-23 12:17

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 1.2.23 1:45

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$2.70 Date Placed in Outgoing Mail 1/10/23

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

*Rock*

Lock 5-152-B Institution Ingham Correctional Facility-MCF

Prisoner Number 240404 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-10599; 21-cv-10705

Pay To Shelene Kurne, United States District Court Eastern District of

Mailing Address Michigan, U.S. Courthouse 231 W. Lafayette Blvd Detroit, MI 48226  
Plaintiff's Objections to Defendants Corleon Health Inc and Ingham  
Clivox MD

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 1-27-23 1:39 PM

Received by Le Toans Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 1-27-23 1:05 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member  New case or case number not on form
- Does not include court order for handling as certified mail  Other (explain)
- Prisoner refused to sign & date in staff member's presence

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by K Brown Signature K Brown  
Type or Print Name & Title

Postage Amount \$ .24 Date Placed in Outgoing Mail 1/27/23

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # 1

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

5-132B

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 5-132-B Institution Michigan Correctional Facility-MT

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-10399; 21-cv-10705

Pay To Allen J. Soros, AAG, Department of Michigan Attorney General

Mailing Address 8000 Division, 525 West Ottawa St. P.O. Box 30217, Lansing, MI 48909

Plaintiff's Request For Production of Documents with Subpoena

Attorney for Michigan Department of Correction

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 11-27-22 12:30P

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title A.C. JONES

Date & Time Received by Authorizing Staff 11-29-22 1:14P

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by DISCUSSION-DOA Signature [Signature]  
Type or Print Name & Title

Postage Amount \$7.44 Date Placed in Outgoing Mail 11/20/22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock \_\_\_\_\_ Institution \_\_\_\_\_

Prisoner Number \_\_\_\_\_ Prisoner Name \_\_\_\_\_  
Type or Print Clearly \_\_\_\_\_

Legal Postage  Filing Fee \$ \_\_\_\_\_  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number \_\_\_\_\_

Pay To \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 3/8/22 15:00

Received by \_\_\_\_\_ Type or Print Name & Title Prison Rec Staff Signature [Signature]

Date & Time Received by Authorizing Staff 3/8/22 1 1700

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain) \_\_\_\_\_

Denied by \_\_\_\_\_ Type or Print Name & Title \_\_\_\_\_ Signature \_\_\_\_\_

Section Below to be Completed by Mail Room Staff

Placed in Mail by Beauchamp/GOA Type or Print Name & Title \_\_\_\_\_ Signature M.B.

Postage Amount \$1.16 Date Placed in Outgoing Mail 3-9-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Type or Print Name & Title \_\_\_\_\_ Signature \_\_\_\_\_

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-214 Institution Saginaw Correctional Facility

Prisoner Number 240634 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$ 20.00  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 5:21-cv-10394

Pay To United States District Court Eastern District of Michigan

Mailing Address United States Courthouse  
231 Lafayette Blvd.  
Detroit, Michigan 48226

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 4-9-21 1:50 PM

Received by PC Biscara Staff Signature J. Biscara  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 4-9-21 1:07 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Rauer Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.20 Date Placed in Outgoing Mail 4/13/2021

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ 20.00 Check # 510110246

Date Copy Sent to Prisoner 4-13-21

Processed by A. KARNES / ACCT TECH Signature Audrey Karnes  
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-156 Institution Saginaw Correctional Facility

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell Type or Print Clearly

[x] Legal Postage [ ] Filing Fee \$ [ ] Certified Mail (Must Be a Court Ordered Requirement)

[x] New Case [ ] Case Number

Pay To U.S. District Court Eastern District of Michigan

Mailing Address United States Courthouse, 231 West Lafayette Blvd. Detroit, Michigan 48226

Verified Complaint: 42 USC 1983, Motion For Classification

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 2-9-21 1:16 PM

Received by PC Becker Staff Signature [Signature]

Date & Time Received by Authorizing Staff 2-9-21 1:30 PM

Authorization Denied

- [ ] Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
[ ] Not hand delivered to authorizing staff member
[ ] New case or case number not on form
[ ] Does not include court order for handling as certified mail
[ ] Other (explain)
[ ] Prisoner refused to sign & date in staff member's presence

Denied by Type or Print Name & Title Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]

Postage Amount \$ 2.00 Date Placed in Outgoing Mail 2/9/2021

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ [ ] Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by Type or Print Name & Title Signature



MICHIGAN DEPARTMENT OF CORRECTIONS

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700-214 Institution Michigan Correctional Facility

Prisoner Number 24049 Prisoner Name Tyrone/Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-10703

Pay To United States District Court Eastern District of Michigan

Mailing Address United States Courthouse  
201 W. Main Street  
East Lansing, Michigan 48820

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 11:19 AM 15-11-21

Received by RC Biscuit Staff Signature M. Brainer  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5-19-21 1114

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by D. Davis Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 0.51 Date Placed in Outgoing Mail 5/20/21

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 10-219 Institution Michigan Correctional Facility

Prisoner Number 24402 Prisoner Name Tyrone/Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 23-21-00101-01-0070

Pay To United States District Court for the Eastern District of Michigan

Mailing Address United States Courthouse  
200 Michigan Blvd  
Detroit, Michigan 48226

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 11-2-21 1:42P

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5-4-21 1 1126

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 0.51 Date Placed in Outgoing Mail 5/4/21

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock # 114 Institution Clinton Correctional Facility

Prisoner Number 4741 Prisoner Name TYRONE-ANTHONY BELL  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 5-4-21-11260

Pay To Center State's District Court District of Michigan

Mailing Address Center State's Courthouse  
200 W. Liberty Street, Room 101  
Ann Arbor, Michigan 48101

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 5/4/21 1:12 PM

Received by J.P. BURNER Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 5-4-21 1:12 PM

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title Cod

Postage Amount \$ 0.51 Date Placed in Outgoing Mail 5/4/21

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock                      Institution                     

Prisoner Number                      Prisoner Name                       
Type or Print Clearly

Legal Postage  Filing Fee \$                       Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number                     

Pay To                     

Mailing Address                       
                      
                    

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature                      Date & Time Submitted                     

Received by                      Staff Signature                       
Type or Print Name & Title

Date & Time Received by Authorizing Staff                     

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by                      Signature                       
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by                      Signature                       
Type or Print Name & Title

Postage Amount \$                      Date Placed in Outgoing Mail                     

Only Business Office Staff are to Write in the Section Below

Postage \$                      Total Obligation \$                       Court Filing Fee Denied Due to NSF

Filing Fee \$                      Check #                     

Date Copy Sent to Prisoner                     

Processed by                      Signature                       
Type or Print Name & Title



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 70-214 Institution Saginaw Correctional Facility

Prisoner Number 240434 Prisoner Name Tyrone-Anthony: Bell

Legal Postage Filing Fee \$ Certified Mail (Must Be a Court Ordered Requirement)

New Case Case Number 21-10399

Pay To United States District Court Eastern District of Michigan

Mailing Address United State Courthouse, 231 West Lafayette Blvd. Detroit, Michigan 48226

Motion For Abayance of Filing Fees & Affidavit of Account Activity

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Date & Time Submitted 3-17-21 1:00 PM

Received by PC Biscuse Staff Signature

Date & Time Received by Authorizing Staff 3-17-21 1 0711

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
Not hand delivered to authorizing staff member
Does not include court order for handling as certified mail
Prisoner refused to sign & date in staff member's presence
New case or case number not on form
Other (explain)

Denied by Signature

Section Below to be Completed by Mail Room Staff

Placed in Mail by Beauchamp/COA Signature M.B.

Postage Amount \$1.40 Date Placed in Outgoing Mail 3/17/21

Only Business Office Staff are to Write in the Section Below

Postage \$ Total Obligation \$ Court Filing Fee Denied Due to NSF

Filing Fee \$ Check #

Date Copy Sent to Prisoner

Processed by Signature



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL – PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700 92 Institution Saginaw Correctional Facility

Prisoner Number 290434 Prisoner Name Tyrone Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 23cv 10705

Pay To Eric Randal, Michigan Attorney General

Mailing Address 6 Bureau Building, 125 West Ottawa Street  
P.O. Box 217 Lansing, Michigan 48901

Notice to Complainant via Jpy, re: In Support of Motion for Judgment

The Following Section Must Be Completed in Authorizing Staff Member's Presence

Prisoner Signature [Signature] Date & Time Submitted 3/31/22 16:20

Received by [Signature] Staff Signature [Signature]  
Type or Print Name & Title [Name]

Date & Time Received by Authorizing Staff 3/31/22 1:15:20

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by [Signature] Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.36 Date Placed in Outgoing Mail 4-1-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

CSI-318

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 700 22 Institution Saginaw Correctional Facility

Prisoner Number 24043 Prisoner Name Tyrone-Anthony Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number 21-cv-12705

Pay To UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF MICHIGAN

Mailing Address United States Courthouse  
600 Courthouse Street Flint Michigan 48902  
Prisoner to communicate via JPay; relief and acknowledgment of fee.

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone-Anthony Bell Date & Time Submitted 3-31-22 16:20/PM

Received by Davis Pa. Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 3/31/22 1 1570

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Cummings Signature [Signature]  
Type or Print Name & Title

Postage Amount \$ 1.96 Date Placed in Outgoing Mail 4-1-22

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

MICHIGAN DEPARTMENT OF CORRECTIONS

DISBURSEMENT AUTHORIZATION (EXPEDITED LEGAL MAIL - PRISONER)

CSJ-318

REV. 11/15 4835-3318

Please PRINT clearly, illegible and/or incomplete forms will not be processed.

Lock 710-156 Institution Saline Correctional Facility

Prisoner Number 310434 Prisoner Name Tyrone-Anthony: Bell  
Type or Print Clearly

Legal Postage  Filing Fee \$  Certified Mail (Must Be a Court Ordered Requirement)

New Case  Case Number \_\_\_\_\_

Pay To Mich Washington, Director's Office

Mailing Address Michigan Department of Corrections, P.O. Box 35002

Lansing, Michigan Republic 48202

Lockdown: Making for Covid Infected Inmates 700 unit

The Following Section Must Be Completed In Authorizing Staff Member's Presence

Prisoner Signature Tyrone Anthony Bell Date & Time Submitted 12:57 PM 12-22-20

Received by PC Biscara Staff Signature [Signature]  
Type or Print Name & Title

Date & Time Received by Authorizing Staff 12-25-20 1 1250

Authorization Denied

- Does not meet definition of legal mail or court filing fee as identified in OP 05.03.118
- Not hand delivered to authorizing staff member
- Does not include court order for handling as certified mail
- Prisoner refused to sign & date in staff member's presence
- New case or case number not on form
- Other (explain)

Denied by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

Section Below to be Completed by Mail Room Staff

Placed in Mail by Beauchamp/GOA Signature M.B  
Type or Print Name & Title

Postage Amount \$1.20 Date Placed in Outgoing Mail 12-22-20

Only Business Office Staff are to Write in the Section Below

Postage \$ \_\_\_\_\_ Total Obligation \$ \_\_\_\_\_  Court Filing Fee Denied Due to NSF

Filing Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Date Copy Sent to Prisoner \_\_\_\_\_

Processed by \_\_\_\_\_ Signature \_\_\_\_\_  
Type or Print Name & Title

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

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In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

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EXHIBIT D  
LEGAL BOOKS RECEIPTS

MICHIGAN DEPARTMENT OF CORRECTIONS  
**DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**

CAR-100  
 4835-1100  
 10/08

Prisoners write clearly-illegible/incomplete forms will not be processed.

Date: 1-3-21

Prisoner Number: 20044 Prisoner's Last Name: Bell Institution: MI Lock Number: 3-152-6

Pay To: Robert Robinson

Address: P.O. Box 352 North River, Michigan 49678

Cost/Amount

\$ 72.14

Reason/Description: (If to relative, identify relationship) Legal Book

**COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY**

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
	Original book of CIVIL Lit.					1	\$ .59.95	\$ .59.95

Sub-Total \$ 59.95  
 Delivery Costs \$ 0.00  
 Tax (if applicable) \$ 4.19  
 Total Amount Enclosed \$ 72.14

Tyrone Anthony Bell 1/3/23  
 Prisoner's Signature Date

Deputy Warden or Authorized Agent Date

[Signature] 1-4-23  
 R.U.M. or Authorized Agent Date

Warden or Authorized Agent Date


Code Actual Expense Batch Number

MICHIGAN DEPARTMENT OF CORRECTIONS  
**DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**

CAR-100  
 4835-1100  
 10/08

Prisoners write clearly-illegible/incomplete forms will not be processed.

Date: \_\_\_\_\_

Prisoner Number: \_\_\_\_\_ Prisoner's Last Name: \_\_\_\_\_ Institution: \_\_\_\_\_ Lock Number: \_\_\_\_\_

Pay To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Cost/Amount  
 \$ \_\_\_\_\_

Reason/Description: (If to relative, identify relationship) \_\_\_\_\_

**COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY**

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
							\$	\$

Sub-Total \_\_\_\_\_ \$ \_\_\_\_\_  
 Delivery Costs \_\_\_\_\_ \$ \_\_\_\_\_  
 Tax (if applicable) \_\_\_\_\_ \$ \_\_\_\_\_  
 Total Amount Enclosed \_\_\_\_\_ \$ \_\_\_\_\_

Prisoner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Deputy Warden or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

R.U.M. or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Warden or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Code	Actual Expense	Batch Number

FUNDS DEDUCTED  
 MAR 23 2022

Distribution: White-Business Office; Canary-Vendor; Pink-Property; Goldenrod-Prisoner

SRF PRISONER ACCOUNTS



MICHIGAN DEPARTMENT OF CORRECTIONS  
**DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**

CAR-100  
 4835-1100  
 10/08

Prisoners write clearly-illegible/incomplete forms will not be processed.

Date: 7-27-22

Prisoner Number: 240434 Prisoner's Last Name: Bell Institution: MCF Lock Number: 5-132-D

Pay To: Wynwood Books  
 Address: P.O. Box 557 Cost/Amount  
Homarus Ferry, ID 83305 \$ 43.70

Reason/Description: (If to relative, identify relationship) Master Manual for Palanca's  
Lawsuit ISBN 0978194053072

**COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY**

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
	Master Manual		978194053072			1	\$	\$35.95

Sub-Total \$ 35.95  
 Delivery Costs \$ 5.00  
 Tax (if applicable) \$ 2.75  
 Total Amount Enclosed \$ 43.70

[Signature] 7/27/22  
 Prisoner's Signature Date  
[Signature] 7-27-22  
 R.U.M. or Authorized Agent Date

\_\_\_\_\_  
 Deputy Warden or Authorized Agent Date  
 \_\_\_\_\_  
 Warden or Authorized Agent Date

Code	Actual Expense	Batch Number

MICHIGAN DEPARTMENT OF CORRECTIONS  
**DISBURSEMENT AUTHORIZATION/CATALOG ORDER FORM**

CAR-100  
 4835-1100  
 10/08

Prisoners write clearly-illegible/incomplete forms will not be processed.

Date: 7-12-22

Prisoner Number: 24704-6 Prisoner's Last Name: Bell Institution: MCP Lock Number: 5-132-B

Pay To: Human Rights Defence Center Prison Legal News Publishing

Address: P.O. Box 1151 Cost/Amount

Lake Worth Beach, Florida 33460

\$ 185.37

Reason/Description: (If to relative, identify relationship) Legal books

**COMPLETE THIS PORTION FOR CATALOG ORDERS ONLY**

Page No.	Description of Item	Unit	Catalog Number	Color	Size	Qty	Unit Price	Total Price
	Deposition Handbook		1054			1	\$	\$ 34.99
	Learning to Win		1035			1		19.95
	The FLRA Handbook		2041			1		\$84.95
	How to win your Personal Injury Claim							
			1075			1		\$34.99

Sub-Total \$ 174.88

Delivery Costs \$ 0.00

Tax (if applicable) \$ 10.49

Total Amount Enclosed \$ 185.37

Prisoner's Signature [Signature] Date 7-12-22

Deputy Warden or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

R.U.M. or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Warden or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Code	Actual Expense	Batch Number

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

---

In re: TEHUM CARE SERVICE, INC.,

Chapter 11

Debtor

Case No. 23-90086(CML)

---

EXHIBIT E  
LEGAL COPIES RECEIPTS

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-602  
REV. 1/08  
4835-3602

# LEGAL PHOTOCOPY DISBURSEMENT AUTHORIZATION

Please PRINT clearly. Illegible and/or incomplete forms will not be processed.

Filing Deadline Date: 5-13-23 Lock: MCF Facility: \_\_\_\_\_  
 Prisoner Number: \_\_\_\_\_ Prisoner Name (Print Clearly): \_\_\_\_\_

New Case  Case Number \_\_\_\_\_  Court \_\_\_\_\_  Legal Research

Item(s) to be Photocopied	No. Pages	No. of Copies to be Made	\$.10 per copy (2- sided copies will be \$.20) Subtotal	Is the complaint or other document for which these copies are required attached? If yes, please Identify. If no, cite court rule or attach explanation
1. 323 Michigan 479	16			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. MCL 7.23526	3			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

\$ 1.90

Prisoner Signature: \_\_\_\_\_ Date Submitted: 7/28/22  
 Received By (Print Name & Title): [Signature] Date Received: 7/28/22  
 Photocopies Authorized  Photocopies Denied  
 Staff Signature: [Signature] Date Processed: 7/29/22

### Authorization Denied Because:

Inadequate funds, and does not qualify for a legal photocopy loan.  
 The following additional information is needed to process this request:  
 \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

Only Business Office Staff Are to Write in the Section Below

Obligation Amount	Actual Expense

**APPROVED**

AUG 12 2022

Date Posted: \_\_\_\_\_

Processed By (Print Name & Title): \_\_\_\_\_ Signature: \_\_\_\_\_ CFA KINROSS BUS. OFF.

DISTRIBUTION:  Prisoner Accounting  Prisoner  Copy Center  Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-602  
REV. 1/08  
4835-3602

**LEGAL PHOTOCOPY DISBURSEMENT AUTHORIZATION**

Please PRINT clearly. Illegible and/or incomplete forms will not be processed.

7-29-22      5-132-B      \_\_\_\_\_  
 Filing Deadline Date      Lock      Facility

\_\_\_\_\_  
 Prisoner Number      Prisoner Name (Print Clearly)

New Case     Case Number 21-12461 <sup>2116703</sup> 21-11-371     Court Eastern District     Legal Research

Item(s) to be Photocopied	No. Pages	No. of Copies to be Made	\$ .10 per copy (2-sided copies will be \$0.20) Subtotal	Is the complaint or other document for which these copies are required attached? If yes, please identify. If no, cite court rule or attach explanation
1. _____	7	1	.70	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. PD 03.03.115	5	1	.50	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. PD 03.02.116	4	1	.40	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 430 US 87; 973 F.2d 1491	16	1	1.60	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 518 US 343; 116 S.Ct. 2174	37	1	3.70	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. 536 US 403; 122 S.Ct. 2179	14	1	1.40	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. 717 F.2d 284 (6th Cir. 1983)	7	1	.70	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. 175 F.3d 378 (6th Cir. 1999)	28	1	2.80	<input type="checkbox"/> Yes <input type="checkbox"/> No

\$11.80

Prisoner Signature: \_\_\_\_\_ Date Submitted: 7/29/22  
 Received By (Print Name & Title): Donna L. Terk Date Received: 7/29/22  
 Photocopies Authorized       Photocopies Denied  
 Staff Signature: \_\_\_\_\_ Date Processed: 7/29/22

**Authorization Denied Because:**

Inadequate funds, and does not qualify for a legal photocopy loan.

The following additional information is needed to process this request:  
 \_\_\_\_\_  
 \_\_\_\_\_

Other:  
 \_\_\_\_\_  
 \_\_\_\_\_

Only Business Office Staff Are to Write in the Section Below

Obligation Amount	Actual Expense

**APPROVED**  
 Date Posted: AUG 12 2022

Processed By (Print Name & Title): \_\_\_\_\_ Signature: \_\_\_\_\_ CFA KINROSS BUS. OFF.

DISTRIBUTION:     Prisoner Accounting     Prisoner     Copy Center     Prisoner



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-602  
REV. 1/08  
4835-3602

**LEGAL PHOTOCOPY DISBURSEMENT AUTHORIZATION**

Please PRINT clearly. Illegible and/or incomplete forms will not be processed.

Filing Deadline Date: 5-13-23 Lock: \_\_\_\_\_ Facility: MCF

Prisoner Number: 240434 Prisoner Name (Print Clearly): Tyrone Anthony Bell

New Case  Case Number 21-17481, 21-10705  Court ED Mich  Legal Research

Item(s) to be Photocopied	No. Pages	No. of Copies to be Made	\$.10 per copy (2- sided copies will be \$.20) Subtotal	Is the complaint or other document for which these copies are required attached? If yes, please identify. If no, cite court rule or attach explanation
1. 2014 US Dist Ct 151196	4		.40	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. 2020 US Dist Ct 102655	3		.30	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. 2008 IL 114170 51961	3		.30	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. 2019 US Dist Ct 211470	3		.30	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. 997 F2d 601 (6th Cir 1993)	10		1.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No

\$ 2.30

Prisoner Signature: \_\_\_\_\_ Date Submitted: 7-12-22  
 Received By (Print Name & Title): \_\_\_\_\_ Date Received: 7-13-22  
 Photocopies Authorized  Photocopies Denied  
 Staff Signature: \_\_\_\_\_ Date Processed: 7-13-22

**Authorization Denied Because:**

- Inadequate funds, and does not qualify for a legal photocopy loan.
- The following additional information is needed to process this request:  
\_\_\_\_\_
- Other: \_\_\_\_\_

Only Business Office Staff Are to Write in the Section Below

Obligation Amount	Actual Expense

Date Posted: \_\_\_\_\_

Processed By (Print Name & Title): \_\_\_\_\_ Signature: \_\_\_\_\_

DISTRIBUTION:  Prisoner Accounting  Prisoner  Copy Center  Prisoner



MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-602  
REV. 1/08  
4835-3602

**LEGAL PHOTOCOPY DISBURSEMENT AUTHORIZATION**

Please PRINT clearly. Illegible and/or incomplete forms will not be processed.

Filing Deadline Date: 6-27-22<sup>30</sup> Lock: 5-132-B Facility: Michigan Correctional Facility

Prisoner Number: [Redacted] Prisoner Name (Print Clearly): [Redacted]

New Case  Case Number 21-cv-12481  Court United State Court  Legal Research

Item(s) to be Photocopied	No. Pages	No. of Copies to be Made	\$.10 per copy (2-sided copies will be \$.20) Subtotal	Is the complaint or other document for which these copies are required attached? If yes, please identify. If no, cite court rule or attach explanation
1. <u>93 Fed App 743</u>	<u>7</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <u>2022 U.S. 114 (Vol. 9627)</u>	<u>6</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No

Prisoner Signature: \_\_\_\_\_ Date Submitted: 6/27/22  
 Received By (Print Name & Title): [Signature] Date Received: 6/28/22  
 Photocopies Authorized  Photocopies Denied  
 Staff Signature: \_\_\_\_\_ Date Processed: 6/28/22

**Authorization Denied Because:**

- Inadequate funds, and does not qualify for a legal photocopy loan.
- The following additional information is needed to process this request:  
\_\_\_\_\_
- Other: \_\_\_\_\_

Only Business Office Staff Are to Write in the Section Below

Obligation Amount	Actual Expense

**APPROVED**  
 JUL 08 2022  
 Date Posted: \_\_\_\_\_  
**CFA KINROSS BUS. OFF.**

Processed By (Print Name & Title): \_\_\_\_\_ Signature: \_\_\_\_\_

DISTRIBUTION:  Prisoner Accounting  Prisoner  Copy Center  Prisoner

MICHIGAN DEPARTMENT OF CORRECTIONS

CSJ-602  
REV. 1/08  
4835-3602

**LEGAL PHOTOCOPY DISBURSEMENT AUTHORIZATION**

Please PRINT clearly. Illegible and/or incomplete forms will not be processed.

Filing Deadline Date: 6-30-22 Lock: 5-132-B Facility: Michigan Correctional Facility

Prisoner Number: 210739 Prisoner Name (Print Clearly): TYRONE ANTHONY BELL

New Case  Case Number 21-1039, 21-10705  Court \_\_\_\_\_  Legal Research \_\_\_\_\_

Item(s) to be Photocopied	No. Pages	No. of Copies to be Made	\$ .10 per copy (2-sided copies will be \$.20) Subtotal	Is the complaint or other document for which these copies are required attached? If yes, please identify. If no, cite court rule or attach explanation
1. <u>134 94 1850</u>	<u>12</u>		<u>1.20</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <u>945 Fed 951</u>	<u>15</u>		<u>1.50</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <u>93 Fed. App. 743</u>	<u>7</u>		<u>.70</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <u>2019 U.S. App. Conf. 35081</u>	<u>5</u>		<u>.50</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____				<input type="checkbox"/> Yes <input type="checkbox"/> No

\$ 3.90

Prisoner Signature: [Signature] Date Submitted: 6-26-22

Received By: [Signature] Date Received: 6-28-22

Staff Signature: [Signature] Date Processed: 6-28-22

Photocopies Authorized  Photocopies Denied

**Authorization Denied Because:**

Inadequate funds, and does not qualify for a legal photocopy loan.

The following additional information is needed to process this request:

\_\_\_\_\_

Other: \_\_\_\_\_

Only Business Office Staff Are to Write in the Section Below

Obligation Amount	Actual Expense

**APPROVED**  
JUL 08 2022

Date Posted: \_\_\_\_\_  
CFA KINROSS BUS. OFF.

Processed By (Print Name & Title): \_\_\_\_\_ Signature: \_\_\_\_\_

DISTRIBUTION:  Prisoner Accounting  Prisoner  Copy Center  Prisoner



Claim #689 Date Filed: 8/15/2023

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

ID: 25840390

PIN: KWJcQ6Rd

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: 15193397

1. Who is the current creditor? Gregory Lilbert  
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor \_\_\_\_\_

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

3. Where should notices and payments to the creditor be sent? **Where should notices to the creditor be sent?**  
Gregory Lilbert  
Gregory Lilbert #212885  
ST. Louis Correctional Facility  
8585 N. Croswell Road  
St. Louis, MI 48880

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

**Where should payments to the creditor be sent? (if different)**  
Lilbert Gregory #212885  
Name  
9625 PIERCE RD  
Number Street  
Freeland MI 48623  
City State ZIP Code

RECEIVED

AUG 15 2023

Address \_\_\_\_\_ Country \_\_\_\_\_  
Contact phone \_\_\_\_\_ Contact phone \_\_\_\_\_  
Contact email \_\_\_\_\_ Contact email \_\_\_\_\_

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

4. Does this claim amend one already filed?  No  
 Yes. Claim number on court claims registry (if known) 23-90086-1070 Filed on August 15 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? \_\_\_\_\_



**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? \$ 25,000,000.00 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.  
Money

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: \_\_\_\_\_  
**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.)

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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
<input type="checkbox"/> Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> 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).	\$ _____
<input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ _____
<input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$ _____
<input type="checkbox"/> Other. Specify subsection of 11 U.S.C. § 507(a)( ) that applies.	\$ _____

\* 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 8/5/2023  
MM / DD / YYYY

Libert Harris Gregory  
Signature

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

Name Libert Harris Gregory  
First name Middle name Last name

Title \_\_\_\_\_

Company M-D-C  
Identify the corporate servicer as the company if the authorized agent is a servicer.

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ Country \_\_\_\_\_

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

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AUG 15 2023

KURTZMAN CARSON CONSULTANTS





LILBERT GREGORY#212885  
SAGINAW CORR/FACC  
9625 PIERCE RD  
FREELAND MIM48623

a  
AFFIDAVIT OF VERIFICATION

THE AFFIANT SWEARS THAT THE FACTS STATED IN THIS AFFIDAVIT IS TRUE TO HIS KNOWLEDGE, AND THAT THE FACTS STATED ON INFORMATION AND BELIFE ARE TRUE TO THE BEST OF HIS KNOWLEDGE AND BELIFE.

WHEN I ARRIVED AT ST. LOUIS CORRECTIONAL FACILITY ON 12/28/2020 I ASK MEDICAL IS MY APPOINTMENT SCHEDULE FOR MY BIOPSY DUE TO MY P.S.A WAS THAT OF 20.3 FOR THE 11 MONTHS WHILE AT THIS FACILITY I RECEIVED NO TREATMENT AT ALL, BUT MY CORIZEN DOCTERS TOOK ME OUT TWICE TO SEE IF THE CANCER HAS SPREADED, THE FIRST VISSIT TO THE DOCTER THE CANCER BROKE THROUGH MY PROSTATE AND ON THE SECOND VISSIT THE CANCER BROKE THROUGH MY PELVIC CAUSING ME TO BE TERMINAL SPREADING TO MY LYMPH NODES CAUSING ME A PREMATURE EARLY DEATH. THEN THE DOCTERS N.P HAD ME SIGN A HOSPICE FORM ASKING DO I WANT THEM TO REVIVE ME OR LET ME GO. FROM A 20.3 TO A 30.5 43.5 TO 66.3 AND THEN 88.2 MY P.S.A JUMPED 4 TIMES WHILE AT ST. LOUIS AND NOT ONE TIME HAVE I EVERY RECEIVED ANY TREATMENT, I BEGG ON MEDICAL KIPES AND ON GRIVACES I NEED TREATMENT MY WIRE EVEN CALL ASKNG WHY HAVEN, T I RECEIVED ANT TREATMENT 6 CALLS BUT TO NO AVALL. FOR THIS I ASK FOR \$25,000.000 to seattle my CLAIM.

7/11/2023 *Lilbert Gregory*

*M. Chalker*

M CHALKER  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF SAGINAW  
MY COMMISSION EXPIRES 12-8-2029  
ACTING IN COUNTY OF Saginaw

12/8/2020

ory, Libert (MR#63652892) Printed by PULFORD HLEEN [JGBL02203]

Gregory

**INDICATION:** Recently diagnosed prostate cancer. Additional History: Diabetes. PSA level not provided by the technologist.

**TECHNIQUE:** Whole body planar imaging was performed in the anterior and posterior projections. 27.5 mCi Tc-99m MDP was administered intravenously.

**COMPARISON:** None Available.

**CORRELATION:** CT abdomen pelvis performed same date.

**FINDINGS:** The whole body images demonstrate evidence of degenerative disease of the shoulders and sternoclavicular joints. Uptake along left side of the maxilla and mandible is most suggestive of dental disease. The distribution of radiopharmaceutical throughout the skeleton is otherwise unremarkable for the patient's age.

**IMPRESSION:**

Whole-body bone scan does not suggest osseous metastatic disease. There is evidence of dental disease along left side of the maxilla and mandible.

9/11/2020 -

**Imaging**

**FINDINGS**

**Abdomen**

The lung bases are clear. Small hiatal hernia. The liver is normal. The pancreas, spleen, adrenal glands and left kidney demonstrate no acute pathology. Right renal subcentimeter hypodensifying foci are too small to further characterize, compatible with small cysts (Bosniak 2).

There is no free air or lymph node enlargement. Mild calcifications affect the nonaneurysmal abdominal aorta.

**Pelvis**

There is no bowel wall thickening or obstruction. There is mild uncomplicated distal colonic diverticulosis. Normal appendix is visualized. There is no free fluid. Lymph nodes are not enlarged. Prostate is mildly enlarged; known malignancy is not well evaluated by CT. Right inguinal hernia contains trapped right anterolateral corner of the bladder. There are multiple enlarged iliac chain lymph nodes, compatible with metastatic disease; right greater than left. Large right internal iliac node measures up to 2.7 x 2.0 cm (image 57). Left pelvic sidewall node measures 1.0 x 1.3 cm (image 76).

**Skeleton**

There are no acute fractures. No suspicious bony lesions.

**IMPRESSION:**

1. X09 Enlarged bilateral pelvic lymph nodes, right greater than left, compatible with metastatic lymphadenopathy.

2. X09 Right inguinal hernia contains trapped corner of the right anterolateral bladder.

10/28/2020 -

**Cancer Staged**

Staging form: Prostate, AJCC 8th Edition

- Clinical: Stage IVB (cT2c, cN1, cM1, PSA: 66.7, Grade Group: 4)

11/24/2020 -

**Imaging**

**IMPRESSION:**

Intense radiotracer uptake within the prostate gland and multiple iliac chain, para-aortic, and retroperitoneal lymph nodes. Findings are consistent with biopsy proven prostate cancer and metastatic lymphadenopathy.

**Cancer Staging**

Prostate cancer (CMS-hcc)

Staging form: Prostate, AJCC 8th Edition

- Clinical: Stage IVB (cT2c, cN1, cM1, PSA: 66.7, Grade Group: 4) - Signed by Malik, Devin, MD on 12/2/2020

Case 2:22-cv-13119-GCS-KGA ECF No. 7-1, PageID.149 Filed 07/07/23 Page 52 of 277

# PET axumin (for recurrent prostate cancer)

Status: Final result

## Patient Images

Show patient images



Auth Priv: Oliver, Sharon

### Henry Ford Health System Radiology HFMC WBH Radiology PET CT Imaging Result

Name:	DOB:	Sex:	Patient Class:
<b>Gregory, Lilbert</b>	7/24/1970	Male	Outpatient
Procedures Performed:	Exam Time:	Reason for Exam:	Diagnosis:
<b>PET axumin (for recurrent prostate cancer)</b>	11/24/2020 2:10 PM	Other	Carcinoma of prostate (CMS-hcc) In situ of prostate
		Comments	

*Dr Malik 97-205-1594  
cancer is too far along  
theres no cure*

Patient MRN: 63652892  
Patient Location: BLM  
Requesting Physician: OLIVER SHARON

*5 yr  
↓ with treatment  
(Chemo or Radiation)*

Date/Time: 11/24/2020 2:10 PM Exam Description: PET AXUMIN (FOR RECURRENT PROS PACS Acc #: 037633055

EXAMINATION: PET AXUMIN (FOR RECURRENT PROSTATE CANCER)

DATE/TIME: 11/24/2020 2:10 PM

CLINICAL HISTORY: Prostate cancer.

COMPARISON: 9/11/2021 outside bone scan and CT

DOSAGE: 9.84 mCi 18-F fluciclovine administered intravenously.

TECHNIQUE/PROCEDURE INFORMATION: After an uptake period of 5-10 minutes, a PET/CT scan was performed from skull base to mid thigh. Attenuation corrected and non-attenuation corrected PET images were reconstructed. The PET images, CT images (non diagnostic CT performed only for attenuation correction and localization), and the fused PET/CT images were reviewed on a 3-D workstation.

#### PET FINDINGS:

NECK: No abnormal radiotracer uptake is identified in the neck.

Case 2:22-cv-13119-ECB Document 1-1 Filed 07/28/23 Page 53 of 277

There is no free air or lymph node enlargement. Milk calcifications affect the nonneurolytic abdominal aorta.

**Pevis:**  
There is no bowel wall thickening or obstruction. There is mild uncomplicated diverticular disease. Normal appendix is visualized. There is no free fluid. Lymph nodes are not enlarged. Prostate is mildly enlarged; known malignancy is not well evaluated by CT. Right inguinal hernia contains trapped right anterolateral corner of the bladder. There are multiple enlarged iliac chain lymph nodes, compatible with metastatic disease, right greater than left. Large right internal iliac node measures up to 2.7 x 2.0 cm axially (image 67). Left pelvic sidewall node measures 1.0 x 1.3 cm (image 76).

**Skeleton:**  
There are no acute fractures. No suspicious bony lesions.

- IMPRESSION:**
- 1. X091 Enlarged bilateral pelvic lymph nodes, right greater than left, compatible with metastatic lymphadenopathy.
  - 2. X091 Right inguinal hernia contains trapped corner of the right anterolateral bladder.

10/28/2020 - **Cancer Staged**  
 Staging form: Prostate, AJCC 8th Edition  
 - Clinical: Stage IVA (cT2c, cN1, cM0, PSA: 66.7, Grade Group: 4)

**Cancer Staging**  
 Prostate cancer (CMS-hcc)  
 Staging form: Prostate, AJCC 8th Edition  
 - Clinical: Stage IVA (cT2c, cN1, cM0, PSA: 66.7, Grade Group: 4) - Signed by Malik, Devin, MD on 10/28/2020

*COULD HAVE GAVE ME SURGERY TOOK OUT LYMPH NODES IN PI BUT YET AGAIN FAILED TO TREAT LETTING IT SPREAD INTO MY LYMPH NODES INTO MY STOMACH. NOW ITS TERMINAL*

**Review of Systems:**

- Constitutional: Negative for fever, chills, activity change and unexpected weight change.
- HENT: Negative for hearing loss.
- Eyes: Negative for visual disturbance.
- Respiratory: Negative for dyspnea, new cough
- Cardiovascular: Negative for chest pain and leg swelling.
- Gastrointestinal: Negative for nausea, vomiting, abdominal pain, diarrhea and constipation.
- Genitourinary: as HPI
- Musculoskeletal: Negative for arthralgias.
- Neurological: Negative for dizziness and headaches.
- Hematological: Negative for adenopathy.

**ECOG Performance Status: 0**

**Pain level: 4/10**

PMH, SH, FH reviewed in appropriate section of EPIC

Case 2:22-cv-13119-GCS-KGA-VECF No. 7-1, PageID.151 Filed 07/07/23 Page 54 of 277  
THORAX: No abnormal radiotracer uptake is identified in the thorax.

ABDOMEN/PELVIS: There is focal abnormal uptake in the prostate gland. There are multiple foci of abnormally increased radiotracer uptake in the right greater than left internal/external iliac and common iliac lymph nodes. There are multiple additional foci of abnormal radiotracer uptake in the retroperitoneal and para-aortic lymph nodes. The increased radiotracer uptake in the prostate gland and lymph nodes is greater in intensity than bone marrow.

NONDIAGNOSTIC CT: Non-diagnostic CT demonstrates an enlarged left greater than right lobe of the thyroid gland with calcification in the left lobe. There is redemonstration of a right inguinal hernia containing the anterolateral bladder.

IMPRESSION:

Intense radiotracer uptake within the prostate gland and multiple iliac chain, para-aortic, and retroperitoneal lymph nodes. Findings are consistent with biopsy proven prostate cancer and metastatic lymphadenopathy.

Resident: LISA BETZ, MD

I have personally reviewed the images and corrected the report as necessary.

Report reviewed and signed: KASTYTIS KARVELIS, M.D.

Date signed: 11/24/2020 3:20 PM

Signed By: Karvellis, Kastytis C, MD on 11/24/2020 3:20 PM

CPT for Order

Order	CPT
PET axumin (for recurrent prostate cancer)	78815

Exam Information

Status	Exam Begun	Exam Ended
Final [99]	11/23/2020 07:23	11/24/2020 14:10

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

Debtor 1 Tehum Care Services, Inc.

Debtor 2 \_\_\_\_\_  
 (Spouse, if filing)

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 of 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. That date is on the notice of bankruptcy (Form 309) that you received.

**Part 1: Identify the Claim**

1. Who is the current creditor? Antoinette Windhurst  
 Name of the current creditor (the person or entity to be paid for this claim)  
 Other names the creditor used with the debtor \_\_\_\_\_

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

3. Where should notices and payments to the creditor be sent?  
 Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?	Where should payments to the creditor be sent? (if different)
<u>Frederick J. Petersen</u> Name	_____ Name
<u>259 N. Meyer Ave.</u> Number Street	_____ Number Street
<u>Tucson AZ 85701</u> City State ZIP Code	_____ City State ZIP Code
Contact phone <u>520-624-8886</u>	Contact phone _____
Contact email <u>fpetersen@mcrazlaw.com</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  
 Yes. Claim number on court claims registry (if known) \_\_\_\_\_ Filed on \_\_\_\_\_  
 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? \_\_\_\_\_



239008623081100000000036



**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? \$ 10,000,000.00. 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.  
Wrongful death/vulnerable adult.

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: \_\_\_\_\_  
**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 amounts should match the amount in line 7.)  
**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 one:

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.

Amount entitled to priority

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

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

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

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

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

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

\* 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.

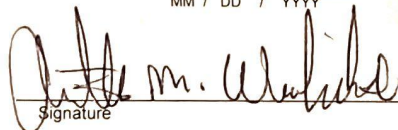
I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment 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 a 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 \_\_\_\_\_  
MM / DD / YYYY

  
Signature

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

Name Antoinette Windhurst  
First name Middle name Last name

Title Individually and as Personal Representative of Estate of David Windhurst, deceased

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

Address 16849 E. Alamosa Avenue, Unit B  
Number Street

Fountain Hills AZ 85268  
City State ZIP Code

Contact phone 480-532-3627 Email antoinettebudnick@gmail.com

**In re Tehum Care Services, Inc.**

In the United States Bankruptcy Court for the

Southern District of Texas, Houston Division

Case No. 23-90086

Claim of Antoinette Windhurst, individually,  
and on behalf of the Estate of David Windhurst:

By filing this claim, Windhurst does not consent to the jurisdiction of this Bankruptcy Court to resolve, determine, or liquidate the wrongful death litigation pending in Arizona Superior Court. Windhurst also does not consent to this Court adjudicating claims pending by Windhurst against non-debtor third parties. Windhurst has a constitutional right to a jury trial, and the liquidation of wrongful death cases are explicitly not within the core jurisdiction of this bankruptcy court. 28 U.S.C. § 157(b)(2), (4), (5). Windhurst is filing this claim only to preserve her rights, and the filing should not be deemed a consent to jurisdiction, nor a waiver of the right for this claim to be determined in State Court.

Further, Windhurst does not acknowledge, in filing this claim, that the asserted “divisional merger” was appropriately completed, or that Tehum Care Services, Inc. is a proper, or the only proper, defendant in its case. Windhurst files this claim as an amount to be decided at trial. That is necessary because the claimed divisional merger was actively concealed from the parties and the Court in the pending Arizona action. Notably, counsel for Corizon Health appeared in Court and participated in a mediation, without disclosing that Corizon Health had undergone the claimed divisional merger. Windhurst reserves all rights to seek a determination, in the context of liquidation, the proper defendant(s), which may include Tehum Care Services, Inc., Yescare, CHS TX, or other related individuals or entities, in addition to the third-party defendants already named in the action. Disclosure by the Defendant(s), related discovery, and a determination by the Arizona Courts has been stayed by this Bankruptcy, so all rights are reserved until such determination is made.

FILED  
TONI L. HELLON  
CLERK, SUPERIOR COURT

12/22/2017 1:57:29 PM

BY: ALAN WALKER  
DEPUTY

Case No. C20175978  
HON. LESLIE MILLER

1 MESCH CLARK ROTHSCHILD  
2 259 North Meyer Avenue  
3 Tucson, Arizona 85701  
4 Phone: (520) 624-8886  
5 Fax: (520) 798-1037  
6 Email: mcrawford@mcrazlaw.com  
7 By: Michael J. Crawford, # 13802  
8 96126-1/lav  
9 Attorneys for Plaintiffs

ARIZONA SUPERIOR COURT

PIMA COUNTY

10 ANTOINETTE WINDHURST, a  
11 single/widowed woman on behalf of  
12 herself and as Personal Representative of  
13 the Estate of her deceased husband,  
14 DAVID WINDHURST,

Plaintiffs,

15 -vs-

16 ARIZONA DEPARTMENT OF  
17 CORRECTIONS, a governmental entity;  
18 CHARLES RYAN, in his individual  
19 capacity as the Director of Arizona  
20 Department of Corrections; STATE OF  
21 ARIZONA, a governmental entity;  
22 CORIZON HEALTH, INC., a business  
23 domiciled in Arizona; and JOHN DOES  
24 and JANE DOES 1-10, married couples;  
25 ABC PARTNERSHIPS 11-20; and/or  
26 XYZ CORPORATIONS 21-30, fictitious  
entities,

Defendants.

No.

**COMPLAINT**  
**(Wrongful Death; Medical**  
**Malpractice; Adult Protective Service**  
**Act/A.R.S. §46-451, et seq.)**

**(Jury Trial Requested)**

(Honorable \_\_\_\_\_)

Plaintiffs, for their complaint, allege as follows:

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**THE PLAINTIFFS**

1. David Windhurst (“David”), age 56 (DOB: 6/24/1960) died on December 25, 2016, in Pima County, Arizona.
2. Antoinette Budnick Windhurst was married to David Windhurst at the time of David’s death on December 25, 2016.
3. On December 6, 2017, the Maricopa County Superior Court in Case No. PB2017-001475 appointed Antoinette Windhurst as Personal Representative of David Windhurst’s estate.
4. At the time of his death, David Windhurst was a resident of Pima County, Arizona, residing in the Arizona State Prison Complex in Tucson (“ASPC-T”).

**THE DEFENDANTS**

5. Defendant Charles Ryan is the Director of the Arizona Department of Corrections.
6. Defendant Charles Ryan is a resident of Maricopa County, Arizona.
7. Defendants State of Arizona and the Arizona Department of Corrections are governmental entities that provided healthcare to David Windhurst either through direct employment of medical clinical personnel and/or through its contract with Corizon Health, Inc. and/or contracts with other healthcare providers.
8. Defendant Corizon Health, Inc., conducted business in Arizona and provided healthcare to David Windhurst through its agents and employees.

**JURISDICTION**

9. The substantial majority of the events giving rise to this Complaint occurred in Pima County, Arizona.
10. This matter exceeds the applicable compulsory arbitration limits such that it is not subject to compulsory arbitration.
11. Plaintiffs have a legal right to a jury trial if this case is not resolved or



1 disposed of by motion.

2 12. This Court has personal and subject matter jurisdiction over this matter.

3 13. Venue is proper in this county.

4 **GENERAL ALLEGATIONS**

5 14. In 2016, David Windhurst was an inmate at the Arizona Department of  
6 Corrections (“ADOC”), Inmate #288503.

7 15. He was housed at the Arizona State Prison Complex in Florence (“ASPC-F) in  
8 the beginning of the year and ASPC-T in the latter part of the year.

9 16. At the time of his incarceration, David Windhurst was medically fragile,  
10 having a high thoracic spinal cord injury with bilateral above-the-knee limb amputation,  
11 with his left hip having been fully disarticulated (amputation through the hip joint).

12 17. At the time of his incarceration, David Windhurst had multiple complex  
13 medical issues including, but not limited to, pressure ulcer wound care/management with a  
14 history of chronic pressure ulcers in his perineum and sacral areas; suprapubic catheter care,  
15 infectious prevention and management; Type I diabetes mellitus (insulin dependent);  
16 anemia; hypertension; chronic kidney disease; chronic pan, neuropathy; alterations in bowel  
17 function due to multiple skin flap procedures resulting in the relocation of his rectum;  
18 muscle spasms; and hypothyroidism.

19 18. Consistent with the ADOC Department Manual, Chapter 1100, the ADOC  
20 assumed responsibility for the delivery of “appropriate and uninterrupted healthcare” for  
21 David Windhurst to manage these various complex chronic conditions.

22 19. On February 6, 2016, the ADOC received a Critical Urine Culture Result of  
23 David Windhurst, which was positive for MRSA, Methicillin Resistant Staphylococcus  
24 Aureus.

25 20. Despite this Critical Urine Culture result, Defendants’ agents and/or  
26 employees ignored the signs and symptoms and denied and/or delayed David Windhurst



1 from getting appropriate medical treatment.

2 21. It was not until February 27, 2016, over 21 days later, when David  
3 Windhurst's medical condition was critical that Defendants' employees and/or agents  
4 addressed his acute medical condition.

5 22. It was at this time that he was transported to Mountain Vista Medical Center  
6 in Phoenix.

7 23. When David Windhurst arrived at Mountain Vista Medical Center on  
8 February 27, 2016, he was severely septic and in acute respiratory and renal failure from  
9 MRSA.

10 24. At the time, he was intubated and placed on a ventilator.

11 25. David Windhurst remained at Mountain Vista Medical Center from February  
12 27, 2016, to April 7, 2016, in the Intensive Care Unit for nearly his entire hospitalization.

13 26. Because he was so clinically deteriorated prior to the hospital transfer, he was  
14 unable to be weaned from the ventilator and had a tracheotomy tube placed on March 13,  
15 2016.

16 27. Additionally, for similar reasons, the deterioration or tracheotomy affected his  
17 swallowing reflex and a feeding tube (PEG) was also placed.

18 28. On April 7, 2016, David Windhurst returned to the ADOC, and was placed in  
19 the ASPC-T unit.

20 29. Sometime in June 2016, his feeding tube was removed and in July 2016 the  
21 tracheotomy tube was removed.

22 30. In early September 2016, David Windhurst developed a rash on his chest and  
23 shoulders.

24 31. No specialist skilled in complex disease management was consulted nor were  
25 any labs ordered to assist in a differential diagnosis regarding the rash David Windhurst  
26 developed in early September 2016.

1           32. By October 30, 2016, David Windhurst reported feeling that he had “bugs”  
2 below his skin.

3           33. At this time, David Windhurst’s urine was described as light brown.

4           34. On November 10, 2016, a “lump” on the side of David Windhurst’s jaw was  
5 described as a “tumor like, hard raised, red and painful” area, and David’s mental status was  
6 described as confused.

7           35. On November 11, 2016, David’s urine tested positive via a urine dipstick for  
8 blood, white blood cells and protein from a sample described as cloudy, brown/pink urine,  
9 which was also described as dark-blood tinged urine.

10          36. Also on that day, David’s neck mass worsened.

11          37. Despite this, no lab studies to ascertain renal function or systemic infection  
12 status were ordered.

13          38. No connection was documented to suggest nurses were seeing symptoms  
14 consistent with renal failure and possible uremic pruritus.

15          39. No request for kidney or infectious disease specialist support was made.

16          40. On November 12, 2016, David complained of right ear pain and a lump on the  
17 side of his jaw.

18          41. By November 14, 2016, David’s eardrum ruptured with malodorous/purulent  
19 drainage and the lump was classified as lymphadenitis (swollen lymph node).

20          42. Despite the deterioration of David’s condition, no appropriate diagnostic tests  
21 and/or referral to physician specialists were made or ordered.

22          43. Also on November 14, 2016, David was described as “very pale” with a  
23 “glassy glaze” and “delusional.”

24          44. Despite David having an infected ear, infected lymph system, infected urine  
25 and unexplained body rash, no recommendation for physician diagnosis or intervention was  
26 made.

1           45.    The nursing staff merely continued to document David’s decline without  
2 appropriate intervention or advocacy.

3           46.    In the early morning hours of November 15, 2016, David Windhurst’s further  
4 clinical decline was noted as having decreased urine output, tea colored urine with signs and  
5 symptoms of dehydration, low blood pressure and low sugar levels.

6           47.    On the afternoon of November 15, 2016, David’s urine culture result showed  
7 large amounts of particularly resistant bacteria named Pseudomonas Aeruginosa, often  
8 associated with facility-acquired infections.

9           48.    Despite the changes in David’s mental status, his chaotic blood sugars, his  
10 need for IV fluids for poor intake and low urine output, no lab chemistry studies were  
11 ordered, intake and output balances were not scrutinized, weights were not taken, and  
12 specialists were not consulted.

13           49.    David’s clinical presentation in November 2016 was nearly identical to that  
14 experienced in February 2016 when David was diagnosed with acute respiratory failure and  
15 severe sepsis.

16           50.    On November 16, 2016, David’s blood sugar was dangerously low at 52  
17 mg/dl.

18           51.    After intervention, repeat blood sugars remained low at 55 mg/dl and 67  
19 mg/dl.

20           52.    Still no physician was called and no lab or other diagnostic tests were ordered.

21           53.    At this time, David’s right neck mass was now described as “greatly  
22 enlarged,” his lips were documented as “very dry” and his nurses continued to describe  
23 David as “glassy eyed,” and his urine output was described as “yellow with brown/pink  
24 clusters of tissue looking concretions.”

25           54.    Despite this, nursing staff continued to morbidly document David’s clinical  
26 decline rather than intervene on his behalf as would be expected and required in their well-

1 understood role as patient advocate.

2 55. By 12:55 a.m. on November 18, 2016, ADOC staff stated that David “was not  
3 doing well,” “had a hard time swallowing,” and was “confused” with a slow reaction.

4 56. By 2:53 a.m. on November 18, 2016, David’s lungs were so full of fluid that  
5 the nurse documented “[w]et rales were noted from the doorway.”

6 57. On November 18, 2016, between 12:55 a.m. and 5:34 a.m., nurses attempted  
7 to reach the on-call Advanced Practice Registered Nurse (“APRN”) and physician six times,  
8 without response.

9 58. At 5:34 a.m., the doctor working for Defendants did not come in and assess  
10 David but merely ordered 40 mg of IVP Lasix for a patient whose last documented blood  
11 pressure was 86/47.

12 59. On November 18, 2016, at 5:54 a.m. David coded.

13 60. At that time, he was transported to Banner University Medical Center – South  
14 Campus (“BUMC”).

15 61. Upon arrival at BUMC, David was diagnosed with uroseptic shock, renal  
16 failure, anemia and oropharyngeal (mouth and throat) ulcerations.

17 62. The cause of David’s sepsis was documented as probable from infected  
18 urinary catheter or the decubitus ulcers. He was also diagnosed with bilateral pneumonia.

19 63. From November 18, 2016, to December 25, 016, David endured an extensive  
20 hospital course at BUMC that included multiple ICU stays.

21 64. David was deemed clinically unable to undergo conscious sedation anesthesia  
22 to have a feeding tube (PEG) tube placed again in his abdomen, thought to be related to his  
23 previous protracted hospital stay for respiratory failure and severe sepsis.

24 65. On December 25, 2016, while still at BUMC, David Windhurst died  
25 approximately one month before his scheduled release from the ADOC.

26

1 **COUNT ONE**

2 **(WRONGFUL DEATH: A.R.S. §12-611, et seq.;**  
3 **MEDICAL MALPRACTICE: A.R.S. §12-561, et seq.)**

4 66. Antoinette Windhurst is a wrongful death claimant pursuant to A.R.S. §12-  
5 612(A).

6 67. Defendants have a non-delegable duty for the care, custody and control of  
7 inmates within the Arizona State Prison Complex system.

8 68. Defendants' non-delegable duty includes adequate medical care.

9 69. Defendants also have a statutory duty to provide adequate medical care  
10 pursuant to A.R.S. §31-201.01.

11 70. Defendants were required to provide care to David Windhurst commensurate  
12 with what would be available in the community.

13 71. The standard of care required that David receive more than just monitoring of  
14 his decline into severe sepsis from systemic and persistent mismanagement of his diabetes,  
15 kidney disease, wound care, peptic ulcer disease and other chronic conditions.

16 72. Despite David's multiple and complex chronic conditions, Defendants  
17 consistently and improperly delegated his care to family practice nurse practitioners with  
18 limited oversight from family practice or necessary specialist physicians.

19 73. Defendants engaged in systematic repetitive negligent care.

20 74. Defendants had a duty to David, breached their duty, and caused David's  
21 death by failing to provide appropriate assessment, intervention, and timely transfer to the  
22 acute-care setting.

23 75. Defendants also consistently violated the Nurse Practice Act and Arizona  
24 regulations requiring advanced practice registered nurses to refer a patient to a physician  
25 and consult with other healthcare providers when a condition is beyond the APRN's  
26 knowledge and experience in direct violation of A.R.S. §§32-1601 and 32-1606; and

1 Arizona Administrative Code R4-19-508.

2 76. Under A.R.S. §31-201.01, Charles Ryan was required to provide medical and  
3 health services to prisoners.

4 77. The ADOC, through Charles Ryan, further promulgated a policy stating that  
5 “the assistant director for ADC Health Services Contract Monitoring Bureau shall hold the  
6 contract providing health services accountable to ensure all inmates are provided access to  
7 scheduled and emergency (as needed) healthcare.” The policy also required that  
8 “appropriate and uninterrupted healthcare be provided to inmates with chronic health  
9 conditions.”

10 78. David Windhurst did not receive appropriate chronic healthcare  
11 commensurate with his complex medical management needs. His various chronic conditions  
12 collectively required consistent specialist oversight for safe management, which did not  
13 occur.

14 79. David Windhurst never received an infectious disease specialist consult even  
15 when experiencing a rash over 60% of his body, a ruptured eardrum and acute mass in the  
16 area of his parotid gland, purulent drainage from his decubitus wounds, and significant  
17 antibiotic resistant urine cultures.

18 80. David Windhurst was not even afforded regular face-to-face family practice  
19 physician visits. Instead, his complex care was entirely mismanaged by nurses and family  
20 nurse practitioners outside of the appropriate scope of practice.

21 81. Defendants failed to follow state law and its policies and procedures related to  
22 inmate healthcare to ensure adequate healthcare and access to emergency healthcare for  
23 David Windhurst. These failures fell below the standard of care.

24 82. Defendants are liable for the acts and omissions of their employees and/or  
25 agents acting within the course and scope of their employment or contract.

26 83. Defendants, each of them, breached the applicable standard of care they owed



1 to David Windhurst by failing to provide adequate medical treatment to him.

2 84. Defendants, through their employees and/or agents, failed to exercise that  
3 degree of care, skill and learning that would be expected under similar circumstances of a  
4 reasonably prudent healthcare provider within this State in negligently monitoring,  
5 evaluating, and treating David Windhurst.

6 85. Defendants' breach of the applicable standard of care directly and proximately  
7 caused David Windhurst's death; and, thus, injury to Plaintiffs.

8 **COUNT TWO**

9 **(ADULT PROTECTIVE SERVICE ACT ["APSA"]; A.R.S. §46-451 *et seq.*)**

10 86. Plaintiffs allege and incorporate all prior paragraphs herein.

11 87. Defendants are each an enterprise, as defined by A.R.S. §46-455(Q), that  
12 assumed a legal duty to provide care to David Windhurst.

13 88. David Windhurst was a "vulnerable adult" as defined by A.R.S. §46-  
14 451(A)(9) when he was at the ASPC-F and ASPC-T in 2016.

15 89. David Windhurst was injured by Defendants' negligent acts or omissions.

16 90. Defendants were independently negligent and also derivatively negligent for  
17 the acts of their employees and/or agents.

18 91. Injury to a vulnerable adult caused by negligent acts or omissions constitute  
19 "abuse" under A.R.S. §46-451(A)(1)(b).

20 92. Antoinette Windhurst has standing to bring this APSA claim, pursuant to  
21 A.R.S. §46-455(B) and A.R.S. §46-455(O).

22 93. Defendants' conduct here constitutes an "evil mind" pursuant to RAJI (Civil)  
23 Personal Injury Damages 4, such that Plaintiff is entitled to punitive damages. See A.R.S.  
24 §46-455(H)(4).

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**COUNT THREE**  
**(PUNITIVE DAMAGES)**

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94. Plaintiffs allege and incorporate all prior paragraphs herein.

95. Defendant Ryan is an official policymaker responsible for promulgating appropriate policies and procedures at the ASPC-F and the ASPC-T.

96. Defendants operated the ASPC-F and the ASPC-T in a manner in which he knew or should have known that David Windhurst would suffer physical harm.

97. Defendants pursued a course of conduct knowing or having reason to know that it or they created a substantial risk of significant harm to David Windhurst so as to justify an award of punitive damages.

98. Defendants consciously and deliberately disregarded David Windhurst's interests and rights.

99. As a direct and proximate result of the aforementioned negligence, reckless and intentional acts, David Windhurst died.

WHEREFORE, Plaintiffs ask this Court to enter judgment in her favor and against Defendants as follows:

- a. For wrongful death damages recoverable by RAJI (Civil) 5<sup>th</sup> Personal Injury Damages 3, A.R.S. §§12-613, 46-455(H)(4), and applicable law;
- b. For all APSA damages recoverable by A.R.S. §46-455(H).
- c. For punitive damages pursuant to RAJI (Civil) 5<sup>th</sup> Personal Injury Damages 4, A.R.S. §46-455(H)(4), and applicable law.
- d. For costs in accordance with A.R.S. §§12-332 and 46-455(H)(4).
- e. For such other and further relief as the Court deems just and proper.

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Dated December 22, 2017.

MESCH, CLARK ROTHSCHILD, P.C.

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16 ARIZONA SUPERIOR COURT

17 PIMA COUNTY

18 ANTOINETTE WINDHURST, a  
19 single/widowed woman on behalf of  
20 herself and as Personal Representative of  
21 the Estate of her deceased husband, David  
22 Windhurst,

23 Plaintiff,

24 v.

25 ARIZONA DEPARTMENT OF  
26 CORRECTIONS, a governmental entity;  
CHARLES RYAN, in his individual  
capacity as the Director of Arizona  
Department of Corrections; STATE OF  
ARIZONA, a governmental entity;

No. C20175978

**PLAINTIFF'S 19<sup>TH</sup>  
SUPPLEMENTAL DISCLOSURE  
STATEMENT**

(Cumulative – additions are highlighted  
in yellow)

(Honorable Brenden J. Griffin)

1 CORIZON HEALTH, INC., a business  
2 domiciled in Arizona; and JOHN DOES  
3 and JANE DOES 1-10, married couples;  
4 ABC PARTNERSHIPS 11-20; and/or  
XYZ CORPORATIONS 21-30, fictitious  
entities,

5 Defendants.

6  
7  
8 Plaintiff, pursuant to Rule 26.1(b)(1), Arizona Rules of Civil Procedure, discloses the  
9 following information.

10 **PRELIMINARY STATEMENT**

11 This Disclosure Statement, and its contents, represents the product of the  
12 investigation to date. This matter is only in the initial phase of discovery, and further  
13 investigation and discovery may bring to light additional information that may have a  
14 bearing on Plaintiffs' claims. Accordingly, this Disclosure Statement is not now intended to  
15 represent Plaintiff's complete claims, but is merely a preliminary Disclosure Statement until  
16 further and final supplementation. Therefore, if any part of this Disclosure Statement is ever  
17 read to the jury, fairness would require that this Preliminary Statement also be read  
18 indicating that, at the time it was submitted, there was only limited access to information  
19 and the case had not yet been fully discovered.

20 **I. FACTUAL BASIS FOR EACH CLAIM:**

21  
22 Plaintiff incorporates her Complaint and all of her disclosures and discovery,  
23 including the disclosed expert affidavits, in this case. A summary of the factual basis of the  
24 claims in this case (all supported by currently available medical, law enforcement, and  
25 administrative records) about the events at issue follows.  
26

1 David Windhurst (“David”) was an inmate at the Arizona Department of Corrections  
2 (“ADOC”), Inmate #288503. He died while in the ADOC custody from complications  
3 associated with medical mismanagement of his care that fell below established community  
4 standards.

5 David was arrested in February 2014 for a probation violation and was held in  
6 custody for approximately four months. He was indicted in March of 2014 for weapons  
7 misconduct, entering a plea in June 2015. After entering the plea, David was initially held  
8 in the Maricopa County Jail until December 2015, and then he was transferred to the  
9 Arizona State Prison Complex in Florence, AZ (“ASPC-F”). Later in his incarceration,  
10 from April through November 2016, David was cared for at the Arizona State Prison  
11 Complex in Tucson, AZ (“ASPC-T”).

12 At David’s August 11, 2015, sentencing hearing, there was much discussion  
13 regarding David’s multiple, complex medical conditions, and concerns, particularly related  
14 to the ADOC’s capacity to provide appropriate medical management in the correctional  
15 setting given David’s medically fragile history and given his worsened condition in 2014  
16 after only an approximate four month period of incarceration.

17 David was a chronically ill man with a history of paraplegia from high thoracic spinal  
18 cord injury in his late teens. He had both legs amputated above the knee, with the entire  
19 lower extremity removed through the hip joint on his left side. He had multiple, complex  
20 medical issues including chronic pressure ulcers, surgical reconstruction of his skin resulting  
21 in the surgical relocation of his rectum and altered bowel function, neurogenic bladder  
22 requiring a suprapubic catheter, osteopenia, insulin-dependent diabetes, anemia,  
23 hypertension, chronic kidney disease, chronic pain/neuropathy, muscle spasms,  
24 hypothyroidism, and repetitive infections, including a known history of complications from  
25 methicillin resistant staphylococcus aureus (“MRSA”).  
26



1 While David was held in custody for approximately four months in 2014, testimony  
2 was received that his stage IV bedsore doubled in size<sup>1</sup> and he had two ICU hospital stays,<sup>2</sup>  
3 and required dialysis while under the ADOC care.<sup>3</sup> At David’s August 2015 Sentencing  
4 Hearing, family appeared before the sentencing judge, including one family member who  
5 was a trained emergency room physician, expressing concern that further incarceration  
6 would likely result in David’s death from sepsis.

7 The ADOC’s General Counsel, Brad Keogh, provided assurances to the Hon. Warren  
8 Granville that the ADOC was “able to handle all medical conditions, including very serious  
9 ones” such that the ADOC’s position was that there was “no illness or condition which  
10 could not be treated once a person [wa]s incarcerated.”<sup>4</sup> Further, ADOC’s own Department  
11 Manual pledged to provide inmates with “appropriate and uninterrupted healthcare.”<sup>5</sup>  
12 Despite these assurances and pledges; however, the care the ADOC provided to David fell  
13 below the acceptable community standards leading to his death in the early morning hours  
14 of Christmas in 2016.

15 David’s medical care was provided by Clinicians trained as advanced practice  
16 registered nurses, commonly called “nurse practitioners” (“NPs”), physician assistants  
17 (“PAs”), and physicians (“MDs”) (collectively, “Clinicians”), including but not limited to:

- 18 a) Deborah McGarry, NP – license # AP4908
- 19 b) Murray F. Young, MD – license # 52177
- 20 c) Lucy Burciaga, MD – license # 35181
- 21 d) Daniel Ross, NP – license #AP5256

22  
23 <sup>1</sup> *State of Arizona v. Windhurst*, CR2014-408-001 Sentencing Hearing Transcript dated August 11,  
2015, p. 9:11-15 (hereinafter “Sentencing Transcript”).

24 <sup>2</sup> *Id.* at ll. 16-17.

25 <sup>3</sup> Sentencing Transcript, p. 8:1-6.

25 <sup>4</sup> Sentencing Transcript, Exhibit 7, Brad Keogh August 14, 2015, email, paragraph 1.

26 <sup>5</sup> Arizona Department of Corrections, Department Order Manual Chapter 1100 Inmate Health  
Services 2 (effective December 19, 2012; unchanged effective October 22, 2016).

- 1 e) Andrea Roberts, NP- license #AP7654
- 2 f) Pinky R. Castillo, NP – license #AP8820
- 3 g) Bonnie Goodman, DO – license #1920
- 4 h) Elaine Walker, PA – license #5303
- 5 i) Tania Hogan, NP – license # AP2914
- 6 j) Nicole M. Lyons – license # AP5672

7 Additionally, psychiatric care support was provided by a team of NPs and physicians that  
8 included:

- 9 a) Jawad Riaz, MD – license #46924
- 10 b) Stephen Jaffe, MD – license #41153
- 11 c) Claudia Carpio, NP – license #AP8372
- 12 d) Karen Lahr, NP – license #AP8711

13 While all the Clinicians were responsible, in part, for their role in the consistent, pervasive  
14 medical mismanagement of David’s care and treatment, Plaintiff recognized the more  
15 significant role of Clinicians Castillo, Young, McGarry, Burciaga, and Lahr.

16 David’s care in the medical infirmary units was provided by licensed nurses –  
17 (licensed practical nurses (“LPNs”) and registered nurses (“RNs”) – assisted by non-  
18 licensed assistant staff, largely noted to be certified nursing assistants (“CNAs”). Again,  
19 while, as a group, the licensed nurses providing care to David failed to assess, timely report,  
20 and advocate David’s behalf regarding important clinical changes in David’s condition,  
21 some more regularly noted names in the care continuum included:

- 22 a) David Osier, RN
- 23 b) Peggy Dionne, RN
- 24 c) Michele Daemmer, RN
- 25 d) Carrie Hughes, RN
- 26 e) Eva Olszewski, RN

- 1 f) Juliet Egbo, LPN
- 2 g) Monica A. Flores, RN
- 3 h) Nidia Salazar, LPN
- 4 i) Patricia Barclay, RN
- 5 j) Sheryl DeCasper, RN

6 The ADOC records produced thus far were lacking in progress note-type  
7 documentation from December 8, 2015, through February 18, 2016. Further, the 2014  
8 ADOC records were not included in the initial ADOC documents received. While  
9 community standard would include a review of prior records on admission to the ADOC in  
10 December 2015, it is unclear whether Clinician or nursing staff did so. Certainly the  
11 sentencing hearing transcript made clear that David had significant challenges with infection  
12 and prior ICU stays during a much shorter incarceration period.

13 On February 6, 2016, the ADOC received a critical urine culture result that was  
14 positive for MRSA and started treatment with antibiotics. Between February 19, 2016, and  
15 David's acute transfer to Mountain Vista Medical Center ("MVMC") on February 27, 2016,  
16 the Clinician and nursing staff failed to assess, recognize, and intervene appropriately to  
17 David's worsening condition. Despite the nephrologist's February 22, 2016, admonition  
18 that David's blood pressure and blood sugar be tightly controlled, Clinician documentation  
19 appeared to be copied forward and lacked a lung assessment or an appreciation that David's  
20 blood pressure demonstrated relative hypotension that was atypical. Nursing assessments  
21 and vital sign monitoring did not increase in frequency despite changes documented as early  
22 as February 23, 2016.

23 When David arrived at MVMC, he was found to be hypotensive due to an infection.  
24 He required intubation, mechanical ventilation, a feeding tube, and dialysis. He had a  
25 tracheostomy procedure for breathing support (breathing tube) and a stomach tube (PEG  
26

1 tube) placed for nutrition. His kidney injury was recorded as secondary to sepsis.<sup>6</sup> David  
2 remained at MVMC from February 27, 2016, through April 7, 2016.

3 On April 7, 2016, David was returned to the ADOC and placed in the ASPC-T  
4 facility. Despite David's complex hospital course prior to admission to ASPC-T and his  
5 reported oxygen desaturations during transfer, the documented Clinician plan was not  
6 detailed; rather it simply described vital sign and wound care as per routine. Nursing  
7 documentation did not demonstrate or include assessment tools or care planning to manage  
8 David's wounds consistent with their severity or with pre-incarceration protocols. During  
9 April alone, at least three different nurses made at least five notations regarding potential  
10 symptoms of possible infection, yet no temperature was taken. Further, nursing notes  
11 lacked documentation of any effort to secure infection prevention supplies that were noted  
12 as unavailable such as a properly sized suprapubic Foley catheter or wound care solution,  
13 despite chart documentation that would have made clear to nursing staff that David had been  
14 critically ill when transferred out of the ADOC in February 2016 secondary to infection.

15 When David followed up with the nephrologist in April 2016, a return visit one  
16 month later was recommended along with an iron profile lab study in anticipation of  
17 needing additional anemia medication given David's treatment at MVMC. Yet, there was  
18 no evidence in the medical record that David saw the nephrologist as recommended and no  
19 iron profile was completed. While this is one of many examples of care falling below  
20 accepted standards, its impact cannot be understated. When David was admitted to Banner  
21 University South Campus Medical Center in November 2016, his anemia was profound,

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<sup>6</sup> "Sepsis is a potentially life-threatening complication of an infection. Sepsis occurs when  
chemicals released into the bloodstream to fight the infection trigger inflammatory responses  
throughout the body. This inflammation can trigger a cascade of changes that can damage multiple  
organ systems, causing them to fail." <https://www.mayoclinic.org/diseases-conditions/sepsis/symptoms-causes/syc-20351214>.

1 with a Hemoglobin lab value of 5.7 g/dL – dangerously below the normal limit of 14-18  
2 g/dL.

3 Earlier than previously detailed in Plaintiff’s complaint, nursing staff began  
4 documenting that David had a body rash in mid-July 2016. Yet, skin exams were rarely  
5 documented by supervising Clinicians. David’s skin condition was not fully evaluated  
6 despite worsening symptoms over a span of months that did not respond to ointment/cream,  
7 antihistamine medication, and pain medication intervention. Instead of referring David to  
8 dermatology or ordering labs, Dr. Young’s documentation included the assumptive  
9 diagnosis that David’s condition was “idiopathic and self-mutilation.” Similarly, nursing  
10 notes provided no documentation that Clinician orders were sought to address the itchiness  
11 as David’s rash worsened. By late October, David reported feeling as though he had bugs  
12 crawling under his skin. Also, at this time, David’s urine was described as light brown,  
13 without intervention.

14 By early November, David developed a lump on the side of his jaw and had a  
15 ruptured ear drum with malodorous drainage. Nursing documentation described David as  
16 pale and confused, yet no attempts to obtain further diagnostic orders are documented. On  
17 November 11, 2016, David’s urine tested positive via a urine dipstick for blood, white blood  
18 cells and protein from a sample described as cloudy, brown/pink urine, which was also  
19 described as dark-blood tinged urine. No lab studies to ascertain renal function were  
20 ordered, despite Clinician documentation that antibiotics were being dosed according to  
21 renal function. When the nurse was unable to successfully draw the limited labs (CBC and  
22 c. difficile) that were ordered, David waited four additional days to have the labs drawn.  
23 And, when the limited labs results were available on November 16, 2016, there was no  
24 evidence in the medical record that the nursing staff reviewed the results or reported them to  
25 Clinician staff. Clinical staff documentation also provided no indication that they reviewed  
26 or acted upon the significantly abnormal results. At this point, David’s Hemoglobin was 7.1

1 g/dL and would continue to fall before he was transferred to a tertiary care center on  
2 November 18, 2016, after coding.

3 In the early morning hours of November 15, 2016, David's further clinical decline  
4 was noted as having decreased urine output, tea colored urine with signs and symptoms of  
5 dehydration, low blood pressure and low sugar levels. On the afternoon of November 15,  
6 2016, David's urine culture result showed large amounts of particularly resistant bacteria  
7 named *Pseudomonas Aeruginosa*, often associated with facility-acquired infections. Despite  
8 the changes in David's mental status, his chaotic blood sugars, his need for IV fluids for  
9 poor intake and low urine output, no lab chemistry studies were ordered, intake and output  
10 balances were not scrutinized, weights were not taken, specialists were not consulted, and a  
11 hospital transfer was not made. David's clinical presentation in November 2016 was nearly  
12 identical to that experienced in February 2016 when David was diagnosed with acute  
13 respiratory failure and severe sepsis, and consistent with the sepsis concerns mentioned in  
14 the August 2015 sentencing hearing.

15 On November 16, 2016, David's blood sugar was dangerously low at 52 mg/dl.  
16 After intervention, repeat blood sugars remained low at 55 mg/dl and 67 mg/dl. David's  
17 right neck mass was now described as "greatly enlarged," his lips were documented as "very  
18 dry" and his nurses continued to describe David as "glassy eyed," and his urine output was  
19 described as "yellow with brown/pink clusters of tissue looking concretions." Despite this,  
20 neither nursing staff nor NP Pinky Castillo appreciated the criticalness of David's medical  
21 condition.

22 On November 17, 2016, David's blood pressure was 88/57, significantly hypotensive  
23 for a man with a history of hypertension. This important vital sign was not rechecked for  
24 three hours. He was described by nursing as glassy-eyed, unable to maintain focus, yet no  
25 Clinician presented to directly evaluate these worsening symptoms and not transfer to an  
26 acute care setting occurred.



1 By 12:55 a.m. on November 18, 2016, ADOC staff stated that David “was not doing  
2 well,” “had a hard time swallowing,” and was “confused” with a slow reaction. By 2:53  
3 a.m., the nurse documented “[w]et rales were noted from the doorway.” Between 12:55  
4 a.m. and 5:34 a.m., nurses attempted to reach NP and physician Clinicians, collectively, six  
5 times, without response. At 5:34 a.m., Dr. Murray Young did not come in and assess David  
6 but merely ordered 40 mg of IVP Lasix. After getting the Lasix, David’s blood pressure  
7 plummeted to 60/30, and he coded.

8 Upon arrival at Banner University Medical Center – South Campus (“BUMC”),  
9 David was hypotensive and hypoxic. He was diagnosed with septic shock, acute-on -  
10 chronic kidney injury, and anemia. He was found to have multifocal pneumonia. He  
11 required emergent dialysis, intubation, and medications to maintain his blood pressure.

12 Ultimately, David was unable to fully recover from what was now a repetitive  
13 onslaught severe sepsis from medical neglect and mismanagement – just as was discussed at  
14 the sentencing hearing – from consequences related to being allowed to repeatedly go in to  
15 severe sepsis from the abject failure of the ADOC Clinicians and staff to recognize when  
16 “an illness or condition becomes so severe that actual hospitalization is medically  
17 necessary.”

18  
19 **II. THE LEGAL THEORY UPON WHICH EACH CLAIM IS BASED:**

20 **A. Wrongful Death.** Wrongful death is a statutory claim pursuant to A.R.S. §12-  
21 611 *et seq.* That statute states: “When death of a person is caused by wrongful act, neglect  
22 or default, and the act, neglect or default is such as would, if death had not ensued, have  
23 entitled the party injured to maintain an action to recover damages in respect thereof, then,  
24 and in every such case, the person who or the corporation which would have been liable if  
25 death had not ensued shall be liable to an action for damages, notwithstanding the death of  
26

1 the person injured, and although the death was caused under such circumstances as amount  
2 in law to murder in the first or second degree or manslaughter.” A.R.S. §12-611. “An action  
3 for wrongful death shall be brought by and in the name of the surviving husband or wife,  
4 child, parent or guardian, or personal representative of the deceased person for and on behalf  
5 of the surviving husband or wife, children or parents, or if none of these survive, on behalf  
6 of the estate.” A.R.S. §12-612(A). “In an action for wrongful death, the jury shall give such  
7 damages as it deems fair and just with reference to the injury resulting from the death to the  
8 surviving parties who may be entitled to recover, and also having regard to the mitigating or  
9 aggravating circumstances attending the wrongful act, neglect or default.” A.R.S. §12-613.  
10 The wrongful death damages instruction at Personal Injury Damages 3, RAJI (Civil) 5th  
11 states: “If you find [name of defendant] liable to [name of plaintiff], you must then decide  
12 the full amount of money that will reasonably and fairly compensate [name of each  
13 survivor] [separately] for each of the following elements of damages proved by the evidence  
14 to have resulted from the death of [name of decedent]. 1. The loss of love, affection,  
15 companionship, care, protection, and guidance since the death and in the future. 2. The pain,  
16 grief, sorrow, anguish, stress, shock, and mental suffering already experienced, and  
17 reasonably probable to be experienced in the future. 3. The income and services that have  
18 already been lost as a result of the death, and that are reasonably probable to be lost in the  
19 future. 4. The reasonable expenses of funeral and burial. 5. The reasonable expenses of  
20 necessary medical care and services for the injury that resulted in the death.”

21 **B. Medical Negligence/Negligence Per Se.** “‘Medical malpractice action’ or ‘cause  
22 of action for medical malpractice’ means an action for injury or death against a licensed  
23 health care provider based upon such provider's alleged negligence, misconduct, errors or  
24 omissions, or breach of contract in the rendering of health care, medical services, nursing  
25 services or other health-related services or for the rendering of such health care, medical  
26 services, nursing services or other health-related services, without express or implied

1 consent...” A.R.S. §12-561(2). “Both of the following shall be necessary elements of proof  
2 that injury resulted from the failure of a health care provider to follow the accepted standard  
3 of care: 1. The health care provider failed to exercise that degree of care, skill and learning  
4 expected of a reasonable, prudent health care provider in the profession or class to which he  
5 belongs within the state acting in the same or similar circumstances. 2. Such failure was a  
6 proximate cause of the injury.” A.R.S §12-563. The jury instruction at Medical Negligence  
7 1, RAJI (Civil) 5th, states the elements of a medical negligence claim as: “the failure to  
8 comply with the applicable standard of care. To comply with the applicable standard of  
9 care, a health care provider must exercise that degree of care, skill, and learning that would  
10 be expected under similar circumstances of a reasonably prudent health care provider within  
11 this state. Fault is medical negligence that was a cause of injury to [name of plaintiff].  
12 Before you can find [name of defendant] at fault, you must find that [name of defendant]’s  
13 negligence was a cause of injury to [name of plaintiff]. Negligence causes an injury if it  
14 helps produce the injury, and if the injury would not have happened without the negligence.  
15 On the claim of fault for medical negligence, [name of plaintiff] has the burden of proving:  
16 1. [Name of defendant] was negligent; 2. [Name of defendant]’s negligence was a cause of  
17 injury to [name of plaintiff]; and 3. [Name of plaintiff]’s damages.”

18 “A person who violates a statute enacted for the protection and safety of the public is  
19 guilty of negligence per se.” *Good v. City of Glendale*, 150 Ariz. 218, 221, 722 P.2d 386,  
20 389 (Ct. App. 1986). Such laws, as explained in RAJI (Civil 5th), Negligence 1, include  
21 regulations.

22 The Restat. 2d of Torts, §323 states: “One who undertakes, gratuitously or for  
23 consideration, to render services to another which he should recognize as necessary for the  
24 protection of the other’s person or things, is subject to liability to the other for physical harm  
25 resulting from his failure to exercise reasonable care to perform his undertaking if (a) his  
26 failure to exercise such care increases the risk of such harm...”). Arizona has adopted

1 Restat. 2d of Torts, §323. See, e.g., *Jeter v. Mayo Clinic*, 211 Ariz. 386, ¶72, 121 P.3d 1256,  
2 1272-1273 (reversing trial court dismissal of negligence claim against health care provider  
3 that lost plaintiffs' frozen embryos, and stating "Arizona courts have adopted and applied  
4 Restatement §323 in the medical malpractice context"). This rule applies in "the limited  
5 class of cases in which defendant undertook to protect plaintiff from a particular harm and  
6 negligently interrupted the chain of events, thus increasing the risk of that harm." As stated  
7 in *Thompson v. Sun City Comm. Hosp.*, "[i]f the jury finds that defendant's failure to  
8 exercise reasonable care increased the risk of the harm he undertook to prevent it may from  
9 this fact find a 'probability' that defendant's negligence was the cause of the damage." 141  
10 Ariz. 597, 608, 688 P.2d 605, 616 (1984).

11 **C. APSA.** Defendants are each an enterprise, as defined by A.R.S. §46-455(Q)("any  
12 corporation, partnership, association, labor union, or other legal entity, or any group of  
13 persons associated in fact although not a legal entity, that is involved with providing care to  
14 a vulnerable adult"), that assumed a legal duty to provide care to David.

15 "Care' is 'generally defined as charge, supervision, management: responsibility for  
16 or attention to safety and wellbeing." *Estate of Wyatt*, 232 Ariz. 506, ¶8, 307 P.3d at 75.

17 David was a "Vulnerable Adult" as defined by §46-451(A)(9) when he was in  
18 Defendants' care and custody. David's physical impairments were to a nature and extent  
19 that left him unable to protect himself from Defendants' neglect and mismanagement of his  
20 extensive medical needs.

21 In order to state a successful claim for abuse or neglect under APSA, a plaintiff must  
22 show that the alleged victim was a "vulnerable adult" who was "injured by neglect [or]  
23 abuse" by "any person or enterprise that has been employed to provide care . . . to such  
24 vulnerable adult." A.R.S. § 46-455(B); see also *Equihua v. Carondelet Health Network*, 235  
25 Ariz. 504, ¶7, 334 P.3d at 196 (App. 2014). As it pertains here, "'[a]buse' means: . . .  
26 [i]njury caused by negligent acts or omissions," while "'[n]eglect' means a pattern of

1 conduct without the person's informed consent resulting in deprivation of food, water,  
2 medication, medical services . . . or other services necessary to maintain minimum physical  
3 or mental health." A.R.S. §46-451(A)(1)(b),(6).

4 "Person" is defined at A.R.S. §1-215 as "includes a corporation, company,  
5 partnership, firm, association or society, as well as a natural person...When the word  
6 'person' is used to designate the violator or offender of any law, it includes corporation,  
7 partnership or any association of persons."

8 On 6/20/17, the Arizona Supreme Court expanded APSA and held that an APSA  
9 claim requires proof that: (1) a vulnerable adult, (2) has suffered an injury, (3) caused by  
10 abuse, (4) from a caregiver. *Delgado v. Manor Care of AZ, LLC*, 395 P.3d 698, ¶1, 19  
11 (2017).

12 The monetary damages allowed under APSA are set forth in A.R.S. §46-455(H)(4)  
13 which states "After a determination of liability such orders may include, but are not limited  
14 to...Ordering the payment of actual and consequential damages, as well as costs of suit, to  
15 those persons injured by the conduct described in this section. The court or jury may order  
16 the payment of punitive damages under common law principles that are generally applicable  
17 to the award of punitive damages in other civil actions."

18 **D. Punitive Damages.** RAJI (Civil) 5th, Personal Injury Damages 4 states the  
19 punitive damages standard as: "To recover such damages, [name of plaintiff] has the burden  
20 of proving by clear and convincing evidence, either direct or circumstantial, that [name of  
21 defendant] acted with an evil mind. This required state of mind may be shown by any of the  
22 following: 1. Intent to cause injury; or 2. Wrongful conduct motivated by spite or ill will; or  
23 3. [[Name of defendant] acted to serve his own interests, having reason to know and  
24 consciously disregarding a substantial risk that his conduct might significantly injure the  
25 rights of others.] [[Name of defendant] consciously pursued a course of conduct knowing  
26 that it created a substantial risk of significant harm to others.] To prove this required state of

1 mind by clear and convincing evidence, [name of plaintiff] must persuade you that the  
2 punitive damages claim is highly probable. This burden of proof is more demanding than  
3 the standard of more probably true than not true, which applies to all other claims in this  
4 case, but it is less demanding than the standard of proof beyond a reasonable doubt, which is  
5 used in criminal cases. The law provides no fixed standard for the amount of punitive  
6 damages you may assess, if any, but leaves the amount to your discretion. [However, if you  
7 assess punitive damages, you may consider the character of [name of defendant]’s conduct  
8 or motive, the nature and extent of the harm to plaintiff that [name of defendant] caused, and  
9 the nature and extent of defendant’s financial wealth.]”

10 Punitive damages are recoverable in an APSA claim pursuant to A.R.S. §46-455(H)  
11 and case law. See, *e.g.*, *Newman v. Select Specialty Hosp.*, 356 P.3d 345, ¶9-16, 2016  
12 Ariz.App. LEXIS 55, 2016 WL 1377634 (App. 2016) (reversing dismissal of punitive  
13 damages instruction on APSA claim). Punitive damages are also recoverable against  
14 Corizon Health, Inc., based on their medical malpractice in this case and because they  
15 “consciously pursued a course of conduct knowing that it created a substantial risk of  
16 significant harm to others.”

17 Remainder redacted.

18 [REDACTED]

19 [REDACTED]

20 [REDACTED]

21 [REDACTED]

22 [REDACTED]

23 [REDACTED]

24 [REDACTED]

25 [REDACTED]

26 [REDACTED]





**LONE STAR  
ALLIANCE**  
A RISK RETENTION GROUP

**POLICY NUMBER 4-100167**

Renewal  New Policy

**DECLARATIONS PAGE  
Professional Liability Insurance Policy  
Claims-Made**

NAMED INSURED: (including mailing address)

**Valitas Health Services, Inc.  
103 Powell Court  
Brentwood, TN 37027**

NAMED INSURED IS A(N): **Group**

**NOTICE: THIS POLICY IS ISSUED BY YOUR  
RISK RETENTION GROUP**

Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group.

POLICY PERIOD:

Effective Date:  
Expiration Date:

**03/04/2017  
03/04/2018**

Beginning and ending at 12:01 a.m.

*Retroactive Date:*

**03/04/2013**

SPECIALTY:

**See Schedule of Insureds**

TOTAL PREMIUM:



LIMITS OF LIABILITY:

Each *Claim* Limit:  
All *Claims* Limit:  
Total Policy Aggregate:

**\$2,000,000  
\$6,000,000  
\$6,000,000**

SELF-INSURED  
RETENTION:

Each *Claim* Limit:

**\$50,000**

MEDEFENSE:

Aggregate for all *insureds* per *policy period*: **\$250,000**

This Declarations Page, along with the coverage forms and *endorsements* attached, completes the above numbered policy and is part of and subject to all terms, conditions and exclusions of the above numbered policy and any *endorsements* issued by the Corporation to the *Named Insured*.

Issue Date: 02/28/2017

Counter Signed By: \_\_\_\_\_

Authorized Representative of  
Lone Star Alliance Inc., A Risk Retention Group

JD



ph 844 595 8866  
www.lonestara.com

P.O. Box 160140  
Austin, Texas 78716-0140

Valitas Health Services, Inc.  
103 Powell Court  
Brentwood, TN 37027

5-10229

We at Coverys thank you for selecting us for your insurance service needs. Backed by long term financial strength and stability, we have protected our policyholders and defended good medicine for over thirty years. Enclosed you will find your commercial liability policy which includes your declarations page along with policy coverage parts and endorsements that are applicable to this insurance policy.

For additional information regarding Coverys' services, please see the following enclosures:

COV 013 01/15	Patient Safety Organization Membership Fees Reimbursement
Risk Mgmt	Seize the Strategic Advantage with Coverys Risk Management
CO/MI-44	Facility Consultation
CO/MI-45	Physician Consultation
CO/MI-46	Facility Resources and Education
CO/MI-47	Physician Resources and Education

Further, Coverys takes its responsibilities to its policyholders, and their obligations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), seriously. Accordingly, we have prepared and signed a business associate agreement that complies with all HIPAA requirements and describes how we will use and safeguard the protected health information that you provide to us. The agreement can be downloaded at [www.coverys.com/CSICHIPAA](http://www.coverys.com/CSICHIPAA).





**COMMON POLICY DECLARATIONS  
Renewal Declarations**

**FIRST NAMED INSURED AND ADDRESS:**

Valitas Health Services, Inc.  
103 Powell Court  
Brentwood, TN 37027

**PRODUCER:**

John D. McCann  
JDM & Associates  
1550-1 Village Square Blvd  
Tallahassee, FL 32309

**POLICY PERIOD:** 03/04/2017 to 03/04/2018 at 12:01 A.M.  
Standard Time at Named Insured address  
Above

**DESCRIPTION OF BUSINESS:**  
Correctional Healthcare

**IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY,  
WE AGREE WITH YOU TO PROVIDE THE INSURANCE COVERAGE STATED IN THIS POLICY.**

**COMMERCIAL LIABILITY POLICY**

Policy Number: 5-10229  
Former Policy Number: 5-10038

**THIS POLICY CONTAINS AGGREGATE LIMITS; REFER TO SECTION III. OUR LIMIT OF LIABILITY OF THE  
COVERAGE PART FOR DETAILS.**

Coverage Parts	Coverage Type / Retroactive Date	Limits	Deductibles
Excess Medical Professional and Umbrella Liability			
A. Excess Medical Professional Liability	Coverage A Retroactive Date: 03/04/2013	\$8,000,000 Per Claim \$8,000,000 Annual Aggregate (ALAE is paid in addition to limits)	Not Applicable

**FORMS AND ENDORSEMENTS**

COM 003 CS 03/15 Amendment to the Definition of Insured  
COM 004 CS 03/15 Service of Suit Endorsement  
DEC 007A 07/14 Excess Medical Professional ad Umbrella Liability – Schedule of Underlying Coverages  
EXC 001C CS 05/16 Excess Follow Form Coverage Part

**TOTAL PREMIUM:**

██████████

Pursuant to Arizona Revised Statutes Section 20-401.1, Sub-Section B, Paragraph 1, this policy is issued by an insurer that does not possess a certificate of authority from the Director of the Arizona Department of Insurance. If the insurer that issued this policy becomes insolvent, insureds or claimants will not be eligible for insurance guaranty fund protection pursuant to Arizona Revised Statutes Title 20

*Sam Mezzich*      *Richard Hayes*

Sam Mezzich  
President

Richard G. Hayes  
Treasurer



**AMENDMENT TO THE DEFINITION OF INSURED**

<b>Attached to and forming part of Policy Number:</b>	<b>First Named Insured:</b>	<b>Policy Period:</b>
5-10038	Valitas Health Services, Inc.	03/04/2017 – 03/04/2018

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the following:

**Entity Medical Professional Liability Coverage Part**

**SCHEDULE**

<b>Name of Person or Organization</b>	<b>Party ID (if applicable)</b>	<b>Retroactive Date (if applicable)</b>	<b>Activities</b>
Corizon Health, Inc.		03/04/2013	Correctional Healthcare

Subject to all other terms and conditions of the POLICY, it is agreed and understood that Section II. Definition of Insured is amended to include as an INSURED the Person(s) or Organization(s) shown in the Schedule above, but only with respect to the activities indicated above.

This additional insured shall share in the Limits of Liability of the FIRST NAMED INSURED, and this extension of coverage shall not increase OUR Limit of Liability.

Nothing in this endorsement shall vary, alter, waive or extend any of the terms and conditions of the POLICY, other than as expressly stated above.

Sam Mezzich  
President

Richard G. Hayes  
Treasurer



## SERVICE OF SUIT ENDORSEMENT

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies coverage provided under the following:

- Entity Professional Liability Coverage Part
- Provider Professional Liability Coverage Part
- Sexual Misconduct Coverage Part
- Professional Conduct Review Coverage Part
- Commercial General Liability Coverage Part
- Employee Benefits Liability Coverage Part
- Excess Medical Professional & Umbrella Liability Coverage Part

Subject to all other terms and conditions of this POLICY, it is agreed and understood that:

In the event of OUR failure or alleged failure to pay any amount claimed under this POLICY, WE, at the request of the FIRST NAMED INSURED, will submit to the jurisdiction of any court of competent jurisdiction and proper venue within the United States and will comply with all requirements necessary to give such court jurisdiction and all matters arising hereunder shall be determined in accordance with the law and practice of such Court.

It is further agreed that service of process in such suit may be made upon state officer bearing the title 'Commissioner,' 'Director' or 'Superintendent' of Insurance of the state or commonwealth wherein the risk covered by this POLICY is located, and that in any suit instituted against it upon this POLICY WE will abide by the final decision of such Court or any Appellate Court in the event of an appeal. The state officer bearing the title 'Commissioner,' 'Director' or 'Superintendent' of Insurance of the state or commonwealth wherein the risk covered by this POLICY is located is hereby authorized and directed to accept service of process on behalf of US in any such suit and/or upon the FIRST NAMED INSURED'S request to give a written undertaking to the FIRST NAMED INSURED that they will enter a general appearance upon OUR behalf in the event such suit shall be instituted.

Nothing in this endorsement shall vary, alter, waive or extend any of the terms and conditions of the POLICY, other than as expressly stated above.

Handwritten signatures of Sam Mezzich and Richard G. Hayes in black ink.

Sam Mezzich  
President

Richard G. Hayes  
Treasurer



**EXCESS MEDICAL PROFESSIONAL AND UMBRELLA LIABILITY  
Schedule of Underlying Insurance**

Underlying Liability Insurance	Carrier Policy Number Policy Period	Underlying Limits
<b>Coverage A: Excess Medical Professional Liability</b>		
Entity Medical Professional Liability	Lone Star Alliance 4-453898 03/04/2017 to 03/04/2018	\$2,000,000 Per Claim \$6,000,000 Aggregate




Sam Mezzich  
President

Richard G. Hayes  
Treasurer





## EXCESS LIABILITY COVERAGE – FOLLOWING FORM

Throughout this POLICY the words YOU and YOUR refer to the INSURED as defined in Section II. Definition of Insured. The words WE, US and OUR refer to the insurer named on the DECLARATIONS.

Capitalized words and phrases have special meaning as defined in this POLICY.

This POLICY is issued in return for the payment of premium and is subject to the DECLARATIONS and to all of the terms, conditions, definitions and exclusions. Read the entire POLICY and the UNDERLYING INSURANCE carefully to determine YOUR rights and duties and what is and is not covered.

### IMPORTANT NOTICE

**Where the CONTROLLING UNDERLYING INSURANCE is provided on a claims made basis, this POLICY also provides coverage on a claims made basis. Claims made coverage under this POLICY applies only to CLAIMS that are first made against the INSURED and reported to US during the POLICY PERIOD or an EXTENDED REPORTING PERIOD, if any, and that arise out of INCIDENTS taking place on or after the RETROACTIVE DATE stated in the DECLARATIONS. Please review this POLICY carefully and discuss the coverage with your insurance broker.**

#### Section I. Excess Liability

##### A. Insuring Agreements

WE will pay on YOUR behalf those sums, in excess of the RETAINED LIMIT and up to the applicable Limit of Liability stated in the DECLARATIONS, that YOU become legally obligated to pay as DAMAGES because of a CLAIM for an EVENT to which this POLICY applies.

This POLICY applies only if the CONTROLLING UNDERLYING INSURANCE also applies, or would apply but for the exhaustion of its limits solely by the payment by the CONTROLLING UNDERLYING INSURER of DAMAGES covered by the CONTROLLING UNDERLYING INSURANCE in satisfaction of judgments or settlements of CLAIMS against INSUREDS and/or by DEFENSE COSTS when included in the limits of such CONTROLLING UNDERLYING INSURANCE, and the RETAINED LIMIT has been exhausted as set forth in Section VIII. H below. In addition:

1. When the CONTROLLING UNDERLYING INSURANCE is designated as claims made in the DECLARATIONS, this POLICY applies only if:
  - a. The EVENT takes place on or after the RETROACTIVE DATE and before the end of the POLICY PERIOD and takes place in the Coverage Territory set forth in Section V. Coverage Territory;
  - b. A CLAIM for DAMAGES is first made against YOU and reported to US in writing during the POLICY PERIOD or, if applicable, any EXTENDED REPORTING PERIOD.
2. When the CONTROLLING UNDERLYING INSURANCE is designated as occurrence-based in the DECLARATIONS, this POLICY applies only if the EVENT takes place during the POLICY PERIOD in the Coverage Territory set forth in Section V. Coverage Territory.
3. This POLICY is subject to all of the terms, conditions, definitions, and exclusions of the CONTROLLING UNDERLYING INSURANCE shown in the DECLARATIONS, except for the limits of liability and any other provisions to the contrary contained in this POLICY.

WE will not be obligated to defend any SUIT against an INSURED but WE have the right, in OUR sole discretion to defend, or to participate in the defense of, any CLAIM or SUIT seeking DAMAGES to which



this POLICY may apply, as set forth in Section IV. Defense, Settlement and Claim Expenses. WE have no obligation to perform acts or services or to pay any costs or expenses unless expressly provided for under Section IV. Defense, Settlement and Claim Expenses.

**B. Reporting a Claim or Incident for Claims Made Coverage**

The following apply whenever the CONTROLLING UNDERLYING INSURANCE is designated in the DECLARATIONS as providing coverage on a claims made basis:

1. As a condition precedent to OUR obligations under this POLICY, YOU must give written notice to US of any CLAIM made against YOU as soon as practicable during the POLICY PERIOD or any applicable EXTENDED REPORTING PERIOD.
2. If during the POLICY PERIOD an INSURED becomes aware of any actual or alleged INCIDENT, EVENT or circumstance which may reasonably be expected to give rise to a CLAIM for DAMAGES potentially covered by this POLICY and gives written notice to US and the UNDERLYING INSURERS of such INCIDENT, EVENT or circumstance, then any such CLAIMS subsequently made and reported to US as soon as practicable that are based upon, result from or are related to such INCIDENTS, EVENTS or circumstances shall be considered first made and reported to US during the POLICY PERIOD but only if such CLAIMS are also considered first made and reported to the UNDERLYING INSURERS during the policy period of the UNDERLYING INSURANCE.
3. The following shall not be considered notice of a CLAIM, EVENT, INCIDENT or circumstance:
  - a. Reports made to US orally by or on behalf of any INSURED or any other person;
  - b. Reports, documents or surveys authored by or furnished to US in connection with any engineering, loss control, risk management, quality assurance services or any application for insurance; or
  - c. Notice given to any attorney retained to defend YOU in any CLAIM or SUIT.
4. This POLICY provides coverage for a CLAIM first made against YOU during the POLICY PERIOD or any applicable EXTENDED REPORTING PERIOD only if YOU have satisfied YOUR obligations pursuant to this POLICY and all UNDERLYING INSURANCE with respect to the reporting of CLAIMS, INCIDENTS, EVENTS, INJURIES or circumstances.

**C. Reporting Period Option for Claims Made Coverage**

If either WE or the FIRST NAMED INSURED cancels or non-renews this POLICY, the FIRST NAMED INSURED shall have the right to have issued an endorsement providing an EXTENDED REPORTING PERIOD during which CLAIMS otherwise covered by this POLICY may be first made against YOU and reported to US, if the FIRST NAMED INSURED:

1. Gives US written notice within thirty (30) days after such cancellation or non-renewal;
2. Pays to US all premiums due for the POLICY, if any, and pays to US all premiums charged by US for the EXTENDED REPORTING PERIOD. Payment of premium for the POLICY and payment of the premium for the EXTENDED REPORTING PERIOD shall be made as invoiced by US, or the EXTENDED REPORTING PERIOD will terminate and will not be reinstated; and
3. Obtains an endorsement extending, for a period as least as long as the EXTENDED REPORTING PERIOD provided by US, the time during which CLAIMS otherwise covered by the UNDERLYING INSURANCE may be first made and reported to the UNDERLYING INSURER

The EXTENDED REPORTING PERIOD applies only to EVENTS that are covered by any CONTROLLING UNDERLYING INSURANCE that is designated in the DECLARATIONS as claims made and that take place on or after the RETROACTIVE DATE stated in the DECLARATIONS and prior to the cancellation or non-renewal of this POLICY. The Limits of Liability stated in the DECLARATIONS shall not be increased by any EXTENDED REPORTING PERIOD.



## Section II. Definition of Insured

- A. Each person who qualifies as an insured in the CONTROLLING UNDERLYING INSURANCE, qualifies as an INSURED under this POLICY.
- B. Any additional insured added by endorsement to the CONTROLLING UNDERLYING INSURANCE will automatically be an additional INSURED under this POLICY. However, if coverage provided to such additional INSURED is required by a contract or agreement with an INSURED, the most WE will pay on behalf of the additional INSURED is the amount of insurance required by the contract or agreement, less all amounts payable by the UNDERLYING INSURANCE and all OTHER INSURANCE available to the additional INSURED.

Coverage provided by this POLICY for any such additional INSURED will not be broader than the coverage provided by the CONTROLLING UNDERLYING INSURANCE to that additional INSURED.

## Section III. Our Limit of Liability

- A. The Combined Aggregate Limit stated in the DECLARATIONS is the total amount that WE will pay in excess of the RETAINED LIMIT for all DAMAGES to which this POLICY applies, regardless of the number of INSUREDS, CLAIMS made, SUITS brought, INCIDENTS, EVENTS, number of autos or vehicles involved in an accident, persons injured or properties damaged, or persons asserting CLAIMS.
- B. Subject to Paragraph A., where an Each Incident Limit is stated in the DECLARATIONS:
  - 1. Regardless of the number of CLAIMS made, SUITS brought, the number of persons injured or persons asserting CLAIMS (including without limitation CLAIMS and SUITS for death or loss of consortium, society or services), the number of INCIDENTS, EVENTS, the number of properties damaged, the number of autos or vehicles involved in an accident, the number of INSUREDS involved or the number or nature of any INJURIES, the Each Incident Limit is the most WE will pay in excess of the RETAINED LIMIT for all DAMAGES to which this POLICY applies because of all INJURY arising out of any one INCIDENT or multiple related INCIDENTS.
  - 2. Regardless of the number of CLAIMS made, SUITS brought, the number of persons injured or persons asserting CLAIMS (including without limitation CLAIMS and SUITS for death or loss of consortium, society or services), the number of INCIDENTS, EVENTS, the number of properties damaged, the number of autos or vehicles involved in an accident, the number of INSUREDS involved or the number or nature of any INJURIES, multiple INCIDENTS shall be deemed to be related:
    - a. If they are based upon, arise out of, directly or indirectly result from, are in consequence of, or in any way involve or share one or more of the same PROFESSIONAL SERVICES, EVENTS, facts, circumstances, transactions, events, advice, decisions, courses of treatment or exposure to the same general conditions;
    - b. If they arise out of or in any way involve the performance of PROFESSIONAL SERVICES to, for or concerning a woman or her unborn child(ren) or both during the course of a pregnancy (including pre-natal and post-natal care), labor or delivery;
    - c. If they arise out of or in any way involve the performance of PROFESSIONAL SERVICES to, for or concerning a single patient; and
    - d. If they in any way involve alleged harm to a single person or organization.
  - 3. Regardless of the number of CLAIMS made, SUITS brought, the number of persons injured or persons asserting CLAIMS (including without limitation CLAIMS and SUITS for death or loss of consortium, society or services), the number of INCIDENTS, EVENTS, the number of properties damaged, the number of autos or vehicles involved in an accident, the number of INSUREDS



involved or the number or nature of any INJURIES, in no event shall more than one Each Incident Limit of Liability of this POLICY or the Each Incident limit of liability of more than one policy or coverage part issued by US or by any of OUR affiliated insurance companies apply to any one INCIDENT or multiple related INCIDENTS.

4. If the CONTROLLING UNDERLYING INSURANCE provides coverage on an occurrence basis:
    - a. Where INJURY is required to take place during the policy period in order for the CONTROLLING UNDERLYING INSURANCE to provide coverage, if INJURY arising out of any one INCIDENT occurs, or INJURY arising out of multiple related INCIDENTS occurs, during the POLICY PERIOD and during the policy period of applicable excess or umbrella liability policy issued by US or any of OUR affiliated companies, then all such INJURY will be deemed to have occurred during the policy period of the first such policy and shall be subject to a single Each Incident Limit of Liability of the first such policy or coverage part when the first such INJURY or occurs;
    - b. Where an INCIDENT is required to take place during the policy period in order for the CONTROLLING UNDERLYING INSURANCE to provide coverage, if any one INCIDENT occurs, or multiple related INCIDENTS occur, during the POLICY PERIOD and during the policy period of any other an applicable excess or umbrella liability policy issued by US or by any of OUR affiliated companies, then all such INCIDENTS will be deemed to have occurred during the policy period of the first such policy and shall be subject to a single Each Incident Limit of Liability of the first such policy when the first such INCIDENT occurs.
  5. If the CONTROLLING UNDERLYING INSURANCE provides coverage on a claims made basis, where any one INCIDENT gives rise, or multiple related INCIDENTS give rise, to CLAIMS made and reported to US during the POLICY PERIOD and claims made and reported during the policy period of an applicable excess or umbrella liability policy issued by US or by any of OUR affiliated companies, then, for purposes of the Limit of Liability, all such CLAIMS will be deemed to have been first made and reported during the effective period of the first such excess or umbrella policy when the first such CLAIM is first made and reported. Any and all CLAIMS shall be subject exclusively to one per claim limit of liability of that first policy.
  6. In no event shall more than one Each Incident Limit of Liability of this POLICY or the each incident limit of liability of more than one excess or umbrella policy or policy issued by US or by any of OUR affiliated insurance companies apply to any one INCIDENT, EVENT, CLAIM or SUIT or any series of related INCIDENTS, EVENTS, CLAIMS or SUITS.
- C. Subject to Paragraph A. above, where a Per Claim Limit is stated in the DECLARATIONS:
1. Regardless of the number of CLAIMS made, SUITS brought, the number of persons injured or persons asserting CLAIMS (including without limitation CLAIMS and SUITS for death or loss of consortium, society or services), the number of INCIDENTS, EVENTS, the number of properties damaged, the number of autos or vehicles involved in an accident, the number of INSUREDS involved or the number or nature of any INJURIES, the Per Claim Limit is the most WE will pay in excess of the RETAINED LIMIT for all DAMAGES to which this POLICY applies because of all INJURY arising out of any one INCIDENT or multiple related INCIDENTS.
  2. Regardless of the number of CLAIMS made, SUITS brought, the number of persons injured or persons asserting CLAIMS (including without limitation CLAIMS and SUITS for death or loss of consortium, society or services), the number of INCIDENTS, EVENTS, the number of properties damaged, the number of autos or vehicles involved in an accident, the number of INSUREDS involved or the number or nature of any INJURIES, the following will be deemed to be a single CLAIM for purposes of determining OUR Limit of Liability:



- a. All CLAIMS based upon, arising out of, directly or indirectly resulting from, in consequence of or in any way involving or sharing one or more of the same or related INCIDENTS, PROFESSIONAL SERVICES, EVENTS, facts, circumstances, transactions, events, advice, decisions, courses of treatment or exposure to the same general conditions;
  - b. All CLAIMS based upon or arising out of one or more INCIDENTS in the performance of PROFESSIONAL SERVICES to, for or concerning a woman or her unborn child(ren) or both during the course of a pregnancy (including pre-natal and post-natal care), labor or delivery;
  - c. All CLAIMS based upon or arising out of one or more INCIDENTS in the performance of PROFESSIONAL SERVICES to, for or concerning a single patient; and
  - d. All CLAIMS based upon or arising out of one or more INCIDENTS, EVENTS or circumstances brought by or in any way involving a single person or organization.
3. Where the CONTROLLING UNDERLYING INSURANCE provides coverage on a claims made basis, in each circumstance described in paragraphs C.2.a. through C.2.d. above, all such CLAIMS first made and reported to US during the POLICY PERIOD or any applicable EXTENDED REPORTING PERIOD, and all such claims made and reported during the effective period of an applicable excess or umbrella liability policy issued by US or by any of OUR affiliated insurance companies will, for purposes of the Limit of Liability, be deemed to have been first made and reported during the effective period of the first such excess or umbrella policy when the first such CLAIM is first made and reported. Any and all CLAIMS shall be subject exclusively to one per claim limit of liability of that first policy.
4. Where the CONTROLLING UNDERLYING INSURANCE provides coverage on an occurrence basis, in each circumstance described in paragraphs C.2.a through C.2.d above, all CLAIMS arising out of such circumstance, in whole or in part, shall be subject exclusively to the per claim limit of liability of the policy in effect when the EVENT giving rise to the CLAIM took place.
5. In no event shall more than one Per Claim Limit of Liability of this POLICY or the per claim limit of liability of more than one excess or umbrella policy or policy issued by US or by any of OUR affiliated insurance companies apply to any one INCIDENT, EVENT, CLAIM or SUIT or any series of related INCIDENTS, EVENTS, CLAIMS or SUITS.
- D. Where a Per Person or Organization Limit is stated in the Declarations, the Per Person or Organization Limit is the most WE will pay in excess of the RETAINED LIMIT for the sum of all DAMAGES awarded to any one person or organization, regardless of the number of INSUREDS, INCIDENTS, EVENTS, INJURIES, CLAIMS made, or SUITS brought.
- E. Where a Personal Injury and Advertising Injury Limit is stated in the DECLARATIONS, the Personal and Advertising Injury Limit is the most WE will pay in excess of the RETAINED LIMIT for the sum of all DAMAGES because of all PERSONAL AND ADVERTISING INJURY sustained by any one person or organization, regardless of the number of INSUREDS, INCIDENTS, EVENTS, INJURIES, CLAIMS made, or SUITS brought.
- F. Subject to paragraph C.3. above, if this POLICY and any other excess or umbrella policy or policy issued by US or by any of OUR affiliated insurance companies to an INSURED applies to the same INJURY, CLAIM, SUIT, INCIDENT, EVENT or any series of related INCIDENTS, EVENTS, CLAIMS or SUITS, regardless of whether or not such other policies have been issued for the same, a subsequent, prior or overlapping policy period and regardless of whether or not such other policies provide coverage on the same terms and conditions as this POLICY, then:
1. The amount WE will pay on behalf of the INSURED shall not exceed the highest applicable Limit of Liability under any one such policy; and





2. The RETAINED LIMIT shall not be less than the highest applicable RETAINED LIMIT under any one such policy.  

This condition does not apply to any policy issued by US or by any company affiliated with US, that was issued to specifically apply in excess of this POLICY, or as UNDERLYING INSURANCE.
- G. Multiple INCIDENTS, EVENTS, CLAIMS or SUITS shall be deemed to be related if they arise out of, directly or indirectly result from, or in any way involve or share, one or more of the same or related INCIDENTS, PROFESSIONAL SERVICES, facts, circumstances, transactions, events, advice, decisions, courses of treatment, claimants, or exposure to the same general conditions.
- H. With respect to those organizations newly acquired or formed by the NAMED INSURED after the effective date of this POLICY that qualify as an insured pursuant to the UNDERLYING INSURANCE, the RETAINED LIMIT shall be the total of:
  1. The limits of the UNDERLYING INSURANCE; and
  2. The limits of any other insurance separately available to the newly acquired or formed organization.

#### **Section IV. Defense, Settlement and Claim Expenses**

##### **A. Defense of Suits**

1. WE do not have a duty to defend any CLAIM or SUIT. WE have the right, in OUR sole discretion, but not the obligation to defend any SUIT against an INSURED seeking DAMAGES to which this POLICY applies when no UNDERLYING INSURER has a duty to defend the SUIT because the limits of all UNDERLYING INSURANCE have been exhausted by payment by the UNDERLYING INSURER(S) of DAMAGES in satisfaction of judgments or settlements and/or by DEFENSE COSTS where DEFENSE COSTS are included within the limits of liability of the UNDERLYING INSURANCE.
2. WE have the right in our sole discretion, but not the obligation, to participate in the defense of any SUIT that another insurer has a duty to defend if the SUIT seeks DAMAGES to which this POLICY may apply.
3. If no UNDERLYING INSURER has a duty to defend a SUIT seeking DAMAGES to which this POLICY applies, the FIRST NAMED INSURED shall defend the SUIT at the FIRST NAMED INSURED'S expense. WE have the right in our sole discretion, but not the obligation, to participate in the defense of any such SUIT that the FIRST NAMED INSURED or another insurer or person has a duty to defend.
4. If WE have elected to exercise OUR right to defend a SUIT brought against an INSURED, including but not limited to the right to appeal from a judgment against an INSURED, WE shall have the right, in our sole discretion, to withdraw from such defense but WE will provide that INSURED with thirty days' written advance notice if WE elect to withdraw from the defense of that SUIT.
5. If no UNDERLYING INSURER appeals a judgment in excess of the RETAINED LIMIT, WE have the right in OUR sole discretion, but not the obligation, to do so. WE have the right in our sole discretion, but not the obligation, to join in any appeal by any UNDERLYING INSURER or by an INSURED.
6. If WE exercise OUR right to defend a SUIT or to appeal a judgment in excess of the RETAINED LIMIT, WE will pay the CLAIM EXPENSES that WE incur for such defense or appeal.
7. If WE elect to participate in the defense of a SUIT that an UNDERLYING INSURER or the FIRST NAMED INSURED has a duty to defend, we will pay only those CLAIM EXPENSES that WE incur for OUR participation in the defense of that SUIT.





8. In all instances where WE defend a SUIT against an INSURED, including but not limited to an appeal from a judgment against an INSURED, WE will do so with defense counsel selected by US.

**B. Claim Expenses**

1. WE will pay CLAIM EXPENSES for any SUIT against an INSURED seeking DAMAGES to which this POLICY applies only when:
  - a. WE have elected to exercise our right to defend a SUIT. In such instances, WE will pay only those CLAIM EXPENSES that WE incur in defending the SUIT; or
  - b. WE have elected to participate in the defense of a SUIT that an UNDERLYING INSURER has a duty to defend. In such instances, WE will pay only those CLAIM EXPENSES that WE incur for OUR participation in the defense of the SUIT.
2. Subject to paragraph 1. above, WE will pay CLAIM EXPENSES in addition to the applicable Limit of Liability. CLAIM EXPENSES mean only the following:
  - a. Defense costs and expenses incurred by US in defending or participating in the defense of a SUIT;
  - b. Costs taxed against YOU in any SUIT that WE defend, to the extent not covered by UNDERLYING INSURANCE; and
  - c. Where WE have defended a SUIT against YOU, prejudgment interest and post-judgment interest on that portion of any judgment covered by this POLICY:
    - i. That is in excess of the RETAINED LIMIT and which does not exceed the applicable Limit of Liability; and
    - ii. That accrues through the date that WE pay, offer to pay, or deposit into court that portion of such judgment.

CLAIM EXPENSES do not include any form of attorneys' fees or attorneys' expenses taxed or awarded against YOU.

**C. Settlement**

1. No coverage will be available under this POLICY for any settlement made or any obligation assumed without OUR prior written consent.
2. WE have the right in our sole discretion, but not the obligation, to investigate and settle any CLAIM (including any CLAIM for DAMAGES wholly or partially within the RETAINED LIMIT) to which this POLICY may apply. WE may also pay all or any portion of any judgment against YOU even if such payment does not settle the CLAIM against YOU and YOUR appellate rights have not been exhausted.

**Section V. Coverage Territory**

The Coverage Territory shall be the same as that stated in the CONTROLLING UNDERLYING INSURANCE whether referred to in the CONTROLLING UNDERLYING INSURANCE as the "coverage territory," "policy territory," or other similar term.

**Section VI. Exclusions**

- A. This POLICY incorporates and is subject to all exclusions applicable to the CONTROLLING UNDERLYING INSURANCE.



B. This POLICY also does not apply to any liability of an INSURED or to any DAMAGES, EVENT, INCIDENT, INJURY, medical expense, act, error, omission, CLAIM, or SUIT:

1. **Access or Disclosure of Confidential or Personal Information and Data-Related Liability**

- a. Arising out of any actual or potential access to or disclosure of any person's or organization's confidential or personal information, including but not limited to patents, trade secrets, processing methods, customer lists, financial information, credit card information, health information or any other type of nonpublic information; or
- b. Arising out of any actual or potential loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate ELECTRONIC DATA that does not result from physical injury to tangible property.

This exclusion applies even if DAMAGES are claimed for notification costs, credit monitoring expenses, forensic expenses, public relations expenses or any other loss, cost or expense incurred by the NAMED INSURED or others arising out of that which is described in paragraphs a. or b. above.

This exclusion does not apply to DAMAGES because of BODILY INJURY if such BODILY INJURY is covered by the CONTROLLING UNDERLYING INSURANCE, unless paragraph a. above applies.

2. **Directors & Officers**

- a. Arising directly or indirectly from any DIRECTORS AND OFFICERS WRONGFUL ACT by YOUR DIRECTOR or OFFICERS in the performance of their duties as such; or
- b. Arising from any CLAIM against an INSURED for defense or indemnification of any CLAIM or SUIT against a DIRECTOR or OFFICER for a DIRECTORS AND OFFICERS WRONGFUL ACT.

As used in this exclusion, DIRECTORS AND OFFICERS WRONGFUL ACT means any actual or alleged act, error, omission, misstatement, misleading statement, neglect, or breach of duty while acting in the capacity of a DIRECTOR or OFFICER.

As used in this exclusion, DIRECTOR, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, means any past or present duly elected or appointed director of any INSURED.

As used in this exclusion, OFFICER, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, means any past or present duly elected or appointed officer of any INSURED.

This exclusion does not apply to DAMAGES because of BODILY INJURY due to an INCIDENT in the performance of PROFESSIONAL SERVICES if such BODILY INJURY is covered by the CONTROLLING UNDERLYING INSURANCE.

3. **Electronic Chatrooms or Bulletin Boards**

Arising out of any information in electronic form on a website the INSURED hosts, owns, or over which the INSURED exercises control, including but not limited to words, sounds, numbers, images, graphics, advertising, video, streaming content, web-casting, online forum, bulletin board or chat room content.

4. **Electronic Data**

Arising out of the loss of, loss of use of, damage to, corruption of, inability to access, or inability to manipulate ELECTRONIC DATA.



However, this exclusion does not apply to liability for DAMAGES because of BODILY INJURY if such BODILY INJURY is covered by the CONTROLLING UNDERLYING INSURANCE.

**5. Fungus, Mold or Other Contaminant**

Arising out of or in any way related, directly or indirectly, in whole or in part, to FUNGUS, MOLD or OTHER CONTAMINANT.

This exclusion does not apply to DAMAGES for BODILY INJURY to a patient of an INSURED because of an INCIDENT in the performance of PROFESSIONAL SERVICES.

FUNGUS, MOLD OR OTHER CONTAMINANT means any:

- a. Airborne particles, microorganisms (living or dead), microbes, fragments, mycotoxins, toxins, allergens or particulate waste products generated by living organisms;
- b. Fungi, including mold or mildew, any mycotoxins, toxins, allergens, spores, scents, vapors, gases or by-products produced or released by fungi; or
- c. Solid, semi-solid or liquid irritants or contaminants, including biologic and etiologic agents or materials, or any infectious bioaerosols, solids or gases.

**6. Known Claims and Circumstances (Claims Made Coverage)**

The following applies if the CONTROLLING UNDERLYING INSURANCE provides coverage on a claims made basis:

- a. For, or in any way involving or arising out of, any actual or alleged INCIDENT, EVENT, act, error, omission, facts, circumstances or situation that were known or reasonably should have been known by the INSURED, or by any EMPLOYEE authorized by the NAMED INSURED to give or receive notice of an INCIDENT or CLAIM, before the RETROACTIVE DATE, to have the potential to give rise to a CLAIM that otherwise would be covered by this POLICY or involving or arising out of any INJURY that the INSURED or by any EMPLOYEE authorized by the NAMED INSURED to give or receive notice of an INCIDENT or CLAIM, knew had commenced, in whole or in part before the RETROACTIVE DATE; or
- b. For, or in any way arising out of, or in any way involving in whole or in part any actual or alleged INCIDENT, EVENT, act, error, omission, fact, circumstance or situation:
  - i. Underlying, or alleged in any CLAIM, SUIT or administrative or regulatory proceeding initiated prior to the RETROACTIVE DATE;
  - ii. Which has been the subject of any notice to any insurer or indemnitor given before the effective date of this POLICY or under any other policy of insurance; or
  - iii. That was not disclosed to US in the POLICY APPLICATION or in any application submitted to US for prior acts or retroactive coverage and that a NAMED INSURED, or any EMPLOYEE authorized by the NAMED INSURED to give or receive notice of an INCIDENT or CLAIM, knew or should have known had the potential to give rise to a CLAIM or SUIT covered by this POLICY.

**7. Known Injuries or Circumstances (Occurrence-Based Coverage)**

The following applies if the CONTROLLING UNDERLYING INSURANCE provides coverage on an occurrence basis:

For, or arising out of BODILY INJURY or PROPERTY DAMAGE if, prior to the POLICY PERIOD, any INSURED or any EMPLOYEE authorized by the NAMED INSURED to give or receive notice of an INCIDENT or CLAIM, knew that the BODILY INJURY or PROPERTY DAMAGE had occurred, in whole or in part. If any such INSURED or authorized EMPLOYEE knew prior to the POLICY PERIOD that the BODILY INJURY or PROPERTY DAMAGE occurred, then any continuation,



change or resumption of such BODILY INJURY or PROPERTY DAMAGE during or after the POLICY PERIOD will be deemed to have been known prior to the POLICY PERIOD.

BODILY INJURY or PROPERTY DAMAGE will be deemed to have been known to have occurred at the earliest time when any INSURED or any EMPLOYEE authorized by YOU to give or receive notice of an INCIDENT or CLAIM:

- a. Reports all, or any part, of the BODILY INJURY or PROPERTY DAMAGE to US or to any other insurer;
- b. Receives a verbal demand or CLAIM for DAMAGES because of the BODILY INJURY or PROPERTY DAMAGE; or
- c. Becomes aware by any other means that BODILY INJURY or PROPERTY DAMAGE has occurred or has begun to occur.

This exclusion does not apply to DAMAGES for BODILY INJURY to a patient of an INSURED because of an INCIDENT in the performance of PROFESSIONAL SERVICES during the POLICY PERIOD.

8. **Pollution**

- a. Which would not have occurred, in whole or in part, but for the actual, alleged or threatened discharge, dispersal, seepage, migration, handling, storage, disposal, treatment, processing, release or escape of or exposure to any POLLUTANTS at any time and in, at or from any premises or location; or
- b. Arising out of:
  - i. Any request, demand or order or statutory or regulatory requirement that any INSURED or others test for, monitor, remediate, clean up, remove, contain, treat, detoxify or neutralize or in any way respond to, or assess the effects of POLLUTANTS; or
  - ii. Any CLAIM, SUIT or proceeding by or on behalf of any person or governmental entity or authority for DAMAGES because of, or any loss, cost or expense for, testing for, monitoring, cleaning up, removing, containing, treating, detoxifying, neutralizing, or in any way responding to, or assessing the effects of POLLUTANTS.

As used in this exclusion, POLLUTANTS means any solid, liquid, gaseous or thermal irritant or contaminant, including smoke, vapor, soot, fumes, asbestos, acids, alkalis, chemicals, oil, gasoline or any other petroleum products or derivatives, waste or material to be recycled, reconditioned or reclaimed, regardless of where located.

9. **Unauthorized Disclosure of Information**

Arising out of any actual or potential breach of privacy or confidentiality, including without limitation the actual or potential unauthorized access to, use, theft, loss, disclosure, disposal, transmission, collection or recording of information contained in or accessed with or by any computer or data processing or storage systems or any electronic device or of any medical, personal, financial or other confidential or protected information concerning any person or entity.



## Section VII. Defined Terms

Terms that are not otherwise defined in this POLICY shall have the same definition as in the CONTROLLING UNDERLYING INSURANCE. The capitalized words and phrases used in this POLICY have special meaning, and the following definitions apply:

- A. BODILY INJURY, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, BODILY INJURY means physical injury, sickness, disease or death sustained by any person or persons.
- B. CLAIM means a written demand made or SUIT brought against an INSURED for DAMAGES as a result of an INCIDENT or EVENT.
- C. CONTROLLING UNDERLYING INSURANCE means the UNDERLYING INSURANCE designated as such in the DECLARATIONS for each type of coverage provided by UNDERLYING INSURANCE.
- D. CONTROLLING UNDERLYING INSURER means the insurer that issued the CONTROLLING UNDERLYING INSURANCE.
- E. DAMAGES means all forms of compensatory sums which the INSURED is legally obligated to pay as damages including judgments, judicial awards and settlements entered into with OUR prior written consent. DAMAGES also includes:
  - 1. Any attorney's fees awarded against an INSURED attributable to DAMAGES covered by this POLICY; and
  - 2. Common law punitive or exemplary damages, but only if and to the extent that they are insurable under governing state law.DAMAGES does not include CLAIM EXPENSES, DEFENSE COSTS, government, civil or criminal fines, sanctions, penalties or taxes, doubled, trebled or multiplied DAMAGES awarded under any statute, regulation or ordinance, restitution, the refund or disgorgement of sums paid to or earned by the INSURED, or the cost of complying with any order or injunction.
- F. DECLARATIONS means the section of this POLICY entitled "Common Policy Declarations" that sets forth certain important information about the FIRST NAMED INSURED and this POLICY. The DECLARATIONS shall also include, if applicable, the Schedule of Insureds, Schedule of Underlying Insurance and any other attached Schedules.
- G. DEFENSE COSTS means all of the following, but only to the extent covered by and within the limits of liability of the UNDERLYING INSURANCE: attorney's fees, costs and expenses incurred for the investigation or defense of a CLAIM or SUIT against an INSURED, in addition to other expenses as defined by the UNDERLYING INSURANCE when such DEFENSE COSTS are included in the limits of such UNDERLYING INSURANCE.
- H. ELECTRONIC DATA means information, facts or programs stored as or on, created or used on, or transmitted by any electronic device, computer software, including systems and applications software, hard or floppy disks, CD-ROMs, tapes, drives, cells, data processing devices or any other media which are used with electronic or electronically controlled equipment.
- I. EVENT means either:
  - 1. The INCIDENT giving rise to YOUR liability if the INCIDENT or other conduct is required to take place during the policy period of the CONTROLLING UNDERLYING INSURANCE for the CONTROLLING UNDERLYING INSURANCE to apply; or
  - 2. The INJURY giving rise to YOUR liability if the INJURY is required to take place during the policy period of the CONTROLLING UNDERLYING INSURANCE for the CONTROLLING UNDERLYING INSURANCE to apply.



- J. EXTENDED REPORTING PERIOD means the time after the cancellation or non-renewal of this POLICY during which CLAIMS that otherwise are covered by this POLICY may be first made and reported to US, but only if set forth in an endorsement to this POLICY.
- K. FIRST NAMED INSURED means the individual or entity listed as such in the DECLARATIONS.
- L. INCIDENT means:
  - 1. Any negligent act, negligent error or negligent omission including repeated exposure to substantially the same or related negligent acts, negligent errors, or negligent omissions;
  - 2. If the CONTROLLING UNDERLYING INSURANCE defines the term "occurrence," and provides coverage for an "occurrence," an "occurrence" as defined in the CONTROLLING UNDERLYING INSURANCE;
  - 3. If the CONTROLLING UNDERLYING INSURANCE defines the term "accident" and provides coverage for an "accident," an "accident" as defined in the CONTROLLING UNDERLYING INSURANCE;
  - 4. If the CONTROLLING UNDERLYING INSURANCE provides coverage for "Personal Injury," "Advertising Injury," or "Personal and Advertising Injury" caused by an OFFENSE; or
  - 5. Such other type of conduct, if any, that is covered by the CONTROLLING UNDERLYING INSURANCE.
- M. INJURY means only BODILY INJURY, PROPERTY DAMAGE, or such other type of harm that will be covered by the CONTROLLING UNDERLYING INSURANCE only if such harm takes place during the policy period of the CONTROLLING UNDERLYING INSURANCE.
- N. NAMED INSURED means the FIRST NAMED INSURED and any individual or entity designated as a NAMED INSURED in the DECLARATIONS.
- O. OFFENSE, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, means any of the offenses listed in the definition of PERSONAL AND ADVERTISING INJURY.
- P. OTHER INSURANCE means all other valid and collectible insurance, whether primary, excess, contingent or written on any other basis, including without limitation any captive insurance or self-insurance program or any risk retention group, whether or not subject to a deductible, co-payment or self-insured retention and whether or not an INSURED is specifically named as an insured on such OTHER INSURANCE.
- Q. PERSONAL AND ADVERTISING INJURY, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, means injury, including consequential BODILY INJURY, arising out of one or more of the following offenses:
  - 1. False arrest, detention or imprisonment;
  - 2. Malicious prosecution;
  - 3. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room, dwelling or premises that a person occupies, committed by or on behalf of its owner, landlord or lessor;
  - 4. Oral or written publication, in any manner, of material that slanders or libels a person or organization or disparages a person's or organization's goods, products or services;
  - 5. Oral or written publication, in any manner, of material that violates a person's right of privacy;
  - 6. The use of another's advertising idea in a NAMED INSURED'S ADVERTISEMENT; or
  - 7. Infringing upon another's copyright, trade dress or slogan in YOUR ADVERTISEMENT.



# COVERYS<sup>®</sup> SPECIALTY INSURANCE COMPANY

If the CONTROLLING UNDERLYING INSURANCE has separate definitions for both "Personal Injury" and "Advertising Injury," PERSONAL AND ADVERTISING INJURY for purposes of this POLICY shall include both "Personal Injury" and "Advertising Injury" as defined in the CONTROLLING UNDERLYING INSURANCE.

- R. POLICY means this insurance contract issued by US to the FIRST NAMED INSURED including the DECLARATIONS, Endorsements and POLICY APPLICATIONS.
- S. POLICY APPLICATION means each application, together with all attachments and other documents submitted to US by or on behalf of the FIRST NAMED INSURED in connection with the underwriting or issuance of this POLICY or any POLICY endorsements. POLICY APPLICATION includes any application submitted to another insurer if also submitted to US in connection with the underwriting or issuance of this POLICY or any POLICY endorsements. If no application was submitted for this POLICY, then POLICY APPLICATION shall mean the most recent application, together with all attachments and other documents submitted to US, in connection with the underwriting or issuance of any previous POLICY issued by US to the FIRST NAMED INSURED for which this POLICY is a renewal or replacement.
- T. POLICY PERIOD means, with respect to this POLICY, the period from the effective date of this POLICY to the expiration date of this POLICY as set forth in the DECLARATIONS or the cancellation date of the POLICY, if applicable, whichever occurs first. With respect to each INSURED whose coverage begins after the effective date of the POLICY or whose coverage is cancelled before the end of the POLICY, POLICY PERIOD means the period from the effective date of that INSURED'S coverage through the termination or cancellation of that INSURED'S coverage.
- U. PROFESSIONAL SERVICES, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, means only the following:
1. Medical, surgical, dental, chiropractic, osteopathic or nursing treatment including the furnishing of food or beverages in connection therewith;
  2. Furnishing or dispensing of medical, dental or surgical supplies or appliances;
  3. Handling of or performing postmortem examinations on human bodies;
  4. Furnishing mental health or other professional counseling services; or
  5. Authorized activities of a formal accreditation, peer review or credentialing committee or board of a NAMED INSURED, including service by any person on behalf of the NAMED INSURED, as:
    - a. A member of such committee or board of the NAMED INSURED;
    - b. A member of formal accreditation, peer review or credentialing committee or board of a medical professional society; provided such service is at the specific written request or instruction of the NAMED INSURED; or
    - c. A person charged with the duty of executing directives of a formal accreditation, peer review or credentialing committee or board of a NAMED INSURED.
- V. PROPERTY DAMAGE, unless otherwise defined in the CONTROLLING UNDERLYING INSURANCE, means:
1. Physical injury to tangible property, including all resulting loss of use of that property. All such loss of use shall be deemed to occur at the time of the physical injury that caused it; or
  2. Loss of use of tangible property that is not physically injured. All such loss of use shall be deemed to occur at the time of the INCIDENT that caused it.
- For the purposes of this POLICY, ELECTRONIC DATA is not tangible property.
- W. RETAINED LIMIT means the total limits scheduled in the DECLARATIONS for all applicable UNDERLYING INSURANCE, including any self-insured retention applicable to any UNDERLYING INSURANCE and any



deductible applicable to any UNDERLYING INSURANCE if such deductible is in addition to the limits of the UNDERLYING INSURANCE. If the limits of the applicable UNDERLYING INSURANCE have been reduced or exhausted solely by the payment by the UNDERLYING INSURER(s) of DAMAGES covered by the applicable UNDERLYING INSURANCE in satisfaction of judgments or settlement of CLAIMS or SUITS against an INSURED and/or by DEFENSE COSTS or expenses or other expenses when included in the limits of such UNDERLYING INSURANCE, then the RETAINED LIMIT shall be such reduced or exhausted limit.

- X. RETROACTIVE DATE means the date stated as the Retroactive Date with respect to each NAMED INSURED listed in the DECLARATIONS. With respect to each NAMED INSURED, such date shall be the RETROACTIVE DATE with respect to that NAMED INSURED, and any other INSURED who shares in that NAMED INSURED'S Limit of Liability.
- Y. SUIT means:
  - 1. A civil lawsuit filed in a court of law;
  - 2. An arbitration proceeding to which the INSURED must submit or submits with OUR written consent; or
  - 3. Any other alternative dispute resolution proceeding to which WE consent in writing.SUIT shall not include an arbitration to which the INSURED must submit pursuant to a contract or agreement entered into by an INSURED without OUR consent.
- Z. UNDERLYING INSURANCE means the policy(ies) scheduled in the DECLARATIONS, including any renewal(s) of such policy(ies) that provide coverage at least as broad as the UNDERLYING INSURANCE policy(ies) being replaced.
- AA. UNDERLYING INSURER(S) means the provider(s) of any UNDERLYING INSURANCE.

### Section VIII. Conditions

The insurance provided by this POLICY is subject to the following conditions:

- A. **Assignment.** Assignment of any INSURED'S interest under this POLICY will not bind US unless OUR consent is endorsed hereon.
- B. **Authority of the First Named Insured.** The FIRST NAMED INSURED is authorized to act on behalf of all INSUREDS with respect to acceptance of this POLICY and any endorsements, the giving of notice of CLAIMS or circumstances that may give rise to a CLAIM, the giving or receiving of notice of cancellation or non-renewal, invoices for premiums, receiving unearned premium or dividends, agreeing to any changes in this POLICY, and exercising or declining the right to purchase an EXTENDED REPORTING PERIOD.
- C. **Bankruptcy or Insolvency of an Insured.** Bankruptcy or insolvency of the INSURED or of the INSURED'S estate will not relieve US of OUR obligations under this POLICY.
- D. **Bankruptcy of an Underlying Insurer.** Bankruptcy of any UNDERLYING INSURER will not relieve US of OUR obligations under this POLICY. However, this POLICY will not replace any UNDERLYING INSURANCE in the event of bankruptcy or insolvency of any UNDERLYING INSURER. In such event, this POLICY will apply as if the UNDERLYING INSURANCE were in full effect and remained valid and collectible.
- E. **Cancellation or Non-Renewal.** The FIRST NAMED INSURED may cancel this POLICY by returning it to US or by giving US advance written notice of when the cancellation is to take effect. WE may cancel or non-renew this POLICY by mailing to the FIRST NAMED INSURED at the FIRST NAMED INSURED'S last address as known by US, at least thirty (30) days advance notice of OUR intent to cancel or non-renew



unless such cancellation is for non-payment of premium or cancellation of or failure to maintain any UNDERLYING INSURANCE .

In the event any NAMED INSURED fails to pay any premium or reimburse any deductible or expense amounts owed to US or fails to maintain any UNDERLYING INSURANCE or if any of the UNDERLYING INSURANCE is cancelled, WE may cancel this POLICY by mailing notice to the FIRST NAMED INSURED at least ten (10) days in advance of the effective date of the cancellation. Proof of mailing will constitute proof of notice for purposes of this provision.

The effective date and hour of cancellation stated in the notice or the time of surrender of the POLICY will become the end of the POLICY PERIOD.

If this POLICY is cancelled, the FIRST NAMED INSURED may be entitled to a premium refund. However, WE are not required to make or offer any refund for any cancellation to be effective. If the FIRST NAMED INSURED cancels, the FIRST NAMED INSURED shall be responsible for payment of any earned premium calculated on a pro rata basis based on the period the POLICY was in effect plus 10% of the unearned premium for the original POLICY PERIOD stated in the DECLARATIONS. If the FIRST NAMED INSURED is due a refund the refund will be equal to any unearned premium calculated on a pro rata basis based on the period the POLICY was in effect, less 10% of any unearned premium for the original POLICY PERIOD stated in the DECLARATIONS. If WE cancel, WE will refund any unearned premium for the original POLICY PERIOD stated in the DECLARATIONS calculated on a pro rata basis.

Bankruptcy or insolvency of any NAMED INSURED will not preclude US from asserting OUR right to cancel or non-renew this POLICY.

- F. **Changes.** Notice to or knowledge of any agent or other person acting on OUR behalf will not effect a waiver or change to any terms or conditions of this POLICY or estop US from asserting any right under this POLICY. The terms and conditions of this POLICY can be waived or changed only by written endorsement signed by US.
- G. **Declarations and Applications.** By accepting this POLICY, the FIRST NAMED INSURED represents and agrees on behalf of all INSUREDS that:
  - 1. The statements in the DECLARATIONS and POLICY APPLICATION are accurate and complete;
  - 2. The statements in the POLICY APPLICATION are their representations, such statements are material to the risk assumed by US and OUR decision to issue this POLICY, this POLICY is issued in reliance upon the truth and completeness of such statements and such statements are deemed to be incorporated into this POLICY;
  - 3. This POLICY embodies all agreements between YOU and US or any of OUR agents relating to this POLICY; and
  - 4. Misrepresentations made by any INSURED in the POLICY APPLICATION shall invalidate this POLICY as to all INSUREDS.
- H. **Exhaustion of the Retained Limit.** The RETAINED LIMIT may only be exhausted or satisfied by the actual payment by all UNDERLYING INSURERS (and by one or more INSUREDS, where the RETAINED LIMIT includes any self-insured retention or deductible) of:
  - 1. DAMAGES paid to settle one or more CLAIMS against an INSURED;
  - 2. DAMAGES paid to satisfy a judgment against an INSURED; and/or
  - 3. DEFENSE COSTS when included in the limits of the UNDERLYING INSURANCE.

Payments by any OTHER INSURANCE that is not UNDERLYING INSURANCE, or by any indemnitor or any other person or entity will not apply toward exhaustion or satisfaction of the RETAINED LIMIT.



I. **Government Access to Records.** In accordance with the requirements of Section 952 of the Omnibus Reconciliation Act of 1980, upon written request, WE will allow the Secretary of Health and Human Services and the Comptroller General of the United States access to the POLICY and necessary books, documents and records to verify the cost of this POLICY, to the extent required by law. Access will also be allowed to subcontracts between US and any related organization of OURS and to its books, documents and records. Such access will be provided for up to four (4) years after the services furnished under this POLICY end.

J. **Insured's Duties in the Event of an Incident, Offense, Event, Injury, Claim or Suit.**

In addition to YOUR obligations under Section I.B., and, if applicable Section I.C. above, and Section VIII. R. below:

1. YOU must notify US in writing as soon as practicable of any actual or alleged EVENT to which this POLICY may apply regardless of the amount of DAMAGES incurred or anticipated when the EVENT involves any of the following circumstances or outcomes:
  - a. Death;
  - b. Brain damage or neurological deficit;
  - c. Spinal injuries resulting in partial or total paralysis;
  - d. Severe burn injuries;
  - e. Severe internal injuries;
  - f. Birth related injuries;
  - g. Impairment or loss of hearing, smell, sight, taste or touch;
  - h. Failure to diagnose cancer, or other failure to diagnose that results in continuing treatment;
  - i. Invasive procedures or surgical intervention performed on the wrong organ, extremity or body part;
  - j. Human Immune Deficiency Virus (HIV), Acquired Immune Deficiency Related Complex (ARC), Acquired Immune Deficiency Syndrome (AIDS) or any related virus, complex or syndrome;
  - k. Nerve injuries;
  - l. Multiple fractures involving more than one body part;
  - m. Amputation or permanent loss of use of an upper or lower extremity;
  - n. All other injuries likely to result in a permanent disability of 50% or more; or
  - o. A class action filed against any INSURED.
2. To the extent possible, the written notice required by paragraph 1. above shall include:
  - a. How, when and where the EVENT took place;
  - b. The names and addresses of any injured persons and witnesses; and
  - c. The nature of any harm or DAMAGES arising out of the INCIDENT, EVENT, or INJURY.
3. For any EVENT involving any of the circumstances or outcomes identified in 1. above, and for each other circumstance, EVENT that presents a reasonable potential that the injured person has incurred or will incur losses equal to or exceeding 50% of the RETAINED LIMIT or the injured person alleges DAMAGES equal to or exceeding 50% of the RETAINED LIMIT, YOU must:
  - a. Immediately forward to US notification of the EVENT.



- b. Immediately forward to US copies of every demand, notice, summons or other process received by YOU or YOUR representatives;
  - c. Give immediate notice of the EVENT and of any CLAIM arising therefrom, to each UNDERLYING INSURER whose coverage potentially applies to such EVENT; to all insurers providing OTHER INSURANCE; and to all other persons who may be obligated to defend or indemnify YOU in connection with any CLAIM arising from such EVENT.
  - d. Cooperate with the UNDERLYING INSURERS in the investigation and defense of any CLAIM and in the settlement of any CLAIM. At the request of an UNDERLYING INSURER, YOU must attend hearings, depositions and trials and assist in securing and giving evidence, obtaining records and other information, and obtaining the attendance of witnesses.
  - e. Comply with the terms of all UNDERLYING INSURANCE; and
  - f. Pursue all rights of contribution or indemnity against any person or organization who may be liable to YOU because of INJURY or DAMAGES with respect to which insurance is provided under this POLICY or any UNDERLYING INSURANCE.
4. In the event of any INCIDENT, EVENT, INJURY or CLAIM to which this POLICY may apply, YOU must:
- a. Keep US informed and respond promptly to any inquiries WE make in regards to any EVENT or CLAIM.
  - b. Authorize US to obtain all records and other information WE request;
  - c. Cooperate with US in the investigation and/or defense of any CLAIM against YOU that WE elect to investigate and/or defend, and in the settlement of any such CLAIM. Upon OUR request, YOU must attend hearings, depositions and trials and assist in securing and giving evidence, obtaining records and other information, and obtaining the attendance of witnesses. YOU may not, except at YOUR own cost, voluntarily make any payment or assume any obligation. YOU shall not do anything before or after an INCIDENT or EVENT or circumstances indicating that a CLAIM may be asserted against YOU to prejudice the defense of any CLAIM insured under this POLICY or jeopardize OUR rights. YOU shall not enter into any oral or written contracts or agreements which in any way impair or waive OUR right of defense.
- K. **Legal Action Against Us.** No legal action may be brought against US until there has been full compliance with all of the terms of this POLICY. In addition, no legal action may be brought against US until the amount of the INSURED'S obligation to pay has been finally determined either by judgment after trial and exhaustion of all appeals or expiration of the time for appealing from such a judgment or by a written settlement agreement between the claimant and US settling the CLAIM against the INSURED and releasing the INSURED from liability. No person or organization has any right under this POLICY to join US as a party or otherwise bring US into a SUIT asking for DAMAGES from an INSURED or to determine the INSURED'S liability.
- Any disputes between the INSURED, any assignee of the INSURED or any person who is subrogated to the rights of the INSURED and US as to whether there is coverage under this POLICY must be filed in the courts of the United States of America.
- L. **Maintenance of Compulsory Insurance.** All INSUREDS must fully maintain all insurance required by law, regulation or other governmental authority during the POLICY PERIOD.
- Failure to maintain such insurance required by law, regulation or other governmental authority will not invalidate this POLICY. However, this POLICY will apply as if such insurance had been maintained and was in full effect.





- M. **Maintenance of Underlying Insurance.** The FIRST NAMED INSURED is required to maintain the UNDERLYING INSURANCE throughout the POLICY PERIOD as in effect on the first day of the POLICY PERIOD and shall do nothing during or after the POLICY PERIOD to waive or release any coverage provided by any UNDERLYING INSURANCE. If the FIRST NAMED INSURED fails to maintain the UNDERLYING INSURANCE due to non-renewal, expiration, termination, cancellation or endorsement or amendment of the UNDERLYING INSURANCE, this POLICY will apply as if the UNDERLYING INSURANCE had been maintained and was in full effect.

The FIRST NAMED INSURED must immediately give US written notice when:

1. The limits of the UNDERLYING INSURANCE have been reduced and/or exhausted by the payment of DAMAGES in satisfaction of judgments or settlements of CLAIMS against INSUREDS, and/or by DEFENSE COSTS or other expenses where DEFENSE COSTS or such other expenses are included within the limits of liability of the UNDERLYING INSURANCE;
2. During the POLICY PERIOD, any of the UNDERLYING INSURANCE is cancelled, terminated, or is not renewed on the same terms and conditions as in effect at the inception of this POLICY; or
3. Any of the provisions or limits of the UNDERLYING INSURANCE are amended.

With respect to paragraph 3., WE shall not be bound by such amendments unless and until thirty (30) days have passed since such notice was received by US.

If the FIRST NAMED INSURED fails to comply with this notice requirement, this POLICY is not invalidated. However, this POLICY will apply as if the UNDERLYING INSURANCE were in full effect as it was at the inception of this POLICY.

- N. **Other Insurance.** This POLICY is excess over, and shall not contribute with, any OTHER INSURANCE. This condition will not apply to insurance specifically written as excess over the specific limits of this POLICY and that specifically refers to this POLICY.
- O. **Payment of Retained Limit.** WE will have no liability under this POLICY unless and until the UNDERLYING INSURERS have paid the full RETAINED LIMIT in settlement of a CLAIM or satisfaction of a judgment covered by the UNDERLYING INSURANCE, or if the FIRST NAMED INSURED has failed to maintain the UNDERLYING INSURANCE, the FIRST NAMED INSURED has paid the full RETAINED LIMIT, in settlement of a CLAIM or satisfaction of a judgment covered by the UNDERLYING INSURANCE or that would have been covered by the UNDERLYING INSURANCE if it had been maintained.
- P. **Policy Headings.** The headings used in this POLICY are for convenience only and shall not limit or otherwise affect the terms and conditions of the POLICY.
- Q. **Premiums.** The premium is due on the first day of the POLICY PERIOD or as invoiced by US. The POLICY shall not be effective unless the first installment payment is received on or before the due date stated on the invoice for the initial policy premium. If any subsequent premium is not paid when due, this POLICY, if not previously cancelled, will be terminated in accordance with the provisions of paragraph E. above.
- R. **Submission of Loss Runs or Bordereau Reports.** Starting ninety days after the effective date of the POLICY, and every ninety-days thereafter until the Limits of Liability of this POLICY have been exhausted or five years after the end of the POLICY PERIOD, whichever is earlier, the FIRST NAMED INSURED shall submit to US a report that provides, for each CLAIM that would be covered by this POLICY upon exhaustion of the RETAINED LIMIT, the following information:
1. The date on which the CLAIM was reported to the INSURED against whom the CLAIM is asserted;
  2. The date of each INCIDENT, OFFENSE and INJURY alleged in the CLAIM;
  3. Where each INCIDENT, OFFENSE and INJURY alleged in the CLAIM took place;
  4. The amount of loss reserves established for the CLAIM;



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5. The amount of DAMAGES paid by any INSURED or UNDERLYING INSURER for the CLAIM, and, if DEFENSE COSTS are included in the Limit of Liability for any UNDERLYING INSURANCE, the amount of DEFENSE COSTS paid for the CLAIM ;
  6. Whether the CLAIM is open or closed;
  7. Whether a SUIT has been filed on the CLAIM; and
  8. A brief description of the CLAIM and status.
- S. **Terms Conformed to Statute.** If any term of this POLICY is in conflict with the statutes and regulations of the state where the POLICY is issued, that term shall be deemed to be amended to conform to such statutes and regulations but only if and to the extent that such statutes and regulations apply to this POLICY.

In witness whereof, WE have caused this POLICY to be executed and attested.



Sam Mezzich  
President

Richard G. Hayes  
Treasurer