

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

12/24

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?	<u>Alfred Thompson</u> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?  <u>William J. Fox, Esq.</u> Name <u>100 N. 20th Street, Suite 303</u> Number Street <u>Philadelphia</u> <u>PA</u> <u>19103</u> City State ZIP Code Contact phone <u>215-546-2477</u> Contact email <u>wjf@billfoxlaw.com</u>  Uniform claim identifier (if you use one): _____	Where should payments to the creditor be sent? (if different)  _____ Name _____ Number Street _____ City State ZIP Code Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____
7. How much is the claim?	\$ <u>To Be Determined at Trial</u> . Does this amount include interest or other charges? <input type="checkbox"/> No <input type="checkbox"/> 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.  <u>Lawsuit Reflected in the Attachment.</u>
9. Is all or part of the claim secured?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. The claim is secured by a lien on property. <b>Nature of property:</b> <input type="checkbox"/> Real estate. If the claim is secured by the debtor's principal residence, file a <i>Mortgage Proof of Claim Attachment</i> (Official Form 410-A) with this <i>Proof of Claim</i> . <input type="checkbox"/> Motor vehicle <input type="checkbox"/> Other. Describe: _____  <b>Basis for perfection:</b> _____ 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.)  <b>Value of property:</b> \$ _____ <b>Amount of the claim that is secured:</b> \$ _____ <b>Amount of the claim that is unsecured:</b> \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)  <b>Amount necessary to cure any default as of the date of the petition:</b> \$ _____  <b>Annual Interest Rate (when case was filed)</b> _____ % <input type="checkbox"/> Fixed <input type="checkbox"/> Variable
10. Is this claim based on a lease?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Amount necessary to cure any default as of the date of the petition. \$ _____
11. Is this claim subject to a right of setoff?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Identify the property: _____

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

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

☒ No☐ Yes. Check one:

- ☐ 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)(3) 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

2/12/2025  
MM / DD / YYYY

Signature

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

Name

William J Fox

First name

Middle name

Last name

Title

Attorney

Company

The Law Office of William J. Fox

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

Address

100 N. 20th Street, Suite 303

Number Street

Philadelphia, PA 19103

City

State

ZIP Code

Contact phone

215-546-2477

Email wjf@billfoxlaw.com

JS 44 (Rev. 06/17)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

**I. (a) PLAINTIFFS**

Alfred Thompson

**DEFENDANTS**

City Of Philadelphia

Corizon Health, Inc., et al

(b) County of Residence of First Listed Plaintiff Philadelphia

(EXCEPT IN U.S. PLAINTIFF CASES)

County of Residence of First Listed Defendant Philadelphia

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

(c) Attorneys (Firm Name, Address, and Telephone Number)

William J. Fox, Esquire

1626 Pine Street, Philadelphia, PA 19103

(215) 546-2477

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                                   | DEF                                   |   | PTF                        | DEF                        |
|---|---------------------------------------|---------------------------------------|---|----------------------------|----------------------------|
| Citizen of This State                   | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2            | <input type="checkbox"/> 2            | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3            | <input type="checkbox"/> 3            | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<b>PERSONAL INJURY</b> <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>LABOR</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RS1 (405(g))	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	<b>PRISONER PETITIONS</b> <b>Habeas Corpus:</b> <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <b>Other:</b> <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	<input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609

**V. ORIGIN** (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Eighth Amendment 42 USC 1983

Brief description of cause:

Eighth Amendment cruel and unusual punishment

**VII. REQUESTED IN COMPLAINT:**
☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No**VIII. RELATED CASE(S)**

IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

06/25/2020

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_



UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

## DESIGNATION FORM

(to be used by counsel or pro se plaintiff to indicate the category of the case for the purpose of assignment to the appropriate calendar)

Address of Plaintiff: 5431 Samson Street, Philadelphia, PA 19147

Address of Defendant: 7901 State Road, Philadelphia, PA 19136

Place of Accident, Incident or Transaction: 7901 State Road, Philadelphia, PA 19136

## RELATED CASE, IF ANY:

Case Number: \_\_\_\_\_ Judge: \_\_\_\_\_ Date Terminated: \_\_\_\_\_

Civil cases are deemed related when **Yes** is answered to any of the following questions:

- |  |                              |  |
|--|------------------------------|--|
| 1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?            | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action of this court? | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?  | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |

I certify that, to my knowledge, the within case ☐ is / ☒ is not related to any case now pending or within one year previously terminated action in this court except as noted above.DATE: 06/25/2020W J Fox  
Attorney at-Law / Pro Se Plaintiff69898

Attorney I.D. # (if applicable)

CIVIL: (Place a ☒ in one category only)

## A. Federal Question Cases:

- ☐ 1. Indemnity Contract, Marine Contract, and All Other Contracts
- ☐ 2. FELA
- ☐ 3. Jones Act-Personal Injury
- ☐ 4. Antitrust
- ☐ 5. Patent
- ☐ 6. Labor-Management Relations
- ☒ 7. Civil Rights
- ☐ 8. Habeas Corpus
- ☐ 9. Securities Act(s) Cases
- ☐ 10. Social Security Review Cases
- ☐ 11. All other Federal Question Cases  
(Please specify): \_\_\_\_\_

## B. Diversity Jurisdiction Cases:

- ☐ 1. Insurance Contract and Other Contracts
- ☐ 2. Airplane Personal Injury
- ☐ 3. Assault, Defamation
- ☐ 4. Marine Personal Injury
- ☐ 5. Motor Vehicle Personal Injury
- ☐ 6. Other Personal Injury (Please specify): \_\_\_\_\_
- ☐ 7. Products Liability
- ☐ 8. Products Liability - Asbestos
- ☐ 9. All other Diversity Cases  
(Please specify): \_\_\_\_\_

## ARBITRATION CERTIFICATION

(The effect of this certification is to remove the case from eligibility for arbitration.)

I, William J. Fox, counsel of record or pro se plaintiff, do hereby certify:☒ Pursuant to Local Civil Rule 53.2, § 3(c) (2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs:☐ Relief other than monetary damages is sought.DATE: 06/25/2020W J Fox  
Attorney at-Law / Pro Se Plaintiff69898

Attorney I.D. # (if applicable)

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

## APPENDIX I

**IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

**CASE MANAGEMENT TRACK DESIGNATION FORM**

ALFRED THOMPSON	:	CIVIL ACTION
	:	
v.	:	
	:	
CITY OF PHILADELPHIA	:	NO.
CORIZON HEALTH, INC., ET AL.	:	

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a case management track designation form specifying the track to which that defendant believes the case should be assigned.

**SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:**

- (a) Habeas Corpus – Cases brought under 28 U.S.C. §2241 through §2255. ( )
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits ( )
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ( )
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ( )
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ( )
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (x)

<u>6-25-20</u>	<u>William J. Fox</u> Attorney-at-law	<u>WJ Fox</u> Attorney for Plaintiff
<u>215-546-2477</u>	<u>215-546-4698</u>	<u>wjf@billfoxlaw.com</u>
Telephone	FAX Number	E-Mail Address

**IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY**

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**ALFRED THOMPSON**  
**5431 Samson Street**  
**Philadelphia, PA 19147**

**Plaintiff**

**v.**

**CITY OF PHILADELPHIA**  
**C/O CITY LAW DEPARTMENT**  
**1515 Arch Street**  
**Philadelphia, PA 19102**  
**and,**

**JOHN P. DELANEY, WARDEN**  
**1515 Arch Street**  
**Philadelphia, PA 19102**  
**and,**

**CORIZON HEALTH, INC.**  
**d/b/a CORIZON**  
**7901 State Road**  
**Philadelphia, PA 19136**

**JOHN LEPLEY, M.D.**  
**7901 State Road**  
**Philadelphia, PA 19136**  
**and,**

**JOHN DOE MEDICAL PROVIDERS 1 & 2**  
**7901 State Road**  
**Philadelphia, PA 19136**  
**and,**

**JANE DOE MEDICAL PROVIDERS 1 & 2**  
**271 Grove Avenue**  
**Verona, NJ 07044**

**Defendants**

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**NO.**

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## COMPLAINT

1. This is a civil action seeking damages against Defendants for committing acts, under color of law, which deprived Plaintiff of rights secured under the Constitution and laws of the United States, the Eighth Amendment, Fourteenth Amendment and the laws of the Commonwealth of Pennsylvania; for conspiring for the purpose of impeding and hindering the due course of justice, with intent to harm Plaintiff; and for refusing or neglecting to prevent such deprivations and denials to Plaintiff.

2. The Court has jurisdiction of this action under 42 U.S. C. § 1983, 1988 and 28 U.S.C. §§ 1331, 1343 and 1367.

3. Plaintiff, Alfred Thompson, is a citizen and resident of the Commonwealth of Pennsylvania and the United States of America and resides at the above-captioned address.

4. Defendant, City of Philadelphia, operates the Philadelphia Prison System, is a municipality and agent of the Commonwealth of Pennsylvania with offices located at the above captioned address.

5. Defendant, John P. Delaney, is a Warden of the Philadelphia Prisons System and was responsible for managing the Detention Center at the time that Plaintiff was detained there.

6. Defendant, John Lepley, M.D., is a medical doctor employed by Defendant Corizon and works at the above-captioned address.

7. Defendant, John Doe Medical Providers 1 & 2 , are medical providers employed by Corizon Health, Inc. and maintains an office at the above-captioned address.

8. Defendant, Jane Doe Medical Providers 1 & 2, are medical providers employed by Corizon Health, Inc. and maintains an office at the above-captioned address.



9. Defendant, Corizon Health, Inc., d/b/a Corizon, is a business that provides medical services to prisons, is the employer of Defendants John Does 1 & 2 and Jane Does 1 & 2, is under contract to provide medical services to the Philadelphia Prison System and maintains an office at the above-captioned address.

10. Plaintiff sues each and all Defendants in their individual and official capacities.

11. At all times material to this Complaint, Defendants, City, Corizon, Lepley, John Does and Jane Does, acted under color of law and under the color of the statutes, customs, ordinances and usage of the Commonwealth of Pennsylvania, City of Philadelphia and Detention Center County Prison.

12. At all times relevant, Defendants acted jointly and in concert with each other. Each individual Defendant had the duty and opportunity to protect the Plaintiff from the unlawful actions of the other Defendants but each Defendant failed and refused to perform such duty, thereby proximately causing Plaintiff's injuries.

13. At all times relevant, Defendants Corizon, Lepley, John Does and Jane Does failed to provide Plaintiff with adequate medical care when he was bitten by rat in his cell on or about November 19, 2018 and caused Plaintiff to suffer permanent injuries.

14. At all times relevant, Defendants City and Delaney had knowledge of the the rat infestation existing at the Detention Center.

15. Despite long term knowledge of rat infestation, Defendant City and Warden willfully and recklessly ignored the infestation and deliberately chose not to take action to correct the infestation.

16. On November 19, 2018, Plaintiff was detained in the Detention Center and was

assigned to the bottom bunk of the cell he was being housed in.

17. While Plaintiff was sleeping, he was bitten on the right hand by a rat.

18. Plaintiff informed the Corrections Officer of this incident and requested to go to the infirmary.

19. Plaintiff was initially seen by a nurse who provided him with Tylenol and disregarded his complaint that he had been bitten by a rat.

20. Over the next four days until November 23, 2018, Plaintiff made daily visits to the infirmary requesting that he receive appropriate medical treatment for the rat bite to his right hand. Each time he went, the medical providers refused to believe that Plaintiff had been bitten by a rat and refused to provide proper care and to refer Plaintiff to a hospital.

21. Between November 19<sup>h</sup> and 23<sup>rd</sup> of 2018, Plaintiff's hand was swollen and in severe pain.

22. Rat bites are commonly treated with antibiotics and is the type of injury that can fester into a nasty infection if not treated.

23. Though Plaintiff's right hand was obviously swollen and he was in severe pain, the medical providers refused to provide Plaintiff with any treatment other than to give him Tylenol for the pain and an ice pack for the swelling hand. The Tylenol did not provide Plaintiff with any relief and the ice pack did nothing to reduce the swelling.

24. On November 23, 2018, Plaintiff was seen by a doctor in the Detention Center Infirmary. This doctor referred Plaintiff to the emergency room at Aria Torresdale Hospital.

25. On November 23, 2018, Plaintiff was transported to Aria Torresdale Hospital where he was diagnosed with abscesses, cellulitis and infection. He underwent emergency surgery to

his right hand.

26. On November 25, 2018, Plaintiff had to undergo second surgery to his right hand.

27. Due to the serious nature of his condition, Plaintiff remained at the hospital until November 29, 2018, at which time he was discharged.

28. After being discharged, Plaintiff was transported back the Detention Center.

29. Plaintiff continued to have pain and disability in his right hand and sought treatment from the Detention Center Infirmary.

30. Plaintiff continued to suffer great pain and sought treatment for the pain at the Infirmary. Defendants failed to provide any treatment that relieved Plaintiff's pain.

31. On January 8, 2019, Plaintiff was discharged from the Detention Center.

32. At the time that Plaintiff was bitten by the rat, it was well known by Defendants City and Delaney that the Detention Center was infested with rats.

33. Despite this obvious and well known dangerous condition, Defendants City and Delaney willfully chose not to take any legitimate measures to control and eliminate the rat infestation.

34. Plaintiff still suffers residual pain and deficits in his right hand.

35. At all times relevant, Defendants Corizon, Lepley, John Does and Jane Does were deliberately indifferent to Plaintiff's medical needs in violation of the Eighth and Fourteenth Amendments.

36. At all times relevant, Defendants City and Delaney had notice of rat infestation at the Detention Center but failed to take adequate measures to control and/or eliminate the infestation and were deliberately indifferent to safety of Plaintiff and other prisoners.

37. At all times relevant, Defendants Corizon, Lepley, John Does and Jane Does were negligent in the medical care they provided to Plaintiff and in their delay and failure to provide Plaintiff with medical care.

38. As a result of all Defendants' aforesaid conduct, Plaintiff suffered serious injuries to his right hand including cellulitis, abscesses and infections that required surgical treatment and further medical care. He continues to suffer loss earning capacity, physical injuries, pain and suffering, mental anguish, and other damages.

39. At all times relevant, Defendants City and Delaney violated Plaintiff's Eighth and Fourteenth Amendment rights by requiring him to live in unsafe and dangerous conditions. Furthermore, Defendants have ignored and or violated previous consent orders and court orders directing Defendants to provide inmates reasonably safe living and sleeping conditions.

**COUNT I**  
**8<sup>th</sup> AMENDMENT DENIAL OF MEDICAL CARE AGAINST**  
**DEFENDANTS JOHN LEPLEY, JOHN DOES AND JANE DOES**

40. Plaintiff incorporates by reference paragraphs 1 through 39 of this Complaint as though same were fully set forth at length herein.

41. The failure of Defendants Lepley, John Doe medical providers and Jane Doe medical providers to provide adequate medical care to Plaintiff constitutes deliberate indifference to the Plaintiff's serious medical needs in violation of the Eighth Amendment's prohibition of cruel and unusual punishments.

42. As a result of all Defendants' aforesaid conduct, Plaintiff suffered serious injuries to his right hand requiring surgeries, lengthy hospitalization and further medical care. He continues to suffer loss earning capacity, physical injuries, pain and suffering, mental anguish, and other



damages.

**COUNT II**  
**8<sup>th</sup> AMENDMENT DENIAL OF MEDICAL CARE**  
**AGAINST DEFENDANT CORIZON HEALTH, INC.**

43. Plaintiff incorporates by reference paragraphs 1 through 42 of this Complaint as though same were fully set forth at length herein.

44. The failure of Defendant, Corizon Health, Inc., to provide adequate medical care to Plaintiff constitutes deliberate indifference to Plaintiff's serious medical needs in violation of the Eighth Amendment's prohibition of cruel and unusual punishments.

45. As a result of all Defendants' aforesaid conduct, Plaintiff suffered serious injuries to his right hand including cellulitis, abscesses and infection, requiring surgeries, lengthy hospitalization and further medical care. He continues to suffer loss earning capacity, physical injuries, pain and suffering, mental anguish, and other damages.

**COUNT III**  
**8<sup>th</sup> AMENDMENT DENIAL OF SAFE LIVING**  
**CONDITIONS AGAINST DEFENDANT CITY AND DELANEY**

46. Plaintiff incorporates by reference paragraphs 1 through 45 of this Complaint as though same were fully set forth at length herein.

47. The failure of Defendants City and Delaney to provide safe living conditions free of rat infestation constitutes deliberate indifference to Plaintiff's safety, living conditions and sleeping conditions in violation of the Eighth Amendment's prohibition of cruel and unusual punishments.

48. As a result of all Defendants' aforesaid conduct, Plaintiff suffered serious injuries to his right hand including cellulitis, abscesses and infection, requiring surgeries, lengthy

his right hand including cellulitis, abscesses and infection, requiring surgeries, lengthy hospitalization and further medical care. He continues to suffer loss earning capacity, physical injuries, pain and suffering, mental anguish, and other damages.

**COUNT IV**  
**MEDICAL NEGLIGENCE CLAIM AGAINST DEFENDANTS**  
**CORIZON, LEPLEY, JOHN DOES AND JANE DOES**

49. Plaintiff incorporates by reference paragraphs 1 through 48 of this Complaint as though same were fully set forth at length herein.

50. Defendants, Corizon and Dr. Lepley, through their actions as described above, failed to adhere to the standards of care for treating rat bite injuries and were negligent in treating Plaintiff's medical needs.

51. As a result of all Defendants' aforesaid conduct, Plaintiff suffered serious injuries to his right hand including cellulitis, abscesses and infection, requiring surgeries, lengthy hospitalization and further medical care. He continues to suffer loss earning capacity, physical injuries, pain and suffering, mental anguish, and other damages.

**COUNT V**  
**NEGLIGENCE (INCLUDING WILLFUL CONDUCT)**  
**CLAIM AGAINST DEFENDANT**  
**CITY OF PHILADELPHIA**

52. Plaintiff incorporates by reference paragraphs 1 through 51 of this Complaint as though same were fully set forth at length herein.

53. At all times relevant, Defendant City was in care, custody and control of the real estate known as the Detention Center.

54. Defendant City's actions to fail to take measures to control and stop the rat

infestation was negligent, reckless and willful.

55. For a period of months, if not years, the City was aware of the rat infestation problem at the Detention Center and, yet, failed to take any legitimate measures to stop and/or control the infestation.

56. As a result of Defendant City's negligent, reckless and willful conduct, Plaintiff was bitten by a rat while detained in the Detention Center.

57. As a result of all Defendants' aforesaid conduct, Plaintiff suffered serious injuries to his right hand including cellulitis, abscesses and infection, requiring surgeries, lengthy hospitalization and further medical care. He continues to suffer loss earning capacity, physical injuries, pain and suffering, mental anguish, and other damages.

#### **JURY DEMAND**

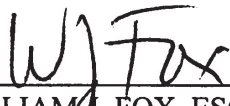
Plaintiff demands trial by a jury of 12.

**WHEREFORE**, Plaintiff demands judgment against the Defendants and each of them, jointly and severally, as follows:

- a. Compensatory damages in an amount this Court shall consider to be just, reasonable and fair;
- b. Damages for pain and suffering;
- c. Punitive damages in an amount the Court shall consider to be just, reasonable and fair;
- d. Attorney fees and the costs of this action; and
- e. Such other relief as this Court shall consider to be fair and equitable.

Respectfully submitted,

Date: 6-25-20

  
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