

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

United States Courts
Southern District of Texas
FILED

OCT 31 2025

Nathan Ochsner, Clerk of Court

IN RE:

TEHUM CARE SERVICES, INC.,

CASE NO: 23-90086

Debtor,

BRUMAN ALVAREZ,

USDC D. Md. No.: 1:22-cv-02382MJM

Claimant-Plaintiff

**EMERGENCY MOTION TO ENFORCE AN INJUNCTION AGAINST
INTERFERENCE WITH BRUMAN ALVAREZ'S OPT-OUT RIGHTS**

I, Bruman Alvarez, *pro-se*, respectfully pray for this Honorable Court to issue an Order granting this Motion for reasons and cause as stated below:

DECLARATION UNDER OATH

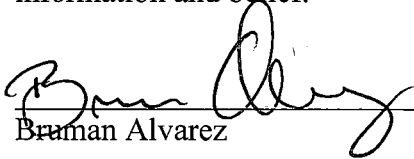
I, Bruman Alvarez, being competent to testify, hereby declare on my personal knowledge and information as follows:

1. I am a person with interest and a holder of Personal Injury Claim against Tehum Care Services, Inc., in *Bruman Alvarez v. Corizon Health, Inc., et al.*, 22-cv-02382MJM (USDC D. Md.);
2. My understanding from the Official Committee of Tort Claimant's recommendations was that "holders of Opt-Out PI/WD Claims will **not** have their recoveries capped by the TDPs. Instead, they will have to litigate their claims on the merits and prevail in the civil justice system and then seek to collect" from insurance recoveries, "because it may present the fastest path to pursue claims in tort system."
3. Based on the above information, on December 8, 2024, Claimant-Plaintiff *elected* to **out-out** after receiving a Ballot and an Out-Out Release Form, which was completed as instructed and returned on the envelope provided by Solicitation Agent. *See Exhibit A.*



4. Upon information and belief, my December 8th Ballot was deliberately ignored and not counted by the Solicitation Agents and consequently, causing this Honorable Court to issue a ruling against him and, therefore interfering with Claimant-Plaintiff's rights.

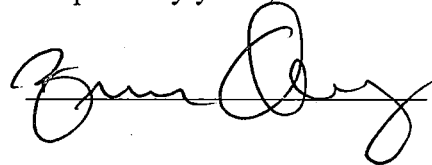
I, Bruman Alvarez, made this Declaration under oath based on my personal knowledge, information and belief.


Bruman Alvarez

Oct. 24, 2025
Date

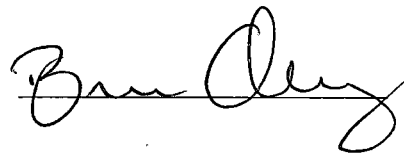
WHEREFORE, Claimant-Plaintiff, prays for this Court to issue an Order granting an Injunction against Interference with Opt-Out Rights.

Respectfully yours,



CERTIFICATE OF SERVICE

I HEREBY CERTIFY THAT on October 24, 2025, a copy of forgoing Motion was mailed first class, postage prepaid, to Nathan Ochsner, Clerk, United States Bankruptcy Court, 515 Rusk St. Houston, TX 77002.



**Claim Ballot for Class 6, Class 7, or Class 8 for
Voting on Joint Chapter 11 Plan of the Tort
Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor**

Please read the instructions that accompany this Ballot before completing. Print clearly.

ITEM 1 — Claimant's Name and Address:

Bruman Alvarez

Name

Bruman Alvarez #257455
WCI
13800 McMullen Hwy SW
Cumberland, MD 21502

Address

Telephone Number

Last Four Digits of Social Security Number (U.S. claimants only)

-- -- / -- -- / 1017

ITEM 2 — Vote on the Plan:

The undersigned, as Holder of (or representative of a Holder of) a PI/WD Claim, votes (fill in ONE box only):

☒ to ACCEPT / in Favor of the Plan.

☐ to REJECT / Against the Plan.

Amount of Your Claim for voting purposes only: \$1.00.

ITEM 3 — Insurance Election

If the Plan is confirmed, the Holder of a PI/WD Claim ELECTS to:

☒ Be treated as the Holder of an Opt-Out Insured PI/WD Claim assigned to Class 8.

ITEM 4 — Expedited PI/WD Distribution.

If You have elected to seek relief from the PI/WD Trust, the Holder of a PI/WD Claim ELECTS for:

☐ an Expedited PI/WD Distribution

EXHIBIT A



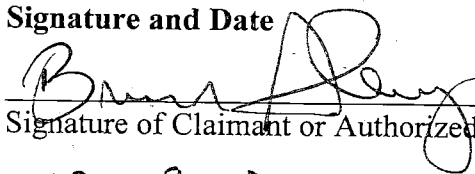
Please read the instructions that accompany this Ballot before completing. Print clearly.

ITEM 5 — Certifications, Acknowledgment, Signature and Date:

By signing this Ballot, the signatory certifies, on information and belief, that:

- (i) I have / The claimant or his / her personal representative or attorney has been provided with a copy of the Confirmation Hearing Notice, the Disclosure Statement (with the Plan attached as an exhibit), the Solicitation Procedures Order, the Solicitation Procedures, and a letter from the TCC urging Claimants to vote to ACCEPT / vote in favor of the Plan;
- (ii) I am / The claimant is the Holder of a PI/WD Claim in Class 6, Class 7, or Class 8; and
- (iii) I have full power and authority to vote to ACCEPT / in favor of or to REJECT / against the Plan on behalf of, or in my capacity as, the claimant.

Signature and Date

 Bruma Alvarez
Signature of Claimant or Authorized Agent

12-8-24
Date

YOU MUST COMPLETE ITEM 5 IN ORDER FOR YOUR VOTE ON THE PLAN TO BE COUNTED.

DO NOT INCLUDE MEDICAL RECORDS WITH THIS BALLOT. MEDICAL RECORDS CANNOT BE RETURNED BY THE SOLICITATION AGENT.

IF THIS BALLOT IS NOT RECEIVED BY THE SOLICITATION AGENT BY FEBRUARY 21, 2025, AT 5:00 P.M. (PREVAILING CENTRAL TIME), YOUR VOTE MAY NOT BE COUNTED.

