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Tehum Care Services, Inc. Case Number: 23-90086

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

United States Courts  
Southern District of Texas  
FILED

FEB 20 2025

In re: TEHUM CARE SERVICES, INC.,<sup>1</sup>  
Debtor.

Nathan Ochsner, Clerk of Court

Chapter 11  
Case No. 23-90086 (CML)

**BALLOT FOR HOLDERS OF CLAIMS IN CLASSES 6, 7, AND 8 (CHANNELED PI/WD CLAIMS, OPT-OUT PI/WD CLAIMS, AND OPT-OUT INSURED PI/WD CLAIMS) FOR VOTING ON JOINT CHAPTER 11 PLAN OF REORGANIZATION OF THE TORT CLAIMANTS' COMMITTEE, OFFICIAL COMMITTEE OF UNSECURED CREDITORS, AND DEBTOR**

The Official Committee of Tort Claimants (the "**Tort Claimants' Committee**") and the Official Committee of Unsecured Creditors (the "**Unsecured Creditors' Committee**") appointed in the above Chapter 11 Case, and Tehum Care Services, Inc., the above-captioned debtor (the "**Debtor**" and, together with Tort Claimants' Committee and the Unsecured Creditors' Committee, the "**Plan Proponents**"), are soliciting votes from Holders of Claims on the *Joint Chapter 11 Plan of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor* (Docket No. 1815-1) (together with all schedules and exhibits thereto, and as may be modified, amended, or supplemented from time to time, the "**Plan**"),<sup>2</sup> which is described in greater detail in that certain disclosure statement with respect to the Plan (Docket No. 1815-2) (together with all schedules and exhibits thereto, and as may be modified, amended, or supplemented from time to time, the "**Disclosure Statement**"). The Plan and Disclosure Statement have been included in the package of materials containing this ballot (this "**Ballot**") and can also be accessed free-of-charge at <https://www.veritaglobal.net/tehum>.

On November 13, 2024, the United States Bankruptcy Court for the Southern District of Texas (the "**Bankruptcy Court**") entered an order (the "**Solicitation Procedures Order**") approving the Disclosure Statement and procedures for soliciting votes to accept or reject the Plan (the "**Solicitation Procedures**"). If the Plan is confirmed by the Bankruptcy Court it will be binding on You whether or not You vote and, if You vote, whether You vote in support of or to reject the Plan.

The Plan will be accepted by the Holders of Claims for purposes of section 1129 of the Bankruptcy Code if it is accepted by the Holders of at least two-thirds in amount and at least one-half in number of Claims who vote. If the Plan is confirmed by the Bankruptcy Court, all Holders of Claims against and Equity Interests in the Debtor (including those Holders who reject the Plan or abstain from voting on the Plan, and those Holders who are not entitled to vote on the Plan) will be bound by the confirmed Plan and the transactions contemplated thereby.

You should review the Disclosure Statement and the Plan before You vote. You may wish to seek legal advice concerning the Plan and Your classification and treatment under the Plan.

**THIS BALLOT'S LIMITATIONS**



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This Ballot does **not** constitute and will **not** be deemed a Proof of Claim or an assertion of a Claim. Any Holder of a Claim must have filed a Proof of Claim on account of his or her personal Claim by the Claims Bar Date even if such Holder may purport to be included in, or represented by, a purported class action, class suit, class Proof of Claim, or similar representative action filed against the Debtor with respect to such Holder's Claim, regardless of whether or not said action was ever certified or authorized by a court of competent jurisdiction. If the Holder of a Claim has **not** filed a personalized Proof of Claim, the Holder of that Claim shall **not** be entitled to any distribution from the Trusts. Any admission of Claims for purposes of voting on the Plan is **not** an admission of liability on the part of the Debtor, the Committees, or any other party for payment purposes. This Ballot is **not** a letter of transmittal and may not be used for any purpose other than to vote to accept or reject the Plan. If (i) the Plan Proponents revoke or withdraw the Plan, or (ii) the Confirmation Order is not entered, or consummation of the Plan does not occur, this Ballot shall automatically be null and void and deemed withdrawn without any requirement of affirmative action by or notice to You. There may be changes made to the Plan that do not cause material adverse effects on an accepting Class. If such non-material changes are made to the Plan, the Plan Proponents will not resolicit votes for acceptance or rejection of the Plan.

### **WHO SHOULD USE THIS BALLOT**

This Ballot is to be used by Holders of Personal Injury and Wrongful Death Claims or PI/WD Claims in Class 6, Class 7 or Class 8. Therefore, please use this Ballot to cast Your vote to accept or reject the Plan if You are, as of November 13, 2024 (the "**Voting Record Date**"), a Holder of a Claim (a "**Holder**") against the Debtor that is a Claim against the Debtor that is attributable to, arises from, is based upon, relates to, or results from an alleged personal injury tort or wrongful death claim within the meaning of section 157(b)(2)(B) of Title 28. Any admission of Claims for purposes of voting on the Plan is **not** an admission of liability on the part of the Debtor, the Committees, or any other party for payment purposes.

This Ballot is **not** intended to be used by a Holder of an Indirect PI/WD Claim, which is different from a PI/WD Claim, as defined in Article I of the Plan.

### **DEADLINE, FORMS, AND LIMITATIONS**

**Unless such time is extended by the Debtor, the Committees, or the Bankruptcy Court**, this Ballot must be properly completed, signed, and returned to the address below so as to be received no later than February 21, 2025, at 5:00 p.m. (Prevailing Central Time) (the "**Voting Deadline**") in order for the vote on this Ballot to count.

**Facsimiles or other electronic submissions other than by online transmission through the E-Ballot platform on the Solicitation Agent's website at <https://www.veritaglobal.net/tehum>, including e-mail, will **NOT** be accepted.**

### **THIS BALLOT AND THE OPT-OUT RELEASE FORM ARE SEPARATE DOCUMENTS**

In addition to this Ballot, You will have received the Opt-Out Release Form. The Opt-Out Release Form and this Ballot are separate and distinct documents and are designed for different purposes. This Ballot is intended to be used by recipients to vote to reject or accept the Plan and, to the extent applicable, make certain elections regarding Trust participation, expedited distributions, or insurance rights. The Opt-Out Release Form is intended to be used by recipients who elect to opt out of the Consensual Claimant Release in Article IX.D of the Plan. The Opt-Out Release Form has one purpose and can be used for no other.

Therefore:

• You **MUST** submit this Ballot **if** You want Your vote to accept or reject the Plan to be counted and if You wish to make certain applicable elections.

- You **MUST** submit the Opt-Out Release Form **if** You decline to grant the Consensual Claimant Release on the Effective Date.

However, You may include both a completed Ballot and the completed Opt-Out Release Form in same stamped preaddressed envelope provided with the Solicitation Package You received. The Plan Proponents advise You to carefully consider the Ballot and the Opt-Out Release Form on their own merits.

### **DOCUMENTS INCLUDED WITH THIS BALLOT**

You should have received the following documents with this Ballot (collectively, the “**Solicitation Package**”). Please note that some of the following documents may be included on a USB flash drive included as part of Your Solicitation Package.

- a cover letter describing the contents of the Solicitation Package and the enclosed USB flash drive or printed materials for incarcerated individuals, and instructions for obtaining (free of charge) printed copies of the materials provided in electronic format;
- the Confirmation Hearing Notice (as defined in the Solicitation Procedures);
- a USB flash drive containing a copy of the Solicitation Procedures and the Disclosure Statement with all exhibits, including the Plan with its exhibits (to the extent such exhibits were filed with the Bankruptcy Court before the distribution of the Solicitation Package) or printed versions of the same for incarcerated individuals;
- the Solicitation Procedures Order (without exhibits);
- a letter from the Tort Claimants' Committee urging Holders of PI/WD Claims to vote to accept the Plan; and
- a pre-addressed, return envelope for Your completed Ballot.<sup>3</sup>

If You have questions about this Ballot, or if You did not receive a copy of the Plan or any related materials, please contact Verita Global (the “**Solicitation Agent**”), at <https://www.veritaglobal.net/tehum/inquiry>, or by phone at (866) 967-0491 (U.S./Canada, toll free) or (310) 751-2691 (International). Information may also be obtained at <https://www.veritaglobal.net/tehum>.

### **INSTRUCTIONS FOR COMPLETING YOUR BALLOT**

The following instructions explain each of the items contained on Your Ballot. If You have any questions, please contact the Solicitation Agent at the number or email provided above or visit <https://www.veritaglobal.net/tehum>.

If Your Ballot is not received by the Solicitation Agent on or before the Voting Deadline, and such Voting Deadline is not extended by the Plan Proponents, as noted above, Your vote will not be counted.

**To fill out Your Ballot, You must complete the following:**

#### **Item 1. Claimant's Name and Address.**

Please fill in the name and address information requested. U.S. claimants should include street address, city, state, ZIP Code, telephone number, and the last four digits of their Social Security Number. Any claimants from other countries who do not have Social Security Numbers should include relevant address information in

the space provided.

United States citizen claimants MUST provide the last four digits of their Social Security Number in this box. Claimants outside of the United States (or claimants in the United States who are not U.S. citizens) that do not have a Social Security Number MUST state so conspicuously in the area where such number would have been inserted.

**Item 2. Vote on the Plan.**

Vote on the Plan by checking the box that corresponds to Your choice. You may vote to ACCEPT / vote in favor of or to REJECT / vote against the Plan. You must check one of the boxes below to have Your vote counted.

Each Holder of a Claim will have a single Claim for voting purposes, which Claim has been temporarily allowed in the amount of \$1.00 in the aggregate per claimant for purposes of voting on the Plan in accordance with certain tabulation rules set forth in the Solicitation Procedures approved by the Bankruptcy Court. The temporary allowance of Your Claim in the amount of \$1.00 is solely for voting purposes and does not constitute an allowance of such Claim for purposes of distribution and is not binding on You, the Plan Proponents, or the Trusts for any purpose other than voting on the Plan.

If You believe that Your Claim should be allowed for voting purposes in an amount other than \$1.00, You must file a motion with the Bankruptcy Court pursuant to Rule 3018(a) of the Federal Rules of Bankruptcy Procedure no later than December 27, 2024, seeking temporary allowance of Your Claim in such other amount. The Bankruptcy Court will thereafter determine the amount of Your Claim solely for voting purposes in accordance with the procedures described in the Solicitation Procedures and Solicitation Procedures Order.

**Item 3. Insurance Election.**

Check the box if You ELECT to have Your Claim treated as an Opt-Out Insured PI/WD Claim and included in Class 8.

The Holders of Opt-Out Insured PI/WD Claims shall be entitled to seek recovery on account of such Claims from any PI/WD Insurance Company. Such Holders shall be entitled to name as a defendant in any proceeding commenced or continued in the Civil Justice System the Debtor, the PI/WD Trust, and any other person or entity to the extent permitted under applicable law, provided, however, that such Holder may not name a Released Party as a defendant other than the Debtor. Claims that could have been asserted against the Debtor may be asserted against the PI/WD Trust, which will have the liabilities and defenses of the Debtor, subject to the limitations below on the Claimants' right to recover on any such Opt-Out Insured PI/WD Claim established through litigation. If such proceeding is commenced or continued, the PI/WD Trustee shall provide notice to and seek defense from each PI/WD Insurance Company that the PI/WD Trustee determines may have an obligation to provide coverage in accordance with the terms of each applicable PI/WD Insurance Policy. The PI/WD Trust shall have no obligation to appear and defend any lawsuit commenced against the PI/WD Trust if the applicable PI/WD Insurance Company refuses to cover any and/or all defense costs. The PI/WD Trust shall have no obligation to satisfy any Insurance Policy's deductible or self-insured retention per claim or in the aggregate. Holders of Opt-Out Insured PI/WD Claims shall not be entitled to receive any recovery from the PI/WD Trust or the Debtor on account of such Claim other than a recovery that is funded exclusively by an insurance recovery under a PI/WD Insurance Policy.

**Item 4. Expedited PI/WD Distribution.**

Check the box only if You elect for an Expedited PI/WD Distribution. "Expedited PI/WD Distribution" means a one-time Cash payment in the amount of Five Thousand Dollars (\$5,000), to be made to a Holder of a PI/WD Claim that irrevocably elects, as evidenced on a Ballot timely and validly submitted by such Holder, to have such PI/WD Claim reduced to Five Thousand Dollars (\$5,000) and paid (upon Allowance) in full and final

satisfaction of such PI/WD Claim, and subject to the provisions of the PI/WD Trust Distribution Procedures, including the provisions regarding lien resolution set forth in article IV.M of the PI/WD Trust Distribution Procedures.

Any Holder of a PI/WD Claim who elects for the Expedited PI/WD Distribution shall be deemed to have (a) voted to accept the Plan and (b) consented and agreed to and not opted out of the Consensual Claimant Release. An election on the Ballot for an Expedited GUC Distribution shall be irrevocable, shall be conclusive and controlling, and shall govern over any and all other markings on the Ballot or the Opt-Out Release Form.

**Item 5. Certifications, Acknowledgment, Signature and Date.**

Either the claimant, the claimant's personal representative, or the claimant's attorney must sign the Ballot. If the Ballot is not signed, the vote shown on the Ballot will not be counted. As a reminder, United States claimants must provide the last four digits of their Social Security Number in Item 1 of the Ballot as well.

The claimant, the claimant's personal representative, or the claimant's attorney, must certify certain information on the Ballot. Please read the certifications below and ensure that the information on the Ballot meets the requirements of those certifications.

By signing the Ballot, You make the following certifications, on information and belief:

- "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, a letter from the TCC urging Claimants to accept the Plan, and the Solicitation Procedures."
- "I am / The claimant is the Holder of a PI/WD Claim in Class 6, Class 7, or Class 8."
- "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."

If You cast more than one Ballot voting the same Claim before the Voting Deadline, the latest dated Ballot will supersede any prior Ballots.

**Holders of Claims must vote the full amount of their Claims to ACCEPT / in favor of or to REJECT / against the Plan.** A Holder of a Claim may not split his or her vote. Accordingly, the votes of any Holder of a Claim who purports partially to accept and partially to reject the Plan will not be counted.

**IF YOU HAVE ANY QUESTIONS REGARDING THE BALLOT, BELIEVE YOU MAY HAVE RECEIVED AN INCORRECT BALLOT, OR IF YOU DID NOT RECEIVE A COPY OF ANY OF THE DOCUMENTS DESCRIBED IN THESE INSTRUCTIONS, PLEASE CONTACT THE SOLICITATION AGENT AT:**

**TELEPHONE: (866) 967-0491 (U.S. / CANADA, TOLL-FREE) or +1 (310) 751-2691 (INTERNATIONAL)**

**WEBSITE: <https://www.veritaglobal.net/tehum>**

**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.**

**ITEM 1 — Claimant's Name and Address:**

**Name**

Dorkins, Kimberly D.

**Address information is located in ITEM 5. Fill in phone number and last 4 Digits of Social Security Number in ITEM 5.**

**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):

**Accept** *Plan King North RN.*  
 **Reject**

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:

*(leave blank or make a selection)*

- 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:

*(leave blank or make a selection)*

- ELECTS for an Expedited PI/WD Distribution

**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.

**Name**

Dorkins, Kimberly D.

**Address**

804 Sturgis Pl, Pikesville, MD 21208

Check if you would like to change your address

Name (Signature): (Required) *Kimberly Dorki RW*  
 Last Four Digits of Social Security Number (U.S. claimants only) 9697  
 Email: (Required) dorkinskimberly@gmail.com  
 Telephone Number: (443)469-7731  
 Name Of Signatory (If Other Than Voter):  
 Title:

**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.**

- <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.
- <sup>2</sup> Capitalized terms used but not otherwise defined herein have the meanings ascribed to such terms in the Plan or the Solicitation Procedures, as applicable.
- <sup>3</sup> As noted above, You may include both this Ballot and the Opt-Out Release Form in one of the pre-addressed return envelopes with which Holders of Claims in Voting Classes have been provided.

Submit Ballot



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