

2010 FEB 11 PM 2:42
U.S. DISTRICT COURT
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAIME HERNANDEZ,)
)
 Plaintiff,) 09-CV-661
)
 vs.) Judge Robert W. Gettleman
) Magistrate Maria Valdez
)
 THOMAS DART, et al.,)

CERTIFICATE OF SERVICE

To: Michael D. Jacobs
Assistant State's Attorney
500 Richard J. Daley Center
50 West Washington St.
Chicago, IL 60602

I, Jaime Hernandez, Plaintiff, hereby certify that on Feb 1st, 2010, I mailed a copy of the *Plaintiff's Response to Defendant's First Set of Interrogatories and First Document Production Request* to the person listed above by First Class ~~ES~~ Mail on or before 4 pm.

hand delivery


Jaime Hernandez, Pro Se

2019 FEB -1 PM 2:42

CLERK
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

JAIME HERNANDEZ,)
)
 Plaintiff,) 09-CV-661
)
 vs.) Judge Robert W. Gettleman
) Magistrate Maria Valdez
)
 THOMAS DART, et al.,)

**PLAINTIFF'S RESPONSE TO DEFENDANT'S FIRST SET OF
INTERROGATORIES AND FIRST DOCUMENT PRODUCTION REQUEST**

NOW COMES, the Plaintiff, Jaime Hernandez, unrepresented and indigent, presents his
**PLAINTIFF'S RESPONSE TO DEFENDANT'S FIRST SET OF
INTERROGATORIES AND FIRST DOCUMENT PRODUCTION REQUEST.**

Answers are corresponded to Defendant's request re: **DEFENDANT SHERIFF TOM
DART'S FIRST SET OF INTERROGATORIES DIRECTED TO PLAINTIFF
JAIME HERNANDEZ**

INTERROGATORIES (PLAINTIFF'S ANSWERS)

1. Please state your full name, present residence address, your date and place of birth, your social security number, your driver's license number and if you have

ever been known by any other name, please state all of the names by which you have been known, the date of use of each such name and the reasons for any name change.

ANSWER: Jaime Hernandez;

3 State the full name and address of each person who witnessed or claims to have witnessed the occurrence alleged in your complaint.

ANSWER: Dr. Sheila Mannix ();
Mark Michalski (); Andrew Nelson, Abdon Pallasch (Chicago Sun Times reporter 350 N. Orleans Chicago, IL); Marie Szczypta (); Attorney David Wessel (Wessel & Doheny 205 W. Randolph, Ste. 1630 Chicago, IL), Attorney Mitchell Asher (157 N. Brockway St. Palatine, IL), Attorney James Kaiser (Richard Nakon & Associates 121 East Liberty St. Wauconda, IL), Attorney Patrick Harrigan (Katten, Munchin & Roseman, LLP 525 West Monroe Chicago, IL), Dr. Jill Lehrmann (Northwestern Memorial Hospital 259 E. Erie Chicago, IL), Dr. Larry Faines (Northwestern Memorial Hospital 259 E. Erie Chicago, IL), Cook County Sheriff officers Eric Gross #4043, Sergeant Thomas Boyd #301, (now) Sergeant James E. Morrissey #____ (then #4283), Christopher Olejarz #4525, Jason Reynolds #3403, Phillip D. Mackey #____, Christopher Dangles #5257, Christine Migleri #3220, Greg Gayden #2432, first name unknown Johnson #5079, Sergeant Randy Rodriguez #267, Chad A. Harris #____ (All Cook County Sheriff Personnel; 50 W. Washington Chicago, IL) , two unknown

nurses at Northwestern Memorial Hospital 259 E. Erie Chicago, IL (an Italian male and a male who identified himself as "Bob Villa").

3 State the full name and address of each person not named in (2) above who was present or claims to have been present at the scene immediately before, at the time of, or immediately after said occurrence.

ANSWER: Attorney Russell Stewart (805 West Touhy Ave Park Ridge, IL), Cook County Circuit Court Judge Thomas More Donnelly (Municipal District 1-Daley Center Rm 1571), Cook County Circuit Court Judge Maria Kuriakos-Ciesil (Municipal District 1-Room 100), Cook County Assistant States Attorney Sara R. Karr (1100 S. Hamilton Chicago, IL); Cook County Assistant States Attorney Andrea Kirsten (69 W. Washington Chicago, IL) and Cook County Assistant States Attorney Patrick J. Kelly (2650 S. California Ave Chicago, IL), Cook County Sheriff Internal Affairs Investigator Robert Anderson #42 (69 W. Washington, Suite 1110 Chicago, IL), Office of the Cook County Sheriff's Peter Kramer (50 W. Washington Chicago, IL) and unknown others.

4 Describe in general any physical injuries and mental health injuries sustained by you as result of said occurrence.

ANSWER: Stress, Chest pains, depression, loss of appetite

5. With regard to said injuries, state:

- (a) The name and address of each health care provider rendering care or services.
- (b) The name and address of each person or laboratory taking an x-ray of you.
- (c) The date or inclusive dates on which each of them rendered you service.
- (d) The amounts to date of their respective bills for service.

**ANSWER: Northwestern Memorial Hospital, Saint Margaret Mercy Hospital,
UIC (copies of bills are attached)**

6. State the complete name(s) and address (es) of each hospital or clinic where you were a patient or out-patient as a result of the injuries that you allege from this cause of action, the date or inclusive dates of said service (s) and the amounts of their respective bills.

**ANSWER: Northwestern Memorial Hospital, Saint Margaret Mercy Hospital,
UIC (copies of bills are attached)**

7. State the name and address of each employer, if any, from whom you claim you, were unable to work due to the injuries that you allege from this cause of action, including the date or inclusive dates on which you were unable to work and the amount of wage or income loss claimed by you.

ANSWER:

(amount to date \$42,160 in lost wages)

8. State any and all economic expenses or losses to you as the result of said occurrence.

ANSWER: Plaintiff lost his business and wages.

9. Have you suffered any serious personal injury or serious illness within the past 10 years? If so, state when and how you were injured and describe the injuries suffered.

ANSWER: Other than what Plaintiff endured at the hands of the Cook County Sheriff Officers and the abuse in Cook County Jail, Plaintiff was in good health.

10. State the complete name, address and telephone number of all health care providers, other than those listed in interrogatory number five, who have examined or treated you for any personal injury or serious illness in the past 10 years.

ANSWER: Other than what is attached, Plaintiff has no recollection of any past injuries where he needed medical attention.

11. If you have ever been involved in any civil legal action (workman's compensation claims included), either as defendant or plaintiff, state the date and place each such action was filed, including the name of the court and parties involved, the court file number of all such actions, the names of the attorneys representing each party, a description of the nature of each such action, whether or not there was an appeal and, if so, the result thereof, including the name and citation of each case reported, and the amount of any settlement or judgment obtained in each such case.

ANSWER: Case # 08C0052 (Jaime Hernandez d/b/a Aztec Trucking Inc. et al., v. City of Chicago, et al.)

12. Were any photographs taken of the scene of the occurrence or of the persons or objects involved? If so, state the dates or dates on which such photographs were taken, the subjects thereof and who now has custody of them.

ANSWER: Photos taken of Plaintiffs injuries (arms, legs) on 2/3/07

13. State whether any of your bills as set out in these interrogatories have been paid. If so, state which bills have been paid and how and by whom they were paid.

ANSWER: Plaintiff's medical bills remain unpaid to date. Plaintiff does not have the funds to pay them and does not have health insurance.

14. State whether you have fully recovered from the effects of any injury, illness, or disability received as a result of the alleged occurrence. If so, state the date when you were fully recovered.

ANSWER: NO

15. State whether you are gainfully employed at the present time. If so, state the full name, address, telephone of your employer.

ANSWER: NO

16. State whether you are presently under a health care provider's care. If so, state the name and address of such doctor, the date of the last appointment, and the date of the next scheduled appointment and the nature of treatments you are receiving.

ANSWER: NO

17. State whether prior to the accident alleged in the complaint you suffered any physical disability or impairment of any kind whatsoever. If so, state the nature of

such physical disability or impairment and how you came to have such physical disability or impairment.

ANSWER: NO

18. State the complete name, address and telephone number of any and all witness (es) who will testify at trial together with the subject of their testimony.

ANSWER: Sheila Mannix ()

; Mark Michalski ()

Marie Szczypta (phone number unknown);

Andrew Nelson (phone number and address unknown), Abdon Pallasch (phone number unknown 350 N. Orleans Chicago, IL), Attorney Mitchell Asher (157 N.

Brockway St. Palatine, IL), Attorney James Kaiser (Richard Nakon &

Associates 121 East Liberty St. Wauconda, IL), Attorney Patrick Harrigan

(Katten, Munchin & Roseman, LLP 525 West Monroe Chicago, IL), Dr. Jill

Lehrmann (Northwestern Memorial Hospital 259 E. Erie Chicago, IL), Dr.

Larry Faines (Northwestern Memorial Hospital 259 E. Erie Chicago, IL);

Russell Stewart (224) 381-4715 or (847) 692-3350 805 West Touhy Ave Park

Ridge, IL; others whom are named in Caption of this Case (Defendants), See #3.

19. State the full name and address of any and all witness (es) who will offer any opinion as to any element of your cause of action, including a detailed description of the subject matter, conclusion (s), opinion (s), basis and qualifications.

ANSWER: Eugene Wzorek, expert witness. (See attached affidavit)


20. If you have ever pleaded guilty to or been convicted of a crime punishable as a misdemeanor or felony, the date of each prosecution or conviction, the nature of each court and judge, and the location of each court where the prosecution or conviction took place.

ANSWER: Plaintiff has never pled guilty to anything. Plaintiff has been persecuted for doing the right thing and trying to expose corruption in Illinois' court system. The officers named in the complaint framed Plaintiff. When they knew that the first set of charges were not going to stick, the Defendant sheriffs re-arrested Plaintiff and brought up more false charges. Plaintiff was wrongly convicted and sentenced to 30 days CCDOC in September 2008. Cook County Circuit Court 555 W. Harrison Chicago, IL. Judges were Thomas More Donnelly and Maria Kuriakos Ciesil.

21. State whether you or your attorneys or agents or anyone acting on your behalf have any photograph, videotape, audiotape, or taken any statements, signed or unsigned, oral or written, or have in their possession any such photograph, videotape, audiotape, or statements, or know of the existence of any such photograph, videotape, audiotape, or statements; from or by any person who has, or claims to have been, witnesses to the occurrences complained of; or viewed or listened to any such photograph, videotape, or audiotape; if so state the identity and present or last known address of each such person together with the present whereabouts and number of such photographs, videotape, audiotape or statements.

ANSWER: Plaintiff has some of the above items in his possession. Statements from witnesses are attached (See Affidavits), Pictures are attached. Audiotape and Transcript sent with this packet to Michael Jacobs.

I, Jaime Hernandez, being over the age of 18 and of (relatively) sound mind, do hereby certify, pursuant to 735 ILCS 5/1-109 and subject to the penalty of perjury, that all factual allegations made herein on personal knowledge are factitious and that all factual allegations herein made on information and belief I verily believe to be factitious.



Jaime Hernandez

Respectfully submitted,

Jaime Hernandez

AFFIDAVIT

I, Jaime Hernandez, being first duly sworn, on oath, states as follows:

1. I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I could, and I would, testify competently as to each fact set forth herein.

2. This affidavit was done at the request of Cook County Assistant State's Attorney Michael D. Jacobs.

3. The preceding pages which accompany this affidavit were completed to the best of my ability based on factual events, dates, and times.

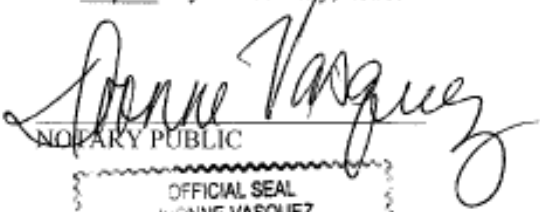
4. I attached all that I could find to support the *Defendant's First Set of Interrogatories and First Document Request to Plaintiff* in the short amount of time that I was given by Judge Maria Valdez on 1/27/10.

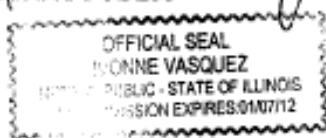
5. That I am not an attorney.

FURTHER AFFIANT SAYETH NAUGHT


JAIME HERNANDEZ

SUBSCRIBED and SWORN to before me on
this 1 day of February, 2010.


NOTARY PUBLIC





Northwestern Medical Faculty Foundation

June 01, 2007

PROFESSIONAL BILLING DEPARTMENT
680 North Lake Shore Drive • Suite 1000
Chicago, Illinois 60611

JAIME HERNANDEZ

Dear Jaime Hernandez:

Our records show that there is an outstanding balance for the following physician services:

INVOICE NUMBER	DATE	PROVIDER	PATIENT NAME	ORIGINAL CHARGE	BAL DUE
19863877	02/02/2007	EARTL. NUDELMAN	J HERNANDEZ	\$44.00	\$44.00
19863878	02/02/2007	ERIC RUSSELL	J HERNANDEZ	\$65.00	\$65.00
19917026	02/02/2007	LARRY. FAINES	J HERNANDEZ	\$527.00	\$527.00
TOTAL AMOUNT DUE					\$636.00

These charges have appeared on the monthly statements previously sent to you. This is our final request for your assistance. We would like to avoid collection action. However, without your immediate attention to resolving this matter, we may be forced to take this action.

Please send your remittance using the payment stub below and the payment envelope provided. We accept Personal Checks, Money Orders, Discover, Visa, MasterCard and American Express. Please do not send cash.

If you have any questions or concerns in the interim, please contact our patient representatives at 312-695-9797 Monday through Friday, 8:00 am TO 5:00 pm(CST).

Detach and Mail with Payment Envelope Provided

Northwestern Medical Faculty Foundation
38693 Eagle Way
Chicago, Illinois 60678

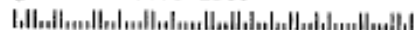
IF PAYING BY CREDIT CARD, FILL OUT BELOW		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMEX <input type="checkbox"/> VISA
CARD NUMBER	EXP. DATE	
SIGNATURE	AMOUNT	
FINAL NOTICE DATE	PATIENT BALANCE	ACCOUNT NUMBER
06/01/2007	\$636.00	3-0102486089
PATIENT NAME	SHOW AMOUNT PAID HERE \$	
J HERNANDEZ		

MAKE CHECKS PAYABLE TO: NMFF

JAIME HERNANDEZ

1655

Northwestern Medical Faculty Foundation
38693 Eagle Way
Chicago IL 60678-1386





Northwestern Medical Faculty Foundation, Inc.

BILLING INQUIRIES:
CALL (312) 695-9797

ACCT # **JAIME HERNANDEZ**

STATEMENT DATE: MARCH 23, 2007

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

AMOUNT DUE: **\$636.00**

AMOUNT ENCLOSED: _____

CARD NUMBER: _____

MAKE CHECK PAYABLE TO NMFF (NO CASH PLEASE) CHECK # _____

EXP DATE: _____

SIGNATURE: _____

YOUR PAYMENT WILL BE APPLIED TO YOUR OLDEST INVOICE(S) UNLESS OTHERWISE INDICATED HERE: _____

JAIME HERNANDEZ

NORTHWESTERN MEDICAL FACULTY FOUNDATION
38693 EAGLE WAY
CHICAGO, ILLINOIS 60678-1386

3010248608903232007006360054949

PLEASE REVIEW YOUR NMFF PATIENT PROFILE ON THE REVERSE SIDE.
IF CHANGES ARE NECESSARY, PLEASE CALL US AT (312) 695-9696.

STATEMENT OF ACCOUNT FOR PHYSICIAN SERVICES

(AS OF MARCH 23, 2007)

ACCT # **JAIME HERNANDEZ**

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT NORTHWESTERN MEDICAL FACULTY FOUNDATION. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS DUE. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER:

CHARGES

PAYMENT ACTIVITY

PROVIDER: EARL NUDELMAN MD (OUTPATIENT-HOSPITAL)
DIAG RAD-IN PATIENT DIAGNOSTIC

AMOUNT DUE NOW..... **\$44.00**

02/02/07 71010/26-CHEST AP \$44.00
TOTAL: **\$44.00**

DIAGNOSIS CODE: 786.50

INVOICE NUMBER:

CHARGES

PAYMENT ACTIVITY

PROVIDER: ERIC J RUSSELL MD (OUTPATIENT-HOSPITAL)
DIAG RAD-IN PATIENT DIAGNOSTIC

AMOUNT DUE NOW..... **\$65.00**

02/02/07 72040/26-X-RAY CERVICAL SPINE; 2 OR 3 VIEWS \$65.00
TOTAL: **\$65.00**

DIAGNOSIS CODE: 723.1

INVOICE NUMBER:

CHARGES

PAYMENT ACTIVITY

PROVIDER: LARRY FAINES MD (EMERGENCY ROOM-HOSPITAL)
EMERGENCY MEDICINE

AMOUNT DUE NOW..... **\$527.00**

02/02/07 99285-LEVEL V EXAM EMERGENCY DEPTLEVEL V EXAM EMER... \$527.00
TOTAL: **\$527.00**

DIAGNOSIS CODE: 729.1, 786.50, 782.0

NORTHWESTERN MEDICAL FACULTY FOUNDATION, INC.

(312) 695-9797

TAX ID NO 36-3097297

THIS IS YOUR NMFF PATIENT PROFILE. IF THERE ARE ANY CHANGES, PLEASE CALL US AT (312) 695-9696.

PATIENT NAME:	JAI ME HERNANDEZ	PRIMARY INSURANCE	
NMFF ACCOUNT NUMBER:		INSURANCE TYPE:	NO INSURANCE ON FILE
DATE OF BIRTH:		INSURANCE COMPANY:	
STREET ADDRESS:		GROUP/PLAN:	
CITY/STATE/ZIP:		POLICY/I.D. NUMBER:	
HOME TELEPHONE NUMBER:		EFFECTIVE DATE:	
WORK TELEPHONE NUMBER:		SUBSCRIBER NAME:	
RESPONSIBLE PARTY:	JAI ME HERNANDEZ	SECONDARY INSURANCE	
STREET ADDRESS:		INSURANCE TYPE:	* NONE
CITY/STATE/ZIP:		INSURANCE COMPANY:	
HOME TELEPHONE NUMBER:		GROUP/PLAN:	
WORK TELEPHONE NUMBER:		POLICY/I.D. NUMBER:	
		EFFECTIVE DATE:	
		SUBSCRIBER NAME:	

STATEMENT OF ACCOUNT FOR PHYSICIAN SERVICES
(AS OF MARCH 23, 2007)

ACCT # JAI ME HERNANDEZ

PAGE 2

PLEASE JOIN US ON SUNDAY, JUNE 3RD AT 9 A.M.
FOR THE ROBERT H. LURIE COMPREHENSIVE CANCER CENTER OF NORTHWESTERN UNIVERSITY'S
14TH ANNUAL CANCER SURVIVORS' CELEBRATION AND WALK, GRANT PARK, COLUMBUS DRIVE AT BALBO DRIVE.
FOR INFORMATION AND REGISTRATION: 312.695.1304 or CANCER.NORTHWESTERN.EDU.

FINANCIAL ASSISTANCE

THE FOUNDATION NEITHER DENIES NOR RESTRICTS THE AVAILABILITY OF NECESSARY MEDICAL CARE BASED UPON A PATIENT'S ABILITY TO PAY. IF YOU DO NOT HAVE HEALTH INSURANCE OR IF YOU ARE HAVING DIFFICULTY PAYING YOUR BILL, YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM THE FOUNDATION. THE FOUNDATION'S FINANCIAL ASSISTANCE PROGRAMS MAY COVER YOUR FOUNDATION BILLS PARTIALLY OR IN FULL. AN EXTENDED PAYMENT PLAN MAY ALSO BE AVAILABLE. FINANCIAL ASSISTANCE APPLICANTS MAY BE REQUIRED TO COMPLETE AN APPLICATION AND/OR FURNISH INFORMATION TO THE FOUNDATION IN ORDER TO ESTABLISH ELIGIBILITY. FOR ADDITIONAL INFORMATION, PLEASE CONTACT MARY ANN DAVIS, PATIENT RELATIONS REPRESENTATIVE, 312-695-2262, FINANMFF.ORG.

AMOUNT PENDING WITH INSURANCE \$0.00

AMOUNT DUE NOW: \$636.00

THANK YOU FOR CHOOSING NMFF. PLEASE VISIT OUR WEBSITE AT WWW.NMFF.ORG.

M Northwestern Memorial
Hospital

Dean M. Harrison
President and Chief Executive Officer

May 4, 2007

Jaime Hernandez

Dear Mr. Hernandez:

I received your letter regarding your visit to the Emergency Department (ED) at Northwestern Memorial Hospital. Please accept my apology for any distress or frustration you may have experienced due to the situation you described.

Northwestern Memorial Hospital's organization-wide goal is to provide the *Best Patient Experience* to each patient and family member. We recognize, however, that opportunities for improvement exist, and are committed to advancing them. To ensure your concerns would be fully addressed, I asked Cary Vanderbilt, Patient Representative, to assist with the review and investigation of your concerns. Please be assured that your feedback is important to us and will provide us the opportunity to focus on improving patient care, to better meet the needs of future patients.

Thank you for taking the time to share your experience with me, Mr. Hernandez. I hope this letter finds you well.

Sincerely,



DMH/blk

cc: Cary Vanderbilt, Patient Representative
Director, Emergency Department Services

Revenue Production
Management, Inc.
PO Box 830913
Birmingham, AL 35283-0913
RETURN SERVICE REQUESTED



FACSIMILE

(847) 257-3300

July 10, 2007

JAIME HERNANDEZ

Re: Client: NORTHWESTERN MED FACULTY FOUND.
Debtor: JAIME HERNANDEZ
Patient: JAIME HERNANDEZ
Account No.:
File No.
(Multiple accounts, see list on reverse side.)
Total Amount Due: \$636.00



Dear Jaime Hernandez:

As collection representatives for the client listed above, we have been forwarded the above account in order to secure payment of the outstanding balance.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will: obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please understand that this is an attempt to collect a debt by a debt collector, and that any information we obtain will be used for the purpose of collecting this debt. All payments should be forwarded to this office along with the completed remittance form on the back of this letter. Make your check or money order payable to the client listed above. The above file number should be listed on all payments and correspondence mailed to this office to ensure the proper handling and crediting of your account.

Please mail all correspondence and payments to our office at:

REVENUE PRODUCTION MANAGEMENT, INC.
P.O. Box 673775
Detroit, MI 48267-3775

Very truly yours,

Revenue Production Management, Inc.

By: Mike Wilson
800-579-4639, direct.
Account Representative
LL1

YOU MAY PAY YOUR ACCOUNT WITH VISA® MASTERCARD®
AMERICAN EXPRESS® OR DISCOVER®
CONTACT YOUR ACCOUNT REPRESENTATIVE OR TO MAKE YOUR PAYMENT ONLINE
VISIT US AT WWW.RPMSTAFF.COM

Please see reverse side for additional information.

WHEN RESPONDING BE SURE OUR ADDRESS APPEARS IN THE ENCLOSED WINDOW ENVELOPE
PLEASE DO NOT SEND CASH IN THE MAIL

TOTAL AMOUNT DUE \$636.00

AMOUNT OF YOUR PAYMENT

\$ _____

Please mail all payments
and correspondence to:

REVENUE PRODUCTION MANAGEMENT, INC.
P.O. Box 673775
Detroit, MI 48267-3775

FILE #



MAKE CHECK PAYABLE TO:

NORTHWESTERN MED FACULTY FOUND.

PLEASE BILL MY:

VISA® MASTERCARD® AMERICAN EXPRESS® DISCOVER®

AMOUNT \$ _____

CARD NUMBER _____

EXPIRATION DATE _____

THREE DIGIT SECURITY CODE (Located on back of credit card in signature box.)

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____

DATE _____

MUST BE PROVIDED - CREDIT CARD BILLING ADDRESS (including zip code):

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PAYMENT HAS ALREADY BEEN MADE TO

AMOUNT PAID \$ _____

DATE PAID ____/____/____

STATEMENT OF ACCOUNTS

Date of Service	Our File No.	Account No.	Balance Due
020207 - 020207			\$44.00
020207 - 020207			\$65.00
020207 - 020207			\$527.00

111.FRM

TOTAL BALANCE DUE \$636.00

M Northwestern Memorial[®] Hospital

P.O. BOX 73690
CHICAGO, IL 60673-7690
FED. ID. NO. 37-0969170

Account Number: 4077
Medical Record Number:
Patient Name: JAIME HERNANDEZ
Service Date: 02-02-2007 01

April 09, 2007

Statement of Account

JAIME HERNANDEZ

BILLED CHARGES	\$ 2,909.17
CURRENT ACCOUNT BALANCE	\$ 2,909.17
CURRENT PATIENT RESPONSIBILITY	\$ 2,909.17



Dear Jaime Hernandez:

The account for services on 02-02-2007 through 02-03-2007 is now due in the amount of \$2,909.17. We would appreciate payment for this unpaid balance within the next 10 days.

Additional charge detail is shown on the reverse side of this form. Please note that this statement does not reflect charges for professional services provided by either your private physician or any other physician that may have treated you or interpreted results of any tests performed. You will receive separate communications from these providers and you should contact them directly for any questions related to their billing.

Sincerely,

Patient Financial Services



Northwestern Memorial Hospital offers a variety of financial assistance programs to meet our patients' needs. If you would like information about our programs or have questions regarding your account, please call our Billing Inquiry Unit at 1-800-845-9028 or 312-926-6900, or visit our website at www.nmh.org and click on Billing. Our On-Line Patient Billing allows you to view information about our programs and access or make payments to your account 24 hours per day, 7 days per week.

DETACH HERE AND RETURN THIS PART

Payment for Hospital Services Northwestern Memorial Hospital Statement Date: 04-09-2007

Patient	Account No.	Amount Now Due	Amount Paid
JAIME HERNANDEZ		\$2,909.17	\$

To pay by mail:

Make check or money order payable to Northwestern Memorial Hospital
Include your account number on your check and mail to:

Northwestern Memorial Hospital
P.O. Box 73690
Chicago, IL 60673-7690



08967051700104092007000000290917

Check here if your address or insurance information has changed.
Please indicate changes on the back of this page.

To pay by credit card: Please indicate your credit card preference below.

To pay by phone, call 1-312-926-6900



Credit Card No. _____ Exp. Date _____

Card Holder Name _____

Card Holder Zip Code _____

Signature X _____

Hospital Services - Summary of Charges

Account Number: .

Description	Amount	Description	Amount
PHARMACY	\$366.04		
RADIOLOGY	\$639.89		
LABORATORY	\$478.24		
EMERGENCY ROOM	\$1,425.00		
Total Charges		\$2,909.17	

Payment Activity

Payor	Total Payments	Total Adjustments	Last Payment Date	Last Payment Amount	Payor Balance
1. NO INSURANCE ON FILE		.00			
2. JAIME HERNANDEZ					2,909.17

DID YOU ACKNOWLEDGE OUR PRIVACY NOTICE?

Our records indicate that you may not have acknowledged the hospital's "Notice of Privacy Practices" during your recent services. This notice provides important information regarding how your protected health information will be used and disclosed. To view our Privacy Notice on-line, you can access our website at www.nmh.org or to request a paper copy be sent to your mailing address, please contact our Patient Representative Department at (312) 926-3112.

Do We Have Your Insurance Information?

Accurate insurance information helps ensure prompt payments by your insurance company. If the insurance information listed is inaccurate or incomplete, please call us immediately.

CHANGE OF ADDRESS

Name _____					
Address _____					
City _____	State _____	Zip _____	Telephone # _____		



Northwestern Medical Faculty Foundation, Inc.

BILLING INQUIRIES:
CALL (312) 695-9797

ACCT # **JAIME HERNANDEZ**

STATEMENT DATE: MAY 25, 2007

AMOUNT OWED: **\$636.00** AMOUNT ENCLOSED: _____

MAKE CHECK PAYABLE TO NMFF (NO CASH PLEASE) CHECK # _____ EXP DATE: _____ SIGNATURE: _____

YOUR PAYMENT WILL BE APPLIED TO YOUR OLDEST INVOICE(S) UNLESS OTHERWISE INDICATED HERE: _____

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____

JAIME HERNANDEZ

NORTHWESTERN MEDICAL FACULTY FOUNDATION
38693 EAGLE WAY
CHICAGO, ILLINOIS 60678-1386

PLEASE REVIEW YOUR NMFF PATIENT PROFILE ON THE REVERSE SIDE.
IF CHANGES ARE NECESSARY, PLEASE CALL US AT (312) 695-9696.

3010248608905252007006360054945

STATEMENT OF ACCOUNT FOR PHYSICIAN SERVICES

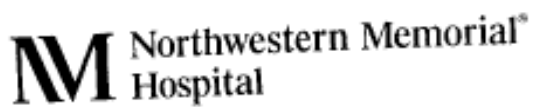
(AS OF MAY 25, 2007)

ACCT # **JAIME HERNANDEZ**

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT NORTHWESTERN MEDICAL FACULTY FOUNDATION. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: CHARGES	PAYMENT ACTIVITY
PROVIDER: EARL NUDELMAN MD (OUTPATIENT-HOSPITAL) DIAG RAD-IN PATIENT DIAGNOSTIC 02/02/07 71010/26-CHEST AP \$44.00 TOTAL: \$44.00 DIAGNOSIS CODE: 786.50	AMOUNT DUE NOW..... \$44.00
INVOICE NUMBER: CHARGES PROVIDER: ERIC J RUSSELL MD (OUTPATIENT-HOSPITAL) DIAG RAD-IN PATIENT DIAGNOSTIC 02/02/07 72040/26-X-RAY CERVICAL SPINE; 2 OR 3 VIEWS \$65.00 TOTAL: \$65.00 DIAGNOSIS CODE: 723.1	AMOUNT DUE NOW..... \$65.00
INVOICE NUMBER: CHARGES PROVIDER: LARRY FAINES MD (EMERGENCY ROOM-HOSPITAL) EMERGENCY MEDICINE 02/02/07 99285-LEVEL V EXAM EMERGENCY DEPTLEVEL V EXAM EMER... \$527.00 TOTAL: \$527.00 DIAGNOSIS CODE: 729.1, 786.50, 782.0	AMOUNT DUE NOW..... \$527.00



Dear Patient:

Thank you for choosing Northwestern Memorial Hospital. This letter provides information regarding the itemized bill for your recent hospital services, and several ways we may help if you have concerns about your ability to pay.

Our records indicate you have no health insurance for these services. If you do have health insurance, please call Patient Financial Services at 312-926-6900 at your earliest convenience so we can bill your insurance company.

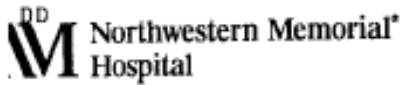
If you do not have health insurance and cannot pay your bill at this time, we offer several financial assistance programs. You may be eligible for free care, discounted care or interest free payment plans.

In addition to the above programs which are based on financial need, we offer a 20% discount to our uninsured patients if 80% of the bill is paid within 30 days of this statement.

Patient Financial Services can give you more information about these options and help you apply. They can be reached at 312-926-6900 between 8 am and 5 pm Monday through Friday. You can also visit www.nmh.org for more information about your account, our financial assistance programs and online payment options.

Sincerely,

Patient Financial Services



PAYOR-01-001

51 East Huron
Chicago, IL 60611-2908
ED ID No. 37-0960170

Patient: HERNANDEZ, JAIME

JAIME HERNANDEZ

Admit or Registration Date 02/02/07

Discharge Date 02/03/07

Bill Date 02/08/07

Return Top Portion With Payment To:
NORTHWESTERN MEMORIAL HOSPITAL
PO BOX 73690
CHICAGO, IL 60673-1960

ORIGINAL 0

Account Number

Please refer to Account Number
on all correspondence

Amount of
Payment \$

Charge my payment to the credit
card indicated on reverse



Insurance Company

Group Number

Identification Number

Medical Record Number

Page 1

Page 2

Page 3

FC 01 EMXX

DATE	QTY	DESCRIPTION	CODE	AMOUNT
02/02/07	1	ED VISIT LEVEL 4	450	1425.00
02/02/07	1	VENIPUNCTURE	300	54.09
02/02/07	1	IV SOLUTIONS	258	21.00
02/02/07	1	IV INFUS, HYDRATE 1ST HR	260	344.04
02/02/07	1	CBC/PLT/DIFF	305	108.15
02/02/07	1	BASIC CHEMISTRY PANEL	301	170.00
02/02/07	1	TROPONIN	301	146.00
02/02/07	1	CHEST AP (PORTABLE)	324	290.40
02/02/07	1	XRAY SP CERVICAL 2/3 VWS	320	349.49
02/02/07	1	*DRUGS ORAL	250	1.00

PATIENT HERNANDEZ, JAIME

ACCOUNT

ADMIT 02/02/07

DISCHARGE 02/03/07

BILL 02/08/07

0 EMXX

INQUIRIES CALL: 1-800-845-9028

PATIENT COPY

PAGE 001

PREVIOUS BALANCE .00
CURRENT CHARGES 2909.17
ADJUSTMENTS .00
PAYMENTS .00

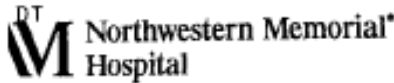
300000000

Please keep this bill for your records.
Charges and/or credits are posted

Please direct written questions to:
Patient Financial Services

Or Call:
(800) 845-9028 (Toll Free)

ACCOUNT BALANCE	ESTIMATED PATIENT BALANCE
2909.17	2909.17



PAYOR-01-001

11 East Huron
Chicago, IL 60611-2900
ED. ID No. 37-0960170

Admit or Registration Date 02/02/07

Discharge Date 02/03/07

Bill Date 02/08/07

Patient: HERNANDEZ, JAIME

JAIME HERNANDEZ

Return Top Portion With Payment To:
NORTHWESTERN MEMORIAL HOSPITAL
PO BOX 73660
CHICAGO, IL 60673-7690

ORIGINAL 0

Account Number

Please refer to Account Number
on all correspondence

Amount of
Payment \$

Charge my payment to the credit
card indicated on reverse



Medical Record Number

102486089

FC 01 EMXX

Insurance Company Group Number Identification Number

Payor 1
Payor 2
Payor 3

ARGE SUMMARY	TOTALS	PAYOR 1	PAYOR 2	PAYOR 3	PATIENT
0 PHARMACY	1.00	.00	.00	.00	1.00
8 IV SOLUTIONS	21.00	.00	.00	.00	21.00
0 IV THERAPY	344.04	.00	.00	.00	344.04
0 LABORATORY	54.09	.00	.00	.00	54.09
1 LABORATORY-CHEMISTRY	316.00	.00	.00	.00	316.00
5 LABORATORY-HEMATOLOGY -	108.15	.00	.00	.00	108.15
0 DIAGNOSTIC RADIOLOGY -	349.49	.00	.00	.00	349.49
4 DX X-RAY-CHEST -	290.40	.00	.00	.00	290.40
0 EMERGENCY ROOM	1425.00	.00	.00	.00	1425.00

REVIOUS BALANCE	.00	.00	.00	.00	.00
CHARGES	2909.17	.00	.00	.00	2909.17
ADJUSTMENTS	.00	.00	.00	.00	.00
PAYMENTS	.00	.00	.00	.00	.00
INSURANCE DEDUCTIBLE	.00	.00	.00	.00	.00
DUE FROM	.00	.00	.00	.00	.00
CURRENT BALANCE	2909.17	.00	.00	.00	2909.17

PATIENT HERNANDEZ, JAIME

ACCOUNT

ADMIT 02/02/07 DISCHARGE 02/03/07
BILL 02/08/07 0 EMXX

INQUIRIES CALL: 1-800-845-9028

0000000000

PATIENT COPY

Please keep this bill for your records.
Charges and/or credits not posted
in this area will be included on

Please direct written questions to:
Patient Financial Services
751 F. Huron Street

Or Call:
(800) 845-9028 (Toll Free)

ACCOUNT BALANCE	ESTIMATED PATIENT BALANCE
2909.17	2909.17

STATEMENT OF ACCOUNT FOR PHYSICIAN SERVICES

(AS OF FEBRUARY 23, 2007)

ACCT # _____ **JAIME HERNANDEZ**

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT NORTHWESTERN MEDICAL FACULTY FOUNDATION. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: <u>CHARGES</u>	PAYMENT ACTIVITY
PROVIDER: EARL NUDELMAN MD (OUTPATIENT-HOSPITAL) DIAG RAD-IN PATIENT DIAGNOSTIC	AMOUNT DUE NOW..... \$44.00
02/02/07 71010/26-CHEST AP	\$44.00
DIAGNOSIS CODE: 786.50	TOTAL: <u>\$44.00</u>

INVOICE NUMBER: <u>CHARGES</u>	PAYMENT ACTIVITY
PROVIDER: ERIC J RUSSELL MD (OUTPATIENT-HOSPITAL) DIAG RAD-IN PATIENT DIAGNOSTIC	AMOUNT DUE NOW..... \$65.00
02/02/07 72040/26-X-RAY CERVICAL SPINE; 2 OR 3 VIEWS	\$65.00
DIAGNOSIS CODE: 723.1	TOTAL: <u>\$65.00</u>

FINANCIAL ASSISTANCE

THE FOUNDATION NEITHER DENIES NOR RESTRICTS THE AVAILABILITY OF NECESSARY MEDICAL CARE BASED UPON A PATIENT'S ABILITY TO PAY. IF YOU DO NOT HAVE HEALTH INSURANCE OR IF YOU ARE HAVING DIFFICULTY PAYING YOUR BILL, YOU MAY QUALIFY FOR FINANCIAL ASSISTANCE FROM THE FOUNDATION. THE FOUNDATION'S FINANCIAL ASSISTANCE PROGRAMS MAY COVER YOUR FOUNDATION BILLS PARTIALLY OR IN FULL. AN EXTENDED PAYMENT PLAN MAY ALSO BE AVAILABLE. FINANCIAL ASSISTANCE APPLICANTS MAY BE REQUIRED TO COMPLETE AN APPLICATION AND/OR FURNISH INFORMATION TO THE FOUNDATION IN ORDER TO ESTABLISH ELIGIBILITY. FOR ADDITIONAL INFORMATION, PLEASE CONTACT MARY ANN DAVIS, PATIENT RELATIONS REPRESENTATIVE, 312-695-2262, FINANMFF.ORG.

AMOUNT PENDING WITH INSURANCE \$0.00

AMOUNT DUE NOW: \$109.00

NORTHWESTERN MEDICAL FACULTY FOUNDATION, INC. (312) 695-8797 FAX TO NO 36-3097297
 THANK YOU FOR CHOOSING NMF. PLEASE VISIT OUR WEBSITE AT WWW.NMFF.ORG.



Northwestern Medical Faculty Foundation, Inc.

BILLING INQUIRIES:
CALL (312) 695-9797

CCT #	JAIME HERNANDEZ
STATEMENT DATE: FEBRUARY 23, 2007	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS
AMOUNT OWED: \$109.00	AMOUNT ENCLOSED: _____
MAKE CHECK PAYABLE TO NMF (NO CASH PLEASE) CHECK # _____	CARD NUMBER: _____
OUR PAYMENT WILL BE APPLIED TO YOUR OLDEST INVOICE(S) UNLESS OTHERWISE INDICATED HERE: _____	EXP. DATE: _____ SIGNATURE: _____


 JAIME HERNANDEZ

NORTHWESTERN MEDICAL FACULTY FOUNDATION
 38693 EAGLE WAY
 CHICAGO, ILLINOIS 60678-1386

PLEASE REVIEW YOUR NMF PATIENT PROFILE ON THE REVERSE SIDE.
IF YOU CANNOT READ THIS BARCODE, PLEASE CALL US AT (312) 695-9797

3010248608902232007001090054948

University of Illinois Medical Center at Chicago

Emergency Department

1740 W. Taylor Chicago, IL 60612

(312) 996-7297

Patient Discharge Summary

Name: HERNANDEZ, JAIME

Current Date: 8/6/2008 1:00:34 PM

DOB: 12:00 AM

MRN:

Diagnosis: Chest pain

Visit Date: 8/06/2008 11:33 AM

Should your condition worsen, or any new symptoms develop or should you not recover as expected, contact your doctor or the doctor you were given for follow-up care. If you cannot contact the doctor, return to the hospital Emergency Department (312-996-7297) or any other Emergency medical treatment facility.

Educational Materials for HERNANDEZ, JAIME

CHEST PAIN, Uncertain Cause

Prescriptions for HERNANDEZ, JAIME

Circle One: YES/NO You have been prescribed sedatives or pain medications that may make you drowsy. Do not drink, drive, or operate machinery while you are taking these medications.

Follow-up Instructions for HERNANDEZ, JAIME

Many health plans do not pay for a visit to a specialist unless they approve it in advance. If your health plan requires this, you need to contact them to do this.

***Please call the phone number listed for each clinic to schedule your follow up appointment(s).**

With:	Address:	When:
Family Medicine Center (ED Referral)	Family Medicine University Village, 722 W. Maxwell St, 2nd Floor, (312) 996-2901 Chicago, IL 60607 (312) 996-2901 phone, fixed, business (1)	5 to 7 days

Comments:

You may have had a radiological imaging test (X-Ray, CT, MRI or Ultrasound) during your visit in the Emergency Department. These tests do not always show injury or disease. Fractures (broken bones) are not always revealed on the initial X-Ray but may be revealed on subsequent X-rays. Your test has been read on a preliminary basis. Final reading will be made by a radiologist in approximately 24 hours. You will be notified of any additional findings. If a change is made in your test reading, you may need to return for further treatment.

Patient Education Materials Follows

Name HERNANDEZ, JAIME
MRN

1 of 2

08/6/2008 1:00:37 PM

CHEST PAIN: UNCERTAIN CAUSE

Based on your exam today, the exact cause of your chest pain is not certain. Your condition does not seem serious at this time, and your pain does not appear to be coming from your heart. However, sometimes the signs of a serious problem take more time to appear. Therefore, watch for the warning signs listed below.

HOME CARE:

- 1) Rest today and avoid strenuous activity.
- 2) Take any prescribed medicine as directed.

FOLLOW UP with your doctor or this facility as instructed or if you do not start to feel better within 24 hours.

[NOTE: If an X-ray or EKG (cardiogram) was made, it will be reviewed by another specialist. You will be notified of any new findings that may affect your care.]

RETURN PROMPTLY or contact your doctor if any of the following occur:

- A change in the type of pain: if it feels different, becomes more severe, lasts longer, or begins to spread into your shoulder, arm, neck, jaw or back
- Shortness of breath or increased pain with breathing
- Cough with dark colored sputum (phlegm) or blood
- Weakness, dizziness, or fainting

HERNANDEZ, JAIME

8/6/2008 1:00:34 PM

Name HERNANDEZ, JAIME
MRN 80548312

2 of 2

08/6/2008 1:00:37 PM

Patient Appointments

SATP.PT

Patient: HERNANDEZ, JAIME	MRN:	FSC: HEALT
	DOB:	
	HR:	

Date	Day	Time	Sta	Type	Prov/Resource	Dept	Loc	Dur	Appt #
1 08/11/2008	MON	5:15P	PEN	RPV	THAKADIYIL MD, FM	CRE	15		
1 07/07/2008	MON	2:00P	NOS	RPV	THAKADIYIL MD, FM	CRE	15		
1 06/29/2008	MON	2:30P	ARR	RPV	THAKADIYIL MD, FM	CRE	15		
1 04/03/2007	TUE	4:50P	NOS	NPV	IMLACH DO, WILL FM	CRE	10		

End

0 Selected F70-Quit F10-OK F15-Help F13-More Keys <FIND>-Find
 A-Arrive G-Cancel D-View Detail E-Edit
 F-Guided Filter H-Reset I-View Ancillaries K-View Links
 L-Link Appointment O-View Resources P-Patient Inquiry R-Registration
 U-Unlink/Link Inv V-View ADF X-Integration

MIDWEST PHYSICIAN CENTER
Receipt of Payment
MIDWEST PHYSICIAN CENTER OF CRESTWOOD
13811 S. CICERO AVE
CRESTWOOD, IL, 60445

Tax Id Number: 36-3186438

Patient Name: HERNANDEZ, JAIME

MRN:

Visit #:

Appt. Date: 08/11/2008

Provider: THAKADIYIL M.D., ANITA

Location: MPC-CRESTWOOD CENTER

Batch #:

Invoice #:

Printed Date: 08/11/2008

Procedure Code	Description	Mod.	Units	Amt
Diagnosis Code				

Type of Payment: Cash

Comment: CAS

Payment Received: \$ 20.00



Effective date of this notice: 04/14/03
Revised: 08/01/04

SAINT MARGARET MERCY HEALTHCARE CENTERS

NOTICE OF PRIVACY PRACTICE AND PATIENT RIGHTS

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY. If you have any questions about this notice, please contact the Privacy Officer at (219) 933-2047.

WHO WILL FOLLOW THIS NOTICE. *This notice describes our practices and that of:*

- > Any healthcare professional authorized to enter information into your chart
- > All departments and units of Saint Margaret Mercy Healthcare Centers
- > Any member of a volunteer group we allow to help you at Saint Margaret Mercy Healthcare Centers
- > All employees, staff and other personnel of Saint Margaret Mercy Healthcare Centers
- > All these entities, sites and locations follow the terms of this notice. In addition, these entities, sites and locations may share medical information with each other for treatment, payment, or Saint Margaret Mercy Healthcare Centers operations purposes described in this notice.

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the care and services you receive at Saint Margaret Mercy Healthcare Centers. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by Saint Margaret Mercy Healthcare Centers. Other healthcare providers may have different policies or notices regarding use and disclosure of your medical information. This notice will tell you about the ways in which we may use and disclose medical information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of medical information. *We are required by law to:*

- Make sure that medical information that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to medical information about you
- Follow the terms of the notice that are currently in effect.

HOW WE ARE REQUIRED BY LAW TO DISCLOSE MEDICAL INFORMATION ABOUT YOU

- > **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- > **To Avert a Serious Threat to Health or Safety.** We will use and disclose medical information about you when we have a "duty to report" under State or Federal law, because we believe that it is necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.
- > **Public Health Risks.** We will disclose medical information about you for public health reporting required by Federal and State law. These activities generally include the following, to:
 - ◊ Prevent or control disease, injury or disability
 - ◊ Report births and deaths
 - ◊ Report child abuse or neglect
 - ◊ Report reactions to medications or problems with products
 - ◊ Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition
 - ◊ Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- > **Health Oversight Activities.** We will disclose medical information as required by law to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the healthcare system, government programs and compliance with civil rights laws.
- > **Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we will disclose medical information about you when properly ordered to do so by a court.

- > **Law Enforcement.** We will release medical information if asked to do so by a law enforcement official, and if permitted by law:
 - ❖ In response to a court order
 - ❖ If required by State or Federal law
 - ❖ To identify or locate a suspect, fugitive, material witness, or missing person
 - ❖ About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement
 - ❖ About a death we believe may be the result of criminal conduct
 - ❖ About criminal conduct at a Saint Margaret Mercy Healthcare Centers facility
 - ❖ In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime
- > **Protective Services for the President and Others.** We will disclose medical information about you to federal officials so they may provide protection to the President, or other authorized persons or foreign heads of state, or conduct special investigations.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- > **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, psychologists, nurses, social workers, therapists, technicians, medical students, or another provider's personnel who are involved in taking care of you. Different departments of Saint Margaret Mercy Healthcare Centers also may share medical information about you in order to coordinate the different things you need. We also may disclose medical information about you to people outside Saint Margaret Mercy Healthcare Centers, such as other healthcare providers involved in providing medical treatment for you and to people who may be involved in your medical care, such as family members, clergy or others we use to provide services that are part of your care.
- > **For Payment.** We may use and disclose medical information about you so that the treatment and services you receive at Saint Margaret Mercy Healthcare Centers, or other healthcare providers from whom you receive treatment, may be billed to, and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about treatment you received at Saint Margaret Mercy Healthcare Centers so your health plan will pay us or reimburse you for your treatment. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- > **For Healthcare Operations.** We may use and disclose medical information about you for Saint Margaret Mercy Healthcare Centers' operations or to another healthcare provider or health plan, if you have a relationship with that healthcare provider or health plan. These uses and disclosures are necessary to run Saint Margaret Mercy Healthcare Centers and make sure that all of our patients receive quality care. For example, we may use medical information to review our treatment and services and to evaluate the performance of our staff in caring for you. We may also combine medical information about many patients to decide what additional services Saint Margaret Mercy Healthcare Centers should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, social workers, therapists, nurses, psychologists, technicians, medical students and other personnel for review and learning purposes. We may also combine the medical information we have with medical information from other healthcare providers to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of medical information so others may use it to study healthcare and healthcare delivery without learning who the specific patients are.
- > **Appointment Reminders.** We may use and disclose medical information to contact you as a reminder that you have an appointment for treatment or medical care at Saint Margaret Mercy Healthcare Centers.
- > **Treatment Alternatives.** We may use and disclose medical information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
- > **Health-Related Benefits and Services.** We may use and disclose medical information to tell you about health-related benefits or services that may be of interest to you.
- > **Fundraising Activities.** We may use medical information about you to contact you in an effort to raise money for Saint Margaret Mercy Healthcare Centers and its operations. We may disclose medical information to a foundation related to Saint Margaret Mercy Healthcare Centers so that the foundation may contact you in raising money for Saint Margaret Mercy Healthcare Centers. We only would release contact information, such as your name, address and phone number and the dates you received treatment or services at Saint Margaret Mercy Healthcare Centers. If you do not want Saint Margaret Mercy Healthcare Centers to contact you for fundraising efforts, you must notify the Director of Regional Development in writing.
- > **Facility Directory.** We may include certain limited information about you in a facility directory while you are a patient at a Saint Margaret Mercy Healthcare Centers' facility. This information may include your name, location, your general condition (e.g., critical, serious, fair or good) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, such as a priest or rabbi, even if they don't ask for you by name. This is so your family, friends and clergy can visit you at the facility and generally know how you are doing. You have the right to request that your name and information not be available in the facility directory. If you want to exercise this right please make your request known to any staff member.

- **Individuals Involved In Your Care or Payment For Your Care.** We may release certain limited information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care. We may also tell your family or friends your condition. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. If you object to this standard release, make any staff member aware of your requested restriction.
- **Research.** Under certain circumstances, we may use and disclose medical information about you for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. This process evaluates a proposed research project and its use of medical information, trying to balance the research needs with patients' need for privacy of their medical information. Before we use or disclose medical information for research, the project will have been approved through this research approval process. We may however, disclose medical information about you to people preparing to conduct a research project, for example, to help them look for patients with specific medical needs, so long as the medical information they review does not leave Saint Margaret Mercy Healthcare Centers. We may ask for your specific permission if the researcher will have access to your name, address or other information that reveals who you are, or will be involved in your care at the hospital.

SPECIAL SITUATIONS

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation, or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.
- **Military and Veterans.** If you are a member of the Armed Forces, we may release medical information about you as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.
- **Coroners, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of Saint Margaret Mercy Healthcare Centers to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities.** We may release medical information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with healthcare; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

You have the following rights regarding medical information we maintain about you:

- **Right to Inspect and Obtain Copies.** You have the right to inspect and obtain copies of medical information that may be used to make decisions about your care. Usually, this includes medical and billing records, but does not include psychotherapy notes. To inspect and obtain copies of medical information that may be used to make decisions about you, you must submit your request in writing to the Medical Records Department. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and obtain copies in certain limited circumstances. If you are denied access to medical information, under some circumstances you may request that the denial be reviewed. Another licensed healthcare professional chosen by Saint Margaret Mercy Healthcare Centers will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right To Amend.** If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for Saint Margaret Mercy Healthcare Centers. To request an amendment, your request must be made in writing and submitted to the Director of Medical Records. In addition, you must provide a reason that supports your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition we may deny your request if you ask us to amend information that:
 - ❖ Was not created by us, unless the person or entity that created the information is no longer available to make the amendment
 - ❖ Is not part of the medical information kept by or for the hospital
 - ❖ Is not part of the information which you would be permitted to inspect and have copied
 - ❖ Is accurate and complete

- > **Right to an Accounting of Disclosures.** You have the right to request an "Accounting of Disclosures." This is a list of the disclosures we made of medical information about you. Your "Accounting of Disclosures" will not, however, list certain uses and disclosures that are exempted from the accounting requirement by Federal or State law.
To request this list or accounting of disclosures, you must submit your request in writing to the Medical Records Department. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (e.g., on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.
- > **Right to Request Restrictions.** You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or healthcare operations. You also have the right to request a limit on the medical information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friends. For example, you could ask that we not use or disclose information about a specific treatment session you had.
We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.
To request restrictions, you must make your request in writing to the Privacy Officer. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply (e.g., disclosures to your spouse).
- > **Right to Request Confidential Communications.** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the Privacy Officer. We will not ask you the reason for your request. We will accommodate all reasonable requests. Your request must specify how and where you wish to be contacted.
- > **Right to a Paper Copy of This Notice.** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain another copy of the notice at our Webster, at www.smmhc.com. To obtain a paper copy of this notice, contact the Admitting Department.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. We will post a copy of the current notice in each of our facilities. The notice will contain on the first page, in the top right-hand corner, the effective date. In addition, each time you register at or are admitted to Saint Margaret Mercy Healthcare Centers for treatment or healthcare services as an inpatient or outpatient, we will offer you a copy of the current notice in effect.

COMPLAINTS

- > **Privacy Complaints**
If you believe your privacy rights have been violated, you may file a complaint with Saint Margaret Mercy Healthcare Centers or with the Secretary of the Department of Health and Human Services. To file a complaint with Saint Margaret Mercy Healthcare Centers, contact the Privacy Officer at (219)933-2047. All complaints must be submitted in writing. *You will not be penalized for filing a complaint.*
- > **Patient Care Complaints**
 - ❖ *You have the right to register a complaint/concern about patient care with staff, the unit manager, or the unit director.*
 - ❖ *Concerns not handled to your satisfaction may be appealed to the hospital patient representative (extension 34502) or directly to administration (32074)*
 - ❖ *You will be informed of follow-up procedures and resolution*
 - ❖ *If you are still unsatisfied, you may contact the Indiana State Department of Health at 2 North Meridian Street, Indianapolis, IN 46204 (317-233-1325)*
 - ❖ *You always have the right to contact the Indiana State Department of Health at any time*
 - ❖ *Medicare beneficiaries have the right to refer grievances to the Quality Improvement Organization (1-800-300-8190)*

OTHER USES OF MEDICAL INFORMATION

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

SMMHC Form #: 1086

F:\APPSDATA\PUBLIC\HIPAA FORMS\Privacy Notice.doc

For court

Saint Margaret Mercy North Campus
North Campus
5454 Hohman Avenue
Hammond Ave., IN 46320
219-932-2300 or 708-891-9305

Date: Thursday, August 07, 2008

Patient: JAIME HERNANDEZ

Doctor: Maria Cole D.O

IMPORTANT: Please take these instruction sheets with you when you follow up with your primary physician or the physician to which you were referred.

The following **Diagnosis(es)** have been made:

Chest pain 786.50

The following instruction(s) should be read carefully:

Nonspecific Chest Pain

A specific reason for your chest pain has not been found, but it does not appear to be related to any serious heart or lung disease. It may be from emotional stress, a viral inflammation in the chest wall, minor injury, or a stomach acid problem.

The chest pain may be treated with pain medicine and/or an anti-inflammatory drug. Avoiding any activity that brings on the pain is important. It does not appear that your chest pain is from a more serious cause. However, that possibility must be considered if your pain worsens or persists.

NOTIFY YOUR DOCTOR right away or return to the Emergency Department immediately in case of the following:

- Increasing chest pain or chest discomfort of any kind.
- Pain that radiates into the arm, neck, jaw, back or upper abdomen.
- Pain does not gradually improve over the next 2 days.
- Upper abdominal discomfort.
- Difficulty or increased difficulty with breathing or swallowing.
- Increasing cough or coughing up blood.
- Fever, chills, or weakness.
- Follow-up with your HMO physician ASAP. call (708)597-4477 for an appointment.
- Return for worsening symptoms, any concerns.

I understand that the treatment I have received was given on an emergency basis only. I understand that further treatment may be necessary. I have been given a copy of the above



Sisters of St. Francis
Health Services

SAINT MARGARET MERCY

Page 1 of 1

Form 10100

B.PTINST.0029 Rev.4/06

**Emergency Department
Discharge Instructions**



1PTINST

GENERAL CONDITIONS OF ADMISSIONS

1. AUTHORIZATION FOR DIAGNOSTIC PROCEDURES/MEDICAL TREATMENT

1. This is to certify that I, the undersigned, hereby consent to and authorize St. Margaret Mercy Healthcare Centers (herein after referred to as "Hospital") to perform such diagnostic procedures and medical treatment which, in the judgment of the attending Physician, may be necessary or advisable.
2. I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of the treatment or examination in the Hospital.
3. I understand I may be billed separately by physicians who care for me during my hospital stay.
4. This consent form has been fully explained to me and I certify that I understand its content and sign voluntarily and of my own free will.

2. RELEASE OF INFORMATION & ASSIGNMENT OF BENEFITS

I authorize Hospital and all Physicians who provide in-hospital services (hereinafter referred to as "Physicians") to release a copy of my medical records to my insurance carrier, the Social Security Administration or its intermediaries or carriers including but not limited to Medicare and Medicaid, third party payors, or to others responsible for insurance claims and investigations. I also authorize the Social Security Administration to release entitlement information and entitlement dates to Hospital. This includes electronic transmission and FAX transmission of information. I hereby authorize payment of insurance benefits directly to Hospital or to Physicians which would otherwise be payable to me.

3. FINANCIAL AGREEMENT

I hereby agree to pay Hospital/Physicians their charges for all services rendered during this hospitalization or medical treatment. I agree whether I sign as patient or as surrogate decision maker, that in consideration of the services to be rendered to the patient, I understand that the patient will be responsible to pay the account of the hospital in accordance with the regular rates and terms of the hospital. Should the account need to be referred to collection, I understand that the patient will be responsible to pay the hospital for its expenses in collecting money owed which may include attorney fees.

4. RELEASE OF RESPONSIBILITY FOR VALUABLES

I hereby release Hospital from all responsibilities relative to the loss of or damage to valuables and/or money and/or personal articles, including glasses, dentures, hearing aids, and prosthetics retained by the patient in his/her room. Items of monetary value may be placed in the vault for safekeeping.

5. AUTHORIZATION TO RELEASE GENERAL INFORMATION TO OUTSIDE PARTIES

I have been informed the Hospital maintains a Patient Directory to be accessible to people who inquire about me by name, such as relatives, friends, and clergy. I understand that I have the right to object to having this information listed in the Patient Directory.

- I authorize for my name, location, religious affiliation, and general condition in the terms of undetermined, good, fair, serious, or critical to be released from the Patient Directory upon inquiry.
- I do not authorize any information to be released from the Patient Directory. I understand the Directory is provided as a service to patients; and the visitors including family, friends, and clergy may be unable to locate or contact me through Directory assistance. My Directory status will be a **Do Not Publish**.

6. NOTICE OF PRIVACY PRACTICES

I have been provided access to the Notice of Privacy Practices and have been given an opportunity to read it and ask questions.

For patients who are admitted, the following information will be located in the VIP packet:

7. ADVANCE DIRECTIVES: I acknowledge receipt of information regarding Advance Directives/Patient Rights.

8. AN IMPORTANT MESSAGE FROM MEDICARE

I acknowledge that I have been provided a copy of the notice entitled "An Important Message From Medicare" detailing my rights as a Medicare hospital patient and procedures for requesting a review by the Quality Improvement Organization in this area.

9. SMOKING CESSATION - I acknowledge I have been provided information on smoking cessation.

Patient's Signature

Legal Guardian or Authorized Agent's Signature

Sign in my presence

Insurer's Signature if Received from Patient

Relationship to Patient

Date



Sisters of St. Francis
Health Services

SAINT MARGARET MERCY

FORM 71896
JULY 2005

GENERAL CONDITIONS
OF ADMISSIONS



CONFIRM

instructions. I understand these instructions and I will arrange for follow-up care as outlined above. If my condition worsens, I will call my doctor or return to the hospital. Emergency Department phone number: 219-932-2300 or 708-891-9305.

___ I have received a copy of my Medication Reconciliation Form.

Signed: _____ (_____)
Relation to Patient

Visit our website at www.smmhc.com for a free Heart Aware Risk Evaluation.



*Sisters of St. Francis
Health Services*

SAINT MARGARET MERCY

Page 1 of 1



Form 10100

**Emergency Department
Discharge Instructions**



B.PTINST.0029 Rev.4/06

1PTINST

Case#
07ML119441701

AFFIDAVIT OF MARIE SZCZYPTA REGARDING THE EVENTS OF
FEBRUARY 2, 2007

I, Marie Szczypta, being first duly sworn, on oath, states as follows:

1. I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I could, and I would, testify competently as to each fact set forth and incorporated herein.
2. On February 2, 2007, I attended a court hearing for Dr. Sheila Mannix at the Richard J. Daley Center, 50 W Washington Street, Chicago, Illinois, in the courtroom of recently deceased Associate Judge James G. Donegan, courtroom number 1506, at 11:00 a.m.
3. On said day in said courtroom 1506, I witnessed the following:
 - a. I witnessed Attorney David Wessel go up to Cook County Sheriff's Deputy Eric Gross and point out the three male Court Watchers who were in the courtroom quietly witnessing the proceedings for Dr. Mannix with me.
 - b. I witnessed Dr. Mannix taken out of the courtroom by two deputies when she was making objections to the proceedings. I witnessed Mr. Jaime Hernandez, one of the three male Court Watchers pointed out by Mr. Wessel, quietly get up and follow Dr. Mannix and the deputies out of the courtroom.

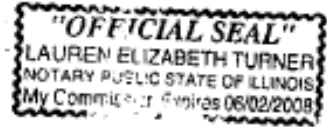
Case# 07MCL19441701

- c. Then I heard a commotion in the court hall outside courtroom 1506. I quietly got up with the other two male Court Watchers and went into the court hall outside courtroom 1506.
 - d. I witnessed multiple deputies holding Mr. Hernandez on different parts of his body and there were multiple other deputies in the court hall.
 - e. Then a deputy came right up to me and said I have to leave the building or I would be arrested, too.
 - f. I was taken down the elevator and taken to an exit of the Daley Center. When I told the male deputy that I needed to go to the law library on the 29th floor and I needed to see Judge Shields about my court file in courtroom 2805, he banged the full front of his body against the full front of my body and again threatened me that I would be arrested if I did not leave. I feared for my physical safety and liberty. His actions caused me significant emotional distress and psychological stress.
 - g. I immediately left the building.
4. Further affiant sayeth naught.

Marie Szczypta
MARIE SZCZYPTA

SUBSCRIBED and SWORN before me on this 15th day of June, 2007.

Lauren Elizabeth Turner
NOTARY PUBLIC



case #
07MC11944(701

AFFIDAVIT of Andrew C. M. Nelson regarding events of 2 February 2007

I, Andrew Nelson, being first duly sworn, on oath, state:

1. That I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I can and will testify competently as to each fact set forth and incorporated herein.

2. That on 2 February 2007 at approximately 10:30 am, I was invited to attend a court hearing for Sheila Mannix in Courtroom 1506 of the Richard J. Daley Center, along with Jaime Hernandez as a court watcher. Mr. Hernandez mentioned to me that he had never met Ms. Mannix. We, along with a lady and gentleman introduced to me as Marie Szczypta and Mark Michalski respectively, arrived together and took our seats as the proceedings commenced.

3. That as court began, a man identified to me as Attorney David J. Wessel, walked over to the courtroom bailiff, Cook County Sheriff Deputy Eric Gross, whispered something to him and then turned in my and the court watchers' direction and points at us. That shortly after being pointed out; I saw Ms. Mannix being escorted out of the courtroom; the court watchers and I followed. As we walked out of the courtroom, I observed Deputy Gross speaking into his radio saying that he had a disturbance in the courtroom, as I stood with Mark outside the courtroom. At this point Sheila was crying and very upset.

4. That moments later, we were descended upon by an increasing number of Security Personnel who told Mark and me to leave the building. Meanwhile Mr. Hernandez was being arrested by who I surmise to have been one Sheriff Sergeant Boyd who exhorted other Cook County Sheriff Deputies to "Get them out of here!" (or words to that effect.) Mr. Boyd pointed to his badge to justify our arbitrary removal when Jaime questioned Mr. Boyd's right to 'make' us leave.

5. That on the elevator, I asked one of the two deputies accompanying about seven or eight civilians, Mr. Michalski and me, "What would 'you' say we are guilty of?" to which the young deputy hesitated an answer, whereupon his slightly older partner told him, "Don't say anything."

6. That the aforementioned is efficaciously true, accurate and to the best of my recollection.

FURTHER AFFIANT SAYETH NAUGHT

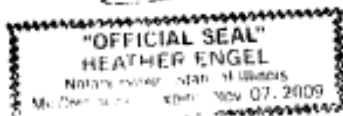
Andrew C. M. Nelson

ANDREW CLARENCE MERRILL NELSON

SUBSCRIBED and SWORN before me on this 24 day of June, 2007

Heather Engel

NOTARY PUBLIC



Case #
07MC11944170.

Affidavit of Jaime Hernandez on the theft of his cellular phone and other property by the
Cook County Sheriff Department

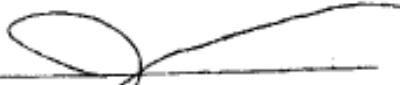
I, Jaime Hernandez, being first duly sworn, on oath, state:

1. That I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I can and will testify competently as to each fact set forth and incorporated herein.
2. That on February 2, 2007 after being arrested by the Cook County Sheriff Department for taking a picture,
That according to Cook County Sheriff Deputy Mackey and an unknown deputy was "illegal".
3. That my phone is a black T-Mobile model Nokia 6103, IMEI # 359371008495774/
SIM Card No. 8901260450014500733
4. That after being arrested the second time my phone, my belt and my jacket were all taken from me in addition to other possessions. My other possessions were returned to me on February 5, 2007, when I picked them up from the Richard J. Daley Center, 50 W. Washington. My phone, my jacket and my belt were missing.
5. That the Sergeant, who gave me my property, told me that the items that I stated that were missing (phone, belt and jacket), were never there.
6. That on May 16, 2007 at 9:23 am, when I gave a statement to the Internal Affairs Division, located at 69 W. Washington, Suite 1110. My statement was taken by Robert Anderson, Star # 42. Mr. Anderson showed me what he referred to as Attachment #6, the property inventory sheet after being arrested the first time, that my phone, belt and jacket were listed as part of inventory taken from me and that the signature on the sheet was in fact mine.

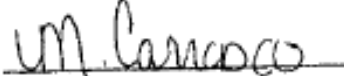
Case #
07MC11444(70)

7. That when Mr. Anderson showed me the property inventory sheet for the second time that I was arrested, which he also referred to as "Attachment 6", that again my phone, my belt and my jacket were indeed listed as part of inventory taken from me and that again I was able to verify the signature on the sheet of that of my own.

FURTHER AFFIANT SAYETH NAUGHT


Jaime Hernandez

SUBSCRIBED and SWORN this 25th day of June 2007



Notary Public



Case #
07MC11944(170)

AFFIDAVIT OF SHAVONE JILES

I, Shavone Jiles, being first duly sworn, do state as follows;

1. I am of legal age and competent. This affidavit is made on my personal knowledge of the matters set forth herein.
2. On Thursday February 2, 2007 at approximately 12:04 pm, I received a telephone call from Mark Michalski (pay phone # 312-263-9612); he called me to tell me that Jaime Hernandez had been arrested at the Richard J. Daley Center outside of Judge Donegan's courtroom (1506).
3. He gave me a telephone number that he said one of the Cook County Sheriffs had given him to get information on Jaime Hernandez.
4. At 12:10 pm, I dialed the number which was given to me by Mark. (312) 603-2701. The person answered, "Sergeant Boyd", I explained that I was calling to find out the whereabouts of Jaime Hernandez, what had happened and if applicable, did he have a bond. Sergeant Boyd stated that if I was not his attorney that he could not give any information pertaining to him (Jaime).

FURTHER AFFIANT SAYETH NAUGHT

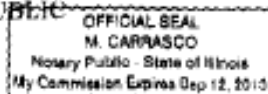
Shavone Jiles

SHAVONE JILES

SUBSCRIBED and SWORN before me on this 25th day of June, 2007.

M. Carrasco

NOTARY PUBLIC



CASE # 07 MC119441701

AFFIDAVIT OF MARK MICHALSKI REGARDING THE EVENTS OF
FEBRUARY 2, 2007

I, Mark Michalski, being first duly sworn, on oath, states as follows:

1. I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I could, and would, testify competently as to each fact set forth and incorporate herein.
2. On February 2, 2007 at approximately 10:30 am, I attended a court hearing for Sheila Mannix (Case No. 93 D 2984) in courtroom 1506 of the Richard J. Daley Center. I was invited by Jaime Hernandez who was there as a court watcher. Jaime told me that he had never met Sheila. I, Jaime and another man, named Andrew Nelson, and a woman introduced as Marie Szczypta. After we all arrived, we took our seats as court was getting ready to begin.
3. As court got underway, I saw a man, identified to me as David J. Wessel walk over to the courtroom bailiff, Cook County Sheriff Deputy Eric Gross, whisper something to him, then turns in the direction of where myself and the other court watchers were sitting and points us out.
4. Shortly after being pointed out, and as Sheila Mannix was being escorted out of the courtroom, Deputy Gross was seen speaking on his radio, stating that he had a disturbance in the courtroom as I and the other court watchers followed Sheila out into the hallway.
5. Shortly after we all were descended upon by several Cook County Sheriff deputies. They told us that we have to leave the building or that we would be arrested. I observed Jaime talking to Sheila; she was visibly upset and asked me

Case #
07MCL19441701

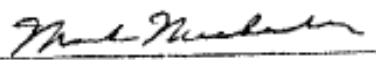
of the sheriff deputies if we could return to the courtroom to listen to the proceedings since she was removed. At this time, Deputy Gross stood by the doors of the courtroom and told us that we could not return.

6. I heard Jaime ask Deputy Gross why and Deputy Gross said, "Because I said so." At this time more sheriff deputies and a sergeant arrived and Jaime asked them, "What did we do wrong; we have the right to be here." They (the sheriffs) told us that we have to leave, Jaime asked them again to explain to him what laws were we breaking; we were only there to give Sheila support.
7. At this point there were about six (6) sheriff deputies around us, provoking some type of problem, they aggressively grabbed Jaime and told him that he is going to jail. Jaime asked again calmly, "Please, tell me what I did wrong? Why do I have to leave?" A sergeant in a white shirt, his badge read "BOYD" said, "You're going to jail because of this," as he was pointing to his badge. "And because I said so, that is all you need to know." The sheriffs then began to forcefully handcuff Jaime.
8. While Jaime was being handcuffed, two sheriff deputies approached me and Marie, they told us, "If you don't leave the building immediately, we were going to jail with him (Jaime)." We started to head toward the elevators to exit the building and the two sheriff deputies escorted us down to the lobby and out of the building.
9. On the way out, I tried to explain to the sheriff, we didn't do anything wrong and could he please give me information on where Jaime was being taken and how could I get him out of jail. One of the sheriff deputies said to the other deputy that, "You don't have to answer him, don't talk to him." The other sheriff deputy then said, "If you come back in the building to find out what happened to him, you'll be arrested." He eventually gave me a telephone number to call to find out

Case #
07MC119441701

about Jaime, and said, "Don't come back here again or you'll go to jail. I tried the number for at least six (6) hours, they would not even tell me if he was there.

FURTHER AFFIANT SAYETH NAUGHT

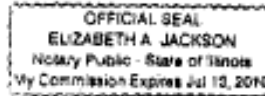


MARK MICHALSKI

SUBSCRIBED and SWORN before me on
this 21 day of June, 2007



NOTARY PUBLIC



Case#
070461944(170)

AFFIDAVIT OF JAIME HERNANDEZ REGARDING THE EVENTS OF
FEBRUARY 2, 2007

I, Jaime Hernandez, being first duly sworn, on oath, states as follows:

1. That I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I could, and would, testify competently as to each fact set forth and incorporate herein.
2. That on February 2, 2007 at approximately 10:30 am, I attended a court hearing for Sheila Mannix (Case No. 93 D 2984) in courtroom 1506; Judge James Donegan in the Richard J. Daley Center, a woman whom I had never met previously before her court proceeding. I, along with two other gentlemen; Mr. Andrew Nelson and Mr. Mark Michalski, and a woman introduced to me as Marie Szczypta. I was invited as a court watcher as were the others. Shortly after everyone arrived, we took our seats as court was getting ready to begin.
3. That as court got underway, I witnessed a lawyer, David J. Wessel walk over to the courtroom bailiff, Cook County Sheriff Deputy Eric Gross, whispers something to him, then turns in the direction of where myself and the other court watchers were sitting and points us out.
4. That shortly after being pointed out, as Sheila Mannix being escorted out of the courtroom, Deputy Gross was seen speaking on his radio, stating that he had a disturbance in the courtroom as I and the other court watchers followed Sheila out. I had no idea that court took place in the hallway.
5. That within moments I and others were descended upon by multiple deputies who were called by Deputy Gross. I began talking to Sheila, she was upset and crying. The deputies then told us that we have to leave the building or that we

Case #
07MC119441701

would be arrested and the next thing I hear is Cook County Sheriff Sergeant Boyd tell the deputies, "Get them out of here". I told them that we were there on Sheila's behalf.

6. That I was then grabbed in a headlock position and my arms were twisted behind my back and I was taken downstairs. I was released a few hours later. (While they had me in custody, they would not allow me to make a phone call, and later my family and friends that told me they called to inquire about why I was being held they told me that Sergeant Boyd, who answered the phone, would not give them any information, they said that Sergeant Boyd said that they would have to be my attorney.)
7. That after being release, I immediately left the building. As I was leaving and walking across the street, I waved to Sergeant Boyd and took out my phone to take a picture. The next thing I know, I am being tackled by Cook County Sheriff Deputy Mackey and an unknown deputy. This attack came from behind. I said now what, and they said, "You took a picture, that's illegal and they said you struck an officer", I said I put my arm across my face, I did not strike anyone", I told them that I did not know what was going on and then they said, "Oh, now you're going to do some time, you struck an officer." And I was arrested.
8. That after being put in the ambulance; I was taken to Northwestern Memorial Hospital where I was shackled to the bed. I remained shackled for hours. One of the doctors finally let me make a phone call, I called my wife. Deputy Johnson counted the seconds and hung up the phone. He then threatened me by saying, "Stop doing that, or watch what I'll do to you," all I did was talk to my wife in Spanish. I then asked Deputies Johnson and Morrissey about my property, they told me that everything would be there when I go to pick it up. When I they finally released me, all of the deputies ran out of the hospital.

Case #
07MCC19441701

9. That I returned to the Richard J. Daley Center on the following Monday, February 5, 2007 at approximately 10:00 am; with someone to pick up my property. The person who accompanied me there could not believe the intimidation from the Cook County Sheriff deputies. One of the sheriff deputies in the office, a Deputy James told a Sergeant, that I do not get my property back because I failed to sign a form. Deputy James and other deputies that were in the office began looking in code books, to find a reason not to give my property back. After looking for a while, they thought that they had come up with something and gave it to the Sergeant; he in turn made a telephone call. He then came over to me and handed me my property. Everything was there except for my cell phone, my belt and my jacket. They told me that these items were never there. These items were on me when I was falseiy arrested for simply exercising my constitutional rights.

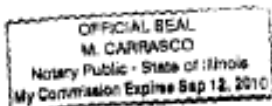
10. FURTHER SAYETH NAUGHT


JAIME HERNANDEZ

SUBSCRIBED and SWORN before me on
this 21st day of June, 2007



NOTARY PUBLIC



CQ 4#
07 MC 11944/1701

AFFIDAVIT OF SHEILA MANNIX REGARDING THE EVENTS OF
FEBRUARY 2, 2007

I, Sheila Mannix, being first duly sworn, on oath, states as follows:

1. I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I could, and I would, testify competently as to each fact set forth herein.
2. On February 2, 2007, Mr. Jaime Hernandez attended my court hearing as a Court Watcher at the Richard J. Daley Center, 50 W. Washington Street, Chicago, Illinois, in the courtroom of recently deceased Associate Judge James G. Donegan, courtroom number 1506, at 11:00 a.m. There were also two other men and one woman who were court watching for me as well as a reporter from the SunTimes in attendance.
3. On said day in said courtroom, I witnessed the following:
 - a. When I was making lawful objections to the proceedings, I was ordered to be removed from the courtroom by Judge Donegan. Two deputies, one was Deputy Eric Gross and the other was a woman, had me on either side and headed me out the courtroom.
 - b. Just before we passed over the threshold of the courtroom doors, Deputy Gross turned his head to the communicator on his shoulder and said into it that there were three males disrupting the courtroom.

- c. I was taken aback by Deputy Gross' blatant lie and I immediately stated out loud that he had just lied. As soon as we were in the court hall, multiple deputies came out of the woodwork and surrounded Mr. Hernandez, who apparently had quietly followed the two deputies and me out of the courtroom. I never heard him or saw him until he was surrounded.
- d. Mr. Hernandez was told he had to leave the courthouse. He simply questioned why. Multiple deputies immediately grabbed him on different parts of his body including his neck.
- e. I was horrified at what I was witnessing. I kept repeating, multiple times, in a loud voice that Deputy Gross had lied, i.e., "Deputy Gross lied. Deputy Gross lied." I knew what I was witnessing was unlawful because I knew that the only reason why so many deputies would be waiting on the 15th Floor to be able to immediately appear just seconds after Deputy Gross lied on this radio that there was disruption in the courtroom was because someone had intentionally set up the false arrest of one or more of my Court Watchers.
- f. I witnessed the other three Court Watchers quietly come out of the courtroom and immediately multiple deputies confronted my other Court Watchers and told them they had to leave for no just cause, too.
- g. I witnessed the SunTimes reporter quietly exit the courtroom shortly after the three other Court Watchers and go to the water foundation and take a

Case # 07 MC 11944 (701)

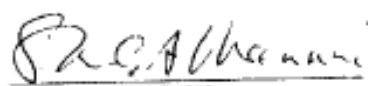
drink. The deputies did not recognize him as one of my Court Watchers so he was not accosted.

h. I witnessed Mr. Hernandez taken down a back elevator by multiple deputies. I witnessed my other Court Watchers escorted down the court hall toward the regular elevators.


i. Throughout the whole time the events transpired in the court hall, I kept repeating out loud that Deputy Gross had lied.

4. Immediately after my proceedings before Judge Donegan were over, I went down to the lock-up in the basement of the Daley Center to inquire after Mr. Hernandez and was told that Mr. Hernandez was taken to 26th and California.

5. Further affiant sayeth naught.


SHEILA MANNIX

SUBSCRIBED and SWORN before me on this 16th day of June, 2007.


NOTARY PUBLIC



INCIDENT CLASSIFICATION: THEFT FOUND WEAPON TURN IN

DATE OF OCCURRENCE: 4/11/92 TIME: 11:30

ADDRESS OF OCCURRENCE: 0 W. WASHINGTON ST. APT NO. 113

KIND OF PROPERTY: NOKIA CELL PHONE

REPORTED BY: HERNANDEZ, JAIME

PROPERTY INVENTORY NO. [REDACTED]

MANUFACTURER'S SERIAL NO. [REDACTED]

R.D. NO. HN-427623

VICTIM INFORMATION NOTICE
 CHICAGO POLICE DEPARTMENT

THIS IS NOT AN OFFICIAL POLICE REPORT - IT IS FOR INFORMATION PURPOSES ONLY

Your case will be on file with the Chicago Police Department under the above listed R.D. Number. Refer to this number whenever you are communicating with the Chicago Police Department concerning this incident. Your case will be assigned for follow-up investigation based upon specific facts obtained during the initial investigation. The presence of these facts can predict whether a comprehensive follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property. Your case will be reviewed and retained to determine if criminals active in the area can be identified. A detective will not routinely contact you unless additional information is required or your further assistance is needed.

TO REPORT ADDITIONAL INFORMATION
 If you have knowledge of specific facts which might help in the investigation of your case, contact the unit marked below:

FOR PROPERTY CRIMES	AREA 1 <input type="checkbox"/> 747-8382	AREA 2 <input type="checkbox"/> 747-8273	AREA 3 <input type="checkbox"/> 744-8263	AREA 4 <input type="checkbox"/> 746-8253	AREA 5 <input type="checkbox"/> 746-8362
FOR VIOLENT CRIMES	<input type="checkbox"/> 747-8380	<input type="checkbox"/> 747-8271	<input type="checkbox"/> 744-8261	<input type="checkbox"/> 746-8251	<input type="checkbox"/> 746-8282
FOR YOUTH INVESTIGATION	<input type="checkbox"/> 747-8385	<input type="checkbox"/> 747-8276	<input type="checkbox"/> 744-8266	<input type="checkbox"/> 746-9259	<input type="checkbox"/> 746-8365
BOMB & ARSON (all Areas)	<input type="checkbox"/> 746-7619		AUTO THEFT (all Areas)	<input type="checkbox"/> 747-8254	

MISSING PERSONS LOCATED
 When persons reported missing are located or have returned, the following unit must be notified IMMEDIATELY:
 MISSING PERSONS SECTION 745-6052

TELECOMMUNICATION DEVICE FOR THE DEAF (TDD/TTY)
 Hearing impaired persons who possess such equipment may communicate with the Chicago Police Department on a 24 hour a day basis by using the 746-9715. Hearing impaired persons in need of assistance during normal business hours may also contact their local police district or the Preventive Programs and Neighborhood Relations Division at 745-6885.

RECOVERY OF PROPERTY - STOLEN VEHICLE RECOVERED
 The Chicago Police Department must be notified IMMEDIATELY, via the "9-1-1" emergency number, when:

- 1) property reported lost or stolen is recovered.
- 2) a vehicle reported stolen is recovered by someone other than a law enforcement agency.

NOTE: If you were unable to provide your current city/state license and vehicle identification numbers when you reported your vehicle stolen, you must obtain these numbers and immediately notify the Auto Theft Unit (listed above). Your vehicle cannot be recovered unless these numbers are on file with the Chicago Police Department. Upon recovery you will be notified by telephone or mail.

NOTICE TO COMPLAINANTS AND VEHICLE OWNERS REPORTING A STOLEN VEHICLE
 Request for the Chicago Police Department to tow a recovered stolen vehicle upon recovery in Chicago will involve payment of towing and storage fees before the vehicle can be released. The option not to authorize towing of a recovered vehicle does not infer the recovered vehicle will not be towed and the owner will be obligated to pay towing and storage fees. If not impounded, no special protection will be afforded the vehicle.

CREDIT CARDS - CHECKS, LOST OR STOLEN.
 Immediately notify the concerned credit card issuer or bank by telephone to reduce the possibility of being liable for the unauthorized use of your lost or stolen credit card or check. It is suggested that you also inform the credit card issuer or bank in writing as a follow-up measure to ensure proper notification. Contact the 3 Credit Bureaus: Equifax (1-800-525-6285), Experian Information Solutions (1-800-301-7195), and Transunion Credit Bureau (1-800-680-7289).

COPY OF THE REPORT
 The above listed R.D. Number may suffice for insurance purposes, however, there may be instances when a copy of the case report is desired. A copy of the case report which verifies that an incident of injury, loss or damage has been reported to the Chicago Police Department may be obtained after 14 working days from the date the incident was reported. To obtain a copy of the report, send a check or money order payable to the "DEPARTMENT OF REVENUE - CITY OF CHICAGO" in the amount of \$.50 and a self-addressed stamped return envelope to:

Chicago Police Department Headquarters, Records Inquiry Section, 1st Floor
 3510 South Michigan Avenue, Chicago, IL 60653.

Include the following information with your request: 1) Victim's name and address (or person reporting crime), 2) Type of incident, 3) Address of occurrence, 4) R.D. Number.

ILLINOIS CRIME VICTIMS NOTIFICATION
 Innocent victims of violent crime may be eligible to receive benefits from the Illinois Crime Victims Compensation Program for such costs as medical, funeral, loss of support and wage loss. NO RECOVERY IS PROVIDED FOR PROPERTY LOSS OR DAMAGE, NOR FOR PAIN OR SUFFERING. To apply or to determine whether one qualifies, the victim or, if deceased, a relative or dependent, must contact the Illinois Attorney General's Office.

Further information and claim forms can be obtained from:
 Crime Victims Compensation Program, Office of the Attorney General of Illinois
 100 West Randolph Street, 13th Floor, Chicago, IL 60601
 Telephone: (312) 814-2581



**SHERIFF'S OFFICE OF COOK COUNTY
INTERNAL AFFAIRS/INSPECTOR GENERAL
COMPLAINT REGISTER**

Complainant Information	NAME (Last, First, M.I.): <i>Hernandez, Jaime</i>		AGE: <i>47</i>	DATE OF BIRTH:	HOME #:
	HOME ADDRESS:		CITY: <i>Calumet City</i>	WORK/OTHER #:	
	STATE: <i>IL</i>	ZIP CODE:	STATE ID./D.L. #:	STATE OF ISSUANCE: <i>IL</i>	
	I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 7253.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.				
Complaint Information	DATE OF INCIDENT: <i>Feb 2, 2007 (Friday)</i>		TIME OF INCIDENT: <i>11 am</i>		
	LOCATION OF INCIDENT: <i>Richard J. Daley Center (outside courtroom 1506)</i>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	Accused: <i>Deputy Eric Gross, Deputy James A. Morrissey, Deputy Johnson, Deputy Phillip Madley, Deputy Christopher Purple, Deputy Chad A. Harris, Deputy Rodriguez, and Sergeant Boyce, and one unknown officer (African American male)</i>				
Witness	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
	NAME	ADDRESS/CITY/STATE/ZIP			HOME PHONE
	<i>Witness will remain confidential; if they need to be contacted, I will inform them.</i>				
Narrative	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<i>I was invited by Sheila Mannix to her court proceeding; myself and two other gentlemen attended. She was verbally abusive to be in court alone. Shortly after arriving and sitting in the courtroom, David Wessel went to Deputy Eric Gross and pointed us out. The proceeding continued. Sheila Mannix was escorted out of the courtroom, and we followed, we then near Deputy Gross talking into his radio, saying that he has a disturbance in the courtroom. I didn't know that the courtroom was in the hallway. Soon after several deputies arrive and told us that we had to leave. I am talking to</i>				
FOR OFFICE USE ONLY DATE COMPLAINT RECEIVED:		RECEIVED BY:		<input checked="" type="checkbox"/> CONTINUED ON REVERSE	

Complaint Narrative (Continued)

Sheila Mannix, and the next thing I hear is Sargent Boyd telling the deputies to "Get them out of here." I was grabbed in a head lock and my arms were twisted behind my back and they took me downstairs. They released me a few hours later (while they held me, they did not allow me to make any phone calls). The second time, as I was leaving the building, I turned to Sargent Boyd and started walking across the street, the next thing I know I am being tackled by Deputy Mackey and an unknown deputy. This attack came from behind, I didn't know what was happening, I put my hands up to protect myself, they said "Oh now you're going to do some time, you struck an officer, I was arrested. It's a shame that law abiding citizens get treated like criminals, I am not a criminal. While being in custody, I complained of chest pains. They called for an ambulance, while waiting, Deputy Johnson filled out the injury report, he was not writing on the actual report, he wrote on something else which was illegal. When the ambulance arrived, one of the deputies asked was I an American citizen, which was a discriminatory statement, at the hospital, I was looked up and shackled as if I were a criminal, I remained shackled for hours. Deputy Johnson and Morrissey finally let me make a phone call to my wife, Johnson counted the seconds and hung up the phone. He then threatened me by saying "stop doing that, or watch

PLEASE BE AWARE THAT IF YOU ALLEGE INJURIES AS A RESULT OF THIS INCIDENT, DUE TO FEDERAL PRIVACY LAWS ON THE RELEASE OF MEDICAL RECORDS, YOU MUST PROVIDE COPIES OF YOUR RELEVANT MEDICAL RECORDS REGARDING ANY EXAMINATION OR TREATMENT TO THE SHERIFF'S OFFICE INVESTIGATING UNIT TO BE MADE PART OF THE INVESTIGATION.

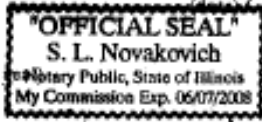
I have read this statement that I have voluntarily made, consisting of 2 pages, and I solemnly swear that the facts and allegations contained within are true and correct to the best of my knowledge. Jaime Hernandez

(Print Name)

Complainant's Signature: [Signature] Date: 3-15-07

State of Illinois)
County of Cook)

Signed and sworn to before me on March 15 2007 by Jaime Hernandez
(name of person making statement)



(notary

[Signature]
(signature of notary public)

A person commits PERJURY when, under oath or affirmation, in a proceeding or in any other matter where by law such oath or affirmation is required, he makes a false statement, material to the issue or point in question, which he does not believe to be true. PERJURY IS A CLASS 3 FELONY.

what I'll do to you. (I spoke to my wife
i'n Spanish) - which is not illegal.

I asked him what was wrong with me
talking to my wife. I asked Deputy Johnson
and Morrissey about my property, they told me
everything would be there when I go to pick
it up. When they finally let me go, all the
sheriffs ran out of the hospital.

I returned on Monday morning with someone
else to pick up my property, they could not
believe the intimidation from the officers.

When I finally received my property, my
cell phone, belt and my jacket all
were missing. The officers said those
articles were never there.

Sheriff of Cook County
Court Services Department
Internal Affairs Division
69 W. Washington, Suite 1110, Chicago, IL 60602
(312) 603-0370

Jaime Hernandez


02 April 2007
CI #07-03-033

Dear Mr. Hernandez,

Per our phone conversation on 23 March 2007 at 1545 hrs, we discussed your complaint in which you allege several deputy sheriffs verbally and physically abused you at the Daley Center outside Courtroom 506 on 02 Feb 07 at 1100 hrs.

When asked by me for the names of witnesses, you refused to give me their names. If you feel you would like to appear in the Internal Affairs Office to add any information to your case, contact Inv. Robert Anderson (312) 603-0370 to set a time. The date and time should be made after your court appearance. Bring any documentation dealing with the incident.

If I do not hear from you, the case will be investigated without any further input from you. Contact me within five days of receipt of this registered letter.



Robert Anderson #42
Internal Affairs Office
Court Services

Case # 07MC119441701

STATEMENT OF: Jaime Hernandez

CI #07-03-033

STATEMENT TAKEN AT:

Internal Affairs Division
69 W. Washington Suite 1110
Chicago, IL 60602

DATE: 16 May 2007

TIME: 0923 hours


Q State your name, address and phone number.

A Jaime Hernandez.

Q On February 2, 2007 at 11:00 am, why were you requested by the judge to leave Courtroom 1506 at the Daley Center?

A I was not requested by no judge. I have the transcripts and they don't show I was requested to leave. Myself and several individuals were court watching. A lady by the name of Sheila Mannix was asked to leave and we followed after her.

Q The deputies in the hallway requested you leave the area. Did you follow the order to leave the hallway?

A Prior to that when we entered the court room they have a little munchkin lawyer named Mr. Wessel. Mr. Wessel walked over to D/S Eric Gross and pointed to us. As we followed Ms. Mannix outside there were a whole mess of sheriff's out there. As I was walking over to talk to Ms. Mannix they said you'll have to leave and I said what do you mean. Sgt Boyd told the other deputies, "take him away." Whatever law I broke I would like to know what law we broke. I would like it explained to me what law was broken. I was also put in a head lock. 

Q Were you arrested and what charges were placed against you?

A They said I was trespassing. It is very difficult to read the writing on the form. You can make out the trespassing but the other stuff is hard to make out.

Q After your release, why did you stay in the vicinity of the Daley Center?

A Part one: I'm not guilty of nothing. I can be anywhere I want, it's a free country. This is a public building. I want to go back to Mr. Wessel and D/S Gross in the court room. D/S Gross got on the radio and said there is a disruption in the court room. There was no disruption in the court room. Part two: They took me downstairs and took all my stuff. They took my shoe laces and they started counting all my stuff. Hours passed and I wanted to make phone calls but no one would let me make phone calls. I didn't think it was right that I couldn't make a phone call.

Q Were you ever allowed to make a phone call?

A No. 

CASC# 07MC119441701

Q Were you asked to leave the area by deputy sheriffs?
A When was this.

Q After you were released the first time?
A If you don't have a name it never happened. As I was going up the escalator a black deputy sheriff told me "just leave." I asked about all the other people sitting around and the black D/S said, "those are the good guys" as if I was a bad guy.

Q Why did the deputy sheriffs arrest you a second time?
A I couldn't go outside as it was freezing. I had no shoelaces. They wanted me to put my shoelaces in outside. Sgt. Boyd was stalking my every move. I feel Sgt. Boyd didn't feel the charge was going to stick so he kept stalking me. I put on my shoe laces and left the building. I waved to Sgt. Boyd and took a picture of him to remind me of my horrendous experience. As I was going to ~~enter~~ City Hall two deputies jumped me. One of them said I was really going to spend time because I took a picture of Sgt. Boyd and because I hit a police officer. I was faced entering City hall when I was jumped from behind. I raised my hands to protect my head and I guess that is what they consider hitting a police officer.

By [Signature]
He said that I WAS ILLEG [Signature]
RS

Q Were you transported to Northwestern Hospital because you complained of chest pains caused by your arrest?

A Yes. The first time I got arrested there is a sheet which shows your body in case you're injured. I was fine the first time and I signed it. The second time I was there I had chest pains and I told D/S Jackson I needed to make a phone call. He never let me make a phone call. D/S Jackson wanted me to sign the paper with a body on it and I wouldn't sign it. D/S Jackson got pissed off and started swearing at me. I started having chest pains and an ambulance was called. Someone in the other room yelled ask him if he's an American citizen. When the paramedics came I asked them "which one of you works for the ~~IPS~~ and explained about the American citizen. They said it wasn't them so it must have been one of the deputies. They took me away and shackled me like I was a murderer. I was having big time chest pains. I told myself this wasn't America, there is no way this is happening to me.

[Signature]
RS

Q At the hospital, were other charges added because of your behavior towards a deputy sheriff?

A As I was getting out of the ambulance the doctor was there and both the deputies were there. I told the doctor I needed to call my wife to let her know where I was. The deputies didn't let me make the phone call, the doctor did. After the doctor left I was talking to my wife in Spanish when D/S Jackson threatened my life saying, "if you keep on talking like that you see what I'll do to you." He said "you might be telling your wife to come and break you out." After he said that he started counting down, 5,4,3,2, 1 and he hung up. All that was there were the two officers.

Q. What happened next?

A. After that they kept me chained up and I was like that for hours. I laid down and I couldn't put the top of my body up. They kept checking my heart as it was racing. The sheriff's were trying to get the doctor to release me. I felt these guys really wanted me back. Finally a lawyer came but the sheriff wouldn't let he see me. Nobody could talk to me but the doctor. Once they got me out of the emergency room the doctor said I might have to stay there. D/S Morrissey and Jackson were the two clowns who were constantly giving me a hard time. I told them I know you have to follow your boss but you are going over the cliff. I told them it was a no, no.

Q. Were you released from custody while at the hospital?

A. No. I was transferred to another room. I was frustrated from lying down so I got up. They yelled at me you get back down and I told them I'm not going nowhere, I'm shackled. I was there for hours. I sat up and they forced me down. I told them I was uncomfortable but they didn't care. As we entered the other room. The sheriff's were talking to the doctor. The doctor, Dr. Lerner said, "are you going to control yourself." I told them this was unconstitutional. I heard the doctor tell one of the sheriff's, "we're going to have to put him on medicine and call a psychiatrist. They put me in a room and the sheriff's were right next to me. A young Italian kid had them wait outside the room. D/S Morrissey and Jackson told me they were going to bring my stuff down and when they gave it back to me and I signed for it everybody ran out.

Q. Have you had problems, prior to these incidents, at the Daley Center?

A. No, never.

Q. A registered letter was received by you on April 2, 2007 in which our phone conversation dealing with names of witnesses and an appointment date was discussed. Why didn't you contact me at that time?


A. Because I run a business. When I was arrested it was payday for my employees. I had to play catch up. The employees want their money and I don't blame them.

Q. How were the names of the accused deputies on your Complaint Entry Form obtained by you?

A. Because I had to deal with them I looked at their name tags. There were a lot of them.

Q. Do you have anything else to add to your statement?

A. Yes. As I went to retrieve my stuff with my assistant, the rude people downstairs felt they didn't have to give me my property. It backfired on them because they had to give it back. When I looked into my bag my phone was missing along with my jacket and my belt. My rights were violated. When I asked where my phone



Case # 07ML11944/1701

was they said it wasn't on the list. It was never there. One more thing, I have the court transcripts of that day and I called up to find out how I could obtain the audio tapes for that day and I was told I had to call Judge Dunnigan. I called Judge Dunnigan and left a message but he never returned my call. I found out later that Judge Dunnigan is dead. I have the transcripts but I do need the audio tapes to show there was no disruption in the courts.

Q Would you submit your medical records from the day you were taken to the hospital on 02 February 2007?

A Yes.

Q We need them within ten days from today.

A Okay.

Q Do you know who is in charge of the Daley Center Security?

A The Cook County Sheriff?

Q Inside the Daley Center.

A I have no idea. The incident occurred inside the court room which is the Cook County Sheriff.

Q I'm showing Mr. Jaime Attachment #6, the property inventory sheet after the first arrest and asking him "is this your signature on the property inventory sheet?"

A Yes it is.

Q On the second arrest is this your signature on the property inventory sheet?" (Also attachment 6).

A Yes.

End of statement. Time: 10:00 hours

Subscribed and sworn to before

this 25th day of June 2007
at Calumet City, County of Cook State of Illinois.

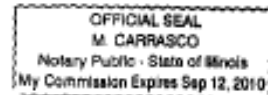
Notary Public

Jaime Hernandez

Date 16 May 2007

Witness

Date: 16 May 2007





PHONE (312) 603-6444

SHERIFF'S OFFICE OF COOK COUNTY, ILLINOIS

RICHARD J. DALEY CENTER
50 W. WASHINGTON - ROOM 704
CHICAGO, IL 60602

THOMAS J. DART
SHERIFF

November 9, 2007

Mr. Jaime Hernandez

Mr. Hernandez,

Your request for records is denied pursuant to the Illinois Freedom of Information Act, 5 ILCS 140 §7 (1)(b)(ii) & 5 ILCS 140 §7(c)(i) and (iv).

Pursuant to 5 ILCS 140/9, you may appeal this denial to Matt Burke at the above address.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Kramer", is written over a horizontal line.

Peter Kramer
Cook County Sheriff's Office



Printed on Recycled Paper

No. _____

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to INSPECT COPY CERTIFY the following public record(s):

The complete record of complaints and investigations into wrong doing misconduct, harassment or racial profiling of the listed Cook County Sheriff-Deputies and Sergeants (See next page)

Will this material be used for commercial purpose? Yes No

Jaine Hernandez

NAME OF REQUESTOR (Please Print) ADDRESS PHONE

The charge will be \$1.00 per page (side) in advance of copying. Certification of documents is an additional \$1.00.

SIGNATURE [Signature] DATE 10-26-07

REQUEST RECEIVED BY TITLE DEPARTMENT DATE TIME

A response to your request will be made within 7 working days of the receipt of this request. Please return with your copy of this request on _____

A response to your request for _____ records has been extended for 7 working days, until _____ for the following reason(s):

EXTENSION

RESPONSIBLE FOR EXTENSION TITLE DATE

Your request to INSPECT COPY _____ record(s) has been APPROVED.

Number of copies at \$1.00 per page = Copying fees \$
Certification fees \$
Total fees \$

APPROVAL/DENIAL

I acknowledge that I have received access to records as requested.

SIGNATURE DATE

Your request to INSPECT COPY _____ record(s) has been DENIED, for the following reason(s):

RESPONSIBLE FOR APPROVAL/DENIAL TITLE DATE

You have the right to appeal this denial to the Head of this Public Body. Your signature below will be deemed an appeal.

DECISION ON APPEAL

SIGNATURE OF REQUESTOR DATE

Your request on appeal has been APPROVED, your records will be available APPROVED, your records will be available _____
DENIED, for the following reason(s):

You have the right to appeal this decision to the Circuit Court of Cook County.

HEAD OF THE PUBLIC BODY TITLE DATE

1. White Copy Department Copy 2. Yellow Copy Head of Public Body Copy 3. Pink Copy Requester Copy

IN THE CIRCUIT COURT OF COOK COUNTY ILLINOIS
COUNTY DEPARTMENT - CRIMINAL DIVISION

STATE OF ILLINOIS)	
)	
Plaintiff)	Case No. 07MC19441701
)	
v)	Branch 46
)	
JAIME HERNANDEZ)	Jury Trial
)	
Defendant.)	

AFFIDAVIT OF COURT WATCH WITNESS SHEILA A. MANNIX, PHD

I, Sheila A. Mannix, PhD, being first duly sworn, on oath, states as follows:

1. I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this case, I could, and I would, testify competently as to each fact set forth herein.
2. I recently attended court proceedings in the above-captioned case on September 13, 14, and 20, 2007 in Courtroom 304 at the Circuit Court of Cook County, Branch 46, 555 W. Harrison St., Chicago, Illinois 60607.
3. Multiple other Court Watch witnesses also attended each of the three aforementioned days and can corroborate my statements.
4. On September 13, 2007, I witnessed a female magistrate judge act with gross disrespect and unlawfulness toward Mr. Hernandez which evidenced highly extrajudicial biased and prejudicial conduct toward Mr. Hernandez and evidenced violations of the Illinois Supreme Court Code of Judicial Conduct Rules 61, 62, and 63.
5. When Mr. Hernandez's case was called, he informed the female judge that his lawyer was not present yet. An Assistant State's Attorney stated that the State was ready for trial. The female judge then stated that Mr. Hernandez had five minutes to get his lawyer there because his case was going to trial that day. She did not let Mr. Hernandez speak. She threatened him with incarceration when he tried to speak. Three of the State's witnesses were present, specifically, three Cook County Sheriff's Deputies. No witnesses had been subpoenaed by Mr. Hernandez's first or second attorneys for his defense. I witnessed the Assistant State's Attorney go into a conference room with the three deputies for an extended period of time.
6. I have witnessed various Assistant State's Attorneys go into conference rooms with the three deputies for extended periods of time at every court date of this case since February 2007 - all on the taxpayers' tab.

7. I attempted to assist Mr. Hernandez but the Assistant State's Attorney said I could not speak to him because I was a witness. This was profoundly revealing. I was not a subpoenaed witness and there was no indication that a Witness List was submitted for Mr. Hernandez's defense. The Assistant State's Attorney's statement to me evidenced his full knowledge that the State was going to proceed with a sham trial on the taxpayers' tab.
8. Approximately two and one half hours later, the case was recalled and the female judge said that Mr. Hernandez had better show up with his lawyer the following day because he was going to trial. She again attempted to prevent him from speaking but he was able to make statements to the effect that his defense was prejudiced due to ineffective assistance of counsel. He was ignored. She stated the witnesses would be on call for the trial set for the following day.
9. The Assistant State's Attorney refused to accept Mr. Hernandez's pro se motions filed that day. The motions were served upon the Second Floor Office of the State's Attorneys Office. They were **Defendant's Motion for Discovery in Accordance with Supreme Court Rule 412 and Defendant's Motion for a List of Witnesses.**
10. On September 14, 2007, a male judge was on the bench. I am of information and belief that he immediately allowed Mr. Hernandez's second attorney to withdraw from the case. In direct violation of SCR 13, he gave Mr. Hernandez less than one week to get a third attorney for his defense. The male judge gave Mr. Hernandez's attorney one week to provide Mr. Hernandez with his file and prior discovery, if any. Mr. Hernandez's pro se motions filed and served the prior day were ignored.
11. In the first floor file room, Mr. Hernandez filed his third pro se motion entitled **Defendant's Motion for Discharge of Attorney Pursuant to Supreme Court Rule 13** with other relief. Mr. Hernandez, myself, and two other witnesses returned to Courtroom 304. I confronted a different Assistant State's Attorney that Mr. Hernandez's federally-protected rights were being violated by his colleague. He acquiesced and stated he would tell his colleague to ask for the case to be recalled. When the case was recalled, Mr. Hernandez served in open court his three aforementioned motions. But the judge did not change his ruling.
12. On Monday, September 17, 2007, I am of information and belief that Mr. Hernandez filed and served by hand-delivery upon the State's Attorney's Office a Notice of Motion and **Defendant's Verified Motion for Continuance** noticed up for September 20, 2007.
13. On Thursday, September 20, 2007, the female magistrate judge was back on the bench in Courtroom 3004. When the case was called, Mr. Hernandez was again treated with gross disrespect and unlawfulness. He was inhibited from speaking and his lawfully filed, served and noticed pro se motions were ignored. The case was passed to wait for the three State's witnesses, namely, the three Cook County Sheriff's deputies, to arrive. The judge was blatantly forcing Mr. Hernandez into a sham trial and ignoring

his Fourteenth Amendment due process of law rights among multiple other federally-protected rights. The Assistant State's Attorneys were knowingly participating in and enabling the violation of Mr. Hernandez's federally-protected rights and the fraud upon the court.

14. After the three Cook County Sheriff's deputies arrived, I witnessed the Assistant State's Attorney go into a conference room with them for an extended period of time.
15. When he emerged, I witnessed that he was carrying around the fraudulent Intelligence Bulletin with my picture and identifying information. I approached him and informed him that there was a pending tort action for defamation regarding the Intelligence Bulletin. Said Intelligence Bulletin was created by Cook County Sheriff's Detective Jason Moran as a result of the false police report initiated by Associate Judge Karen G. Shields on August 16, 2006 in retaliation for lawful pleadings filed by myself and Karyn Mehringer, co-founders of Illinois Family Court Accountability Advocates, requesting judicial admissions or denials and alleging the involvement of Judge Shields and Associate Judge James G. Donegan in alleged illicit interstate activities. Said allegations are supported by documents from Arizona's Maricopa County Recorder's Office obtained from an organized crime informant.
16. The fact that the Assistant State's Attorney prosecuting Mr. Hernandez was carrying around the Intelligence Bulletin about me was also profoundly revealing. It evidenced the fact that the State's Attorney's Office is acting in co-conspiracy with the Sheriff's Office and Circuit Court in the aiding and abetting of the unlawful acts against me and my children in violation of our federally-protected rights. The fact that the same Cook County Sheriff's Detective, Jason Moran, who created the false reports with Judge Shields in August 2006, showed up at my last hearing before Judge Donegan on February 23, 2007 for the express purpose of creating a false report against me to frame and falsely arrest me, which fact was validated by the statements of his superior, Sergeant Mike Anton, to me later that day, supports the fact that the State's Attorney's prosecution of Mr. Hernandez, my framed and falsely arrested Court Watcher, is a violation of multiple federal statutes in the ongoing attempts to cover-up the illegal acts of state court agents in the Domestic Relations Division of the Circuit Court of Cook County which evidence direct violations of the Illinois Wrongs to Children Act among other state and federal criminal statutes.
17. Shortly thereafter, on September 20, 2007, by the Grace of God, while I was in the court hall outside Courtroom 304 with numerous other individuals including criminal defendants and their family and friends, through the glass of the courtroom door, I witnessed the Assistant State's Attorney exit the conference room with the three State's witnesses and go directly over to the female magistrate judge who was standing on the right side of the courtroom. I then witnessed the female magistrate judge and the Assistant State's Attorney engage in an extended ex parte communication. I called other witnesses in the court hall to witness the illegal act. There was another Assistant State's Attorney in the court hall who witnessed what was happening. He immediately entered the courtroom and went directly over to his

colleague and the judge. They looked at me and the other witnesses looking through the glass of the courtroom door at them and then they immediately stepped back and attempted to hide behind a large pillar on the right side of Courtroom 304.

18. It is my understanding and belief that when Mr. Hernandez's case was recalled, the female judge acted in a **COMPLETELY** different manner toward Mr. Hernandez. She set his trial for the end of November, the 28th, and directed the Assistant State's Attorney to provide him with prior discovery and witness lists, if any, which he could amend.

19. I fear for my liberty and my physical safety every time I enter the Daley Center in my undaunted attempts to exercise my federally-protected constitutional rights to seek protection and relief for my sons and myself from the court. I pray that I will continue to be given the strength to obey my parental duty to my sons **who have asked me to fight for their rights and their freedom and to never give up.**

20. I maintain a deep reverence for the men and women in law enforcement who have integrity and who put on a badge, day after day, and put their lives on the line for the citizenry. The illegal actions of their fellow officers against me, my children, Mr. Hernandez, and many others defile the sacrifices of those who have died in the line of duty. I leave their fate and the fate of all corrupt public officials to God's judgment while I focus on continuing my lawful actions pursuant to my civil and moral duties and my constitutional rights on behalf of my sons and the thousands of other disenfranchised children of the nation - being hurt by public officials' avarice and cowardice who are mandated to protect them.

21. I have attached hereto a copy of what I held up as I began my speech at the foot of the Lincoln Memorial in Washington, DC at the Family Preservation Day national rally on August 18, 2007. My paternal grandmother, Mary Margaret Friel Mannix, was a past president of the National Council of Catholic Women and a past vice president of the International Union of Catholic Women's Leagues, as well as one of its first American delegates to the Vatican. I carry her words with me always, "Let your heart be filled with courage; and your courage filled with confidence in God."

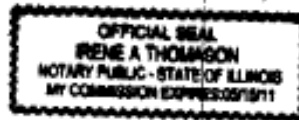
22. Verily, courage is a choice within everyone's reach. I pray that all responsible authorities will choose to be as amazing as we are all neurophysiologically designed to be, specifically, as highly intelligent, ingeniously creative, and profoundly loving social beings.

23. Further affiant sayeth naught.

Sheila A. Mannix
SHEILA A. MANNIX, PHD

SUBSCRIBED and SWORN to before me on this 4th day of October, 2007.

Renée A. Thomason
NOTARY PUBLIC



AFFIDAVIT OF EUGENE WZOREK

I, Eugene Wzorek, being first duly sworn, on oath, states as follows:

1. That I was a subpoenaed witness in case # 07MC119441701, The People of the State of Illinois V. Jaime Hernandez,
2. That I am an expert witness in how the judicial system cheats by altering transcripts and other court documents performing fraud upon the court,
3. That I was subpoenaed by Jaime Hernandez to come in and testify to how he was being framed, based on the evidence that he had which included the audio tapes and the transcripts of the proceeding that was held on 2/2/07 in Room 1506 of the Daley Center,
4. That I talked to Russell Stewart, Jaime Hernandez's attorney in or around the last week of August 2008 to ask him when would I have to testify,
5. That Russell Stewart told me that, "He was not going to go that way", talking about the fraud, that he was going to keep it "short and sweet", Stewart and I went on to talk about Jaime's evidence, and about how everything started inside the courtroom,
6. I asked Russell Stewart if he had the tapes and transcripts, he told me, yes, they prove that the judge (Judge Donegan) never said that Jaime was causing trouble or a disturbance in the courtroom,
7. Russell Stewart stated that he had "enough to win the case", and to prove that "Jaime was set up",
8. That I was so concerned about Russell Stewart not wanting me to testify, that I asked Dr. Sheila Mannix, who also was a subpoenaed witness in this case, to call Russell Stewart and ask him if I had to testify,
9. That Russell Stewart told Dr. Mannix, that I did not have to come, that I could stay home with my disabled mother, and that he was going to use the transcripts and the tapes, and he had enough to show that Jaime had been set up,
10. Further affiant sayeth naught.

Eugene Wzorek
EUGENE WZOREK

SUBSCRIBED and SWORN before me on
This 9th day of May, 2009.

Subscribed and sworn to before me
this 9th day of May 2009
at Chicago, County of Cook, State of Illinois.

Notary Public: *Elizabeth Miranda*



AFFIDAVIT OF SHEILA A. MANNIX

I, Sheila Mannix, being first duly sworn, on oath, states as follows:

1. I am of legal age and competent. This affidavit is made on my personal knowledge of all matters set forth herein. If sworn and called as a witness in this matter, I could, and I would, testify competently as to each fact set forth herein.
2. That I was a subpoenaed witness in case # 07 MC 119441701, State of Illinois v. Jaime Hernandez, which is a fraudulent case of malicious prosecution that originated because Jaime was my court watcher on February 2, 2007 in Courtroom 1506 in the Daley Center before the late Judge James Donegan in my post-divorce proceedings.
3. That I executed an affidavit on June 16, 2007 regarding the events of February 2, 2007 and detailed how Jaime was framed and assaulted by multiple Cook County Sheriff's deputies in the court hall outside courtroom 1506.
4. That before I testified on September 3, 2008 in the above-captioned criminal case against Jaime, I spoke with Gene Zworek, another subpoenaed witness. He called me and told me that he was concerned that Jaime's attorney, Russell Stewart, was "selling Jaime out." He told me that Stewart told him that he did not have to testify. He asked me to call Mr. Stewart.
5. I called Mr. Stewart after I spoke with Gene. Mr. Stewart told me that he did not need Gene to testify because he had enough evidence that Jaime had been framed. He said that the audiotape of the proceedings clearly demonstrated that there was no disturbance whatsoever in the courtroom by Jaime or any other court watchers (there were four present). And that Judge Donegan did not order the court watchers out of the courtroom. He said that with the audiotape and the multiple direct witnesses of the events of February 2, 2007 that he did not need Gene to testify.
6. I know the extent of the systemic corruption in Illinois' courts, so on September 3, 2008, I created a 46-page document for multiple responsible authorities which document's cover page is attached hereto. I gave the document to Mr. Stewart on the morning I testified. Part of the reason I did this was because I saw the discovery that the State's Attorney had against Jaime. It included many fraudulent documents created by the Cook County Sheriff's Office in conspiracy with the judiciary regarding me and the organization I co-founded, Illinois Family Court Accountability Advocates (IFCAA) which organization is exposing the corruption in Illinois' courts. A co-member of IFCAA already had been falsely incarcerated on October 13, 2006 by an allegedly corrupt judge who left the bench within weeks of the false incarceration. Three IFCAA co-members, including me, were the victims of the criminal retaliatory acts of ex-judge Karen Shields initiated on the evening of on August 16, 2006, the result of which was the issuance of a fraudulent Intelligence Bulletin against three

IFCAA co-members and moms and our personal information was turned over to the Illinois Statewide Terrorism Intelligence Agency as alleged domestic terrorists.

7. The discovery documents in the possession of the State's Attorney's Office evidenced that the malicious prosecution of Jaime was an illegal act of retaliation against him because he was associated with me and IFCAA. In other words, he was the victim of gross violations of his constitutional and civil rights including but not limited to his First Amendment Rights to Association and his right to attend a public court proceeding. Moreover, that his malicious prosecution was an illegal penalty for his exercising his constitutional and civil rights.
8. When I was on the stand, I was flabbergasted when the judge instructed me that no testimony regarding the events inside the courtroom was allowed. At that moment, I knew beyond a shadow of a doubt that the trial was a sham, that Mr. Stewart was engaging in illegal acts in conspiracy with the judiciary and the State's Attorney's Office, and that Mr. Stewart had sold out Jaime and breached his fiduciary duty to him.
9. I am an Illinois-licensed Clinical Psychologist. My use of the term "conspiracy" is not an indication of paranoia. It is an indication of crime, for example, conspiracy to commit racketeering predicate acts like tampering with and harassment of witnesses to Illinois' corrupt courts.
10. Further sayeth naught.

Sheila Mannix

SHEILA A. MANNIX

SUBSCRIBED and SWORN to before me on
this 23rd day of April, 2009.

Wanda Geanes

NOTARY PUBLIC



Date: Wednesday, September 3, 2008

To: Cook County Circuit Judge Donnelly
Cook County State's Attorney Devine and Prosecuting ASAs
Defendant's Attorney Russ Stewart
US Attorney Patrick Fitzgerald
FBI-Chicago Director Robert Grant
Illinois Attorney General Lisa Madigan
Multiple Media Contacts

From: Sheila A. Mannix, PhD

Re: Official Notice of Alleged Federal Crimes Under 18 USC 1961-1968
Case No. 07 MC 119441701 State of Illinois v Jaime Hernandez

Dear Responsible Authorities and Fellow Americans:


I am a subpoenaed witness for the defense in the above-referenced case and I don't know what to do other than speak the truth with strength and honor despite my fear of ongoing criminal retaliation against my sons and me by actors in the verified racketeering enterprise in the Cook County family court operating in our case. [Cook County Case No. 93 D 2984, et al] But I must uphold my civil and moral duty to the young and adult children of our nation who are suffering and dying as a result of public corruption despite the documented criminal retaliation.

I am under information and belief that persons in the Cook County State's Attorney's Office are suppressing evidence in the instant case and are engaging in violations of 18 USC 2, 3, & 4 among other violations of federal statutes in relation to a verified "bribery scheme" pursuant to my testimony on 10-13-06 in Cook County Case No. 98 CH 11007, D'Agostino v Lynch which resulted in the April 2, 2008 First Appellate Court finding, "[s]he produced direct evidence regarding several other judges' involvement in the bribery scheme."

Specifically, I can prove with direct evidence that Defendant Hernandez witnessed state and federal criminal acts against me under 18 USC 1961-1968 on 2-2-07 by the late Judge James Donegan, court-appointed attorney David J. Wessel, and Attorney Mitchell F. Asher and that the current criminal prosecution of him as a witness to federal crimes is in violation of 18 USC 1512 and 1513.

I have attached some documents in support of my allegations herein including the "RICO checklist" federal Judge Milton I. Shadur gave me on April 18, 2008 in USDC Case No. 08 C 1883. A civil RICO action should be filed within the month.

On behalf of the US citizens of the State of Illinois, I humbly and respectfully beg you to uphold your Oaths of Office and mandatory fiduciary contracts with the US citizens of the State of Illinois and [1] dismiss the instant case and [2] pursue federal grand jury indictments pursuant to the "bribery scheme" ruling against the actors in the verified racket in the Cook County family court that is hurting innocent children.

Respectfully Submitted,

Sheila A. Mannix, PhD