

IN THE SUPREME COURT OF THE STATE OF NEVADA

INDICATE FULL CAPTION:

KEVIN DANIEL ADRIANZEN,
Appellant
vs.
PAIGE ELIZABETH PETIT,
Respondent.

No. 78966
Electronically Filed
Jul 22 2019 01:58 p.m.
DOCKETING Elizabeth A. Brown
CIVIL APPEALS Clerk of Supreme Court

GENERAL INFORMATION

Appellants must complete this docketing statement in compliance with NRAP 14(a). The purpose of the docketing statement is to assist the Supreme Court in screening jurisdiction, identifying issues on appeal, assessing presumptive assignment to the Court of Appeals under NRAP 17, scheduling cases for oral argument and settlement conferences, classifying cases for expedited treatment and assignment to the Court of Appeals, and compiling statistical information.

WARNING

This statement must be completed fully, accurately and on time. NRAP 14(c). The Supreme Court may impose sanctions on counsel or appellant if it appears that the information provided is incomplete or inaccurate. *Id.* Failure to fill out the statement completely or to file it in a timely manner constitutes grounds for the imposition of sanctions, including a fine and/or dismissal of the appeal.

A complete list of the documents that must be attached appears as Question 27 on this docketing statement. Failure to attach all required documents will result in the delay of your appeal and may result in the imposition of sanctions.

This court has noted that when attorneys do not take seriously their obligations under NRAP 14 to complete the docketing statement properly and conscientiously, they waste the valuable judicial resources of this court, making the imposition of sanctions appropriate. See KDI Sylvan Pools v. Workman, 107 Nev. 340, 344, 810 P.2d 1217, 1220 (1991). Please use tab dividers to separate any attached documents.

1. Judicial District Eighth Department H
County Clark Judge T. Arthur Ritchie, Jr.
District Ct. Case No. D-13-489542-D

2. Attorney filing this docketing statement:

Attorney Michael Burton, Esq. Telephone 702-565-4335
Firm McFarling Law Group
Address 6230 W. Desert Inn Rd.
Las Vegas, NV 89146

Client(s) Kevin Adrianzen

If this is a joint statement by multiple appellants, add the names and addresses of other counsel and the names of their clients on an additional sheet accompanied by a certification that they concur in the filing of this statement.

3. Attorney(s) representing respondents(s):

Attorney Mel Grimes, Esq. Telephone 702-347-4357
Firm The Grimes Law Office
Address 8540 South Eastern Avenue, Ste. 100
Las Vegas, NV 89123

Client(s) Paige Elizabeth Petit

Attorney _____ Telephone _____
Firm _____
Address _____

Client(s) _____

(List additional counsel on separate sheet if necessary)

4. Nature of disposition below (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Judgment after bench trial | <input type="checkbox"/> Dismissal: |
| <input type="checkbox"/> Judgment after jury verdict | <input type="checkbox"/> Lack of jurisdiction |
| <input type="checkbox"/> Summary judgment | <input type="checkbox"/> Failure to state a claim |
| <input type="checkbox"/> Default judgment | <input type="checkbox"/> Failure to prosecute |
| <input type="checkbox"/> Grant/Denial of NRCP 60(b) relief | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Grant/Denial of injunction | <input type="checkbox"/> Divorce Decree: |
| <input type="checkbox"/> Grant/Denial of declaratory relief | <input type="checkbox"/> Original <input type="checkbox"/> Modification |
| <input type="checkbox"/> Review of agency determination | <input checked="" type="checkbox"/> Other disposition (specify): <u>no trial set</u> |

5. Does this appeal raise issues concerning any of the following?

- ☒ Child Custody
- ☐ Venue
- ☐ Termination of parental rights

6. Pending and prior proceedings in this court. List the case name and docket number of all appeals or original proceedings presently or previously pending before this court which are related to this appeal:

This matter was the subject of an appeal in the Supreme Court under Case No. 78966 bearing case caption: Page Petit vs. Kevin Adrianzen.

7. Pending and prior proceedings in other courts. List the case name, number and court of all pending and prior proceedings in other courts which are related to this appeal (e.g., bankruptcy, consolidated or bifurcated proceedings) and their dates of disposition:
None.

8. Nature of the action. Briefly describe the nature of the action and the result below:

This is a post decree action involving child custody and visitation matters. On July 31, 2018, Respondent filed a Motion, to modify the parties' timeshare and on August 23, 2018, Appellant filed his Opposition and Countermotion for Modification of Physical Custody to Joint physical custody, timeshare & child support.

The Court denied Respondent's Motion and did not set an evidentiary hearing on Plaintiff's Countermotion for Modification of Physical Custody to Joint physical custody. On February 28, 2019, Appellant filed a Motion for Reconsideration of the District Court's Orders. In the motion for reconsideration, Appellant raised the issue that the parties' original custody order contains no statutory findings—making it impossible to meet a change in circumstances standard when the court never made findings as to why it made its custody order in the first place. However, on April 9, 2019, the Court denied Plaintiff's Motion for Reconsideration.

9. Issues on appeal. State concisely the principal issue(s) in this appeal (attach separate sheets as necessary):

1. Whether the court improperly denied an evidentiary hearing citing "no adequate cause" raised, despite numerous serious issues raised.
2. Whether the district court's original divorce decree, which contains no statutorily required child custody findings in its determination, now unfairly inhibits Appellant's ability to seek custody modification under the "changed circumstances doctrine" as the court's original order contains no findings as to how the court reached the current custodial designation and timeshare.
3. Whether the court's specific listed examples as to what constitutes "adequate cause" to set an evidentiary hearing in a child custody matter are inconsistent with prior Nevada precedent.

10. Pending proceedings in this court raising the same or similar issues. If you are aware of any proceedings presently pending before this court which raises the same or similar issues raised in this appeal, list the case name and docket numbers and identify the same or similar issue raised:

None.

11. Constitutional issues. If this appeal challenges the constitutionality of a statute, and the state, any state agency, or any officer or employee thereof is not a party to this appeal, have you notified the clerk of this court and the attorney general in accordance with NRAP 44 and NRS 30.130?

☒ N/A

☐ Yes

☐ No

If not, explain:

12. Other issues. Does this appeal involve any of the following issues?

☐ Reversal of well-settled Nevada precedent (identify the case(s))

☐ An issue arising under the United States and/or Nevada Constitutions

☐ A substantial issue of first impression

☐ An issue of public policy

☐ An issue where en banc consideration is necessary to maintain uniformity of this court's decisions

☐ A ballot question

If so, explain:

13. Assignment to the Court of Appeals or retention in the Supreme Court. Briefly set forth whether the matter is presumptively retained by the Supreme Court or assigned to the Court of Appeals under NRAP 17, and cite the subparagraph(s) of the Rule under which the matter falls. If appellant believes that the Supreme Court should retain the case despite its presumptive assignment to the Court of Appeals, identify the specific issue(s) or circumstance(s) that warrant retaining the case, and include an explanation of their importance or significance:

This matter is assigned to the Court of Appeals pursuant to NRAP 17(b)(5). Appellant does not believe the Supreme Court should retain this case.

14. Trial. If this action proceeded to trial, how many days did the trial last? _____

Was it a bench or jury trial? N/A

15. Judicial Disqualification. Do you intend to file a motion to disqualify or have a justice recuse him/herself from participation in this appeal? If so, which Justice?
No.

TIMELINESS OF NOTICE OF APPEAL

16. Date of entry of written judgment or order appealed from 02/11/2019 & 05/28/19

If no written judgment or order was filed in the district court, explain the basis for seeking appellate review:

N/A

17. Date written notice of entry of judgment or order was served 02/14/19 & 05/28/19

Was service by:

☐ Delivery

☒ Mail/electronic/fax

18. If the time for filing the notice of appeal was tolled by a post-judgment motion (NRCP 50(b), 52(b), or 59)

(a) Specify the type of motion, the date and method of service of the motion, and the date of filing.

☐ NRCP 50(b) Date of filing _____

☐ NRCP 52(b) Date of filing _____

☐ NRCP 59 Date of filing _____

NOTE: Motions made pursuant to NRCP 60 or motions for rehearing or reconsideration may toll the time for filing a notice of appeal. See AA Primo Builders v. Washington, 126 Nev. ____, 245 P.3d 1190 (2010).

(b) Date of entry of written order resolving tolling motion May 28, 2019

(c) Date written notice of entry of order resolving tolling motion was served May 28, 2019

Was service by:

☐ Delivery

☒ Mail

19. Date notice of appeal filed Jun 4, 2019

If more than one party has appealed from the judgment or order, list the date each notice of appeal was filed and identify by name the party filing the notice of appeal:
N/A

20. Specify statute or rule governing the time limit for filing the notice of appeal, e.g., NRAP 4(a) or other

NRAP 4(a)(1)

SUBSTANTIVE APPEALABILITY

21. Specify the statute or other authority granting this court jurisdiction to review the judgment or order appealed from:

(a)

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> NRAP 3A(b)(1) | <input type="checkbox"/> NRS 38.205 |
| <input type="checkbox"/> NRAP 3A(b)(2) | <input type="checkbox"/> NRS 233B.150 |
| <input type="checkbox"/> NRAP 3A(b)(3) | <input type="checkbox"/> NRS 703.376 |
| <input type="checkbox"/> Other (specify) _____ | |

(b) Explain how each authority provides a basis for appeal from the judgment or order:
NRAP 3A(b)(1) applies as this is an appeal from a final judgment entered in a civil action commenced in the district court in which the judgment was entered.

22. List all parties involved in the action or consolidated actions in the district court:

(a) Parties:

Appellant, Kevin Daniel Adrianzen

Respondent, Paige Elizabeth Petit

(b) If all parties in the district court are not parties to this appeal, explain in detail why those parties are not involved in this appeal, *e.g.*, formally dismissed, not served, or other:

N/A

23. Give a brief description (3 to 5 words) of each party's separate claims, counterclaims, cross-claims, or third-party claims and the date of formal disposition of each claim.

Modification of child custody August 23, 2018

Reconsideration on Motion for Modification of Custody April 9, 2019

24. Did the judgment or order appealed from adjudicate ALL the claims alleged below and the rights and liabilities of ALL the parties to the action or consolidated actions below?

☒ Yes

☐ No

25. If you answered "No" to question 24, complete the following:

(a) Specify the claims remaining pending below:

(b) Specify the parties remaining below:

(c) Did the district court certify the judgment or order appealed from as a final judgment pursuant to NRCP 54(b)?

☒ Yes

☐ No

(d) Did the district court make an express determination, pursuant to NRCP 54(b), that there is no just reason for delay and an express direction for the entry of judgment?

☒ Yes

☐ No

26. If you answered "No" to any part of question 25, explain the basis for seeking appellate review (e.g., order is independently appealable under NRAP 3A(b)):

27. Attach file-stamped copies of the following documents:

- The latest-filed complaint, counterclaims, cross-claims, and third-party claims
- Any tolling motion(s) and order(s) resolving tolling motion(s)
- Orders of NRCP 41(a) dismissals formally resolving each claim, counterclaims, cross-claims and/or third-party claims asserted in the action or consolidated action below, even if not at issue on appeal
- Any other order challenged on appeal
- Notices of entry for each attached order

VERIFICATION

I declare under penalty of perjury that I have read this docketing statement, that the information provided in this docketing statement is true and complete to the best of my knowledge, information and belief, and that I have attached all required documents to this docketing statement.

Kevin Daniel Adrianzen
Name of appellant

Michael Burton, Esq.
Name of counsel of record

07/22/2019
Date

/s/Michael Burton
Signature of counsel of record

Nevada, County of Clark
State and county where signed

CERTIFICATE OF SERVICE

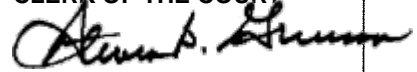
I certify that on the 22nd day of July, 2019, I served a copy of this completed docketing statement upon all counsel of record:

- ☐ By personally serving it upon him/her; or
- ☒ By mailing it by first class mail with sufficient postage prepaid to the following address(es): (NOTE: If all names and addresses cannot fit below, please list names below and attach a separate sheet with the addresses.)

Mel Grimes, Esq.
8540 South Eastern Avenue, Ste. 100
Las Vegas, NV 89123

Dated this 22nd day of July, 2019

/s/Maria Rios Landin
Signature



1 MOT (FAM)
2 MELVIN R. GRIMES, ESQ.
3 Nevada Bar No: 12972
4 Melg@grimes-law.com
5 THE GRIMES LAW OFFICE
6 808 S. 7th Street
7 Las Vegas, NV 89101
8 p: (702) 347-4357
9 f: (702) 224-2160
10 *Attorney for Paige Petit*

DISTRICT COURT
CLARK COUNTY, NEVADA

8 KEVIN DANIEL ADRIANZEN
9 Plaintiff,

CASE NO.: D-13-489542-D
DEPT: H

10 vs.

11 PAIGE ELIZABETH PETIT
12 Defendant.

13
14 **MOTION FOR MODIFICATION OF TIMESHARE SCHEDULE**

15 COMES NOW, the Defendant, PAIGE PETIT, by and through her attorney,
16 MELVIN R. GRIMES, ESQ., of THE GRIMES LAW OFFICE, and submits this
17 Motion for Modification of Timeshare Schedule.

18 Defendant respectfully requests this Court enter the following:

- 19 1. For an Order granting the proposed Timeshare Schedule;
20 2. Attorney's Fees and Costs; and
21

22 //

23 //

24 //

25 //

26 //

27 //

28 //

1 3. For Such other relief as this court deem appropriate and just.

2 Respectfully submitted this 31st day of July, 2018.

3 THE GRIMES LAW OFFICE

4 /s/ Melvin R. Grimes

5 MELVIN R. GRIMES, ESQ.

6 Nevada Bar No: 12972

7 Melg@grimes-law.com

8 THE GRIMES LAW OFFICE

9 808 S. 7th Street

10 Las Vegas, NV 89101

11 p: (702) 347-4357

12 f: (702) 224-2160

13 *Attorney for Paige Petit*

NOTICE OF MOTION

TO: KEVIN DANIEL ADRIANZEN – Plaintiff

TO: MICHAEL BURTON, ESQ. – Attorney for Plaintiff

PLEASE TAKE NOTICE that the undersigned will bring Defendant's Motion for Modification of Timeshare Schedule on for hearing in Department H on the 17th day of September, 2018, at the hour of 10:00 AM, or as soon thereafter as counsel may be heard.

Respectfully submitted this 31st day of July, 2018

THE GRIMES LAW OFFICE

/s/ Melvin R. Grimes

MELVIN R. GRIMES, ESQ.

Nevada Bar No: 12972

Melg@grimes-law.com

THE GRIMES LAW OFFICE

808 S. 7th Street

Las Vegas, NV 89101

p: (702) 347-4357

f: (702) 224-2160

Attorney for Paige Petit

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. Introduction and Statement of the Facts**

3
4 The parties to this action were married on April 19, 2013 in the State of
5 Nevada. As a result of their marriage, one minor child was born, R.B.P. born
6 September 22, 2013. Following extensive motion practice, the parties were divorced
7 on August 19, 2014.

8 Pursuant to the divorce decree, the parties were granted Joint Legal Custody
9 and the Defendant was designated as the Primary Physical custodian. The Plaintiff
10 was granted visitation from 6:00 p.m. Saturday until 6:00 p.m. Monday each week.

11 This timeshare schedule has been in place since the decree of divorce was
12 entered. Since, Defendant has continued her life recently becoming engaged.

13 The instant motion follows.

14 **II. Argument**

15 **A. Statement of Compliance with EDCR 5.501**

16
17 On numerous occasions, Defendant and her counsel have discussed this matter
18 with the Defendant and his counsel including multiple offers of settlement which
19 have been accepted and then subsequently rejected.

20 EDCR 5.501 mandates:

- 21
22 (a) Except as otherwise provided herein or by other rule, statute, or
23 court order, before any family division matter motion is filed, the
24 movant must attempt to resolve the issues in dispute with the other
25 party and shall include a statement within the motion of what attempt at
26 resolution was made and the result of that attempt.
27 (b) A party filing a motion in which no attempt was made to resolve the
28 issues in dispute with the other party shall include a statement within
the motion of what provision, futility, or impracticability prevented an
attempt at resolution in advance of filing.
 (c) Failure to comply with this rule may result in imposition of

1 sanctions if the court concludes that the issues would have been
2 resolved if an attempt at resolution had been made before filing.

3 Defendant has, in good faith, complied with the mandate of EDCR 5.501 in
4 that she has attempted to resolve this issue prior to filing the instant motion. Again,
5 outside of the influence of Plaintiff's mother, the Plaintiff appears to be willing to
6 find a resolution in the best interest of the child. However, when Plaintiff's mother is
7 reintroduced to the matter, Plaintiff reverts to an unreasonable position and refuses
8 to find an amiable solution.

9
10 **B. The Court should Modify the Timeshare Schedule in a fair and equal**
11 **manner to provide Defendant with the opportunity to create family bond**
12 **during the weekends**

13 Pursuant to NRS 125C.0045(1)(a), the Court may make an order for the custody
14 of a child as appears in the best interest of the child "during the pendency of the action,
15 at the first hearing or any time thereafter during the minority of the child."

16 **1. There has been a change of circumstances**

17 Since the Decree of Divorce was issued, the Defendant become engaged and
18 two children have been born to that relationship. Defendant wishes to create a healthy
19 environment of a nuclear family for the minor child and the child's half-siblings while
20 not denying the Plaintiff of time with his child. Defendant emphatically asserts the
21 importance of their child having a continuing relationship with his father.

22 Prior to this motion and the preceding attempts to resolve this matter, the
23 Defendant was not in the position to create a healthy family environment for the
24 minor child. At the time of divorce, the minor child did not have siblings or a
25 stepfather with whom the child needs familiar time to bond with. Further, the minor
26 child will commence all-day kindergarten in the fall, creating a greater need for time
27 to bond with Paige, his siblings, and stepfather. Now there is a family unit which
28

1 desperately needs weekend time in order to take advantage of recreational time and
2 continue the family bonding process.

3 **2. The proposed modification is in the best interest of the child**

4 In determining the best interest of the minor children, this Court must use the
5 statutory factors set forth in NRS 125C.0035(4):

6 (a) The wishes of the child if the child is of sufficient age and capacity to
7 form an intelligent preference as to his or her physical custody.

8 (b) Any nomination of a guardian for the child by a parent.

9 (c) Which parent is more likely to allow the child to have frequent
10 associations and a continuing relationship with the noncustodial parent.

11 (d) The level of conflict between the parents.

12 (e) The ability of the parents to cooperate to meet the needs of the child.

13 (f) The mental and physical health of the parents.

14 (g) The physical, developmental and emotional needs of the child.

15 (h) The nature of the relationship of the child with each parent.

16 (i) The ability of the child to maintain a relationship with any sibling.

17 (j) Any history of parental abuse or neglect of the child or a sibling of the
18 child.

19 (k) Whether either parent or any other person seeking physical custody has
20 engaged in an act of domestic violence against the child, a parent of the child or
21 any other person residing with the child.

22 (l) Whether either parent or any other person seeking physical custody has
23 committed any act of abduction against the child or any other child.

24 Here, the Defendant does not seek to eliminate or reduce the amount of
25 visitation afforded to the Plaintiff. In fact, the proposed timeshare schedule expands
26 the amount of time that is allotted to the Plaintiff.

27 The goal of the proposed timeshare is to create a stable and nurturing family
28 environment for the minor child by reserving approximately half of his weekend time
for bonding with his new family. The weekday schedule does not provide time for the
family to bond through recreational activities and should be evenly split as to ensure
that the child has as much bonding time as possible to spend with both of his parents.

Creating a strong and consistent family bond is clearly in the best interest of
any child. The proposed timeshare provides the child with this opportunity while

continuing to ensure that the child's time with his father is not reduced.

//

3. Proposed Timeshare Schedule

For the foregoing reasons, Defendant proposes the following Timeshare Schedule:

Regular Schedule

On the 1st, 3rd, and 5th weeks every month Plaintiff will pick up the minor child from the release of school at 2:00 p.m. on Friday and exercise visitation through Monday at 2:00 p.m. This schedule will extend through the summer school break with exchanges taking place at a mutually agreed upon location.

Vacations

Both parties will be entitled to 2 weeks' vacation per calendar year. Vacations shall not exceed 7 continuous days. Vacations shall not interfere with the other parent's holiday visitation. The parties will provide the other parent with 2 weeks' written notice of planned vacations to include an itinerary and contact information for where the child will be. While on vacation, the parties shall facilitate reasonable communication between the minor child and the other parent.

Holidays

Christmas Eve/Christmas Day – Mom even years, Dad odd years

December 24th 9:00 a.m. – December 26th 9:00 a.m.

Thanksgiving – Mom odd years, Dad even years

Thursday of 9:00 a.m. – Friday of 9:00 a.m.

Mother's Day – Mom every year

Sunday of 9:00 a.m. – Monday of 9:00 a.m.

Father's Day – Dad every year

Sunday of 9:00 a.m. – Monday of 9:00 a.m.

Easter – Mom odd years, Dad even years

Friday of 9:00 a.m. – Monday of 9:00 a.m.

1 Independence Day – Mom even years, Dad odd years

2 July 3rd 3:00 p.m. – July 5th 3:00 p.m.

3 Halloween – Mom odd years, Dad even years

4 October 31st 9:00 a.m. – November 1st 9:00 a.m.

5 The proposed timeshare schedule expands the Plaintiff's time with the minor
6 child throughout the year while also allowing for the Defendant and her family to
7 share the weekends which are critical for family bonding time.

8 4. Additional Requests

9 Additionally, Defendant requests, in order to facilitate the proposed timeshare
10 schedule, that the parties are required to communicate through Our Family Wizard
11 unless there is an emergency and that third parties are excluded from exchanges
12 unless there is an emergency or both parties consent.

13 As joint legal custodians of the minor child, the parties are to consult each other
14 before making decisions regarding minor child's overall health, mental, and physical
15 health. During his current custodial time, Plaintiff, with retaliatory motives, gives the
16 minor child extreme hairstyles, shearing his long and curly hair into a "buzzcut", as
17 Plaintiff is aware Defendant prefers the child with long, flowing locks. Recently,
18 when Paige informed Kevin of a dentist appointment for the minor child, Kevin
19 asserted that Paige was not "sufficiently co-parenting," unilaterally cancelled the
20 much-needed appointment, and demanded that the parties choose another dentist,
21 despite never before taking interest in the child's medical appointments. Kevin's
22 inability to co-parent may be due to the fact that he has yet to comply with this
23 Court's orders and complete the "COPE" Class. Further, Plaintiff and his family
24 members often berate Defendant during exchanges. Therefore, Defendant requests the
25 Court enter an orders, consistent with Defendant's motion.

26 C. Defendant is Entitled to Financial Support from the Plaintiff for the Costs 27 of Health Insurance for the Minor Child

28 Parents have a duty to support their children by providing necessary

1 maintenance, health care, education, and financial support. NRS 125B.020 (emphasis
2 added).

3 As of the date of filing, Plaintiff has not contributed to the cost of health
4 insurance for the minor child since the child has been on Medicaid, however, the
5 minor child will be added to the Defendant's fiancé's insurance shortly after their
6 marriage. At such a time, Defendant is requesting that Plaintiff be ordered to pay on
7 half of the cost of premiums for the minor child's health insurance and contribute to
8 unreimbursed medical costs consistent with the "30/30" Rule.

9 **D. Defendant is Entitled to Attorney's Fees and Costs pursuant to NRS 18.010**

10 Chapter 18 of the Nevada Revised Statutes grants courts discretion to award
11 attorney fees "when the court finds that the claim...was brought or maintained
12 without reasonable ground" and permits courts to "punish for and deter frivolous or
13 vexatious claims and defenses because such claims and defenses overburden limited
14 judicial resources, hinder the timely resolution of meritorious claims and increase"
15 costs. NRS 18.010(2)(b). To justify an award of attorney's fees, the district court
16 must determine whether there were reasonable grounds for the claims asserted.
17 *Bergmann v. Boyce*, 109 Nev. 670, 675, 856 P.2d 560, 563 (1993). The proper inquiry
18 evaluates the frivolousness of the suit at the time it was initiated. *Barozzi v. Benna*,
19 112 Nev. 635, 639, 918 P.2d 301, 303 (1996).

20 Plaintiff has created an environment in which no resolution can be made.
21 Plaintiff enters negotiations and agrees only to withdraw his acceptance after
22 consulting his mother. This behavior has forced the Defendant to either accept terms
23 which are not in the best interest of the child or file a motion with the Court, as she
24 has done. Defendant seeks permission to submit an affidavit of fees and costs in
25 defense of the present motion and a *Brunzell* Affidavit within ten days of the present
26 order.

27 //

28 //

III. CONCLUSION

Defendant, PAIGE PETIT, therefore prays this Court grant the orders as outlined previously. Defendant respectfully requests this Court grant the following:

1. For an Order granting the Defendant's proposed Timeshare Schedule;
2. Attorney's Fees and Costs; and
3. For Such other relief as this court deem appropriate and just.

Respectfully submitted this 31st day of *July* 2018

THE GRIMES LAW OFFICE

/s/ Melvin R. Grimes

MELVIN R. GRIMES, ESQ.

Nevada Bar No: 12972

Melg@grimes-law.com

THE GRIMES LAW OFFICE

808 S. 7th Street

Las Vegas, NV 89101

p: (702) 347-4357

f: (702) 224-2160

Attorney for Paige Petit

AFFIDAVIT IN SUPPORT OF MOTION

I, PAIGE ELIZABETH PETIT, under penalties of perjury, being first duly sworn,
deposes and says:

1. That I am the Movant in the above-entitled action;
2. That I have read the Motion and know the contents thereof; that the same is true
of my own knowledge, except for those matters therein contained stated upon
information and belief, and as to those matters, I believe them to be true.
1. That I am familiar with all facts stated in this affidavit and I am competent to
testify to these facts of my own knowledge, except as to those matters stated
herein on information and belief, and, as to such matters, I believe them to be
true;
3. That I make this affidavit in support of the foregoing motion;

WHEREFORE, I pray this court for its Order a Modification of Timeshare
Schedule.

FURTHER, YOUR AFFIANT SAYETH NAUGHT.

DATED this 30th day of July, 2018.

Paige Petit
Print Name

Paige Petit
Sign Name

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b). I certify that I am an employee of The Grimes Law Office and that on the 31st day of July 2018, I caused the foregoing document, Motion for Modification of Timeshare Schedule, to be served as follows:

☒ Pursuant to EDCR 8.05(a), EDCR 8.05(f), NRCP 5(b)(2)(D) and Administrative Order 14-2 captioned "In the Administrative Matter of Mandatory Electronic Service in the Eighth Judicial District," by mandatory electronic service through the Eighth Judicial District Court's electronic filing system;

☐ By placing the same to be deposited for mailing in the United States Mail, in a sealed envelope with appropriate first class postage attached.

☐ By hand delivery with signed Receipt of Copy;

to the attorney or party listed below at the address, email address and/or fax number indicated below:

MICHAEL BURTON, ESQ
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335

Respectfully submitted this 31st day of July 2018



An Employee of

THE GRIMES LAW OFFICE

MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Kevin Daniel Adrianzen

Plaintiff/Petitioner

v. Paige Elizabeth Petit

Defendant/Respondent

Case No. D-13-489593-D

Dept. 4

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

<input checked="" type="checkbox"/> \$25	The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
-OR-	
<input type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
<input type="checkbox"/>	The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
<input type="checkbox"/>	The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
<input type="checkbox"/>	The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on _____.
<input type="checkbox"/>	Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

<input checked="" type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
<input checked="" type="checkbox"/>	The Motion/Opposition is being filed in a case that was not initiated by joint petition.
<input type="checkbox"/>	The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
-OR-	
<input type="checkbox"/> \$129	The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
-OR-	
<input type="checkbox"/> \$57	The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

Step 3. Add the filing fees from Step 1 and Step 2.

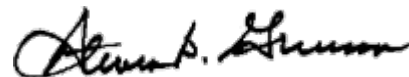
The total filing fee for the motion/opposition I am filing with this form is:

☐\$0 ☒\$25 ☐\$57 ☐\$82 ☐\$129 ☐\$154

Party filing Motion/Opposition: The Grimes Law Office for P.E.P. Date 7/31/2018

Signature of Party or Preparer

[Signature]



OPPC
Michael Burton, Esq.
Nevada Bar Number 14351
McFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D
Department: H

Date of Hearing: September 17, 2018
Time of Hearing: 10:00 a.m.

Oral Argument Requested: ☒ Yes ☐ No

**PLAINTIFF'S OPPOSITION TO DEFENDANT'S MOTION FOR
MODIFICATION OF TIMESHARE SCHEDULE AND
COUNTERMOTION FOR MODIFICATION OF PHYSICAL CUSTODY
TO JOINT; HOLIDAY AND VACATION SCHEDULE AND WEEK
ON/WEEK OFF TIMESHARE, & MODIFICATION OF CHILD SUPPORT**

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton, Esq. of McFarling Law Group, and hereby opposes Defendant's
Motion and submits his Countermotion requesting the Court issue an Order:

1. Denying Defendant's request to grant her proposed timeshare schedule;
2. Granting modification of physical custody to joint physical custody with a week on/week off timeshare;
3. Granting Plaintiff's request for a holiday and vacation schedule to match the one he has in Case D-17-557607-C in Dept. B;
4. Granting Plaintiff's request to modify child support; and,
5. For any other relief this Court deems fair and appropriate.

This Opposition and Countermotion is made and based on the Memorandum of Points and Authorities set forth below, the Declaration of Kevin Adrianzen attached hereto, all papers and pleadings on file herein, and evidence presented by counsel, if any, at the hearing.

DATED this 23rd day of August, 2018.

McFARLING LAW GROUP

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

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1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 Mom’s motion seeks to cut Dad’s already limited time—despite Mom’s
4 significant history of poor co-parenting and lack of respect for Dad’s role in Ryder’s
5 life. Dad has another child whom he has joint physical custody of and it is in Ryder’s
6 best interest to have a more equal custodial schedule with both of his parents.

7 **II. STATEMENT OF FACTS**

8 **A. History of the Parties**

9 Plaintiff Kevin Adrianzen (“Dad”) and Defendant Paige Petit (“Mom”)
10 divorced in 2014. They have one child together: Ryder, aged 4.¹

11 The parties were unable to agree to custody terms in their original divorce and
12 ultimately had an evidentiary hearing in June 2014.

13 After the evidentiary hearing, the Court made the following relevant findings
14 and orders:

- 15 1. Court did not find any acts of domestic violence;
- 16 2. There is a level of conflict between the parties and the
- 17 grandparents, which is a negative factor for the child;
- 18 3. Disputes are not handled in a mature way;
- 19

20 _____

.. ¹ Ryder was born September 22, 2013, thus is almost 5.

- 1 4. Mom is designated as primary physical custodian, with Dad's
2 visitation after Ryder's first birthday being weekly, Saturday
3 6:00 p.m. to Monday at 6:00 p.m.² ; and
4 5. The parties have joint legal custody.

5 The Court made no specific best interest findings as to why it awarded Mom
6 primary physical custody or why it set the visitation schedule that it did.

7 **B. Mom Regularly Violates Dad's Joint Legal Custody Rights**

8 In the four years since the Court's last order, there have been numerous co-
9 parenting issues and continuing conflict.

10 Mom violates Dad's joint legal custody rights regularly. In March 2018, Dad
11 deposed Mom in a separate case.³ During that deposition, Mom acknowledged
12 numerous medical and dental appointments that she unilaterally took Ryder to—
13 without informing Dad.

14 Q. Who is Ryder's doctor?

15 A. It's Dr. Dani. It's D-a-n-i, at Health Care Pediatrics.

16 Q. When's the last time he's seen Dr. Dani?

17 A. It was -- it was late last year. I believe it was about October.

18 Q. What was that for?

19 A. The flu shot.

20 Q. Was Kevin present at that appointment?

21 A. No.

22 Q. Did he know about that appointment?

² The court escalated the visitation at Ryder's first birthday, acknowledging his age and time spent with Mom at that point.

³ Paige was a witness in a separate case involving Kevin and his other child's mother, case # D-17-557607-C.

1 A. No.
 2 Q. Do you remember the last time he saw Dr. Dani before that?
 3 A. For his four-year checkup in September.
 4 Q. Was Kevin present at that appointment?
 5 A. No.
 6 Q. Did Kevin know about that appointment?
 7 A. No.
 8 Q. I promise I'm not going to do this for his whole life, but what was
 9 his last appointment before the four-year checkup with Dr. Dani?
 10 A. I believe it was his three-year checkup. I don't believe he went back
 11 for anything. I'm not sure.
 12 Q. Was Kevin present at that appointment?
 13 A. No.
 14 Q. Did he know about that appointment?
 15 A. No.
 16 Q. Over the last two years, has he seen -- aside from dentists, which
 17 I'll ask you about in a minute, has he seen any other doctors besides Dr. Dani?
 18 A. No.
 19 Q. Has he seen --
 20 A. Sorry. He's seen, like, another pediatrician within the same health
 practice when --
 Q. Was it one of the appointments that you talked about?
 A. No. It was for like a sick visit when Dr. Dani was not in office.
 Q. Do you remember when that was?
 A. It was probably back in maybe 2016.
 Q. What was wrong?
 A. He had -- I believe it was for a rash that he had. I'm not completely
 sure.
 Q. You think it was a rash, though?
 A. I think so. I think that, yeah.
 Q. Was Kevin present at that appointment?
 A. No.
 Q. Did he know about that appointment?
 A. No.
 Q. Does Ryder see a dentist?
 A. Yes.
 Q. When is the last time he went there?
 A. He went -- I believe it was last month, February, for a checkup.
 Q. Was Kevin present at that appointment?

1 A. No.

Q. Did he know about it?

2 A. No.

Q. When's the last time he was at the dentist before that?

3 A. It was last year. It was -- I think it was late last year. I don't
remember what month it was, though. Probably around October.

4 Q. Any issues at that appointment?

A. Yeah. At that one he had his cavity filled.

5 Q. Just one?

A. It was two, I believe.

6 Q. Was Kevin at that appointment?

A. No.

7 Q. Did he know about that appointment?

A. No.

8
9 In the last four years, Mom has told Dad about *one* doctor's appointment for
10 Ryder, and it was on her way out of the door.

11 **C. Mom's House, Boyfriend, and Lack of Co-Parenting**

12 Mom lives with her current boyfriend with whom she has two children with.
13 Dad believes, and Mom confirmed during her deposition, that Mom's boyfriend has
14 a criminal record that includes at least two drug charges, a DUI in California, and an
15 open DUI case in Nevada (also driving without a license).⁴ Dad believes Mom is
16 living in a two-bedroom apartment with her boyfriend, their two children, and
17 Ryder— five people total. Ryder has said things to Dad that make him think Mom's
18 boyfriend has been physically abusive to Ryder—although Kevin cannot prove it.

19
20

⁴ Case # 17M10033X.

1 Kevin also has concerns over Mom's care for Ryder. Dad noticed Ryder had
2 cavities, which he did not feel a child so young should have. One of Ryder's fillings
3 then fell out and Dad had to tell Mom because again, she did not notice. Dad
4 contacted Mom to inform her and ask for Ryder's dentist information, so he could
5 take him to the dentist. Mom never responded.

6 It is possible Mom did not respond because she blocked Dad's number on her
7 phone, something she has done before; and proudly told him that she has done. Mom
8 has also told Dad that she purposely does not respond to certain messages.

9 When Ryder was three-years-old, Mom was involved in a car accident with
10 Ryder, which required him to go to the hospital. Mom never told Dad. Dad found
11 out from Ryder and asked Mom for the medical records and accident report. Mom
12 provided partial medical records, but enough for Dad to see that Mom was using
13 only her last name on Ryder's insurance and hospital records, despite the court
14 ordering a hyphenated last name for Ryder. No police report was ever provided to
15 Dad.

16 Prior to Mom's current living situation, she lived with her parents until they
17 divorced. Mom then lived in Summerlin with her boyfriend at his father's residence
18 for one year. Mom would never provide the address of her boyfriend's father's
19 residence to Dad. For the first year thereafter, Mom refused to tell Dad where she
20 (Ryder) lived.

1 Around this time, Dad learned from Ryder that there was a babysitter
2 watching him—which surprised Dad as Mom did not work. Dad asked Mom who
3 was watching Ryder. Mom never responded. Mom later confirmed during her
4 deposition that she was in fact working.

5 Dad has had concerns, for over two years, over speech issues with Ryder and
6 expressed these concerns to Mom and his desire to have an evaluation done. Mom
7 ignored.

8 On numerous occasions Dad has asked Mom about injuries on Ryder. Mom
9 never responds.

10 Mom was forced to respond on one occasion however (after Dad had been
11 informing Mom about it for two weeks with no response from Mom): Ryder showed
12 up at Dad's house with scabies—which required both homes be treated for
13 infestation.

14 On occasion, Mom has sent medication for Ryder with no instructions as to
15 how to administer— or even what it is for.

16 Mom has refused to be flexible and allow Dad any additional time with Ryder.
17 This includes for parties, family events, family birthdays, brief vacations, or any
18 other father/son experiences Dad would try to plan that occurred outside his set time.
19 Mom's position is she will not do anything the court has not ordered her to do.

1 Mom has verbally degraded (and hit) Dad at exchanges— in front of Ryder;
2 and routinely shoves cameras in his or his family members' faces at exchanges. On
3 one occasion Mom hit Dad with her phone while she was recording him because
4 Dad was trying to talk to Mom because he was unable to text her as she had blocked
5 his number.

6 Dad had his Mother do the exchanges, hoping that would help. It did not. Mom
7 tried running Grandma over at one exchange, while Ryder was in the car with
8 Grandma—prompting Grandma to call the police. Thereafter Mom unilaterally
9 decided Grandma (Dad's Mom) could no longer do the exchanges regardless of what
10 the Judge had advised in court.

11 Dad contacted Mom about putting Ryder in swimming lessons. Mom's
12 response: she had already put him in swimming lessons at a swimming academy but
13 never told Dad and never offered Dad to come.

14 Very recently, Ryder had his first day of kindergarten. This occurred on Dad's
15 timeshare. Understandably, Mom expressed a desire to be at this milestone moment.
16 Also, understandably, Dad was reluctant because of the non-stop drama around the
17 parties' exchanges, but did not stop Mom from being present for the event.

18 Prior to going into his classroom, Ryder posed for a photo. Dad stepped back
19 and allowed Mom to go first. Mom got a photo of Ryder, which takes time as he is
20 only four-years-old. Just as Mom finished, Ryder's teacher called him into the

1 classroom—meaning Dad did not get to take a photo. Dad asked Mom if she could
2 send him the photo she had taken. Mom refused. Mom’s reason? Dad’s Mom never
3 gave her photos and videos taken during Ryder’s *birth*, almost five years prior.
4 Kevin has tried to explain that those photos are his mother’s and he has no control
5 over them. Court mediators from both Family Court and Nevada Supreme Court
6 have also explained the same to Mom.

7 Mom still refuses to share the photo with Dad.

8 **D. Changes in Dad’s Life Since 2014**

9 Dad has always worked blue-collar jobs, until a motorcycle accident in May
10 2016. This accident left Dad with many permanent physical injuries. Because of this
11 accident, Dad had surgery and physical therapy for approximately six months, being
12 on FMLA during this time.

13 After returning to work, Dad was not able to perform the same tasks as before.
14 Dad ended up being laid off in June 2017. Dad received unemployment insurance
15 through January 2018. Dad searched for employment during this time but was not
16 successful. Recently, Dad started a job as a carpenter apprentice. Unfortunately, this
17 job did not work out as Dad’s physical limitations from injury caused him to fail to
18 pass the minimum skills test for the job. Dad is currently enrolled at College of
19 Southern Nevada with the goal of finding a white-collar career he can physically
20 handle. Dad is still seeking part-time employment while in school.

1 But it has not all been bleak for Dad during this period. In January 2015, Dad's
2 daughter Raelynn was born. Dad currently has joint physical custody of Raelynn,
3 with a week on/week off timeshare.

4 *This opposition and countermotion follows.*

5 **III. LEGAL ARGUMENT**

6 **A. The Court Should Deny Mom's Motion and Grant Dad's** 7 **Countermotion to Modify Custody**

8 When the court considers modifying a primary physical custody order, the
9 court must use a two-step process.⁵ First, the court must determine if there has been
10 a substantial change in circumstances affecting the welfare of the child since the last
11 custodial order.⁶ If there has, the court must then consider whether modification of
12 custody serves the child's best interest.⁷ The moving party has the burden of proof
13 under both prongs.⁸

14 The specific findings the court must make when considering a child's best
15 interest under NRS 125C.0035(4) are as follows:

- 16 (a) The wishes of the child if the child is of sufficient age and capacity
to form an intelligent preference as to his or her physical custody.
- 17 (b) Any nomination of a guardian for the child by a parent.
- 18 (c) Which parent is more likely to allow the child to have frequent
associations and a continuing relationship with the noncustodial parent.

19 ⁵ *Ellis v. Carucci*, 123 Nev. 145, 150 (2007).

20 ⁶ *Id.*

⁷ *Id.*

⁸ *Id.*

- (d) The level of conflict between the parents.
- (e) The ability of the parents to cooperate to meet the needs of the child.
- (f) The mental and physical health of the parents.
- (g) The physical, developmental and emotional needs of the child.
- (h) The nature of the relationship of the child with each parent.
- (i) The ability of the child to maintain a relationship with any sibling.
- (j) Any history of parental abuse or neglect of the child or a sibling of the child.
- (k) Whether either parent or any other person seeking physical custody has engaged in an act of domestic violence against the child, a parent of the child or any other person residing with the child.
- (l) Whether either parent or any other person seeking physical custody has committed any act of abduction against the child or any other child.

Here, there has been a substantial change in circumstances since the last custodial order, and modifying custody is in Ryder's best interest.

1. There has been a substantial change in circumstances.

First, Mom acknowledges in her Motion that there has been a substantial change in circumstances since the parties' last custodial order—citing her own engagement and blended family. Dad has those same circumstances, plus more.

In addition to the change in Dad's work schedule and his daughter of whom he has joint physical custody, Mom's actions since the last custodial order are a sufficient change in circumstances affecting Ryder's welfare.

Mom's complete lack of co-parenting with Dad since the last custodial order is alarming. Mom will not even share a photo she took of Ryder on his first day of

1 school with Dad. This would take less than 5 seconds via text. Mom refuses, citing
2 a five-year-old axe she is grinding with Dad's Mother.

3 Mom does not tell Dad about doctors' appointments. Mom does not tell Dad
4 about dentist appointments. Mom blocks Dad's phone number. Mom is cohabitating
5 with a probable substance abuser in tight quarters. Mom refuses to allow Dad *any*
6 additional time, no matter what the reason for Dad's request. Mom moves without
7 informing Dad or giving him the addresses. Mom also takes Ryder out of state
8 without informing Dad.

9 Mom enrolled Ryder in school, to begin kindergarten this school year, without
10 even discussing with Dad. And she has placed Ryder on a wait list for a charter
11 school without discussing with Dad.

12 Right now, Dad has two days a week of visitation. Mom's request is for Dad
13 to have three days per week— but only on the first, third, and fifth weeks. This
14 means that in most months, Dad's timeshare would go from 8 days a month, to six.
15 And not that Ryder has started kindergarten, this change would not allow Dad to
16 substantially participate in Ryder's education. Considering Mom's history, her
17 request is not surprising.

18 Based on the foregoing, there are numerous substantial changes of
19 circumstances affecting Ryder's welfare since the last custodial order.
20

1 **2. It is in Ryder's Best Interest for the Parties to Share Joint**
2 **Physical Custody**

3 A review of the statutory best interest factors is as follows:

4 (a) The wishes of the child if the child is of sufficient age and capacity
5 to form an intelligent preference as to his or her physical custody.

6 This factor is not applicable.

7 (b) Any nomination of a guardian for the child by a parent.

8 This factor is not applicable.

9 (c) Which parent is more likely to allow the child to have frequent
10 associations and a continuing relationship with the noncustodial parent.

11 This factor favors Dad. Mom has been given a chance and her performance is
12 abysmal. She admitted in her deposition she refuses to allow Dad any more time
13 than the court has ordered. Mom blocks Dad's phone number. Mom refuses to co-
14 parent.

15 (d) The level of conflict between the parents.

16 This factor favors Dad. The parties are high conflict. Mom shoves a camera
17 in Dad's face during exchanges, literally— right in his face. Mom has also hit Dad
18 with her phone in front of Ryder. Documenting exchanges is one thing, but
19 antagonizing is another.

20 (e) The ability of the parents to cooperate to meet the needs of the
 child.

1 This factor favors Dad. Mom refuses to cooperate. Mom admits she does not
2 tell Dad about doctors' or dentists' appointments. Mom does not tell Dad about
3 extracurricular activities in which she enrolls Ryder. Yet Dad has informed Mom
4 when he signed Ryder up for indoor soccer and private swimming lessons.

5 (f) The mental and physical health of the parents.

6 This factor is neutral.

7 (g) The physical, developmental and emotional needs of the child.

8 This factor favors Dad. Mom refused to consider a speech evaluation for
9 Ryder. Mom places her conflict with Dad above Ryder's needs.

10 (h) The nature of the relationship of the child with each parent.

11 This factor is neutral. Both parents have a good relationship with Ryder.

12 (i) The ability of the child to maintain a relationship with any sibling.

13 Both parents have other children. Currently this factor only favors Mom
14 as her other children are with Ryder five days a week vs. two days a week,
15 every other week, with Dad's other daughter. And Ryder's time with his
16 sister would be less if Mom's visitation modification request is granted.

17 (j) Any history of parental abuse or neglect of the child or a sibling of
the child.

18 This factor is not applicable.

19 (k) Whether either parent or any other person seeking physical custody
20 has engaged in an act of domestic violence against the child, a parent
of the child or any other person residing with the child.

1 This factor is not applicable.

2 (l) Whether either parent or any other person seeking physical custody
3 has committed any act of abduction against the child or any other child.

4 This factor is not applicable.

5 Based on the foregoing, Dad requests this court modify custody to joint
6 physical custody, with a week on/week off timeshare that matches Dad's other
7 custodial timeshare, which has exchanges on Friday. Dad also requests Dept. B's
8 holiday and vacation schedule that also matches Dad's other custodial schedule.

9 **B. The Court Should Modify Child Support**

10 Parents have a duty to support their children by providing necessary
11 maintenance, health care, education, and support.⁹ A parent with physical custody is
12 entitled to recovery of financial support from the non-custodial parent.¹⁰ Nevada law
13 sets child support for one minor child at 18% of the parent's gross monthly income.¹¹

14 When parties have joint physical custody, child support is calculated by
15 determining each party's statutory percentage based on their respective gross
16 monthly incomes; and then subtract the difference between the two with the higher
17 income earner paying the lower income earner the difference.¹²

18
19 ⁹ NRS 125B.020.

20 ¹⁰ NRS 125B.030.

¹¹ NRS 125B.070.

¹² *Wright v. Osburn*, 114 Nev. 1367, 1369 (Nev. 1998).

1 NRS 125B.080(9)¹³ contains factors a court must consider when adjusting an
2 obligor's child support from the statutory formula. NRS 125B.080(2) also requires
3 any specific agreement between parties that is not consistent with the statutory
4 formula state sufficient facts in accordance with subsection 9 to justify deviation
5 from the statutory formula.

6 Here, both parties are unemployed. Mom lives with her boyfriend, who
7 supports her. And Dad lives with his Mother while he attends school. Based on their
8 respective gross monthly incomes, Dad's child support obligation should be
9 \$100.00; and Mom's child support obligation should be \$100.00. Therefore, under
10 *Wright*, if the court orders joint physical custody, child support should be set at zero.

13 NRS 125B.080(9) The court shall consider the following factors when adjusting the amount of support of a child upon specific findings of fact:

- 14 (a) The cost of health insurance;
- 15 (b) The cost of child care;
- 16 (c) Any special educational needs of the child;
- 17 (d) The age of the child;
- 18 (e) The legal responsibility of the parents for the support of others;
- 19 (f) The value of services contributed by either parent;
- 20 (g) Any public assistance paid to support the child;
- (h) Any expenses reasonably related to the mother's pregnancy and confinement;
- (i) The cost of transportation of the child to and from visitation if the custodial parent moved with the child from the jurisdiction of the court which ordered the support and the noncustodial parent remained;
- (j) The amount of time the child spends with each parent;
- (k) Any other necessary expenses for the benefit of the child; and
- (l) The relative income of both parents.

1 And even if the court does not award joint physical custody, Dads child support
2 should be set at \$100.00.

3 **C. The Court Must Deny Mom's Request for Attorney's Fees**

4 The court may award attorney fees to a prevailing party; or when the court
5 finds a party has brought a claim or maintained a defense without reasonable grounds
6 or to harass the opposing party.¹⁴ The court shall liberally construe this provision in
7 favor of awarding attorney's fees in appropriate situations.¹⁵

8 When deciding attorney's fees awards in family law matters, four
9 requirements were set forth¹⁶: 1) counsel must cite a legal basis for attorney's fees;
10 2) the Court must evaluate the *Brunzell*¹⁷ factors; 3) the Court must consider any
11 disparity in income of the parties under *Wright*¹⁸; and 4) the request must be
12 supported by affidavit or other evidence.

13 The court has authority in custody actions to order reasonable attorney's fees
14 in proportions and at times determined by the court.¹⁹

18 ¹⁴ NRS 18.010(2)(a)-(b).

19 ¹⁵ *Id.*

¹⁶ *Miller v. Wilfong*, 121 Nev. 619, 119 P.3d 727 (2005).

¹⁷ *Brunzell v. Golden Gate Nat'l Bank*, 85 Nev. 345 (1969).

20 ¹⁸ *Wright v. Osburn*, 114 Nev. 1367, 1370 (1998).

¹⁹ NRS 125C.250.

1 All financial requests, including attorney's fees, require the requesting party
2 file a financial disclosure form within 2 judicial days of filing their motion or
3 countermotion.²⁰

4 Here, the court must deny Mom's request for attorney's fees as she failed to
5 file a financial disclosure form; and also, because it is meritless.

6 Mom asserts she has "on numerous occasions, Defendant and her counsel
7 have discussed this matter with the Defendant and his counsel including multiple
8 offers of settlement which have been accepted and then subsequently rejected." This
9 is not true. Dad has attempted to discuss and work out a different custody
10 arrangement with Mom and she ignores and does not respond to him.

11 Dad is willing to waive all objections to confidential settlement negotiations
12 being introduced to this Court and allow Mom to present any written settlement
13 communications in this case, including written offers. There are none. And there are
14 certainly no acceptances of offers which were later rejected. This is a fabrication.

15 The court must therefore deny Mom's request for attorney's fees.

16 ///

17 ///

18 ///

19

20

²⁰ EDCR 5.506(2).

1 **IV. CONCLUSION**

2 BASED ON THE FOREGOING, Kevin Adrianzen requests this Court issue
3 an Order:

- 4 1. Denying Defendant's request to grant her proposed timeshare schedule;
5 2. Granting modification of physical custody to joint physical custody
6 with a week on/week off timeshare;
7 3. Granting Plaintiff's request for a holiday and vacation schedule to
8 match the one he has in Case D-17-557607-C in Dept. B;
9 4. Granting Plaintiff's request to modify child support; and,
10 5. For any other relief this Court deems fair and appropriate.

11 DATED this 23rd day of August, 2018.

12 **MCFARLING LAW GROUP**

13 /s/ Michael Burton

14 Michael Burton, Esq.
15 Nevada Bar Number 14351
16 6230 W. Desert Inn Road
17 Las Vegas, NV 89146
18 (702) 565-4335
19 Attorney for Plaintiff,
20 Kevin Adrianzen

1 **DECLARATION OF KEVIN ADRIANZEN**

2 1. I, Kevin Adrianzen, declare that I am competent to testify to the facts
3 contained in the preceding filing.

4 2. I have read the preceding document, and I have personal knowledge of the
5 facts contained therein, unless stated otherwise. Further, the factual
6 averments contained therein are true and correct to the best of my
7 knowledge, except those matters based on information and belief, and as
8 to those matters, I believe them to be true.

9 3. The factual averments contained in the preceding filing are incorporated
10 herein as if set forth in full.

11 I declare under penalty of perjury, under the laws of the State of Nevada and
12 the United States (NRS 53.045 and 28 USC § 1746), that the foregoing is true
13 and correct.

14 EXECUTED this 23rd day of August, 2018.

15 
16 Kevin Adrianzen

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 X via mandatory electronic service by using the Eighth Judicial
 ct Court's E-file and E-service System to the following:

/s/ Crystal Beville
 Crystal Beville

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Kevin Adrianzen

Plaintiff/Petitioner

v. Paige Petit

Defendant/Respondent

Case No.

D-13-489542-0

Dept.

H

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

- ☒ **\$25** The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
-OR-
☐ **\$0** The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
- ☐ The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
 - ☐ The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
 - ☐ The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on _____.
 - ☐ Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

- ☒ **\$0** The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
- ☒ The Motion/Opposition is being filed in a case that was not initiated by joint petition.
 - ☐ The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
- OR-
☐ **\$129** The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
-OR-
☐ **\$57** The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

Step 3. Add the filing fees from Step 1 and Step 2.

The total filing fee for the motion/opposition I am filing with this form is:

☐ \$0 ☐ \$25 ☐ \$57 ☐ \$82 ☐ \$129 ☐ \$154

Party filing Motion/Opposition:

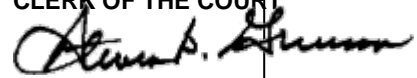
P17F. K. Adrianzen

Date

8-23-18

Signature of Party or Preparer

Cynthia Coville



SUPPL
Michael Burton, Esq.
Nevada Bar Number 14351
McFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D
Department: H

Date of Hearing: September 17, 2018
Time of Hearing: 10:00 a.m.

Oral Argument Requested: ☒ Yes ☐ No

**SUPPLEMENT TO PLAINTIFF'S OPPOSITION TO DEFENDANT'S
MOTION FOR MODIFICATION OF TIMESHARE SCHEDULE AND
COUNTERMOTION FOR MODIFICATION OF PHYSICAL CUSTODY
TO JOINT; HOLIDAY AND VACATION SCHEDULE AND WEEK
ON/WEEK OFF TIMESHARE, & MODIFICATION OF CHILD SUPPORT**

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton, Esq. of McFarling Law Group, and hereby opposes Defendant's

1 Motion and submits his Supplement to his Opposition and Countermotion requesting
2 the Court issue an Order:

- 3 1. Denying Defendant's request to grant her proposed timeshare schedule;
- 4 2. Granting modification of physical custody to joint physical custody
5 with a week on/week off timeshare;
- 6 3. Granting Plaintiff's request for a holiday and vacation schedule to
7 match the one he has in Case D-17-557607-C in Dept. B;
- 8 4. Granting Plaintiff's request to modify child support; and,
- 9 5. For any other relief this Court deems fair and appropriate.

10 This Opposition and Countermotion is made and based on the Memorandum
11 of Points and Authorities set forth below, the Declaration of Kevin Adrianzen
12 attached hereto, all papers and pleadings on file herein, and evidence presented by
13 counsel, if any, at the hearing.

14 DATED this 30th day of August, 2018.

15 **MCFARLING LAW GROUP**

16 /s/ Michael Burton

17 Michael Burton, Esq.
18 Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
19 (702) 565-4335
Attorney for Plaintiff,
20 Kevin Adrianzen

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1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 Mom is cohabitating and engaged to a serious drug addict. Mom has allowed
4 this individual to be around the parties' son. Mom's home is not suitable for her to
5 have primary physical custody.

6 **II. STATEMENT OF FACTS**

7 Plaintiff Kevin Adrianzen ("Dad") and Defendant Paige Petit ("Mom")
8 divorced in 2014. They have one child together: Ryder, aged 4.¹

9 Mom's Motion states "Since the decree of divorce was issued, the Defendant
10 [Mom] become engaged [sic] and two children have been born to that relationship.
11 Defendant [Mom] wishes to create a healthy environment of a nuclear family for the
12 minor child and the child's half-siblings while not denying Plaintiff [Dad] time with
13 his child." Mom also states: "The goal of the proposed timeshare is to create a stable
14 and nurturing family environment for the minor child by reserving approximately
15 half of his weekend time for binding with his new family." The fiancé Mom is
16 referring to is Shawn Prisco.

17 Dad filed his Opposition and Countermotion to Paige's Motion to Modify
18 timeshare on August 23, 2018. In Dad's Opposition and Countermotion, he raised
19

20 _____
.. ¹ Ryder was born September 22, 2013, thus is almost 5.

1 concerns over Shawn and substance abuse by him. At the time of filing, Dad was
2 still amassing supporting documentation.

3 During Mom's deposition on March 19, 2018, Mom was asked about her
4 fiancé, Shawn Prisco, and his criminal history:

5 Q. Do you know if Shawn has ever been arrested before?

A. Yes.

6 Q. What for?

A. Possession of marijuana.

7 Q. Anything else that you're aware of?

A. No.

8 Q. How many times?

A. Twice.

9 Q. Twice that you're aware of?

A. Yes.

10 Q. Those are the only two arrests that you're aware of?

A. I believe there's one in California. I'm not sure.

11 Q. For what?

A. I think it was a DUI. I'm not sure, though.

12 Q. Do you know if Shawn has ever been to rehabilitation for drugs
or alcohol?

13 A. No, I'm not sure.

14 Q. Not sure? So he may have been, but you're not aware?

A. Yes.

15 Either Mom was lying, or she has no idea who she is engaged to, has two
16 children with, and allows around Ryder.

17 Shawn has a serious and recent history with hard drugs. In May 2017, Shawn
18 was arrested for possession of drug paraphernalia and resisting arrest/obstructing a
19
20

1 police officer. While these charges alone are troubling, the facts surrounding them
2 are even more so.²

3 According to the officer's report, on May 5, 2017 around 7:00 p.m. the police
4 were called to the area of 1575 Warm Springs Road in Henderson Nevada with
5 reports that a male was "asking people for drugs." The suspect was described as
6 "thin" and with "black pants with holes in them." He was later identified as Shawn
7 Prisco.

8 The police approached Shawn to talk to him, but Shawn walked away, and
9 continued to walk away despite the officer saying he needed to speak to him; and
10 Shawn being advised by the officer that if he did not comply, the officer would use
11 force. The officer ended up using force and placing Shawn in handcuffs.

12 The officer searched Shawn and found a "clear glass pipe with a broken end,
13 tinfoil, and burnt residue, lighter, and miscellaneous pill wrapped in paper towel."
14 Based on the officer's training and experience, he identified all the paraphernalia as
15 the type used to smoke heroin or methamphetamine. The officer suspected at least
16 one of the pills was Xanax.

20 ² See Henderson Municipal Court Docket Sheet, criminal records, and criminal pleadings listed
as Exhibit 3.

1 The case just concluded in May 2018, with Shawn getting 60 days in jail
2 (suspended), and court ordered rehabilitation of a minimum of 24 weeks. Basically,
3 Shawn is right now (or should be) in a rehabilitation program.

4 The above event is not an isolated incident of substance abuse by Shawn. In
5 2016 Shawn was charged with driving under the influence in California, as well as
6 carrying a concealed “dirk or dagger.” According to California penal code, a “dirk
7 or dagger” is defined as:

- 8 1. a knife or other instrument,
- 9 2. with or without a hand guard,
- 10 3. that is capable of ready use as a stabbing weapon, and
- 11 4. that may inflict a significant or substantial physical injury or death.³

12 As if this all was not enough, Shawn’s May 2017 brush with the law brought
13 on by him randomly soliciting strangers for drugs was not rock-bottom. In April of
14 this year (2018), Shawn was again charged with driving under the influence (drugs)
15 and driving on a revoked license. Shawn was charged as first offense, with Nevada
16 apparently not knowing about the prior California charge. On this DUI, Shawn was
17 under the influence of THC and alprazolam (Xanax)— the same pills found on him
18 a year earlier. This case just concluded on August 22, 2018.

20 ³ California Penal Code 16470.

1 None of these are new developments. On June 11, 2016, Shawn Prisco's
2 mother took to Facebook to plea to anyone who would listen about Shawn's drug
3 problems.⁴ The post states:

4 I am Shawn Priscos mother. My son is a drug addict spiraling out of control.
5 Shawn lies, steals, cheats, and does whatever he can do to feed his addiction.
6 I'm reaching out to all that know Shawn and am asking to all not support his
7 addiction or be the one that gives him 20 bucks so he can buy drugs that kill
him. Shawn has an open door to return to Rehab for the help he needs. We
have recently learned that Shawn is going to be a father but not if he
continues on this path of destruction. . .

8 She further states that this post is very hard for her, but she is very concerned
9 about those unknowingly feeding her son's addiction.

10 This post came at a time when Shawn was living with Mom [Defendant],
11 Mom was pregnant with their first child, and Mom had primary custody of Ryder.

12 In fact, only two weeks prior to this post by Shawn's mother, Shawn posted
13 photos of a "road trip" he took to Pismo Beach.⁵ His post includes a photo of Shawn
14 going into the ocean— with Ryder.

15 //

16 //

17 //

20 ⁴ See Facebook Post of Jaime Schemp listed as Exhibit 2.

⁵ See Facebook post by Shawn listed as Exhibit 1.

1 According to Mom's deposition, as far as she knows, Shawn has never sought
2 rehab. And Mom's motion wishes to preserve this "nuclear" family for Ryder.

3 *This opposition and counter motion follows.*

4 **III. LEGAL ARGUMENT**

5 **A. The Court Should Modify Custody to Joint Physical Custody**

6 When the court considers modifying a primary physical custody order, the
7 court must use a two-step process.⁶ First, the court must determine if there has been
8 a substantial change in circumstances affecting the welfare of the child since the last
9 custodial order.⁷ If there has, the court must then consider whether modification of
10 custody serves the child's best interest.⁸ The moving party has the burden of proof
11 under both prongs.⁹

12 The specific findings the court must make when considering a child's best
13 interest under NRS 125C.0035(4) are as follows:

- 14 (a) The wishes of the child if the child is of sufficient age and capacity
to form an intelligent preference as to his or her physical custody.
- 15 (b) Any nomination of a guardian for the child by a parent.
- 16 (c) Which parent is more likely to allow the child to have frequent
associations and a continuing relationship with the noncustodial parent.
- 17 (d) The level of conflict between the parents.
- 18 (e) The ability of the parents to cooperate to meet the needs of the
child.
- (f) The mental and physical health of the parents.

19 ⁶ *Ellis v. Carucci*, 123 Nev. 145, 150 (2007).

20 ⁷ *Id.*

⁸ *Id.*

⁹ *Id.*

- (g) The physical, developmental and emotional needs of the child.
- (h) The nature of the relationship of the child with each parent.
- (i) The ability of the child to maintain a relationship with any sibling.
- (j) Any history of parental abuse or neglect of the child or a sibling of the child.
- (k) Whether either parent or any other person seeking physical custody has engaged in an act of domestic violence against the child, a parent of the child or any other person residing with the child.
- (l) Whether either parent or any other person seeking physical custody has committed any act of abduction against the child or any other child.

Here, as relates to the specific facts in this Supplement, there has been a substantial change in circumstances since the last custodial order, and modifying custody is in Ryder's best interest.

1. There has been a substantial change in circumstances.

As relates to the specific facts of this Supplement, since the last custodial order, Mom has cohabitated with, become engaged to, and had two children with someone who has obvious and serious drug issues. This is not a guy who dabbles in marijuana on the weekends. His addiction is so severe that the police were summoned because he was harassing complete strangers for drugs. The pipe and other materials found on Shawn were consistent with those used for heroin or methamphetamine. Shawn also has a pocket full of random pills.

At the same time that Shawn's mother was taking to Facebook to plea to anyone who would listen about her out-of-control drug addict son, Mom [Defendant] was allowing Shawn to take Ryder to Pismo Beach and into the ocean.

1 Based on the foregoing, in addition to the other changes in circumstances in
2 Dad's original Opposition and Countermotion, the facts contained in this
3 Supplement alone are a sufficient change since the last custodial order to warrant an
4 evidentiary hearing.

5 **2. It is in Ryder's Best Interest for the Parties to Share Joint**
6 **Physical Custody**

7 In making a child custody determination, the sole consideration of the court
8 is the best interest of the child.¹⁰ This is not achieved simply by processing the case
9 through the factors that § 125.480(4) [125C.0035(4)]¹¹ identifies as potentially
10 relevant to a child's best interest and announcing a ruling.¹² As the lead-in language
11 to § 125C.0035(4) suggests, the list of factors in § 125C.0035(4) is non-exhaustive.
12 In determining the best interest of a child, courts should look to the factors set forth
13 in § 125.480(4) [125C.0035(4)] as well as any other relevant considerations.¹³ Other
14 factors, beyond those enumerated in § 125.480(4) [125C.0035(4)], may merit
15 consideration.¹⁴

19 ¹⁰ NRS 125.0035(1).

¹¹ Statute has since been moved to NRS 125C.0035(4).

¹² *Davis v. Ewalefo*, 131 Nev. Advance Opinion 46 (2015).

¹³ *Id.*

¹⁴ *Id.*

1 Dad did a full statutory best interest analysis in his Opposition and
2 Countermotion. But, as relates to the facts in this Supplement, common sense best
3 interest factors come into play.

4 Mom is allowing Shawn Prisco to live in a home shared by Ryder. The
5 information about Shawn presented in this Supplement is only what we currently
6 know. Mom is not being forthcoming, lying in her deposition. Shawn does not have
7 one or two marijuana charges in his past, as mom asserts. He is a drug addict--
8 begging for drugs in the streets. His mother is pleading to the world to help her son.
9 Shawn has *at least* two DUI's, shielding the California one from Nevada.

10 People who get DUI's often drive *dozens* of times under the influence before
11 arrest.¹⁵ This is the guy Mom is allowing around Ryder. This is the guy Mom has
12 chosen to move into Ryder's home. This is the guy Mom has chosen to get married
13 to. This is the guy Mom has chosen to have two children with. This is remarkably
14 poor judgment on Mom's part.

15 Based on the foregoing, the court should modify custody to *at least* joint
16 custody as Ryder's primary household is not suitable.

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¹⁵ <https://www.dosomething.org/us/facts/11-facts-about-driving-under-influence>.

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1. Denying Defendant's request to grant her proposed timeshare schedule;
2. Granting modification of physical custody to joint physical custody with a week on/week off timeshare;
3. Granting Plaintiff's request for a holiday and vacation schedule to match the one he has in Case D-17-557607-C in Dept. B;
4. Granting Plaintiff's request to modify child support; and,
5. For any other relief this Court deems fair and appropriate.

MC

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

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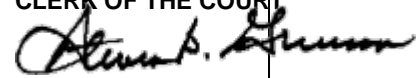
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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

/s/ Crystal Beville
Crystal Beville



EXHS
Michael Burton, Esq.
Nevada Bar Number 14351
McFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

Case Number: D-13-489542-D
Department: H

vs.

PAIGE PETIT,

Defendant.

PLAINTIFF'S EXHIBIT APPENDIX

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
exhibits in support of his Supplement to Opposition to Defendant's Motion for
Modification of Timeshare Schedule and Countermotion for Modification of
Physical Custody to Join; Holiday and Vacation Schedule and Week On/Week Off

1 Timeshare, & Modification of Child Support. Plaintiff understands that these are
2 not considered substantive evidence in my case until formally admitted into evidence.

3 **TABLE OF CONTENTS**

4 **EXHIBIT 1:** Shawn Masonry Facebook post dated May 26, 2016 with
5 photos of Shawn Prisco and minor child on Pismo Beach, California trip.
6

7 **EXHIBIT 2:** Jaime Schemp Facebook post dated June 11, 2016 re: son
8 Shawn Prisco's drug addiction.

9 **EXHIBIT 3:** Henderson Municipal Court Docket Sheet, criminal
10 records and criminal pleadings.
11

12 DATED this 30th day of August, 2018.

13 **McFARLING LAW GROUP**

14 /s/ Michael Burton

15 Michael Burton, Esq.
16 Nevada Bar Number 14351
17 6230 W. Desert Inn Road
18 Las Vegas, NV 89146
19 (702) 565-4335
20 Attorney for Plaintiff,
21 Kevin Adrianzen
22
23
24

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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

/s/ Crystal Beville
Crystal Beville

EXHIBIT 1



Masonry Shawn

May 26, 2016 • Pismo Beach, CA • 🌐



A couple pics from my road trip, it's been a awesome trip #vegas
#pismo beach #SequoiasNationalPark



👍❤️ 149

➦ Share

EXHIBIT 2



Jaimie Schemp

June 11, 2016 at 12:42pm · 🌐



I am Shawn Priscos mother. My son is a drug addict spiraling out of control. Shawn lies, steals, cheats and does whatever he can do to feed his addiction. I'm reaching out to all that know Shawn and am asking to all not to support his addiction or be the one that gives him 20 bucks so he can buy the drugs that kill him. Shawn has an open door to return to Rehab for the help he needs. We have recently learned that Shawn is going to be a father but not if he continues on this path of destruction. As a mother this is hard to wrote but if you feed my son's addiction then you are killing him. Please don't !;I only ask for you to encourage him to get the help he so desperately needs. I have cut off all communication with him until he finds his way back to sober living. I do not like the person he is on drugs but I do love my son that is hidden in there somewhere. Get help Shawn, be a father now and live a sober life. Love, MOM



35

36 Comments 1 Share

EXHIBIT 3



HENDERSON MUNICIPAL COURT
DOCKET SHEET

PRISCO, SHAWN ANTHONY
17CR005642 DOB: 1/12/93

1 FALSE STMT TO OR OBSTRUCT PUBLIC OFFICER [52312]

SENTENCED

Offense Date: 5/5/17 DR# 17-08321

CLOSED

\$0.00

Date / Time / Dept	Event	Event Result	Event Notes
5/8/17 3:00 pm D2	INC	SENTENCED	

D2 HEDGER

		ASSESSED	PAID	CREDIT	BALANCE
5/5/17	CHARGE INITIATED AT THE HENDERSON DETENTION CENTER				
					crtvram2
5/7/17	VERBAL PROBABLE CAUSE REVIEW COMPLETED BY JUDGE STEVENS BAIL: STANDARD				AMM2
5/8/17	COURT DATE SET: Event: INCUSTODY ARRAIGNMENT Date: 05/08/2017 Time: 3:00 pm Judge: HEDGER, DOUGLAS W Location: DEPARTMENT 2 Result: SENTENCED				JB1
5/8/17	DEFENDANT PRESENT IN CUSTODY				JB1
5/8/17	Plea: Nolo Contendere Plea/Found Guilty by Judge Charge #1: FALSE STMT TO OR OBSTRUCT PUBLIC OFFICER				JB1
5/8/17	STIPULATE TO FACTUAL BASIS				JB1
5/8/17	SENTENCED TO JAIL TIME/JAIL TIME SERVED # OF DAYS: 3 ADMONISHED/SIGNED/WAIVED Charge #1: FALSE STMT TO OR OBSTRUCT PUBLIC OFFICER				JB1
5/8/17	PUBLIC DEFENDER PRESENT FOR NEGOTIATIONS Charge #1: FALSE STMT TO OR OBSTRUCT PUBLIC OFFICER				JB1
5/8/17	COUNTER: 4.23				JB1
5/8/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 2 Check In: Judge: HEDGER, DOUGLAS W Location: DEPARTMENT 2 Staff: AMM - CLERK: Present ISCAN, LAURIE A - DEPUTY CITY ATTORNEY: Present JB1 - CLERK: Present KLE - CLERK: Present PURSER, ANNELIESE Z - PUBLIC DEFENDER: Present Prosecutors: Parties: PRISCO, SHAWN ANTHONY - DEFENDANT: Present				JB1
5/8/17	CASE CLOSED				JB1

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HENDERSON MUNICIPAL COURT
DOCKET SHEET

PRISCO, SHAWN ANTHONY

17CR005702

DOB: 1/12/93

1 USE/POSSESS DRUG PARAPHERNALIA [51339]

SENTENCED

Offense Date: 5/5/17 DR# 17-08321

CLOSED

ATTY: GILLIAM, DAN

\$0.00

Date / Time / Dept	Event	Event Result	Event Notes
10/31/17 2:00 pm D2	STC	SHOW CAUSE HEARING HELD	
5/8/17 3:00 pm D2	INC	SENTENCED	

D2 HEDGER

			ASSESSED	PAID	CREDIT	BALANCE
5/5/17	CHARGE INITIATED AT THE HENDERSON DETENTION CENTER	crtvram2				
5/7/17	VERBAL PROBABLE CAUSE REVIEW COMPLETED BY JUDGE STEVENS BAIL: STANDARD	AMM2				
5/8/17	COURT DATE SET: Event: INCUSTODY ARRAIGNMENT Date: 05/08/2017 Time: 3:00 pm Judge: HEDGER, DOUGLAS W Location: DEPARTMENT 2 Result: SENTENCED	JB1				
5/8/17	DEFENDANT PRESENT IN CUSTODY	JB1				
5/8/17	PLEA: NOLO CONTENDERE PLEA/FOUND GUILTY BY JUDGE Charge #1: USE/POSSESS DRUG PARAPHERNALIA	JB1				
5/8/17	STIPULATE TO FACTUAL BASIS	JB1				
5/8/17	SENTENCED 5/8/17: FINE OF \$250+105 ADMIN FEE AND 60 DAYS JAIL; SUSPEND 60 DAYS JAIL IF DEFENDANT COMPLETES: - OUTPATIENT COUNSELING: 1 X WEEK FOR 24 WEEKS (OR INPATIENT TREATMENT FOR A MINIMUM OF 24 WEEKS) - NO POSSESSION OR CONSUMPTION OF DRUGS FOR DURATION OF CASE **INCLUDING MARIJUANA UNLESS OBTAINS MEDICAL MARIJUANA CARD - RANDOM DRUG TESTING FOR DURATION (DART) - NO FURTHER ARRESTS/CITATIONS (ANY CRIMINAL) DURATION OF CASE ADMONISHED/SIGNED/WAIVED TIME PAYMENTS ARE \$50/MONTHLY BEGINNING: 6/12/17 SUPERVISION EXPIRATION DATE: 5/6/18 Charge #1: USE/POSSESS DRUG PARAPHERNALIA	JB1				
5/8/17	FINE/FORFEITURE: \$250 + 105 ADMINISTRATIVE ASSESSMENT Charge #1: USE/POSSESS DRUG PARAPHERNALIA Receipt: 729815 Date: 07/18/2017 Receipt: 733343 Date: 08/14/2017 Receipt: 737923 Date: 09/19/2017 Receipt: 743676 Date: 11/06/2017 Receipt: 754021 Date: 01/30/2018 Receipt: 755750 Date: 02/13/2018	JB1	355.00	355.00		
5/8/17	TIME PAYMENT SETUP FEE: \$50 Charge #1: USE/POSSESS DRUG PARAPHERNALIA Receipt: 725452 Date: 06/12/2017	JB1	50.00	50.00		
5/8/17	PUBLIC DEFENDER APPOINTED - DEPARTMENT 2 Charge #1: USE/POSSESS DRUG PARAPHERNALIA	JB1				
5/8/17	INDIRECT SUPERVISION ORDERED	JB1				
5/8/17	3 DAY(S) JAIL TIME SERVED APPLIED TODAY TO CASE # 17CR005642	JB1				
5/8/17	COUNTER: 4.23	JB1				



HENDERSON MUNICIPAL COURT
DOCKET SHEET

PRISCO, SHAWN ANTHONY
17CR005702 DOB: 1/12/93

5/8/17	EVENT PARTICIPANTS:	JB1
	Court Location: DEPARTMENT 2	
	Check In:	
	Judge: HEDGER, DOUGLAS W	
	Location: DEPARTMENT 2	
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	ISCAN, LAURIE A - DEPUTY CITY ATTORNEY: Present	
	JB1 - CLERK: Present	
	KLE - CLERK: Present	
	PURSER, ANNELIESE Z - PUBLIC DEFENDER: Present	
	Prosecutors:	
	Parties:	
	PRISCO, SHAWN ANTHONY - DEFENDANT: Present	
	HMC PUBLIC DEFENDER - D2 - Attorney for DEFENDANT: Present	
10/23/17	NOTICE TO APPEAR RECEIVED FROM SPECIAL PROGRAMS AND SERVICES BUREAU TO ADDRESS: -DART -NO POSS/USE OF CONTROLLED SUBSTANCES	AMM2
10/23/17	COURT DATE SET: Event: STATUS CHECK Date: 10/31/2017 Time: 2:00 pm Judge: HEDGER, DOUGLAS W Location: DEPARTMENT 2 Result: SHOW CAUSE HEARING HELD	AMM2
10/31/17	INDIRECT SUPERVISION ORDERED ON: 5/8/17 (LAST SEEN @ SENTENCING 5/8/17) TODAY'S APPEARANCE IS FOR: - NOTICE TO APPEAR TO ADDRESS: DART & NO USE/POSS. DRUGS AREQ REMAINING CONDITIONS: - OUTPATIENT COUNSELING: 1 X WEEK FOR 24 WEEKS (OR INPATIENT TREATMENT FOR A MINIMUM OF 24 WEEKS) [17/24] - NO POSSESSION OR CONSUMPTION OF DRUGS FOR DURATION OF CASE **INCLUDING MARIJUANA UNLESS OBTAINS MEDICAL MARIJUANA CARD - RANDOM DRUG TESTING FOR DURATION (DART) - NO FURTHER ARRESTS/CITATIONS (ANY CRIMINAL) DURATION OF CASE SENT: 5/8/17 COMPLETION/EXPIRATION DATE: 5/6/18 FINE BALANCE: \$150 (ALL CASES: \$150) TIMES N/C: 0 TIMES COC: 0 STILL PENDING: 60 DAYS	EFK
10/31/17	ATTORNEY DAN GILLIAM PRESENT, SUBS IN	EFK



HENDERSON MUNICIPAL COURT
DOCKET SHEET

PRISCO, SHAWN ANTHONY

17CR005702

DOB: 1/12/93

10/31/17	SHOW CAUSE HEARING HELD. JUDGE FOUND DEFENDANT NON-COMPLIANT WITH: - NO DRUGS (DEF. STIPS TO NON-COMPLIANCE) *UA GIVEN IN COURT TODAY: CLEAN** CONDITIONS RE-ORDERED: - OUTPATIENT COUNSELING: 1 X WEEK FOR 24 WEEKS (OR INPATIENT TREATMENT FOR A MINIMUM OF 24 WEEKS) - NO POSSESSION OR CONSUMPTION OF DRUGS FOR DURATION OF CASE **INCLUDING MARIJUANA UNLESS OBTAINS MEDICAL MARIJUANA CARD - RANDOM DRUG TESTING (DART) FOR DURATION - NO FURTHER ARRESTS/CITATIONS (ANY CRIMINAL) DURATION OF CASE IMPOSED: - 2 DAYS JAIL (TURN IN 11/3/17 BETWEEN 7-9 PM) STILL PENDING: 120 DAYS (INCREASED FROM 60 DAYS) SUPERVISION EXPIRATION DATE: 5/6/18	EFK		
	Charge #1: USE/POSSESS DRUG PARAPHERNALIA			
10/31/17	SENTENCE MODIFIED. JUDGE ORDERED: - SUSPENDED JAIL INCREASED TO 120 DAYS Charge #1: USE/POSSESS DRUG PARAPHERNALIA	EFK		
10/31/17	JAIL: PARTIAL SUSPENDED SENTENCE IMPOSED DAYS: 2 Charge #1: USE/POSSESS DRUG PARAPHERNALIA	EFK		
10/31/17	COUNTER: 2.04 / 2.23	EFK		
10/31/17	EVENT PARTICIPANTS: Court Location: DEPARTMENT 2 Check In: Judge: HEDGER, DOUGLAS W Location: DEPARTMENT 2 Staff: BURNS, ERIN - ALTERNATIVE SENTENCING DIVISION: Present EFK - CLERK: Present KLE - CLERK: Present MATHER, ELAINE - DEPUTY CITY ATTORNEY: Present Prosecutors: Parties: PRISCO, SHAWN ANTHONY - DEFENDANT: Present HMC PUBLIC DEFENDER - D2 - Attorney for DEFENDANT: Not Present	EFK		
11/15/17	JAIL TIME SERVED: 2 DAYS DATES INCARCERATED: 11/03/2017 - 11/05/2017 Charge #1: USE/POSSESS DRUG PARAPHERNALIA	AVS		
1/16/18	FILE AUDIT - PAYMENT WAS DUE: 12/12/17 ENFORCEMENT FEE ASSESSED. ENFORCEMENT NOTICE MAILED Sent on: 01/16/2018 13:33:24.77 Charge #1: USE/POSSESS DRUG PARAPHERNALIA Receipt: 751928 Date: 01/16/2018 Receipt: 754019 Date: 01/30/2018 Receipt: 754020 Date: 01/30/2018	EAA	100.00	100.00
1/30/18	ENFORCEMENT FEE PAID. DEFENDANT PLACED ON TIME PAYMENTS OF \$100/MONTH BEGINNING: 3/06/18	ML2		
2/13/18	FINE PAID IN FULL Charge #1: USE/POSSESS DRUG PARAPHERNALIA	AVS		
5/9/18	PETITION WITH ORDER DISCHARGING SUPERVISION SUBMITTED BY SPECIAL PROGRAMS AND SERVICES BUREAU FORWARDED TO JUDGE ON: 5/9/18	AMM2		
5/15/18	SUPERVISION DISCHARGED: HONORABLE	EFK		



HENDERSON MUNICIPAL COURT
DOCKET SHEET

PRISCO, SHAWN ANTHONY
17CR005702 DOB: 1/12/93

5/15/18 CASE CLOSED

EFK

505.00

505.00

0.00

0.00

**MUNICIPAL COURT OF THE CITY OF HENDERSON
IN THE COUNTY OF CLARK, STATE OF NEVADA**

CITY OF HENDERSON, NEVADA,

Plaintiff,

vs.

SHAWN ANTHONY PRISCO,

Defendant.

CRIMINAL COMPLAINT

CASE NO.

COUNT 1 - 17CR005702 (PCN 2)

COUNT 2 - 17CR005642 (PCN 3)

Josh M. Reid, City Attorney

The defendant has committed the crimes of:

POSSESSION OF DRUG PARAPHERNALIA (Misdemeanor - NRS 453.566, Henderson City Charter, Section 2.140)

OBSTRUCTING A PUBLIC OFFICER (Misdemeanor - NRS 197.190, Henderson City Charter, Section 2.140) within the City of Henderson, in the County of Clark, State of Nevada, in the manner following, that the said defendant, on or about May 5, 2017:

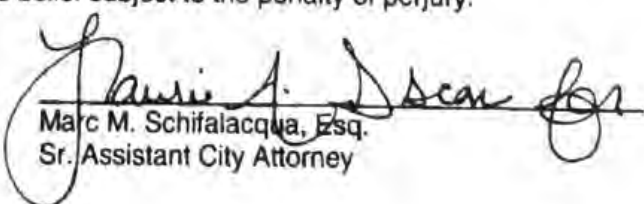
COUNT 1 - POSSESSION OF DRUG PARAPHERNALIA

did unlawfully use, or possess with intent to use item(s) constituting drug paraphernalia, to plant, propagate, cultivate, grow, harvest, manufacture, prepare, test, analyze, store, contain, conceal, ingest, inhale or otherwise introduce into the human body a controlled substance, to wit: did have a pipe and/or tinfoil and/or a lighter, said items commonly used for the purpose of ingesting and/or inhaling and/or containing and/or otherwise introducing into the body a controlled substance, all of which occurred in the area of 1575 Warm Springs Road.

COUNT 2 - OBSTRUCTING A PUBLIC OFFICER

did, after due notice, refused or neglected to make or furnish any statement, report, or information lawfully required by any public officer, or made a statement, report, or information that was willfully untrue, misleading or exaggerated, or willfully hindered, delayed or obstructed any public officer in the discharge of official powers or duties, to wit: did refuse to obey lawful orders to stop and talk, to Officer Nerbonne, all of which occurred in the area of 1575 Warm Springs Road.

All of which is contrary to the form, force and effect of statutes in such cases made and provided and against the peace and dignity of the City of Henderson, State of Nevada. Said Complainant makes this declaration on information and belief subject to the penalty of perjury.


Marc M. Schifalacqua, Esq.
Sr. Assistant City Attorney

Dated: May 8, 2017
CAO File #: 007567
PCN#: nvhp5102751C

MUNICIPAL COURT, CITY OF HENDERSON, CLARK COUNTY, NEVADA

THE CITY OF HENDERSON, NEVADA

Plaintiff

VS

PRISCO, SHAWN ANTHONY

Defendant

Case No: 17CR005642, 17CR005702

Dept. No: 2

ADMONISHMENT OF RIGHTS

I ACKNOWLEDGE AND I AM AWARE THAT I HAVE EACH OF THE FOLLOWING RIGHTS AND THAT I WILL BE WAIVING THESE RIGHTS IF I PLEAD GUILTY OR NOLO CONTENDERE (NO CONTEST):

1. The right to a speedy trial;
2. The right to require the City to prove the charge(s) against me beyond a reasonable doubt;
3. The right to confront and question all witnesses against me;
4. The right to subpoena witnesses on my behalf and compel their attendance;
5. The right to remain silent and not be compelled to testify if there were a trial; and
6. The right to appeal my conviction except on constitutional or jurisdictional grounds.

ALL DEFENDANTS MUST INITIAL EITHER #1 OR #2 BELOW - DO NOT INITIAL BOTH

1. I am represented by an attorney in this case. My attorney has fully discussed these matters with me and advised me about my legal rights. My attorney is Ann Purser, bar number: 8222.

2. I have declined to have an attorney represent me and I have chosen to represent myself. I have made this decision even though there are dangers and disadvantages in self-representation in a criminal case; including, but not limited to, the following:

- a) Self-representation is often unwise, and a defendant may conduct a defense to his or her own detriment;
- b) A defendant who represents him/herself is responsible for knowing and complying with the same procedural rules as lawyers, and cannot expect help from the Judge in complying with those procedural rules;
- c) A defendant representing him/herself will not be allowed to complain on appeal about the competency or effectiveness of his or her representation;
- d) The City is represented by experienced professional attorneys who have the advantage of skill, training and ability;
- e) A defendant unfamiliar with legal procedures may allow the prosecutor an advantage, may not make effective use of legal rights, and may make tactical decisions that produce unintended consequences; and
- f) The effectiveness of the defense may well be diminished by a defendant's dual role as attorney and accused.
- g) I understand that, as a consequence of my plea of guilty or nolo contendere, if I am not a citizen of the United States, I may, in addition to other consequences provided by law, be removed, deported or excluded from entry into the United States or denied naturalization

DEFENDANT'S SIGNATURE

DEFENDANT'S DATE OF BIRTH

DATE

I HAVE REVIEWED THIS ADMONISHMENT WITH MY CLIENT AND HE/SHE UNDERSTANDS THE RIGHTS HE/SHE IS WAIVING AND THE CONSEQUENCES OF HIS/HER PLEA OF GUILTY/NOLO CONTENDERE TO THIS CHARGE.

DEFENDANT'S ATTORNEY (if applicable)

BAR NUMBER

Judge, Henderson Municipal Court



HENDERSON MUNICIPAL COURT: SENTENCING ORDER

CITY OF HENDERSON,
Plaintiff

) Case #: 17CR005702
) DR #: 17-06321
) ☐ DOMESTIC BATTERY / ☐ DUI:
) ☐ 1ST Offense / ☐ 2ND Offense
) ☒ OTHER (List Below):

VS.

PRISCO, Shawn

Defendant) use/pass drug para

☐ Guilty; ☒ Nolo; ☐ Adjudication Stayed ☐ Submitted on the Record,

Pending: ☐ Dismissal; ☐ Amendment to:

Total Fines/AA Fees Imposed: \$ 255 Fines/Fees Suspended if compliant: \$ _____

☐ \$35 DB Assessment Fee ☐ \$60 Blood/Breath Test ☒ \$50 Time Payment Setup Fee; ☐ \$100 DUI Specialty Courts' Fee

Total Fines/Fees Due: \$ 255 Payments: \$ 50 per month or fine due in full by/beginning 6/12/17

Mail to: Henderson Municipal Court, PO Box 95050 - MS621, 243 Water Street, Henderson, NV 89009 On-line: www.cityofhenderson.com/municipal_court/

THE ABOVE REFERENCED DEFENDANT IS HEREBY SENTENCED TO THE FOLLOWING:

SENTENCING CONDITIONS

☐ PROBATION / DIRECT SUPERVISION (See Agreement & Rules Form)

☒ PROBATION / INDIRECT SUPERVISION

You must appear in person at the Henderson Alternative Sentencing office, located at 243 Water Street, Lower Level, Henderson, NV immediately following court or upon the first business day following your release from custody. Failing to appear at Henderson Alternative Sentencing, failing to comply with the court's order or receipt of a non-compliant report from any agency may result in immediate arrest for Probation Violation or a Bench Warrant issued for your arrest. You must report to Henderson Alternative Sentencing as directed throughout the term of Supervision. You must provide correct contact information to Henderson Alternative Sentencing and report any changes of that information immediately.

Probation / Supervision Expiration Date: 5/6/19

- ☐ DUI School
- ☐ Victim's Impact Panel
- ☐ Coroner's DUI Program
- ☐ Breath Ignition Interlock Device **
- ☐ Suspension of Registered Vehicles **
- ** Separate order required
- ☐ SCRAM Program _____ weeks/months
 - ☐ Install Prior to Release from Custody
 - ☐ Report to Alt. Sent. Immediately Upon Release for Installation
- ☐ AA / NA / GA (or Acceptable Alternative)
- ☐ Sponsor required _____ x/wk for _____ wks
- ☒ DART Program
 - ☐ _____ weeks/month ☒ Duration
 - ☐ Alcohol ☒ Cont. Subst. ☐ Both
- ☐ CAT Program _____ weeks/months
- ☐ Coroner's Visitation Program (CVP)
- ☐ Restitution of \$ _____
- Payable to City of Henderson on behalf of:
 - ☐ Via Monthly Payments \$ _____
 - ☐ In Full by/beginning _____/_____/_____
- (Submit Payment to Alternative Sentencing)

- ☐ Domestic Battery Counseling (26 sessions, 1x/week)
- ☐ Long-Term Domestic Battery Counseling (52 sessions, 1x/week) inpatient treatment
- ☐ Anger Control Counseling treatment
- ☒ Outpatient SAC ☐ Inpatient SAC OK if for 24
- ☐ Intensive Outpatient SAC _____ times/week for 24 weeks weeks
- ☒ Group / ☐ Individual
- ☐ 1st Offender Program / 8 Hour Drug Class
- ☐ High School Equivalency/College Classes
- ☐ Trespassed From: _____
- ☐ No Contact With: _____
- ☐ Compliance with Conditions on Case(s) _____
- ☐ Other: _____

- ☒ Jail sentence imposed: 60 days
- Suspended/Pending: 60 days
- Jail Time Served: _____ days
- Balance of Jail Due: _____ days
- Converted to: ☐ House Arrest ☐ Com. Svc
- ☐ House Arrest _____ days
- ☐ Community Service _____ hours;
- (To be completed at a min. rate of 4 hrs/week)
- ☒ No Further Arrests or Criminal Cites
- ☐ Same/ Similar ☒ Any Criminal
- ☒ Duration ☐ _____ months/years
- ☐ One year or duration-whichever is longer
- ☐ **No Possession/Use of Alcohol
- ☒ **No Possession/Use of Controlled Substances
- **Submit to testing as deemed necessary by Alt. Sent.
- ☐ No Weapons ☐ Submit to search of person, residence, vehicle, or property under your control, as instructed by Alt Sent
- Domer. including marijuana unless obtains medical
- ☒ Other: marijuana card

☐ UNSUPERVISED / COURT ORDERED STATUS CHECKS

UNSUPERVISED PARTICIPANTS: You must provide the Court completion certificates/documentation for court ordered programs on or before your return court date. For a list of approved classes/programs please refer to <http://cityofhenderson.com/alternative-sentencing>

COURT DATES: ☒ None at this time ☐ Return Court Date: _____/_____/_____ @ _____:_____ AM / PM

Department 1 (2) 3 / 4 / 5 ☐ Appearance Required ☐ Appearance Not Required if compliant with ALL orders

It is hereby ordered this 9 day of May, 2017.

[Signature]
Presiding Judge of the Henderson Municipal Court

JUSTICE COURT. HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL

CASE # 18CRH000156-0000 17FH0838X STEPHEN L GEORGE - DEPT # 2
 State PRISCO, SHAWN ANTHONY 5876397 (SCOPE)
 Charge(s) POSSESS SCH I, II, III OR IV CONT SUB, 1ST/2ND DISMISSED BEFORE PRELIM

LINKED CASES FOR: 18CRH000156-0000

CASE #	STATUS	EVENT DATE	EVENT DESCRIPTION
17PCH000682-0000	CRIMINAL COMPLAINT FIL NO FUTURE EVENTS	72 HOUR HEARING (VIDEO) HND	

**DATE, JUDGE, OFFICERS
OF COURT PRESENT**

**PROCEEDINGS
APPEARANCES - HEARING**

EVENTS

May 21, 2018 S.L. GEORGE, JP J. NIMAN, DDA D. GILLIAM, ESQ J. NESCI, CLK L. BRENSKE, CR	CASE CLOSED HEARING HELD The following event: COURT APPEARANCE HND scheduled for 05/21/2018 at 9:00 am has been resulted as follows: Result: CRIMINAL HEARING HELD Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2 STATUS CHECK: DEFENDANT NOT PRESENT MOTION BY STATE TO DISMISS COMPLAINT. MOTION GRANTED. CASE CLOSED	
April 18, 2018 S.L. GEORGE, JP T. CARROLL, DDA M. PRINTY, ESQ FOR D. GILLIAM, ESQ J. NESCI, CLK L. BRENSKE, CR	SET FOR COURT APPEARANCE Event: COURT APPEARANCE HND Date: 05/21/2018 Time: 9:00 am Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2 HEARING HELD The following event: PRELIMINARY HEARING HND scheduled for 04/18/2018 at 9:30 am has been resulted as follows: Result: CRIMINAL HEARING HELD Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2 PRELIMINARY HEARING: DEFENDANT NOT PRESENT CONTINUED FOR POSSIBLE DISMISSAL NO BAIL POSTED	

JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL

CASE # 18CRH000156-0000 17FH0838X STEPHEN L GEORGE - DEPT # 2
 State PRISCO, SHAWN ANTHONY 5876397 (SCOPE)

DATE, JUDGE, OFFICERS OF COURT PRESENT	PROCEEDINGS APPEARANCES - HEARING	EVENTS
March 13, 2018 S. L. GEORGE, JP T. CARROLL, DDA H. GRUBER, ESQ. FOR D. GILLIAM, ESQ. G. ENRIQUEZ, CLK L. BRENSKE, CR	<p>SET FOR COURT APPEARANCE Event: PRELIMINARY HEARING HND Date: 04/18/2018 Time: 9:30 am Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <hr/> <p>ARRAIGNMENT HEARING HELD The following event: ARRAIGNMENT SUMMONS scheduled for 03/13/2018 at 9:00 am has been resulted as follows:</p> <p>Result: ARRAIGNMENT HEARING HELD Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <hr/> <p>INITIAL ARRAIGNMENT: DEFENDANT NOT PRESENT DEFENSE COUNSEL ACKNOWLEDGES, WAIVED READING OF THE COMPLAINT BY AND THROUGH HIS ATTORNEY, DEFENDANT ASKED FOR DATE CERTAIN FOR HEARING WAIVED 15 DAY RULE PRELIMINARY HEARING DATE SET NO BAIL POSTED</p>	
February 05, 2018	SUMMONS RETURNED - FORWARDED TO ADDRESS PROVIDED BY UNITED STATES POSTAL SERVICE	
January 30, 2018	<p>SUMMONS ISSUED, FILED AND MAILED</p> <hr/> <p>SET FOR COURT APPEARANCE Event: ARRAIGNMENT SUMMONS Date: 03/13/2018 Time: 9:00 am Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <p>Result: ARRAIGNMENT HEARING HELD</p>	
January 16, 2018	CRIMINAL COMPLAINT FILED	
June 19, 2017	LETTER OF REPRESENTATION RECEIVED FROM DANIEL R. GILLIAM, ESQ.	
May 15, 2017	Defendant released - NO COMPLAINT FILED	

JUSTICE COURT. HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL

CASE # 18CRH000156-0000 17FH0838X STEPHEN L GEORGE - DEPT # 2
State PRISCO, SHAWN ANTHONY 5876397 (SCOPE)

DATE, JUDGE, OFFICERS OF COURT PRESENT	PROCEEDINGS APPEARANCES - HEARING	EVENTS
May 08, 2017	FIRST APPEARANCE HELD BAIL SET: \$3,000 CASH OR SURETY BOND The following event: 72 HOUR HEARING (VIDEO) HND scheduled for 05/08/2017 at 8:30 am has been resulted as follows: Result: FIRST APPEARANCE HELD Judge: BATEMAN, SAM Location: DEPARTMENT 1	
May 06, 2017	PROBABLE CAUSE DETERMINATION	
May 05, 2017	SET FOR FIRST APPEARANCE Event: 72 HOUR HEARING (VIDEO) HND Date: 05/08/2017 Time: 8:30 am Judge: BATEMAN, SAM Location: DEPARTMENT 1 Result: FIRST APPEARANCE HELD	

Henderson Police Department

223 Lead St. Henderson, NV 89015

Page 1 of 2

Declaration of Arrest

DR# 1708321

FH# 17

Arrestee's Name: Prisco, Shawn Anthony

Date of Arrest: 05/05/2017

Time of Arrest: 1924

Charge	Degree	NRS/HMC
POSS SCH I, II, III, IV C/S, (1ST/2ND)	Felony	453.336.2
USE/POSS DRUG-PARA	Misdemeanor	453.566
FALSE STMT TO/OBSTRUCT PUB OFF	Misdemeanor	197.190

THE UNDERSIGNED MAKE THE FOLLOWING DECLARATIONS SUBJECT TO THE PENALTY FOR PERJURY AND SAYS: That I, Charles Tween am a peace officer with the Henderson PD, Clark County, Nevada, being so employed since 01/19/2016. That I learned the following facts and circumstances which led me to believe that the above named subject committed (or was committing) the above offense/offenses at the location of 1575 WARM SPRINGS Road Henderson Nevada 89014, and that the offense occurred at approximately 1924 hours on 05/05/2017.

Details of Probable Cause

On 05/05/17 at approximately 1908 hours Officer Nerbonne #2127 and I, Officer Tween #2232 were dispatched to the area in front of 1575 Warm Springs Road, Henderson, NV, reference a male asking people for drugs. The person reporting described the white male as thin, approximately 5'07", with tattoos, and wearing Burgundy shirt, black pants with holes on them, and a hat.

Officer Nerbonne made contact with the subject described above later identified as Shawn Prisco (DOB 01/12/1993). Shawn was thin, had tattoos on his arms, was wearing a burgundy shirt, black torn jeans, and a hat.

As Officer Nerbonne approached, Shawn began to walk away. Officer Nerbonne attempted to stop Shawn however, Shawn said that he didn't do anything wrong and refused to stop. Officer Nerbonne told Shawn he needed to come talk to him and ordered him to the front of his vehicle. Officer Nerbonne warned Shawn he would have to use force if he did not comply. Shawn once again refused to comply whilst backing away from Officer Nerbonne and saying: "I didn't do anything wrong". Officer Nerbonne grabbed Shawn and I assisted in placed him into handcuffs.

Due to the fact that Shawn, after due notice, refused to comply with Officer Nerbonne's simple and lawfully commands to stop and talk to him, consequently delaying our investigation, I arrested Shawn for Obstructing a police officer, a misdemeanor offense reference NRS 197.190.

A search incident to arrest revealed Shawn had a clear glass pipe with a broken end, tinfoil with burnt residue, lighter, and miscellaneous pills wrapped in a paper towel on his person. Based on my training and experience I know the tinfoil with burnt residue, glass pipe, and lighter to be used as drug paraphernalia for Heroin or Methamphetamine. Shawn advised the blue pill was Xanax and claimed to have a prescription however none was observed. I observed a round white pill with the insignia "TL 173" engraved on it along with another small blue pill which appeared to be cut in half with the number "3" engraved on it.

A records check revealed the white pill to be Prednisone. I was unable to determine what the blue pill was therefore I submitted it to the lab for testing due to suspecting it to be Xanax.

Due to the fact that Shawn was in possession of drug paraphernalia, I charged Shawn with possession of drug paraphernalia, a misdemeanor offense reference NRS 453.566.

Charles Tween

Declarant's Name

Henderson Police Department

223 Lead St. Henderson, NV 89015

Page 2 of 2

Declaration of Arrest Continuation Page

DR# 1708321

FH# 17

Arrestee's Name: Prisco, Shawn Anthony

Details of Probable Cause (Continued)

Due to the fact that Shawn advised the blue pill he had in his possession was Xanax which is a Schedule IV controlled substance, and the fact that I suspected the blue pill to be Xanax, I charged Shawn with Possession of a controlled substance (Schedule I, II, III, IV), a felony offense reference NRS 453.336.2.

I placed Shawn in the rear passenger side compartment of my vehicle and transported him to the Henderson Detention Center where he was booked accordingly.

Wherefore, Declarant prays that a finding be made by a magistrate that probable cause exists to hold said person for preliminary hearing (if charges are a felony or gross misdemeanor) or for trial (if charges are a misdemeanor).

Charles Tween

Declarant's Name

JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff.

-vs-

SHAWN ANTHONY PRISCO #5876397.

Defendant.

18CRH000156-0000

CASE NO: 17FH0838X

DEPT NO: 2

CRIMINAL COMPLAINT

The Defendant above named having committed the crime of POSSESSION OF CONTROLLED SUBSTANCE (Category E Felony - NRS 453.336 - NOC 51127), in the manner following, to-wit: That the said Defendant, on or about the 5th day of May, 2017, at and within the County of Clark, State of Nevada, did willfully, unlawfully, feloniously, and knowingly or intentionally possess a controlled substance, to wit: Alprazolam.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the State of Nevada. Said Complainant makes this declaration subject to the penalty of perjury.

01/10/18

17FH0838X/lal
HPD EV# 1708321
(TK)

JUSTICE COURT, HENDERSON TOWNSHIP

CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

-v-

SHAWN ANTHONY PRISCO,
#5876397

Defendant.

HENDERSON JUSTICE
COURT

CASE NO.

18CRH000156-0000
17FH0838X

2018 JAN 30 P 2:00 Dept No. 2

FILED

SUMMONS

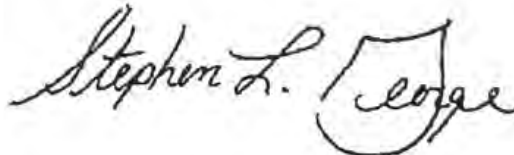
THE STATE OF NEVADA TO:

SHAWN ANTHONY PRISCO
8301 WEST CHARLESTON #2072
LAS VEGAS, NV 89117

YOU ARE HEREBY SUMMONED to appear before me at JUSTICE COURT, HENDERSON TOWNSHIP, 243 WATER ST, HENDERSON, NV 89015, Department 2 at 9:00 am on March 13, 2018, to answer to the following charge(s):

453.336.2A F POSSESS SCH I, II, III OR IV CONT SUB, 1ST/2ND

DATED this 30th day of January, 2018.



JUSTICE OF THE PEACE

CERTIFICATE OF MAILING

I hereby certify that service of the SUMMONS was made this 30TH day of JANUARY, 2018, by depositing a copy in the U.S. Mail, postage prepaid, to the above referenced address.

BY: H. GARCIA

Prepared by: GARCH
HENDERSON POLICE DEPARTMENT EV# 17-08321
Track# _____

**Justice Court, Las Vegas Township
Clark County, Nevada**

Department: PC

Court Minutes



L008040432

PC17M10033X State of Nevada vs. PRISCO, SHAWN ANTHONY

**5/25/2017 7:30:00 AM Misdemeanor Court
Return Date (No Bail Posted)**

Result: Matter Heard

PARTIES
PRESENT: State Of Nevada Bauman, Eric

Judge: Baucum, Suzan

Court Reporter: Morichetti, R.

Court Clerk: Vega, Natalja

PROCEEDINGS

Hearings: 8/24/2017 7:30:00 AM: Status Check on Filing of Criminal Complaint Added

Events: **Motion to Continue - State**

for 90 days - Motion Granted

**Continued for Status Check on filing of Criminal
Complaint**

**Justice Court, Las Vegas Township
Clark County, Nevada**

Department: PC

Court Minutes



L008418262

PC17M10033X State of Nevada vs. PRISCO, SHAWN ANTHONY

**8/24/2017 7:30:00 AM Status Check on Filing of
Criminal Complaint (No Bail Posted)**

Result: Matter Heard

PARTIES State Of Nevada Moskal, Tommy
PRESENT:

Judge: Baucum, Suzan

Court Reporter: Morichetti, R.

Court Clerk: Bush, Samara

PROCEEDINGS

Hearings: 11/30/2017 7:30:00 AM: Status Check on Filing of Criminal Complaint

Added

Events: **Motion to Continue - State**

for 90 Days - Motion Granted

**Continued for Status Check on filing of Criminal
Complaint**

**Justice Court, Las Vegas Township
Clark County, Nevada**

Department: 13

Court Minutes



L008792436

17M10033X State of Nevada vs. PRISCO, SHAWN ANTHONY

**11/30/2017 7:30:00 AM Arraignment (No Bail
Posted)**

Result: Bench Warrant Issued

PARTIES
PRESENT: State Of Nevada Bauman, Eric

Judge: Baucum, Suzan

Court Reporter: Morichetti, R.

Court Clerk: Bush, Samara

PROCEEDINGS

Events: Defendant failed to appear
Bench Warrant Ordered to be Issued
\$6,000 / \$6,000 Total

Justice Court, Las Vegas Township
Clark County, Nevada

Department: 13

Court Minutes



L009345282

Lead Atty: Daniel R. Gilliam

Result: Motion Granted

17M10033X

State of Nevada vs. PRISCO, SHAWN ANTHONY

4/25/2018 7:30:00 AM Motion (No Bail Posted)

**PARTIES
PRESENT:**

State Of Nevada
Attorney
Defendant

Giles, Michael
Gilliam, Daniel R.
PRISCO, SHAWN ANTHONY

Judge:

Baucum, Suzan

Court Reporter:

Grime, Joanie

Court Clerk:

Bush, Samara

PROCEEDINGS

Hearings:

8/22/2018 7:30:00 AM: Status Check

Events:

Counsel Confirms as Attorney of Record

D. Gilliam, Esq.

Motion to Quash Bench Warrant

Motion Granted

Warrant Ordered Quashed

Arraignment Completed

Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint

Admonishment of Rights - DUI

Filed in open Court

Defendant Waives the Right to Trial

Judgment Entered

Status Check on Requirements

Charges:

**Amended: 001: Driving under the influence of alcohol and/or
controlled or prohibited substance, 1st offense**

Per Negotiations

Plea/Disp:

001: DUI of alcohol and/or controlled or prohibited substance, 1st offense [53900]

Plea: Nolo Contendere

Disposition: Guilty as Amended

Sentence: Misdemeanor Sentence

FSSE

4/25/2018 -

Active (4/25/2018)

1st Offense for sentencing purposes, to be used as 2nd offense for enhancement purposes

Suspended Jail Sentence

4/25/2018 -

Active (4/25/2018)

30 days

Stay Out of Trouble

4/25/2018 -

Active (4/25/2018)

DUI School

4/25/2018 -

Active (4/25/2018)

Victim Impact Panel

4/25/2018 -

Active (4/25/2018)

Community Service

4/25/2018 -

Active (4/25/2018)

Las Vegas Justice Court: Department 13

LVJC_RW_Criminal_MinuteOrderByEventCode

4/25/2018 2:14 PM

**Justice Court, Las Vegas Township
Clark County, Nevada**

40 Hours In Lieu of fine - \$285 fees to be paid

Defendant Sentenced to 2 Days Jail	4/25/2018 -	Satisfied (4/25/2018)
<i>with 2 Days Credit for Time Served</i>		
Coroner's DUI program	4/25/2018 -	Active (4/25/2018)
Defendant Admonished	4/25/2018 -	Active (4/25/2018)
<i>not to show up to any of the classes under the influence because that would violate the stay out of trouble order.</i>		
If Defendant picks up a new DUI during this case	4/25/2018 -	Active (4/25/2018)
<i>court will impose 180 days jail</i>		

Imposed Fees

AA Fees	\$125.00
County Fine-Criminal	\$400.00
DUI FEE \$100	\$100.00
Forensic/Analysis Fee-Ordered by Judge	\$60.00
Fee Totals:	\$685.00

Comment: Per negotiations, 17FH0838X to be dismissed.

002: Drive w/rev drv-lic [53723]

Disposition: Dismissed

C5082421
J5082421-REPORT 2A

PAGE: 58
04/25/2018

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 17M10033X

STATE VS: PRISCO, SHAWN ANTHONY

ID #: 05876397

AKA: PRISCO, SHAWN ANTHONY

DR NUMBER: 1700149377

START DATE: 04/23/2017

ARRESTED BY: DONEGAN, KATHLEEN ALESIA

ARREST DATE: 04/23/2017

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 04/23/2017

PROSECUTOR: MICHAEL GILES

DISPO DATE: 04/25/2018

001 CHARGE: 484C.110 M DUI, (2ND)
DISPOSITION: ---GUILTY--- M DUI, (1ST)

SENTENCED: 04/25/2018

FINED: \$ 685 EXCUSED: \$ 0
JAIL TIME: MOS DAYS 2 HRS CONS/CONC: NOT APPLIC
CTS : MOS DAYS 002 HRS
COMM SERV: DAYS HRS MIN
RESTITUTION: \$ 0 CONTRIBUTION: \$ 0 DRUG FEE: \$ 160
EDUCATION: DUI SCHOOL/VICTIM IMPACT PANEL

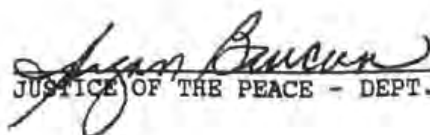
NONE

MAY DO 40HRS C/S & PAY \$285 FEES IN LIEU OF
FINE; ATTND CORONER'S DUI PROG; DUI SCHOL
& VIC IMPACT PANEL; STAY OUT OF TROUBLE

CITATION: 1704233547 PCN: 0025682810 SEQ: 001

002 CHARGE: 483.560.5B M DRIVE W/REV DRV-LIC
DISPOSITION: -DISMISSED-- DISMISSED

CITATION: 1704233547 PCN: 0025682810 SEQ: 002


JUSTICE OF THE PEACE - DEPT. 13

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JUSTICE COURT LAS VEGAS TOWNSHIP
CLARK COUNTY, NEVADA

2017 NOV 21 P 12:15

THE STATE OF NEVADA,

Plaintiff,

-vs-

SHAWN ANTHONY PRISCO #5876397,

Defendant.

JUSTICE COURT
LAS VEGAS NEVADA
BY DEPUTY

CASE NO: 17M10033X

DEPT NO: 13

CRIMINAL COMPLAINT

The Defendant above named having committed the crimes of DRIVING UNDER THE INFLUENCE (Misdemeanor - NRS 484C.110, 484C.400, 484C.105 - NOC 53902) and DRIVING WHILE LICENSE REVOKED (Misdemeanor - NRS 483.560 - NOC 53723), in the manner following, to-wit: That the said Defendant, on or about the 23rd day of April, 2017, at and within the County of Clark, State of Nevada,

COUNT 1 - DRIVING UNDER THE INFLUENCE

did then and there willfully and unlawfully drive and/or be in actual physical control of a motor vehicle on a highway or on premises to which the public has access at Rainbow Boulevard and Patrick, Las Vegas, Clark County, Nevada, Defendant being responsible in one or more of the following ways and/or under one or more of the following theories, to wit: 1) while under the influence of Alprazolam and/or Delta-9 THC, a controlled substance, to any degree, however slight, which rendered him incapable of safely driving and/or exercising actual physical control of a vehicle, and/or 2) when he was found to have Delta-9 THC, a prohibited substance, in his blood in an amount that is equal to or greater than 2 nanograms per milliliter of blood and/or 3) when he was found to have THC-Carboxylic Acid, in his blood in an amount that is equal to or greater than 5 nanograms per milliliter of blood, Defendant having previously been convicted of Driving Under The Influence within seven (7) years immediately preceding the date of the principal offense or after the principal offense charged herein, to wit:

///

17M10033X
CRM
Criminal Complaint
8765217

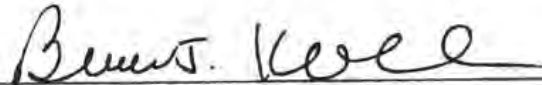


1 Date of Offense: June 26, 2016
2 Conviction: November 18, 2016, Case No. 2067050,
Superior Court, Stanislaus County, State of California.

3 COUNT 2 - DRIVING WHILE LICENSE REVOKED

4 did then and there willfully and unlawfully operate a motor vehicle, on Rainbow
5 Boulevard and Patrick, Las Vegas, Clark County, Nevada, without a valid driver's license to
6 do so, Defendant's driver's license having been revoked.

7 All of which is contrary to the form, force and effect of Statutes in such cases made and
8 provided and against the peace and dignity of the State of Nevada. Said Complainant makes
9 this declaration subject to the penalty of perjury.

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11 
12 11/21/17

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27 17M10033X/cb
28 LVMPD EV# 1704233547
(TK3)

Case Information

2067050 | PEO VS PRISCO, SHAWN ANTHONY

Case Number	Court	
2067050	Criminal	
File Date	Case Type	Case Status
09/16/2016	Criminal FEL-MISD- INF	PS

Party

Plaintiff
THE PEOPLE OF THE STATE OF CALIFORNIA

Defendant
PRISCO, SHAWN ANTHONY

DOB
XX/XX/XXXX

Charge

Charges
PRISCO, SHAWN ANTHONY

	Description	Statute	Level	Date
001	VC23152(a)-M- DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS	23152(a)	Misdemeanor	06/26/2016
002	VC23152(b)-M- DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS	23152(b)	Misdemeanor	06/26/2016
003	PC21310-M- CARRYING A CONCEALED DIRK OR DAGGER	21310	Misdemeanor	06/26/2016

Disposition Events

11/18/2016 **Plea** ▼

1 VC23152(b)-M-DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS NOLO

11/18/2016 **Disposition** ▼

001 VC23152(a)-M-DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS Dism: Other Dismissal

11/18/2016 **Disposition** ▼

002 VC23152(b)-M-DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS Nolo by Plea

11/18/2016 **Disposition** ▼

003 PC21310-M-CARRYING A CONCEALED DIRK OR DAGGER Dism: Other Dismissal

11/18/2016 Sentenced ▼

001	VC23152(a)-M-DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS	Sentenced
002	VC23152(b)-M-DRIVING UNDER INFLUENCE OF ALCOHOL/DRUGS	Sentenced
003	PC21310-M-CARRYING A CONCEALED DIRK OR DAGGER	Sentenced

Adult Confinement

Type: **Conversion-Default Jail**

Start Date: **11/18/2016**

Term Type: **Confinement**

Term: **2 Days**

Credit for Time Served - Actual: **2 Days**

Comment: **Jail Length: 2 Day(s) CTS (Credits, Jail): 2 days RS1: \$150 CAF: \$30 EMF: \$4 SEC: \$40 Fine: \$1600 Defendant Waived Counsel: Y Total: \$1824.0**

Probation

Type: **Informal Probation**

Start Date: **11/18/2016**

Term: **36 Months**

Status

Status	Date	Comment
Active	11/18/2016	

Comment: **Informal: 36 Month(s) : Other: the court has no objection to out of state DUI program / do not drive unless properly licensed and insured Watson Advisory 23593 VC Enroll and complete the Drinking Driver Program : Level 1**

Events and Hearings

09/16/2016 Complaint

11/18/2016 Arraignment Hearing ▼

Original Type

Arraignment Hearing

Hearing Time

8:30 AM

Result

Pled

11/18/2016 Case Disposed

11/18/2016 Probation Sentenced

02/02/2017 Electronic Disposition Reporting

02/02/2017 DMV DE1 -Live Abstract of Conviction

11/18/2026 Purge Pending

Financial

No financial information exists for this case.

Last
Name

prisco

Company
Name

Filed

to

Search

Clear

Case
Number

Case Name

Filing Date

Case Type

VCM278883

People vs. Prisco, Shawn
Anthony

02/08/2013

Misdemeanor-
Visalia

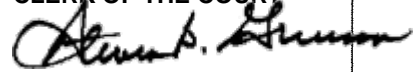
VTR810895

People vs. Prisco, Shawn A

12/15/2014

Traffic-Visalia

Results 1 - 2



1 ERR (FAM)
2 MELVIN R. GRIMES, ESQ.
3 Nevada Bar No: 12972
4 Melg@grimes-law.com
5 THE GRIMES LAW OFFICE
6 808 S. 7th Street
7 Las Vegas, NV 89101
8 p: (702) 347-4357
9 f: (702) 224-2160
10 *Attorney for Defendant*

**DISTRICT COURT
CLARK COUNTY, NEVADA**

8 KEVIN DANIEL ADRIANZEN
9 Plaintiff,

CASE NO.: D-13-489542-D
DEPT: H

10 vs.

11
12 PAIGE ELIZABETH PETIT
13 Defendant.

ERRATA

14
15 COMES NOW, Defendant, PAIGE PETIT, by and through her attorney of
16 record, MELVIN R. GRIMES, Esq., of THE GRIMES LAW OFFICE, hereby
17 submits the following correction regarding *Motion for Modification of Timeshare*
18 *Schedule* filed July 31st, 2018.

19 //

20 //

21 //

22 //

23 //

24 //

25 //

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27 //

28 //

1. On the ninth page, lines 22-25, where it states, "Plaintiff enters negotiations and agrees only to withdraw his acceptance after consulting his mother. This behavior has forced the Defendant to either accept terms which are not in the best interest of the child or file a motion with the Court, as she has done." These facts were confused with a similar case against the Defendant and must be struck.

DATED this 31st day of August 2018.

Respectfully submitted,

THE GRIMES LAW OFFICE

/s/ Melvin R. Grimes

Melvin R. Grimes, Esq.

Nevada Bar No.12972

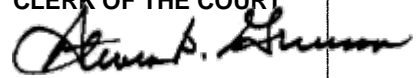
THE GRIMES LAW OFFICE

808 South 7th Street

Las Vegas, NV 89101

(702) 347-4357

Attorney for Defendant



1 RPLY (FAM)
2 MELVIN R. GRIMES, ESQ.
3 Nevada Bar No: 12972
4 melg@grimes-law.com
5 THE GRIMES LAW OFFICE
6 808 S. 7th Street
7 Las Vegas, NV 89101
8 p: (702) 347-4357
9 f: (702) 224-2160
10 *Attorney for Defendant*

DISTRICT COURT
CLARK COUNTY, NEVADA

11 KEVIN ADRIANZEN,
12 Plaintiff,

CASE NO.: D-13-489542-D

DEPT: H

Date: September 17, 2018
Time: 10:00 AM

13
14
15 v.

16
17 PAIGE PETIT,
18 Defendant.

19
20 DEFENDANT'S REPLY TO PLAINTIFF'S OPPOSITION AND
21 SUPPLEMENT TO MOTION FOR MODIFICATION OF TIMESHARE

22 SCHEDULE

23 AND

24 OPPOSITION TO PLAINTIFF'S COUNTERMOTION FOR MODIFICATION
25 OF PHYSICAL CUSTODY TO JOINT; HOLIDAY AND VACATION
26 SCHEDULE AND WEEKON/WEEK OFF TIMESHARE, & MODIFICATION
27 OF CHILD SUPPORT
28

//

//

//

1 //

2 COMES NOW, Defendant, PAIGE PETIT, by and through her attorney of
3 record, MELVIN R. GRIMES, ESQ. of THE GRIMES LAW OFFICE, and hereby
4 files this Defendant's Reply to Plaintiff's Opposition to Motion for Modification of
5 Timeshare Schedule and Opposition to Plaintiff's Countermotion for Modification of
6 Physical Custody to Joint; Holiday and Vacation Schedule and Week on/Week off
7 Timeshare, & Modification of Child Support.

8 This Reply is made and based upon the papers and pleadings herein the points
9 and authorities submitted herewith, and any argument which may come to be adduced
10 at the time of hearing.

11
12 Dated this 7th of September 2018.

13 THE GRIMES LAW OFFICE

14
15
16 /s/ Melvin R. Grimes

17 Melvin R. Grimes, Esq.

18 Nevada Bar No.12972

19 808 South 7th Street

20 Las Vegas, NV 89101

21 (702) 347-4357

22 *Attorney for Defendant*
23
24
25
26
27
28

1 MEMORANDUM AND POINTS OF AUTHORITY

2 **I. Rebuttal Facts**

3 **A. Brief History of the Parties**

4 While the Court has not been able to substantiate any acts of domestic violence,
5 the abusive behavior of the Plaintiff has significantly hampered the ability of the
6 parties to co-parent in a healthy manner. Additionally, the constant introduction of
7 third-parties i.e. grandparents, has served only to inflame the situation. Disputes have
8 not been handled in a mature manner. The general path that is followed is that anytime
9 the Defendant pushes back on Plaintiff's demands, he responds in a borderline
10 abusive manner and the Defendant withdraws. The Defendant's propensity to
11 withdraw is in response to the past abuse that she has suffered at the hands of the
12 Plaintiff.

13 Defendant's was unaware of the legal and substance abuse allegations made by
14 the Plaintiff. Prior to the Plaintiff's supplement, Defendant was only aware of a DUI
15 and possession of marijuana. This is not, as presented by the Plaintiff, a demonstration
16 of lying but rather a lack of information. Regardless, this is not an ongoing concern as
17 the Defendant's fiancé has received substance abuse counseling and has abstained
18 from the use of any illicit substances. Additionally, had the Plaintiff had the concerns
19 raised in his supplement, he withheld them for an extended period of time. The
20 allegations made by the Plaintiff are taken out of context and appear to be little more
21 than an attempt to throw as much possible at the wall to see what will stick.

22 **B. Defendant has Not Violated Plaintiff's Parental Rights**

23 Plaintiff has always attempted to include the Plaintiff in matters regarding the
24 minor child. However, in attempts to excerpt as much control of the Defendant as
25 possible, Plaintiff raises unreasonable objections to every decision that is mad by the
26 Defendant. The unfortunate truth is that the minor child cannot have things such as
27
28

1 healthcare withheld because the Plaintiff wants to punish the Defendant and continue
2 the control he enjoyed over her during their marriage. Children are simply not a
3 weapon to be used against the other parent.

4 C. Mom has Co-Parented to the Best of her Ability

5
6 Plaintiff raises concerns over the Defendant's care of the minor child citing to
7 cavities that the minor child has. In the Plaintiff's opinion, which lacks any medical
8 basis, no child should have cavities. This revelation is unfortunate for the dental
9 community at large. This position is directly related to the Plaintiff's allegations that
10 the Defendant does not adequately inform him of medical situations regarding the
11 minor child. Plaintiff demands a higher level of care but then fights Defendant every
12 step of the way unless it is done on his terms without regard to the minor child. This is
13 just a continuation of the control that the Plaintiff seeks to hold over the Defendant.

14 Plaintiff complains that the Defendant will at times block his calls or decline to
15 respond to his messages. This is not true. Plaintiff demands that Defendant use a third-
16 party text program which permits his mother to text Defendant. Defendant refuses to
17 use this program. Plaintiff has always had the Defendant's phone number but doesn't
18 want the Defendant to have his. Co-parenting is, in nature, meant to be cooperative
19 not a mechanism with which one parent must be subject to the other.

20 To further support his theory of the Defendant's failure to co-parent, Plaintiff
21 points to the Defendant's unwillingness to give him time outside of the court ordered
22 visitation. Given the behavior of the Plaintiff, there is a lack of willingness to give
23 him time that she is entitled to. Plaintiff fails to remember that Defendant granted him
24 extended visitation time just this last July.

25 The Defendant has not engaged in any verbally degrading nor physical violence
26 with the Plaintiff at any time, in front of the minor child or otherwise. The Plaintiff
27 seemingly wishes to hang his hat on baseless accusations while desperately attempting
28

1 to deny the Defendants accounting of the history of abuse that she has suffered at the
2 hands of the Plaintiff, and the demands of the Plaintiff's mother.

3 Plaintiff goes on to address the "non-stop" drama between the parties. There
4 has been an enormous amount of drama between the parties however, the sole cause
5 of that drama is the ongoing abusive and controlling behavior of the Plaintiff.

6 D. Plaintiff's Changes since 2014

7 It appears that the Plaintiff has embellished his past injuries in support of his
8 position that while he is in school he shouldn't have to be financially responsible for
9 his child. Enrolling in community college does not work as a shield for financially
10 obligation.

11 Contrary to the Plaintiff's apparent belief, the outcome of a case with yet
12 another one of his children's mother's is irrelevant to the matter at hand. The facts of
13 that case as well as the needs of that child are completely different.

14 II. Legal Argument

15 A. The Court Should Grant the Defendant's Motion and Deny the Plaintiff's 16 Countermotion

17 1. There has been substantial change

18 As argued in the Defendant's motion there has been a change in circumstances
19 regarding the Defendant's familial arrangement. Plaintiff states that he has the same
20 circumstances however his familial arrangement hasn't changed. He still relies on his
21 mother to support him. The only change in the Plaintiff's work schedule is that he has
22 now decided that he doesn't want to work.

23 Plaintiff asserts that Defendant fails to co-parent because she won't give him a
24 picture that she took. The fact of the matter is that while sharing the photo may be
25 nice, it is the Defendant's photo to do with whatever she likes. Ultimately, it is
26 difficult for the Defendant, as it would be for anybody else, to set aside the years of
27 abuse and manipulation that she has endured. It is disingenuous for the Plaintiff to
28

1 verbally, physically, and emotionally abuse the Defendant for years only to now cry
2 foul because she isn't being nice to him and acquiescing to his every demand.

3 As argued in the Defendant's motion, the proposed custody schedule is what is
4 in the best interest of the minor child. As usual, the focus of the Plaintiff's arguments
5 is what is good for him and his schedule. The Plaintiff doesn't appear to care what is
6 in the child's best interest but rather his concern is winning and continuing to exercise
7 control over the Defendant.

8 2. Joint Physical Custody is not in the minor child's best interest

9 Again, the Plaintiff has somehow come to the conclusion that the Defendant
10 following the court ordered visitation is an "abysmal" performance in relations to
11 promoting a relationship with the non-custodial parent. This is absurd. The Court
12 order was found to be what was in the best interest of the child and Defendant has
13 followed it. Defendant doesn't refuse to co-parent, but she is unwilling to subject
14 herself to the same abuse that she escaped.

15 Plaintiff cites to his custody arrangement with his other daughter assuming that
16 the proposed custody arrangement would in somehow lessen the time that the minor
17 child would have to spend with his half-sister. To the contrary, Defendant and his
18 daughter's mother have regular contact and the children see each other outside of the
19 control of the Plaintiff. Defendant and Plaintiff's daughter's mother have formed a
20 quasi-survivor's group of victims of the Plaintiff's abuse. It is important to both of
21 them to ensure that the children create and maintain a relationship as siblings.

22 In whole, Plaintiff's analysis into the best interest of the minor child is riddled
23 with half truths and omissions. Defendant's proposed schedule is clearly in the best
24 interest of the minor child.

25 B. The Court Should Award the Defendant Attorney's Fees and Costs

26 The Defendant has on numerous occasions discussed custody schedules with
27 the Plaintiff only to have every offer rejected other than the schedule that the Plaintiff
28

1 demands. There was no good faith effort on the part of the Plaintiff to resolve this
2 matter without the intervention of the court which necessitated the instant motion. But
3 for the Plaintiff's unwillingness to act in the best interest of the child rather than
4 serving his need to excerpt control and cater to his convenience, this motion would
5 have been unnecessary.

6 As such, the Defendant requests that this Court deny the Plaintiff's opposition
7 and grant all requested relief set forth in Defendant's motion.

8 III. Conclusion

9 The Defendant respectfully requests that this Court:

- 10 1. Deny the Plaintiff's opposition in its entirety;
- 11 2. Grant all of the requested relief in the Defendant's motion;
- 12 3. For such other relief that this Court deem just and proper.

13
14 THE GRIMES LAW OFFICE

15
16
17 /s/ Melvin R. Grimes

18 Melvin R. Grimes, Esq.

19 Nevada Bar No.12972

20 808 South 7th Street

21 Las Vegas, NV 89101

22 (702) 347-4357

23 *Attorney for Defendant*

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b). I certify that I am an employee of The Grimes Law Office and that on the 1st day of September 2018, I caused the foregoing document, Defendant's Reply to Plaintiff's Opposition and Supplement to Motion for Modification of Timeshare Schedule and Opposition to Plaintiff's Countermotion for Modification of Physical Custody to Joint; Holiday and Vacation Schedule and Week on/Week off Timeshare, & Modification of Child Support, to be served as follows:

☒ Pursuant to EDCR 8.05(a), EDCR 8.05(f), NRCP 5(b)(2)(D) and Administrative Order 14-2 captioned "In the Administrative Matter of Mandatory Electronic Service in the Eighth Judicial District," by mandatory electronic service through the Eighth Judicial District Court's electronic filing system;

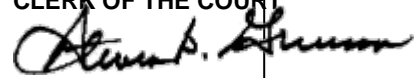
☐ By placing the same to be deposited for mailing in the United States Mail, in a sealed envelope with appropriate first class postage attached; to the attorney or party listed below at the address, email address and/or fax number indicated below:

Michael Burton, Esq.
6230 W. Desert Inn Road
Las Vegas, Nevada 891146

DATED this 1st day of September 2018.

/s/ Olivia Nino

An Employee of THE GRIMES LAW OFFICE



RPLY

Michael Burton, Esq.
Nevada Bar Number 14351
McFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: September 17, 2018

Time of Hearing: 10:00 a.m.

**PLAINTIFF'S REPLY TO DEFENDANT'S OPPOSITION TO
COUNTERMOTION FOR MODIFICATION OF PHYSICAL CUSTODY
TO JOINT; HOLIDAY AND VACATION SCHEDULE AND WEEK
ON/WEEK OFF TIMESHARE, & MODIFICATION OF CHILD SUPPORT**

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton Esq. of McFarling Law Group, and hereby submits the following
reply to Defendant's Opposition requesting the Court issue an Order:

1. Denying Defendant's request to grant her proposed timeshare schedule;
2. Granting modification of physical custody to joint physical custody with a week on/week off timeshare;
3. Granting Plaintiff's request for a holiday and vacation schedule to match the one he has in Case D-17-557607-C in Dept. B;
4. Granting Plaintiff's request to modify child support; and,
5. For any other relief this Court deems fair and appropriate.

This Reply is made and based on the Memorandum of Points and Authorities set forth below, the Declaration of Kevin Adrianzen attached hereto, all papers and pleadings on file herein, and evidence presented by counsel, if any, at the hearing.

DATED this 14th day of September, 2018.

MCFARLING LAW GROUP

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

TABLE OF CONTENTS

I. Introduction.....	1
II. Statement of Facts & Argument	1
A. Prisco’s Drug and Criminal History & Paige’s Assertion that this is All News to Her	1
B. Co-Parenting	6
C. Paige’s Proposed Time Share Change is a Reduction to Kevin’s Time	9
D. Changed Circumstances	10
III. Conclusion	12

1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 Paige’s Opposition to Kevin’s countermotion glosses over numerous critical
4 facts without explanation—such as how she was allegedly unaware of her fiancé’s
5 extensive and recent drug issues, including jail time. His family is posting online
6 that he needs help, yet she claims ignorance. This is not believable, and the issue is
7 not moot and fixed as she claims in her Opposition.

8 Paige is residing (with Ryder) with a serious drug addict and criminal. A drug
9 addict and criminal who gave drugs to another individual, requiring hospitalization.
10 Paige fails to co-parent. Paige begins her Opposition by re-hashing her previously
11 dismissed claims that she is a victim of domestic violence at the hands of Kevin; and
12 that any failure of co-parenting by her is because she “withdraws” around Kevin.

13 Bottom line, Paige is not credible.

14 **II. STATEMENT OF FACTS & ARGUMENT**

15 **A. Prisco’s Drug and Criminal History & Paige’s Assertion that this**
16 **is All News to Her**

17 Kevin incorporates his prior facts and legal argument contained in his
18 Opposition and Countermotion and adds the following:

19 In Paige’s Opposition she states:

20 Prior to Plaintiff’s supplement, Defendant was only aware of a DUI and
possession of marijuana. This is not, as presented by Plaintiff, a

1 demonstration of lying but rather lack of information. Regardless, this is not
2 an ongoing concern as Defendant's fiancée' has received substance abuse
counselling and has abstained from the use of any illicit substances.

3 As stated in Kevin's motion, Paige is either: 1) lying about not knowing; or
4 2) completely ignorant of who she is cohabitating with, having children with, and
5 allowing to live in the same home as Ryder.

6 Her fiancée's events are not remote in time. They did not occur in his distant
7 past where she might be excused from knowledge. Paige has: 1) dated Prisco for
8 years; 2) has two children with him; and 3) lives with him. The most recent events
9 are from 2017.

10 We can review them to determine if Paige was unaware that her live-in fiancée
11 had a drug and criminal history.

12 Since Kevin's Countermotion, he obtained additional criminal records on
13 Paige's fiancée [Prisco] from California.¹ These records are from 2013. The first
14 item of note is that Prisco's address is listed as "transient." Another way of saying
15 homeless.

16 The police were called for an apparent drug overdose. Prisco told the police
17 he had a Xanax prescription (he did not) and took more than the prescribed dose.
18
19

20
.. ¹ See Visalia Police department records listed as Exhibit 4.

1 Prisco was taken to the hospital. Later, the officer met him at the hospital and the
2 officer noted Prisco had approximately 45 pills in his possession.

3 The officer spoke to Prisco's father who stated he "knows his son has a drug
4 problem and is addicted to Xanax." His father also states that because of Prisco's
5 drug problem, he [father] evicted Prisco days earlier from his home.

6 While at the hospital, the officer came in contact with another individual who
7 was also admitted for a drug overdose. This individual told the officer that Prisco
8 had *given* him the drugs.

9 Prisco was arrested and charged with possession of schedule 4 narcotics and
10 distribution. The officer interviewed Prisco who admitted abuse of Xanax for
11 several years. The records indicate that as part of his plea deal, Prisco would enter a
12 live-in rehabilitation program. The case appears to have concluded at the end of 2014.

13 As stated in Kevin's supplement to his counter motion, Prisco was charged in
14 2016 with driving under the influence (of Xanax) and also possession of a dangerous
15 weapon. It was also in 2016 that Prisco's mother publicly took to Facebook to tell
16 everyone to *not* give money to her son —because he is a drug addict and you'd only
17 be enabling him. It was within two weeks of this post that Prisco posted a photo of
18 he and Ryder in an ocean in California. (Kevin was never notified that Ryder was
19 being taken out of state.)
20

1 Then, in April 2017, Prisco was again arrested and charged with DUI— again
2 for Xanax (and THC). The case details indicate Prisco spent two days in jail for this
3 offense as he was given 2 days credit for time served in the final disposition.

4 Fresh off that arrest, on May 5, 2017 Prisco then had the arrest for soliciting
5 drugs at a recreation center in Henderson, as well as resisting arrest. When searched
6 by police, Prisco had tin foil with burnt residue, lighter, Xanax (no prescription)
7 wrapped in a paper towel, and a pipe identified by officers as one typically used for
8 methamphetamine or heroin. Prisco was in jail for three days for this offense prior
9 to being released.

10 As part of his plea deal, Prisco was ordered to abstain from drugs.

11 In October 2017, the court issued a show cause order, with a show cause
12 hearing held on October 31, 2017. At this hearing, the court found Prisco “non-
13 compliant” with the “no drugs” provision of his plea agreement. Prisco stipulated
14 that he was non-compliant. The court sentenced him to 2 additional days in jail for
15 this violation.

1 Lastly, Kevin text messaged Paige in June 2017 when he found information
2 online about this incident—including a screen shot of the online newspaper article.²
3 Paige never responded.³

4 Considering all of the above, Paige’s assertion that she had no knowledge of
5 Prisco’s drug use and arrests is not believable for the following reasons: 1) Prisco
6 has spent several days in jail during times they resided together; 2) Kevin text
7 messaged Paige about the incidences; and 3) Prisco’s family has publicly posted on
8 social media about Prisco’s serious drug problem.

9 Furthermore, Paige’s assertion that “this is not an ongoing concern as
10 Defendant’s fiancé’ has received substance abuse counselling and has abstained
11 from the use of any illicit substances” should not be satisfactory to this court as
12 Prisco’s drug and arrest history goes back years; and he just violated his probation
13 and served jail time in October for failing to comply with his non-use of drugs
14 provision. Also, it is doubtful that Paige is in any position to assess whether Prisco
15 has overcome his demons since, by her account, this all went on right under her nose
16 without her being aware. And that is a major problem for Ryder.

17 ///

20 ² See text message from Kevin to Paige dated June 14, 2017 listed as Exhibit 5.

³ It is possible she did not respond because she blocked Kevin’s number, which she has a history
 of doing.

1 **B. Co-Parenting**

2 Kevin provided numerous examples of Paige unilaterally taking Ryder to
3 medical and dental appointments without informing him. This also included Ryder
4 having to be taken to the hospital and seek follow-up treatment after an auto
5 accident—which she also never told Kevin about.

6 Paige asserts in her Opposition that Kevin has unrealistic dental and medical
7 expectations for Ryder; and that Kevin feels a child “should never have cavities.”
8 She also asserts, without any proof, that Kevin stands in the way of “every” medical
9 decision Paige tries to make. However, that cannot be true because Paige admitted
10 in her deposition that she never even tells Kevin of medical and dental appointments.
11 Any proof that Paige has that she has now attempted to involve Kevin in these
12 decisions will be from after her April 2018 deposition, at which time she was advised
13 legally that her behavior will not look good to this court. Prior to that, Paige gave no
14 regard to Kevin’s legal custody rights.

15 Kevin obtained Ryder’s dental records.⁴ Kevin had a hard time getting these
16 records because when Paige set Ryder up at Little Smiles Dental, she left the “father”
17 section blank, which can be seen on the records, and she also indicated his preferred
18 name to be Ryder Petit. Kevin was wrong about a filling falling out. But, what he
19

20 _____
.. ⁴ See Ryder’s dental records listed as Exhibit 6.

1 assumed was a hole where a filling had fallen out, was actually just a large unfilled
2 cavity in Ryder's mouth. Nevertheless, when Kevin contacted Paige as to who
3 Ryder's dentist was, she refused to say. Instead, she waited until Ryder was returned
4 to her and she took him to the dentist— something Kevin was trying to do when *he*
5 identified the problem. Ryder has had five cavities as a four-year-old. That is not
6 normal.

7 Kevin also obtained the medical records from the car accident Ryder was in
8 that Paige did not tell him about.⁵ The medical records list Ryder's name as "Ryder
9 Blake Petit" not Ryder Petit-Adrianzen, his full legal name. Paige is fully aware of
10 Ryder's full legal name as she unsuccessfully appealed this Court's decision to
11 hyphenate Ryder's name. Of note in these records is the complete omission of
12 Kevin's name. Under "nearest relative" for Ryder, Paige put "Mark Petit", her father.

13 Kevin also obtained Ryder's medical records from his primary doctor.⁶ Kevin
14 was not consulted with selecting this physician, and as stated, has never been
15 informed of Ryder's appointments until very recently. Ryder's name is correct on
16 these documents, but only after Kevin asked them to change it. Of note on these
17 records, the social history states "lives with mom and her family. Father limited
18
19

20 ⁵ See Ryder's Summerlin Hospital records listed as Exhibit 7.

⁶ See Ryder's Durango Pediatrics records listed as Exhibit 8.

1 involvement.” Kevin has had weekly custody of Ryder for years—and filed his
2 divorce and custody case when Ryder was only two months old.

3 For years, Kevin has expressed concerns over a possible speech issue with
4 Ryder and has asked Paige if they could get him evaluated. Paige has always refused.

5 Kevin accompanied Paige to Ryder’s doctor appointment on July 25, 2018.
6 From the beginning, Kevin felt the doctor was not taking him seriously, likely based
7 on never having heard of him (and the records saying over and over Dad is minimally
8 involved). Kevin wanted a referral to a family therapist and a speech evaluation. The
9 concern with the family therapist stems from Ryder saying things making it unclear
10 that he understands the dynamics of a split family. This was suggested for Ryder’s
11 benefit.

12 The doctor stated the speech referral could be done through “child find” but
13 [Dad] wants a private referral because “child find” is only for children that have not
14 yet started kindergarten (Ryder was about to start kindergarten two weeks later). The
15 doctor was negative about the speech referral; therefore, Paige was also.

16 Then, on September 4th of this year, Kevin emailed Ryder’s teacher to
17 formally request a speech evaluation. This was a formal request as Kevin had
18 mentioned this to the teacher at a meet-and-greet event prior to school starting. Kevin
19 thought this follow-up was just a formality. Instead, Kevin learned that the teacher
20 had connected Paige and a speech therapist the night before at an open house—an

1 open house of which Kevin was never informed. Now, all of a sudden, Paige is
2 acknowledging the issue as legitimate.

3 During the parties' last court proceedings, the court made it clear that third-
4 parties could facilitate exchanges. In fact, Paige herself has regularly used third-
5 parties. Paige asserts in her Opposition that "grandmother" is a problem. But, it is
6 grandmother who almost got run over when she tried to facilitate an exchange on
7 Kevin's behalf.

8 In December 2017, Grandmother attempted to retrieve Ryder from Paige on
9 Kevin's behalf. As she approached Paige's car, which was parked backed in to a
10 parking spot, she saw another person recording. Grandmother took out her phone to
11 begin recording also. Then, Paige drove out of the parking spot, coming straight at
12 Grandmother. Grandmother moved out of the way, with the car narrowly missing
13 her. Grandmother called the police.⁷

14 **C. Paige's Proposed Time Share Change is a Reduction to Kevin's**

15 **Time**

16 Paige asserts that her new proposed timeshare *increases* Kevin's time. This is
17 not true.

20
.. ⁷ See police report filed by Grandmother on December 30, 2017 listed as Exhibit 9.

1 Based on the current order, in 2019, Kevin would have 105 days of visitation
2 with Ryder.⁸

3 Based on Paige's proposal, the *maximum* time Kevin would have with Ryder
4 in 2019 would be 98 days.⁹ And it could be less. Paige's proposal allows each party
5 to notice two weeks of vacation time. If both parties noticed their vacation on the
6 other's custodial time, Kevin would essentially lose the 14 days, leaving him with
7 84 days— 21 days less than he would currently have.

8 Ryder needs less time in Paige's home and more time with Dad.

9 **D. Changed Circumstances**

10 Paige asserts in her Opposition that there is no change of circumstances since
11 the parties' last custodial order. That is not true. The following has occurred since
12 the parties' last custodial order:

- 13 1. Kevin has a new child who is Ryder's little sister of whom
14 Kevin has joint physical custody;
- 15 2. Paige has failed to co-parent with Kevin and ignored his joint
16 legal custody rights;

20 ⁸ See Spreadsheet for 2019 under current custodial schedule listed as Exhibit 10.

⁹ See Spreadsheet for 2019 under Paige's proposal listed as Exhibit 11.

1 3. Ryder has signs of neglect, including five cavities for a four-
2 year-old, and more troubling, contracted scabies; unattended
3 speech issues.

4 4. Paige is cohabitating with a serious drug addict and criminal
5 who has a long and recent history of troubling drug abuse—
6 which Paige is either lying about not knowing about; or,
7 Paige is completely clueless as to whom she is allowing
8 around the parties' son. Either of which is a huge problem.

9 ///

10 ///

11 ///

1 **III. CONCLUSION**

2 BASED ON THE FOREGOING, Plaintiff requests this Court issue an Order:

- 3 1. Denying Defendant's request to grant her proposed timeshare schedule;
- 4 2. Granting modification of physical custody to joint physical custody
- 5 with a week on/week off timeshare;
- 6 3. Granting Plaintiff's request for a holiday and vacation schedule to
- 7 match the one he has in Case D-17-557607-C in Dept. B;
- 8 4. Granting Plaintiff's request to modify child support; and,
- 9 5. For any other relief this Court deems fair and appropriate.

10 DATED this 14th day of September, 2018.


11 **MCFARLING LAW GROUP**

12 /s/Michael Burton

13 Michael Burton, Esq.
14 Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
15 Attorney for Plaintiff,
16 Kevin Adrianzen

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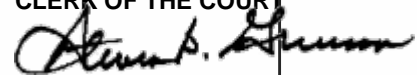
- I declare under penalty of perjury, under the laws of the State of Nevada and the United States (NRS 53.045 and 28 USC § 1746), that the foregoing is true and correct.


Kevin Adrianzen

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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

/s/ Crystal Beville
Crystal Beville



1 **EXHS**
2 Michael Burton, Esq.
3 Nevada Bar Number 14351
4 **McFARLING LAW GROUP**
5 6230 W. Desert Inn Road
6 Las Vegas, NV 89146
7 (702) 565-4335 phone
8 (702) 732-9385 fax
9 eservice@mcfarlinglaw.com
10 Attorney for Plaintiff,
11 Kevin Adrianzen

8 **EIGHTH JUDICIAL DISTRICT COURT**

9 **FAMILY DIVISION**

10 **CLARK COUNTY, NEVADA**

11 KEVIN ADRIANZEN,

12 Plaintiff,

13 vs.

14 PAIGE PETIT,

15 Defendant.

Case Number: D-13-489542-D
Department: H

16 **PLAINTIFF'S EXHIBIT APPENDIX**

17
18
19 COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
20 Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
21 exhibits in support of his Reply to Defendant's Opposition to Countermotion for
22 Modification of Physical Custody to Join; Holiday and Vacation Schedule and Week
23 On/Week Off Timeshare, & Modification of Child Support. Plaintiff understands
24

1 that these are not considered substantive evidence in my case until formally admitted
2 into evidence.

3
4 **TABLE OF CONTENTS**

5 **EXHIBIT 4:** Shawn Prisco Visalia, California police department
6 records.

7 **EXHIBIT 5:** Text message from Plaintiff to Defendant dated June 14,
8 2017.

9 **EXHIBIT 6:** Ryder's dental records.

10 **EXHIBIT 7:** Ryder's Summerlin Hospital records from car accident.

11 **EXHIBIT 8:** Ryder's Durango Pediatrics records.

12 **EXHIBIT 9:** Plaintiff's mother's December 30, 2017 police report filed
13 against Defendant.

14 **EXHIBIT 10:** Plaintiff's 2019 Custodial Schedule under current court
15 order.

16
17 ///

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EXHIBIT 11: Plaintiff's 2019 Custodial Schedule under Defendant's Proposed schedule.

DATED this 14th day of September, 2018.

McFARLING LAW GROUP

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

/s/ Crystal Beville
Crystal Beville

EXHIBIT 4

- ☐ INFRACTION
☐ MISDEMEANOR
☒ FELONY
☒ BOOKING

VISALIA POLICE DEPARTMENT

REPORT NO. 13-01601

☒ ADULT ☐ JUVENILE

NO. CO-DEF: 0 ☐ CRIME REPORT ONLY

NAME LAST		FIRST		MIDDLE		CHARGE(S)		NAME PRISCO, SHAWN
PRISCO		SHAWN		ANTHONY		11375 MS		
ADDRESS		CITY		STATE		PHONE		
TRANSIENT								
DOB	AGE	SEX	RACE	HGT	WGT	HAIR	EYES	POB/ST
1-12-93	20	M	W	5-10	175	BRO	GRN	LOS ANGELES
LOCATION OF ARREST/CITATION				RD	BEAT	ARREST TIME	ARREST DATE	
400 W. MINERAL KING				7009	25	1128	2-7-13	
DRIVER LICENSE		SOCIAL SECURITY		OCCUPATION		MARKS, SCARS, TATTOOS		
		615-94-605		NON		CROSS-LT FOREARM		
CLOTHING DESCRIPTION							AKA:	
RED T-SHIRT / BLUE JOANS								
JUVENILE SECTION	FATHER		ADDRESS		CITY		PHONE	SECURE DENTENTION
	MOTHER		ADDRESS		CITY		PHONE	TIME IN
	LEGAL GUARDIAN		ADDRESS		CITY		PHONE	TIME OUT
	GUARDIAN RELATIONSHIP		SCHOOL ATTENDING	GRADE	RELEASED BY	RELEASED TO	TIME	JUVENILE DISPO
								<input type="checkbox"/> COUNSEL/RELEASE <input type="checkbox"/> INFORMAL/T-BOLT <input type="checkbox"/> PETITION FORWOD
VEH YEAR	MAKE	MODEL		BODY TYPE	COLOR	LICENSE #	STATE	STORED AT
DETAILS/NARRATIVE								
REFER TO: <input checked="" type="checkbox"/> DICTATED OR <input type="checkbox"/> WRITTEN/TYPED NARRATIVE								
ARREST DISPOSITION		WARRANT ARREST			<input type="checkbox"/> OFFENSE(S) NOT COMMITTED IN MY PRESENCE. CERTIFIED ON INFORMATION AND BELIEF. I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. EXECUTED ON THE DATE SHOWN ABOVE AT VISALIA, CALIFORNIA.			
<input type="checkbox"/> RELEASED TO PARENT <input checked="" type="checkbox"/> CLEAR NCIC <input type="checkbox"/> CLEAR CENTRAL JUVENILE <input checked="" type="checkbox"/> HELD FOR COURT <input type="checkbox"/> RELEASE 8498.1 PC <input type="checkbox"/> RELEASE CITE OUT		COURT			ARRESTING/ASSUING OFFICER ID#			
		CONTROL NO			WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR AT THE TIME AND PLACE LISTED BELOW.			
		DOCKET NO			X SIGNATURE			
		CHARGES			<input type="checkbox"/> SUPERIOR COURT <input type="checkbox"/> JUVENILE COURT <input type="checkbox"/> TO BE NOTIFIED ADDRESS:			
EVIDENCE BOOKED		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		BAIL		ON THE _____ DAY OF _____ 20__ AT _____		
LABWORK		BLOOD <input type="checkbox"/> URINE <input type="checkbox"/>				<input type="checkbox"/> FINGERPRINTS REQUIRED. SEE REVERSE FOR INFORMATION REVIEWED BY		
BOOKED AT		PCJ <input checked="" type="checkbox"/> BWDF <input type="checkbox"/> JUVENILE HALL <input type="checkbox"/> OTHER _____				<input checked="" type="checkbox"/> ID# 135-		
BOOKING DATE		2-7-13		BOOKING TIME		1220		
BOOKING OFFICER NAME		W. D. L. 2		ID#		A135		

VISALIA POLICE DEPARTMENT
303 S. JOHNSON STREET
VISALIA, CALIF. 93291

CASE NO.

A13-01601

CODE SECTION

CRIME

11375 H&S

POSSESSION OF SCHEDULE 4 NARCOTICS
PRESCRIPTION FOR SALE

ADDRESS

PHONE NO.

STATE OF CA, PEOPLE OF

SUSPECT INFORMATION:

PRISCO, SHAWN ANTHONY

DOB: 01/12/93

WMA: 5'10", 175, brn/grn

LNA: Transient

On 02/17/13 at approximately 0935 hours,

I responded to the CSET located on NW 3rd for a possible overdose.

Upon arrival, I contacted PRISCO who was sitting in a chair in the CSET office stating that he had taken some Xanax and that he was not feeling good. PRISCO stated that he has a prescription for it, but he took it and he took more than his prescribed dose. PRISCO had requested an ambulance. He was transported by ambulance to Kaweah Delta Medical Center.

At approximately 1120 hours,

That same day, I received a call from Kaweah Delta Medical Center stating that the subject had several pills on his person that he had turned over to Kaweah Delta Medical Center staff. I arrived and found out that they were discharging PRISCO.

I contacted Kaweah Delta Medical Center Pharmacy and showed them one of the pills that PRISCO had on him, which was stamped with 'G 372 2'. It is identified as Alprazolam-2mg. I was also advised that they had not seen this drug in this strength; usually it's in 1mg. It is classified as a Benzodiazepine and they state that it is a Schedule 4 with potential for abuse. I counted approximately 45 pills that had been in his possession that were turned over to me by hospital staff.

I then contacted W/Salvador Prisco, SHAWN PRISCO's father in the Emergency Room waiting room. He stated the following:

W/Salvador Prisco stated he knows that his son has a drug problem and is addicted Xanax in any form. He also stated that his son has recently been displaying symptoms of using Xanax and therefore, was evicted from Salvador Prisco's residence the day before. He stated that he was willing to do whatever he could to get his son help, that his son needs. Prior to responding back to

REPORTING/RECORDING OFFICER

TYPED BY

DATE

B. DILTZ, A135

MG/HQ

02/08/13

FURTHER ACTION

COPIES TO

() T-BOLT

REVIEWED _____

() YES

() DETECTIVE

() OTHER _____

() NO

(X) DISTRICT ATTORNEY

() JUVENILE

2-8-13 mjd

VISALIA POLICE DEPARTMENT
303 S. JOHNSON STREET
VISALIA, CALIF. 93291

CASE NO.

A13-01601

CODE SECTION

CRIME

11375 H&S

POSSESSION OF SCHEDULE 4 NARCOTICS
PRESCRIPTION FOR SALE

ADDRESS

PHONE NO.

STATE OF CA, PEOPLE OF

PRISCO's room, I contacted Ruben Gonzalez, who refused to give me his birthday. Gonzalez is a client out at CSET as well and had been transported to Kaweah Delta Medical Center by ambulance for a Xanax overdose after PRISCO had been transported and prior to my being dispatched to Kaweah Delta Medical Center. The only information I could get out of Gonzalez at the CSET office prior to being transported was that he was given the pills by PRISCO.

I then contacted PRISCO in his room after he'd been discharged by hospital staff. I asked him if he had a minute to talk to me. He stated yes. I then told him that he had numerous Xanax pills on his person and that I'd learned from his father that he does not have a prescription. He nodded yes, that was correct.

Due to the information that I had received, I then handcuffed him and placed him under arrest. I then advised him of his rights per Miranda, which he stated he understood and waived. The following is a synopsis of his statement:

PRISCO stated that he does not have a Xanax prescription; however, he is using Xanax and has been for several years. He had purchased a large amount of pills for approximately \$10; however, he would not state who or where he purchased these pills. He had gone to CSET with these pills and had given a couple to some friends of his, including Gonzalez. He stated that he did not sell them, only that he supplied the pills to them.

I asked PRISCO if he knew that it was illegal to supply pills, especially prescription pills that were not his that he actually bought illegally off the street and he stated yes, he knew that it was illegal.

I then escorted him out to my vehicle, where he was transported to the Tulare County Jail. He was booked on the charge of 11375 H&S, Possession of Schedule 4 Narcotic without a Prescription and distribution.

I request that a copy of this report be forward to the Tulare County District Attorney's office for their review.

End of report.

REPORTING/RECORDING OFFICER

TYPED BY

DATE

B. DILTZ, A135

MG/HQ

02/08/13

FURTHER ACTION

COPIES TO

() T-BOLT

REVIEWED _____

() YES

() DETECTIVE

() OTHER _____

() NO

() DISTRICT ATTORNEY

() JUVENILE

FEB 08 2013

BY: LARAYNE CLERK
[Signature]

TULARE COUNTY SUPERIOR COURT DISTRICT
TULARE COUNTY SUPERIOR COURT DIVISION, STATE OF CALIFORNIA

THE PEOPLE OF THE STATE OF CALIFORNIA

Plaintiff,

vs.

SHAWN ANTHONY PRISCO DOB:01/12/1993

Defendant(s).

DA No. 13-002354

Court No. VCM 278883

FELONY COMPLAINT

The undersigned is informed and believes that:

COUNT 1

On or about February 7, 2013, in the County of Tulare, the crime of POSSESSION OF A DESIGNATED CONTROLLED SUBSTANCE, in violation of HEALTH & SAFETY CODE SECTION 11375(b)(2), a MISDEMEANOR, was committed by SHAWN ANTHONY PRISCO, who did unlawfully possess a designated controlled substance, to wit, XANAX.

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

Pursuant to People v. Cunningham, the People hereby put the defendant on notice that the aggravated sentence may be sought in this case.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT CONSISTS OF 1 COUNT(S).

Executed at VISALIA DIVISION, California, on February 8, 2013.

KIRK DAVIS
DEPUTY DISTRICT ATTORNEY

Agency: VPD

DEFENDANT NAME	SEX	RACE	HGT	WGT	EYES	HAIR	COURT DATE	INTAKE STATUS
SHAWN ANTHONY PRISCO	M	W	510	175	GRN	BRO	02/08/2013	IC

CLAIM PROCESSED BY: JLD

MCF
A 2

SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE

People
Plaintiff,
Counsel/DA: _____

Jud. Officer: Ronn Couillard
Clerk: Adria Terrazas/ ~~Jessica Vargas~~
Bailiff: _____
CSR: Wendy Westfall

vs.

Pr: soc. Shawn Anthony
Defendant.

Interpreter:
Language: _____

Counsel/FO: John Shepard, DPL

DOB: 01-12-93

Minutes: Arraignment: Complaint

Case No. VCM278883
Pretrial Court

Date: February 11, 2013

Charges: Ct 1: HS11375(B)(2)

- ☒ Defendant present ☒ in custody ☐ without attorney ☒ with attorney ☐ by attorney
☐ Defendant failed to appear ☐ Bail forfeited ☐ OR revoked ☐ Probation revoked.
☐ Bench Warrant to issue with bail set at \$_____. ☐ Bench Warrant ☐ Recalled ☐ Remain ☐ Withdrawn.
☐ Bail Bond Forfeiture Set Aside ☐ Bail Bond Reinstated ☐ Bail Bond Exonerated
☐ Summary Judgment Date is vacated.
☐ Court orders \$150.00 Return to Custody Cost to be paid by Bail Agent. Notice to be sent.
☐ Copy of complaint/citation ☐ handed to ☐ faxed to ☐ delivered to ☐ Defendant ☐ Attorney.
☐ Reading waived. ☐ True name verified. Complaint amended to _____.
☒ Arraignment, advisement of Constitutional Rights and reading of Complaint waived.
☐ Defendant has _____ hold. ☐ No case filed on fresh _____ at this time.
☐ Defendant arraigned, informed of charges/VOP, advised of and understands all legal rights.
☒ Public Defender appointed ☐ re-appointed. ☐ Contact Public Defender ☐ today ☐ upon release 836-4520
☐ Court finds defendant has the ability to pay the Public Defender Registration Fee in the amount of \$_____.
☐ Fee to be paid forthwith. ☐ Fee to be paid by ____/____/_____.
☒ Court finds defendant does not have the ability to pay the Public Defender Registration Fee.
☐ Public Defender declares a conflict. ☐ Public Defender relieved as counsel.
☐ Conflict Counsel appointed. ☐ Defendant to obtain own counsel. ☐ Defendant obtained private counsel.
☐ _____ substituted in as attorney of record. ☐ Defendant waives right to counsel
☐ Defendant is Ordered to return to Court at the next Court hearing date.
☐ MATTER CONTINUED to ____/____/____ at ____ am ☐ pm Dept. ____ for ____
☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties
☐ Porterville ☐ Pre-Trial Facility ☐ Tulare ☐ Visalia
☒ Defendant pleads NOT GUILTY ☐ prior convictions/special allegations denied.
 MATTER SET 2/19/13 at 8:00 am ☒ pm Dept. 14 for PT.
 MATTER SET ____/____/____ at ____ am ☐ pm Dept. ____ for ____
☐ Porterville ☐ Pre-Trial Facility ☐ Tulare ☒ Visalia

- ☐ Referred to Probation for Report and Recommendation for OR Bail Report/Restitution Report/_____
☐ Matter Trailing _____

DIST: ☒ DA ☒ PD ☒ DEF ☒ JWL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC
☐ Court Collection

- ☐ On motion of _____ case/count(s) _____ dismissed.
☐ On motion of _____ case/count(s) _____ amended to _____
☐ "Pro-Per" explanation of rights under Penal Code Section 1362 and effect of consent thereto given by judge.
☐ Defendant waives time ☐ 10 Day Rule ☐ 80 Day Rule ☐ No time waiver. ☐ Defendant waives time for 1 day. ☐ Defendant waives time 30 Day Rule
☐ Defendant requests to ☐ plead ☐ GUILTY ☐ NOLO CONTENDERE ☐ withdraw previous plea of NOT GUILTY and enter a plea of ☐ GUILTY ☐ NOLO CONTENDERE. ☐ Prior convictions admitted.
☐ _____
☐ Written waiver filed - see attached ☐ Oral waiver taken ☐ Admonished pursuant to VC235B3(a)
☐ Defendant waives time for sentence ☐ No legal cause. ☐ See sentence sheet.
☐ No Probation Ordered ☐ Probation Denied.
☐ Defendant ☐ admits ☐ denies _____ ☐ Probation ☐ reinstated ☐ terminated ☐ revoked ☐ extended
☐ _____ ☐ Court finds defendant eligible for Prop 36 Program. ☐ Defendant is to report for Probation on ____/____/____. ☐ Defendant provided with Recovery Court Referral Form. ☐ Matter placed off calendar.

- ☐ Defendant to pay a fine of \$_____ as follows.
☐ forthwith; ☐ on or before ____/____/____; ☐ \$_____ commencing ____/____/____.
☐ Defendant to serve _____ days in jail, with credit for _____ days served.
☐ PC4019 (1/2) time credits to be imposed ☐ PC4019 (1/3) time credits to be imposed.
☐ Sentence to be served ☐ consecutively ☐ concurrently with _____.
☐ Stay of execution granted until: ____/____/____ at _____ ☐ am ☐ pm to be served at
☐ BWDF ☐ DRC ☐ PTF
☐ Serve _____ weekends beginning _____ 7:00 a.m. to 5:00 p.m. commencing ____/____/____ to be served at the ☐ BWDF ☐ DRC ☐ PTF ☐
☐ Take ID & Paperwork. Be on time. ☐ Contact SWAP immediately to enroll 735-1831.
☐ REMANDED Forthwith. Bail \$_____. ☒ REMANDED, Serving Time. ☐ Remain at liberty on bail.
☐ Released ☐ Discharged as to this case. ☒ Released on OR ☐ Remain on O.F. ☐ Remain on Prob.
☐ Defendant is in need of medical attention and is to be seen by medical staff while incarcerated.
☐ Defendant is referred for a mental health evaluation pursuant to W&I 5150. ☐ Defendant is referred for a Mental Health Evaluation pursuant to PC 1366. ☐ The clerk is directed to prepare referral for Court's signature.
☐ Defendant is to have no contact with victim(s) in this case. ☐ Protective Order signed, issued, and served on defendant.
☐ Defendant to report to Tulare County Adult Probation Dept at ☐ 100 East Center, Visalia CA to review probation terms ☐ Defendant to present proof of contact to Court ☐ Room 204 2nd Floor County Court House 221 S Mooney Blvd, Visalia CA to make payment arrangements.

RELEASE ON OWN RECOGNIZANCE

DEFENDANT, BEING RELEASED ON HIS OWN RECOGNIZANCE, PROMISES THAT: (1) He/She will appear at all times and places, as ordered by the court or magistrate and as ordered by any court in which, or any magistrate before whom, the charge is subsequently pending; (2) He/She will obey all reasonable conditions imposed by the court or magistrate, and (3) He/She will not depart this state without leave of the court. Defendant agrees to waive extradition if the defendant fails to appear as required and is apprehended outside of the State of California. Any court or magistrate of competent jurisdiction may revoke the order of release and either return him/her to custody, or require that he/she give bond or other assurance of his/her appearance as provided in the Penal Code. If he/she willfully fails to appear at a scheduled court appearance, he/she may be charged with the additional charge of Failure to Appear (Penal Code section 13207). If released on own recognizance on a misdemeanor charge, failure to appear may result in a separate misdemeanor charge which may result in an additional penalty of six months in jail and/or a thousand dollar (\$1,000.00) fine. If released on own recognizance on a felony charge, failure to appear may result in an additional penalty of imprisonment in a state prison, or in the county jail for not more than one year, and/or a one thousand dollar (\$1,000.00) fine, or both that fine and imprisonment. Defendant, by placing his/her signature below, acknowledges that he/she has read and understood the above promises and agreements he/she is making, and has been informed of the consequences and penalties applicable to violation of the conditions of release.

Executed on 2/1/13 by [Signature] Defendant
825 n myrtle Address

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE**

People
Plaintiff: Brian Roberts
Counsel/DA:

Jud. Officer: Walter L. Gorelick
Clerk: Lisa McNeamey
Bailiff:
CSR: Sheryl Ribeiro

vs.

Prisco, Shawn Anthony
Defendant.

Interpreter:
Language:

Counsel/PD: Bridgid Brady

DOB: 01-12-93

Minutes: Pre-Trial Conference

Case No. VCN278883
Department 14

Date: February 19, 2013

Charges: Ct 1: HS11375(B)(2)

- ☒ Defendant present ☐ In custody ☐ without attorney ☒ with attorney ☐ by attorney
☐ Defendant failed to appear ☐ Bail forfeited ☐ OR revoked ☐ Probation revoked.
☐ Bench Warrant to issue with bail set at \$_____. ☐ Not to be released pursuant to 853.6PC.
☐ Defendant to be arrested at counter.
☐ Defendant appeared late, case recalled. ☐ Bench Warrant ☐ Recalled ☐ Remain ☐ Withdrawn.
☐ Bail Bond Forfeiture Set Aside ☐ Bail Bond Reinstated ☐ Bail Bond Exonerated
☐ Cash Bond Ordered Exonerated/Returned to Depositor. ☐ Summary Judgment Date is vacated.
☐ Court orders \$166.00 Return to Custody Cost to be paid by Bail Agent. Notice to be sent.
☐ Copy of complaint/citation ☐ handed to ☐ faxed to ☐ delivered to ☐ Defendant ☐ Attorney.
☐ Reading waived. ☒ True name verified. Complaint amended to _____.
☐ Arraignment, advisement of Constitutional Rights and reading of Complaint waived.
☐ Defendant waives certified interpreter.
☐ Defendant arraigned, informed of charges, advised of and understands all legal rights.
☐ Waiver & Stipulation signed in open Court by Defendant.
☐ Public Defender appointed ☐ re-appointed. ☐ Contact Public Defender ☐ today ☐ upon release 636-4500
☐ Court finds defendant has the ability to pay the Public Defender Registration Fee in the amount of \$_____.
☐ Fee to be paid forthwith. ☐ Fee to be paid by ____/____/_____.
☐ Court finds defendant does not have the ability to pay the Public Defender Registration Fee.
☐ Public Defender declares a conflict. ☐ Public Defender relieved as counsel.
☐ Conflict Counsel appointed. ☐ Defendant to obtain own counsel. _____ substituted in as attorney of record. ☐ Defendant waives right to counsel
☐ Defendant waives time ☐ 10 Day Rule ☐ 60 Day Rule ☐ No time waiver.
☐ Entered a general time waiver pursuant to Penal Code Section 1382 Continued.
☐ Entered a limited time waiver pursuant to Penal Code Section 1382 to trial date
☐ "Pro-Per" explanation of rights under Penal Code Section 1382 and effect of consent thereto given by judge.
☐ Defendant pleads NOT GUILTY ☐ prior convictions/special allegations denied.
☐ Defendant is Ordered to return to Court at the next Court hearing date.
MATTER SET/CONTINUED ____/____/____ at ____ ☐ am ☐ pm Dept. ____ for ____
MATTER SET/CONTINUED ____/____/____ at ____ ☐ am ☐ pm Dept. ____ for ____
☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties
Time Estimate for Jury Trial ____ Hours/____ Days
☐ Porterville ☐ Pre-Trial Facility ☐ Tulare ☐ Visalia
☐ On motion of/by ____ ☐ case ☐ count ____ dismissed.
DIST: ☐ DA ☐ PD ☐ DEF ☐ JAIL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC
☐ Court Collections

- ☒ On motion DA ☐ case ☒ count 1 amended to 4060 BP
- ☒ Defendant requests to ☐ plead ☐ GUILTY ☐ NOLO CONTENDERE ☒ withdraw previous plea of NOT GUILTY and enter a plea of ☒ GUILTY ☐ NOLO CONTENDERE. ☐ Prior convictions admitted.
- Count 1
- ☐ Counsel stipulates transportation was for personal use.
- ☐ Written waiver filed ☒ Oral waiver taken - see attached. ☐ Admonished pursuant to VC23503(a)
- ☒ Defendant waives time for sentence. ☒ No legal cause. ☒ See sentence sheet. See DEJ
- ☐ No Probation Ordered ☐ Probation Denied.
- ☐ Referred to Probation for Report and Recommendation for _____
- ☐ Contact Probation to set up interview on _____/_____/_____
- ☐ Recovery Court Referral Form given to defendant.
- ☐ Defendant ☐ admits ☐ denies _____. ☐ Probation ☐ reinstated ☐ terminated ☐ revoked ☐ extended _____ ☐ under original terms and conditions. ☐ Court finds compelling reasons not to impose probation revocation restitution due to _____
- ☐ Matter placed off calendar. ☐ Assigned to Dept. _____ for all purposes.

Arbuckle waiver taken -

Court request HHS interview defendant for live in program for DE

- ☐ Defendant to pay a fine of \$_____ as follows: Defendant to contact HHS by 3-21-13
- ☐ forthwith; ☐ on or before _____/_____/_____; ☐ \$_____ commencing _____/_____/_____
- ☐ Referred to Collections Department for payments. "Pursuant to PC 1205(d), the defendant shall pay to the clerk of the court or the collecting agency a fee for the processing of accounts."
- ☐ Defendant to serve _____ days in jail, with credit for _____ days served.
- ☐ PC4019 (1/2) time credits to be imposed ☐ PC4019 (1/3) time credits to be imposed.
- ☐ Sentence to be served ☐ consecutively ☐ concurrently with _____.
- ☐ Stay of execution granted until _____/_____/_____ at _____ ☐ am ☐ pm to be served at _____
- ☐ BWDF ☐ DRC ☐ PTF
- ☐ Serve _____ weekends beginning _____ 7:00 a.m. to 5:00 p.m. commencing _____/_____/_____ to be served at the ☐ BWDF ☐ DRC ☐ PTF ☐
- ☐ Take ID & Paperwork. Be on time. ☐ Contact SWAP immediately to enroll 735-1931.
- ☐ REMANDED Forthwith. Bail \$_____. ☐ REMANDED, Serving Time. ☐ Remain at liberty on bail.
- ☐ Released ☐ Discharged as to this case. ☐ Released on OR ☐ Remain on O.R. ☐ Remain on Prob.
- ☐ CONDITIONS OF O.R. RELEASE: ☐ Defendant not to use or possess drugs.
- ☐ Defendant to submit to search of ☐ person ☐ residence ☐ automobile.
- ☐ Defendant to submit to ☐ narcotic/chemical testing upon request of any peace officer.
- ☐ To attend NA/AA Meetings. ☐ Defendant to have no contact with victim in this case.
- ☐ Defendant to report to Tulare County Adult Probation Dept at ☐ 100 East Center, Visalia CA
- ☐ Room 204 2nd Floor County Court House 221 S Mooney Blvd, Visalia CA

RELEASE ON OWN RECOGNIZANCE

DEFENDANT, BEING RELEASED ON HIS OWN RECOGNIZANCE, PROMISES THAT: (1) He/She will appear at all times and places, as ordered by the court or magistrate and as ordered by any court in which, or any magistrate before whom, the charge is subsequently pending; (2) He/She will obey all reasonable conditions imposed by the court or magistrate; and (3) He/She will not depart this state without leave of the court. Defendant agrees to waive extradition if the defendant fails to appear as required and is apprehended outside of the State of California. Any court or magistrate of competent jurisdiction may revoke the order of release and either return him/her to custody, or require that he/she give bail or other assurance of his/her appearance as provided in the Penal Code. If he/she willfully fails to appear at a scheduled court appearance, he/she may be charged with the additional charge of Failure to Appear (Penal Code section 1320). If released on own recognizance on a misdemeanor charge, failure to appear may result in a separate misdemeanor charge which may result in an additional penalty of six months in jail and/or a thousand dollar (\$1,000.00) fine. If released on own recognizance on a felony charge, failure to appear may result in an additional penalty of imprisonment in a state prison, or in the county jail for not more than one year, and/or a five thousand dollar (\$5,000.00) fine, or both that fine and imprisonment.

Defendant, by placing his/her signature below, acknowledges that he/she has read and understood the above promises and agreements he/she is making, and has been informed of the consequences and penalties applicable to violation of the conditions of release.

Executed on _____ by _____

Defendant

Address

SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE

People Plaintiff: <u>Brian Roberts</u> Counsel/DA: _____ vs. Prisco, Shawn Anthony Defendant. Counsel/PD: <u>Bridgid Brady</u> DOB: <u>01-12-83</u> Minutes: <u>Deferred Entry of Judgment</u> Date: <u>February 19, 2013</u>	Jud. Officer: <u>Walter L. Gorelick</u> Clerk: <u>Lisa McNameey</u> Bailiff: _____ CSR: <u>Sheryl Ribeiro</u> Interpreter: <u>Bree Mervin</u> Language: _____ Case No. <u>VCM278883</u> Department <u>14</u>
Charges: <u>Ct 1: HSH101012 4060 BP</u>	

☒ Defendant present ☐ in custody ☐ without attorney ☒ with attorney
☐ Defendant failed to appear ☐ Bail forfeited ☐ or revoked ☐ Bench Warrant to issue with bail set at \$

☐ Defendant appeared late, case recalled.

☐ No legal cause.

The above named defendant having entered a plea of guilty pursuant to Penal Code Section 1000.3, IT IS HEREBY ORDERED THAT the defendant's application for Deferred Entry of Judgment be

☐ Denied

☒ Granted for 18 months subject to the following terms and conditions: - or program approved by
☒ Participate in the Kings View/Levee program for drug education, counseling, chemical testing and THSA treatment, at his/her own expense, as directed by the Court. Enroll by 3/21/13. The defendant is to take a copy of the Court's Order and this report with him to the program.

☒ Obey all laws.

☒ Reside in Tulare County unless permission is granted by the Court to reside elsewhere.

☒ All information regarding this matter be exchanged between the designated program and said Court.

☒ Attend each meeting of the Drug Education Program. Two misses will be deemed non-participation and you will be returned to the Court.

☒ Pay to the Court an Administrative Fee in the amount of \$75.00 ☒ plus a Diversion Restitution Fee in the amount of \$110.00 ☒ in full by 8/19/14 ☐ at \$ _____ per month beginning

☐ Appear at all Court hearings.

☐ Defendant is Ordered to return to Court at the next Court hearing date.

☒ Return to Court for proof/review on 8/19/14 at 8:30 ☒ am ☐ pm Dept 14 - Visalia.

☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties

☐

☐

☐ Bail exonerated. ☒ Defendant released as to this case. ☐ Copy Handed to Defendant

DEFENDANT Shawn Prisco

ADDRESS 825 W Myrtle, Visalia

SOC SEC # _____

DIST: ☐ DA ☐ PD ☐ DEF ☐ JAIL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC

SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE

People

Plaintiff

Counsel/DA:

Adam Clark

vs.

Prisco, Shawn Anthony
Defendant

Counsel/PD:

Maryam Khorasani

DOB:

01-12-83

Minutes:

Deferred Entry of Judgment Review

Date:

August 19, 2014

Jud. Officer:

Walter L. Gorelick

Clerk:

Corina Serna

Bailiff:

CSR:

ER Number

Interpreter:

Language

8:30

Case No.

VCM278883

Department 14

Charges:

Ct 1: HS11375(B)(2)

- ☐ Defendant present ☐ in custody ☐ without attorney ☐ with attorney ☐ by attorney
- ☒ Defendant failed to appear ☐ Bail forfeited ☐ OR revoked ☐ Probation revoked.
- ☒ Bench Warrant to issue with bail set at \$ 500 ☐ Not to be released pursuant to 853.6PC
- ☐ Defendant appeared late, case recalled. ☐ Bench Warrant ☐ Recalled ☐ Remain ☐ Withdrawn.
- ☐ Bail Bond Forfeiture Set Aside ☐ Bail Bond Reinstated ☐ Bail Bond Exonerated
- ☐ Cash Bond Ordered Exonerated/Returned to Depositor. ☐ Summary Judgment Date is vacated.
- ☐ Court orders \$100.00 Return to Custody Cost to be paid by Bail Agent. Notice to be sent.
- ☐ CPO Issued ☐ CPO Remains ☐ CPO Terminated ☐ CPO Modified to Peaceful Contact
- ☐ Copy of complaint/citation ☐ handed to ☐ faxed to ☐ delivered to ☐ Defendant ☐ Attorney.
- ☐ Reading waived. ☐ True name verified. Complaint amended to _____.
- ☐ Arraignment, advisement of Constitutional Rights and reading of Complaint waived.
- ☐ Defendant arraigned, informed of charges, advised of and understands all legal rights.
- ☐ Public Defender appointed ☐ re-appointed. ☐ Contact Public Defender ☐ today ☐ upon release 630-4500
- ☐ Court finds defendant has the ability to pay the Public Defender Registration Fee in the amount of \$_____.
- ☐ Fee to be paid forthwith. ☐ Fee to be paid by _____/_____/_____.
- ☐ Court finds defendant does not have the ability to pay the Public Defender Registration Fee.
- ☐ Public Defender declares a conflict. ☐ Public Defender relieved as counsel.
- ☐ Conflict Counsel appointed. ☐ Defendant to obtain own counsel. ☐ substituted in as attorney of record.
- ☐ Defendant waives right to counsel UPD to notify defendant
- ☐ Defendant waives time ☐ 10 Day Rule ☐ 60 Day Rule ☐ No time waiver.
- ☐ Entered a general/limited time waiver pursuant to Penal Code Section 1382 Continued to trial date
- ☐ "Pro-Per" explanation of rights under Penal Code Section 1382 and effect of consent thereto given by judge
- ☐ Defendant pleads NOT GUILTY ☐ prior convictions/special allegations denied.
- ☐ Defendant is Ordered to return to Court at the next Court hearing date.
- MATTER SET/CONTINUED 9/22/14 at 8:30 ☒ am ☐ pm Dept. 14 for DES
- MATTER SET/CONTINUED _____/_____/_____ at _____ ☐ am ☐ pm Dept. _____ for _____
- ☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties
- Time Estimate for Jury Trial _____ Hours/_____ Days
- ☐ Porterville ☐ Pre-Trial Facility ☐ Visalia
- ☐ On motion _____ ☐ case ☐ count _____ dismissed/amended to _____.
- ☐ Defendant requests to ☐ plead ☐ GUILTY ☐ NOLO CONTENDERE ☐ withdraw previous plea of NOT GUILTY and enter a plea of ☐ GUILTY ☐ NOLO CONTENDERE. ☐ Prior convictions admitted.
- ☐ _____

DIST: ☐ DA ☐ PD ☐ DEF ☐ JAIL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC

☐ Court Collections

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE**

People
Plaintiff,
Counsel/DA: _____

vs.

Prisco, Shawn Anthony
Defendant.

Counsel/PO: Julia Wobke

DOB: 01-12-83

Minutes: Deferred Entry of Judgment Review

Date: September 22, 2014

Charges: Ct 1: HS11375(B)(2)

Jud. Officer: Walter L. Gorelick
Clerk: Corina Serna
Bailiff: _____
CSR: 845
ER Number _____
Interpreter: _____
Language: _____

Case No. **VCN278883**
Department 14

- ☒ Defendant present ☐ in custody ☐ without attorney ☒ with attorney ☐ by attorney
☐ Defendant failed to appear ☐ Bail forfeited ☐ OR revoked ☐ Probation revoked.
☐ Bench Warrant to issue with bail set at \$_____ ☐ Not to be released pursuant to 853.0PC.
☐ Defendant appeared late, case recalled. ☐ Bench Warrant ☐ Recalled ☐ Remain ☐ Withdrawn.
☐ Bail Bond Forfeiture Set Aside ☐ Bail Bond Reinstated ☐ Bail Bond Exonerated
☐ Cash Bond Ordered Exonerated/Returned to Depositor. ☐ Summary Judgment Date is vacated.
☐ Court orders \$100.00 Return to Custody Cost to be paid by Bail Agent. Notice to be sent.
☐ CPO Issued ☐ CPO Remains ☐ CPO Terminated ☐ CPO Modified to Peaceful Contact
☐ Copy of complaint/citation ☐ handed to ☐ faxed to ☐ delivered to ☐ Defendant ☐ Attorney.
☐ Reading waived. ☐ True name verified. Complaint amended to _____.
☐ Arraignment, advisement of Constitutional Rights and reading of Complaint waived.
☐ Defendant arraigned, Informed of charges, advised of and understands all legal rights.
☐ Public Defender appointed ☐ re-appointed. ☐ Contact Public Defender ☐ today ☐ upon release 836-4500
☐ Court finds defendant has the ability to pay the Public Defender Registration Fee in the amount of \$_____.
☐ Fee to be paid forthwith. ☐ Fee to be paid by ____/____/_____.
☐ Court finds defendant does not have the ability to pay the Public Defender Registration Fee.
☐ Public Defender declares a conflict. ☐ Public Defender relieved as counsel.
☐ Conflict Counsel appointed. ☐ Defendant to obtain own counsel. _____ substituted in as attorney of record. ☐ Defendant waives right to counsel
☐ Defendant waives time ☐ 10 Day Rule ☐ 60 Day Rule ☐ No time waiver.
☐ Entered a general/limited time waiver pursuant to Penal Code Section 1382 Continued to trial date.
☐ "Pro-Per" explanation of rights under Penal Code Section 1382 and effect of consent thereto given by judge.
☐ Defendant pleads NOT GUILTY ☐ prior convictions/special allegations denied.
☐ Defendant is Ordered to return to Court at the next Court hearing date.
MATTER SET/CONTINUED 9/29/14 at 8:30 am ☐ pm Dept. 14 for DET
MATTER SET/CONTINUED _____ at _____ am ☐ pm Dept. _____ for _____
☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties
Time Estimate for Jury Trial _____ Hours/_____ Days
☐ Porterville ☐ Pre-Trial Facility ☐ Visalia
☐ On motion _____ ☐ case ☐ court _____ dismissed/amended to _____
☐ Defendant requests to ☐ plead ☐ GUILTY ☐ NOLO CONTENDERE ☐ withdraw previous plea of NOT GUILTY and enter a plea of ☐ GUILTY ☐ NOLO CONTENDERE. ☐ Prior convictions admitted.
☐ _____

DIST: ☐ DA ☐ PD ☐ DEF ☐ JAIL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC
☐ Court Collections

- ☐ Written waiver filed ☐ Oral waiver taken - see attached. ☐ Admonished pursuant to VC23583(a)
☐ Defendant waives time for sentence. ☐ No legal cause. ☐ See sentence sheet.
☐ No Probation Ordered ☐ Probation Denied.
☐ Referred to Probation for Report and Recommendation for _____.
☐ Contact Probation to set up interview on ____/____/____.
☐ Recovery Court Referral Form given to defendant.
☐ Defendant ☐ admits ☐ denies _____. ☐ Probation ☐ reinstated ☐ terminated ☐ revoked ☐ extended
☐ under original terms and conditions. ☐ Court finds compelling reasons not to impose probation
 revocation/restitution due to

Def to pay fine by Monday

- ☐ Defendant to pay a fine of \$ _____ as follows:
☐ forthwith; ☐ on or before ____/____/____; ☐ \$ _____ commencing ____/____/____;
☐ Referred to Collections Department for payments. "Pursuant to PC 1205(d), the defendant shall pay to the clerk of the court or the collecting agency a fee for the processing of accounts."
☐ Defendant to serve _____ days in jail, with credit for _____ days served.
☐ PC4019 (1/2) time credits to be imposed ☐ PC4019 (1/3) time credits to be imposed.
☐ Sentence to be served ☐ consecutively ☐ concurrently with _____.
☐ Stay of execution granted until ____/____/____ at _____ am ☐ pm to be served at
☐ BWOFF ☐ DRC ☐ PTF
☐ Serve _____ weekends beginning _____ 7:00 a.m. to 5:00 p.m. commencing ____/____/____ to be served at the ☐ BWOFF ☐ DRC ☐ PTF ☐
☐ Take ID & Paperwork. Be on time. ☐ Contact SWAP immediately to enroll 735-1931.
☐ REMANDED Forthwith. Bail \$ _____. ☐ REMANDED, Serving Time. ☐ Remain at liberty on bail.
☐ Released ☐ Discharged as to this case. ☐ Released on OR ☐ Remain on O.R. ☒ Remain on Prob.
☐ CONDITIONS OF O.R. RELEASE: ☐ Defendant not to use or possess drugs.
☐ Defendant to submit to search of ☐ person ☐ residence ☐ automobile.
☐ Defendant to submit to ☐ narcotic/chemical testing upon request of any peace officer.
☐ To attend NA/AA Meetings. ☐ Defendant to have no contact with victim in this case.
☐ Defendant to report to Tulare County Adult Probation Dept at ☐ 100 East Center, Visalia CA
☐ Room 204 2nd Floor County Court House 221 S Mooney Blvd, Visalia CA

RELEASE ON OWN RECOGNIZANCE

DEFENDANT, BEING RELEASED ON HIS OWN RECOGNIZANCE, PROMISES THAT: (1) He/She will appear at all times and places, as ordered by the court or magistrate and as ordered by any court in which, or any magistrate before whom, the charge is subsequently pending; (2) He/She will obey all reasonable conditions imposed by the court or magistrate; and (3) He/She will not depart this state without leave of the court. Defendant agrees to waive extradition if the defendant fails to appear as required and is apprehended outside of the State of California. Any court or magistrate of competent jurisdiction may revoke the order of release and either return him/her to custody, or require that he/she give bail or other assurance of his/her appearance as provided in the Penal Code. If he/she willfully fails to appear at a scheduled court appearance, he/she may be charged with the additional charge of Failure to Appear (Penal Code section 1320). If released on own recognizance on a misdemeanor charge, failure to appear may result in a separate misdemeanor charge which may result in an additional penalty of six months in jail and/or a thousand dollar (\$1,000.00) fine. If released on own recognizance on a felony charge, failure to appear may result in an additional penalty of imprisonment in a state prison, or in the county jail for not more than one year, and/or a five thousand dollar (\$5,000.00) fine, or both that fine and imprisonment.

Defendant, by placing his/her signature below, acknowledges that he/she has read and understood the above promises and agreements he/she is making, and has been informed of the consequences and penalties applicable to violation of the conditions of release.

Executed on _____ by _____

Defendant

Address

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE**

People
Plaintiff: Kari Lopez
Counsel/DA:

vs.

Prisco, Shawn Anthony
Defendant

Counsel/PD: Isaac Jacobson

DOB: 01-12-93

Minutes: Deferred Entry of Judgment Review

Date: September 29, 2014

Jud. Officer: Walter L. Gorelick
Clerk: Corina Sema
Balliff:
CSR:
ER Number 9:14
Interpreter:
Language:

Case No. **VCM278883**
Department 14

Charges: Ct 1: HS11375(B)(2)

- ☐ Defendant present ☐ in custody ☐ without attorney ☐ with attorney ☐ by attorney
☒ Defendant failed to appear ☐ Bail forfeited ☐ OR revoked ☐ Probation revoked.
☐ Bench Warrant to issue with bail set at \$_____. ☐ Not to be released pursuant to 853.6PC.
☐ Defendant appeared late, case recalled. ☐ Bench Warrant ☐ Recalled ☐ Remain ☐ Withdrawn.
☐ Bail Bond Forfeiture Set Aside ☐ Bail Bond Reinstated ☐ Bail Bond Exonerated
☐ Cash Bond Ordered Exonerated/Returned to Depositor. ☐ Summary Judgment Date is vacated.
☐ Court orders \$166.00 Return to Custody Cost to be paid by Bail Agent. Notice to be sent.
☐ CPO issued ☐ CPO Remains ☐ CPO Terminated ☐ CPO Modified to Peaceful Contact
☐ Copy of complaint/citation ☐ handed to ☐ faxed to ☐ delivered to ☐ Defendant ☐ Attorney.
☐ Reading waived. ☐ True name verified. Complaint amended to _____.
☐ Arraignment, advisement of Constitutional Rights and reading of Complaint waived.
☐ Defendant arraigned, informed of charges, advised of and understands all legal rights.
☐ Public Defender appointed ☐ re-appointed. ☐ Contact Public Defender ☐ today ☐ upon release 636-4500
☐ Court finds defendant has the ability to pay the Public Defender Registration Fee in the amount of \$_____.
☐ Fee to be paid forthwith. ☐ Fee to be paid by _____.
☐ Court finds defendant does not have the ability to pay the Public Defender Registration Fee.
☐ Public Defender declares a conflict. ☐ Public Defender relieved as counsel.
☐ Conflict Counsel appointed. ☐ Defendant to obtain own counsel. _____ substituted in as attorney of record.
☐ Defendant waives right to counsel HPD to send notice
☐ Defendant waives time ☐ 10 Day Rule ☐ 60 Day Rule ☐ No time waiver.
☐ Entered a general/limited time waiver pursuant to Penal Code Section 1382 Continued to trial date.
☐ 'Pro-Per' explanation of rights under Penal Code Section 1382 and effect of consent thereto given by judge.
☐ Defendant pleads NOT GUILTY ☐ prior convictions/special allegations denied.
☐ Defendant is Ordered to return to Court at the next Court hearing date.
MATTER SET/CONTINUED 12/1/14 at 8:30 ☒ am ☐ pm Dept. 14 for DES
MATTER SET/CONTINUED _____ at _____ ☐ am ☐ pm Dept. _____ for _____
☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties
Time Estimate for Jury Trial _____ Hours/_____ Days
☐ Porterville ☐ Pre-Trial Facility ☐ Visalia
☐ On motion _____ ☐ case ☐ count _____ dismissed/amended to _____.
☐ Defendant requests to ☐ plead ☐ GUILTY ☐ NOLO CONTENDERE ☐ withdraw previous plea of NOT GUILTY and enter a plea of ☐ GUILTY ☐ NOLO CONTENDERE. ☐ Prior convictions admitted.
☐ _____

DIST: ☐ DA ☐ PD ☐ DEF ☐ JAIL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC
☐ Court Collections

- ☐ Written waiver filed ☐ Oral waiver taken - see attached. ☐ Admonished pursuant to VC235B3(a)
☐ Defendant waives time for sentence. ☐ No legal cause. ☐ See sentence sheet.
☐ No Probation Ordered ☐ Probation Denied.
☐ Referred to Probation for Report and Recommendation for _____
☐ Contact Probation to set up interview on ____/____/____
☐ Recovery Court Referral Form given to defendant.
☐ Defendant ☐ admits ☐ denies _____. ☐ Probation ☐ reinstated ☐ terminated ☐ revoked ☐ extended
_____ ☐ under original terms and conditions. ☐ Court finds compelling reasons not to impose probation
revocation restitution due to _____
☐ Defendant is in/s not in compliance with Deferred Entry of Judgment
☐ Deferred Entry of Judgment fees have/have not been paid in full
☐ Deferred Entry of Judgment ordered terminated - fees suspended

- ☐ Defendant to pay a fine of \$_____ as follows:
☐ forthwith; ☐ on or before ____/____/____; ☐ \$_____ commencing ____/____/____;
☐ Referred to Collections Department for payments. "Pursuant to PC 1205(d), the defendant shall pay to the
clerk of the court or the collecting agency a fee for the processing of accounts."
☐ Defendant to serve _____ days in jail, with credit for _____ days served.
☐ PC401B (1/2) time credits to be imposed ☐ PC401B (1/3) time credits to be imposed.
☐ Sentence to be served ☐ consecutively ☐ concurrently with _____
☐ Stay of execution granted until ____/____/____ at _____ ☐ am ☐ pm to be served at
☐ BWDF ☐ DRC ☐ PTF
☐ Serve _____ weekends beginning _____ 7:00 a.m. to 5:00 p.m. commencing ____/____/____ to be
served at the ☐ BWDF ☐ DRC ☐ PTF ☐
☐ Take ID & Paperwork. Be on time. ☐ Contact SWAP immediately to enroll 735-1931.
☐ REMANDED Forthwith. Bail \$_____. ☐ REMANDED, Serving Time. ☐ Remain at liberty on bail.
☐ Released ☐ Discharged as to this case. ☐ Released on OR ☐ Remain on O.R. ☐ Remain on Prob.
☐ CONDITIONS OF O.R. RELEASE: ☐ Defendant not to use or possess drugs.
☐ Defendant to submit to search of ☐ person ☐ residence ☐ automobile.
☐ Defendant to submit to ☐ narcotic/chemical testing upon request of any peace officer.
☐ To attend NA/AA Meetings. ☐ Defendant to have no contact with victim in this case.
☐ Defendant to report to Tulare County Adult Probation Dept at ☐ 100 East Center, Visalia CA
☐ Room 204 2nd Floor County Court House 221 S Mooney Blvd, Visalia CA

RELEASE ON OWN RECOGNIZANCE

DEFENDANT, BEING RELEASED ON HIS OWN RECOGNIZANCE, PROMISES THAT: (1) He/She will appear at all times and places, as ordered by the court or magistrate and as ordered by any court in which, or any magistrate before whom, the charge is subsequently pending; (2) He/She will obey all reasonable conditions imposed by the court or magistrate; and (3) He/She will not depart this state without leave of the court. Defendant agrees to waive extradition if the defendant fails to appear as required and is apprehended outside of the State of California. Any court or magistrate of competent jurisdiction may revoke the order of release and either return him/her to custody, or require that he/she give bail or other assurance of his/her appearance as provided in the Penal Code. If he/she willfully fails to appear at a scheduled court appearance, he/she may be charged with the additional charge of Failure to Appear (Penal Code section 1320). If released on own recognizance on a misdemeanor charge, failure to appear may result in a separate misdemeanor charge which may result in an additional penalty of six months in jail and/or a thousand dollar (\$1,000.00) fine. If released on own recognizance on a felony charge, failure to appear may result in an additional penalty of imprisonment in a state prison, or in the county jail for not more than one year, and/or a five thousand dollar (\$5,000.00) fine, or both that fine and imprisonment.

Defendant, by placing his/her signature below, acknowledges that he/she has read and understood the above promises and agreements he/she is making, and has been informed of the consequences and penalties applicable to violation of the conditions of release.

Executed on _____ by _____

Defendant

Address

SUPERIOR COURT OF CALIFORNIA
COUNTY OF TULARE

People
Plaintiff, Craig Gardner
Counsel/DA:

vs.

Prisco, Shawn Anthony
Defendant.

Counsel/PD: Maac Jacobson PC977

DOB: 01-12-83

Minutes: Deferred Entry of Judgment Review

Date: December 1, 2014

Charges: Ct 1: HS11375(B)(2)

Jud. Officer: Walter L. Gorelick
Clerk: Corina Sema
Bailiff:
CSR: 8:56
ER Number
Interpreter:
Language:

Case No. VCM278883
Department 14

- ☐ Defendant present ☐ in custody ☐ without attorney ☐ with attorney ☒ by attorney
☒ Defendant failed to appear ☐ Bail forfeited ☐ OR revoked ☐ Probation revoked.
☐ Bench Warrant to issue with bail set at \$_____. ☐ Not to be released pursuant to 853.6PC.
☐ Defendant appeared late, case recalled. ☐ Bench Warrant ☐ Recalled ☐ Remain ☐ Withdrawn.
☐ Bail Bond Forfeiture Set Aside ☐ Bail Bond Reinstated ☐ Bail Bond Exonerated
☐ Cash Bond Ordered Exonerated/Returned to Depositor. ☐ Summary Judgment Date is vacated.
☐ Court orders \$100.00 Return to Custody Cost to be paid by Bail Agent. Notice to be sent.
☐ CPO Issued ☐ CPO Remains ☐ CPO Terminated ☐ CPO Modified to Peaceful Contact
☐ Copy of complaint/citation ☐ handed to ☐ faxed to ☐ delivered to ☐ Defendant ☐ Attorney.
☐ Reading waived. ☐ True name verified. Complaint amended to _____.
☐ Arraignment, advisement of Constitutional Rights and reading of Complaint waived.
☐ Defendant arraigned, informed of charges, advised of and understands all legal rights.
☐ Public Defender appointed ☐ re-appointed. ☐ Contact Public Defender ☐ today ☐ upon release 838-4500
☐ Court finds defendant has the ability to pay the Public Defender Registration Fee in the amount of \$_____.
☐ Fee to be paid forthwith. ☐ Fee to be paid by _____.
☐ Court finds defendant does not have the ability to pay the Public Defender Registration Fee.
☐ Public Defender declares a conflict. ☐ Public Defender relieved as counsel.
☐ Conflict Counsel appointed. ☐ Defendant to obtain own counsel. _____ substituted in as attorney of record. ☐ Defendant waives right to counsel
☐ Defendant waives time ☐ 10 Day Rule ☐ 60 Day Rule ☐ No time waiver.
☐ Entered a general/limited time waiver pursuant to Penal Code Section 1382 Continued/to trial date.
☐ 'Pro-Per' explanation of rights under Penal Code Section 1382 and effect of consent thereto given by judge.
☐ Defendant pleads NOT GUILTY ☐ prior convictions/special allegations denied.
☐ Defendant is Ordered to return to Court at the next Court hearing date.
MATTER SET/CONTINUED ____/____/____ at ____ ☐ am ☐ pm Dept. ____ for ____.
MATTER SET/CONTINUED ____/____/____ at ____ ☐ am ☐ pm Dept. ____ for ____.
☐ Continued ☐ by Court ☐ by Counsel for People ☐ by Counsel for Defendant ☐ Stipulated by both parties
Time Estimate for Jury Trial ____ Hours/ ____ Days
☐ Porterville ☐ Pre-Trial Facility ☐ Visalia
☒ On motion Court ☒ case ☐ count ____ dismissed/amended to ____ PC 1000
☐ Defendant requests to ☐ plead ☐ GUILTY ☐ NOLO CONTENDERE ☐ withdraw previous plea of NOT GUILTY and enter a plea of ☐ GUILTY ☐ NOLO CONTENDERE. ☐ Prior convictions admitted.
☐ _____

DIST: ☐ DA ☐ PD ☐ DEF ☐ JAIL ☐ ATTY ☐ PROB ☐ CITY ATTY ☐ DOC
☐ Court Collections

- ☐ Written waiver filed ☐ Oral waiver taken – see attached. ☐ Admonished pursuant to VC23503(a)
☐ Defendant waives time for sentence. ☐ No legal cause. ☐ See sentence sheet.
☐ No Probation Ordered ☐ Probation Denied.
☐ Referred to Probation for Report and Recommendation for ____
☐ Contact Probation to set up interview on ____/____/____.
☐ Recovery Court Referral Form given to defendant.
☐ Defendant ☐ admits ☐ denies _____. ☐ Probation ☐ reinstated ☐ terminated ☐ revoked ☐ extended
☐ under original terms and conditions. ☐ Court finds compelling reasons not to impose probation
revocation restitution due to
☒ Defendant is in/ not in compliance with Deferred Entry of Judgment
☒ Deferred Entry of Judgment fees have/ have not been paid in full
☒ Deferred Entry of Judgment ordered terminated – fees suspended

- ☐ Defendant to pay a fine of \$ ____ as follows:
☐ forthwith; ☐ on or before ____/____/____; ☐ \$ ____ commencing ____/____/____;
☐ Referred to Collections Department for payments. "Pursuant to PC 1205(d), the defendant shall pay to the
clerk of the court or the collecting agency a fee for the processing of accounts."
☐ Defendant to serve ____ days in jail, with credit for ____ days served.
☐ PC4019 (1/2) time credits to be imposed ☐ PC4019 (1/3) time credits to be imposed.
☐ Sentence to be served ☐ consecutively ☐ concurrently with ____.
☐ Stay of execution granted until ____/____/____ at ____ ☐ am ☐ pm to be served at
☐ BWDF ☐ DRC ☐ PTF
☐ Serve ____ weekends beginning ____ 7:00 a.m. to 5:00 p.m. commencing ____/____/____ to be
served at the ☐ BWDF ☐ DRC ☐ PTF ☐
☐ Take ID & Paperwork. Be on time. ☐ Contact SWAP immediately to enroll 735-1831.
☐ REMANDED Forthwith. Bail \$ ____ ☐ REMANDED, Serving Time. ☐ Remain at liberty on bail.
☒ Released, ☒ Discharged as to this case. ☐ Released on OR ☐ Remain on O.R. ☐ Remain on Prob.
☐ CONDITIONS OF O.R. RELEASE: ☐ Defendant not to use or possess drugs.
☐ Defendant to submit to search of ☐ person ☐ residence ☐ automobile.
☐ Defendant to submit to ☐ narcotic/chemical testing upon request of any peace officer.
☐ To attend NA/AA Meetings. ☐ Defendant to have no contact with victim in this case.
☐ Defendant to report to Tulare County Adult Probation Dept at ☐ 100 East Center, Visalia CA
☐ Room 204 2nd Floor County Court House 221 S Mooney Blvd, Visalia CA

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(2) He/She will obey all reasonable conditions imposed by the court or magistrate; and (3) He/She will not depart this state without leave of
the court. Defendant agrees to waive extradition if the defendant fails to appear as required and is apprehended outside of the State of
California. Any court or magistrate of competent jurisdiction may revoke the order of release and either return him/her to custody, or require
that he/she give bail or other assurance of his/her appearance as provided in the Penal Code. If he/she willfully fails to appear at a scheduled
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recognizance on a misdemeanor charge, failure to appear may result in a separate misdemeanor charge which may result in an additional
penalty of six months in jail and/or a thousand dollar (\$1,000.00) fine. If released on own recognizance on a felony charge, failure to appear
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Defendant, by placing his/her signature below, acknowledges that he/she has read and understood the above promises and agreements
he/she is making, and has been informed of the consequences and penalties applicable to violation of the conditions of release.

Executed on _____ by _____

Defendant

Address

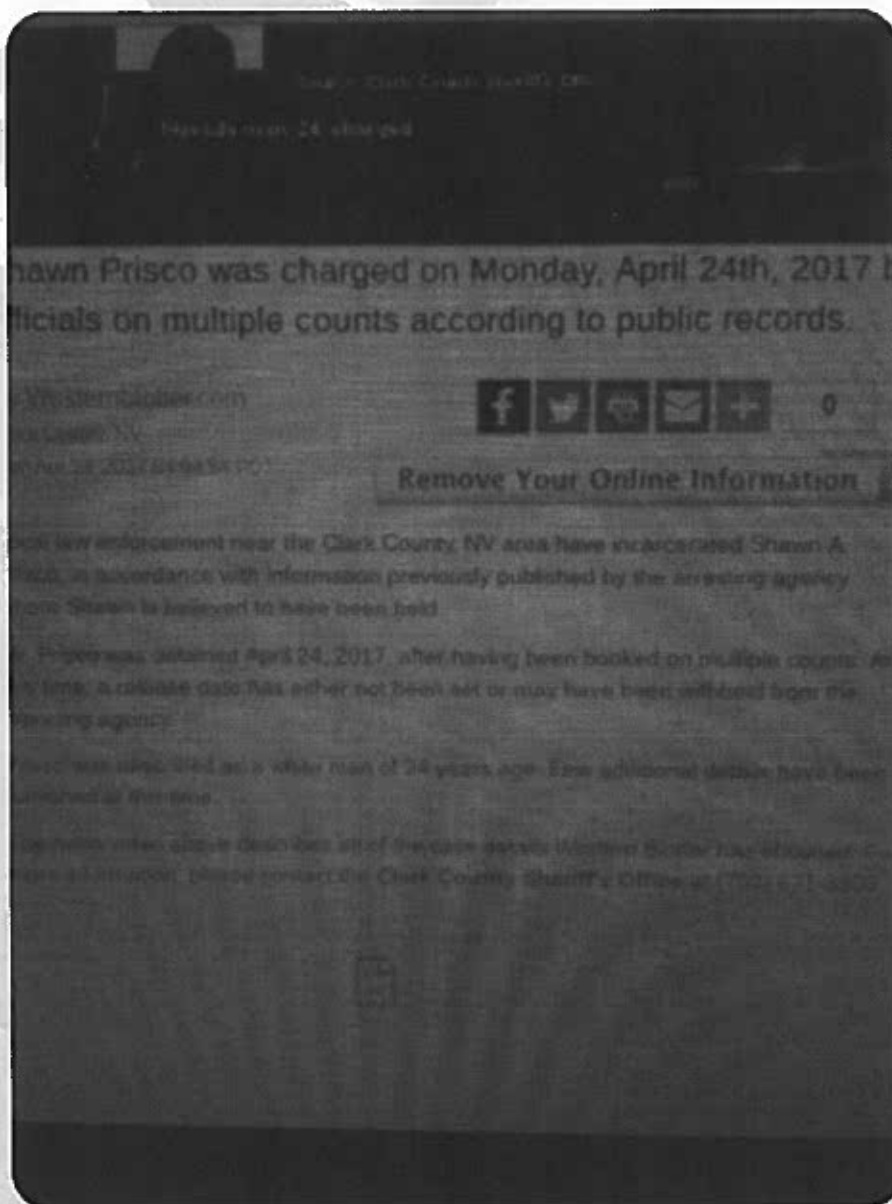


Ryder's Mother

mobile



6/14/17



Let me know when you want to rethink your position on custody. I will file for full otherwise. You are a danger to my son by exposing him to this pos who is a loser and abuser. Abusing alcohol drugs and my son. I have a great case!

Kevin



Ryder's Mother

mobile



exposing him to this pos who is a loser and abuser. Abusing alcohol drugs and my son. I have a great case!
-Kevin

By WesternBlotter.com
Henderson, NV
Sat May 6 7:01:04 PM PDT

[Remove Your Online Information](#)

Authorities in Henderson, NV have leveled with criminal allegations Shawn Anthony Prisco, as determined from reports obtained May 6, 2017 by Western Blotter.

Prisco was detained May 5, 2017, after having been arrested on multiple counts. At this time, a release date has either not been set or may have been withheld from the reporting agency.

Prisco was described as a suspect of 24 years of age. Few additional details have been furnished at this time.

Sources at Henderson County Sheriff's Office reported the past details as shown in the video above.

Shawn Anthony Prisco




Photo Unavailable

- Arrested on Friday May 5th, 2017
- In or near Henderson, NV
- 24 years of age
- Authorities at ► criminal violations, including
 1. POSS SCH I, II, III, IV C/S, (1ST 2ND)
 2. USE/POSS DRUG PARA
 3. FALSE STMT TO OBSTRUCT PUB OFF

Source: Henderson County Sheriff's Office

24-year-old NV suspect jailed

CLICK HERE TO VIEW YOUR ANNUAL RECORD NOW

EXHIBIT 6

Little Smiles LLC

6169 S. Rainbow Blvd. Ste 100 • Las Vegas, NV 89118-3231

(702)858-6700

Patient Information

Please take a moment to enter or update your information to help us ensure the quality of your care is excellent.

Patient Name: <u>Petit-Adrianzen</u>		<u>Ryder</u>	<u>E</u>	<u>Ryder Petit</u>
	<small>Last</small>	<small>First</small>	<small>MI</small>	<small>Preferred Name</small>
Title: _____	Gender: <input checked="" type="radio"/> Male <input type="radio"/> Female	Family Status: <input type="radio"/> Married <input type="radio"/> Single <input checked="" type="radio"/> Child <input type="radio"/> Other		
<small>Mr/Ms/Mrs/etc</small>				
Birth Date: <u>09/22/2013</u>	Prev. Visit: _____	Email Address: <u>petitpaige@aol.com</u>		
Phone: _____	<u>(702)767-7283</u>	Best time to call: <u>Any</u>		
<small>Home</small>	<small>Mobile</small>	<small>Work</small>	<small>Ext</small>	
Address: <u>7645 Stetson Bluff Ave</u>		Address 2 _____		
<small>Address 1</small>		<small>Address 2</small>		
<u>Las Vegas</u>	<small>City</small>	<u>NV</u>	<u>89113-</u>	<small>State</small> <small>Zip Code</small>

Name of person, office, or other source referring you to our practice:

Online _____

Please continue to the next page

Patient's Medical History

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> *Pre-Med - Amox | <input type="checkbox"/> *Pre-Med - Clind | <input type="checkbox"/> *Pre-Med - Other | <input type="checkbox"/> Abnormal Bleeding |
| <input type="checkbox"/> Allergic to Augmenti | <input type="checkbox"/> Allergies | <input type="checkbox"/> Allergy - Aspirin | <input type="checkbox"/> Allergy - Codeine |
| <input type="checkbox"/> Allergy - Erythro | <input type="checkbox"/> Allergy - Latex | <input type="checkbox"/> Allergy - Metals | <input type="checkbox"/> Allergy - Other |
| <input type="checkbox"/> Allergy - Penicillin | <input type="checkbox"/> Allergy - Sulfa | <input type="checkbox"/> Allergy-Amoxicillin | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Artificial Heart Valv | <input type="checkbox"/> Asthma | <input type="checkbox"/> Attention Deficit | <input type="checkbox"/> Autism |
| <input type="checkbox"/> Bi-Polar | <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Bleeding Disorder | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Cleft Lip/Palate | <input type="checkbox"/> Congenital Heart Def |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Ear/Hearing Problems |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Feeding/Eating Prob | <input type="checkbox"/> Fever Blisters | <input type="checkbox"/> Genetic Disorders |
| <input type="checkbox"/> Growth Problems | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Murmur | <input type="checkbox"/> Heart Surgery |
| <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Leukemia (Active) | <input type="checkbox"/> Leukemia (Remission) | <input type="checkbox"/> Liver Disease | <input type="checkbox"/> Mitral Valve Prolaps |
| <input type="checkbox"/> Needs Pre-Med | <input type="checkbox"/> No PreMed Needed | <input type="checkbox"/> Other | <input type="checkbox"/> Psychiatric Problems |
| <input type="checkbox"/> Radiation Treatment | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Seizures | <input type="checkbox"/> Sickle Cell Disease |
| <input type="checkbox"/> Speech Difficulties | <input type="checkbox"/> Tourettes Syndrome | <input type="checkbox"/> Tuberculosis | |

Medications: *

None

Is there any disease, condition, or problem that you think this office should know about that is not covered above? * ☐ Yes ☒ No

If Yes, please describe below

Mother's Information

The following is for: ☐ the patient's spouse ☒ the person responsible for payment ☐ both ☐ neither-not applicable

Name: Pett Paige E Paige
Last First MI Preferred Name

Title: _____ Gender: ☐ Male ☒ Female Family Status: ☐ Married ☒ Single ☐ Child ☐ Other
Mr/Ms/Mrs/etc

Birth Date: 11/30/1993 Email Address: pettpaige@aol.com

Phone: _____ (702)767-7283 _____ Best time to call: Any
Home Mobile Work Ext

Address: 7645 Statson Bluff Ave _____
Address 1 Address 2
Las Vegas _____
City State Zip Code
NV 89113-

Please continue to the next page

Father's Information

The following is for: ☐ the patient's spouse ☐ the person responsible for payment ☐ both ☐ neither-not applicable

Name: _____
Last First MI Preferred Name

Title: _____ Gender: ☐ Male ☐ Female Family Status: ☐ Married ☐ Single ☐ Child ☐ Other
Mr/Ms/Mrs/etc

Birth Date: _____ SS#: _____ DL#: _____

Email Address: _____ Best time to call: _____

Phone: _____
Home Mobile Work Ext Fax Other

Address: _____
Address 1 Address 2
City State Zip Code

Please continue to the next page

Primary Insurance Information

Name of Insured: Adnanzen Kevin D
Last First MI

Insured's Birth Date: 04/08/1993 ID #: 4292337809 Group #: LOCAL 631

Insured's Address: _____
Address 1 Address 2

City State Zip Code

Insured's Employer Name: _____

Employer Address: _____
Address 1 Address 2

City State Zip Code

Patient's relationship to insured: ☐ Self ☐ Spouse ☒ Child ☐ Other

Insurance Plan Name: Prime Care Administrators

Insurance Address: _____
Address 1 Address 2

City State Zip Code

Please continue to the next page

Secondary Insurance Information

Name of Insured: _____
Last First MI

Insured's Birth Date: _____ ID #: _____ Group #: _____

Insured's Address: _____
Address 1 Address 2

City State Zip Code

Insured's Employer Name: _____

Employer Address: _____
Address 1 Address 2

City State Zip Code

Patient's relationship to Insured: ☐ Self ☐ Spouse ☐ Child ☐ Other

Insurance Plan Name: _____

Insurance Address: _____
Address 1 Address 2

City State Zip Code

Please continue to the next page

Consent for Services

As a condition of treatment by this office, financial arrangements must be made in advance. The practice depends upon reimbursement from patients for the costs incurred in their care. Financial responsibility on the part of each patient must be determined before treatment.

All emergency dental services, or any dental services performed without previous financial arrangements, must be paid for in cash at the time services are performed unless other arrangements are made.

Patients with dental insurance understand that all dental services are charged directly to the patient and that he or she is personally responsible for payment of all dental services. This office will help prepare the patient's insurance forms or assist in making collections from insurance companies and will credit any collections to the patient's account. However, this dental office cannot render services on the assumption that our charges will be paid by an insurance company.

A service charge of 1 1/2% per month (18% per annum) on the unpaid balance will be charged on all accounts exceeding 60 days, unless previously written financial arrangements are satisfied.

I understand that any fee estimate for this dental care can only be extended for a period of six months from the date of the patient examination.

In consideration for the professional services rendered to me by this practice, I agree to pay the charges for the services at the time of treatment, or within five (5) days of billing if credit is extended. I further agree that the charges for services shall be as billed unless objected to, by me, in writing, within the time payment is due. I further agree that a waiver of any breach of any time or condition hereunder shall not constitute a waiver of any further term or condition and I further agree to pay all costs and reasonable attorney fees if suit be instituted hereunder.

I grant my permission to you or your assignee, to telephone me to discuss this statement or my treatment.

☒ I have read the above conditions of treatment and payment and agree to their content.

Signature of patient, parent, or guardian (responsible party):

Signature _____

Date 08/02/2017

Relationship to Patient:

Mother _____

Response Date: 08/02/2017

Patient/representative signature:

Palge Petit

Name: Palge Petit

Relationship to Patient: Mom

Date: 8/2/2017

SINGLE PATIENT LEDGER

Little Smiles LLC

Date: 09/10/2018

Page: 1

Patient Name: Ryder B Petit-Adrianzen
7645 Stetson Bluff Ave
Las Vegas, NV 89113

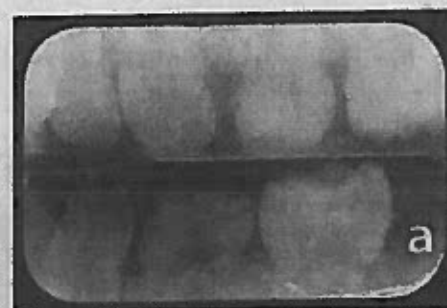
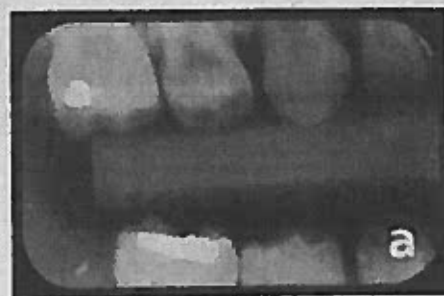
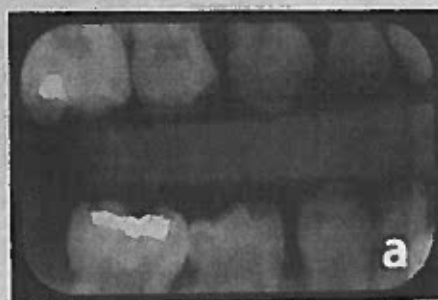
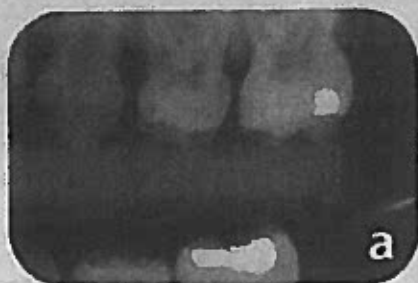
Chart Number: 019236

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
08/01/2017		Patient Balance Forward		0.00		0.00
* 08/02/2017		HIROAD	Ryder	0.00		0.00
* 08/02/2017		Comprehensive oral evaluation	Ryder	87.00		87.00
* 08/02/2017		Intraoral Periapical Images	Ryder	29.00		116.00
* 08/02/2017		Intraoral Occlusal Image	Ryder	36.00		152.00
* 08/02/2017		Prophylaxis-child	Ryder	58.00		210.00
* 08/02/2017		Topical Applic Fluoride Varnish	Ryder	54.00		264.00
* 08/02/2017		Bitewing Two Image	Ryder	38.00		302.00
* 08/24/2017		Error Charge Adjustment	Ryder		-117.00	185.00
* 08/24/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		-185.00	0.00
* 10/06/2017		Local anesthesia	Ryder	0.00		0.00
* 10/06/2017	A	Amalgam-1 surf. prim/perm	Ryder	129.00		129.00
* 10/06/2017	J	Amalgam-1 surf. prim/perm	Ryder	129.00		258.00
* 10/06/2017	K	Amalgam-1 surf. prim/perm	Ryder	129.00		387.00
* 10/06/2017		Analgesia-inhal of nitrous oxid	Ryder	40.00		427.00
* 10/06/2017		Non IV conscious sedation	Ryder	129.00		556.00
* 11/14/2017		Error Charge Adjustment	Ryder		-180.60	375.40
* 11/14/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		-208.40	169.00
* 11/14/2017		Dental Ins Payment - Nevada Medicaid	Ryder		0.00	169.00
* 11/14/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		0.00	169.00
* 11/14/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		0.00	169.00
* 01/08/2018		Error Charge Adjustment	Ryder		-21.56	147.44
* 01/08/2018		Error Charge Adjustment	Ryder		-37.78	109.66
* 01/08/2018		Dental Ins Payment - Nevada Medicaid	Ryder		-18.44	91.22
* 01/08/2018		Dental Ins Payment - Nevada Medicaid	Ryder		-91.22	0.00
* 02/21/2018		HIROAD	Ryder	0.00		0.00
* 02/21/2018		Periodic oral evaluation	Ryder	25.00		25.00
* 02/21/2018		Bitewing Two Image	Ryder	18.00		43.00
* 02/21/2018		Prophylaxis-child	Ryder	45.00		88.00
* 02/21/2018		Topical Applic Fluoride Varnish	Ryder	35.00		123.00
* 02/21/2018		Caries risk assessment - High	Ryder	5.00		128.00
* 03/26/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDIC	Ryder		-128.00	0.00
* 04/05/2018		NO SHOW TO CONFIRMED APPOINTMEN	Ryder	0.00		0.00
* 05/02/2018		Limited oral evaluation	Ryder	33.24		33.24
* 05/02/2018		Intraoral Periapical Images	Ryder	14.00		47.24
* 05/08/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDIC	Ryder		-47.24	0.00
* 05/18/2018		VISA/MC Payment - Thank You	Ryder		-40.00	-40.00
* 05/18/2018		Non IV conscious sedation	Ryder	91.22		51.22
* 05/18/2018		Analgesia-inhal of nitrous oxid	Ryder	40.00		91.22
* 05/18/2018	T	Amalgam-1 surf. prim/perm	Ryder	51.00		142.22
* 05/23/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDIC	Ryder		-142.22	0.00
09/05/2018		HIROAD	Ryder	0.00		0.00
09/05/2018		Comprehensive oral evaluation	Ryder	33.24		33.24
09/05/2018		Bitewing Two Image	Ryder	18.00		51.24
09/05/2018		Prophylaxis-child	Ryder	45.00		96.24
09/05/2018		Topical Applic Fluoride Varnish	Ryder	35.00		131.24
09/05/2018		Caries risk assessment - High	Ryder	0.00		131.24

TOTAL PATIENT BALANCE AS OF 09/10/2018:

131.24



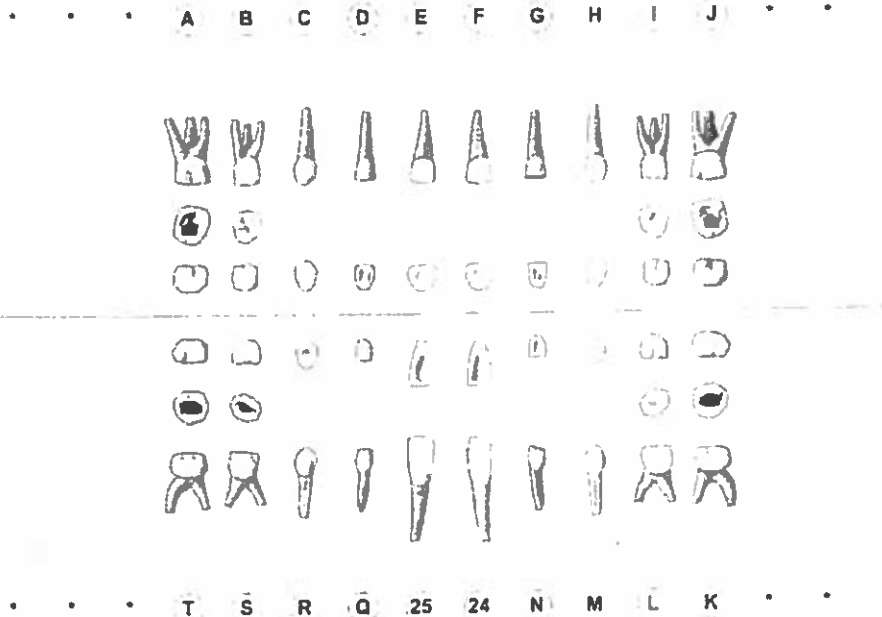
Patient Name: Ryder Petit-Adrianzen
Patient ID:
Patient Gender:
Patient DOB:

Provider: System Admin
Phone:
Image taken on: 8/2/2017

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
 Provider: Sandra M. Thompson, DMD
 Phone: (702)658-6700
 Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 9/10/2018
 Chart #: 019236
 Birthdate: 9/22/2013



☐ Treatment Plan
 ☐ Completed
 ☐ Conditions
 ☐ Existing-This Prov
 ☐ Existing-Other Prov

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
8/2/2017			D0150	DRTO	Comprehensive oral evaluation	C	87.00
Exam type: Comprehensive, 3yr male/ presents to clinic with CC of " no concerns, first time to dentist RMH, Nkda, No Meds. Weight: 36lbs X-RAYS TAKEN: yes/2 bitewings/2 occlusal films , caries as noted, see charting E/O exam: WNL TMJ: WNL I/O exam: WNL OB: 80 % & OJ: 2 mm Midline: even Crossbite: NSF Left side occlusion - Class 2, Right side occlusion - Class 2, Tonsils - 20 % Caries: #A(o), #J(o), #K(o) Oral cancer screening: NSF Periodontal status: NSF Referrals: NSF Oral Hygiene: good, Caries Risk Assessment: moderate, Parents accept treatment plan: yes/no Consequences of refusing treatment explained up to and including caries progression, infection, infection spreading to brain, hospitalization and death. Parents state they understand. Behavior: good Assistant Name: Patty NV:IOS gave mom IOS info sheet Dr.Tomlin							
8/2/2017			D0220	DRTO	Intraoral Periapical Images	C	29.00
For diagnosis on upper anterior teeth DA:Patty Dr.Tomlin							

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
Provider: Sandra M. Thompson, DMD
Phone: (702)658-6700
Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 9/10/2018
Chart #: 019236
Birthdate: 9/22/2013

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
8/2/2017			D0240	DRTO	Intraoral Occlusal Image For diagnosis of upper anterior teeth. DA:Patty Dr. Tomlin	C	36.00
8/2/2017			D0272	DRTO	Bitewing Two Image For growth and development, as well as the diagnosis of interproximal contacts. Dr. Keaton Tomlin	C	38.00
8/2/2017			D10001	DRTO	HIROAD Hospitalization -n/a Illness -n/a Review of System -n/a Operations -n/a Allergies -n/a Drugs/Medications -n/a KT	C	0.00
8/2/2017			D1120	DRTO	Prophylaxis-child Prophy performed to control local irritating factors that are present on the patient's tooth surface. Prophy with fine paste. All contacts flossed. All plaque and calculus removed. DA:Patty Dr. Tomlin	C	58.00
8/2/2017			D1206	DRTO	Topical Applic Fluoride Varnish Applied topical varnish 5 % sodium Fluoride Dr. Keaton Tomlin	C	54.00
8/2/2017	G	I	15106	DRST	Incipient Caries	CON	0.00
10/6/2017			D9215	DRST	Local anesthesia 1.7 cc of 2% lidocaine with 1:100,000 epinephrine administered. Patient left office with gauze/cotton roll in place. Parents informed about possibility of lip biting and to keep the gauze in until numbness has ceased (average time is approximately two hours). Parents state they understand. Dr. Sandra Thompson	C	0.00
10/6/2017			D9230	DRST	Analgesia-inhal of nitrous oxid 50% N2O/ O2 for 30 min 100% O2 for 5 min. Pt alert upon discharge.	C	40.00
10/6/2017			D9248	DRST	Non IV conscious sedation Sedation Log scanned to patient's chart. Patient alert and responsive upon discharge. POI given upon discharge All questions answered sufficiently. DA:Patty Dr. Sandra Thompson	C	129.00
10/6/2017	A	O	D2140	DRST	Amalgam-1 surf, prim/perm Amalgam 1 surface. Cotton roll isolation and mouth prop utilized. Routine preparation. Mix 1-spill amalgam condensed, carved and burnished to achieve proper form and function. Verified proper occlusal function. Post treatment instructions given. Patient tolerated procedure well. Dr. Sandra Thompson	C	129.00
10/6/2017	J	O	D2140	DRST	Amalgam-1 surf, prim/perm Amalgam 1 surface. Cotton roll isolation and mouth prop utilized. Routine preparation. Mix 1-spill amalgam condensed, carved and burnished to achieve proper form and function. Verified proper occlusal function. Post treatment instructions given. Patient tolerated procedure well. Dr. Sandra Thompson	C	129.00
10/6/2017	K	O	D2140	DRST	Amalgam-1 surf, prim/perm Amalgam 1 surface. Cotton roll isolation and mouth prop utilized. Routine preparation. Mix 1-spill amalgam condensed, carved and burnished to achieve proper form and function. Verified proper occlusal function. Post treatment instructions given. Patient tolerated procedure well. Dr. Sandra Thompson	C	129.00
2/21/2018			D0120	DRST	Periodic oral evaluation	C	25.00

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
Provider: Sandra M. Thompson, DMD
Phone: (702)658-6700
Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 9/10/2018
Chart #: 019236
Birthdate: 9/22/2013

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
<p> Exam type: Recall, 4yr male presents to clinic with " NO CC " Upon exam Dr. Thompson states pt has incipient occlusal staining. Advise to avoid sticky foods & keep biting surface clean. RMH, Nkda, No Meds. Weight: 40lbs X-RAYS TAKEN: yes/2bwx ,caries as noted, see charting E/O exam: WNL TMJ: WNL I/O exam: WNL OB: 75 % & OJ: 1mm Midline: even Crossbite: NSF Left side occlusion - Class 1 Right side occlusion - Class 1 Tonsils - 0 % Caries: watch #S(O) #T(O) Oral cancer screening: NSF Periodontal status: NSF Referrals: NSF Oral Hygiene: excellent Caries Risk Assessment: high Parents accept treatment plan: yes Consequences of refusing treatment explained up to and including caries progression, infection, infection spreading to brain, hospitalization and death. Parents state they understand. Behavior: Cooperative Assistant Name: Joanna NV: 6mrc w/ no xrays Dr. Sandra Thompson </p>							
2/21/2018			D0272	DRST	Bitewing Two Image	C	18.00
For growth and development, as well as the diagnosis of interproximal contacts.							
2/21/2018			D0603	DRST	Caries risk assessment - High	C	5.00
Patient has history of incipient or active caries or lesions.							
Socioeconomic status of family.							
2/21/2018			D10001	DRST	HIROAD	C	0.00
Hospitalization -none							
Illness -none							
Review of System -none							
Operations -none							
Allergies -none							
Drugs/Medications -none							
2/21/2018			D1120	DRST	Prophylaxis-child	C	45.00
Prophy performed to control local irritating factors that are present on the patient's tooth surface. Prophy with fine paste. All contacts flossed. All plaque and calculus removed.							
DA:JB							
Dr. Sandra Thompson							
2/21/2018			D1206	DRST	Topical Applic Fluoride Varnish	C	35.00
Applied topical varnish 5 % sodium Fluoride							
2/21/2018	S	O	15106	DRST	Incipient Caries	CON	0.00
Staining							
2/21/2018	T	O	15106	DRST	Incipient Caries	CON	0.00
Staining							
4/5/2018			D10005	DRST	NO SHOW TO CONFIRMED APPOINTMEN	C	0.00
no show called and lvm							
5/2/2018			D0140	DRST	Limited oral evaluation	C	33.24

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
Provider: Sandra M. Thompson, DMD
Phone: (702)658-6700
Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 9/10/2018
Chart #: 019236
Birthdate: 9/22/2013

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
4yo male presents to clinic with CC of possible decay on LR. No pain. 1 PA xray taken. Dr. Thompson evaluated patient, advised mom taht incipient lesion on T (O) from last visit has slightly grown. Recommend restoration. Discussed tx options, mom would prefer IOS like last tx visit. Scheduled for IOS and gave mom IOS instructions Weight: 40 DA: AB Dr. Sandra Thompson							
5/2/2018			D0220	DRST	Intraoral Periapical Images	C	14.00
For diagnosis on tooth #T DA: AB Dr. Sandra Thompson							
5/18/2018			D9230	DRST	Analgesia-inhal of nitrous oxid	C	40.00
50% N2O/ O2 for 30 min 100% O2 for 5 min. Pt alert upon discharge. Dr. Sandra Thompson							
5/18/2018			D9248	DRST	Non IV conscious sedation	C	91.22
Sedation Log scanned to patient's chart. Patient alert and responsive upon discharge. POI given upon discharge All questions answered sufficiently. DA: AB Dr. Sandra Thompson							
5/18/2018	T	O	D2140	DRST	Amalgam-1 surf. prim/perm	C	51.00
Amalgam 1 surface. Cotton roll isolation and mouth prop utilized. Routine preparation. Mix 1-spill amalgam condensed, carved and burnished to achieve proper form and function. Verified proper occlusal function. Post treatment instructions given. Patient tolerated procedure well. Dr. Sandra Thompson							
9/5/2018			D0150	DRST	Comprehensive oral evaluation	C	33.24
Exam type: Comprehensive 5yr male presents to clinic with "NO CC" went over OHI and the importance of flossing. Upon Dr. Thompson's exam she stated no decay present RMH, Nkda, No Meds -Healthy Weight: 45 X-RAYS TAKEN: yes 2bwX , no caries or other pathology E/O exam: WNL TMJ: WNL I/O exam: WNL OB: 75 % & OJ: 1 mm Midline: even Crossbite: NSF Left side occlusion - Class 1 Right side occlusion - Class 1 Tonsils - 25 % Caries: n/a Oral cancer screening: NSF Periodontal status: NSF Referrals: NSF Oral Hygiene: fair Caries Risk Assessment: high Parents accept treatment plan: yes Consequences of refusing treatment explained up to and including caries progression, infection, infection spreading to brain, hospitalization and death. Parents state they understand. Behavior: cooperative Assistant Name: kristen NV Recall w/o x-ray's Dr. Sandra Thompson							
9/5/2018			D0272	DRST	Bitewing Two Image	C	18.00

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
 Provider: Sandra M. Thompson, DMD
 Phone: (702)658-6700
 Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 9/10/2018
 Chart #: 019236
 Birthdate: 9/22/2013

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
For growth and development, as well as the diagnosis of interproximal contacts.							
9/5/2018	kt		D0603	DRST	Caries risk assessment - High	C	0.00
Patient has history of incipient or active caries or lesions.							
Socioeconomic status of family.							
9/5/2018			D10001	DRST	HIROAD	C	0.00
Hospitalization -n/a							
Illness -n/a							
Review of System -n/a							
Operations -n/a							
Allergies -n/a							
Drugs/Medications -n/a							
9/5/2018			D1120	DRST	Prophylaxis-child	C	45.00
Prophy performed to control local irritating factors that are present on the patient's tooth surface. Prophy with fine paste. All contacts flossed. All plaque and calculus removed.							
DA.kt							
9/5/2018			D1206	DRST	Topical Applic Fluoride Varnish	C	35.00
Applied topical varnish 5 % sodium Fluoride							
kt							

Little Smiles LLC

6169 S. Rainbow Blvd. Ste 100 • Las Vegas, NV 89118-3231

(702)658-6700

Consent for Internet Communications

Authorization and Consent to Send Unencrypted Patient Information by Email and Other Electronic Means

- ☒ Until I tell you in writing to stop, I authorize Little Smiles LLC to transmit patient information relating to my child's treatment, health, or payment by email or other electronic means, without encryption or special security precautions, to me or someone I designate, or to other health care providers, health plans and others involved in my child's treatment, payment for treatment, or Little Smiles LLC health care operations. The patient information that may be emailed may include my child's x-rays, health history, diagnosis, treatment, and payment records.

I understand that:

- I do not have to sign this form.
- My child's treatment, payment, enrollment and eligibility for benefits will not be affected by my decision about signing this form.
- If I don't sign this form, Little Smiles LLC may use other ways to send my information, such as U.S. Mail, or may ask me to send my information to third parties myself.
- There is some risk that emails and other electronic messages may be improperly acquired by hackers or received by unintended recipients. If that happens, the information may be redisclosed and no longer protected by privacy law.
- Little Smiles LLC does not email such sensitive personal information as Social Security number, credit card number, mental health diagnosis, genetic information, alcohol/substance abuse, or positive HIV status unless the patient insists.

I can tell you in writing to stop emailing mine/my child's patient information at any time, but if I do so, this will not affect emails that Little Smiles LLC already has sent before receiving my written instructions to stop.

Please continue to the next page

Por favor continue a la pagina siguiente

Consentimiento para Comunicaciones por Internet

Autorización y Consentimiento para enviar la información del paciente sin cifrar por medios electrónicos Email y Otros

☐ Hasta que te diga por escrito para detener, autorizo Little Smiles LLC infantil para transmitir la información del paciente en relación con mi hijo tratamiento, la salud o el pago por correo electrónico u otro medio electrónico, sin encriptación o seguridad especiales precauciones, a mí o a alguien designo o para otros proveedores de salud, planes de salud y otras personas involucradas en el tratamiento de mi hijo, el pago del tratamiento, o Little Smiles LLC operaciones. La información del paciente que puede ser enviado por correo electrónico pueden incluir radiografías de mi hijo, la historia de salud, el diagnóstico, el tratamiento y los registros de pago.

Entiendo que:

- Yo no tengo que firmar este formulario.
- Tratamiento, pago, inscripción de mi hijo y la elegibilidad para los beneficios no se verán afectados por mi decisión sobre la firma de este formulario.
- Si no firmo esta forma, Little Smiles LLC pueden utilizar otras formas de enviar mi información, tales como correo U.S. Mail, o pueden pedirme que envíe mi información a terceros a mí mismo.
- Existe el riesgo de que los correos electrónicos y otros mensajes electrónicos pueden ser indebidamente adquiridos por los hackers o recibidos por destinatarios no deseados. Si eso sucede, la información puede ser divulgada y dejar protegido por la ley de privacidad.
- Little Smiles LLC no enviar por correo electrónico como la información personal como el número de Seguro Social, número de tarjeta de crédito, diagnóstico de salud mental, información genética, alcohol/abuso de sustancias, o condición de HIV positivo a menos que el paciente insista.

Te puedo decir por escrito a dejar de enviar por correo electrónico mi información o de mi hijo de mi hijo en cualquier momento, pero si lo hago, esto no afectará a los correos electrónicos de Little Smiles LLC ya ha enviado antes de recibir mis instrucciones por escrito para detener.

Please continue to the next page

Por favor continúe a la página siguiente

How would you like us to communicate with you?
Como desea que nos comuniquemos con usted?

Our dental office send appointment reminders, information about treatment, payment and insurance, and other communications. Please tell us how you would like us to communicate with you.

Nuestra oficina dental envia recordatorios de citas, informacion sobre tratamiento, pago y seguro, y otras comunicaciones. Por favor, díganos como desea que nos comuniquemos con usted.

Contact me by U.S. Mail at the following address: (Contactame por Correo de Estados Unidos a la siguiente direccion:)
7645 Stetson Bluff Ave Las Vegas NV 89113

Contact me by email at the following email address: (Contactame por correo electronico a la siguiente correo electronico:)
petitpaige@aol.com

☒ By checking this box, I consent to the following: Little Smiles LLC may contact me to provide health care information such as appointment reminders and information about treatment, payment, my account or insurance, using artificial or prerecorded voice or telephone equipment that may be capable of automatic dialing.

Marcando esta casilla, consiento en lo siguiente: Little Smiles LLC pueden contactarme para proporcionar informacion de salud, como recordatorios de citas e informacion sobre tratamiento, pago, mi cuenta o seguro, utilizando equipo de voz o telefono artificial o pregrabado que pueda ser capaz de marcar automaticamente.

The dental practice may: (La oficina dental puede:)

☐ Call Me (Llamame) ☐ Text Me (Mensaje de tex) ☒ Call Me and Text Me (Llamame y Mensaje de tex)

The best phone number is: (El mejor numero de telefono:)

7027677283

Patient Name: Petit-Adrianzen Ryder B Ryder Petit
Last First MI Preferred Name

Signature of patient, parent, or guardian:

Signature _____ Date 08/02/2017

Relationship to Patient:

Mother

Response Date: 08/02/2017

Patient/representative signature:



Name: Paige Petit
Relationship to Patient: MOM
Date: 8/2/2017

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL/PROTECTED HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect today, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of the Notice at any time, provided such changes are permitted by applicable law, and to make new Notice provisions effective for all protected health information that we maintain. When we make a significant change in our privacy practices, we will change this Notice and post the new Notice clearly and prominently at our practice location, and we will provide copies of the new Notice upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

HOW WE MAY SEND HEALTH INFORMATION ABOUT YOU

Your protected health information ("PHI") includes information relating to your mental or physical health and to the health care provided to you, including materials like your dental records, dental x-rays, and payment records. Some documents containing PHI may include such sensitive personal information as Social Security number, credit card number, mental health diagnosis, genetic information, alcohol/substance abuse records, positive HIV status, and other kinds of sensitive information.

Sometimes our dental practices needs to send PHI to the patient or to someone else, such as a specialist. There are various ways to send PHI, including email and other electronic means. Our dental practice does not encrypt email or other electronic forms of communication.

There is a risk that unencrypted information may be acquired by hackers or received by unintended recipients. If you are concerned about the security of PHI that may be sent unencrypted, please let us know and we will send it a different way, which may included providing the information to you to deliver.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

We may use and disclose your health information for different purposes, including treatment, payment, and health care operations.

TREATMENT: We may disclose your health information to a specialist providing treatment to you.

PAYMENT: Payment activities include billing, collections, claims management, and determinations of eligibility and coverage to obtain payment from you, an insurance company, or another third party. For example, we may send claims to your dental health plan containing certain health information.

HEALTHCARE OPERATIONS: Healthcare operations include quality assessment and improvement activities, conducting training programs, and licensing activities.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may disclose your health information to your family or friends or any other individual identified by you when they are involved in your care or in the payment for your care. Additionally, we may disclose information about you to a patient representative. If a person has authority by law to make health care decisions for you, we will treat that patient representative the same way we would treat you with respect to your health information.

DISASTER RELIEF: We may use or disclose your health information to assist in disaster relief efforts.

REQUIRED BY LAW: We may use or disclose your health information when we are required to do so by law.

PUBLIC HEALTH ACTIVITIES: We may disclose your health information for public health activities, including disclosures to:

- Prevent or control disease, injury or disability;
- Report child abuse or neglect;
- Report reactions to medications or problems with products or devices;
- Notify a person of a recall, repair, or replacement of products or devices;

- Notify a person who may have been exposed to a disease or condition; or
- Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence.

NATIONAL SECURITY: We may disclose to military authorities the health information of Armed Forces personnel under certain circumstances. We may disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to correctional institution or law enforcement official having lawful custody the protected health information of an inmate or patient.

SECRETARY OF HHS: We will disclose your health information to the Secretary of the U.S. Department of Health and Human Services when required to investigate or determine compliance with HIPAA.

WORKER'S COMPENSATION: We may disclose your PHI to the extent authorized by and to the extent necessary to comply with laws relating to worker's compensation or other similar programs established by law.

LAW ENFORCEMENT: We may disclose your PHI for law enforcement purposes as permitted by HIPPA, as required by law, or in response to a subpoena or court order.

HEALTH OVERSIGHT ACTIVITIES: We may disclose your PHI to an oversight agency for activities authorized by law. These oversight activities include audits, investigations, inspections, and credentialing, as necessary for licensure and for the government programs, and compliance with civil rights laws.

JUDICIAL AND ADMINISTRATIVE PROCEEDINGS: If you are involved in a lawsuit or a dispute, we may disclose your PHI in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process instituted by someone else involved in the dispute, but only if efforts have been made, either by the requesting party or us, to tell you about the request or to obtain an order protecting the information requested.

RESEARCH: We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information.

CORONERS, MEDICAL EXAMINERS, AND FUNERAL DIRECTORS: We may release your PHI 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 disclose PHI to funeral directors consistent with applicable law to enable them to carry out their duties.

FUNDRAISING: We may contact you to provide you with information about our sponsored activities, including fundraising programs, as permitted by applicable law. If you do not wish to receive such information from us, you may opt out of receiving the communications.

OTHER USES AND DISCLOSURES OF PHI

Your authorization is required, with a few exceptions, for disclosures or psychotherapy notes, use or disclosure of PHI for marketing, and for the sale of PHI. We will also obtain your written authorization before using or disclosing your PHI for purposes other than those provided for in this Notice (or as otherwise permitted or required by law). You may revoke an authorization in writing at any time. Upon receipt of the written revocation, we will stop using or disclosing your PHI, except to the extent that we have already taken action in reliance on authorization.

YOUR HEALTH INFORMATION RIGHTS

ACCESS: You have the right to look at or get copies of your health information, with limited exceptions. You must make the request in writing. You may obtain a form to request access by using the contact information listed at the end of this Notice. You may also request access by sending us a letter to the address at the end of this Notice. If you request information that we maintain on paper, we may provide photocopies. If you request information that we maintain electronically, you have the right to an electronic copy. We will use the form and format that you request if readily producible. We will charge you a reasonable cost-based fee for the cost of supplies and labor of copying, and for postage if you want copies mailed to you. Contact us using the information listed at the end of this Notice for an explanation of our fee structure.

A health care provider must retain patient records for 5 years. In the case of a minor patient, the records must be retained until the patient turns 23 years old. Your child's records will be destroyed after the period set forth above.

If you are denied a request for access, you have the right to have the denial reviewed in accordance with the requirements of applicable law.

DISCLOSURE ACCOUNTING: With the exception of certain disclosures, you have the right to receive an accounting of disclosures of your health information in accordance with applicable laws and regulations. To request an accounting of disclosures of your health information, you must submit your request in writing to the Privacy Official. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to the additional request.

RIGHT TO REQUEST A RESTRICTION: You have the right to request additional restrictions on our use or disclosure of your PHI by submitting a written request to the Privacy Official.

Your written request must include (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. We are not required to agree to your request except in the case where the disclosure is to a health plan for purposes of carrying out payment or health care operations, and the information pertains solely to a health care item or service for which you, or a person on your behalf (other than the health plan), has paid our practice in full.

ALTERNATIVE COMMUNICATION: You have the right to request that we communicate with you about your health information by alternative means or at alternative locations. You must make your request in writing. Your request must specify the alternative means or location, and provide satisfactory explanation of how payments will be handled under the alternative means or location you request. We will accommodate all reasonable requests. However, if we are unable to contact you using the ways or locations you have requested we may contact you using the information we have.

AMENDMENT: You have the right to request that we amend your health information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request under certain circumstances. If we agree to your request, we will amend your record(s) and notify you of such. If we deny your request for an amendment, we will provide you with a written explanation of why we denied it and explain your rights.

RIGHT TO NOTIFICATION OF A BREACH: You will receive notifications of breaches of your unsecured protected health information as required by law.

ELECTRONIC NOTICE: You may receive a paper copy of this Notice upon request, even if you have agreed to receive this Notice electronically on our Web site or by electronic mail (e-mail).

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us.

If you are concerned that we may have violated your privacy rights, or if you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use or disclosure of your health information or to have us communicate with you by alternative means or at alternative locations, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

OCR NOTICE OF NONDISCRIMINATION
Source: HHS Office of Civil Rights

Little Smiles LLC complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Little Smiles LLC does not exclude people or treat them differently because race, color, national origin, age, disability, or sex.

Little Smiles LLC

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - * Qualified sign language interpreters
 - * Written information in other formats (large print, audio, accessible electronic formats)
- Provides free language services to people whose primary language is no English, such as:
 - * Qualified interpreters
 - * Information written in other languages

If you need these services, contact Marty LaLande

If you believe that Little Smiles LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with

Marty LaLande

6169 S. Rainbow Blvd Ste 100 Las Vegas, NV 89118

Phone: 702-658-6700

Fax: 702-450-6711

Email: info@tinytooth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Marty LaLande, Office Manager, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services,

200 Independence Ave SW,

Room 509F, HHH Building

Washington, DC 20201

Toll Free: 1-800-868-1019

800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

AVISO DE LAS PRACTICAS DE PRIVACIDAD

ESTE AVISO DESCRIBE COMO LA INFORMACION MEDICA / DE SALUD PROTEGIDA SOBRE USTED PUEDE SER UTILIZADA Y REVELADA Y COMO USTED PUEDE TENER ACCESO A ESTA INFORMACION. POR FAVOR LEA CUIDADOSAMENTE.

Estamos obligados por ley a mantener la privacidad de la informacion de salud protegida, para dar aviso acerca de nuestras obligaciones legales y practicas de privacidad con respecto a la informacion de salud protegida, y notificar a las personas afectadas a raiz de una violacion de la informacion de salud protegida sin garantia. Debemos seguir las practicas de privacidad que se describen en este Aviso mientras este en vigor. Este Aviso entra en vigor hoy, y permanecera vigente hasta que lo reemplacemos.

Nos reservamos el derecho de cambiar nuestras practicas de privacidad y los terminos del aviso en cualquier momento, siempre y cuando dichos cambios sean permitidos por la ley aplicable, y establecer nuevas disposiciones de aviso para toda la informacion medica protegida que mantenemos. Cuando hacemos un cambio significativo en nuestras practicas de privacidad, cambiaremos este Aviso y colocaremos el nuevo Aviso de manera clara y destacada en nuestra ubicacion practica, y le proporcionaremos copias de la nueva Notificacion previa solicitud.

Usted puede solicitar una copia de nuestro aviso en cualquier momento. Para obtener mas informacion acerca de nuestras practicas de privacidad, o para obtener copias adicionales de este Aviso, por favor pongase en contacto con nosotros usando la informacion que aparece al final de este aviso.

COMO PODEMOS ENVIAR INFORMACION SOBRE SU SALUD

Su informacion de salud protegida ("PHI") incluye informacion relacionada con su salud mental o fisica y para la asistencia sanitaria prestada a usted, incluyendo materiales como sus registros dentales, radiografias dentales, y los registros de pago. Algunos documentos contienen PHI pueden incluir dicha informacion personal sensible como el numero de Seguro Social, numero de tarjeta de credito, diagnostico de salud mental, informacion genetica, alcohol / registros de abuso de sustancias, VIH positivo, y otro tipo de informacion confidencial.

A veces nuestras practicas dentales tiene que enviar PHI al paciente oa otra persona como un especialista. Hay varias formas de enviar PHI, incluyendo el correo electronico y otros medios electronicos. Nuestra practica dental no cifra correo electronico u otros medios electronicos de comunicacion.

Existe el riesgo de que la informacion no cifrada puede ser adquirida por los hackers o recibir los destinatarios no deseados. Si usted esta preocupado por la seguridad de PHI que pueden ser enviados sin encriptar, por favor háganoslo saber y vamos a enviar de una manera diferente, lo que puede incluia proporcionar la informacion a usted para entregar.

COMO PODEMOS USAR Y DIVULGAR LA INFORMACION SOBRE SU SALUD

Podemos utilizar y divulgar su informacion de salud para diferentes propósitos, incluyendo las operaciones de tratamiento, pago y atencion medica.

TRATAMIENTO: Podemos revelar su informacion medica a un especialista en proporcionar tratamiento a usted.

PAGO: Actividades de pago incluyen facturacion, colecciones, gestion de reclamaciones, y determinaciones de elegibilidad y cobertura para obtener el pago de usted, una compania de seguros, o un tercero. Por ejemplo, podemos enviar las reclamaciones a su plan de salud dental que contiene cierta informacion de salud.

SALUD DE OPERACIONES: operaciones de atencion medica incluyen evaluacion de calidad y actividades de mejora, los programas de formacion que llevan a cabo, y las actividades de concesion de licencias.

PERSONAS INVOLUCRADAS EN SU CUIDADO O PAGO POR SU CUIDADO: Podemos divulgar su informacion de salud a su familia o amigos o cualquier otra persona identificada por usted cuando estan involucrados en su cuidado o en el pago de su atencion. Ademas, podemos divulgar informacion sobre usted a un representante de los pacientes. Si una persona tiene autoridad por ley a tomar decisiones de atencion de salud para usted, vamos a tratar de que el representante de pacientes de la misma manera que lo haria con respecto a su informacion medica.

ALIVIO DE DESASTRES: Podemos utilizar o divulgar su informacion de salud para ayudar en los esfuerzos de socorro.

EXIJA LA LEY: Podemos utilizar o divulgar su informacion de salud cuando estamos obligados a hacerlo por ley.

ACTIVIDADES DE SALUD PUBLICA: Podemos divulgar su informacion de salud para actividades de salud publica, incluyendo la divulgacion a

- Prevenir o controlar enfermedades, lesiones o discapacidades;
- Abuso o negligencia Informe niño;
- Informar sobre reacciones a medicamentos o problemas con productos o dispositivos;
- Notificar a una persona de un retiro, reparacion o sustitucion de productos o dispositivos;
- Notificar a una persona que pueda haber estado expuesta a una enfermedad o condicion, o
- Notificar a la autoridad gubernamental apropiada si creemos que un paciente ha sido victima de abuso, negligencia o violencia domestica.

SEGURIDAD NACIONAL: Podemos revelar a las autoridades militares la información de salud del personal de las Fuerzas Armadas bajo ciertas circunstancias. Podemos revelar a los funcionarios federales información de salud requerida para la inteligencia legal, contrainteligencia y otras actividades de seguridad nacional. Podemos revelar a la institución correccional o aplicación de la ley oficial que tenga la custodia legal la información de salud de un preso o paciente.

SECRETARIO DEL HHS: Vamos a divulgar su información médica a la Secretaría del Departamento de Salud y Servicios Humanos de Estados Unidos cuando sea necesario para investigar o determinar el cumplimiento de HIPAA.

TRABAJADORES DE COMPENSACION: Podemos revelar su PHI a la medida autorizada por y en la medida necesaria para cumplir con las leyes relacionadas con la compensación de trabajadores u otros programas similares establecidos por la ley.

CUMPLIMIENTO DE LA LEY: Podemos revelar su PHI para fines policiales según lo permitido por HIPAA, como exige la ley, o en respuesta a una citación u orden judicial.

ACTIVIDADES DE SUPERVISION MEDICA: Podemos revelar su PHI a una agencia de supervisión para actividades autorizadas por la ley. Estas actividades de supervisión incluyen auditorías, investigaciones, inspecciones y acreditación, según sea necesario para

PROCEDIMIENTOS JUDICIALES Y ADMINISTRATIVOS: Si usted está involucrado en una demanda o una disputa, podemos divulgar su PHI en respuesta a una orden judicial o administrativa. También podemos revelar información sobre su salud en respuesta a una citación, solicitud de descubrimiento u otro proceso legal iniciado por otra persona involucrada en la disputa, pero solo si se han hecho esfuerzos, ya sea por la parte solicitante o nosotros, para informarle sobre la solicitud o para obtener una orden que proteja la información solicitada.

INVESTIGACION: Podemos revelar su PHI a investigadores cuando su investigación haya sido aprobada por una junta de revisión institucional o junta de privacidad que ha revisado la propuesta de investigación y protocolos establecidos para asegurar la privacidad de su información.

MEDICOS FORENSES Y DIRECTORES DE FUNERARIAS: Podemos revelar su PHI a un médico forense. Esto puede ser necesario, por ejemplo, para identificar a una persona fallecida o determinar la causa de la muerte. También podemos revelar su PHI a directores de funerarias consistentes con la ley aplicable para que puedan llevar a cabo sus funciones.

RECAUDACION DE FONDOS: Podemos comunicarnos con usted para ofrecerle información de nuestras actividades patrocinadas, incluyendo programas de recaudación de fondos, según lo permitido por la ley aplicable. Si no desea recibir dicha información de nuestra parte, puede optar por no recibir las comunicaciones.

OTROS USOS Y REVELACIONES DE PHI

Se requiere su autorización, con algunas excepciones, las revelaciones o las notas de psicoterapia, uso o divulgación de su PHI para la comercialización, y para la venta de PHI. También vamos a obtener su autorización por escrito antes de usar o divulgar su PHI para fines distintos de los previstos en este Aviso (o como sea permitido o requerido por la ley). Usted puede revocar una autorización por escrito en cualquier momento. Al recibir la revocación por escrito, dejaremos de utilizar o divulgar su PHI, salvo en la medida en que ya hemos tomado acciones de seguridad sobre la autorización.

SUS DERECHOS DE INFORMACION DE SALUD

ACCESO: Usted tiene el derecho de ver u obtener copias de su información de salud, con excepciones limitadas. Usted debe hacer la solicitud por escrito. Usted puede obtener un formulario para solicitar acceso usando la información de contacto que aparece al final de este aviso. También puede solicitar acceso enviándonos una carta a la dirección al final de este aviso. Si usted solicita información que mantenemos en papel, podemos proporcionar fotocopias. Si usted solicita información que mantenemos electrónica, tiene derecho a una copia electrónica. Vamos a utilizar la forma y formato que usted solicita si es fácilmente producible. Le cobraremos una tarifa basada en el costo razonable para el costo de los insumos y mano de obra de la copia, y por gastos de envío, si usted quiere copias enviadas a usted. Póngase en contacto con nosotros usando la información que aparece al final de este Aviso para una explicación de nuestra estructura de comisiones.

Un profesional de la salud debe conservar registros de los pacientes durante 5 años. En el caso de un paciente menor de edad, los registros deben conservarse hasta que el paciente cumple 23 años de edad. Registros de su hijo serán destruidos después del período establecido anteriormente.

Si se le niega una solicitud de acceso, usted tiene el derecho a que se revise la denegación de acuerdo con los requisitos de la legislación aplicable.

CONTABILIDAD DE DIVULGACION: Con la excepción de ciertas revelaciones, usted tiene el derecho de recibir un informe de las divulgaciones de su información de salud de acuerdo con las leyes y reglamentos aplicables. Para solicitar un informe de las divulgaciones de su información de salud, usted debe presentar su solicitud por escrito al Oficial de Privacidad. Si usted solicita este informe más de una vez en un período de 12 meses, podemos cobrarle una tarifa razonable basada en el costo de responder a la petición adicional.

DERECHO A SOLICITAR UNA RESTRICCION: Usted tiene el derecho de solicitar restricciones adicionales a nuestro uso o divulgación de su PHI mediante la presentación de una solicitud por escrito al Oficial de Privacidad. Su solicitud por escrito debe incluir (1) qué información desea limitar, (2) si usted quiere limitar nuestro uso, divulgación o ambos, y (3) a

quien quiere que se apliquen los límites, no estamos obligados a aceptar su solicitud, excepto en el caso en que la divulgación es un plan de salud con el propósito de llevar a cabo las operaciones de pago o asistencia médica, y la información se refiere exclusivamente a un artículo o servicio para el que usted, o una persona en su nombre (que no sea el cuidador de la salud el plan de salud), ha pagado nuestra práctica en su totalidad.

COMUNICACION ALTERNATIVA: Usted tiene el derecho de solicitar que nos comuniquemos con usted acerca de su información de salud por medios alternativos o en lugares alternativos. Usted debe hacer su solicitud por escrito. Su solicitud debe especificar el método o lugar alternativo, y proveer una explicación satisfactoria de cómo se manejarán los pagos bajo los medios o el lugar alternativos que solicita. Tendremos en cuenta todas las solicitudes razonables. Sin embargo, si no somos capaces de comunicarnos con usted usando las formas o lugares que ha requerido podemos comunicarnos con usted utilizando la información que tenemos.

ENMIENDA: Usted tiene el derecho de pedir que enmendemos su información de salud. Su solicitud debe ser por escrito y debe explicar por qué la información debe ser enmendada. Podemos negar su solicitud bajo ciertas circunstancias. Si estamos de acuerdo con su solicitud, vamos a modificar su registro (s) y le notificaremos de tal. Si rechazamos su solicitud de enmienda, que le proporcionaremos una explicación por escrito de por qué la rechazamos y explicarle sus derechos.

DERECHO A LA NOTIFICACION DE INCUMPLIMIENTO: Usted recibirá notificaciones de violaciones de su información de salud protegida sin garantía que exige la ley.

AVISO ELECTRONICA: Usted puede recibir una copia impresa de este Aviso a pedido, incluso si usted ha aceptado recibir este Aviso electrónicamente en nuestro sitio Web o ser el correo electrónico (e-mail).

PREGUNTAS Y QUEJAS

Si desea obtener más información acerca de nuestros patrones de privacidad o tiene preguntas o preocupaciones, por favor comuníquese con nosotros.

Si le preocupa que podamos violado sus derechos de privacidad, o si está en desacuerdo con una decisión que tomamos sobre el acceso a su información de salud o en respuesta a una petición que hizo al modificar o restringir el uso o divulgación de su información de salud o tener nos comuniquemos con usted por medios alternativos o en lugares alternativos, usted puede quejarse con nosotros utilizando la información de contacto que aparece al final de este aviso. También puede presentar una queja por escrito al Departamento de Salud y Servicios Humanos de Estados Unidos. Nosotros le proporcionaremos la dirección para presentar su queja ante el Departamento de Salud y Servicios Humanos de Estados Unidos, bajo petición.

Apoyamos su derecho a la privacidad de su información de salud. No tomaremos represalias de ninguna manera de que usted decide presentar una queja con nosotros o con el Departamento de Salud y Servicios Humanos de Estados Unidos.

OCR AVISO DE NO DISCRIMINACION

Fuente: Oficina de Derechos Civiles del HHS

Little Smiles LLC cumple con las leyes federales de derechos civiles y no discrimina por motivos de raza, color, origen nacional, edad, discapacidad, o sexo.

Little Smiles LLC no excluyen a las personas o los tratan de manera diferente debido a su raza, color, origen nacional, edad, discapacidad, o sexo.

Little Smiles LLC

- Proporciona ayudas y servicios gratuitos a personas con discapacidad para comunicarse efectivamente con nosotros, tales como:
 - * Los intérpretes de lengua de signos cualificados
 - * La información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles)
- Proporciona servicios de idiomas gratuitos a personas cuyo primer idioma no es inglés, tales como:
 - * Los intérpretes calificados
 - * La información escrita en otros idiomas

Si necesita estos servicios, póngase en contacto con Marty LaLande

Si cree usted que los niños del cuidado dental y la ortodoncia ha fallado en proporcionar estos servicios o discriminado de otra forma sobre la base de raza, color, origen nacional, edad, discapacidad, o sexo, puede presentar una queja a:

Marty LaLande

6169 S. Rainbow Blvd Ste 100, Las Vegas, NV 89118

Teléfono: 702-658-6700

Fax 702-450-6711

E-mail: info@tinytooth.com

Puede presentar una queja en persona o por correo, fax o correo electrónico. Si necesita ayuda para presentar una queja, Marty LaLande, Office Manager, está disponible para ayudarle.

Tambien puede presentar una queja de derechos civiles con el U.S. Department of Health and Human Services, Office for Civil Rights por via electronica a traves de la Office for Civil Rights Complaint, disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o por correo o por telefono al:

U.S. Department of Health and Human Services

200 Independence Ave. SW.

Room 506F, HHH Building

Washington, DC 20201

Toll Free: 1-800-868-1019

800-537-7697 (TDD).

Los formularios de quejas estan disponibles en <http://www.hhs.gov/ocr/office/file/index.html>

Acknowledgement of Notice of Privacy Practices

El reconocimiento de la Notificación de Prácticas de Privacidad

Our Privacy Official (Nuestro Oficial de Privacidad): Office Manager

Telephone Number (Número de teléfono): 702-658-6700 -- Fax Number: 702-450-6711

Address (Dirección): 6169 S. Rainbow Blvd #100 Las Vegas, NV 89118

E-mail: info@littlesmilestv.com

☒ I hereby acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES. I understand that if I have questions or complaints regarding my privacy rights, that I may contact the person listed above. I further understand that the practice will offer me updates to this NOTICE OF PRIVACY PRACTICES should it be amended, modified or changed in any way.

Por la presente reconozco que he recibido una copia de la AVISO DE PRACTICAS DE PRIVACIDAD. Yo entiendo que si tengo preguntas o quejas con respecto a mis derechos de privacidad, para que pueda ponerse en contacto con la persona mencionada anteriormente. Entiendo, además, que la práctica me ofrecerá actualizaciones de este AVISO DE PRACTICAS DE PRIVACIDAD debería ser enmendado, modificado o cambiado en cualquier forma.

** Parent or Guardian (Person Responsible for Payment) Name Below

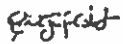
The following is for: ☐ the patient's spouse ☒ the person responsible for payment ☐ both ☐ neither-not applicable

Name: Petit Last Paige First E MI Paige Preferred Name

Signature _____ Date 08/02/2017

Response Date: 08/02/2017

Patient/representative signature:



Name: **Paige Petit**

Relationship to Patient: **Mom**

Date: **8/2/2017**

Little Smiles LLC

6169 S. Rainbow Blvd. Ste 100 • Las Vegas, NV 89118-3231

(702)658-6700

Financial Policies

Our doctor and staff are pleased to welcome your child as a new patient. To prevent any misunderstandings regarding payment for your child's treatment, carefully review and then sign the following financial policy.

Please be advised signing this form authorizes our office to use your personal, identifiable information such as your name, address, social security number, date of birth, spouse's information, and your child's name and date of birth for (but not limited to) the following purposes: daily sign in sheets, mailed appointment cards, insurance claims or pre-treatment authorizations, referrals, or for legal or collection procedures. (HIPPA)

FOR ALL PATIENTS: For your child's first visit, a \$50.00 payment may be required, in accordance to your insurance carrier's deductible fee. There is a \$50.00 fee for all failed appointments; a 24 hour notice must be given to avoid this fee. After the examination of your child is completed, you will be given a printed summary of the projected treatment with an estimate of the anticipated fees. Please note that this treatment is an estimate only and may change with unforeseen changes in treatment. Changes in treatment plan do not diminish the parent or guardians responsibility with regard to payment. Payment is due at the time of treatment. We accept Master Card, Visa, American Express, Discover, and personal checks with a guarantee card, up to \$500.00. There is a \$50.00 insufficient funds charge on any returned check.

We work with Care Credit for third party financing. The parent or legal guardian of the patient will fill out a loan application. The third party loan does not affect the responsible person's obligations under this agreement. All proceeds will be paid directly to Little Smiles LLC.

MEDICAID PATIENTS: We are a ZERO TOLERANCE OFFICE, if you fail to make your scheduled appointment without a 24 hour notice, we will ask that you seek treatment at a different office.

PATIENTS WITH DENTAL INSURANCE: We will verify your insurance eligibility and coverage information so that claims may be submitted following treatment. Please remember we submit claims as a courtesy to our patients. You, the parent or legal guardian, are ultimately responsible for any balance on the account regardless of insurance involvement. The insurance contract is one between subscriber (parent/guardian) and the insurance company.

Insurance companies have a fee schedule of which they base benefit procedures. Your insurance may use an out-of-network fee schedule if we are not a contract provider. Benefit will be determined only when a claim is processed for payment. Benefits will also be based on your deductible, eligibility requirements at the time of treatment and any limitations, restrictions or exclusions specific to your policy. Policy information is available to you through your Human Resource Department at work or directly from your insurance company. It is the subscriber's responsibility to know their benefits, including frequency limits. You will be responsible for any and all payment for services denied by your insurance company for frequency limits regardless of what your explanation of benefits from your insurance company states is your responsibility. Co-payment information is estimated only. For extensive treatment, a pre-treatment estimate may be submitted to your insurance. A pre-treatment estimate is not a guarantee of benefit or payment. Actual benefit is not determined until your insurance receives actual claim for processing.

While we do our best to provide accurate information and to collect the maximum benefit for treatment rendered, there are times when a balance will remain after you have made a personal payment and the insurance has made their payment. The person responsible is liable for any balance remaining on the account, regardless of insurance. There are not contract adjustments or write-offs on any balance after an insurance company has made their payment. It is the subscriber's responsibility to respond to any and all insurance inquiries. Claims may be pended if additional information is needed regarding secondary insurance coverage, student status or parental liability as a result of divorce.

TO ALL RESPONSIBLE PARTIES: Regardless of insurance, any account over 45 days old will be due and payable. Any balance over 60 days will be turned over to our collection agency, at that time a collection fee up to 40% will be added to the account. It is understood that Little Smiles LLC will submit delinquent account information to credit bureaus. All accounts sent to collection are subject to collection agency fee and possibly other legal costs in addition to the balance owed.

I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS AGREEMENT AND I AGREE TO COMPLY WITH THE POLICIES. PAYMENT FROM INSURANCE OR THIRD PARTY FINANCING ARE PAYABLE DIRECTLY TO LITTLE SMILES LLC. THE PARENT OR GUARDIAN WHO ACCOMPANIES THE CHILD AND SIGNS THIS AGREEMENT IS RESPONSIBLE FOR PAYMENT.

Parent of Guardian Social Security Number *

Driver's License Number *

☒ * By checking this box, I acknowledge that I have read this financial policy and agree to the contents.

Signature of Parent or Guardian (Responsible for account)

Signature _____ Date 08/02/2017

Patient Name: Petit-Adrianzen Ryder B Ryder Petit
Last First MI Preferred Name

Response Date: 08/02/2017

Patient/representative signature:

Paige Petit

Name: Paige Petit
Relationship to Patient: Mom
Date: 8/2/2017

Little Smiles LLC

6169 S. Rainbow Blvd. Ste 100 • Las Vegas, NV 89118-3231

(702)658-6700

Information for Management of Behavior and Consent for Treatment

Patient Name: Petit-Adrianzen * Ryder * B Ryder Petit
Last First MI Preferred Name

Our desire is to provide quality treatment in a caring environment for you and your child. We provide the following information in order to familiarize you with our office guiding principles. Please feel free to discuss any questions you may have with one of our team members.

We ask that parents accompany their child back to the exam room for their first visit. A complete diagnosis and any necessary x-rays will be completed. The doctor will discuss your child's diagnosis and recommend a plan of treatment. On subsequent visits, parents may remain in the reception area or accompany your child to the treatment area. We have found that we may be able to establish a better rapport and keep all of our attention focused on the child when the parent is not present and on occasion may ask you to remain in the reception area. One of our dental assistants will remain with your child at all times. When treatment has been completed the dentist or a dental assistant will explain to you what was done, as well as what the next treatment will involve. At any visit is you wish to speak to the dentist about anything, please tell the dental assistant and the doctor will be happy to meet with you.

We utilize a number of behavior management techniques to help children through their treatment. All of the techniques we use are recognized by the American Academy of Pediatric Dentistry as effective and acceptable. Our goal is to provide the treatment in an efficient, safe manner while hopefully instilling a positive dental attitude in the child.

During treatment, nitrous oxide (laughing gas) is frequently used to reduce anxiety. (We call the small rubber mask "Mr. Nose".) Nitrous oxide is very safe, has few side effects with the exception of nausea in a small percentage of children, and has no lingering effects after the visit. For our especially fearful patients, the doctor may suggest that your child be given a mild sedative prior to treatment. The pre-medication is generally liquid Demerol and Atarax given one hour prior to the appointment as a sedative and relaxant. Our goal is not to put your child to sleep; rather, to help relax them and make him/her feel happy and more comfortable with the visit.

In order to provide quality dental work and reduce the risk of injury to a child, it is absolutely necessary that the child remain still during the treatment. Despite our efforts to calm a child with reassurances, showing the instruments and explaining the noises they will hear, at times we encounter difficult management problems. If a child's cooperation is poor it may be necessary to use one or more of the following behavioral techniques to facilitate treatment.

IMMOBILIZATION: So the child does not cause injury to themselves by trying to grab the doctor's hand during treatment, some children may need to have their hands held by an assistant during certain parts of the procedure to help them sit still.

VOICE CONTROL: In order to gain the child's attention, instruction is given in a firm tone of voice.

HOSPITALIZATION: This may be recommended for very young children or those children with significant medical or behavioral problems. This is required for very few children and will be thoroughly discussed with you if other options cannot be used successfully.

Your child's best interests are most important to us. We will seek to conservatively manage the behavior of your child and help him/her to accept dental care in a positive, non-threatening environment. We hope to promote good, long term attitudes towards dentistry, oral health, and self. Thank you for trusting us to treat your child.

* If you have questions about any of this information please speak with one of our team members or doctors.

I hereby authorize and direct Little Smiles Pediatric Dentistry to perform on my child necessary dental treatment as presented in the treatment plan, including the use of necessary or advisable local anesthesia, radiographs (x-rays), diagnostic aids, and/or nitrous oxide.

1. I have read the preceding information regarding behavior management techniques and understand that at times it may be necessary for the dentist to utilize these management therapies. I also understand that if I have any questions about the behavior management techniques, I can discuss them with the dentist prior to treatment.

2. I understand that specific dental/surgical will be explained when I am presented my child's treatment plan. Alternate methods, if any, will also be explained to me, as will the advantages and disadvantages to each. I am advised that though good results are expected, the possibility and nature of complications cannot be accurately anticipated and, therefore, there can be no guarantee, expressed or implied, as to the result of the treatment or as to cure.

3. Although the occurrence is infrequent, there are some inherent risks that accompany dental procedures.

A. Local anesthetic (such as Lidocaine or Novocaine) is used to make teeth numb so that dental treatment will not hurt. When it is used, the child may chew cheek, lip, tongue, while they are numb. Soreness of the lower jaw (Trismus) may also occur following injection.

B. Although not common, excessive bleeding, pain, swelling may occur after the removal of a tooth. Temporary or permanent numbness of the tongue or lip (paresthesia) can also occur.

C. Nitrous oxide (laughing gas) is used to help relax children who are particularly nervous so that the treatment can be done properly. Though infrequent, the child may experience nausea or vomiting with its use.

☒ I hereby state that I have read and understand this content, and that all questions about the procedure(s) have been answered to my satisfaction. I understand that I have the right to be provided with answers to questions that may arise during the course of my child's treatment.
I further understand that this consent will remain in effect until such time that I choose to terminate it.

Signature of patient, parent, or guardian (responsible party):

Signature _____

Date 08/02/2017

Response Date: 08/02/2017

Patient/representative signature:



Name: Paige Petit
Relationship to Patient: Mom
Date: 8/2/2017

SINGLE PATIENT LEDGER

Little Smiles LLC

Date: 08/31/2018

Page: 1

Patient Name: Ryder B Adrianzen Petit
7645 Statson Bluff Ave
Las Vegas, NV 89113

Chart Number: 019236

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
08/01/2017		Patient Balance Forward		0.00		0.00
* 08/02/2017		HIROAD	Ryder	0.00		0.00
* 08/02/2017		Comprehensive oral evaluation	Ryder	87.00		87.00
* 08/02/2017		Intraoral Periapical Images	Ryder	29.00		116.00
* 08/02/2017		Intraoral Occlusal Image	Ryder	36.00		152.00
* 08/02/2017		Prophylaxis-child	Ryder	58.00		210.00
* 08/02/2017		Topical Applic Fluoride Varnish	Ryder	54.00		264.00
* 08/02/2017		Bitewing Two Image	Ryder	38.00		302.00
* 08/24/2017		Error Charge Adjustment	Ryder		-117.00	185.00
* 08/24/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		-185.00	0.00
* 10/06/2017		Local anesthesia	Ryder	0.00		0.00
* 10/06/2017	A	Amalgam-1 surf. prim/perm	Ryder	129.00		129.00
* 10/06/2017	J	Amalgam-1 surf. prim/perm	Ryder	129.00		258.00
* 10/06/2017	K	Amalgam-1 surf. prim/perm	Ryder	129.00		387.00
* 10/06/2017		Analgesia-inhal of nitrous oxid	Ryder	40.00		427.00
* 10/06/2017		Non IV conscious sedation	Ryder	129.00		556.00
* 11/14/2017		Error Charge Adjustment	Ryder		-180.60	375.40
* 11/14/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		-206.40	169.00
* 11/14/2017		Dental Ins Payment - Nevada Medicaid	Ryder		0.00	169.00
* 11/14/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		0.00	169.00
* 11/14/2017		Dental Ins Payment - PrimeCare Administrators	Ryder		0.00	169.00
* 01/08/2018		Error Charge Adjustment	Ryder		-21.56	147.44
* 01/08/2018		Error Charge Adjustment	Ryder		-37.78	109.66
* 01/08/2018		Dental Ins Payment - Nevada Medicaid	Ryder		-18.44	91.22
* 01/08/2018		Dental Ins Payment - Nevada Medicaid	Ryder		-91.22	0.00
* 02/21/2018		HIROAD	Ryder	0.00		0.00
* 02/21/2018		Periodic oral evaluation	Ryder	25.00		25.00
* 02/21/2018		Bitewing Two Image	Ryder	18.00		43.00
* 02/21/2018		Prophylaxis-child	Ryder	45.00		88.00
* 02/21/2018		Topical Applic Fluoride Varnish	Ryder	35.00		123.00
* 02/21/2018		Caries risk assessment - High	Ryder	5.00		128.00
* 03/26/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDICRyder			-128.00	0.00
* 04/05/2018		NO SHOW TO CONFIRMED APPOINTMEN	Ryder	0.00		0.00
* 05/02/2018		Limited oral evaluation	Ryder	33.24		33.24
* 05/02/2018		Intraoral Periapical Images	Ryder	14.00		47.24
* 05/08/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDICRyder			-47.24	0.00
* 05/18/2018		VISA/MC Payment -Thank You	Ryder		-40.00	-40.00
* 05/18/2018		Non IV conscious sedation	Ryder	91.22		51.22
* 05/18/2018		Analgesia-inhal of nitrous oxid	Ryder	40.00		91.22
* 05/18/2018	T	Amalgam-1 surf. prim/perm	Ryder	51.00		142.22
* 05/23/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDICRyder			-142.22	0.00

TOTAL PATIENT BALANCE AS OF 08/31/2018:

0.00



TEAMSTERS LOCAL 631 SECURITY FUND

KEVIN D ADRIANZEN
Subscriber's ID: 4292337809
Group #: V200



Prescription Co-Payment Information
Co-payments for 30 day supply at participating pharmacy
Generic: 10% up to \$10.00
Preferred Brand: 20% up to \$80.00
Non-Preferred Brand: 50% up to \$100.00
Co-Payments for 90 day mail order
Generic: 10% up to \$20.00
Preferred Brand: 20% up to \$120.00
Non-Preferred Brand: 50% up to \$200.00
Specialty Drug 30 Day Supply 20% up to \$100.00

Medical Co-Payment Information:
Primary Care Physician Office/Hospital \$20.00
Specialist/Consultant Office/Hospital \$50.00
Chiropractic \$20.00
Emergency Facility \$250.00
Emergency Physicians Services \$50.00
Urgent Care \$20.00
Ambulance \$50.00
Home Health Care \$20.00

This card is for identification ONLY. It is NOT a guarantee of eligibility or benefits.
To verify eligibility and benefits contact the Benefit Office at (702) 415-2185
PRE-CERTIFICATION REQUIRED. SEE BACK FOR MORE INFORMATION

Mental Services: Please contact the Territory Lead: 831 Security Fund (phone) - 404 P.O. Box 402705, Las Vegas, NV 89140, (877) 504-4702 or (702) 415-2195 or visit www.harmoneyhealth.com.
Provider Incentive: To find a health care provider in the network, please visit www.harmoneyhealth.com.



Medical Benefits:
Providers: You must access eligibility, claims and benefit information via our Member Portal or visiting www.harmoneyhealth.com. Providers will need to go through a provider registration. Please use Member ID from the front of card.
Medical Claims: Send all electronic claims using payer ID # 38238. Mail all paper claims to: Territory Lead, 831 Security Fund Benefit Office P.O. Box 1616, San Ramon, CA 94583.
Pre-Certification: Required for Hospitalization, Outpatient Surgery, Certain Diagnostic Tests, and Home Care. Please contact Teligen at (800) 645-7207.
Mental Health/Prescription Drug Authorization: Please call Harmony Healthcare at (702) 251-8000 or visit www.harmoneyhealth.com.
Health Card Condition: Please submit electronic claims using ID# 38238 or submit paper claims to P.O. Box 1616, San Ramon, CA 94583.

Dental Benefits: Nevada Dental Benefits (866) 698-3944 or (702) 478-2014



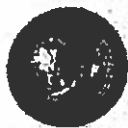
Vision Benefits: Davis Vision (800) 998-6431 or visit www.davisvision.com



Prescription Drug Benefits: Express Scripts
Pharmacy Helpdesk for Pharmacist: (800) 233-4357
Customer Service: (866) 904-7012 or visit www.express-scripts.com



Group#: TLQE Rx Bin: 003858 PCN: A4



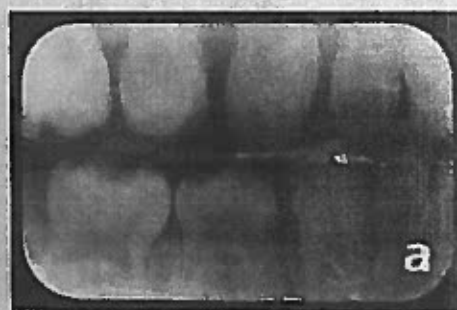
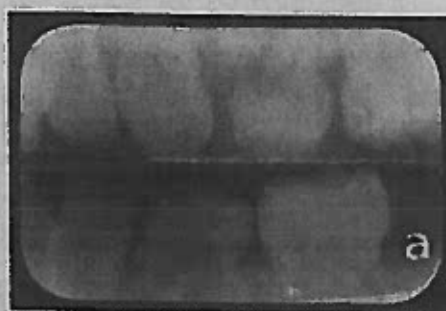
Nevada Medicaid and Nevada Check Up

Record Number **0000870000** **L46E08T0000**

Enrollee Name: **RYDER, B ADRIANZEN PETI**

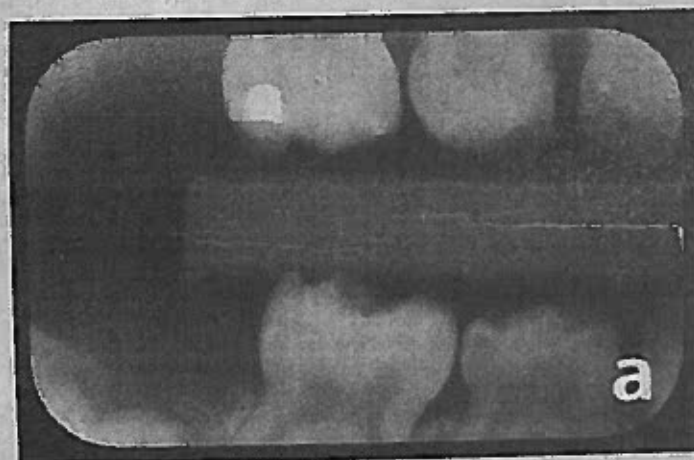
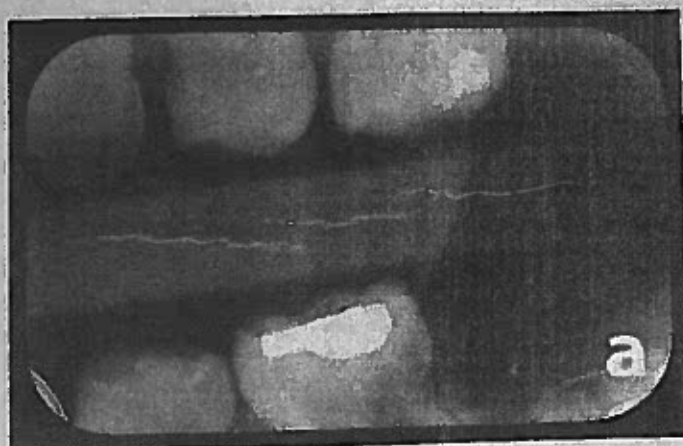
09/22/2013 11:00 AM

QUESTIONS



Patient Name: Ryder Petit-Adrianzen
Patient ID:
Patient Gender:
Patient DOB:

Provider: System Admin
Phone:
Image taken on: 8/2/2017



Patient Name: Petit Adrianzen
Patient ID:
Patient Gender:
Patient DOB:

Provider: System Admin
Phone:
Image taken on: 2/21/2018

EXHIBIT 7

SHM- Summerlin Hospital Medical Center
657 Town Center Drive
Las Vegas, NV 89144-6367

Patient: PETIT, RYDER BLAKE
MRN: SVH35317374; SHM6072607

Admit: 7/15/2017

Disch: 7/15/2017

Disch Time: 15:24 PDT

FIN: SHM0000014268486

DOB/Sex: 9/22/2013 / Male

Attending: Miller MD, Randall S

Facesheets

DOCUMENT NAME:

Facesheets

SERVICE DATE/TIME:

7/15/2017 00:00 PDT

RESULT STATUS:

Unauth

PERFORM INFORMATION:

SIGN INFORMATION:

FACE SHEET REGISTRATION FORM_20170715.pdf

Please click on link to see image.

Medical Record

Print Date/Time 8/31/2018 12:18 PDT

Report Request ID: 334100094

Page 1 of 9

Patient Name: PETIT, RYDER BLAKE
Date of Birth: 9/22/2013

MRN SVH35317374, SHM6072607
FIN SHM0000014268486

Attachment(s): 7/15/2017 00:00 PDT FACE SHEET REGISTRATION FORM_20170715.pdf

Summerlin-Petit, Ryder Blake-Enc #14268486-0PT-EHR-7/15/2017 FACE SHEET REGISTRATION FORM - 14268486 - 1.pdf

MEDICAL 6072607

PT# 14268486		PATIENT NAME PETIT, RYDER BLAKE		ID# 001	
ADDRESS 8301 W CHARLESTON BLVD APT 2072					
CITY LAS VEGAS		STATE NV	ZIP 891171251	PHONE (702)767-7283	PATIENT LANGUAGE ENGLISH
AGE 3Y	DOB 09/22/2013	SEX M	RACE T	ETHNICITY N	RELIGION NON
PT EMPLOYER MINOR		TELEPHONE	EXT	OCCUPATION MINOR	
EMPLOYER ADDRESS					
CITY		STATE	ZIP	RETIREMENT DATE //	DISASTER 14268
Contact Information					
NEAREST RELATIVE NAME PETIT, MARK					
PLN F		ADDRESS 8301 W CHARLESTON BLVD APT 2072		STATE NV	ZIP 891171251
CITY LAS VEGAS		STATE NV	ZIP 891171251	PHONE (702)439-1747	EXT
EMERGENCY CONTACT NAME PETIT, MARK					
PLN M		ADDRESS 8301 W CHARLESTON BLVD APT 2072		STATE NV	ZIP 891171251
CITY LAS VEGAS		STATE NV	ZIP 891171251	PHONE (702)767-7283	EXT
Guarantor Information					
GUARANTOR NAME PETIT, PAIGE		PLN M	PHONE (702)767-7283		
ADDRESS 8301 W CHARLESTON BLVD APT 2072		STATE NV	ZIP 891171251	OCCUPATION	EXT
CITY LAS VEGAS		STATE NV	ZIP 891171251	PHONE	EXT
GUARANTOR EMPLOYER JUSTICE		ADDRESS			
CITY		STATE	ZIP	PL H	
Insurance Information					
INSURANCE NAME 1 TEAMSTERS 631 HSC		PLAN H10	PHONE (702)415-2185	POLICY# 4292337809	GROUP# V200
MAILING ADDRESS P O BOX 1618		CITY SAN RAMON	STATE CA	ZIP 94583	
SUBSCRIBER NAME ADRIANZEN, KEVIN		MAIL TO NAME TEAMSTERS 631 HSC		INS SEX M	DOB 19930408
COB F10 (702)415-2185		EXT	INS VERIFIED	SUBSCRIBER PLN F	
INSURANCE NAME 2		PLAN	PHONE	POLICY#	GROUP#
MAILING ADDRESS		CITY	STATE	ZIP	
SUBSCRIBER NAME		MAIL TO NAME		INS SEX	DOB
COB PAYOR ID		UR PHONE	EXT	INS VERIFIED	SUBSCRIBER PLN
INSURANCE NAME 3		PLAN	PHONE	POLICY#	GROUP#
MAILING ADDRESS		CITY	STATE	ZIP	
SUBSCRIBER NAME		MAIL TO NAME		INS SEX	DOB
COB PAYOR ID		UR PHONE	EXT	INS VERIFIED	SUBSCRIBER PLN
Admitting Information					
ADMIT DATE 07/15/2017	TIME 1428	SEC ED	PT TYPE T	PRE X	ACCIDENT INFO E
ATTENDING PHYSICIAN MILLER RANDALL		ATTENDING# 092700	REF SRC	ADM BY	PREV ADM DATE
ADM DIAGNOSIS BACK PAIN P MVC		HOSP SVC EMR	DIAGNOSTIC CODE	SURGERY DATE //	BLDERS N
ADMITTING PHYSICIAN MILLER RANDALL		ADMITTING# 092700	DISCHARGE DATE //	PREV DISCHARGE DATE	DISCHARGE DISP A
PROCEDURE		CLINICAL COMMENT		MODE OF ARRIVAL / DEPARTURE POV PRIVATE VEHICLE	
REFERRING PHYSICIAN NO REFERRING		REFERRING# 999670	FAMILY DOCTOR DAN PRASHANT		FAMILY DOCTOR# 116426
REL OF BODY	ADM DIR	LIVING WILL	LOCATION OF WILL / DIRECTIVE		

Summerlin Hospital Medical Center
657 Town Center Drive
Las Vegas, NV 89144



EL0012

Page 1 of 1

MEDICAL
RECORD

UHS-9002
Rev. 01/13

Patient Identification



14268486-6072607

PETIT, RYDER BLAKE
DOB: 09/22/2013 3Y SX: M EMR
MRN: 6072607 ADM/REG DT: 07/15/2017
Summerlin Hospital Medical Center

Patient: PETIT, RYDER BLAKE
 MRN: SVH35317374; SHM6072607
 DOB/Sex: 9/22/2013 / Male
 Attending: Miller MD,Randall S

Admit: 7/15/2017

Disch: 7/15/2017

FIN: SHM0000014268486

ED Physician Record

DOCUMENT NAME: ED Physician Record
 SERVICE DATE/TIME: 7/15/2017 14:46 PDT
 RESULT STATUS: Auth (Verified)
 PERFORM INFORMATION: Miller MD,Randall S (7/15/2017 14:52 PDT)
 SIGN INFORMATION: Miller MD,Randall S (7/15/2017 14:52 PDT)

Motor vehicle crash - minor

Patient: PETIT, RYDER BLAKE MRN: SHM6072607 FIN: SHM0000014268486
 Age: 3 years Sex: Male DOB: 09/22/13
 Associated Diagnoses: None
 Author: Miller MD, Randall S

Basic Information

Time seen: Date & time 07/15/17 14:40:00, Provider Assignment
 Miller MD, Randall S assigned at 07/15/2017 14:40

History source: Patient, mother, father.

Arrival mode: Private vehicle.

History limitation: Patient's age.

Additional Information: Chief Complaint from Nursing Triage Note : Chief Complaint

07/15/17 14:33 PDT Chief Complaint mvc, back pain, rear ended pt restrained in rear drivers side . Portions of of this chart may have been transcribed using voice to text recognition software and may contain inadvertent recognition errors..

History of Present Illness

This patient is a 3-1/2-year-old male who presents with his parents for evaluation after motor vehicle accident. The mother was reportedly driving on the inner state in heavy traffic. The traffic came to a halt. The mother stated she came to halt but the driver behind her struck her vehicle. She attempted to move her vehicle to the side of the road and it was struck in the rear again. The vehicle remains drivable. There was no intrusion to the passenger compartment. This patient was restrained in a forward facing car seat. There was no loss of consciousness. The patient was ambulatory at the scene. The car seat did not become dislodged. Last night the patient reportedly complained of low back pain. Patient denies low back pain today. Patient is ambulatory with no evidence of injury or discomfort. The parents note there has been no evidence of bruising, swelling, or abrasions.

Review of Systems

Constitutional symptoms: No fever,

Respiratory symptoms: No shortness of breath,

Cardiovascular symptoms: No chest pain,

Gastrointestinal symptoms: No vomiting, no diarrhea.

Musculoskeletal symptoms: Back pain.

Additional review of systems information: Review of systems obtained from parent..

Health Status

Allergies:

Allergic Reactions (Selected)

No Known Allergies.

Medications: Review/Insert Medication List (Selected)

Prescriptions

Prescribed

Pediatric Multiple Vitamins with Iron oral liquid: 1 mL, Oral, Daily, 30 mL.

Immunizations: Up to date.

Past Medical/ Family/ Social History

Patient: PETIT, RYDER BLAKE
 MRN: SVH35317374; SHM6072607
 DOB/Sex: 9/22/2013 / Male
 Attending: Miller MD,Randall S

Admit: 7/15/2017

Disch: 7/15/2017

FIN: SHM0000014268486

ED Physician Record

Medical history

Negative.

Medical history: PMH/Problems ST

No problems documented.

Surgical history: Negative.**Family history:**

No family history items have been selected or recorded..

Social history: Family/social situation: Lives with parent(s).**Social history:** Social History ST

No Data Available

Reviewed as documented in chart.

Physical Examination**Vital Signs**

Vital Signs

07/15/17 14:32 PDT

Temperature (Route Not Specified)

36.8 DegC

Temperature Convert C to F

98.2 DegF

Temperature Method

Temporal Artery

Peripheral Pulse Rate

90 bpm

Respiratory Rate

24 br/min

Measurements

07/15/17 14:33 PDT

Height

96.52 cm

Height Method

Measured

BSA Measured

0.68 m2

Body Mass Index Measured

18.25 kg/m2

07/15/17 14:33 PDT

Weight

17 kg

Daily Weight kg

17 kg

Weight Method

Measured

Weight Method

Measured

Basic Oxygen Information

07/15/17 14:32 PDT

Oxygen Therapy

Room air

SpO2

97 %

General: Alert, appropriate for age, Ambulating down the hallway without evidence of discomfort or problems..**Glasgow coma scale:** Total score: Total score: 15.**Neurological:** No focal neurological deficit observed, CN II-XII intact, normal speech observed.**Skin:** Warm, dry, pink, intact, no rash.**Head:** Normocephalic, atraumatic.**Neck:** Supple, trachea midline, no tenderness.**Eye:** Pupils are equal, round and reactive to light, extraocular movements are intact, normal conjunctiva, no hyphema.**Cardiovascular:** Regular rate and rhythm, No murmur, Normal peripheral perfusion.**Respiratory:** Lungs are clear to auscultation, respirations are non-labored.**Chest wall:** No tenderness.**Back:** Nontender, Normal alignment, no step-offs.**Musculoskeletal:** Normal ROM, normal strength, no tenderness, no swelling, no deformity, No large joint tenderness. No long bone tenderness..**Gastrointestinal:** Soft, Nontender, No organomegaly.**Lymphatics:** No lymphadenopathy.**Psychiatric:** Cooperative.

Pulse ox 97% on room air at 2:32 PM. Normal oxygenation.

Medical Decision Making

Print Date/Time 8/31/2018 12:18 PDT

Medical Record

Page 4 of 9

Patient: PETIT, RYDER BLAKE
MRN: SVH35317374; SHM6072607
DOB/Sex: 9/22/2013 / Male
Attending: Miller MD,Randall S

Admit: 7/15/2017
Disch: 7/15/2017
FIN: SHM0000014268486

ED Physician Record

Documents reviewed: None available.

Impression and Plan

No problem, feared complaint unfounded - ICD10-CM Z71.1,

Plan

Condition: Stable.

Patient was given the following educational materials: MVC, No Serious Injury, MVC, No Serious Injury.

Follow up with: Follow up with primary care provider Within 5-7 days; Alliya Tyabji, PED Within 5-7 days.

Counseled: Patient, Family, Regarding diagnosis, Regarding treatment plan, parents understood.

Disposition: Launch Disposition Order

Admit/Transfer/Observation:

Discharge Request (Order): 07/15/17 14:52 PDT, Home Routine.

Electronically Signed By: Miller, Randall MD

On: 07.15.2017 14:52 PDT

Patient: PETIT, RYDER BLAKE
MRN: SVH35317374; SHM6072607
DOB/Sex: 9/22/2013 / Male
Attending: Miller MD,Randall S

Admit: 7/15/2017
Disch: 7/15/2017
FIN: SHM0000014268486

ED Triage Note

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 7/15/2017 14:49 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)
SIGN INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)

ED Social History Entered On: 7/15/2017 14:49 PDT
Performed On: 7/15/2017 14:49 PDT by Bowen RN, Jane

Social History

Smoking History--MU : N/A
Tobacco Use Screening : Yes
Cultural Practices to be honored? : No
Is Blood Transfusion Acceptable to Patient : Yes

Bowen RN, Jane - 7/15/2017 14:49 PDT

Social History

(As Of: 7/15/2017 14:49:47 PDT)

Tobacco Use Screening

Tobacco Use Last 30 Days : No tobacco use of any form

Bowen RN, Jane - 7/15/2017 14:49 PDT

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 7/15/2017 14:49 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)
SIGN INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)

ED Languages Entered On: 7/15/2017 14:49 PDT
Performed On: 7/15/2017 14:49 PDT by Bowen RN, Jane

Languages

Mode of Communication for Preferred Lang : Verbal
Preferred Languages : N/A due to age or patient condition
Mode of Communication for Parent/Guardian : Verbal
Parent/Guardian/Surrogate Preferred Languages : English

Bowen RN, Jane - 7/15/2017 14:49 PDT

SHM- Summerlin Hospital Medical Center

Patient: PETIT, RYDER BLAKE
MRN: SVH35317374; SHM6072607
DOB/Sex: 9/22/2013 / Male
Attending: Miller MD,Randall S

Admit: 7/15/2017
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ED Triage Note

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 7/15/2017 14:49 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)
SIGN INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)

ED Triage General/Screening Peds Entered On: 7/15/2017 14:49 PDT
Performed On: 7/15/2017 14:49 PDT by Bowen RN, Jane

General/Screenings Peds

Suicidal Risk Assessment : No suicidal risk indicators identified
Document Fall Risk Screening : Pass
Immunizations Current : Yes
Clinical Trial Participant -- MU : None

Bowen RN, Jane - 7/15/2017 14:49 PDT

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 7/15/2017 14:49 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)
SIGN INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)

ED Abuse/Neglect Peds Entered On: 7/15/2017 14:49 PDT
Performed On: 7/15/2017 14:49 PDT by Bowen RN, Jane

Abuse/Neglect Assessment

Threatened/Physically Hurt in past year : No
ED DV Harm or Neglect Question : No
Abuse and Neglect Types : None

Bowen RN, Jane - 7/15/2017 14:49 PDT

DOCUMENT NAME: Triage Note
SERVICE DATE/TIME: 7/15/2017 14:49 PDT
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)
SIGN INFORMATION: Bowen RN,Jane (7/15/2017 14:49 PDT)

ED Triage RFV/Problems Entered On: 7/15/2017 14:49 PDT
Performed On: 7/15/2017 14:49 PDT by Bowen RN, Jane

Patient: PETIT, RYDER BLAKE
MRN: SVH35317374; SHM6072607
DOB/Sex: 9/22/2013 / Male
Attending: Miller MD,Randall S

Admit: 7/15/2017
Disch: 7/15/2017
FIN: SHM0000014268486

ED Triage Note**Reason for Visit/Medical History ED**

Reviewed Past Medical HX with Patient : Yes

Bowen RN, Jane - 7/15/2017 14:49 PDT
(As Of: 7/15/2017 14:49:17 PDT)

Diagnoses(Active)

Motor vehicle crash - minor

Date: 7/15/2017 ; Diagnosis Type: Reason For Visit ;
Confirmation: Confirmed ; Clinical Dx: Motor vehicle crash -
minor ; Classification: Medical ; Clinical Service: Emergency
medicine ; Code: PNED ; Probability: 0 ; Diagnosis Code:
1ADC1D2F-C5EC-4E98-A1A5-0DD0EE182AD0

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Triage Note
7/15/2017 14:33 PDT
Auth (Verified)
Rojo RN,Jaime (7/15/2017 14:33 PDT)
Rojo RN,Jaime (7/15/2017 14:33 PDT)

ED Triage Primary Pain Assessment Entered On: 7/15/2017 14:33 PDT
Performed On: 7/15/2017 14:33 PDT by Rojo RN, Jaime

Primary Pain

FACES Pain Scale Score : 2 = Hurts little bit

Rojo RN, Jaime - 7/15/2017 14:33 PDT

DOCUMENT NAME:
SERVICE DATE/TIME:
RESULT STATUS:
PERFORM INFORMATION:
SIGN INFORMATION:

Triage Note
7/15/2017 14:32 PDT
Auth (Verified)
Rojo RN,Jaime (7/15/2017 14:32 PDT)
Rojo RN,Jaime (7/15/2017 14:32 PDT)

ED Triage Vitals Entered On: 7/15/2017 14:33 PDT
Performed On: 7/15/2017 14:32 PDT by Rojo RN, Jaime

ED Vitals

Peripheral Pulse Rate : 90 bpm
O2 Therapy : Room air
Respiratory Rate : 24 br/min
SpO2 : 97 %
Temperature : 36.8 DegC

SHM- Summerlin Hospital Medical Center

Patient: PETIT, RYDER BLAKE
MRN: SVH35317374; SHM6072607
DOB/Sex: 9/22/2013 / Male
Attending: Miller MD,Randall S

Admit: 7/15/2017
Disch: 7/15/2017
FIN: SHM0000014268486

ED Triage Note

Temperature Convert C to F : 98.2 DegF
Temperature Method : Temporal Artery

Rojo RN, Jaime - 7/15/2017 14:32 PDT

EXHIBIT 8



HealthCare Partners.
Nevada

**AUTHORIZATION FOR USE OR DISCLOSURE
OF PROTECTED HEALTH INFORMATION**

* STAT
Patient Name: Ryder, Jett - Adrianzen
MRN: 00-402005 DOB: 09/02/13
Address: 9145 West Richard Ave.
City: Las Vegas State: NV
Zip: 89175 Phone: (702) 416-3720
Email: Kevin.daniel.Adrianzen@gmail.com

HealthCare Partners and its entities will not condition treatment, payment, enrollment or eligibility for benefits on providing, or refusing to provide this authorization.

This authorizes the following HealthCare Partners clinic(s)/affiliate(s): Durango Pediatrics
5575 So. Durango Dr., Suite 103
Las Vegas, NV 8913
Ph. 702-435-5437 / Ex. 702-851-9840
to disclose information as specified below for the following purpose(s):
☐ Personal ☐ Legal ☐ Insurance purposes
☐ Continued medical care
☐ Other _____

HealthCare Partners may disclose this information to:
☒ Check if same as above (disclosure to patient)

Recipient
Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Copies of records or medical record information within the following dates: 9-22-13 to 9-10-18

☒ Medical office/Clinical records ☒ Hospital records ☐ All records for specified physician or facility/clinic
☒ Records limited to a specific provider _____ or Department: _____
☒ X-ray films ☐ X-ray digital images ☒ Laboratory results ☒ Billing/Claims information

Note: Hospital and medical office records may include disclosure of information related to mental health, alcohol/drug, and HIV references contained within those records as part of this authorization.

The actual treatment records from restricted or sensitive health information are specifically protected, and will not be disclosed unless you sign below.

Mental/behavioral Health records
Alcohol/drug dependency treatment records
HIV testing results/AIDS treatment
Sexually transmitted disease (STD)
Genetic testing/test results

→ Signature: _____
→ Signature: _____
→ Signature: _____
→ Signature: _____
→ Signature: _____

Media type: ☐ Electronic ☐ Paper Delivery preference: ☒ Email/secure portal/encrypted ☒ US Mail ☒ Pickup

Duration: This authorization shall remain in effect for one year from the date of signature unless a different date is specified here ____/____/____ (date).

Revocation: Patient or Personal Representative can revoke this authorization upon written request. If you revoke, it will not affect information disclosed before the receipt of the written request.

Re-disclosure: Once this health information is disclosed, how the recipient further discloses it may no longer be protected under federal privacy law (HIPAA). California recipients are required to obtain your authorization before disclosing this information.

Fee disclaimer: Federal and state laws permit HealthCare Partners to charge a reasonable fee for copying/releasing records. State regulated fees for labor and supplies may apply. You will be notified in advance regarding any fees and payment as required.

A copy of this authorization is as valid as an original. I have the right to receive a copy of this authorization.

9-10-18
Date

Signature

Kevin Adrianzen Father
If not the patient, print your name and relationship.
Verification of Right to Request, if not patient, e.g. legal documentation, required.

Office use only: Date received: ____/____/____ Received by (Print name/Initial): ____/____



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 07/25/2018 4:30PM

Chief Complaint

Parents state "referral for psych and speech pathology".

Vitals

NV Note Vitals Signs

Recorded: 25Jul2018 04:38PM

Temperature: 99.4 F, Temporal

Weight: 41 lb 12.96 oz

2-20 Weight Percentile: 63 %

Vitals Comment: 18.96kg

Accompanied By: Parents

Accompanied By Phone Number: Paige/Kevin 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

referral for speech pathology and psychiatry per father
worried about speech and stuttering
also gets emotional between parent homes (parents divorced)

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

2. Wheezing (R06.2)

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Family discord (Z63.8)

2. Living Situations

- lives with mom with her family. father limited involved - separate home. dad in military and buffalo wild wings.

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear appropriate for age.

Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jul 25 2018 4:30PM

EMRN: 80-1492995

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.
Nose: Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.
Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions. Dentition in good repair.
Neck: Symmetric without masses or malformations. Full range of motion.
Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.
Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs. Femoral pulses present bilaterally and equal, and capillary refill brisk.
Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.
Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Assessment

1. Stuttering (F80.81)
2. Impaired speech articulation (F80.0)
3. Emotional trouble (R45.89)
4. Family discord (Z63.8)

Plan

Emotional trouble

- **99213 EST PT OFFICE VISIT - EXPANDED; Status:Complete; Done: 25Jul2018

Emotional trouble, SocHx: Family discord

- Referral Other Evaluation and Treatment Referral Status: Complete Done: 27Jul2018

Impaired speech articulation, Stuttering

- Speech Therapy Referral Evaluation and Treatment Referral Status: Complete Done: 27Jul2018

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
1=Medicaid enrolled condition. Sc.

Discussion/Summary

Suspect issues more related to family discord between parents.... but wil refer for family counselling
also speech could be done through child find but wants private referral

Future Appointments

Date/Time	Provider	Specialty	Site
09/25/2018 03:40 PM	DANI, PRASHANT, M.D.	Pediatrics	NV DURANGO

Signatures

Electronically signed by : Taneya Brown, MA; Jul 25 2018 4:39PM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Sep 10 2018 4:42AM PST (Author)



HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 10/03/2017 10:50AM

Reason For Visit
Well Child Checkup.

Vitals
NV Note Vitals Signs

	Recorded: 03Oct2017 11:05AM
Temperature	98.2 F, Temporal
Systolic	96, LUE, Standing
Diastolic	60, LUE, Standing
Height	3 ft 5.25 in
Weight	36 lb 6.08 oz
BMI Calculated	15.03
BSA Calculated	0.69
BMI Percentile	29 %
2-20 Stature Percentile	68 %
2-20 Weight Percentile	52 %
Vitals Comment	16.50kg
Accompanied By	Mother
Accompanied By Phone Number	paige 702-767-7283

Allergies
1. No Known Drug Allergies

History of Present Illness

well check. dpoig well

Past Medical History

- History of Birth History
 - in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative
- Wheezing (R06.2)

Family History

- Family history of Denial Of Any Significant Medical History

HM Note 04 Years Established

Patient: RYDER B. PETIT ADRIANZEN

DOS: Oct 3 2017 10:50AM

EMRN: 80-1492995

Social History

1. Living Situations

- lives with mom with her family. father limited involved - separate home. dad in military and buffalo wild wings.

Developmental Milestones

4 Year Developmental Milestones:

Normal social/emotional, language, cognition and physical development

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear appropriate for age.

HEENT:

Head: Normocephalic, normal facies.

Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose: Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.

Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions. Dentition in good repair.

Neck: Symmetric without masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses or tenderness. No deformity noted.

Pulmonary: the lungs are clear to auscultation in all fields, without wheezing, rales, stridor, rhonchi, or respiratory distress. There are no retractions.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs. Femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness. no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally with no masses. No hernia.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (Z00.129)

Plan

Health Maintenance

1. Anticipatory Guidance items discussed - Discussed and reviewed anticipatory guidance with caregiver.; Status:Complete; Done: 03Oct2017
Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;
2. ***VFC VACCINE***; Status:Complete; Done: 03Oct2017
Perform:Not Applicable; Due:08Oct2017; Last Updated By:Ramos, Vanessa; 10/3/2017 11:49:55 AM; Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;
3. **99392 PERIODIC PREV MED EVAL PT 1YR - 4YRS; Status:Complete; Done: 03Oct2017
Perform:Not Applicable; Due:08Oct2017; Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;
4. Administered: DTaP-IPV (Kinrix)

HM Note 04 Years Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 3 2017 10:50AM

EMRN: 80-1492995

For: Health Maintenance; Ordered By: DANI, PRASHANT; Effective Date: 03Oct2017; Administered by: Ramos, Vanessa MA: 10/3/2017 11:48:00 AM; Last Updated By: Ramos, Vanessa, 10/3/2017 11:49:55 AM
5. Administered: ProQuad Subcutaneous Injectable
For: Health Maintenance; Ordered By: DANI, PRASHANT; Effective Date: 03Oct2017; Administered by: Ramos, Vanessa MA: 10/3/2017 11:49:00 AM; Last Updated By: Ramos, Vanessa, 10/3/2017 11:49:55 AM

Discussion/Summary

Wants to wait on flu shot.

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
1=Medicaid enrolled condition. Nv.

Future Appointments

Date/Time	Provider	Specialty	Site
10/24/2017 11:20 AM	, , M.D.		NV DURANGO

Signatures

Electronically signed by : Vanessa Ramos, MA; Oct 3 2017 11:06AM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Oct 23 2017 1:51AM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 12/30/2016 11:40AM

Chief Complaint

Rash/skin irritation.

Vitals

NV Note Vitals Signs

Recorded: 30Dec2016 12:03PM

Temperature: 98.8 F, Temporal

Weight: 32 lb 13 oz

2-20 Weight Percentile: 50 %

Vitals Comment: 15 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

itchy skin rash for a week, some days it doesn't itch until the night time or during the day

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

2. Wheezing (R06.2)

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father limited involved - separate home. dad in military and buffalo wild wings.

Review of Systems

Pertinent ROS noted within History of Present Illness.

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Dec 30 2016 11:40AM

EMRN: 80-1492995

appropriate for age.

HEENT:

Head: Normocephalic, normal facies.

Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose: Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.

Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact.

Mucous membranes moist without lesions. Dentition in good repair.

Skin: diffuse small, scabbing and red bump in clusters on the wrists, back of hands, finger, extremities and abdomen.

Assessment

1. Scabies (B86)

Plan

Scabies

- Start: Permethrin 5 % External Cream; MASSAGE INTO SKIN FROM HEAD TO SOLES OF FEET. WASH OFF AFTER 8-14 HOURS. REPEAT IN 1 WEEK
- **99213 EST PT OFFICE VISIT - EXPANDED; Status: Complete; Done: 30Dec2016

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. Multitplan.

Discussion/Summary

Treat the whole family and sanitize all linens; apply permethrin as instructed may repeat in 1 week.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Dec 30 2016 12:04PM PST (Co-author)

Electronically signed by : YANYAN SHI, MD; Dec 30 2016 12:20PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 10/04/2016 11:20AM

Reason For Visit
Well Child Checkup.

Vitals
NV Note Vitals Signs

	Recorded: 04Oct2016 11:38AM
Temperature	97.6 F, Temporal
Systolic	90, LUE, Sitting
Diastolic	40, LUE, Sitting
Height	3 ft 1.75 in
Weight	32 lb 12.96 oz
BMI Calculated	16.19
BSA Calculated	0.62
BMI Percentile	57 %
2-20 Stature Percentile	53 %
2-20 Weight Percentile	60 %
Vitals Comment	14.9 kg
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies
1. No Known Drug Allergies
Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

well check . doing well

Past Medical History

- History of Birth History
 - in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative
- Wheezing (R06.2)

Family History

- Family history of Denial Of Any Significant Medical History

HM Note 03 Years Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 4 2016 11:20AM

EMRN: 80-1492995

Social History

1. Living Situations

- lives with mom with her family. father limited involved - separate home. dad in military and buffalo wild wings.

Developmental Milestones

General Development:

some stuttering . normal neurologic development. normal social skills development.

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear appropriate for age.

HEENT:

Head: Normocephalic, normal facies.

Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose: Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.

Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact.

Mucous membranes moist without lesions. Dentition in good repair.

Neck: Symmetric without masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses or tenderness. No deformity noted .

Pulmonary: the lungs are clear to auscultation in all fields, without wheezing, rales, stridor, rhonchi, or respiratory distress. There are no retractions.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs. Femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally with no masses. No hernia.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (Z00.129)

Plan

Health Maintenance

- ***PRIVATE VACCINE***; Status:Complete; Done: 04Oct2016

Perform:Not Applicable; Due:09Oct2016; Last Updated By:Elliott, Joanna; 10/4/2016 5:12:38 PM;Ordered For:Health Maintenance; Ordered By:DANI, PRASHANT;

- **99392 PERIODIC PREV MED EVAL PT 1YR - 4YRS; Status:Complete; Done:

04Oct2016

Perform:Not Applicable; Due:09Oct2016;Ordered For:Health Maintenance; Ordered By:DANI, PRASHANT;

- Anticipatory Guidance items discussed - Discussed and reviewed anticipatory guidance with caregiver.; Status:Complete; Done: 04Oct2016

Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- Administered: Influenza

HM Note 03 Years Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 4 2016 11:20AM

EMRN: 80-1492995

For: Health Maintenance; Ordered By: DANI, PRASHANT; Effective Date: 04Oct2016; Administered by: Elliott, Joanna CMA: 10/4/2016 5:11:00 PM; Last Updated By: Elliott, Joanna: 10/4/2016 5:12:38 PM

Discussion/Summary

Discussed stuttering and watching for now (mostly does when excited) - advised to slow him down
f/u prn and age 4.

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Signatures

Electronically signed by : Joanna Elliott, CMA; Oct 4 2016 11:39AM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Oct 4 2016 11:12PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -

700 Building

700 E Warm Springs Rd Ste 110

Las Vegas, NV 89119-4311

(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN

7645 STETSON BLUFF AVE

LAS VEGAS, NV 89148

Home: (702) 767-7283

MRN: 80-1492995

DOB: Sep 22, 2013

DOS: 12/11/2015 1:50PM

Reason For Visit

Rt eye infection.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded: 11Dec2015 02:05PM

Temperature: 98.6 F, Temporal

Weight: 34 lb 10.08 oz

2-20 Weight Percentile: 95 %

Vitals Comment: 15.7 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

after last visit used tobramycin b/c compress didn't help. at first helped but now worse again. no drops in 1 week

Past Medical History

1. History of birth history

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

2. Wheezing (R06.2)

Family History

1. Family history of denial of any significant medical history

Social History

1. living situations

- lives with mom with her family. father limited involved - separate home. dad in military and buffalo wild wings.

Physical Exam

Eyes: Pimple type lesion on external of upper right lid. some mild inflammation of ocnjunctiva. no d/c.

Assessment

1. Blepharitis of right upper eyelid (H01.001)

Plan

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Dec 11 2015 1:50PM

EMRN: 80-1492995

Blepharitis of right upper eyelid

- Start: Cefdinir 250 MG/5ML Oral Suspension Reconstituted; TAKE 2 ML Twice daily
- Start: Erythromycin 5 MG/GM Ophthalmic Ointment; APPLY SPARINGLY TO RIGHT EYE
TID
- **99212 EST PT OFFICE VISIT - FOCUSED; Status:Complete; Done: 11Dec2015
02:14PM

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Warm compress
call me if not better in 3 days.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Dec 11 2015 2:06PM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Dec 11 2015 2:17PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 11/13/2015 1:30PM

Reason For Visit

Rt eye lid swollen.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded: 13Nov2015 01:38PM

Temperature: 97.5 F, Temporal

Weight: 26 lb 13 oz

2-20 Weight Percentile: 28 %

Vitals Comment: 12.2 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

right upper eyelid swollen and slightly red for the last 2 days; no fever, no cough, no runny nose. No daycare.

Past Medical History

1. History of birth history

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

2. Wheezing (R06.2)

Family History

1. Family history of denial of any significant medical history

Social History

1. living situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Review of Systems

Pertinent ROS noted within History of Present Illness.

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Nov 13 2015 1:30PM

EMRN: 80-1492995

appropriate for age.

HEENT:

Head - Normocephalic, normal facies.

Eyes: Right upper eyelid, conjunctiva clear, no d/c.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose - Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact.

Mucous membranes moist without lesions. Dentition in good repair.

Neck: Symmetric without masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs. Femoral pulses present bilaterally and equal, and capillary refill brisk.

Assessment

1. Blepharitis of right upper eyelid (H01.001)

Plan

Blepharitis of right upper eyelid

- **99213 EST PT OFFICE VISIT - EXPANDED; Status:Complete; Done: 13Nov2015

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.

0=Does not qualify condition. SHL.

Discussion/Summary

Warm compress BID daily, if sxs do not improve tobramycin QID.

Counseling

ANTICIPATORY CARE ITEMS DISCUSSED: Discussed and reviewed anticipatory guidance appropriate for age with caregiver.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Nov 13 2015 1:42PM PST (Co-author)

Electronically signed by : YANYAN SHI, MD; Nov 13 2015 1:54PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 09/23/2015 1:50PM

Reason For Visit
Well Child Checkup.

Vitals
NV Note Vitals Signs [Data Includes: Current Encounter]

	Recorded: 23Sep2015 01:55PM
Temperature	97.6 F, Temporal
Height	3 ft
2-20 Stature Percentile	92 %
Weight	26 lb 3.04 oz
2-20 Weight Percentile	28 %
BMI Calculated	14.21
BMI Percentile	1 %
BSA Calculated	0.54
Vitals Comment	11.87 Kg
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies

1. No Known Drug Allergies
Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

well check.

Past Medical History

1. History of Birth History
 - in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative
2. Wheezing (786.07)

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

HM Note 24 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Sep 23 2015 1:50PM

EMRN: 80-1492995

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Developmental Milestones

General Development: Normal neurologic development. Normal language development. Normal social skills development.

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear appropriate for age.

HEENT:

Head - Normocephalic, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose - Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact.

Mucous membranes moist without lesions. Dentition in good repair.

Neck: Symmetric without masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs. Femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally with no masses. No hernia.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Benign mole on right arm.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (V20.2)

Plan

Health Maintenance

- ***PRIVATE VACCINE***; Status:Complete; Done: 23Sep2015

Perform:Not Applicable; Due:28Sep2015; Last Updated By:Albright, Savannah; 9/23/2015 2:27:44 PM; Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- **99392 PERIODIC PREV MED EVAL PT 1YR - 4YRS; Status:Complete; Done:

23Sep2015

Perform:Not Applicable; Due:28Sep2015; Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- Anticipatory Guidance items discussed - Discussed and reviewed anticipatory guidance with caregiver.; Status:Complete; Done: 23Sep2015

Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- Administered: Influenza (Split PF)

For: Health Maintenance; Ordered By:DANI, PRASHANT; Effective Date:23Sep2015; Administered by: Albright, Savannah MA: 9/23/2015 2:26:00 PM; Last Updated By: Albright, Savannah, 9/23/2015 2:27:44 PM

HM Note 24 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Sep 23 2015 1:50PM

EMRN: 80-1492995

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Signatures

Electronically signed by : Savannah Albright, MA; Sep 23 2015 1:57PM PST (Author)
Electronically signed by : PRASHANT DANI, M.D.; Sep 23 2015 3:03PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 09/23/2015 1:50PM

Reason For Visit
Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

	Recorded: 23Sep2015 01:55PM
Temperature	97.6 F, Temporal
Height	3 ft
2-20 Stature Percentile	92 %
Weight	26 lb 3.04 oz
2-20 Weight Percentile	28 %
BMI Calculated	14.21
BMI Percentile	1 %
BSA Calculated	0.54
Vitals Comment	11.87 Kg
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies

1. No Known Drug Allergies
Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

well check.

Past Medical History

1. History of Birth History
 - in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative
2. Wheezing (786.07)

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

HM Note 24 Months Established

Patient: RYDER B. PETIT ADRIANZEN

DOS: Sep 23 2015 1:50PM

EMRN: 80-1492995

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Developmental Milestones

General Development: Normal neurologic development. Normal language development. Normal social skills development.

Physical Exam

General: Alert, active, well nourished and in no acute distress. Social interactions and development appear appropriate for age.

HEENT:

Head - Normocephalic, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose - Nose symmetric, nares patent, septum midline without deviation, lesions, or discharge.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact.

Mucous membranes moist without lesions. Dentition in good repair.

Neck: Symmetric without masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs. Femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally with no masses. No hernia.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Benign mole on right arm.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (V20.2)

Plan

Health Maintenance

- ***PRIVATE VACCINE***; Status:Complete; Done: 23Sep2015

Perform:Not Applicable; Due:28Sep2015; Last Updated By:Albright, Savannah; 9/23/2015 2:27:44 PM; Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- **99392 PERIODIC PREV MED EVAL PT 1YR - 4YRS; Status:Complete; Done:

23Sep2015

Perform:Not Applicable; Due:28Sep2015; Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- Anticipatory Guidance items discussed - Discussed and reviewed anticipatory guidance with caregiver.; Status:Complete; Done: 23Sep2015

Ordered; For:Health Maintenance; Ordered By:DANI, PRASHANT;

- Administered: Influenza (Split PF)

For: Health Maintenance; Ordered By:DANI, PRASHANT; Effective Date:23Sep2015; Administered by: Albright, Savannah MA: 9/23/2015 2:26:00 PM; Last Updated By: Albright, Savannah; 9/23/2015 2:27:44 PM

HM Note 24 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Sep 23 2015 1:50PM

EMRN: 80-1492995

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Signatures

Electronically signed by : Savannah Albright, MA; Sep 23 2015 1:57PM PST (Author)
Electronically signed by : PRASHANT DANI, M.D.; Sep 23 2015 3:03PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 04/10/2015 8:40AM

Reason For Visit

Per mother, congestion and wheezing. Hands and feet itching.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded: 10Apr2015 08:54AM

Temperature: 97.4 F, Temporal

Heart Rate: 107

Respiration: 32

O2 Saturation: 100, RA

Weight: 24 lb 6 oz

0-24 Weight Percentile: 50 %

Vitals Comment: 11 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

Cong and wheezing x 3-4 days.. using nebs 1x/day

some hands and feet itching

slight rn

no fever.

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

2. Wheezing (786.07)

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Physical Exam

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Apr 10 2015 8:40AM

EMRN: 80-1492995

General: Alert, active, well nourished, interactive and in no acute distress.
Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.
Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.
Nose: Mild congestion. no d/c.
Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.
Neck: Symmetric without masses or masses or malformations. Full range of motion.
Chest: Mild wheeze. no crackles.
Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.
Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.
Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.
Additional Findings - palms and soles slight red - no blisters. no vesicles.

Assessment

1. Wheezing (786.07)
2. Contact dermatitis (692.9)

Plan

Contact dermatitis, Wheezing

- **99213 EST PT OFFICE VISIT - EXPANDED; Status:Complete; Done: 10Apr2015 12:31PM

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Use nebs 1-2x/day only. supp care for uri.
since hands/feet improving watch for now
call me if any problems.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Apr 10 2015 8:59AM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Apr 10 2015 12:31PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 03/25/2015 9:30AM

Reason For Visit
Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

	Recorded: 25Mar2015 09:50AM
Temperature	98.1 F, Temporal
Height	2 ft 7.75 in
0-24 Length Percentile	27 %
Weight	23 lb 9.92 oz
0-24 Weight Percentile	43 %
BMI Calculated	16.48
BSA Calculated	0.47
Vitals Comment	10.71 kg
Head Circumference	19.25 in
0-24 Head Circumference Percentile	87 %
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies

1. No Known Drug Allergies
Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

18mo well check... still nursing
some congested. no nebs recently. no fever.

Past Medical History

1. History of Birth History
 - in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative
2. Wheezing (786.07)

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

HM Note 18 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Mar 25 2015 9:30AM

EMRN: 80-1492995

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Developmental Milestones

General Development: Normal neurologic development. Normal language development. Normal social skills development.

Physical Exam

General: Alert, active, well nourished, interactive and in no acute distress.

HEENT:

Head - Normocephalic, no skull flattening, shape symmetric, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose: Congestion.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: Very slight wheeze. no crackles no rhonchi.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia or masses. Normally positioned anus.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (V20.2)
2. Wheezing (786.07)
3. Well child visit (V20.2)

Plan

Health Maintenance

- ***PRIVATE VACCINE***; Status:Complete; Done: 25Mar2015
Perform:Not Applicable; Due:30Mar2015; Last Updated By:Elliott, Joanna; 3/25/2015 10:55:36 AM; Ordered:
For:Health Maintenance; Ordered By:DANI, PRASHANT;

Well child visit

- Anticipatory Guidance items discussed - Discussed and reviewed anticipatory guidance with caregiver and Anticipatory Guidance handout given.; Status:Complete; Done: 25Mar2015

Ordered; For:Well child visit; Ordered By:DANI, PRASHANT;

- **99392 PERIODIC PREV MED EVAL PT 1YR - 4YRS; Status:Complete; Done: 25Mar2015

Perform:Not Applicable; Due:30Mar2015; Ordered; For:Well child visit; Ordered By:DANI, PRASHANT;

HM Note 18 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Mar 25 2015 9:30AM

EMRN: 80-1492995

- Administered: Hepatitis A

For: Well child visit; Ordered By: DANI, PRASHANT; Effective Date 25Mar2015; Administered by: Elliott, Joanna CMA: 3/25/2015 10:54:00 AM; Last Updated By: Elliott, Joanna, 3/25/2015 10:55:13 AM

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Use albuterol 1-2x/day for few days
can get shot.

Signatures

Electronically signed by : Princess Aguila, MA; Mar 25 2015 9:55AM PST (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Mar 25 2015 11:38AM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 03/03/2015 7:40AM

Chief Complaint

1. Cold Symptoms
2. Cough

Mom states "cough, congestion and runny nose X 2 weeks."
med: none.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded: 03Mar2015 07:45AM

Temperature: 97.3 F, Temporal

Heart Rate: 155

Respiration: 32

O2 Saturation: 99

Weight: 22 lb 10.08 oz

0-24 Weight Percentile: 33 %

Vitals Comment: 10.3 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

Coughm, cong, m x 2weeks. no fever.

dad took to urgent care yest and has Rx's but not picked up and mother unsure what Rx's for

also in ER recently for r/o abuse visit - per mother father reported b/c of some truncal bruising. per mother ER skeletal survey negative and CPS deciding still if will investigate.

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Physical Exam

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Mar 3 2015 7:40AM

EMRN: 80-1492995

Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears: Left tm slight dull.

Nose: Thick discharge.

Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact.

Mucous membranes moist without lesions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: Coarse breath sounds - no wheeze. except very mild if/when cries.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Skin: Small bruise right side of chest - yellow stage. about quarter sized. irregular borders.

Assessment

1. Acute left otitis media (382.9)
2. Purulent rhinitis (472.0)

Plan

Purulent rhinitis

- **99213 EST PT OFFICE VISIT - EXPANDED; Status:Complete; Done: 03Mar2015 12:13PM

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Hold off any prescription, mom to call with what waiting at pharmacy and then we can decide what needed.

Signatures

Electronically signed by : Joanna Elliott, CMA; Mar 3 2015 7:48AM PST (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Mar 3 2015 12:14PM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 02/13/2015 8:10AM

Reason For Visit

Cough x 5 days, runny nose.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded by : Hayes, Danielle at 13Feb2015 08:10AM

Temperature: 97.8 F, Temporal

Heart Rate: 149

Respiration: 36

O2 Saturation: 98, RA

Weight: 22 lb 13 oz

0-24 Weight Percentile: 39 %

Vitals Comment: 10.3 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

Cough x 5 days

runny nose x3 days

cough wet. no barking

no fever

no nebs

eating normal.

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Physical Exam

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Feb 13 2015 8:10AM

EMRN: 80-1492995

Eyes: External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.
Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.
Nose: Congestive, clear d/c.
Mouth/Throat: Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.
Neck: Symmetric without masses or masses or malformations. Full range of motion.
Chest: Mild wheeze, no crackles, no rtx.
Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Assessment

1. URI (upper respiratory infection) (465.9)
2. Wheezing (786.07)

Plan

URI (upper respiratory infection)

- **99213 EST PT OFFICE VISIT - EXPANDED Status: Complete Done: 13Feb2015 08:24AM
- QuestOnly-RSV ANTIGEN Status: Active Requested for: 13Feb2015

Wheezing

- Renew: Renew: Albuterol Sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution, 1 AMP INH every 4-6 hours prn cough and wheeze

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Supp care, nasal hygiene.
send RSV to lab
use nebs bid and prn for now
no OM
f/u prn.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Feb 13 2015 8:14AM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Feb 13 2015 8:29AM PST (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 01/08/2015 10:50AM

Chief Complaint

Mom states "Cough, congestion, runny nose x 4d. Fever yesterday."

meds none.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded by : Foster, China at 08Jan2015 11:19AM

Temperature: 98 F, Temporal

Heart Rate: 189

Respiration: 43

Respiration Quality: Normal

O2 Saturation: 98

Weight: 21 lb 9.92 oz

0-24 Weight Percentile: 29 %

Vitals Comment: 9.80 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

URI the last 4 days, low-grade fever last night 99 to 100F, no pulling ears, somewhat fussy. Runny nose, cough, and congestion. Eating less but doing ok in overall intake.

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Review of Systems

Pertinent ROS noted within History of Present Illness.

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jan 8 2015 10:50AM

EMRN: 80-1492995

Physical Exam

General: Alert, active, well nourished, interactive and in no acute distress.

HEENT:

Head - Normocephalic, no skull flattening, shape symmetric, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears: Right TM red.

Nose: Rhinorrhea.

Mouth/Throat: Copious amount of postnasal secretions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: Decreased aeration b/l with exp wheezing.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Assessment

1. URI (upper respiratory infection) (465.9)
2. Bronchiolitis (466.19)
3. Acute otitis media (382.9)

Plan

Acute otitis media

- Start: Start: Amoxicillin 400 MG/5ML Oral Suspension Reconstituted, 5.5 ML Twice daily for 10 days

Acute otitis media, Bronchiolitis

- **99213 EST PT OFFICE VISIT - EXPANDED Status: Complete Done: 08Jan2015 11:50AM

Bronchiolitis

- Renew: Renew: Albuterol Sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution; 1 AMP INH every 4-6 hours prn cough and wheeze

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. Shl.

Discussion/Summary

Alb every 4-6 hours, supportive care for URI, suction for secretions
amox rx given to mom if febrile or pulling ears, sxs worsen but discussed sxs most likely viral.

Signatures

Electronically signed by : China Foster, MA; Jan 8 2015 11:24AM PST (Co-author)

Electronically signed by : YANYAN SHI, MD; Jan 8 2015 11:50AM PST (Co-author)



HealthCare Partners

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Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 12/23/2014 9:30AM

Reason For Visit

Well Child Checkup.

Chief Complaint

per mom child on antibiotic and bottom cream.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded by : Hayes, Danielle at 23Dec2014 10:03AM

Temperature: 97.6 F, Temporal

Heart Rate: 158

Respiration: 45

O2 Saturation: 100, RA

Height: 2 ft 7 in

0-24 Length Percentile: 44 %

Weight: 21 lb 13 oz

0-24 Weight Percentile: 36 %

BMI Calculated: 15.96

BSA Calculated: 0.45

Vitals Comment: 10 kg/ resp high child crying

Head Circumference: 19.25 in

0-24 Head Circumference Percentile: 94 %

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7284

Allergies

1. No Known Drug Allergies

History of Present Illness

15mo well check.

still with some cough... after last visit - seen in Urgent Care - abx changed.also diaper cream.

last fever 3 days ago ago...

Past Medical History

1. History of Birth History

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

Physical Exam

HM Note 15 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Dec 23 2014 9:30AM

EMRN: 80-1492995

General: Alert, active, well nourished, interactive and in no acute distress.

HEENT:

Head - Normocephalic, no skull flattening, shape symmetric, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose: Mild cong.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia or masses. Normally positioned anus.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. URI (upper respiratory infection) (465.9)
2. Well child visit (V20.2)

Plan

Health Maintenance

- ***PRIVATE VACCINE*** Status: Complete Done: 23Dec2014
Perform: Not Applicable Due: 28Dec2014; Last Updated By: Elliott, Joanna; 12/23/2014 12:05:26 PM;
Ordered;For: Health Maintenance; Ordered By: DANI, PRASHANT
- **99392 PERIODIC PREV MED EVAL PT 1YR - 4YRS Status: Complete Done: 23Dec2014
Perform: Not Applicable Due: 28Dec2014; Ordered;For: Health Maintenance; Ordered By: DANI, PRASHANT
- Administered: Administered: DTaP
For: Health Maintenance; Ordered By: DANI, PRASHANT; Effective Date: 23Dec2014; Administered by: Elliott, Joanna CMA: 12/23/2014 12:04:00 PM; Last Updated By: Elliott, Joanna; 12/23/2014 12:05:01 PM
- Administered: Administered: HIB (PedvaxHIB)
For: Health Maintenance; Ordered By: DANI, PRASHANT; Effective Date: 23Dec2014; Administered by: Elliott, Joanna CMA: 12/23/2014 12:04:00 PM; Last Updated By: Elliott, Joanna; 12/23/2014 12:05:01 PM
- Administered: Administered: Prevnar 13 Intramuscular Suspension
For: Health Maintenance; Ordered By: DANI, PRASHANT; Effective Date: 23Dec2014; Administered by: Elliott, Joanna CMA: 12/23/2014 12:04:00 PM; Last Updated By: Elliott, Joanna; 12/23/2014 12:05:01 PM

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

HM Note 15 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Dec 23 2014 9:30AM

EMRN: 80-1492995

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Dec 23 2014 10:05AM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Dec 30 2014 4:06AM PST (Author)



HealthCare Partners

Nevada

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700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 12/08/2014 2:30PM

Chief Complaint

Fever and cough since friday

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded by : Gomez, Selene at 08Dec2014 03:42PM

O2 Saturation: 99

Recorded by : Gomez, Selene at 08Dec2014 02:31PM

Temperature: 99 F, Temporal

O2 Saturation: 96

Weight: 21 lb 10 oz

0-24 Weight Percentile: 36 %

Accompanied By: Father

Accompanied By Phone Number: kevin 702-332-1387

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

Coughing Rn since yesterday, thick and green d/c, fever for 2 days, 101-102, No V/D. Eating less, sleeping- more. wetting well.

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Review of Systems

Pertinent ROS noted within History of Present Illness.

Physical Exam

General: Alert, active, well nourished, interactive and in no acute distress.

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Dec 8 2014 2:30PM

EMRN: 80-1492995

HEENT:

Head - Normocephalic, no skull flattening, shape symmetric, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears: B Tm red with fluid.

Nose: Congested.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: No rales or crackles were heard bilaterally. Diffuse rhonchi bilaterally. No wheezing.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia or masses. Normally positioned anus.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Bronchiolitis (466.19)
2. Cough (786.2)
3. Acute otitis media (382.9)

Plan

Acute otitis media

- Start: Cefdinir 125 MG/5ML Oral Suspension Reconstituted; TAKE 1 TEASPOONFUL ONCE A DAY ¹

Bronchiolitis

- Start: Albuterol Sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution; 1 AMP INH every 4-6 hours prn cough and wheeze ¹
- Start: Nebulizer Device; USE AS DIRECTED ¹
- Administered: Albuterol Sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution ¹

Acute otitis media

- ~~Start: Start: Cefdinir 125 MG/5ML Oral Suspension Reconstituted; TAKE 1 TEASPOONFUL ONCE A DAY ¹~~

Bronchiolitis

- ~~Start: Start: Albuterol Sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution; 1 AMP INH every 4-6 hours prn cough and wheeze ¹~~
- ~~Start: Start: Nebulizer Device; USE AS DIRECTED ¹~~
- ~~Administered: Administered: Albuterol Sulfate (2.5 MG/3ML) 0.083% Inhalation Nebulization Solution ¹~~
- **99214 EST PT OFFICE VISIT - DETAILED Status: Complete Done: 08Dec2014
- NEBULIZER TREATMENT Status: Complete Done: 08Dec2014
- PULSE OXIMETRY Status: Complete Done: 08Dec2014 ²
- PULSE OXIMETRY Status: Complete Done: 08Dec2014 ²
- ~~PULSE OXIMETRY Status: Hold For Procedure Requested for: 08Dec2014 ²~~
- ~~PULSE OXIMETRY Status: Hold For Procedure Requested for: 08Dec2014 ²~~

Bronchiolitis, Cough

- ***MEDICATION ADMINISTERED*** Status: Complete Done: 08Dec2014

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Dec 8 2014 2:30PM

EMRN: 80-1492995

1. Amended By: MOORE, CANDACE; Dec 08 2014 5:22 PM PST
2. Amended By: MOORE, CANDACE; Dec 08 2014 5:30 PM PST

Procedure

Nebulizer Tx - Peds:

The procedure's were discussed with the parent. Albuterol 2.5mg/3ml 0.83% was administered by nebulizer for the first treatment. Oxygen saturation was 96% prior to the treatment. After the first treatment, the examination revealed no respiratory distress was noted, but subjective improvement was noted.

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition.

Discussion/Summary

Neb tx q 4 hours then wean down as coughing improves, RTC if coughing worse, any breathing problems. OTC meds prn. F/U in 1 week unless fever not resolving in 2 days.

Signatures

Electronically signed by : Selene Gomez, MA; Dec 8 2014 2:31PM PST (Co-author)
Electronically signed by : CANDACE MOORE, PA-C; Dec 8 2014 5:22PM PST (Author)
Electronically signed by : CANDACE MOORE, PA-C; Dec 8 2014 5:30PM PST (Author)



HealthCare Partners

Nevada

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700 E Warm Springs Rd Ste 110
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Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 09/23/2014 9:30AM

Reason For Visit

Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

	Recorded by : Triana, Jose at 23Sep2014 09:41AM
Temperature	97.4 F, Temporal
Height	2 ft 6.25 in
0-24 Length Percentile	67 %
Weight	20 lb
0-24 Weight Percentile	29 %
BMI Calculated	15.36
BSA Calculated	0.43
Head Circumference	18.5 in
0-24 Head Circumference Percentile	76 %
Accompanied By	Mother
Accompanied By Phone Number	paige 702 767 7283

Allergies

1. No Known Drug Allergies

History of Present Illness

Well check.. doing well. mom plans to continue some breastfeeding.

Past Medical History

1. History of Birth History
 - in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations
 - lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

HM Note 12 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Sep 23 2014 9:30AM

EMRN: 80-1492995

Developmental Milestones

General Development: Normal neurologic development. Normal language development. Normal social skills development.

Physical Exam

General: Alert, active, well nourished, interactive and in no acute distress.

HEENT:

Head - Normocephalic, no skull flattening, shape symmetric, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose - Nose symmetric, nares patent, septum midline without deviation, lesions or discharge.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia or masses. Normally positioned anus.

Hips: Symmetric anterior and buttock creases, range of motion appears to be within normal limits.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (V20.2)

Plan

Health Maintenance

- Anticipatory Guidance items discussed - Discussed and reviewed anticipatory guidance with caregiver and Anticipatory Guidance handout given. Status: Complete

Done: 23Sep2014 10:14AM

Ordered;For: Health Maintenance; Ordered By: DANI, PRASHANT

- Administer: Administer: Hepatitis A; INJECT 0.5 ML Intramuscular; To Be Done: 23Sep2014

For: Health Maintenance; Ordered By:DANI, PRASHANT; Effective Date:23Sep2014

- Administer: Administer: Influenza (Split PF); 0.25 ml IM; To Be Done: 23Sep2014

For: Health Maintenance; Ordered By:DANI, PRASHANT; Effective Date:23Sep2014

- Administer: Administer: MMR; INJECT 0.5 ML Subcutaneous; To Be Done: 23Sep2014

For: Health Maintenance; Ordered By:DANI, PRASHANT; Effective Date:23Sep2014

- Administer: Administer: Varicella; INJECT 0.5 ML Subcutaneous; To Be Done: 23Sep2014

For: Health Maintenance; Ordered By:DANI, PRASHANT; Effective Date:23Sep2014

HM Note 12 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Sep 23 2014 9:30AM

EMRN: 80-1492995

Discussion/Summary

Antic guid given.
lead risks neg.

Signatures

Electronically signed by : Jose Triana, MA; Sep 23 2014 9:42AM PST (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Sep 23 2014 10:19AM PST (Author)



HealthCare Partners

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7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 09/05/2014 10:50AM

Chief Complaint

1. Cold Symptoms
2. Cough

Mom states "runny nose and cough X 2 days, fever yesterday."
med: motrin yesterday.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded by : Elliott, Joanna at 05Sep2014 10:58AM

Temperature: 98.2 F, Temporal

Heart Rate: 116

Respiration: 28

O2 Saturation: 100, RA

Weight: 20 lb

0-24 Weight Percentile: 34 %

Vitals Comment: 9.1 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya, 10/9/2013 10:27:07 AM

History of Present Illness

Rn, cough x 2 days. fever yest 99 only.
no v/d.
eating okay

Past Medical History

1. History of Birth History

- in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

1. Living Situations

- lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Physical Exam

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Sep 5 2014 10:50AM

EMRN: 80-1492995

General - Alert and active, well nourished, in no acute distress.

Eyes: External structures intact with no abnormalities, red reflexes present bilaterally, pupils equally round and reactive, eyes aligned.

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness.

Nose: Congestion, clear d/c.

Mouth/Throat: Palate intact, mucous membranes moist without lesions. Oropharynx normal with no lesions.

Neck - Symmetric, free range of motion, no masses, no malformations.

Chest - Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.

Cardiovascular - Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal.

Abdomen - Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses.

Skin - Pink with no abnormal lesions or rashes.

Assessment

1. URI (upper respiratory infection) (465.9)

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Supp care, nasal hygiene . zarbees babies.
f/u prn.

Signatures

Electronically signed by : Joanna Elliott, CMA; Sep 5 2014 10:59AM PST (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Sep 5 2014 11:12AM PST (Author)



HealthCare Partners

Nevada

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Las Vegas, NV 89119-4311
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Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 06/17/2014 3:00PM

Chief Complaint

1. Rash

Mom states "rash all over started Sunday, fever day before."
med: none.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

Recorded by : Elliott, Joanna at 17Jun2014 03:58PM

Temperature: 97.5 F, Temporal

Weight: 16 lb 6 oz

0-24 Weight Percentile: 6 %

Vitals Comment: 7.5 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

Thursday - sunday fever... no other symptoms.. then sunday night rash.. a little better today. no itching.

Past Medical History

1. History of Birth History

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

• Living Situations

Physical Exam

General - Alert and active, well nourished, in no acute distress.

Eyes: External structures intact with no abnormalities, red reflexes present bilaterally, pupils equally round and reactive, eyes aligned.

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness.

Nose: Mild congestion, no active d/c.

Mouth/Throat: Palate intact, musous membranes moist without lesions. Oropharynx normal with no lesions.

Neck - Symmetric, free range of motion, no masses, no malformations.

Chest - Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.

Cardiovascular - Precordium quiet, no thrills, regular rate and rythm, no murmurs, femoral pulses present bilaterally and equal.

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jun 17 2014 3:00PM

EMRN: 80-1492995

Abdomen - Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses.

Skin - Macular confluent rash on trunk.. no vesicles. no pustules. blanching.

Assessment

1. Viral infection (079.99)
2. Viral exanthem (057.9)

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Discussion/Summary

Supp care.discussed rash. call if changes.

Signatures

Electronically signed by : Joanna Elliott, CMA; Jun 17 2014 4:01PM PST (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Jun 20 2014 5:43AM PST (Author)



HealthCare Partners

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Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 06/14/2014 8:50AM

Chief Complaint

Fever highest 102.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]
Recorded by : Villalobos, Vannesa at 14Jun2014 09:05AM
Temperature: 98.4 F, Temporal
Weight: 16 lb 6 oz
0-24 Weight Percentile: 6 %
Accompanied By: Mother
Accompanied By Phone Number: paige 767-7283

Allergies

1. No Known Drug Allergies
Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

FEVER X 2 DAYS-Tm-102; NO OTHER COMPLAINS.

Past Medical History

1. History of Birth History

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

- Living Situations

Physical Exam

General: Alert and active, well nourished, in no acute distress.

HEENT:

Head - Normocephalic, anterior fontanelle open, soft and flat, no skull flattening, normal facies.

Eyes - External structures intact with no abnormalities, red reflexes present bilaterally, pupils equally round and reactive, eyes aligned.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness.

Nose - Patent nares, no discharge.

Mouth/Throat - Palate intact, musous membranes moist without lesions. Oropharynx normal with no lesions.

Neck: Symmetric, free range of motion, no masses, no malformations.

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jun 14 2014 8:50AM

EMRN: 80-1492995

Chest: Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal.

Abdomen: Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses.

Assessment

1. Viral infection (079.99)

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition.

Discussion/Summary

F/U-IF NOT BETTER
BLOOD WORK, URINE-DISC.

Signatures

Electronically signed by : Vannesa Villalobos, MA; Jun 14 2014 9:06AM PST (Co-author)

Electronically signed by : ARPINE TACVORIAN, M.D.; Jun 14 2014 10:37AM PST (Acknowledgement)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 06/10/2014 9:20AM

Reason For Visit

Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

	Recorded by : Hayes, Danielle at 10Jun2014 10:11AM
Temperature	98.3 F, Temporal
Height	2 ft 3.25 in
0-24 Length Percentile	16 %
Weight	16 lb 3 oz
0-24 Weight Percentile	5 %
BMI Calculated	15.33
BSA Calculated	0.36
Vitals Comment	7.4 kg
Head Circumference	18.25 in
0-24 Head Circumference Percentile	89 %
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies

1. No Known Drug Allergies
Recorded By: Vanhook, Keya; 10/9/2013 10:27:07 AM

History of Present Illness

9mo well check. crawling.
babbling.
waves
breastfeeding with mom - at dad' home giving ?formula.

Past Medical History

1. History of Birth History

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

- Living Situations

HM Note 09 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jun 10 2014 9:20AM

EMRN: 80-1492995

Developmental Milestones

General Development: Normal neurologic development. Normal language development. Normal social skills development.

Physical Exam

General: Alert, active, well nourished, and in no acute distress.

HEENT:

Head - Anterior fontanel soft and flat, normocephalic, no skull flattening, shape symmetric, normal facies.

Eyes - External structures intact, eyes aligned, conjugate gaze, pupils equally round and reactive to light and accommodation, red reflexes present bilaterally, symmetric light reflexes.

Ears - Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness or lesions.

Nose - Nose symmetric, nares patent, septum midline without deviation, lesions or discharge.

Mouth/Throat - Gums, tongue and oropharynx pink, symmetric and without lesions or masses. Palate intact. Mucous membranes moist without lesions.

Neck: Symmetric without masses or masses or malformations. Full range of motion.

Chest: Symmetric without lesions or masses. Lungs clear to auscultation, without wheezing, rales, rhonchi, stridor or respiratory distress.

Cardiovascular: Precordium quiet, no thrills, regular rate and rhythm, no murmur, femoral pulses present bilaterally and equal, and capillary refill brisk.

Abdomen: Symmetric, nondistended, without apparent defects. Soft, nonrigid, no apparent tenderness. no hepatosplenomegaly, no masses and bowel sounds normoactive in all quadrants.

Lymphatic: Palpation of lymph nodes in neck: No lymphadenopathy.

Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia or masses. Normally positioned anus.

Hips: Symmetric anterior and buttock creases, no hip clicks or clunks, range of motion appears to be within normal limits.

Back: Spine intact, and appears aligned.

Extremities: Symmetric extremities without malformations. Feet normal alignment and formation. Strength and range of motion appear to be within normal limits.

Skin: Pink without rashes or abnormal lesions. Scalp without lesions. Turgor brisk.

Neurologic: Intact without deficits, normal tone.

Assessment

1. Well child visit (V20.2)

Plan

Health Maintenance

- -O-HEMOGLOBIN Status: Hold For - In-Office Laboratory Requested for: 10Jun2014
Perform: Quest Due: 10Sep2014; Ordered;For: Health Maintenance; Ordered By: DANI, PRASHANT

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
0=Does not qualify condition. SHL.

Counseling

Discussed and reviewed anticipatory guidance appropriate for age with caregiver. HCPNV Anticipatory Guidance handout given

HM Note 09 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jun 10 2014 9:20AM

EMRN: 80-1492995

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Jun 10 2014 10:12AM PST (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Jun 10 2014 11:25AM PST (Author)



HealthCare Partners

Nevada

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700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 04/18/2014 7:55AM

Reason For Visit

Cough, congestion, runny nose.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

18Apr2014 08:35AM

Temperature: 98 F, Temporal

Heart Rate: 158

Respiration: 54

O2 Saturation: 100, RA

Weight: 14 lb 10 oz

Vitals Comment: 6.6 kg

Accompanied By: Mother

Accompanied By Phone Number: Paige 702-4767-7283

Allergies

1. No Known Drug Allergies
No Known Drug Allergies

History of Present Illness

Cough, cong, rn x 3 days. wart x 1 days.

Past Medical History

1. History of Birth History
in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

- Living Situations
lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Physical Exam

Eyes: External structures intact with no abnormalities, red reflexes present bilaterally, pupils equally round and reactive, eyes aligned.

Ears: Right tm red, dull.

Nose: Clear d/c.

Mouth/Throat: Palate intact, musous membranes moist without lesions. Oropharynx normal with no lesions.

Neck - Symmetric, free range of motion, no masses, no malformations.

Chest - Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.

Pediatrics Acute Note

Patient: RYDER B. PETIT ADRIANZEN
DOS: Apr 18 2014 7:55AM

EMRN: 80-1492995

Assessment

1. Acute Otitis Media 382.9
2. Upper Respiratory Infection 465.9

Plan

Acute Otitis Media (382.9)

- Amoxicillin 400 MG/5ML Oral Suspension Reconstituted; 3.5 ml BID x 10 days; Therapy:
18Apr2014 to (Last Rx:18Apr2014)

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
2=Uninsured condition. Cash.

Discussion/Summary

Supp care, nasal hygiene. call me if any problems.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Apr 18 2014 8:36AM (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Apr 18 2014 1:27PM (Author)



HealthCare Partners

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700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 02/13/2014 9:00AM

Reason For Visit

Weight check .
Ordering Provider: Dr. Dani.

Chief Complaint

HCPN Free Text Form: Mom states "breast feeding only. 20 minutes every 2 hours."
med: none.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

	13Feb2014 08:46AM
Temperature	97.8 F, Temporal
BMI Calculated	13.15
BSA Calculated	0.31
Height	2 ft 2 in
Weight	12 lb 10 oz
Vitals Comment	5.7 kg
Head Circumference	16.75 in
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies

1. No Known Drug Allergies

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
2=Uninsured condition.

Addendum

MD: pt already had 4mo shots at Health dept and still awaiting insurance. so visit cancelled. i quickly rviewed numbers and disuccssed pushing PO. also lungs, heart and abdomen normal.
advised f/u 6mo old (or at least health dept for shots) - P. Dani MD

Signatures

Electronically signed by : Joanna Elliott, CMA; Feb 13 2014 8:48AM (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Feb 13 2014 9:02AM (Author)



HealthCare Partners

Nevada

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700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 01/17/2014 9:40AM

Reason For Visit

Weight check .

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

	17Jan2014 10:04AM
Temperature	98.1 F, Temporal
BMI Calculated	12.88
BSA Calculated	0.3
Height	2 ft 1.5 in
Weight	12 lb
Vitals Comment	5.5 kg
Head Circumference	16.5 in
Accompanied By	Mother
Accompanied By Phone Number	Paige 767-7283

Allergies

1. No Known Drug Allergies

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
2=Uninsured condition.

Results/Data

Current Encounter Results

No Labs performed.

Per mother, she has started supplementing formula after breast feeding in past 2 weeks. She decreased time breastfeeding and child is taking 2 oz of formula each time.

Signatures

Electronically signed by : Danielle Hayes, L.P.N.; Jan 17 2014 10:06AM (Co-author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 01/03/2014 3:30PM

Reason For Visit
Well Child Checkup.

Vitals
NV Note Vitals Signs [Data Includes: Current Encounter]

	03Jan2014 10:14AM
Temperature	98.6 F, Temporal
BMI Calculated	13.19
BSA Calculated	0.29
Height	2 ft 0.25 in
Weight	11 lb 2.88 oz
Vitals Comment	5.1 kg
Head Circumference	16.25 in
Accompanied By	Mother
Accompanied By Phone Number	Paige 702-767-7283

Allergies
1. No Known Drug Allergies
No Known Drug Allergies

History of Present Illness
Checkup. breastfeeding only.
wet diapers x 10 /day
8 bm's /day
no spitup
pretty active.

Past Medical History
1. History of Birth History
in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History
1. Family history of Denial Of Any Significant Medical History

Social History
• Living Situations
lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

HM Note 04 Months Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Jan 3 2014 3:30PM

EMRN: 80-1492995

Physical Exam

General: Alert and active, well nourished, in no acute distress.
Head: Normocephalic, anterior fontanelle open, soft and flat, no skull flattening, normal facies.
Eyes: external structures intact with no abnormalities, red reflexes present bilaterally, pupils equally round and reactive, eyes aligned.
Ears: normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness.
Nose: Patent nares, no discharge.
Mouth/Throat: Palate intact, mucous membranes moist without lesions. Oropharynx normal with no lesions.

Neck - Symmetric, free range of motion, no masses, no malformations.
Chest - Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.
Cardiovascular - Precordium quiet, no thrills, regular rate and rhythm, no murmurs, femoral pulses present bilaterally and equal.
Abdomen - Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses.
Lymphatic Palpation of lymph nodes in neck: No lymphadenopathy.
Genitourinary - Normal male external genitalia, testes descended bilaterally, no hernia, normally positioned anus.
Hips - Symmetric anterior and buttock creases, no hip clicks or clunks, normal range of motion.
Extremities - Symmetric extremities with no malformations. Feet normal alignment and formation.
Back: Spine intact and appears aligned.
Neurologic - Intact without deficits, normal tone.
Skin - Pink with no abnormal lesions or rashes.

Assessment

1. Infant Feeding Problems 783.3

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
2=Uninsured condition.

Discussion/Summary

Gets shots at health dept...
weight percentile dropped a lot but exam very good.. push PO (supplement) and weight check in 2 weeks...
f/u for another well check after medicaid active (or by 5months) - at least get shots health dept if can't come back here...

Signatures

Electronically signed by : Joanna Elliott, CMA; Jan 3 2014 10:15AM (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Jan 3 2014 12:31PM (Author)



HealthCare Partners

Nevada

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700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 10/23/2013 10:20AM

Reason For Visit

Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

23Oct2013 10:27AM

Temperature: 97.9 F, Temporal

BMI Calculated: 13.55

BSA Calculated: 0.25

Height: 1 ft 10 in

Weight: 9 lb 6 oz

Vitals Comment: 4.3 kg

Head Circumference: 15.5 in

Accompanied By: Mother

Accompanied By Phone Number: Paige 767-7283

Allergies

1. No Known Drug Allergies
No Known Drug Allergies

History of Present Illness

Well check. breast only. some gassiness.

Past Medical History

1. History of Birth History
in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Social History

- Living Situations
lives with mom with her family. father involved - separate home. dad in military and buffalo wild wings.

Physical Exam

General - Alert and active, well nourished, in no acute distress.

Head: Normocephalic, anterior fontanelle open, soft and flat, no skull flattening, normal facies.

Eyes: External structures intact with no abnormalities, red reflexes present bilaterally, pupils equally round and reactive, eyes aligned.

Ears: Normally formed pinna and external canals. No periauricular pits. Tympanic membranes without redness.

Nose: Patent nares, no discharge.

Mouth/Throat: Palate intact, mucous membranes moist without lesions. Oropharynx normal with no lesions.

Neck - Symmetric, free range of motion, no masses, no malformations.

HM Note 01 Month Established

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 23 2013 10:20AM

EMRN: 80-1492995

Chest - Symmetric. Lungs clear to auscultation bilaterally, no wheezing, no rales, no stridor, no respiratory distress.
Cardiovascular - Precordium quiet, no thrills, regular rate and rythm, no murmurs, femoral pulses present bilaterally and equal.
Abdomen - Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly, no masses.
Lymphatic Palpation of lymph nodes in neck: No lymphadenopathy.
Genitourinary - Normal male external genitalia, testes descended bilaterally, no hernia, normally positioned anus.
Hips - Symmetric anterior and buttock creases, no hip clicks or clunks, normal range of motion.
Extremities - Symmetric.
Back: Spine intact and appears aligned.
Neurologic - Intact without deficits, normal tone.
Skin - Pink with no abnormal lesions or rashes.

Assessment

1. Infant Feeding Problems 783.3

Discussion/Summary

Cont gas drops. watch diet. good exam. call if problems. f/u 2mo well check but if can't come due to insurance reasons - will at least get shots at health dept...

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
2=Uninsured condition.

Signatures

Electronically signed by : Joanna Elliott, CMA; Oct 23 2013 10:28AM (Co-author)
Electronically signed by : PRASHANT DANI, M.D.; Nov 15 2013 4:15AM (Author)



HealthCare Partners

Nevada

HealthCare Partners Medical Group -
700 Building
700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: RYDER B. PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148
Home: (702) 767-7283

MRN: 80-1492995
DOB: Sep 22, 2013
DOS: 10/09/2013 9:40AM

Reason For Visit

HCPN Reason For Visit: Well Child Checkup.

Vitals

NV Note Vitals Signs [Data Includes: Current Encounter]

09Oct2013 10:21AM

Temperature: 99.8 F, Temporal

Heart Rate: 162

O2 Saturation: 100

BMI Calculated: 13.22

BSA Calculated: 0.24

Height: 1 ft 9.5 in

Weight: 8 lb 13 oz

Vitals Comment: 4.1kg

Head Circumference: 15 in

Accompanied By: Parents

Accompanied By Phone Number: Kevin Adrianzen Paige Petit 702-499-8895 702-767-7283

Allergies

1. No Known Drug Allergies
No Known Drug Allergies

History of Present Illness

RYDER PETIT presents today for routine health maintenance with his parents and Paige and Kevin.

The infant weighed 8 pounds and 10 ounces at birth. The mother of the child is 19 years of age. The infant was born at 40 weeks gestation by primary cesarean section. The infant was given Hepatitis B vaccination on , given Vitamin K and given metabolic testing. He was given a hearing screen on . He passed the hearing screen. This is the mother's 1 child. The mother's blood type is AB+.

There were no pregnancy complications. The infant was delivered at Spring Valley hospital.

Caregiver concerns:

Diet: breast feeding.

Sleep:

Behavior:

Breastfeeding...well. d/c'd from NICU 1 week ago...

Past Medical History

1. History of Birth History
in NICU for r/o sepsis - was in for 10 days -b/c elevated crp (and maternal gbs). blood cx negative

Family History

1. Family history of Denial Of Any Significant Medical History

Physical Exam

HM Note 02 Weeks New

Patient: RYDER B. PETIT ADRIANZEN
DOS: Oct 9 2013 9:40AM

EMRN: 80-1492995

General: Alert and active, well nourished and developed, and in no acute distress.
Head: Normocephalic and symmetric. Anterior fontanelle open, soft and flat. No skull flattening.
Eyes: External structures intact with no abnormalities. Red reflexes present bilaterally and pupils equally round and reactive to light. Eyes aligned. No discharge. Conjunctiva are not injected.
Ears: Normally formed pinna and external canals. No periauricular pits or skin tags. Tympanic membranes no redness.
Nose: Intact with no abnormalities. Patent nares with no discharge.
Mouth/Palate: Lips normally formed. Palate intact, mucous membranes moist without lesions. Oropharynx normal with no lesions.
Neck: Symmetric, free range of motion, no masses or malformations.
Chest: Symmetric. Lungs clear to auscultation bilaterally, no wheezing, rales, stridor, or respiratory distress.
Cardiovascular: Precordium quiet, no thrills. Regular rate and rhythm. No murmurs. Femoral pulses present bilaterally and equal.
Abdomen: Symmetric, nondistended, soft all quadrants, nonrigid, no apparent tenderness, no hepatosplenomegaly or masses.
Genitourinary: Normal male external genitalia. Testes descended bilaterally. No hernia, normally positioned anus.
Hips: Symmetric anterior and buttock creases with no hip clicks or clunks and normal range of motion.
Extremities: Symmetric upper and lower extremities with no malformations. Legs and feet normal alignment and formation. Clavicles intact. Spine intact and appears aligned. No lesions or defects.
Neurologic: Intact without deficits, normal tone.
Skin: Pink with no abnormal lesions or rashes.

Assessment

1. Health Maintenance V20.2

Plan

antic guidance given. f/u prn

Immunizations

Children through 18 years of age who meet at least one of the following criteria are eligible for a VFC vaccine.
4=Underinsured condition. Aetna.

Signatures

Electronically signed by : Keya Vanhook, MA; Oct 9 2013 10:27AM (Co-author)

Electronically signed by : PRASHANT DANI, M.D.; Nov 5 2013 6:00AM (Author)

HealthCare Partners Medical Group - 700 Building

700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: PETIT ADRIANZEN, RYDER B
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148

Age/Sex/DOB: 4 yrs M 22-Sep-2013
EMRN: 80-1492995
OMRN: 80-1492995
Home: (702) 767-7283
Work:

Results

Lab Accession # QUEST_31866427_20150213
Ordering Provider: DANI, PRASHANT
Performing Location: Quest Diagnostics
4230 Burnham Ave.
Las Vegas, NV 89119

Collected: 02/13/2015 12:00:00AM
Resulted: 02/13/2015 10:46:00AM
Verified By: DANI, PRASHANT
Auto Verify: N

QuestOnly-RSV ANTIGEN

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
RSV	NEGATIVE		NEGATIVE

SOURCE: NASAL
(NASAL)

SOURCE ENTERED PER SPECIMEN

Report called on 02/13/15 at 10:53AM by TAA152 to: JUDARI C/LPN

This test is approved for nasopharyngeal washes, aspirates or swabs in viral transport medium. The reliability from other sources has not been established.

This test is approved for nasopharyngeal washes, aspirates or swabs in viral transport medium. The reliability of testing from other sources has not been established.

PATIENT COMMENTS:

Ordering Physician: DANI, PRASHANT

SPECIMEN SAYS RYDER PETIT

HealthCare Partners Medical Group - 700 Building

700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400

Patient: PETIT ADRIANZEN, RYDER B
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89148

Age/Sex/DOB: 4 yrs M 22-Sep-2013
EMRN: 80-1492995
OMRN: 80-1492995
Home: (702) 767-7283
Work:

Results

Lab Accession # 0001
Ordering Provider: DANI, PRASHANT
Performing Location: In Office

Collected: 06/10/2014 11:26:00AM
Resulted: 06/10/2014 11:26:00AM
Verified By: <Verification Not Required>
Auto Verify: N

-O-HEMOGLOBIN

Stage: Final

<u>Test</u>	<u>Result</u>	<u>Units</u>	<u>Flag Reference Range</u>
HEMOGLOBIN	11.5		

NEWBORN SCREENING TEST RESULTS

DANI, PRASHANT MD
HEALTHCARE PARTNERS CHILDRENS CL
5575 S DURANGO STE 103
LAS VEGAS, NV 89113

Lab #: 20132730813
Specimen Type: Second
Date Received: 9/27/2013
Kit#: 124446157
TPN:
Race: White
Hospital #: NV6042
SPRING VALLEY HOSPIT
Submitter#: NV7595
DANI, PRASHANT MD
Report Date: 10/2/2013
Print Date: 10/2/2013

Patient: PETIT, *Ryder*
DOB: 9/22/2013 @ 15:56
Chart ID#: 905392668
Collected: 9/25/2013 @ 04:00

Gender: Male
Birth Order:
Birth Weight: 3910 gms
Age @Collection: 2 day(s) 12 hour(s)

Not Transfused
Mother: PETIT, PAIGE
DOB: 11/30/1993

20132730813

<u>Screening Test</u>	<u>Analyte Result</u>	<u>Disorder Evaluation</u>	<u>Reference</u>
Congenital Hypothyroidism	T4= 18.27 µg/dL	Normal	T4= 5 - 35 µg/dL, TSH range age adjusted
Congenital Adrenal Hyperplasia	17OHP=6.42 ng/mL	Normal	<= 40 ng/mL
Biotinidase	Has color	Normal	Normal Has Color
Galactosemia	GALT >= 3.5 U/dL	Normal	>= 3.5 U/dL
Amino Acid Profile (Includes PKU)	Normal	Normal	Normal
Fatty Acid Oxidation Profile	Normal	Normal	Normal
Organic Acidemias	Normal	Normal	Normal

NO

Note: If the infant was transfused, the results should be interpreted with caution. Screening is to detect classic disorders. Variants may not be detected. CF (IRT) false negatives can occur in infants born with meconium ileus. The CF (IRT) test can not rule out cystic fibrosis.

HealthCare Partners Medical Group - 700 Building

700 E Warm Springs Rd Ste 110
Las Vegas, NV 89119-4311
(702) 318-2400



Patient: PETIT ADRIANZEN, RYDER B
EMRN: 80-1492995
OMRN: 80-1492995

Age: 4 years
DOB: 09/22/2013
Home: (702) 767-7283

Immunization Series Record

Immunization	Brand Name	Series #	Date (Age)	Status Type	Annotations
DTP/DTaP	Pediarix	1	11.18.2013 (57 dy.)	Recorded	
DTP/DTaP	Pediarix	2	(4 mo.)	Recorded	
DTP/DTaP	Pediarix	3	19-Mar-2014 (5 mo.)	Recorded	
DTP/DTaP		4	23-Dec-2014 (15 mo.)	Admin	
DTP/DTaP	Kinrix	5	03-Oct-2017 (4 yr.)	Admin	
Hepatitis A		1	23-Sep-2014 (12 mo.)	Admin	
Hepatitis A		2	25-Mar-2015 (18 mo.)	Admin	
Hepatitis B		1	09.22.2013 (0 dy.)	Recorded	
Hepatitis B	Pediarix	2	11.18.2013 (57 dy.)	Recorded	
Hepatitis B	Pediarix	3	(4 mo.)	Recorded	
Hepatitis B	Pediarix	4	19-Mar-2014 (5 mo.)	Recorded	
HIB		1	11.18.2013 (57 dy.)	Recorded	
HIB		2	(4 mo.)	Recorded	
HIB		3	19-Mar-2014 (5 mo.)	Recorded	
HIB	PedvaxHIB	4	23-Dec-2014 (15 mo.)	Admin	

Patient: PETIT ADRIANZEN, RYDER B

EMRN: 80-1492995

Immunization	Brand Name	Series #	Date (Age)	Status Type	Annotations
Influenza		1	19-Mar-2014 (5 mo.)	Recorded	
Influenza		2	21-May-2014 (7 mo.)	Recorded	
Influenza	Split PF	3	23-Sep-2014 (12 mo.)	Admin	
Influenza	Split PF	4	23-Sep-2015 (2 yr.)	Admin	
Influenza		5	04-Oct-2016 (3 yr.)	Admin	
Influenza		6	08-Nov-2017 (4 yr.)	Admin	
MMR		1	23-Sep-2014 (12 mo.)	Admin	
MMR		2	03-Oct-2017 (4 yr.)	Admin	
PCV		1	11.18.2013 (57 dy.)	Recorded	
PCV		2	(4 mo.)	Recorded	
PCV		3	19-Mar-2014 (5 mo.)	Recorded	
PCV		4	23-Dec-2014 (15 mo.)	Admin	
Polio	Pediarix	1	11.18.2013 (57 dy.)	Recorded	
Polio	Pediarix	2	(4 mo.)	Recorded	
Polio	Pediarix	3	19-Mar-2014 (5 mo.)	Recorded	
Polio	Kinrix	4	03-Oct-2017 (4 yr.)	Admin	
Rotavirus		1	11.18.2013 (57 dy.)	Recorded	
Rotavirus		2	(4 mo.)	Recorded	

Patient: PETIT ADRIANZEN, RYDER B

EMRN: 80-1492995

Immunization	Brand Name	Series #	Date (Age)	Status Type	Annotations
Varicella		1	23-Sep-2014 (12 mo.)	Admin	
Varicella		2	03-Oct-2017 (4 yr.)	Admin	

EXHIBIT 9



Administrative

Location 6875 W WINDMILL LN Las Vegas, NV
Occurred On (Date / Time) Saturday 12/30/2017 8:00:00 PM
Reporting Officer 00843 - Horner, Denise L
Entered By 00843 - Horner, Denise L
Related Cases

Or Between (Date / Time)
Reported On 12/30/2017
Entered On 1/25/2018 10:23:02 PM
Jurisdiction Clark County

Section 02

Traffic Report Place Type Accident Involved

Offenses:

Assault, W/Dw(F)-NRS 200.471.2B

Completed Yes Domestic Violence

Entry Premises Entered

Weapons Motor Vehicle (When Used As Weapon)

Criminal Activities

Motive/Bias Unknown (Offenders Motivation Not Known)
Type Security
Location Type Parking Lot/Garage

Victims:

Name: ADRIANZEN, MARTA ELENA

Transmission and Dissemination of this
information is prohibited by law. Secondary
information of any kind is prohibited
from being released to the offender to Criminal
Justice System.

Adrianzen Release
B. 1/9/18 5:11 PM 0116/18
L. Las Vegas Metro Police Dept.

Name: PETIT, PAIGE

Arrestees:

Witnesses:

Other Entities:

Properties: ()

Narrative

Marta Adrianzen is present at EAC to report her ex-daughter in law attempted to hit her with her vehicle.

Adrianzen arrived at the parking lot at Enterprise Area Command on 12/30/17 @ 1805 to pick up her grandson per court order for visitation. Her ex-daughter-in-law, Paige Petit was already parked prior to Adrianzen's arrival. Adrianzen could see her grandson in the car, but Petit made no move to let the child out of the car or get out of the car herself. At 1815, Petit backed out of her parking spot and left.

01/07/2018 10:45 AM

LLV171230004081

After phone calls between Kevin Adrianzen and Petit, another attempt was made to exchange custody of the child, Ryder. The parties met again at Enterprise Area Command @ 2000. Petit texted Kevin Adrianzen, the child's father, saying she was waiting for someone to come get the child. Adrianzen got out of her car and walked toward Petit's car, and she noticed an unknown party in the front passenger side of Petit's car videoing her. Adrianzen pulled her phone out to also video, and at that point Petit pulled her car out of the parking spot and sped toward Adrianzen, who moved out of the way, but the car passed very close to her. Adrianzen was able to get only a "live" photo of the car coming toward her.

911 was called and all parties met at Petit's father's house with responding patrol over the child custody issue.

Adrianzen would like to press charges for Petit's attempt to harm her via automobile

***** 1/18/18 D6863H Correction at request of Ms. Adrianzen. In 3rd paragraph, "Reversed" her car changed to "Pulled" her car.. *****

EXHIBIT 10

**PLAINTIFF'S
2019
CUSTODIAL SCHEDULE
UNDER
CURRENT ORDER**

January 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	1	2	3	4	5 Dad Current Schedule
6 Dad Current Schedule	7	8	9	10	11	12 Dad Current Schedule
13 Dad Current Schedule	14	15	16	17	18	19 Dad Current Schedule
20 Dad Current Schedule	21	22	23	24	25	26 Dad Current Schedule
27 Dad Current Schedule	28	29	30	31	1	2
3	4	NOTES				
					Total Days this Month = 8	

February 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2 Dad Current Schedule
3 Dad Current Schedule	4	5	6	7	8	9 Dad Current Schedule
10 Dad Current Schedule	11	12	13	14	15	16 Dad Current Schedule
17 Dad Current Schedule	18	19	20	21	22	23 Dad Current Schedule
24 Dad Current Schedule	25	26	27	28	1	2
3	4	NOTES				
Total Days this Month= 8						

March 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
24	25	26	27	28	1	2 Dad Current Schedule
3 Dad Current Schedule	4	5	6	7	8	9 Dad Current Schedule
10 Dad Current Schedule	11	12	13	14	15	16 Dad Current Schedule
17 Dad Current Schedule	18	19	20	21	22	23 Dad Current Schedule
24 Dad Current Schedule	25	26	27	28	29	30 Dad Current Schedule
31 Dad Current Schedule	<div>NOTES</div> <div>Total Days this Month= 10</div>					

April 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31	1	2	3	4	5	6 Dad Current Schedule
7 Dad Current Schedule	8	9	10	11	12	13 Dad Current Schedule
14 Dad Current Schedule	15	16	17	18	19	20 Dad Current Schedule
21 Dad Current Schedule	22	23	24	25	26	27 Dad Current Schedule
28 Dad Current Schedule	29	30	1	2	3	4
5	6	NOTES				
		Total Days this Month = 8				

May 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4 Dad Current Schedule
5	6 Dad Current Schedule	7	8	9	10	11 Dad Current Schedule
12	13 Mother's Day to Mom	14	15	16	17	18 Dad Current Schedule
19	20 Dad Current Schedule	21	22	23	24	25 Dad Current Schedule
26	27 Dad Current Schedule	28	29	30	31	1
2	3	NOTES	Total Days this Month = 7			

June 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1 Dad Current Schedule
2 Dad Current Schedule	3	4	5	6	7	8 Dad Current Schedule
9 Dad Current Schedule	10	11	12	13	14	15 Dad Current Schedule
16 Dad Current Schedule	17	18	19	20	21	22 Dad Current Schedule
23 Dad Current Schedule	24	25	26	27	28	29 Dad Current Schedule
30 Dad Current Schedule	Total Days This Month= 10					

July 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6 Dad Current Schedule
7	8 Dad Current Schedule	9	10	11	12	13 Dad Current Schedule
14	15 Dad Current Schedule	16	17	18	19	20 Dad Current Schedule
21	22 Dad Current Schedule	23	24	25	26	27 Dad Current Schedule
28	29 Dad Current Schedule	30	31	1	2	3
4	5	NOTES				
		Total Days this Month= 8				

August 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	31	1	2	3 Dad Current Schedule
4 Dad Current Schedule	5	6	7	8	9	10 Dad Current Schedule
11 Dad Current Schedule	12	13	14	15	16	17 Dad Current Schedule
18 Dad Current Schedule	19	20	21	22	23	24 Dad Current Schedule
25 Dad Current Schedule	26	27	28	29	30	31 Dad Current Schedule
1	2	NOTES	Total days this Month – 9			

September 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad Current Schedule	2	3	4	5	6	7 Dad Current Schedule
8 Dad Current Schedule	9	10	11	12	13	14 Dad Current Schedule
15 Dad Current Schedule	16	17	18	19	20	21 Dad Current Schedule
22 Dad Current Schedule	23	24	25	26	27	28 Dad Current Schedule
29 Dad Current Schedule	30	1	2	3	4	5
6	7	NOTES				
Total Days this Month= 9						

October 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	1	2	3	4	5 Dad Current Schedule
6	7 Dad Current Schedule	8	9	10	11	12 Dad Current Schedule
13	14 Dad Current Schedule	15	16	17	18	19 Dad Current Schedule
20	21 Dad Current Schedule	22	23	24	25	26 Dad Current Schedule
27	28 Dad Current Schedule	29	30	31	1	2
3	4	NOTES	Total Days this Month= 8			

November 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2 Dad Current Schedule
3 Dad Current Schedule	4	5	6	7	8	9 Dad Current Schedule
10 Dad Current Schedule	11	12	13	14	15	16 Dad Current Schedule
17 Dad Current Schedule	18	19	20	21	22	23 Dad Current Schedule
24 Dad Current Schedule	25	26	27	28	29	30 Dad Current Schedule
1	2	NOTES	Total Days this Month = 9			

December 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad Current Schedule	2	3	4	5	6	7 Dad Current Schedule
8 Dad Current Schedule	9	10	11	12	13	14 Dad Current Schedule
15 Dad Current Schedule	16	17	18	19	20	21 Dad Current Schedule
22 Dad Current Schedule	23	24 Dad's Xmas	25 Dad's Xmas	26	27	28 Dad Current Schedule
29 Dad Current Schedule	30	31	1	2	3	4
5	6	NOTES				
		Total Days this Month= 11				

EXHIBIT 11

**PLAINTIFF'S
2019
CUSTODIAL SCHEDULE
UNDER
DEFENDANT'S
PROPOSED SCHEDULE**

January 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	1	2	3	4	5
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
6	7	8	9	10	11	12
Dad New Schedule Proposed by Mom						
13	14	15	16	17	18	19
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
20	21	22	23	24	25	26
Dad New Schedule Proposed by Mom						
27	28	29	30	31	1	2

3	4	NOTES	Total Days this Month= 6
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February 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2
3	4	5	6	7	8	9
	Dad New Schedule Proposed by Mom					
10	11	12	13	14	15	16
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
17	18	19	20	21	22	23
	Dad New Schedule Proposed by Mom					
24	25	26	27	28	1	2

Total Days this Month= 6

NOTES

4

March 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
24	25	26	27	28	1 Dad New Schedule Proposed by Mom	2 Dad New Schedule Proposed by Mom
3 Dad New Schedule Proposed by Mom	4	5	6	7	8	9
10	11	12	13	14	15 Dad New Schedule Proposed by Mom	16 Dad New Schedule Proposed by Mom
17 Dad New Schedule Proposed by Mom	18	19	20	21	22	23
24	25	26	27	28	29 Dad New Schedule Proposed by Mom	30 Dad New Schedule Proposed by Mom
31 Dad New Schedule Proposed by Mom	1	Total Days this Month= 9				

April 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
31	1	2	3	4	5	6
Dad New Schedule Proposed by Mom						
7	8	9	10	11	12	13
Dad New Schedule Proposed by Mom						
14	15	16	17	18	19	20
Mom's Easter						
21	22	23	24	25	26	27
Mom's Easter						
28	29	30	1	2	3	4

5	6	NOTES	Total Days this Month= 3

May 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	1	2	3	4
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
5	6	7	8	9	10	11
Dad New Schedule Proposed by Mom						
12	13	14	15	16	17	18
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
19	20	21	22	23	24	25
Dad New Schedule Proposed by Mom						
26	27	28	29	30	31	1

Total Days this Month= 6

NOTES

3

June 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3	4	5	6	7	8
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
9	10	11	12	13	14	15
Dad New Schedule Proposed by Mom						
16	17	18	19	20	21	22
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
Father's Day to Dad						
23	24	25	26	27	28	29
Dad New Schedule Proposed by Mom						
30	1	NOTES	Total Days This Month = 7			

July 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	1	2	3	4	5	6
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
7	8	9	10	11	12	13
Dad New Schedule Proposed by Mom	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time
14	15	16	17	18	19	20
Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
21	22	23	24	25	26	27
Dad Current Schedule	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time	Dad's 2 weeks Vacation for Purposes of Calculating time		
28	29	30	31	1	2	3

4	5	NOTES	Total Days this Month= 21

August 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
28	29	30	31	1	2	3
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
4	5	6	7	8	9	10
Dad New Schedule Proposed by Mom						
11	12	13	14	15	16	17
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
18	19	20	21	22	23	24
Dad New Schedule Proposed by Mom						
25	26	27	28	29	30	31
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom

NOTES Total days this Month= 8

2

September 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad New Schedule Proposed by Mom	2	3	4	5	6 Dad New Schedule Proposed by Mom	7 Dad New Schedule Proposed by Mom
8 Dad New Schedule Proposed by Mom	9	10	11	12	13	14
15	16	17	18	19	20 Dad New Schedule Proposed by Mom	21 Dad New Schedule Proposed by Mom
22 Dad New Schedule Proposed by Mom	23	24	25	26	27	28
29	30	1	2	3	4	5

NOTES

Total Days this Month= 7

October 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
29	30	1	2	3	4	5
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
6	7	8	9	10	11	12
Dad New Schedule Proposed by Mom						
13	14	15	16	17	18	19
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
20	21	22	23	24	25	26
Dad New Schedule Proposed by Mom						
27	28	29	30	31	1	2

Total Days this Month= 8

NOTES

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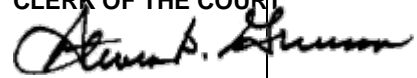
November 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1	2
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
3	4	5	6	7	8	9
Dad New Schedule Proposed by Mom						
10	11	12	13	14	15	16
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
17	18	19	20	21	22	23
Dad New Schedule Proposed by Mom						
24	25	26	27	28	29	30
					Dad New Schedule Proposed by Mom	Dad New Schedule Proposed by Mom
1	2	NOTES				
		Total Days this Month= 8				

December 2019

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1 Dad New Schedule Proposed by Mom	2	3	4	5	6 Dad New Schedule Proposed by Mom	7 Dad New Schedule Proposed by Mom
8 Dad New Schedule Proposed by Mom	9	10	11	12	13	14
15	16	17	18	19	20 Dad New Schedule Proposed by Mom	21 Dad New Schedule Proposed by Mom
22 Dad New Schedule Proposed by Mom	23	24 Dad's Xmas	25 Dad's Xmas	26	27	28
29	30	31	1	2	3	4

Total Days this Month= 9



NEO
Michael Burton, Esq.
Nevada Bar Number 14351
MC FARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13489542-D
Department: H

NOTICE OF ENTRY OF ORDER FROM SEPTEMBER 17, 2018 HEARING

PLEASE TAKE NOTICE that on February 11, 2019, Order from September 17, 2018
Hearing was entered, a copy of which is attached hereto and by reference fully incorporated herein.

DATED this 14th day of February, 2019.

MC FARLING LAW GROUP

/s/ Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff

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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

melg@grimes-law.com
 olivian@grimes-law.com

/s/ Crystal Beville
Crystal Beville



1 **ORDR**

2 Michael Burton, Esq.
3 Nevada Bar Number 14351
4 **McFARLING LAW GROUP**
5 6230 W. Desert Inn Road
6 Las Vegas, NV 89146
7 (702) 565-4335 phone
8 (702) 732-9385 fax
9 eservice@mcfarlinglaw.com
10 Attorney for Plaintiff,
11 Kevin Adrianzen

7 **EIGHTH JUDICIAL DISTRICT COURT**

8 **FAMILY DIVISION**

9 **CLARK COUNTY, NEVADA**

10 **KEVIN ADRIANZEN,**

11 Plaintiff,

12 vs.

13 **PAIGE PETIT,**

14 Defendant.

Case Number: D-13-489542-D

Department: H

15 **ORDER FROM SEPTEMBER 17, 2018 HEARING**

16 THIS MATTER came before the Honorable Arthur Ritchie, on September 17, 2018 at
17 10:00 a.m. Present at the hearing were Plaintiff, Kevin Adrianzen, represented by his attorney of
18 record, Michael Burton, Esq. and Defendant Paige Petit, represented by her attorney of record,
19 Melvin Grimes, Esq.

20 THE COURT NOTED the parties have been following a Saturday to Monday time share
21 for Plaintiff and Defendant only gets the minor child during school days.

22 THE COURT NOTED Defendant's boyfriend has a serious drug problem, numerous
23 arrests, and served time in jail while they have lived together with minor child.

24 **Non-Trial Dispositions:**

- | | |
|--|--|
| <input type="checkbox"/> Other | <input type="checkbox"/> Settled/Withdrawn: |
| <input type="checkbox"/> Dismissed - Want of Prosecution | <input type="checkbox"/> Without Judicial Conf/Hrg |
| <input type="checkbox"/> Involuntary (Statutory) Dismissal | <input checked="" type="checkbox"/> With Judicial Conf/Hrg |
| <input type="checkbox"/> Default Judgment | <input type="checkbox"/> By ADR |
| <input type="checkbox"/> Transferred | Trial Dispositions: |
| <input type="checkbox"/> Disposed After Trial Start | <input type="checkbox"/> Judgment Reached by Trial |

1 THE COURT NOTED minor child had a black eye when Plaintiff picked him up and the
2 child stated that Defendant's boyfriend put tape on his face and pulled his cheeks.

3 THE COURT NOTED that the boyfriend in question is actually Defendant's fiancé and
4 the father of her two other children. Defendant and her fiancé live together.

5 THE COURT FINDS there is no adequate cause to re-litigate custody.

6 THE COURT FURTHER FINDS the actions of Defendant's fiancé have not caused any
7 neglect on the part of Defendant.

8 The Court, having reviewed the papers and pleadings on file herein, and having taken
9 argument from counsel, and being duly and fully advised in the premises, issues the following
10 orders:

11 IT IS HEREBY ORDERED Defendant's motion for modification of timeshare schedule is
12 denied.

13 IT IS FURTHER ORDERED Plaintiff's timeshare shall remain status quo.

14 IT IS FURTHER ORDERED there shall be a limited window of sixty (60) days for Plaintiff
15 to conduct discovery.

16 IT IS FURTHER ORDERED if Plaintiff acquires additional information, he shall prepare
17 an affidavit and re-notice the matter.

18 ///

19 ///

20 ///

21 ///

22 ///

23 ///

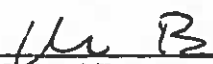
1 IT IS FURTHER ORDERED Attorney Burton shall prepare the Order from today's
2 hearing. Attorney Grimes will approve as to form and content.

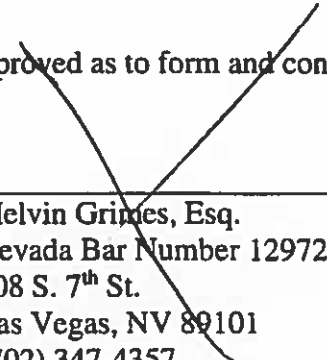
3 IT IS SO ORDERED this 11 day of Feb., 2019.

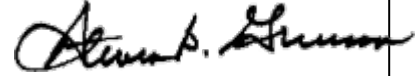
4 
5 THE HONORABLE ARTHUR RITCHIE ~~X~~
6 T ART RITCHIE, JR.

7 Submitted by:
8 **MCFARLING LAW GROUP**

Approved as to form and content:

9 
10 Michael Burton, Esq.
11 Nevada Bar Number 14351
12 6230 W. Desert Inn Road
13 Las Vegas, NV 89146
14 (702) 565-4335
15 Attorney for Plaintiff,
16 Kevin Adrianzen

17 ~~~~
18 Melvin Grimes, Esq.
19 Nevada Bar Number 12972
20 808 S. 7th St.
21 Las Vegas, NV 89101
22 (702) 347-4357
23 Attorney for Defendant,
24 Paige Petit



MOT

Michael Burton, Esq.
Nevada Bar Number 14351
MCFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: April 3, 2019

Time of Hearing: 10:00 a.m.

Oral Argument Requested: ☒ Yes ☐ No

PLAINTIFF'S NOTICE OF MOTION AND MOTION FOR
RECONSIDERATION OF DENIAL OF EVIDENTIARY PROCEEDINGS
ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND CHILD
SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED FEBRUARY
14, 2019

TO: Defendant, Paige Petit, and her attorney, Melvin, Grimes, Esq.

NOTICE: YOU ARE REQUIRED TO FILE A WRITTEN RESPONSE TO THIS
MOTION WITH THE CLERK OF THE COURT AND TO PROVIDE THE
UNDERSIGNED WITH A COPY OF YOUR RESPONSE WITHIN TEN (10)

1 DAYS OF YOUR RECEIPT OF THIS MOTION. FAILURE TO FILE A
2 WRITTEN RESPONSE WITH THE CLERK OF THE COURT WITHIN TEN (10)
3 DAYS OF YOUR RECEIPT OF THIS MOTION MAY RESULT IN THE
REQUESTED RELIEF BEING GRANTED BY THE COURT WITHOUT
HEARING PRIOR TO THE SCHEDULED HEARING DATE.

4 PLEASE TAKE NOTICE that a hearing will be held on this Motion before
5 the Court, located at the Regional Justice Center, 200 Lewis Ave., Las Vegas,
6 Nevada 89101 in Department H, courtroom 3G at the following date and time:

7 _____.

8 COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
9 Michael Burton, Esq. of McFarling Law Group, and hereby moves the Court for an
10 Order:

11 1. Reconsidering the denial of modification of physical custody to
12 primary physical custody to Plaintiff from the September 17, 2018
13 hearing entered February 14, 2019 without trial and an Order setting
14 this matter for trial;

15 2. For any other relief this Court deems fair and appropriate.

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This Motion is made and based on the Memorandum of Points and Authorities set forth below, the Declaration of Kevin Adrianzen attached hereto, all papers and pleadings on file herein, and evidence presented by counsel, if any, at the hearing.

DATED this 28th day of February, 2019.

McFARLING LAW GROUP

/s/Michael Burton

Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff,
Kevin Adrianzen

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1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2

3 **I. STATEMENT OF FACTS**

4 History of the Case

5 Plaintiff Kevin Adrianzen and Defendant Paige Petit have one child together:

6 Ryder (aged 5). Ryder just started kindergarten in the fall of 2018. The parties had a

7 custody trial in June of 2014 with this court granting Mom primary physical custody

8 and joint legal custody to the parties.

9 The court's custody order contains not a single required finding under the

10 NRS 1245C.0035(4) best interest factors¹ nor does the order contain any substantive

11 findings of fact that support the court's decision to give Mom primary physical

12 custody.

13 After trial, Mom filed a motion to alter/amend findings which was heard on

14 October 27, 2014. The court treated this motion as a motion to modify based on the

15 facts and allegations contained therein as they had almost exclusively occurred after

16 the evidentiary proceedings.

17 At that hearing, the court re-affirmed the parties have joint legal custody and

18 that Mom needs to include Dad in on these decisions and appointments, as Dad was

19

20 _____

.. ¹ Including this statutes predecessor.

1 already raising the issue of Mom's non-communication on joint legal custody issues
2 a mere four months after trial. At the conclusion of the hearing, the court stated:

3 It is possible under the continuing jurisdiction of this court that it might be
4 determined to be in the best interest of the child to alter or amend the
5 timeshare if things like work schedules, or the age of the child, warrants a
6 change.²

7 Dad filed this case less than three months after Ryder was born. The court's
8 initial custody schedule had Dad's visitation at 24 hours a week until Ryder reached
9 age 1. Since then, Dad's custodial timeshare is two days a week—every weekend.
10 Dad has consistently exercised this timeshare the past four years.

11 Latest Round of Motions

12 Mom filed a motion to modify timeshare on July 31, 2018. Dad filed his
13 Opposition and Countermotion to modify custody on August 23, 2018.

14 Of note, prior to filing the motions, the parties had been talking through their
15 attorneys. As was noted in Dad's motion, a deposition had occurred wherein Dad's
16 counsel deposed Mom in a separate case. Dad was dealing with a separate custody
17 case wherein the Mom in this case was a witness.

18 As Dad's other case wrapped up, he was ready to file a stand-alone motion to
19 modify custody in this case, but Mom filed her motion first. Dad is concerned that

20 ² See October 27, 2014 hearing video at 10:39:20.

1 the court may have felt his countermotion to modify custody was only brought in
2 response to Mom's motion—making it less genuine. But this was not the case.

3 The Allegations Contained in Dad's Motion

4 On August 23, 2018 Dad filed a Motion to modify custody outlining that:

- 5 1. Mom is cohabitating and engaged to a person with a serious drug problem
6 who has multiple recent DUI's (with dugs), numerous recent arrests for
7 drug behavior and probation violations;
- 8 2. Mom violated Dad's joint legal custody rights *numerous* times based on
9 Mom's sworn deposition testimony, by failing to tell Dad about their
10 child's medical and dental appointments. This court has already informed
11 Mom at the October 27, 2014 hearing shortly after trial that Dad has joint
12 legal custody and she needs to include him on these issues;
- 13 3. Mom consenting to flu shots for their son without discussing or informing
14 with Dad;
- 15 4. Mom has blocked Dad's number on her phone;
- 16 5. Mom has moved multiple times (including again recently) without telling
17 Dad where their son is living;
- 18 6. Mom failed to tell Dad about their son being in a car accident which
19 resulted in Mom taking their son to the hospital which she didn't inform
20 Dad of either;

- 1 7. Mom failed to provide their son's full legal name on official records,
2 omitting Dad's last name, and omitted Dad altogether on hospital and
3 dental paperwork;
- 4 8. Mom fails and continues to fail to respond to direct questions regarding
5 their son such as asking about injuries;
- 6 9. Mom has failed to accommodate any and all requests for additional time
7 by Dad when he has family in town or other events because "the court did
8 not order it";
- 9 10. Mom took their son out of state without Dad's knowledge;
- 10 11. Mom enrolled their son in school without informing Dad which school or
11 discussing which school their son should attend;
- 12 12. Mom allowed their son to contract scabies in her home;
- 13 13. Mom fails to properly brush Ryder's teeth, causing numerous dental
14 problems which are excessive for a then-four-year-old;
- 15 14. Dad has another child who he has joint physical custody of, and Dad would
16 like to be able to plan activities with the siblings jointly; and
- 17 15. Mom struck Dad during one exchange.

18 The Court denied Dad's motion to modify custody, stating all of the above, if
19 true, was not a substantial change in circumstances since the last custodial order.

20 Events Since Dad's Motion and the Court's Denial

- 1 1. Mom dictates exchange location, threatens Dad with police if he
2 tries exchanging at her house, claims she has no phone and states
3 Dad must use Talking Parent to communicate with her—despite no
4 order for this; and Mom moved again

5 Mom continues to dictate exchange terms, including location, and demanding
6 that the exchange must occur at an agreed upon exchange location, or there will be
7 no exchange, Mom further threatens that if Dad were to come to her and her
8 boyfriend's house to facilitate the exchanges, she will be calling the police. Mom
9 suggests inappropriate exchange locations such as saloons/bar and marijuana
10 dispensaries. There is no court order for this; and there is no history of domestic
11 violence between the parties.

12 Mom now claims she has NO PHONE and Dad must set up a Talking Parent
13 account if he wishes to communicate with her.³ Dad already has a talking Parent
14 account for his other child and cannot have two apps running simultaneously at the
15 same time. There is no order for Talking Parent. Mom has unilaterally imposed this
16 on Dad. When Dad's counsel reached out to Mom's counsel to inquire about contact
17 information for Mom (after weeks' worth of text messages and numerous emails
18 from Dad to Mom went unanswered), Mom's counsel responded that Mom does not

20
...
³ See email from Mom to Dad re: no phone listed as Exhibit 1.

1 have a phone and suggested Talking Parents. This is just not believable, and another
2 example of the games Mom plays to try and make Dad's life difficult. Mom's
3 counsel then offered Mom's new address, which was news to Dad. Dad's counsel
4 had requested Mom's contact information in mid-February and the new address
5 received from Mom's counsel for Mom was from her move in mid-December. The
6 numerous texts and emails Dad sent to Mom also included requests for confirmation
7 that she had moved, yet Mom never responded.

8 2. Ryder's dental situation is tantamount to neglect; Ryder's
9 overall hygiene is also deficient

10 Dad raised in his motion issues about Ryder's dental care while with Mom.
11 Mom's response was that Ryder had "never had a cavity." This is completely untrue,
12 and his dental situation has gone from bad to worse.

13 Ryder has been to the dentist *at least* in September and again just this February.
14 In September, the records state: "patient has history of incipient or active caries or
15 lesions. Socioeconomic status of family."⁴ This means 5-year-old Ryder's teeth are
16 starting to decay; and the dentist is citing the "socioeconomic status of family"
17 (Mom) as a contributing factor. The Dentist is inferring Mom either lacks the
18 resources to properly care for Ryder's teeth, or they are saying Mom's household

20
..
⁴ See Patient Progress Dental Notes Listed as Exhibit 2.

1 does not place a high priority on dental hygiene. Poor oral hygiene can be linked to
2 health/organ issues.

3 On the February 13, 2019 appointment notes, all sorts of issues are noted.
4 Tons of decay and even a crown is recommended. Mom reports “patient has a
5 difficult time at home brushing and flossing.”⁵ He’s five.

6 Based on Dad’s personal knowledge, Ryder has *at least* seven cavities at age
7 five. Mom had the cavity procedures performed by the dentist without informing or
8 discussing with Dad. Dad arranged for the crown to be done for Ryder after
9 obtaining Mom’s agreement.

10 In addition to the dental concerns, Dad has other hygiene concerns about
11 Ryder while with Mom. Dad has communicated his concerns to Mom about Ryder’s
12 hygiene issues since the onset of Dad’s visits with Ryder. As stated in the prior
13 motion, Ryder contracted scabies in Mom’s home. Ryder also had a large stye
14 approximately two (2) years ago and has had numerous since that time. Styes are
15 caused by bacteria infections of the eye. Every visitation for Dad starts with a bath
16 for Ryder as his finger and toe nails are full of black dirt which likely are a breeding
17 ground for the styes when Ryder touches his face. All of Ryder’s styes linger for

20
.. ⁵ *Id.*

1 months at a time. Ryder has had one stye since mid-November and another one
2 develop just a month ago.

3 On Saturday February 9th, 2019, Mom asked Dad via email if she could do the
4 exchange an hour later that same day. Dad agreed despite only getting 48 hours a
5 week already and because Ryder was at a party and Dad did not want him to miss
6 any of the party. The email came 30 minutes before the exchange. Then Mom
7 *emailed* (again, no phone?) Dad to say she would be at least 60 minutes late. A short
8 while later, Dad heard his dog barking. Dad's doorbell does not work, and his outside
9 lights were off. He went to the door to see what the commotion was. Upon opening
10 the door Dad saw 5-year-old Ryder standing there in the dark. Mom was gone.
11 Ryder appeared petrified.

12 3. Dad is unable to do extracurricular activities with Ryder

13 Being that Dad only has 48 hours a week of visitation, doing extracurricular
14 activities with Ryder has been difficult. As far as Dad knows, Ryder is in no
15 extracurricular activities with Mom.

16 Since last summer, Dad has been doing soccer with Ryder on Sundays. For
17 months, Dad has asked Mom if he can take Ryder to special clinics on Fridays as
18 most of Ryder's teammates have eclipsed him in skill-level because they all
19 participate more than one day a week. Mom refused every single time. At Sunday
20 soccer, the coaches and other parents regularly ask Ryder if he will be participating

1 on other days and Dad has to tell the coaches, “sorry, he can’t come on other days
2 as I only have visitation on the weekends.” Ryder wants to be doing this.

3 In April, Dad will need to move soccer to Mondays because Ryder’s Sunday
4 class will go up in level and Ryder cannot move up with his teammates due to lack
5 of practice. Monday soccer will also allow Ryder to attend Sunday church. The
6 parties exchange on Mondays at 6:00 p.m. Monday soccer would require the
7 exchange to be at 7:00 p.m. Since Mom was not agreeable to losing one (1) hour a
8 week of her time with Ryder, to attend Monday soccer starting in April, Dad then
9 offered they could keep the same 48- hour block and just move the Saturday
10 exchange to 7:00 p.m. too. Mom refused.

11 4. Recent Domestic Incident at Mom’s Home with her fiancé

12 On or around November 12, 2018, Kevin got a Facebook message from
13 Mom’s fiancé Shawn. The message stated: “Hey Kevin I’m not with Paige anymore
14 and I want to see you win this shit you got going on so if there is anything you need
15 from me just let me know because she fucked me too.”⁶

16 This message made sense to Dad because that weekend Ryder had told him
17 that Mom and Shawn had gotten in a fight and the police were called. This was being
18 relayed by a five-year-old, thus Dad always considers this when Ryder tells him
19

20
.. ⁶ See Facebook message from Shawn to Kevin listed as Exhibit 3.

1 something. But Ryder's statement of a fight, and police; and then the Facebook
2 message, strongly indicated to Dad that something happened at Mom's house—in
3 front of Ryder that caused the relationship to end, the police to come, and Shawn to
4 send Dad this message.

5 Apparently, Mom and Shawn reconciled because the Facebook message
6 disappeared shortly thereafter.

7 5. Injuries on Ryder

8 One occasion where Dad noticed a bruise on Ryder's face (that appeared
9 a day or so before the last court hearing) and Mom did admit to Dad that Mom's
10 boyfriend caused the bruise on Ryder's face.

11 6. Holiday and Vacation timeshare

12 Dad has suggested, on multiple occasions, that they divide the four (4) weeks
13 of holiday time Ryder has off from school and to also discuss vacation time for both
14 parents during the summer months. Mom refuses to consider or discuss.

15 7. Ryder's insurance coverage

16 Ryder's medical insurance lapsed and Mom was not aware until Dad took
17 Ryder to a therapy appointment and was declined due to no insurance.

18 8. School issues since Ryder started kindergarten

19 Ryder started kindergarten in fall 2018. Mom does not send any school flyers
20 or information to Dad. Dad missed Open House because he was not informed or

1 given the information Mom received from the school. Mom has not updated her
2 current contact information with the school which would be needed for emergency
3 purposes. Mom will not allow Dad extra time in order to take Ryder to tutoring.
4 Ryder is in need of tutoring since he is behind in academics in comparison to the
5 other kindergarteners in his class.

6 *This motion follows.*

7 **II. LEGAL ARGUMENT**

8 The Court Should Reconsider its Prior Order and Set an Evidentiary
9 Hearing on Custody Modification

10 The court may reconsider a prior ruling with the moving party filing a motion
11 within 14 calendar days after service of the notice of entry of order.⁷

12 **1. The Court's Custody Order is Legally Deficient**

13 A custody order must tie the child's best interest, as informed by
14 specific, relevant findings respecting the NRS 125.480(4) and any other relevant
15 factors, to the custody determination made.⁸ Specific findings and an adequate
16

17 ⁷ EDCR 5.512(a).

18 ⁸ *Davis v. Ewalefo*, 352 P.3d 1139, 1143 (2015)(citing *Bluestein v. Bluestein*, — Nev. —, —
19 —, 345 P.3d 1044, 1049 (2015) (reversing and remanding a custody modification order for
20 further proceedings because “the district court abused its discretion by failing to set forth specific
findings that modifying the parties' custodial agreement to designate [mother] as primary
physical custodian was in the best interest of the child”); see NRS 125.510(5) (“Any order
awarding a party a limited right of custody to a child must define that right with sufficient
particularity to ensure that the rights of the parties can be properly enforced and that the best
interest of the child is achieved.”) (emphasis added); NRS 125C.010(1)(a) (identical, except it

1 explanation of the reasons for the custody determination “are crucial to enforce or
2 modify a custody order and for appellate review.”⁹ More is at stake than facilitating
3 appellate review.¹⁰ A child custody determination, once made, controls the child's
4 and the parents' lives until the child ages out or the decree is judicially modified.¹¹

5 A parent cannot reasonably be expected to show that “a substantial change in
6 circumstances” as to the child's best interest warrants modification of an existing
7 child custody determination unless the determination at least minimally explains the
8 circumstances that account for its limitations and terms.¹²

9 Here, the parties’ custody order contains *no* required statutory findings; nor
10 does it offer any factual explanations as to why Mom got primary custody. Dad
11 therefore cannot legally prevail on custody modification as he has no basis for the
12 starting point. This is *exactly* what the *Davis* court was talking about. And this court
13

14
15 substitutes “a right of visitation of a minor child” for “a limited right of custody”); *Smith v.*
Smith, 726 P.2d 423, 426 (Utah 1986) (deeming it “essential” that a custody determination set
16 forth “the basic facts which show why that ultimate conclusion is justified”).

⁹ *Id.* (citing *Rivero*, 125 Nev. at 430, 216 P.3d at 227.)

¹⁰ *Id.*

17 ¹¹ Compare *Rennels v. Rennels*, — Nev. —, —, 257 P.3d 396, 398 (2011) (holding that a
18 stipulated order according nonparents visitation can only be modified “upon a showing of a
substantial change in circumstances that affects [the] child's welfare such that it is in the child's
19 best interest to modify the existing visitation arrangement”), and *Ellis v. Carucci*, 123 Nev. at
150, 161 P.3d at 242 (to similar effect), with Uniform Child Custody Jurisdiction and
20 Enforcement Act (UCCJEA) § 303, adopted in Nevada as NRS 125A.445(1) (under the
UCCJEA, a child custody determination carries nationwide effect; a court “shall recognize and
enforce a child custody determination of a court of another state if the latter court exercised
jurisdiction in substantial conformity with the provisions of” the UCCJEA).

¹² *Id.* at 1144.

1 denying Dad's motion on this basis is the exact outcome the Nevada Supreme Court
2 cautioned against.

3 **2. Dad has established a prima facie case for custody modification,**
4 **thus the court must set trial**

5 The Nevada Supreme Court has weighed in on whether a trial court must
6 conduct an evidentiary hearing on a motion to modify custody, or whether a district
7 court may decide such a motion on affidavits and points and authorities alone.¹³

8 The Nevada Supreme Court adopted an "adequate cause" standard and held
9 that a district court has the discretion to deny a motion to modify custody without
10 holding a hearing unless the moving party demonstrates "adequate cause" for
11 holding a hearing.¹⁴ "Adequate cause" arises where the moving party presents a
12 prima facie case for modification.¹⁵ To constitute a prima facie case it must be shown
13 that: (1) the facts alleged in the affidavits are relevant to the grounds for
14 modification; and (2) the evidence is not merely cumulative or impeaching.¹⁶

15
16 ¹³ *Rooney v. Rooney*, 109 Nev. 540 (1993).

17 ¹⁴ *Id.* at 542-543. (See *Pridgeon v. Superior Court*, 134 Ariz. 177, 655 P.2d 1 (1982) (court shall
18 deny a motion to modify custody unless it finds that the pleadings establish **125 adequate
19 cause for hearing the motion); *Betzer v. Betzer*, 749 S.W.2d 694 (Ky.Ct.App.1988) (if the trial
20 court determines that the affidavits fail to establish adequate cause for a hearing, the motion for
modification of custody shall be denied without a hearing); *Lutzi v. Lutzi*, 485 N.W.2d 311
(Minn.Ct.App.1992) (court did not wrongfully deny an evidentiary hearing on a proposal to
modify custody where the moving party failed to demonstrate a prima facie case for the
modification); *Roorda v. Roorda*, 25 Wash.App. 849, 611 P.2d 794 (1980) (court shall deny a
motion to modify custody unless the affidavits establish adequate cause for hearing the motion).

¹⁵ *Id.*

¹⁶ *Id.*

1 The Nevada Supreme Court has also weighed in on what the moving party
2 must show to modify custody. The moving party must show that: (1) there has been
3 a substantial change in circumstances affecting the welfare of the child, and (2) the
4 child's best interest is served by the modification.¹⁷

5 The Nevada Supreme Court held that the “change in circumstances” involves
6 the parents, the child, and family unit as a whole; and while stability is important
7 and the court should not take this prong lightly, “unless circumstances have changed
8 to such an extent that modification is appropriate.”¹⁸

9 Facts matter. In *Ellis*, the non-custodial parent filed a motion to modify
10 custody, stating “the circumstances warranted a change in custody because, among
11 other things, Geena's school performance was in decline.”¹⁹ In its order, the court
12 determined that joint physical custody was in Geena's best interest and thus modified
13 the custody arrangement so that Carucci and Ellis would alternate week-long
14 custody of their daughter. The district court stated that Geena's school performance
15 was the key substantial issue litigated and concluded that Banta's testimony that
16 Geena's academic achievement had significantly slipped constituted sufficient
17 evidence of changed circumstances to warrant a modification.²⁰ That is the entirety

18
19 ¹⁷ *Ellis v. Carucci*, 123 Nev. 145, 150 (2007).

20 ¹⁸ *Id.* at 151.

¹⁹ *Id.*

²⁰ *Id.*

1 of the “changed circumstances” in Nevada’s polestar case on custody modification
2 threshold.

3 Here, Dad has averred *way more* significant and troubling facts and
4 circumstances relevant to child custody.

5 *Ellis*: Dad alleges via motion that the child’s grades have deteriorated. Court
6 sets evidentiary hearing. Testimony supported Dad was more involved than Mom
7 with school, thus a modification to joint physical custody was in the child’s best
8 interest. Decision upheld.

9 Here, Dad alleges via motion that:

- 10 1. Mom is cohabitating and engaged to a person with a serious
11 drug problem who has multiple recent DUI’s (with dugs), and
12 numerous recent arrests for drug behavior and probation
13 violations;
- 14 2. Mom violated Dad’s joint legal custody rights *numerous*
15 times based on Mom’s sworn deposition testimony, by failing
16 to tell Dad about their child’s medical and dental
17 appointments. This court has already informed Mom at the
18 October 27, 2014 hearing shortly after trial that Dad has joint
19 legal custody and she needs to include him on these issues;
- 20 3. Mom has blocked Dad’s number on her phone;

4. Mom has moved multiple times (including again recently) without telling Dad where their son is living;
5. Mom failed to tell Dad about their son being in a car accident which required a hospital emergency room visit;
6. Mom failed to provide their son's full legal name on official records, omitting Dad's last name and omitting Dad as Ryder's parent on same forms/records;
7. Mom fails and continues to fail to respond to direct questions regarding their son such as asking about injuries;
8. Mom has failed to accommodate any and all requests for additional time by Dad when he has family in town or other events because she has plans or ignores me and "the court did not order it";
9. Mom allowed their son to contract scabies in her home;
10. Mom fails to properly brush Ryder's teeth, causing numerous dental problems which are excessive for a then-four-year-old;
11. Dad has another child who he has joint physical custody of, and Dad would like to be able to plan activities with the siblings jointly;
12. Mom struck Dad during one exchange; and

1 13. Mom took Ryder out of state without informing Dad.

2 When the court denied Dad's motion without an evidentiary hearing, it is
3 saying that even if everything above is true, it does not warrant modifying custody.
4 Additionally, as stated, Dad cannot hit a target he cannot see. The Court's prior
5 custody order is so legally deficient that Dad has no idea what he'd even need to
6 prove to establish a change in circumstances as there's zero findings to support the
7 court's custodial order.

8 The court should therefore reconsider its prior order denying Dad's motion to
9 modify without an evidentiary hearing and set this matter for trial so the court can
10 take evidence and set custody in Ryder's best interest.

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III. CONCLUSION

BASED ON THE FOREGOING, Kevin Adrianzen requests this Court issue an Order:

1. Reconsidering the denial of modification of physical custody to primary physical custody to Plaintiff from the September 17, 2018 hearing entered February 14, 2019 without trial and an Order setting this matter for trial;
2. For any other relief this Court deems fair and appropriate.

DATED this 28th day of February, 2019.

MCFARLING LAW GROUP

/s/Michael Burton

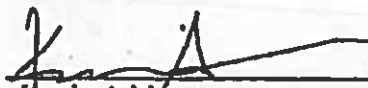
Michael Burton, Esq.
Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335
Attorney for Plaintiff
Kevin Adrianzen

1
2 **DECLARATION OF KEVIN ADRIANZEN**
3

- 4 1. I, Kevin Adrianzen, declare that I am competent to testify to the facts
5 contained in the preceding filing.
6
7 2. I have read the preceding document, and I have personal knowledge of the
8 facts contained therein, unless stated otherwise. Further, the factual
9 averments contained therein are true and correct to the best of my
10 knowledge, except those matters based on information and belief, and as
11 to those matters, I believe them to be true.
12
13 3. The factual averments contained in the preceding filing are incorporated
14 herein as if set forth in full.

15 I declare under penalty of perjury, under the laws of the State of Nevada and
16 the United States (NRS 53.045 and 28 USC § 1746), that the foregoing is true
17 and correct.

18 EXECUTED this 28th day of February, 2019.
19
20



Kevin Adrianzen

MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Kevin Adrianzen

Plaintiff/Petitioner

v.

Raige Petit

Defendant/Respondent

Case No.

0-13-489542-0

Dept.

H

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

- ☐ **\$25** The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
- OR-
- ☒ **\$0** The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
- ☐ The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
 - ☐ The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
 - ☒ The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on 2-14-19.
 - ☐ Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

- ☒ **\$0** The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
- ☒ The Motion/Opposition is being filed in a case that was not initiated by joint petition.
 - ☐ The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
- OR-
- ☐ **\$129** The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
- OR-
- ☐ **\$57** The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

Step 3. Add the filing fees from Step 1 and Step 2.

The total filing fee for the motion/opposition I am filing with this form is:

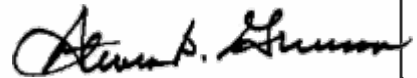
☒ **\$0** ☐ **\$25** ☐ **\$57** ☐ **\$82** ☐ **\$129** ☐ **\$154**

Party filing Motion/Opposition:

Pltff. K. Adrianzen Date 2-28-19

Signature of Party or Preparer

Cynthia Gerville



1 **EXHS**

2 Michael Burton, Esq.
3 Nevada Bar Number 14351
4 **McFARLING LAW GROUP**
5 6230 W. Desert Inn Road
6 Las Vegas, NV 89146
7 (702) 565-4335 phone
8 (702) 732-9385 fax
9 eservice@mcfarlinglaw.com
10 Attorney for Plaintiff,
11 Kevin Adrianzen

8 **EIGHTH JUDICIAL DISTRICT COURT**

9 **FAMILY DIVISION**

10 **CLARK COUNTY, NEVADA**

11 KEVIN ADRIANZEN,

12 Plaintiff,

13 vs.

14 PAIGE PETIT,

15 Defendant.

Case Number: D-13-489542-D
Department: H

16 **PLAINTIFF'S EXHIBIT APPENDIX**

17
18
19 COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
20 Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
21 exhibits in support of his Motion for Reconsideration of Denial of Evidentiary
22 Proceedings on Plaintiff's Motion to Modify Custody and Child Support from
23 September 17, 2018 Order Entered February 14, 2019. Plaintiff understands that
24

1 these are not considered substantive evidence in my case until formally admitted into
2 evidence.

3
4 **TABLE OF CONTENTS**

5 **EXHIBIT 1:** Email from Defendant to Plaintiff re: no phone.

6 **EXHIBIT 2:** Dental Patient Progress Notes for minor child dated
7 February 18, 2019.

8 **EXHIBIT 3:** Facebook message from Shawn Masonry to Plaintiff from
9 approximately November 12, 2018.

10 DATED this 28th day of February, 2019.

11
12 **MCFARLING LAW GROUP**

13 /s/ Michael Burton

14 Michael Burton, Esq.
15 Nevada Bar Number 14351
16 6230 W. Desert Inn Road
17 Las Vegas, NV 89146
18 (702) 565-4335
19 Attorney for Plaintiff,
20 Kevin Adrianzen
21
22
23
24

EXHIBIT 1

This is Paige. I will not have my phone until further notice and if you have tried to contact me the past few days I did not receive it. I made an account through Talking Parents and if you need to get a hold of me you'll need to create a secondary account using a secondary email. Exchanges will resume as usual. I'll be picking Ryder up at 6pm Monday and will not have a phone to let you that I'm out front so if you could please have him ready and waiting for me it would be appreciated. Otherwise I'll be ringing the doorbell. If you need to contact me going forward, you'll need to go through Talking Parents until I have my phone again. Thanks.

EXHIBIT 2

Patient Progress Notes

Patient: **Ryder B. Petit-Adrianzen**
 Provider: **Sandra M. Thompson, DMD**
 Phone: **(702)658-6700**
 Office: **6169 S Rainbow Blvd Ste 100**
Las Vegas, NV 89118

Date: **2/18/2019**
 Chart #: **019236**
 Birthdate: **9/22/2013**

• • • A B C D E F G H I J • • •



• • • T S R Q 25 24 N M L K • • •

■ Treatment Plan ■ Completed ■ Conditions ■ Existing-This Prov ■ Existing-Other Prov

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
9/5/2018			D0150	DRST	Comprehensive oral evaluation	C	33 24
Exam type: Comprehensive 5yr male presents to clinic with "NO CC" went over OHI and the importance of flossing Upon Dr. Thompson's exam she stated no decay present RMH, Nkda, No Meds -Healthy Weight: 45 X-RAYS TAKEN: yes 2bwx , no caries or other pathology E/O exam: WNL TMJ: WNL I/O exam: WNL OB:75 % & OJ:1 mm Midline: even Crossbite: NSF Left side occlusion - Class 1 Right side occlusion - Class 1 Tonsils - 25 % Caries: n/a Oral cancer screening: NSF Periodontal status: NSF Referrals: NSF Oral Hygiene: fair Caries Risk Assessment:high Parents accept treatment plan: yes Consequences of refusing treatment explained up to and including caries progression, infection, infection spreading to brain, hospitalization and death. Parents state they understand. Behavior: cooperative Assistant Name:kristen NV:Recall w/o x-ray's Dr. Sandra Thompson							
9/5/2018			D0272	DRST	Bitewing Two Image	C	18 00

Patient Progress Notes

Patient: Ryder B. Petit-Adrianzen
 Provider: Sandra M. Thompson, DMD
 Phone: (702)658-6700
 Office: 6169 S Rainbow Blvd Ste 100
 Las Vegas, NV 89118

Date: 2/18/2019
 Chart #: 019236
 Birthdate: 9/22/2013

Date	Tooth	Surface	Proc	Prov	Description	Stat	Amount
For growth and development, as well as the diagnosis of interproximal contacts.							
9/5/2018			D0603	DRST	Caries risk assessment - High	C	0.00
Patient has history of incipient or active caries or lesions. Socioeconomic status of family.							
9/5/2018			D10001	DRST	HIROAD	C	0.00
Hospitalization -n/a Illness -n/a Review of System -n/a Operations -n/a Allergies -n/a Drugs/Medications -n/a							
9/5/2018			D1120	DRST	Prophylaxis-child	C	45.00
Prophy performed to control local irritating factors that are present on the patient's tooth surface. Prophy with fine paste. All contacts flossed. All plaque and calculus removed.							
DA kt							
Dr. Sandra Thompson							
9/5/2018			D1206	DRST	Topical Applic Fluoride Varnish	C	35.00
Applied topical varnish 5 % sodium Fluoride							
2/13/2019			D0140	DRST	Limited oral evaluation	C	33.24
5 yo male presents to clinic with CC of "pain on upper front teeth when pt is in school." Xrays in doc center from other office. Dr. Thompson evaluated patient and advised that teeth E and F are mobile and ready to exfoliate. Advised pain is from the loose front teeth, recommend patient work on wiggling teeth at home. Mom also reports pt was seen recently at another office and a crown was recommended. Dr. Thompson evaluated xrays from the other office and advised there is large DO decay on #S- SSC indicated. Possible mesial decay on #T, difficult to tell due to slight overlap on the xrays. Recommend SSC #S, and then direct evaluation of #T to determine if there is mesial decay. If there is mesial decay on #T, then an SSC would be recommended on #T as well. Mom reports that she would prefer doing tx at this office. Discussed tx options, IOS or nitrous. Pt seems cooperative, advised that nitrous alone should be fine as long as patient is cooperative. Recommend mom discuss tx with patient's dad so that they can agree upon location and route of treatment. Mom also reports pt has a difficult time at home with brushing and flossing. Recommend helping patient with the brushing and flossing. Also recommended either a fluoride mouthrinse or a color indicating rinse to turn plaque a different color to help pt out with the brushing. Mom will talk to dad and let us know what they decide. Weight: 45 lbs DA SN Dr. Sandra Thompson							
2/13/2019			D9215	DRST	Local anesthesia	TP	0.00
2/13/2019			D9230	DRST	Analgesia-inhal of nitrous oxid	TP	18.44
2/13/2019			D9248	DRST	Non IV conscious sedation	TP	91.22
2/13/2019	S		D2930	DRST	Prefab stain steel crn-primary	TP	72.00

SINGLE PATIENT LEDGER

Little Smiles LLC

Date: 02/18/2019

Page: 1

Patient Name: Ryder B Petit-Adrianzen
6191 Alpine Tree Ave
Las Vegas, NV 89139

Chart Number: 019236

Billing Type: 1

DATE	TEETH	DESCRIPTION	PATIENT	CHARGE	PAYMENT	BALANCE
09/04/2018		Patient Balance Forward		0.00		0.00
09/05/2018		HIROAD	Ryder	0.00		0.00
09/05/2018		Comprehensive oral evaluation	Ryder	33.24		33.24
09/05/2018		Bitewing Two Image	Ryder	18.00		51.24
09/05/2018		Prophylaxis-child	Ryder	45.00		96.24
09/05/2018		Topical Applic Fluoride Varnish	Ryder	35.00		131.24
09/05/2018		Caries risk assessment - High	Ryder	0.00		131.24
09/10/2018		Dental Ins Payment - LIBERTY DENTAL NV MEDIC	Ryder		-131.24	0.00
02/13/2019		Limited oral evaluation	Ryder	33.24		33.24

TOTAL PATIENT BALANCE AS OF 02/18/2019:

33.24



EXHIBIT 3



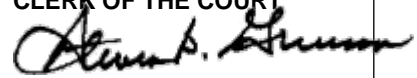
Shawn Masonry

Using Messenger without Facebook

MON AT 2:34 PM

Hey Kevin I'm not with Paige anymore and I want to see you win this shit you got going on so if there is anything you need from me just let me know because she fucked me too

You can't reply to this conversation. [Learn More](#)



OPPC (FAM)
MELVIN R GRIMES, ESQ.
Nevada Bar No. 12972
THE GRIMES LAW OFFICE
8540 S. Eastern Ave., Suite 100
Las Vegas, NV 89123
Tel: (702) 347-4357
Fax: (702) 224-2160
Attorney for Defendant

**DISTRICT COURT
CLARK COUNTY, NEVADA**

KEVIN ADRIANZEN,
Plaintiff,

CASE NO.: D-13-489542-D

DEPT: H

Vs.

HEARING DATE: APRIL 3, 2019

HEARING TIME: 10:00 AM

PAIGE PETIT,
Defendant.

**DEFENDANT'S OPPOSITION TO MOTION FOR
RECONSIDERATION OF DENIAL OF EVIDENTIARY PROCEEDINGS
ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND CHILD
SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED FEBRUARY 14,
2019
AND
COUNTERCLAIM FOR ATTORNEY'S FEES AND COSTS**

COMES NOW, the Defendant, PAIGE PETIT, by and through her attorney,
MELVIN R. GRIMES, ESQ., of THE GRIMES LAW OFFICE, and submits this
Defendant's Opposition to Motion for Reconsideration of Denial of Evidentiary
Proceedings on Plaintiff's Motion to Modify Custody and Child Support from
September 17, 2018 Order Entered February 14, 2019 and Counterclaim for
Attorney's Fees and Costs.

///

///

1 This Opposition is based on the papers and pleadings on file with this court,
2 the Memorandum of Points and Authorities attached hereto, and such argument as
3 this Court may permit.

4 Respectfully submitted this 21st day of March 2019.

5 THE GRIMES LAW OFFICE

6 /s/ Melvin R. Grimes

7 MELVIN R. GRIMES, ESQ.

8 Nevada Bar No: 12972

9 Melg@grimes-law.com

10 THE GRIMES LAW OFFICE

11 8540 S. Eastern Ave., Suite 100

12 Las Vegas, NV 89123

13 p: (702) 347-4357

14 f: (702) 224-2160

15 *Attorney for Defendant*

MEMORANDUM OF POINTS AND AUTHORITIES

I. Statement of Facts

As the court has been briefed on this matter ad nauseum, Defendant will refrain from providing a rote recitation of the facts as the history of the case along with the entirety of the Plaintiff's motion is little more than an attempt to relitigate already ruled upon matters.

II. Legal Argument

A. The Court's Order is Not Legally Deficient

A custody order must tie in the child's best interest accompanied by finding of fact with regards to the factors set forth by NRS 125C.0035(4) and any other factors that the Court deems relevant to the custody determination. *Davis v. Ewalefo*, 352 P.3d 1139, 1143 (2015) (citing *Bluestein v. Bluestein*, ___ Nev. ___, ___, 345 P.3d 1044, 1049 (2015)).

Here, the court entered findings of fact, in its order, stating "THE COURT FINDS the actions of Defendant's fiancé have not caused any neglect on the part of the Defendant." That the Plaintiff is dissatisfied with such a finding, does not amount to a legally deficient finding of fact on the part of the Court.

The Plaintiff continues to argue that due to the drafting of the original custody order, he is unable to prevail on a motion to modify custody as there is no starting point. Plaintiff should have argued this matter at the time of the original custody order. As such, any argument would clearly be excluded by the doctrine of laches.

B. Plaintiff Failed to Establish a Prima Facie Case for Custody Modification

The Nevada Supreme Court has adopted the "adequate cause" standard which empowers the district court to deny a motion to modify custody without holding a hearing unless the moving party demonstrates "adequate cause" for holding a hearing. *Rooney v. Rooney*, 109 Nev. 540, 542-3 (1993). "Adequate cause" requires that the moving party present a prima facie case for modification. *Id.* In order to

1 show a prima facie case, the moving party must show: 1) that the facts alleged in the
2 affidavits are relevant to the grounds for modification; and 2) the evidence is not
3 merely cumulative or impeaching. *Id.*

4 The standard to modify physical custody was set forth in *Ellis v. Carucci*
5 requiring that the moving party show that: 1) there has been a substantial change in
6 circumstances affecting the welfare of the minor child; and 2) the child's best
7 interest is served by the modification. 123 Nev 145, 150 (2007).

8 Here, the Plaintiff failed to present a prima facie case. The Plaintiff attempts
9 to compare this court's decision to that in *Ellis* but fails to take into account the
10 necessity of the court to see each case in its unique totality.

11 Plaintiff attempts to apply a line of logic which is designed only to mislead the
12 court in that "When the court denied Dad's motion without an evidentiary hearing, it
13 is saying that even if everything above is true, it does not warrant modifying
14 custody." What the Court explicitly said is that "there is no adequate cause to re-
15 litigate custody."

16 Further, the Plaintiff is so concerned with simply winning a custody battle that
17 he has resorted to using terms such as "dad cannot hit a target he cannot see." This
18 isn't a competition, this is matter regarding the welfare of a minor child. The fact
19 that the Plaintiff cannot see the target may be an indicator that his fictitious target
20 simply doesn't exist. The Court's prior custody order was very clear. Plaintiff
21 appears to be confused as he states that "he has no idea what he'd even need to prove
22 to establish a change in circumstances..." What the Plaintiff appears to be missing is
23 that there simply has not been a change in circumstances.

24 That the Plaintiff feels his argument constitutes circumstances affecting the
25 welfare of the child is not important. What is important is that he failed to plead
26 evidence sufficient enough to convince this court.

27 The Plaintiff's absurd reasoning aside, the Defendant is not opposed to a
28 reevaluation of child support. Any order moving forward should be based on the

parties' current financial disclosure forms, actual earning capacity, and with a full understanding of the financial needs of the minor child.

III. Counterclaim

A. The Defendant is entitled to an Award for Past Medical Expenses

The Parties stipulated and agreed that medical expenses would be evenly split by the parties.¹ The parties Decree of Divorce does not make such division pursuant to the 30/30 rule. However, Paige has submitted each of the following to Plaintiff and he has failed to reimburse her any of the costs.² Plaintiff owes Paige \$6650.99 before the application of appropriate interest.

B. The Defendant is Entitled to an Award of Attorney's Fees and Costs

Chapter 18 of the Nevada Revised Statutes grants courts discretion to award attorney fees "when the court finds that the claim...was brought or maintained without reasonable ground" and permits courts to "punish for and deter frivolous or vexatious claims and defenses because such claims and defenses overburden limited judicial resources, hinder the timely resolution of meritorious claims and increase" costs. NRS 18.010(2)(b). To justify an award of attorney's fees, the district court must determine whether there were reasonable grounds for the claims asserted. *Bergmann v. Boyce*, 109 Nev. 670, 675, 856 P.2d 560, 563 (1993). The proper inquiry evaluates the frivolousness of the suit at the time it was initiated. *Barozzi v. Benna*, 112 Nev. 635, 639, 918 P.2d 301, 303 (1996).

Further, the Plaintiff has failed to present facts and legal analysis that would enable this court to provide him the relief sought. The Plaintiff's countermotion was doomed from the onset and have done little more than create a financial burden upon the Defendant and served only to further inflame litigation in a case that has been ruled upon.

¹ See the Decree of Divorce filed on August 18, 2014, page 3, lines 11-14.

² See Exhibit A – Copy of schedule and related billings and receipts.

1 The court should therefore award the Defendant attorney's fees and costs
2 related to the defense of the present motion. The Defendant seeks leave of the court
3 to submit an affidavit of fees and costs, and a *Brunzell* affidavit in support of an award
4 of fees and cost.

5 **IV. Conclusion**

6 Defendant, PAIGE PETIT, therefore, prays that this Court:

- 7 1. Deny the Plaintiff's Motion;
- 8 2. Grant Defendant an Award of Attorney's Fees and Costs; and
- 9 3. Any further relief this court deems just and equitable.

10 Respectfully submitted this 21st day of March 2019.

11
12 THE GRIMES LAW OFFICE

13 /s/ Melvin R. Grimes

14 MELVIN R. GRIMES, ESQ.

15 Nevada Bar No: 12972

16 Melg@grimes-law.com

17 THE GRIMES LAW OFFICE

18 8540 S. Eastern Ave., Suite 100

19 Las Vegas, NV 89123

20 p: (702) 347-4357

21 f: (702) 224-2160

22 *Attorney for Defendant*

MOFI

DISTRICT COURT
FAMILY DIVISION
CLARK COUNTY, NEVADA

Kevin Adrianzen

Plaintiff/Petitioner

v.
Paige Petit

Defendant/Respondent

Case No. **D-13-489542-D**

Dept. **H**

**MOTION/OPPOSITION
FEE INFORMATION SHEET**

Notice: Motions and Oppositions filed after entry of a final order issued pursuant to NRS 125, 125B or 125C are subject to the reopen filing fee of \$25, unless specifically excluded by NRS 19.0312. Additionally, Motions and Oppositions filed in cases initiated by joint petition may be subject to an additional filing fee of \$129 or \$57 in accordance with Senate Bill 388 of the 2015 Legislative Session.

Step 1. Select either the \$25 or \$0 filing fee in the box below.

<input type="checkbox"/> \$25	The Motion/Opposition being filed with this form is subject to the \$25 reopen fee.
-OR-	
<input checked="" type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$25 reopen fee because:
<input type="checkbox"/>	The Motion/Opposition is being filed before a Divorce/Custody Decree has been entered.
<input type="checkbox"/>	The Motion/Opposition is being filed solely to adjust the amount of child support established in a final order.
<input type="checkbox"/>	The Motion/Opposition is for reconsideration or for a new trial, and is being filed within 10 days after a final judgment or decree was entered. The final order was entered on _____.
<input type="checkbox"/>	Other Excluded Motion (must specify) _____.

Step 2. Select the \$0, \$129 or \$57 filing fee in the box below.

<input checked="" type="checkbox"/> \$0	The Motion/Opposition being filed with this form is not subject to the \$129 or the \$57 fee because:
<input checked="" type="checkbox"/>	The Motion/Opposition is being filed in a case that was not initiated by joint petition.
<input type="checkbox"/>	The party filing the Motion/Opposition previously paid a fee of \$129 or \$57.
-OR-	
<input type="checkbox"/> \$129	The Motion being filed with this form is subject to the \$129 fee because it is a motion to modify, adjust or enforce a final order.
-OR-	
<input type="checkbox"/> \$57	The Motion/Opposition being filing with this form is subject to the \$57 fee because it is an opposition to a motion to modify, adjust or enforce a final order, or it is a motion and the opposing party has already paid a fee of \$129.

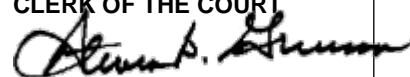
Step 3. Add the filing fees from Step 1 and Step 2.

The total filing fee for the motion/opposition I am filing with this form is:

☒ **\$0** ☐ **\$25** ☐ **\$57** ☐ **\$82** ☐ **\$129** ☐ **\$154**

Party filing Motion/Opposition: **The Grimes Law Office for Defendant** Date **03/21/19**

Signature of Party or Preparer **/s/ Katherine Mendoza**



APP
MELVIN R. GRIMES, ESQ.
Nevada Bar No: 12972
Melg@grimes-law.com
THE GRIMES LAW OFFICE
8540 S. Eastern Avenue Suite 100
Las Vegas, NV 89123
p: (702) 347-4357
f: (702) 224-2160
Attorney for Defendant

**DISTRICT COURT
CLARK COUNTY, NEVADA**

KEVIN ADRIANZEN,
Plaintiff,

vs.

PAIGE PETIT,
Defendant.

CASE NO.: D-13-489542-D
DEPT NO.: H

HEARING DATE: April 3, 2019
TIME: 10:00 AM

**APPENDIX OF EXHIBITS TO DEFENDANT'S OPPOSITION TO MOTION
FOR RECONSIDERATION OF DENIAL OF EVIDENTIARY
PROCEEDINGS ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND
CHILD SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED
FEBRUARY 14, 2019 AND COUNTERCLAIM FOR ATTORNEY'S FES AND
COSTS**

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COMES NOW, Defendant, PAIGE PETIT, by and through her Attorney of Record, Melvin R. Grimes, ESQ of The Grimes Law Office and Submits this Appendix of Exhibits to Defendant's Opposition to Motion for Reconsideration of Denial of Evidentiary Proceedings on Plaintiff's Motion to Modify Custody and Child Support from September 17, 2018 Order Entered February 14, 2019 and Counterclaim for Attorney's Fees and Costs.

Dated this 21st day of March, 2019.

THE GRIMES LAW OFFICE

/s/ Melvin R. Grimes
Melvin R. Grimes, Esq.
Nevada Bar No.12972
8540 S. Eastern Avenue Suite 100
Las Vegas, NV 89123
(702) 347-4357

EXHIBITS

<u>Exhibit</u>	<u>Title of Document(s)</u>	<u>Bates Stamped No.</u>
A	Defendant's Medical Bills	DEF0001-DEF0114

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EXHIBIT A

OUTSTANDING BALANCE IN MEDICAL BILLS IN REGARDS TO RYDER TO DATE OF 02/19/17

ACCOUNT / INVOICE NUMBER	SERVICE	DATE	TYPE	OPENING BILL	DISCOUNT / PAID	CO-PAY OWED	PAID TO DATE	REMAINING BALANCE	PAID TO DATE BY PAIGE	PAID TO DATE BY KEVIN	PAIGES PORTION OWED FOR AMOUNT PAID TO DATE	KEVINS PORTION OWED FOR AMOUNT PAID TO DATE	PAIGES PORTION OF ALL BILLS	KEVINS PORTION OF ALL BILLS	PAGE #
N/A	Babys First Image	03/21/13	Prenatal	\$102.00	N/A	\$102.00	\$102.00	\$0.00	\$102.00	\$0.00	\$0.00	\$0.00	\$51.00	\$51.00	1
A46371147	Quest Diagnostics	04/09/13	Prenatal	\$83.71	\$83.71	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	2
N/A	Dr Scarff	04/09/13	Prenatal	UNK	UNK	\$20.00	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	3
RAN38655	Radiology Associates of NV	04/19/13	Prenatal	\$174.00	\$162.38	\$11.62	\$11.62	\$0.00	\$11.62	\$0.00	\$0.00	\$0.00	\$5.81	\$5.81	4 - 5
106018A6385	Saint Rose Hospital	04/19/13	Prenatal	\$451.95	\$412.85	\$42.10	\$42.10	\$0.00	\$42.10	\$0.00	\$0.00	\$0.00	\$21.05	\$21.05	6 - 7
33364100	Saint Rose Hospital	04/19/13	Prenatal	\$2,858.00	\$1,267.84	\$466.97	\$466.97	\$0.00	\$466.97	\$0.00	\$0.00	\$0.00	\$233.485	\$233.485	8 - 9
N/A	Dr Scarff	05/15/13	Prenatal	UNK	UNK	\$50.00	\$50.00	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$25.00	\$25.00	10
N/A	Desert Perinatal Associates	06/17/13	Prenatal	\$59.45	N/A	\$30.00	\$30.00	\$0.00	\$30.00	\$0.00	\$0.00	\$0.00	\$15.00	\$15.00	11
A4747155	Quest Diagnostics	06/21/13	Prenatal	\$59.45	\$53.07	\$6.38	\$6.38	\$0.00	\$6.38	\$0.00	\$0.00	\$0.00	\$3.19	\$3.19	12 - 13
AC216729	Anesthesiology Consultants	09/22/13	Birth	\$1,285.00	\$425.00	\$862.60	\$862.60	\$0.00	\$862.60	\$0.00	\$0.00	\$0.00	\$431.30	\$431.30	14 - 16
C439523	Healthcare Partners	09/22/13	Birth	\$1,079	\$660.62	\$518.38	\$518.38	\$0.00	\$518.38	\$0.00	\$0.00	\$0.00	\$259.19	\$259.19	17 - 18
905391751	Spring Valley Hospital	09/22/13	Birth	\$37,633.00	\$35,264.80	\$2,368.20	\$2,368.20	\$0.00	\$2,368.20	\$0.00	\$0.00	\$0.00	\$1,184.10	\$1,184.10	19 - 38
905391751	Spring Valley Hospital	09/22/13	Birth	\$32,281.00	\$30,571.63	\$1,709.37	\$1,709.37	\$0.00	\$1,709.37	\$0.00	\$0.00	\$0.00	\$879.685	\$879.685	39 - 60
PE0909249075	Pediatric Medical Group	09/26/13	Birth	\$7,251.00	\$2,997.16	\$4,253.84	\$4,253.84	\$0.00	\$4,253.84	\$0.00	\$0.00	\$0.00	\$2,126.92	\$2,126.92	61 - 65
905391751	Spring Valley Hospital	09/26/13	Birth	\$500.00	N/A	\$500.00	\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$250.00	\$250.00	66
905405742	Spring Valley Hospital	09/29/13	Birth	\$5,993.80	\$5,813.80	\$180.00	\$180.00	\$0.00	\$180.00	\$0.00	\$0.00	\$0.00	\$75.00	\$75.00	67 - 68
1344659-QDSRT-1-D:	Desert Radiology Solutions	09/29/13	Birth	\$129.09	\$121.75	\$7.34	\$7.34	\$0.00	\$7.34	\$0.00	\$0.00	\$0.00	\$3.67	\$3.67	69 - 70
N/A	Healthcare Partners	10/09/13	Doctor Visit (Checkup Doctor Visit)	\$65.00	\$40.00	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	71
N/A	Healthcare Partners	10/23/13	(Checkup)	\$65.00	N/A	\$65.00	\$65.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$32.50	\$32.50	72
N/A	Health District	11/12/13	Shots	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	73
N/A	Healthcare Partners	01/05/14	Doctor Visit (Checkup)	\$69.00	N/A	\$69.00	\$69.00	\$0.00	\$69.00	\$0.00	\$0.00	\$0.00	\$34.50	\$34.50	74
N/A	Health District	01/22/14	Shots	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	75
N/A	Health District	03/19/14	Shots	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$12.50	\$12.50	76
N/A	Healthcare Partners	04/18/14	Doctor Visit (Sick)	\$100.00	N/A	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	77
N/A	Wal-Mart Pharmacy	04/18/14	Medication	UNK	UNK	\$4.00	\$4.00	\$0.00	\$4.00	\$0.00	\$0.00	\$0.00	\$2.00	\$2.00	78
N/A	Child Support	05/15/14	May Child Support	\$25.00	N/A	\$25.00	\$25.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	N/A	N/A	N/A
N/A	Healthcare Partners	09/09/14	Doctor Visit (Sick)	\$100.00	N/A	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	79
N/A	Walgreens Pharmacy	12/08/14	Medication	\$57.89	\$42.89	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	80 - 81
N/A	Walgreens Pharmacy	12/08/14	Medication	\$20.00	\$17.24	\$2.75	\$2.75	\$0.00	\$2.75	\$0.00	\$0.00	\$0.00	\$1.375	\$1.375	80 - 81
OE234	Preferred Homecare	12/08/14	Nebulizer Machine	UNK	UNK	\$40.54	\$40.54	\$0.00	\$40.54	\$0.00	\$0.00	\$0.00	\$20.27	\$20.27	82 - 83
OE234	Preferred Homecare	12/08/14	Nebulizer Machine	UNK	UNK	\$163.84	\$163.84	\$0.00	\$163.84	\$0.00	\$0.00	\$0.00	\$81.92	\$81.92	84 - 85
N/A	Healthcare Partners	01/08/15	Doctor Visit (Sick)	\$100.00	N/A	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	86
N/A	Walgreens Pharmacy	01/08/15	Medication	\$37.99	\$31.99	\$6.00	\$6.00	\$0.00	\$6.00	\$0.00	\$0.00	\$0.00	\$3.00	\$3.00	86
N/A	Walgreens Pharmacy	01/09/15	Medication	\$25.99	\$21.49	\$4.50	\$4.50	\$0.00	\$4.50	\$0.00	\$0.00	\$0.00	\$2.25	\$2.25	87
N/A	Healthcare Partners	02/13/15	Doctor Visit (Sick)	\$100.00	N/A	\$100.00	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$50.00	\$50.00	88
364218	Radiology Specialists	02/22/15	Visit (CPS)	\$137.00	\$115.76	\$21.24	\$21.24	\$0.00	\$21.24	\$0.00	\$0.00	\$0.00	\$10.62	\$10.62	89 - 90
6707698	Pediatric Medical Group	02/22/15	Visit (CPS)	\$783.00	\$744.19	\$38.81	\$38.81	\$0.00	\$38.81	\$0.00	\$0.00	\$0.00	\$19.405	\$19.405	91 - 93
1105803259	Sunrise Hospital	02/22/15	Visit (CPS)	\$5,990.00	\$4,768.39	\$1,221.61	\$1,221.61	\$0.00	\$1,221.61	\$0.00	\$0.00	\$0.00	\$610.805	\$610.805	94 - 96
N/A	Healthcare Partners	03/03/15	Doctor Visit (Sick)	\$100.00	\$85.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	97
N/A	Walgreens Pharmacy	03/03/15	Medication	\$20.99	\$17.24	\$3.75	\$3.75	\$0.00	\$3.75	\$0.00	\$0.00	\$0.00	\$1.875	\$1.875	97
N/A	Walgreens Pharmacy	03/03/15	Medication	\$16.99	\$14.33	\$2.66	\$2.66	\$0.00	\$2.66	\$0.00	\$0.00	\$0.00	\$1.33	\$1.33	97
3119187023	Quest Diagnostics	03/05/15	Doctor Visit Test	\$152.63	\$136.31	\$16.32	\$16.32	\$0.00	\$16.32	\$0.00	\$0.00	\$0.00	\$8.16	\$8.16	98 - 99
N/A	Walgreens Pharmacy	04/05/15	Medication	\$91.99	\$76.99	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	100
N/A	Healthcare Partners	04/10/15	Doctor Visit (Sick)	\$100.00	\$85.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	101
N/A	Healthcare Partners	11/13/15	Doctor Visit (Sick)	\$100.00	\$85.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	101
N/A	Walgreens Pharmacy	11/13/15	Medication	\$19.99	\$13.85	\$6.14	\$6.14	\$0.00	\$6.14	\$0.00	\$0.00	\$0.00	\$3.07	\$3.07	101
N/A	Healthcare Partners	12/11/15	Doctor Visit (Sick)	\$100.00	\$85.00	\$15.00	\$15.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$7.50	\$7.50	101
N/A	Walgreens Pharmacy	12/11/15	Medication	\$89.99	\$58.61	\$31.38	\$31.38	\$0.00	\$31.38	\$0.00	\$0.00	\$0.00	\$15.69	\$15.69	101
N/A	Walgreens Pharmacy	12/11/15	Medication	\$20.99	\$18.15	\$2.84	\$2.84	\$0.00	\$2.84	\$0.00	\$0.00	\$0.00	\$1.42	\$1.42	101
N/A	Healthcare Partners	12/11/15	Doctor Visit (Sick)	\$100.00	\$80.00	\$20.00	\$20.00	\$0.00	\$20.00	\$0.00	\$0.00	\$0.00	\$10.00	\$10.00	101
N/A	Walgreens Pharmacy	12/11/16	Medication	\$181.99	\$176.99	\$5.00	\$5.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$2.50	\$2.50	101
N/A	Walgreens Pharmacy	02/17/17	Medication	\$185.99	\$180.99	\$5.00	\$5.00	\$0.00	\$5.00	\$0.00	\$0.00	\$0.00	\$2.50	\$2.50	101

TOTALS:

\$99,721.45 \$85,601.25 \$13,276.96 \$13,251.98 \$25.00 \$13,251.98 \$0.00 \$6,650.99 \$6,625.99 \$6,650.99

Select Activity Type

Search Options

Current Transactions for: *****6822

There has been no recent activity.

Transaction History for: *****6822

BABYS FIRST IMAGE LAS VEGAS NV US
Miscellaneous General Services
03/21/13 2:21 AM
~~-102.00~~

Download to CSV

Responsive View

English

Cardholder Agreement and Disclosure / Privacy and Error Resolution Policy ([index.cfm?view=accounts.cardholder_agreement&bin=EDB618E05AE44B8A83A11AB8691217F1](#))
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 (<https://www.facebook.com/GlobalCashCard>)

 (<https://twitter.com/Paycards>)

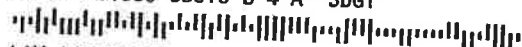
 (<http://www.linkedin.com/company/global-cash-card>)

Ultrasound
\$ 102.00



Do not use address below:
PO Box 7302
Hollister, MO 65073-7302

AT 01 001559 39615 B 4 A**3DGT



LAV A46371147

PAIGE PETIT

7645 STETSON BLUFF AVE

LAS VEGAS, NV 89113-3065

Laboratory Invoice

Page 1 of 2

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
May. 02, 2013	\$25.00	Jun. 01, 2013
Invoice Number	Lab Code	Bill Code
A46371147	LAV	
Patient Name:	PETIT, PAIGE	
Responsible Party:	PAIGE PETIT	
Date of Service:	April 9, 2013	

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.



Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.



Phone
1-800-433-2750 1-702-733-3720 1-702-733-6910
Weekdays 8AM - 4:00PM PST Se Habla Espanol
To check your balance, last payment made, or to make a credit card payment 24 hours a day, please call 702-358-0474.
Please have your invoice available for reference.

Laboratory Tests Were Requested By:

Referring Physician: GLASSMAN/KRAMER/SCARFF/HERRERO
Physician Address: 1934 E SAHARA AVE
LAS VEGAS, NV 89104

Most Recent Insurance Claim Filed To:

Insurance Name: AETNA POS
Insurance ID: W196774700
Group Number: 529684

These charges are for tests ordered by the referring physician listed and are separate from the physician's fees. Your insurance carrier has processed the claim and the amount due is your financial responsibility. Please remit payment promptly. Thank you for using Quest Diagnostics.

Date	CPT Code *	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
04/09/13	82105	AFP						
04/09/13	82397	CHEMILUMINESCENT ASSAY	\$175.23					
04/09/13	82677	ESTRIOL	\$147.88					
04/09/13	84702	HCG	\$253.14					
04/09/13	86336	INHIBIN A	\$146.97					
05/01/13		PRIVATE INSURANCE DISALLOWED	\$135.52					
05/01/13		PRIVATE INSURANCE PAYMENT		(\$120.52)				
05/01/13		PRIVATE INSURANCE DISALLOWED		(\$132.49)	(\$13.27)			
05/01/13		PRIVATE INSURANCE PAYMENT			(\$14.48)			
05/01/13		PRIVATE INSURANCE DISALLOWED		(\$229.87)				
05/01/13		PRIVATE INSURANCE PAYMENT		(\$134.28)				
05/01/13		PRIVATE INSURANCE DISALLOWED			(\$13.60)			

Tax ID: 88-0099333 ICD-9 Codes: V28.9

Services Performed by: QUEST DIAGNOSTICS SAN JUAN CAP, CA 92875-2042

* The CPT codes provided are based on AMA guidelines and without regard to specific payor requirements



Quest Diagnostics

LOG ON NOW. Pay your bill securely at
www.QuestDiagnostics.com/bill
or call 1-800-433-2750 or 1-702-733-3720.
Quest Diagnostics also accepts:

VISA

MasterCard

AMERICAN EXPRESS

Please fold and tear along perforation and remit with payment in the envelope provided.

PAY D.
5207

Amount Due: \$25.00
Due Date: Jun. 01, 2013
Invoice Number: A46371147

Patient Name: PETIT, PAIGE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 31001-1542
PASADENA, CA 91110-1542

COPY

Please make your checks payable to QUEST DIAGNOSTICS.
Be sure to include invoice number on your check.

Check here if address has changed.

Please provide your new address information on the back.

Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

01LAV3501A46371147X00002500105020891850629025XXXXXX9

Glassman, Kramer and Scarff

Patient Ledger

Sorted By: Case Number

Entry	Date	POS Description	Case	Procedure	Document	Provider	Amount
00004005	PAIGE PETIT	(702)767-7283					
	Last Payment: -1,850.00	On 11/07/2013					
1817764	04/09/2013	11	68546	99885	1304090000	SI	185.00
1817765	04/09/2013	11	68546	81025	1304090000	SI	15.00
1817766	04/09/2013	11	68546	87491	1304090000	SI	95.00
1817767	04/09/2013	11	68546	87591	1304090000	SI	95.00
1817768	04/09/2013	11	68546	PCASH	1304090000	SI	-20.00
1826876	05/15/2013	AEINA HEALTHPLAN	68546	PAEINA	1304090000	SI	-102.73
1826877	05/15/2013	Adjustment	68546	AAEINA	1304090000	SI	-68.06
1826878	05/15/2013	AEINA HEALTHPLAN	68546	PAEINA	1304090000	SI	0.00
1826879	05/15/2013	Adjustment	68546	AAEINA	1304090000	SI	-9.21
1826880	05/15/2013	AEINA HEALTHPLAN	68546	PAEINA	1304090000	SI	-32.10
1826881	05/15/2013	Adjustment	68546	AAEINA	1304090000	SI	-62.90
1826882	05/15/2013	AEINA HEALTHPLAN	68546	PAEINA	1304090000	SI	-32.10
1826883	05/15/2013	Adjustment	68546	AAEINA	1304090000	SI	-62.90
1827842	05/15/2013	11	68546	100	1305150000	SI	0.00
1827843	05/15/2013	11	68546	76805	1305150000	SI	245.00
1827844	05/15/2013	11	68546	PCASH	1305150000	SI	-50.00
1837011	05/12/2013	11	68546	100	1305120000	SI	0.00
1837012	05/12/2013	11	68546	81008	1305120000	SI	6.00
1838034	05/19/2013	AEINA HEALTHPLAN	68546	PAEINA	1305150000	SI	-84.91
1838035	05/19/2013	Adjustment	68546	AAEINA	1305150000	SI	-110.09
1841894	07/05/2013	AEINA HEALTHPLAN	68546	PAEINA	1305120000	SI	0.00
1841895	07/05/2013	Adjustment	68546	AAEINA	1305120000	SI	-6.00
1844307	07/10/2013	11	68546	100	1307100000	SI	0.00
1850758	07/31/2013	11	68546	100	1307310000	SI	0.00
1857334	08/21/2013	11	68546	100	1308210000	SI	0.00
1861292	09/04/2013	11	68546	100	1309040000	SI	0.00
1864294	09/12/2013	11	68546	100	1309120000	SI	0.00
1865612	09/19/2013	11	68546	100	1309190000	SI	0.00
1871402	10/09/2013	11	68546	107	1310090000	SI	0.00
187519	09/22/2013	21	70830	59510	1310080000	SI	4000.00
1875317	11/07/2013	AEINA HEALTHPLAN	70830	PPPO	1310080000	SI	-1850.00
1875318	11/07/2013	Adjustment	70830	APPO	1310080000	SI	-2150.00
Patient Total							\$0.00

STATEMENT

0001



AMOUNT

Radiology Associates of Nevada
 PO Box 30077 Dept 305
 Salt Lake City UT 84130-0077

Note: Remit address may be different.

Statement Date: 05/29/2013

Account Number: RAN38855

Amount Due: \$11.62

0000314927495000007247600000011620102

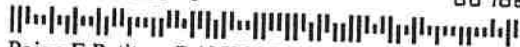
Office Hours: 6:00am-5:00pm Mon-Fri PST
 Toll Free: 877-243-8416 IRS# 88-0307447

Patient: PAIGE E PETIT
 Primary Ins.: AETNA US HEALTHCARE
 MAKE CHECK PAYABLE & REMIT TO:

PAGE 1 OF 1

986 1 AT 0.381 *6

00986



Paige E Petit RAN38855
 7645 Stetson Bluff Avenue
 Las Vegas NV 89113-3065



Radiology Associates of Nevada
 PO Box 30077 Dept 305
 Salt Lake City UT 84130-0077

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.

DETACH HERE

AND RETURN THIS TOP PORTION WITH YOUR PAYMENT
 USING THE RETURN ENVELOPE ENCLOSED

Patient Name: PAIGE E PETIT

Account #: RAN38855

DATE	POST DATE	CODE	DESCRIPTION	CHARGE	PAYMENT	ADJUST	BALANCE	PENDING
04/19/13		76801	OB US < 14 WKS, SINGLE FE	\$174.00				
	05/29/13		AETNA US HEALTHCARE		\$46.50	\$115.88	\$11.62	Patient
			Coinurance amount					

PAYMENT DUE ON: 06/19/2013

PAID
 6-8-13

COPY

Statement Message:

To pay by credit card go to www.myzpay.com/ranevada

Please be aware that we may not be able to accept insurance information after 90 days from the date of your service due to insurance filing guidelines.

For Questions or to Provide Insurance Information:

* Please call 877-243-8416

* Office Hours: 6:00am-5:00pm Mon-Fri PST

Total Balance:	\$11.62
Insurance Pending:	\$0.00
Patient Balance:	\$11.62
TOTAL BALANCE DUE:	\$11.62

Make Checks Payable To:
 Radiology Associates of Nevada
 PO Box 30077 Dept 305
 Salt Lake City UT 84130-0077

RAN00001-0348314-0000986-3189320-001-000220-001196-0004



DEF0005


Payment Receipt

[Help](#)

RADIOLOGY ASSOCIATES OF NEVADA
2400 S. Cimarron Road Suite 100
Las Vegas, NV 89117
702-228-7338

Date: 06/08/2013 Time: 11:02 AM PDT

Card Type: 
Last 4 Digits of Card: 
Authorization Code: 40852D
Amount: \$11.62

Patient Account Number: RAN38855
Patient Name: PAIGE PETIT
Cardholder Name: 

Thank you for your payment.

Authorization
I agree to pay the above total amount according to the card
issuer agreement.

ACCOUNTS PAYABLE TO:
MARK SAINT ROSE (MCCOURT)
7637379
MANNATI, OH 45263-7379

FOR ACCOUNT QUESTIONS CALL:
855-687-0618
PAYMENT DUE UPON RECEIPT
PAGE: 1 of 1

DATE	DESCRIPTION	CHGS/CREDITS	OUTSTANDING
PATIENT: PAIGE PETIT			
04/19/2013	EMERGENCY DEPARTMENT VISIT, EVAL/MANA	\$ 454.95	
	PROVIDER: GARCIA DO, CHARLES		
05/22/2013	CREDIT INSURANCE ADJUSTMENT	\$ -244.44	
05/22/2013	CREDIT INSURANCE PAYMENT	\$ -168.41	
	ACCORDING TO YOUR INSURANCE, PATIENT BALANCE DUE IS:		
	PER YOUR INSURANCE, YOUR COINSURANCE WAS \$42.10		
	PATIENT BALANCE DUE - COINSURANCE		\$ 42.10

THE AMOUNT DUE IS FOR THE PHYSICIAN/CLINICIAN SERVICES PROVIDED. PLEASE SEND PAYMENT IN FULL FOR THE AMOUNT DUE. PLEASE DISREGARD THIS NOTICE IN THE EVENT THAT YOU HAVE ALREADY MADE PAYMENT. IF YOU HAVE ANY QUESTIONS, WOULD LIKE TO MAKE A PAYMENT, SETUP A PAYMENT PLAN, OR HAVE INSURANCE COVERAGE, PLEASE CALL US AT (855)687-0618. UNINSURED OR HIGH MEDICAL BILL? CALL REGARDING POSSIBLE DISCOUNT.

PAIGE PAID.
Meadows #.1046
6-8-13

THANK YOU FOR YOUR PROMPT PAYMENT.

CURRENT	OVER 30 DAYS	OVER 60 DAYS	OVER 90 DAYS	OVER 120 DAYS	TOTAL ACCOUNT BALANCE	INSURANCE PENDING	CURRENT BALANCE DUE
42.10	0.00	0.00	0.00	0.00	42.10	0.00	42.10

CLOSING DATE: 05/22/2013
ACCOUNT NUMBER: 106018A6385 7890



Billing Summary: PETIT, PAIGE E #106018 (E#106018)
EMP OF CLARK SAINT ROSE
(MCCOURT), PLLC

printed 05/21/2015 07:41 PM

EMP OF CLARK SAINT ROSE
(MCCOURT), PLLC
PO BOX 637379
CINCINNATI, OH 45263-7379
billing phone: (855) 687-0618

GUARANTOR NAME AND ADDRESS

PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS, NV 89113

PATIENT # 106018 **PATIENT NAME** PAIGE E PETIT
DOB 11/30/1993 **HOME TELEPHONE** (702) 767-7283

Billing Summary

Claim ID	Procedure ID	Date of Service	Post Date	Type	Reason	Plan	Supervising Provider	Ins. 1	Ins. 2	Patient
Claim ID 104039										
104039	99053	04/19/2013	04/26/2013	CHARGE	99053	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$50.00		
104039	99053	04/19/2013	05/22/2013	ADJUSTMENT	GLOBAL (34886)	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$-50.00		
104039	99284	04/19/2013	04/26/2013	CHARGE	99284	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$454.95		
104039	99284	04/19/2013	05/22/2013	PAYMENT	ACH *****2014	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$-168.41		
104039	99284	04/19/2013	05/22/2013	ADJUSTMENT	CONTRACTUAL (18242)	AETNA - OPEN CHOICE (HMO)	CHARLES GARCIA	\$-244.44		
104039	99284	04/19/2013	05/22/2013	TRANSFERIN	COINSURANCE	PATIENT	CHARLES GARCIA	\$-42.10		\$42.10
104039	99284	04/19/2013	05/18/2013	PAYMENT	CHECK 1046	PATIENT	CHARLES GARCIA			\$-42.10
OUTSTANDING								\$0.00	\$0.00	\$0.00
TOTAL CHARGE OUTSTANDING AS OF 05/21/2015								\$0.00	\$0.00	\$0.00

<https://athenanet.athenahealth.com/6385/2/client/clientstatement.esp?PRINTVIEW=1&DE...> 5/21/2015

DEF0008

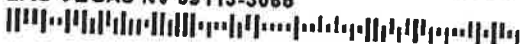
St. Rose Dominican Hospitals
San Martin Campus
 A Dignity Health Member

UNDELIVERABLE MAIL ONLY
 417 BRIDGE ST
 DANVILLE VA 24541

Please do not send payments or correspondence to the above address.

ACS101.A4DDGC004114.J0ECVD.020449 010225

PAIGE PETIT
 7648 STETSON BLUFF AVE
 LAS VEGAS NV 89113-3086



WID Number K27859188

Account Summary

Total Charges	\$2,858.00
Amount Paid By Your Insurance	\$-1,267.84
Your Insurance Discount	\$-1,123.19
Amount You Paid	\$0.00
Past Due Amount	\$466.97
Total Amount You Owe	\$466.97

Insurance Information

Primary Insurance	AETNA PPO
Policy Number	XXXXX774700
Group Number	Not on File
Secondary Insurance	Not on File
Policy Number	Not on File

If this information is incorrect, please call us.

Questions - Please Call (800) 644-0864

St. Rose Dominican Hospitals
San Martin Campus
 A Dignity Health Member

Guarantor Name	WID Number	Total Balance Due
PETT, PAIGE	K27859188	\$466.97

Please make checks payable to: **St Rose Dominican - San Martin**
 If you would like to pay less than the amount owed, contact our Customer Service representatives at (800) 644-0864 to set up a payment plan.

ST ROSE DOMINICAN - SAN MARTIN
 P.O. BOX 101072
 PASADENA CA 91189-1072

52490000027859188000466977

Balance Due Notice - Insured

06/10/13

Important Message

Thank you for choosing St Rose Dominican - San Martin for your healthcare needs. Quality of patient care and dedication to patient satisfaction are our highest priorities.

Our records indicate that there is a balance due on your account. This statement contains hospital related charges (such as supplies, room charges, pharmaceuticals, etc.) for your visit(s) to our facility. Fees for physician time, pathology, x-ray and/or anesthesiology are billed separately by the physicians.

Please make your payment on your account(s). You may mail in your check, logon to www.DignityHealth.org or credit card payments.

For account detail

Questions/Comments

If you have questions or co-payments, you may

We want to be sure that the billing process was explained clearly to you. If you have any billing related questions, you may visit us online at www.stroschospitals.org/businessoffice or call our Customer Service Representatives at (800) 644-0864 Monday - Thursday 8:00 am - 7:00 pm, Friday 8:00 am - 5:00 pm. Our representatives will be happy to assist you.

Check Meadows Paid off

mailed 6-20-13

Reference # : VRFPB790DCFE

Visit www.DignityHealth.org/billpay to access, manage and pay your account online! To access your account, you will need your WID Number K27859188 and the last four digits of your social security number.

COPY

Date of Service	Account Number	Amount Owed	Due Date
04/19/13	33364100	\$466.97	05/29/13
Payment Amount \$		Billing Zip Code	
<input type="checkbox"/> VISA <input checked="" type="checkbox"/> MC		<input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> DISCOVER	
<input type="checkbox"/> American Express		<input type="checkbox"/> Discover	
Credit Card Number		Exp. Date	
Credit Card Holders Signature (Cannot be processed without Signature)			

☐ Please check box and see reverse side to change your current DEBIT CARD

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	04/23/13	
OUTP.		

A
ST ROSE DOMINICAN SAN MAR
8280 WEST WARM SPRINGS RD
LAS VEGAS, NV
877 877-8345
FEI # 383730230

89015-5575

PAGE NO.	1
HOSP. NO.	NV0020

H	O	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		PETIT, PAIGE	33364100	F		04/19/13		

GUARANTOR NAME AND ADDRESS	PAIGE E PETIT 7645 STETSON BLUFF LAS VEGAS NV 89113	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1 AETNA PPO		W196774700
GARCIA, CHARLES				

AMOUNT OF PAYMENT	\$
-------------------	----

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS.CO. NO. 1	EST. COVERAGE INS.CO. NO. 2	EST. COVERAGE INS.CO. NO. 3	EST. COVERAGE INS.CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
04/19	001US PREG=>14WK	42100248	647.00	647.00				
04/19	001HCG QN	50102961	170.00	170.00				
04/19	001HCG PREG QL S	50103399	291.00	291.00				
04/19	001UA AUTO WO MI	50200344	245.00	245.00				
04/19	003ER BED STATIS	60000874						
04/19	001ER LEVEL 3 W	60001757	1130.00	1130.00				
04/19	001URINE PREGNAN	60002151	192.00	192.00				
04/19	001BLOOD TYPING	53000089	183.00	183.00				
	BALANCE FORWARD		0.00					
SUMMARY OF CURRENT CHARGES								
	ULTRASOUND		647.00	647.00				
	BLOOD BANK/TRANF		183.00	183.00				
	CLINIC LAB.		706.00	706.00				
	EMERGENCY DEPT.		1322.00	1322.00				
	SUB-TOTAL OF CURR. CHARGES		2858.00	2858.00				
ACC DATE:	TYPE:	N	TIME:	PLACE:	EMPL REL:			
TOTALS								
			2858.00	2858.00				

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.
33364100	

ST ROSE DOMINICAN SAN MAR
LAS VEGAS, NV

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS STATEMENT WAS PREPARED. OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT	0.00
-----------------	------

Glassman, Kramer and Scarff
Patient Ledger
 Sorted By: Case Number

Entry	Date	POS Description	Case	Procedure	Document	Provider	Amount
00004005	PAIGE PETT						
	Last Payment:	-1,850.00	(702)767-7283				
			On 11/07/2013				
1817764	04/09/2013	11	68646	99885	1304090000	SI	185.00
1817765	04/09/2013	11	68646	81025	1304090000	SI	15.00
1817766	04/09/2013	11	68646	87491	1304090000	SI	95.00
1817767	04/09/2013	11	68646	87591	1304090000	SI	95.00
1817768	04/09/2013	11	68646	PCAST	1304090000	SI	20.00
1826876	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-102.73
1826877	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-68.06
1826878	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	0.00
1826879	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-9.21
1826880	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-32.10
1826881	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-62.90
1826882	05/15/2013	AEINA HEALTHPLAN	68646	PAEINA	1304090000	SI	-32.10
1826883	05/15/2013	Adjustment	68646	AAEINA	1304090000	SI	-62.90
1827842	05/15/2013	11	68646	100	1305150000	SI	0.00
1827843	05/15/2013	11	68646	76805	1305150000	SI	245.00
1827844	05/15/2013	11	68646	PCAST	1305150000	SI	50.00
1837011	05/12/2013	11	68646	100	1305120000	SI	0.00
1837012	05/12/2013	11	68646	81003	1305120000	SI	6.00
1838034	05/19/2013	AEINA HEALTHPLAN	68646	PAEINA	1305150000	SI	-84.91
1838035	05/19/2013	Adjustment	68646	AAEINA	1305150000	SI	-110.09
1841894	07/05/2013	AEINA HEALTHPLAN	68646	PAEINA	1305120000	SI	0.00
1841895	07/05/2013	Adjustment	68646	AAEINA	1305120000	SI	-6.00
1844307	07/10/2013	11	68646	100	1307100000	SI	0.00
1850758	07/31/2013	11	68646	100	1307310000	SI	0.00
1857334	08/21/2013	11	68646	100	1308210000	SI	0.00
1861292	09/04/2013	11	68646	100	1309040000	SI	0.00
1864294	09/12/2013	11	68646	100	1309120000	SI	0.00
1866612	09/19/2013	11	68646	100	1309190000	SI	0.00
1871402	10/09/2013	11	68646	107	1310090000	SI	0.00
1867519	09/22/2013	21	70830	59510	1310080000	SI	4000.00
1875317	11/07/2013	AEINA HEALTHPLAN	70830	FFPO	1310080000	SI	-1850.00
1875318	11/07/2013	Adjustment	70830	APPO	1310080000	SI	-2150.00
Patient Total							\$0.00

Wall
Pha

BK 1223

If you have any questions, please feel free to call your doctor for medical advice about

PETIT, RYDER
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113
DATE: 04/18/14 17021270-2523
RX: 6811068
Cash
TOTAL: \$4.00

79316 21383
OC# 485 923 881 076 58
Priority: IN STORE
04/18/14 09:20 AM
04/18/14 09:41 AM

4-18-14
Medicine

Desert Prenatal Assoc.
1 South Fort Apache
Vegas, NV 89148
(702) 597-5158
Fax # 1000446492
Invoice: 0018824

August 17, 2013 10:45 AM

01 PETIT, PAIGE

Employee: Gina B.
Breastfeeding Class
2 @ \$15.00

\$30.00

Subtotal \$30.00
Tax \$0.00
Total \$30.00

Amount Due

Approved - Thank you for your purchase.
Betsy Bliss
Amounts accounted within 30 days for merchandise returned and unused.
No cash or credit.
Thank you, Maryanne

For more info, call 702-597-5158
www.desertprenatal.com

8-17-13

Pre-natal



Quest
Diagnostics

Do not use address below:
PO Box 7302
Hollister, MO 65073-7302

AT 01 005264 42189B 24 A**3DGT



LAV A47477155
PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

QUEST 3

Laboratory Invoice

Page 1 of 1

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Sep. 20, 2013	\$6.38	Oct. 20, 2013
Invoice Number	Lab Code	Bill Code
A47477155	LAV	
Patient Name:	PETIT, PAIGE	
Responsible Party:	PAIGE PETIT	
Date of Service:	August 21, 2013	

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Customer Service
LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone 1-800-433-2750 1-702-733-3720 Fax 1-702-733-6910
Weekdays 8AM - 4:00PM PST Se Habla Espanol
To check your balance, last payment made, or to make a credit card payment 24 hours a day, please call 702-358-0474.
Please have your invoice available for reference.

Laboratory Tests Were Requested By:

Referring Physician: GLASSMAN/KRAMER/SCARFF/COR
Physician Address: 1934 E SAHARA AVE
LAS VEGAS, NV 89104

Most Recent Insurance Claim Filed To:

Insurance Name: AETNA POS
Insurance ID: W196774700
Group Number: 529684

These charges are for tests ordered by the referring physician listed and are separate from the physician's fees. Your insurance carrier has processed the claim and the amount due is your financial responsibility. Please remit payment promptly. Thank you for using Quest Diagnostics.

Date	CPT Code *	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
08/21/13	87081	STREP GROUP B CULTURE	\$59.45					
09/12/13		PRIVATE INSURANCE DISALLOWED		(\$53.07)				
			\$59.45	(\$53.07)				\$6.38

Tax ID: 88-0099333 ICD-9 Codes: V28.9, V28.6
Services Performed by: QUEST DIAGNOSTICS, INC. LAS VEGAS, NV 89119-5406
* The CPT codes provided are based on AMA guidelines and without regard to specific payer requirements

Paige's AMEX

Owing

PAID 11-16-13
ON LINE



Quest
Diagnostics

Please fold and tear along perforation and remit with payment in the envelope provided.

LOG ON NOW. Pay your bill securely at
www.QuestDiagnostics.com/bill
or call 1-800-433-2750 or 1-702-733-3720.
Quest Diagnostics also accepts:



Please make your checks payable to QUEST DIAGNOSTICS.
Be sure to include invoice number on your check.

Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: LAV

Amount Due: \$6.38

Due Date: Oct. 20, 2013 Invoice Number: A47477155

Patient Name: PETIT, PAIGE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 31001-1542
PASADENA, CA 91110-1542



01LAV3501A47477155X00000638009200891850629025XXXXXX7

COPY

DEF0013



Payment Confirmation

Thank you for your payment.

Please print this page for your receipt. You will receive an acknowledgement by e-mail shortly. Your payment date will be within the next two business days. Payments will be processed separately for each invoice listed below.

Invoices

Lab Code	Tracking Number	Invoice Number	Amount
LAV	121743321	A47477155	\$6.38
Total of Submitted Payments			\$6.38

Payment Method

Card Holder Name	PAIGE E PETIT
Credit Card Type	[REDACTED]
Credit Card Number	[REDACTED]
Phone Number	[REDACTED]
Email Address	[REDACTED]
Submitted Date	11/16/2013

PLEASE CHECK BOX IF ABOVE

IN THIS
SING THE RETURN ENVELOPE ENCLOSED

SEND THE RETURN ENVELOPE ENCLOSED

Date	Ref #	Description	Charges and Credits	Insurance Pending	Guarantor Balance
09/22/13	59510	Patient: PETIT, PAIGE			
10/07/13		Anes service separate from the hosp	\$1,285.00		\$257.00
10/30/13		Claim to AETNA US HEALTHCARE			
10/30/13		Ref # 813297570001698 from AETNA US	\$1,028.00-		
10/30/13	59510	CoInsurance 257.00			
10/30/13		Guarantor Responsibility			
09/22/13		Anes service separate from the hosp	\$1,028.00		\$605.60
10/07/13		Claim to AETNA US HEALTHCARE			
10/30/13	59510	Ref # 813297570001698 from AETNA US	\$422.40-		
10/30/13		Deductible 500.00			
10/30/13		CoInsurance 105.60			
10/30/13		Guarantor Responsibility			
Total for Patient: PETIT, PAIGE			\$862.60		

To pay this statement electronically go to
<http://immilv.com/paybill> or scan the barcode
to the right with your mobile device or tablet

SCAN FOR
MOBILE
PAYMENT



* 62.60 check mailed 11-16-13, BofA #6819
* 300.00 Due - Cell for Pmt Plan

AMOUNT DUE: \$862.60

Patient: PAIGE PETIT

Account Number: AC216729

Statement Date: 10/31/2013

WE HAVE PROCESSED YOUR CLAIM AND THE ABOVE AMOUNT IS YOUR
RESPONSIBILITY. **FEES OF \$10.00 PER MONTH WILL BE ADDED TO THE
BALANCE IF NOT PAID IN FULL.

Anesthesiology Consultants, Inc.
PO Box 50209
Henderson NV 89016-0209

702-878-0070

IMMINC01-0384184-0002797-3494571-001-000182-#003445-0001

877-304-8405

ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

Business Phone (702) 878-0070
Office Hours 8:00 AM TO 4:30 PM

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Credit Card Using For Payment		
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card Number	CSC Num	Amount
Signature		Exp. Date
Statement Date	Balance Due	Account #
05/21/2015	0.00	AC216729
Minimum Payment	0.00	Show Amount Paid Here \$

Remit To
ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

☐ Please check box if address is incorrect or insurance information has changed, and indicate the change(s) on reverse side

STATEMENT

Please detach and return top portion with your payment

Date	Ref #	Description	Charges and credits	Insurance pending	Guarantor balance
09/22/2013	59510	Patient: PETIT, PAIGE			
10/07/2013		Anes service separate from the hospital	1,285.00		
10/30/2013		Claim to AETNA US HEALTHCARE			
10/30/2013		Ref # 813297570001698 from AETNA US HEALTHCARE			
10/30/2013		Coinsurance 257.00	-1,028.00		
11/21/2013		Guarantor Responsibility			
01/06/2014		Ref # 6819 from PETIT, PAIGE	-62.60		
01/30/2014		Ref # V4205 from PAIGE PETIT	-25.00		
03/03/2014		Ref # V9871 from PAIGE PETIT	-25.00		
04/02/2014		Ref # V8704 from PAIGE PETIT	-25.00		
05/22/2014		Ref # V8704 from PAIGE PETIT	-25.00		
07/02/2014		Ref # V8704 from PAIGE PETIT	-50.00		
08/08/2014		Ref # V1566 from PAIGE PETIT	-25.00		
09/22/2013	59510	Anes service separate from the hospital	-19.40		
10/07/2013		Claim to AETNA US HEALTHCARE	1,028.00		
10/30/2013		Ref # 813297570001698 from AETNA US HEALTHCARE			
10/30/2013		Deductible 500.00	-422.40		
10/30/2013		Coinsurance 105.60			
10/30/2013		Guarantor Responsibility			
08/08/2014		Ref # V1566 from PAIGE PETIT			
08/30/2014		Ref # VISA from PETIT, PAIGE	-5.60		
10/14/2014		Ref # V1566 from PAIGE PETIT	-25.00		
11/03/2014		Ref # V1566 from PAIGE PETIT	-25.00		
12/04/2014		Ref # V1566 from PAIGE PETIT	-25.00		
01/16/2015		Ref # V1566 from PAIGE PETIT	-25.00		
02/09/2015		Ref # V1566 from PAIGE PETIT	-25.00		
09/22/2013	96NC	Ref # V1566 from PAIGE PETIT	-475.00		
10/07/2013		01996 NC	330.00		
10/30/2013		Claim to AETNA US HEALTHCARE			
10/30/2013		Ref # 813297570001698 from AETNA US HEALTHCARE			
10/30/2013		Contractual write off			
10/30/2013		Guarantor Responsibility	-330.00		

Business Phone (702) 878-0070
Office Hours 8:00 AM TO 4:30 PM

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Credit Card Using For Payment			
<input type="checkbox"/> Visa		<input type="checkbox"/> Mastercard	
Card Number		CSC Num	Amount
Signature		Exp. Date	
Statement Date	Balance Due	Account #	
05/21/2015	0.00	AC216729	
Minimum Payment	0.00	Show Amount Paid Here \$	

Remit To
ANESTHESIOLOGY CONSULTANTS, INC.
PO BOX 50209
HENDERSON, NV 89016-0209

☐ Please check box if address is incorrect or insurance information has changed, and indicate the change(s) on reverse side

STATEMENT

Please detach and return top
portion with your payment

Date	Ref #	Description	Charges and credits	Insurance pending	Guarantor balance
09/22/2013	4048F	Doc antibio given b/4 surg			
09/22/2013	4250F	Wrmng 4 surg normothermia			
09/22/2013	4255F	Anesth 60 min/> as docd			
		Total for patient: PETIT, PAIGE	0.00		
			Total due	0.00	

						Total due	0.00
Current	over 22 days	over 44 days	over 90 days	over 99 days	Total		
Insurance Pending	0.00	0.00	0.00	0.00	0.00	0.00	
Guarantor Responsibility	0.00	0.00	0.00	0.00	0.00	0.00	

Account # AC216729

ANESTHESIOLOGY CONSULTING

Account # AC216729
ANESTHESIOLOGY CONSULTANTS, INC.

Please Pay This Amount

>>>> 0.00

HEALTHCARE PARTNERS NEVADA
PO BOX 1737
LAS VEGAS, NV 89125



RETURN SERVICE REQUESTED

000695 0101

574 01

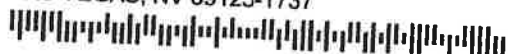
PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS, NV 89113

IF PAYING BY CREDIT CARD, COMPLETE ALL REQUESTED INFORMATION BELOW

<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMOUNT
CARD NUMBER	SIGNATURE
STATEMENT DATE	ACCOUNT NO.
11/21/13	G4379523
AMOUNT DUE	
518.3	

PLEASE PUT ACCOUNT # ON YOUR CHECK AND REMIT TO THE ADDRESS BELOW

HEALTHCARE PARTNERS NEVADA
PO BOX 1737
LAS VEGAS, NV 89125-1737



PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

☐ Please check box if address or insurance information has changed, and indicate change(s) on reverse side

SHOW AMOUNT PAID HERE \$

655015

CHARGE ACTIVITY

PAYMENT ACTIVITY

AMOUNT DUE

PT: RYDER B PETIT

INV #: 45582985

PROV: DANI MD, PRASHANT S

09/22/13 PROFESSIONAL VISIT
09/23/13 PROFESSIONAL VISIT
09/24/13 PROFESSIONAL VISIT
09/25/13 PROFESSIONAL VISIT

396.00
240.00
240.00
203.00

11/21/13

NV AETNA PAYMENT
Contractual Adjustment

-73.54
-487.08

TOTAL DUE THIS INVOICE:

518.3

POSTED

11/21/13

PATIENT NAME

ACCOUNT NO.

G4379523

AMOUNT DUE

518.38

PAYMENTS RECEIVED AFTER THIS DATE
WILL APPEAR ON YOUR NEXT STATEMENT

FOR BILLING INQUIRIES PLEASE CALL: 702-369-0142

MAKE CHECK
PAYABLE TO:

HEALTHCARE PARTNERS

PAGE #: 1

IMPORTANT MESSAGE REGARDING YOUR ACCOUNT

There is a balance on your account. Please make payment or contact the Billing Division if you have questions. Thank you.
Office Hours: 8:00 am to 4:00 pm PST Monday thru Friday
Phone Number: 702.369.0142 / 800.925.3966

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

743-BSMHCPSTM-1925575-1558559272-P; 8079423-2-574; 33895098-1; 1

DEF0018

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 1737
LAS VEGAS, NV 89125

PAGE #: 1

05/14/15 G4379523

0.00

PAIGE PETIT
7645 STATSON BLUFF
LAS VEGAS, NV 89113

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 748356
LOS ANGELES, CA 90074-8356

DOB: 11/30/93

PT: RYDER B PETIT ADRIANZEN
PROV: DANI MD, PRASHANT S

INV #: 45582985

09/22/13	99223	PROFESSIONAL VISIT	
09/23/13	99480	PROFESSIONAL VISIT	396.00
09/24/13	99480	PROFESSIONAL VISIT	240.00
09/25/13	99233	PROFESSIONAL VISIT	240.00
10/14/13	287	ECOM COMMERCIAL 837P CLAIM FORM PRE	203.00
11/21/13	842	NV AETNA PAYMENT	0.00CR
		Contractual Adjustment	73.54CR
12/18/13	8011	NV PATIENT PAYMENT	487.08CR
01/29/14	8011	NV PATIENT PAYMENT	25.00CR
01/31/14	11	PAYMENT	25.00CR
03/07/14	8011	NV PATIENT PAYMENT	25.00CR
05/23/14	11	PAYMENT	25.00CR
07/10/14	8011	NV PATIENT PAYMENT	50.00CR
08/04/14	8011	NV PATIENT PAYMENT	25.00CR
09/03/14	8011	NV PATIENT PAYMENT	25.00CR
10/02/14	8011	NV PATIENT PAYMENT	25.00CR
11/04/14	8011	NV PATIENT PAYMENT	25.00CR
12/09/14	8011	NV PATIENT PAYMENT	25.00CR
12/23/14	8011	NV PATIENT PAYMENT	43.38CR
01/21/15	8011	NV PATIENT PAYMENT	25.38CR
			174.62CR

05/14/15

G4379523

0.00

HEALTHCARE PARTNERS NEVADA

702-369-0142

SERVICES PROVIDED:

PREVIOUS BALANCE
8/13 AETNA PPO ADJ I06 AETNA US HEAL
09/13 AETNA PPO ADJ I06 AETNA US HEAL
11/06/13 AETNA INS PMT I06 AETNA US HEAL

Page 1 of 1

37,633.00
-29,955.87
20,498.87
-9,472.80

ACCOUNT SUMMARY:

Patient Name	PETIT, RYDER BLAKE
Account Number	905392668
Due Date	11/26/13
Admit Date	09/22/13
Discharge Date	10/02/13
Statement Date	11/08/13
Balance Forward	\$2,368.20

MESSAGE:

WE HAVE BILLED YOUR INSURANCE AND ARE STILL WAITING PAYMENT. PLEASE CONTACT YOUR INSURANCE ABOUT PAYMENT.

PAID 6820
11-16-13

#1

CONTACT US:

For questions concerning this statement, please contact us at 866-823-4250 between the hours of 8:00AM and 4:30PM PST, Monday-Friday, or email us at NVCBO@uhsinc.com.

GO GREEN! PAY ON-LINE AND PAPERLESS OPTIONS:

If you would like to make an on-line payment to your account, visit us at <http://www.springvalleyhospital.com> and follow the instructions to pay on-line. You will need your enrollment number 619276287 and account number to register. If you have previously registered, you do not need to register again. Use your login and password created during the initial registration to login to site above.

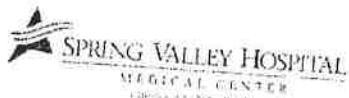
IMPORTANT:

Please Note: The Remit Address Below is for Payments Only. Billing Error or Patient Care Complaints, Bankruptcy Notices, and any other Correspondence should be addressed to:

The Valley Health System
Customer Service
Suite 100
8801 W Sahara Ave.
Las Vegas, NV 89117

PLEASE PAY THIS AMOUNT

\$2,368.20



FOR RETURN MAIL ONLY:

22639 N 17th Ave Phoenix, AZ 85027-1303

STATEMENT DATE: 11/08/13

DUE DATE: 11/26/13

☐ Please check box if address or insurance information has changed and indicate changes on reverse side.

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
SIGNATURE	EXP. DATE	
PATIENT		
PETIT, RYDER BLAKE D		
ACCOUNT NUMBER	AMOUNT DUE NOW	AMOUNT PAID
905392668	\$2,368.20	\$

REMIT AND MAKE PAYMENT TO:

SPRING VALLEY HOSPITAL
P.O. BOX 31001-0827
PASADENA, CA 91110-0827

0009053926680000000023682099999970000000280A2

- Balance

Documents
Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

Contact Us
Profile
This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$68.20

Confirmation # 166882

Date 11/16/2013 12:34 PM

Payee Spring Valley

Account Type american_express

Account Number XXXXXXXXXXXX1042

Status Approved

Details

Account Number 905392668

Guarantor Name PAIGE PETIT

Patient Name RYDER BLAKE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

- Balance

Documents
Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

Contact Us
Profile
This is the receipt for your payment transaction. If you would like to print a copy for your records,
you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$25.00

Confirmation # 120435

Date 01/05/2014 12:18 PM

Payee Spring Valley

Account Type american_express

Account Number XXXXXXXXXXXX1042

Status Approved

Details

Account Number 905392668

Guarantor Name PAIGE PETIT

Patient Name RYDER BLAKE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	161172
Date	01/28/2014 11:33 AM
Payee	Spring Valley
Account Type	american_express
Account Number	XXXXXXXXXX1042
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	802534
Date	04/01/2014 04:37 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the Printer Friendly Version

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	992341
Date	03/02/2014 10:32 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	723036
Date	05/21/2014 01:15 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	990463
Date	08/01/2014 12:42 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	651774
Date	06/30/2014 11:25 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment ReceiptThis is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version****Payment Result**

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	448175
Date	08/29/2014 01:12 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	381129
Date	10/01/2014 03:09 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	360800
Date	11/02/2014 11:49 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	093216
Date	12/01/2014 08:32 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	848579
Date	01/14/2015 07:34 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	023344
Date	03/10/2015 03:50 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	931656
Date	03/26/2015 03:42 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	030520
Date	05/02/2015 08:46 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905392668
Guarantor Name	PAIGE PETIT
Patient Name	RYDER BLAKE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

- Balance

Payment Receipt - Welcome, PAIGE PETIT

Spring Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$50.00

Confirmation #622386

Date 06/03/2015 04:19 PM

Payee Spring Valley

Account Type visa

Account Number XXXXXXXXXXXX1566

Status **Approved**

Details

Account Number 905392668

Guarantor Name PAIGE PETIT

Patient Name RYDER BLAKE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065



Menu



Home

Statements & Activity

Payments

Profile

Benefits

AMERICAN EXPRESS

Log Out

My Cards (1)

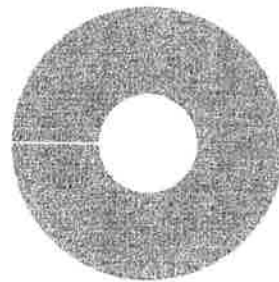
Recent Activity

spring valley

Spend By: Category

Filtered By: All Categories

Table View



Business Services \$1,850.00

SHOWING YOUR CATEGORIES

Note: Data shown does not include Pending Charges or Payments.

TOTAL: \$1,850.00

Posted Transactions

Pending Charges

Billing Statements

DATE

DESCRIPTION

CARD MEMBER

AMOUNT

JUN 12 2015 SPRING VALLEY HOSPITAL MEDICAL CENTER

Paige E Pettit #

\$1,850.00

Doing business as:

SPRING VALLEY HOSPITAL MEDICAL CENTER

5400 S RAINBOW BLVD

LAS VEGAS

AMERICAN EXPRESS

Payments

Profile

Benefits

spring valley

Enter a Tag Name

Add

☐ Make This Tag Private

CREATE RULE

PRINT

Log Out

My Cards (1)

1 - 1 of 1 Transaction

Payments.....\$0.00

Charges.....\$1,850.00

Credits.....\$0.00

Total.....\$1,850.00

Total of Charges and Credits, does not include Previous Balance or Payments

Pay Bill

DISPUTE / INQUIRE ABOUT ACCOUNT ACTIVITY

PATIENT SERVICES PROVIDED:

	PREVIOUS BALANCE	32,281.00
10/01/13	AETNA PPO ADJ I06 AETNA US HEAL	-26,093.68
10/02/13	AETNA PPO ADJ I06 AETNA US HEAL	5,652.68
10/17/13	AETNA INS PMT I06 AETNA US HEAL	-10,080.63

Page 1 of 1

ACCOUNT SUMMARY:

Patient Name	PETIT, PAIGE
Account Number	905391751
Due Date	11/06/13
Admit Date	09/22/13
Discharge Date	09/26/13
Statement Date	10/19/13
Balance Forward	\$1,759.37

MESSAGE:

ANY INSURANCE BALANCES HAVE BEEN RESOLVED AND THE REMAINING BALANCE IS NOW DUE FROM YOU.

#2

59.37 PAID 11-16-13

1,700 DUE

\$25 payment plan - due 1st of each month

[Handwritten scribbles]

CONTACT US:

For questions concerning this statement, please contact us at 866-823-4250 between the hours of 8:00AM and 4:30PM PST, Monday-Friday, or email us at NVCBO@uhsinc.com.

GO GREEN! PAY ON-LINE AND PAPERLESS OPTIONS:

If you would like to make an on-line payment to your account, visit us at <http://www.springvalleyhospital.com> and follow the instructions to pay on-line. You will need your enrollment number 604934397 and account number to register. If you have previously registered, you do not need to register again. Use your login and password created during the initial registration to login to site above.

IMPORTANT:

Please Note: The Remit Address Below is for Payments Only. Billing Error or Patient Care Complaints, Bankruptcy Notices, and any other Correspondence should be addressed to:

The Valley Health System
Customer Service
Suite 100
8801 W Sahara Ave.
Las Vegas, NV 89117

PLEASE PAY THIS AMOUNT

\$1,759.37



FOR RETURN MAIL ONLY:
22639 N 17th Ave Phoenix, AZ 85027-1303

STATEMENT DATE: 10/19/13

DUE DATE: 11/06/13

☐ Please check box if address or insurance information has changed and indicate changes on reverse side.

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA
<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	EXP. DATE	
SIGNATURE	EXP. DATE	
PATIENT		
PETIT, PAIGE		
ACCOUNT NUMBER	AMOUNT DUE NOW	AMOUNT PAID
905391751	\$1,759.37	\$

REMIT AND MAKE PAYMENT TO:

SPRING VALLEY HOSPITAL
P.O. BOX 31001-0827
PASADENA, CA 91110-0827

696-38



PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

0009053917510000000017593799999997000000028082

DEF0040

- Balance

Payment Receipt - Welcome, PAIGE PETIT

Spring Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$59.37

Confirmation #104741

Date 11/16/2013 12:30 PM

Payee Spring Valley

Account Type american_express

Account Number XXXXXXXXXXXX1042

Status **Approved**

Details

Account Number 905391751

Guarantor Name PAIGE PETIT

Patient Name PAIGE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	106916
Date	01/05/2014 12:20 PM
Payee	Spring Valley
Account Type	american_express
Account Number	XXXXXXXXXX1042
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	164118
Date	01/28/2014 11:30 AM
Payee	Spring Valley
Account Type	american_express
Account Number	XXXXXXXXXX1042
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	583885
Date	03/02/2014 10:29 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	708755
Date	04/01/2014 04:35 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	751812
Date	01/14/2015 07:32 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	280936
Date	12/01/2014 08:33 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	484560
Date	11/02/2014 11:50 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	450222
Date	10/01/2014 03:10 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	296691
Date	08/29/2014 01:12 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	735202
Date	08/01/2014 12:42 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	693608
Date	06/30/2014 11:24 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt
This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	876924
Date	05/21/2014 01:14 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX8704
Status	Approved

Details	
Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	040502
Date	03/10/2015 03:51 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt
This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result	
Name	PAIGE PETIT
Amount	\$25.00
Confirmation #	707391
Date	03/26/2015 03:41 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details	
Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info	
Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	247944
Date	05/02/2015 08:48 AM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	808879
Date	06/03/2015 04:21 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT**Your Valley Health CBO Payment Receipt**

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	077891
Date	06/26/2015 05:11 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$200.00
Confirmation #	612410
Date	07/06/2015 04:58 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly Version**

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	599296
Date	07/30/2015 06:26 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	012442
Date	08/18/2015 12:31 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	351112
Date	09/01/2015 11:21 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	776468
Date	10/02/2015 07:58 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$100.00
Confirmation #	W51506
Date	11/03/2015 12:35 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX2961
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT

Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly](#)

Version

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	227092
Date	11/17/2015 02:15 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$50.00
Confirmation #	F67667
Date	11/17/2015 02:18 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX2961
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the **Printer Friendly** Version

Payment Result

Name	PAIGE PETIT
Amount	\$200.00
Confirmation #	W59803
Date	12/22/2015 07:14 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX2961
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

Payment Receipt - Welcome, PAIGE PETIT
Your Valley Health CBO Payment Receipt

This is the receipt for your payment transaction. If you would like to print a copy for your records, you can view the [Printer Friendly Version](#)

Payment Result

Name	PAIGE PETIT
Amount	\$400.00
Confirmation #	422748
Date	12/22/2015 07:17 PM
Payee	Spring Valley
Account Type	visa
Account Number	XXXXXXXXXXXX1566
Status	Approved

Details

Account Number	905391751
Guarantor Name	PAIGE PETIT
Patient Name	PAIGE PETIT

Billing Info

Address	7645 Stetson Bluff Ave
City	Las Vegas
State	Nv
Postal Code	89113-3065

MAKE CHECKS PAYABLE TO:



P.O. Box 504464
St. Louis, MO 63150-4464

BUSINESS OFFICE HOURS

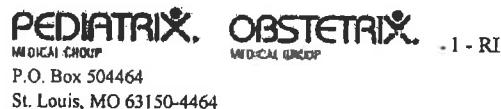
To pay on-line, please visit us at www.Pediatrix.com/payonline.
Or, call toll free: 1-866-315-4058, M-F, 8:00 AM to 8:00 PM, EST

STATEMENT DATE	PERSONAL BALANCE DUE	ACCOUNT #
05/28/2015	\$4700.00	PED 909249075

Page 1

ADDRESSEE:
MARK PETIT
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-0000

REMIT TO:



PATIENT NAME:
RYDER

B. PETIT

SERVICE DATE	DESCRIPTION	PROVIDER	CHARGES	INSURANCE PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE DUE
Insurance consideration pending.							
09/26/13	Patient Payment	Edmonds	\$0.00	\$0.00	(\$50.00)	\$50.00	\$0.00
		Section Summary	\$0.00	\$0.00	(\$50.00)	\$50.00	\$0.00
Balance is patient responsibility. If there was insurance, all charges have been considered.							
09/26/13	Auditory evoked potentials for evoked	Cruz	\$239.00	(\$79.57)	\$0.00	(\$0.00)	\$159.43
09/26/13	Initial intensive care, per day; <= 28	Edmonds	\$2,211.00	(\$294.46)	(\$125.00)	(\$0.00)	\$1791.54
09/27/13	Subs intensive care, per day, recovering	Cruz	\$875.00	(\$100.53)	\$0.00	(\$0.00)	\$774.47
09/28/13	Subs intensive care, per day, recovering	Vaughn	\$875.00	(\$630.00)	(\$157.50)	(\$87.50)	\$0.00
09/29/13	Subs intensive care, per day, recovering	Masalunga	\$875.00	(\$100.53)	\$0.00	(\$0.00)	\$774.47
09/30/13	Subs intensive care, per day, recovering	Cruz	\$875.00	(\$100.53)	\$0.00	(\$0.00)	\$774.47
10/01/13	Subs intensive care, per day, recovering	Perlin	\$875.00	(\$630.00)	(\$46.77)	(\$0.00)	\$110.73
10/02/13	Hosp inpatient discharge <= 30 minutes	Cruz	\$426.00	(\$61.11)	\$0.00	(\$0.00)	\$364.89
		Section Summary	\$7,251.00	(\$1,996.73)	(\$329.27)	(\$87.50)	\$4,750.00

CURRENT 0-30 DAYS	PAST DUE OVER 30 DAYS	ACCOUNT #	PATIENT TOTAL	INS URANCE BALANCE	PLE ASE PAY THIS AMOUNT
\$0.00	\$0.00	PED 909249075	\$4,700.00	\$0.00	\$4,700.00

Your insurance carrier advises that the balance is your responsibility. This may include deductible, co-pay, coinsurance, UCR or non-covered services according to your plan provisions. Please remit payment in full today.

Charges appearing under "Insurance consideration pending" have been submitted to your insurance company. Additional monies may be due after your insurance company reviews your claim. If you have any question, please call us immediately at 1-866-315-4058.

DEF0070



Paid off on
01/25/16

FOR INQUIRIES PLEASE CALL TOLL FREE: 1-800-880-2056

OFFICE HOURS 8am - 9pm Central Time Monday - Thursday
8am - 7pm Central Time Friday / 8am - 3pm Central Time Saturday

January 11, 2016

Ryder Petit
Mark Petit
7645 Stetson Bluff Ave
Las Vegas, NV 89113-3065

ACCOUNT IDENTIFICATION

Re: Pediatrix Medical Group
Outstanding Account Balance : \$3,600.00
Reference Number : 32641949
Account Number : 909249075
Patient Name : Ryder Petit

Dear Mr./Mrs./ Ms. Mark Petit:

In an effort to assist you in resolving your account with Pediatrix Medical Group, we have been authorized to extend you a one-time offer to settle your account as follows:

1. Pay the settlement amount of \$2,520.00 by 02-11-16. This settlement has been calculated as follows:
Outstanding Account Balance : \$3,600.00
Adjustment : \$1,080.00
Settlement Amount : \$2,520.00
2. If you choose to accept this one-time offer to settle your account, please return your payment with the stub below.

If you would like to pay by credit card, complete the detachable coupon below or contact a representative. This settlement offer only applies to the account listed above and does not apply to any other accounts you may have. In the event you elect not to accept this offer our normal collection efforts will continue. Please call 800-880-2056 if you have any questions regarding this letter and the one-time settlement offer. Thank you for your attention to this matter and we sincerely hope you will take advantage of this offer. **Please note that we are not required to make this offer to you in the future.**

When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic funds transfer from your account. In certain circumstances, such as for technical or processing reasons, we may process your payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment and you will not receive your check back from your financial institution.

PAY ELECTRONICALLY AT 800-938-3494 OR DETACH AND RETURN WITH PAYMENT

----- Detach and Return -----

P.O. Box 203600
Austin, TX 78720-3600
Change Service Requested

IF PAYING BY MASTERCARD, DISCOVER, VISA, OR AMERICAN EXPRESS, FILL OUT BELOW.		
CHECK CARD USING FOR PAYMENT		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS
CARD NUMBER	SECURITY CODE	
SIGNATURE		EXP. DATE
SETTLEMENT DATE 02-11-16	SETTLEMENT AMOUNT 2,520.00	ACCOUNT NUMBER 909249075
REFERENCE NUMBER 32641949		SHOW AMOUNT PAID HERE \$

PERSONAL & CONFIDENTIAL
RYDER PETIT
MARK PETIT
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113-3065

PEDIATRIX MEDICAL GROUP
PO BOX 203500
AUSTIN TX 78720-3500

PED Pedlatrix Obstetrix**Customer Receipt Number:** 43076088**Merchant ID:** PED**Transaction ID:** bb77f7e2247e4a4b8e680e0b2a813561**Auth Code:** 707532

Account Number	Account Name	Payment Amount	Trans Type
PED909249075	MARK PETIT	\$50.00	Sale
Total Payment Amount:		\$50.00	

Payment Information**Date of Payment:** 6/3/2015 16:34:45 GMT-0700 (Pacific Daylight Time)**Payment Type:** Visa**Credit Card Number:** *****1566**Thank you for your payment**

Please save this receipt for your records.



Wells Fargo Online®

Account Activity

CHECKING XXXXXX0162

Activity Summary

Current Posted Balance	\$155.74
Pending Withdrawals/ Debits	\$0.00
Pending Deposits/ Credits	\$314.63
Available Balance	\$470.37

Transactions**Find Transactions**

Description or Keyword

Dates

Last 18 Months

Amounts or Check Numbers Amount \$175.00

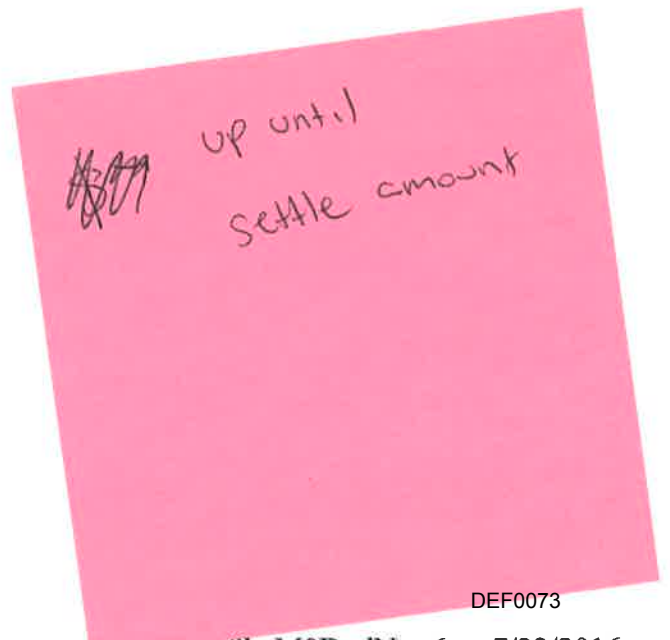
Type

Date	Description	Deposits / Credits	Withdrawals / Debits
Pending Transactions Note: Debit card transaction amounts may change			
No pending transactions meet your criteria above.			
Posted Transactions			
12/15/15	PURCHASE AUTHORIZED ON 12/14 PED PEDIATRIX OBST ORANGE CA S38534856717260 CARD 1566		\$175.00
11/19/15	PURCHASE AUTHORIZED ON 11/18 PED PEDIATRIX OBST ORANGE CA S465322532809742 CARD 1566		\$175.00
10/22/15	PURCHASE AUTHORIZED ON 10/21 PED PEDIATRIX OBST ORANGE CA S305294633899481 CARD 1566		\$175.00
09/25/15	PURCHASE AUTHORIZED ON 09/24 PED PEDIATRIX OBST ORANGE CA S305267713342639 CARD 1566		\$175.00
08/20/15	PURCHASE AUTHORIZED ON 08/19 PED PEDIATRIX OBST ORANGE CA S585231608175723 CARD 1566		\$175.00
07/10/15	PURCHASE AUTHORIZED ON 07/09 PED PEDIATRIX OBST ORANGE CA S385190542863205 CARD 1566		\$175.00
Totals		\$0.00	\$1,050.00

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC. Wells Fargo Bank, N.A. is a banking affiliate of Wells Fargo & Company.

Equal Housing Lender

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DEF0073



ACCOUNT STATEMENT ESTADO DE CUENTA



PO BOX 30223
TAMPA, FL 33630-3223

ACCOUNT NUMBER / N° MERO DE CUENTA:
PERIOD ENDING / PERÍODO QUE TERMINA EL:

*****13080
02/03/2016

It is very important that you call customer service to report any changes in your address or account status. You may obtain the remaining balance in your account at any time just by calling 866 747 1973.

Es muy importante que llame a Atención al Cliente para informar de cambios de domicilio o del estado de su cuenta. Usted podrá obtener el saldo restante de su cuenta en cualquier momento llamando al 866 747 1973.

>23180 6110281 002 008141

PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS NV 89113



DATE OF TRANS FECHA DE LA TRANS		TRANSACTIONS TRANSACCIONES		AMOUNT CANTIDAD		
01	05	ACH DEPOSIT	PPD7886000022ST, OF NEVADA	55.85		
01	11	ACH DEPOSIT	PPD7886000022ST, OF NEVADA	55.85		
01	19	ACH DEPOSIT	PPD7886000022ST, OF NEVADA	55.85		
01	25	ACH DEPOSIT	PPD7886000022ST, OF NEVADA	55.85		
01	28	PED PEDIATRIX O PED PEDIATRIX OBSTE	ORANGE CA	-280.47		
02	01	ACH DEPOSIT	PPD7886000022ST, OF NEVADA	55.85		
**** end of statement ****						
Fin de estado de cuenta						
PREVIOUS BALANCE SALDO ANTERIOR		CREDITS (+) CRDITOS (+)	DEBITS (-) DIBITOS (-)	ADJUSTMENTS (+/-) AJUSTES (+/-)	FEES (-) CARGOS (-)	NEW BALANCE SU NUEVO SALDO
57.07		279.25	280.47	0.00	0.00	55.85

Information about your Account Statement

Your account statement: To protect your rights under the law, you must inform us of any error in writing within sixty (60) days of receipt of this statement. Please address your correspondence to the customer service location listed above.

Lost of Stolen Cards: Please notify Customer Service immediately by calling us toll-free at 866 747 1973.

PRIVACY NOTICE: Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at ucard.chase.com or we will mail you a free copy upon request if you call the toll-free number at 866 747 1973.

Información sobre su estado de cuenta

Su estado de cuenta: para proteger sus derechos bajo la ley, usted tiene que informarnos cualquier error por escrito en un plazo de sesenta (60) días después de recibir este estado de cuenta. Envíe su correspondencia a la dirección de Atención al Cliente indicada anteriormente.

Targetas extraviadas o robadas: notifique inmediatamente a Atención al Cliente llamándonos sin cargo 866 747 1973.

AVISO DE PRIVACIDAD: La ley federal exige que le digamos a usted cómo recopilamos, compartimos y protegemos su información personal. Nuestra política de privacidad no ha cambiado y usted puede revisar nuestra política y prácticas con respecto a su información personal en ucard.chase.com o nosotros le enviaremos por correo una copia gratuita a solicitud si llama al número sin cargo 866 747 1973.

DEF0074



Wells Fargo Online®

Account Activity

CHECKING XXXXXX9162

Activity Summary

Current Posted Balance	\$155.74
Pending Withdrawals/ Debits	\$0.00
Pending Deposits/ Credits	\$314.63
Available Balance	\$470.37

Transactions**Find Transactions**

Description or Keyword

Dates

Last 12 Months

Amounts or Check Numbers Amount

\$2,239.53

Type

Date ↓	Description	Deposits / Credits	Withdrawals / Debits
Pending Transactions Note: Debit card transaction amounts may change			
No pending transactions meet your criteria above.			
Posted Transactions			
02/09/16	PURCHASE AUTHORIZED ON 02/08 PED PEDIATRIX OBST ORANGE CA S586039630869313 CARD 1566 Category Doctor/Hospital Questions about this transaction? Review your options		\$2,239.53
Totals		\$0.00	\$2,239.53

Deposit products offered by Wells Fargo Bank, N.A. Member FDIC. Wells Fargo Bank, N.A. is a banking affiliate of Wells Fargo & Company.

Equal Housing Lender

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SPRING VALLEY MEDICAL CENTER

REGISTRATION PATIENT PAYMENT RECEIPT

RECEIPT NO: 0926137364

PAYMENT DATE: 9/26/13

PATIENT NAME: PETIT, PAIGE

ACCOUNT NUMBER: 905391751

METHOD OF PAYMENT: CASH: X CHECK: CHECK NO:

CREDIT CARD: TYPE: #: EXP DATE: /

ECHECK: ACCOUNT NO:

PAYMENT CODE: 99801193 PAYMENT DESCRIPTION: UPFRONT WOMENS/CHDRN PMT CODE

PAYMENT AMOUNT: \$ 500.00 PAYMENT NOTES: UPFRONT MAT COLLECTIONS

USER ID: BARTHT

HOSP ID: 337

PAYMENT POSTED TO ACCOUNT: N

11:37 09/26/13 FROM 8U9Z,ADRCTBF1

- Balance

Documents
Payment Receipt - Welcome, PAIGE PETIT
You Only Pay What You Owe
CBO Payment Receipt

Contact Us
This is the receipt for your payment transaction. If you would like to print a copy for your records,
you can view the [Printer Friendly Version](#)

Payment Result

Name PAIGE PETIT

Amount \$150.00

Confirmation #185290

Date 11/16/2013 12:36 PM

Payee Spring Valley

Account Type [REDACTED]

Account Number [REDACTED]

Status Approved

Details

Account Number 905405742

Guarantor Name PAIGE PETIT

Patient Name PAIGE PETIT

Billing Info

Address 7645 Stetson Bluff Ave

City Las Vegas

State Nv

Postal Code 89113-3065

DESERT RADIOLOGY SOLUTIONS LLC
PO BOX 1645
INDIANAPOLIS, IN 46206-1645

PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113-3065



EZ Ways To Pay...

@ Online
www.ezmedinfo.com/drs

Automated Attendant
888.727.1074 (24 hours a day)

For Payments Please Call: 888.965.1730 For Billing Questions Please Call: 888.727.1074

Account Number	Amount Due	Statement Date	Date Due
1344659-QDSRT-D2	\$7.34	11/14/13	Upon Receipt

STATEMENT

Account Summary

Account Number	1344659-QDSRT-D2
Patient Payments in Last 30 Days	0.00
Current Statement Balance	7.34
Charges Pending w/ Insurance	0.00
Total Account Balance	7.34

See Detail on Back

Insurance Information

PLEASE CONFIRM THAT INFORMATION IS CORRECT
TO UPDATE GO TO www.ezmedinfo.com/drs

PRIMARY

Insurance	AETNA CONTRACT
Group/Plan	
ID Number	W19677

SECONDARY

Insurance	
Address	
City/State/Zip	
Group/Plan	
ID Number	

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at your convenience 24 hours a day. This not only
benefits the environment it benefits you and your time!

Print Your Statement

put on word doc
page 4



108081-418

DESERT RADIOLOGY SOLUTIONS LLC
PO BOX 1645
INDIANAPOLIS, IN 46206-1645

Patient Name: PAIGE PETIT
Invoice Number: 2968252
Billing Questions: 1.888.727.1074



PAIGE PETIT
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113-3065

108081 - 418

Please Pay!

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
11/14/13	\$7.34	1344659-QDSRT-D2
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE \$

MAKE CHECKS PAYABLE / REMIT TO:

DESERT RADIOLOGY SOLUTIONS LLC
PO BOX 1645
INDIANAPOLIS, IN 46206-1645

COPY

0296825200000734000001344659DSRT3

Pay Online: www.ezmedinfo.com/drs

DEF0079



DESERT RADIOLOGY SOLUTIONS I
PO BOX 1645
INDIANAPOLIS, IN 46206
8887271074

Date of Payment:	1/5/2014
Account #:	1344659-DSRT-D2
Name on Account:	PAIGE PETIT
Confirmation Code:	AA49315-AFD1E737-68E2-427E- 8134-40E4D84C7DCB
Credit Card Charged:	*****4205
Payment Amount:	\$7.34
Remaining Balance:	\$0.00

Medical Group

3150 N. Tenaya Way, Ste. 260
Las Vegas, NV 89128
702-870-2099

1505 Wigwam Pkwy., Ste. 230
Henderson, NV 89074
702-562-8900

5575 S. Durango, Ste. 103
Las Vegas, NV 89113
702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED.	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99381		99391		Glucose	2962
99202		99212		1 to 4	99382		99392		Hemoglobin	55018
99203		99213		5 to 11	99383		99393		Monospot	95308
99204		99214		12 to 17	99384		99394		Ocalt Blood	22272
99205		99215		18 to 20	99385		99395		PPD/TB shot (Mantoux)	95580
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	36416
Pre-Natal Consult		NA		Cervarix					Rapid Flu	87804
Hearing Test		92551		Gardasil					Rapid Strep	86403
Vision Test		99173		DTaP (<7yrs)					Rapid RSV	87807
Tympanogram		92567		DT (<7yrs)					Urinalysis (Dip)	81002
				Td (7yrs or older)					Handling Fee/Send Out	99009
PROCEDURES		CODE	FEE	TDap/Boostrix/Adacel						
Spirometry		94010		Hep A						
Aerosol/Bronchodilation		94640		Hep B						
Multiple Treatment		94640-76		Hep B (> 11 years)						
Broncho/Demo		94644-59		Hib						
Net Solutions				Podvax Hib						
Albuterol 2.5mg		J7620		Influenza (>35 mo)						
Albuterol 1 mg		J7613		Influenza (6-35 mo)						
Budesonide .25mg		J7634		Influenza (6-35 mo pres frag)						
Budesonide 0.5mg		J7626		Influenza Mist						
Ipratropium Bromide 1mg		J7644		IPV						
Levalbuterol 0.5mg		J7614		Kinrix						
Racemic Epinephrine nebul Treatments		J7640		MCV4						
Supply - O2		E0441		MMR						
Misty Neb Sets/Tubing		A7015		Proquad						
Pulse Oximetry X		94780		Pediarix (DtaP-HepB-IPV)						
Burn 1st Degree		16000		Pentacel (Dtap-IPV-Hib)						
Burn 2nd Degree		16020		PCV13						
Catheterization		91304/459		Rotarix						
Chemical Cauterization		17250		Rotateq						
Circ Using A Clamp		54150		Vaccella						
Without Dorsal Block		54150-52		IMMUNIZATION ADMIN						
Cryosurgery up to 14		17110		Immunization Admin						
Cryosurgery 15 or more		17111		each additional						
Foreign Body Removal, Ear		69200		Intranasal or Oral Routes of Admin						
Foreign Body Removal, Splinter		10120		Imm. Admin. 1st component w/counsel						
Foreign Body Removal, Earlobe		10121		each additional						
Foreign Body Removal, Foot		28190		INJECTIONS						
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units						
Incision/Drainage		10060		Bicillin LA 600,000 Units X						
Lumbar/Spinal Puncture		9270-A650		Ceftriaxone 1G X						
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X						
Removal Impact Cerumen		69210		Ceftriaxone 500mg X						
				Ceftriaxone 750mg X						
MEDS		CODE	FEE	Dexamethasone 1 mg X						
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ						
Oral Prednisolone per Tab 5mg X		J7510		Methylprednisolone 1.25mg						
Oral Acetaminophen		A9150		Methylprednisolone up to 1.25mg						
Oral Ibuprofen		A9150		Ondansetron up to 1mg X						
				Therapeutic Admin.						

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
3/29/13	11:15AM	JOHN DOE	WOUND	0.00

TICKET NO.	DR#	DOCTOR	LOCATION	D.O.B
12345	12345	JOHN DOE	12345	12345

PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.
12345	JOHN DOE	12345	12345

S	M	F	ADDRESS	CITY/STATE	ZIP CODE
X			12345	12345	12345

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	ADJ

INSURANCE COMPANY	BA	SC	POLICY I.D.	RELATIONSHIP TO INSURED	ME	SP	CH	OT
12345								

Cash	Check	Other	TOTAL DUE

DIAGNOSIS
1. WOUND
2.
3.

RETURN VISIT
PRN _____ DAYS _____ WEEKS _____ MONTHS

PROVIDER SIGNATURE

SUBJECT TO FINAL AUDIT

1-9-13 \$75

Medical Group

3150 N. Tenaya Way, Ste. 260
Las Vegas, NV 89128
702-870-2099

1505 Wigwam Pkwy, Ste. 230
Henderson, NV 89074
702-562-8900

5575 S. Durango, Ste. 103
Las Vegas, NV 89113
702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99381		99391		Glucose	82962
99202		99212		1 to 4	99382		99392		Hemoglobin	85018
99203		99213		5 to 11	99383		99393		Monospot	86308
99204		99214		12 to 17	99384		99394		Occult Blood	82272
99205		99215		18 to 20	99385		99395		PPD/TB shot (Mantoux)	86580
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	86416
Pre-Natal Consult		NA		Cervarix			90650		Rapid Flu	87804
Hearing Test		92551		Gardasil			90649		Rapid Strept	86403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	87807
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Dip)	81082
				Td (7yrs or older)			90718		Handling Fee/Send Out	89000
PROCEDURES				TDap/Boostrix/Adacel			90715			
Spirometry		94010		Hep A			90633		Ortho	
Aerosol/Bronchodilation		94640		Hep B			90744		Long Arm Splint 0-10 yrs -	29105/O4020
Multiple Treatment		94640-76		Hep B (> 11 years)			90746		Long Arm Splint 11yrs+	29105/O4016
Broncho/Demo		94684-59		Hib			90645		Short Arm Splint 0-10 yrs	29125/O4024
Neb Solutions				Pedvax Hib			90647		Short Arm Splint 11yrs+	29125/O4022
Albuterol 2.5mg units		J7620		Influenza (>35 mo)			90658		Finger Splint Static	29130/O4049
Albuterol 1 mg units		J7613		Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29505/O4044
Budesonide 25mg units		J7634		Influenza (6-35 mo pres free)			90655		Long Leg Splint 11yrs+	29505/O4042
Budesonide 0.5mg units		J7626		Influenza Mist			90660		Short Leg Splint 0-10 yrs	29515/O4048
Ipratropium Bromide 1mg units		J7644		IPV			90713		Short Leg Splint 11 yrs+	29515/O4046
Lovibutorol 0.5mg		J7614		Kinix			90696		Ankle Strapping	29540/A6449
Racemic Epinephrine neb Treatments		J7640		MCV4			90734		Toes Strapping	29550/A4452
Supply - O ₂		E0441		MMR			90707		Nurse Maid's Elbow	28640
Misty Neb Sets/Tubing		A7015		Proquad			90710		Sling/Arm or Clavicle	A4565
Pulse Oximetry X		94760		Pediarix (DTaP-HepB-IPV)			90723		Splint/Wrist	A4570
Burn 1 st Degree		16000		Pentacel (DTaP-IPV-Hib)			90688		Splint/Clavicle	A4570
Burn 2 nd Degree		16020		PCV13			90670		LACERATION REPAIR	
Catheterization		51700/A4054		Rotarix			90681		Simple, Face, Eyelids, Nose, Lips, Mu, Mt	
Chemical Cauterization		17250		Rotateq			90680		Repair Simple, 2.5cm	12011/A4450
Circ Using A Clamp		54150		Varicella			90716		Repair Simple, 2.5-5.0cm	12013/A4450
Without Dorsal Block		54150-52		IMMUNIZATION ADMIN.					Repair Simple 5.1cm-7.5cm	12014/A4450
Cryosurgery up to 14		17110		Immunization Admin			90471		Simple Neck, Scalp, Genitalia, Trunk, Extremities	
Cryosurgery 15 or more		17111		each additional			90472		Repair Simple, to 2.5cm	12001/A4450
Foreign Body Removal, Ear		69200		Intranasal or Oral Routes of Admin			90473		Repair Simple, 2.6-7.5cm	12002/A4450
Foreign Body Removal, Splinter		10120		Imm. Admin. 1st component w/council			90460		Suture Removal	A4550
Foreign Body Removal, Earlobe		10121		each additional			90461		Suture Removal/other provider	50630
Foreign Body Removal, Foot		28190		INJECTIONS					SURGICAL SUPPLIES	
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units			J0561		Dermabond	A46490
Incision/Drainage		10060		Bicillin LA 600,000 Units X			J0561		Ethilon	A4649
Lumbar/Spinal Puncture		62270/A4050		Ceftriaxone 1G X			J0696		OTHER SUPPLIES	
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X			J0696		Ace Wrap <3"	A4648
Removal Impact Cerumen		69210		Ceftriaxone 500mg X			J0696		Ace Wrap 3" or >	A4649
				Ceftriaxone 750mg X			J0696		Fluoride	01203
MEDS				Dexamethasone 1 mg X			J1100		Catheter Kit	A4353
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ			J0171		Skin Ointment	A6250
Oral Prednisolone per Tabs 5mg X		J7510		Methylprednisolone 1.25mg			J2930		Crutches	E0114
Oral Acetaminophen		A9150		Methylprednisolone up to 1.25mg			J2920		AFTER HOURS	
Oral Ibuprofen		A9150		Ondansetron up to 1mg X			J2405		Service when office closed	99050
				Therapeutic Admin.			96372		Service Sat, Sun, or Holiday	99051
									Walk-in / Emergency	99058

DATE	TIME	PATIENT	REASON	PRIOR BALANCE						
11/12/13	11:00 AM	DAVID ELLER	NO ACUTE							
TICKET NO. DR#	DOCTOR	LOCATION	D.O.B	TODAY'S CHARGE						
00433878	DAVID ELLER	1505 WIGWAM PKWY STE 230 HENDERSON NV 89074	06/03/80	10.15						
PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.	ADJUSTMENTS						
001493045	DAVID ELLER	702-870-2099	DAVID ELLER							
S	M	F	ADDRESS	CITY/STATE	ZIP CODE					
X			1505 WIGWAM PKWY STE 230 HENDERSON NV 89074	HENDERSON NV	89074					
OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	PER CHARGE		
INSURANCE COMPANY	BA	SCT	POLICY ID	RELATIONSHIP TO INURED	DE	SP	CH	OT		
WY-4874R			00000000000000000000							
TODAY'S PAYMENT				TOTAL DUE						
Cash 10.15				10.15						
Check										
Other										
PRN				DAYS					WEEKS	MONTHS
PROVIDER SIGNATURE										

SUBJECT TO FINAL AUDIT

11-13-12 \$165

IMMUN
Key Ring 016
EIN # 88-0151573

TRAVEL
Key Ring 013

RECEIPT A 21516
SOUTHERN NEVADA HEALTH DISTRICT
330 S. Valley View Blvd PO BOX 3902
702-750-1000 Las Vegas, NV 89127

NAME: DATE: WEB IZ #

CIRCLE CASH CHECK M.O. OTHER		PREPARED BY:			
Quantity	Description	ICD	CPT	Unit	Amount
	IMMUN: ADMIN FEE		90471		
	IMMUN: ADMIN FEE (2 or more vaccines)		90472		
	CPOX	VO5.4	90716		
	DT	VO6.5	90702		
	DTAP	VO6.1	90700		
	HEPATITIS A 1-18 YRS	VO5.3	90633		
	HEPATITIS A 19+ YRS	VO5.3	90632		
	HEPATITIS B 1-18 YRS	VO5.3	90744		
	HEPATITIS B 19+ YRS	VO5.3	90746		
	HIB	VO3.81	90648		
	HIB 19+ YRS	VO3.81	90648		
	HUMAN PAPILLOMA VIRUS	VO5.8	90649		
	INFLUENZA-INJ-CHILD	VO4.81	90657		
	INFLUENZA-INJ-ADULT	VO4.81	90658		
	INFLUENZA-MIST	VO4.81	90660		
	IPV	VO4.0	90713		
	LEAD CAPILLARY TESTING	V20.2	83655		
	MENINGOCOCCAL CONJUGATE	VO3.89	90734		
	MENINGOCOCCAL MENOMUNE	VO5.8	90733		
	MMR	VO6.4	90707		
	PNEUMONIA	VO3.82	90732		
	PREVNAR	VO3.82	90670		
	RABIES	VO4.5	90675		
	ROTAVIRUS	VO4.80	90681		
	SHINGLES	VO5.8	90736		
	TETANUS/DIPHTHERIA: routine	VO6.6	90718		
	TETANUS/DIPHTHERIA: routine	879.8	90718		
	Tdap	VO6.1	90715		
	TWINRIX	VO5.3	90636		
	TYPHOID	VO3.1	90691		
	YELLOW FEVER	VO4.4	90717		
	DTAP-IPV-HEP B (Pediarix)	VO6.8	90723		
	DTAP-IPV-HIB (Pentacel)	VO6.8	90698		
	DTAP-IPV (Kinrix)	VO6.3	90696		
	NEWBORN SCREENING	V77.3	84030		
	DAYCARE, HEADSTART, OR SPORTS EXAM	V70.3			

MEDICAID
ADOLESCENT \$0
PAID IN FULL Reimbursement should be made directly to patient.

NY CHECKUP
CHILDCARE \$0

MED. B COVERED SERVICE

TOTAL 25.00

11-12-13 25.00 CUSTOMER COPY

Medical Group

3150 N. Tenaya Way, Ste. 260 Las Vegas, NV 89128 702-870-2099
1505 Wigwam Pkwy., Ste. 230 Henderson, NV 89074 702-562-8900
5575 S. Durango, Ste. 103 Las Vegas, NV 89113 702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99381		99391		Glucose	32962
99202		99212		1 to 4	99382		99392		Hemoglobin	85018
99203		99213		5 to 11	99383		99393		Monospot	46308
99204		99214		12 to 17	99384		99394		Occult Blood	32272
99205		99215		18 to 20	99385		99395		PPD/TB shot (Mantoux)	88580
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	36416
Pre-Natal Consult		NA		Cervarix			90650		Rapid Flu	87804
Hearing Test		92551		Gardasil			90649		Rapid Strep	86403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	87807
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Dip)	81002
				Td (7yrs or older)			90716		Handling Fee/Send Out	99000
PROCEDURES		CODE	FEE	TDap/Boostrix/Adacel			90715			
Spirometry		94010		Hep A			90633		Ovrio	
Aerosol/Bronchodilation		94840		Hep B			90744		Long Arm Splint 0-10 yrs	29150/O4020
Multiple Treatment		94640-76		Hep B (> 11 years)			90746		Long Arm Splint 11yrs+	29150/O4018
Broncho-Demo		94664-59		Hib			90645		Short Arm Splint 0-10 yrs	29150/O4024
Neb Solutions				Pedvax Hib			90647		Short Arm Splint 11yrs+	29150/O4022
Albuterol 2.5mg units		J7620		Influenza (>35 mo)			90658		Finger Splint Static	29150/O4049
Albuterol 1 mg units		J7613		Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29150/O4044
Budesonide 25mg units		J7634		Influenza (6-35 mo pres free)			90655		Long Leg Splint 11yrs+	29150/O4042
Budesonide 0.5mg units		J7626		Influenza Mist			90660		Short Leg Splint 0-10 yrs	29150/O4048
Ipratropium Bromide 1mg units		J7644		IPV			90713		Short Leg Splint 11 yrs+	29150/O4046
Levalbuterol 0.5mg		J7614		Knrix			90696		Ankle Strapping	29150/A6449
Racemic Epinephrine neb Treatments		J7640		MCV4			90734		Thes Strapping	29150/A4452
Supply - C2		E0441		MMR			90707		Nurse Maid's Elbow	24610
Misty Neb Sets/Tubing		A7015		Proquad			90710		Sling/Arm or Clavicle	A4565
Pulse Oximetry X		94760		Podiarix (DtaP-HepB-IPV)			90723		Splint/Wrist	A4570
Burn 1st Degree		16000		Pentacel (Dtap-IPV-Hib)			90698		Splint/Clavicle	A4570
Burn 2nd Degree		16020		PCV13			90670			
Catheterization		51700/A454		Rotarix			90681		LACERATION REPAIR	CODE
Chemical Cauterization		17250		Rotateq			90680		Simple, Face, Eyelids, Nose, Lips, Mu, Mtb	
Circ Using A Clamp		54150		Varicella			90716		Repair Simple, 2.5cm	12001/A4450
Without Dorsal Block		54150-52		IMMUNIZATION ADMIN.					Repair Simple, 2.5-5.0cm	12002/A4450
Cryosurgery up to 14		17110		Immunization Admin			90471		Repair Simple 5.1cm-7.5cm	12004/A4450
Cryosurgery 15 or more		17111		each additional			90472		Simple Neck, Scalp, Genitalia, Trunk, Extremities	
Foreign Body Removal, Ear		69200		Intranasal or Oral Routes of Admin			90473		Repair Simple, to 2.5cm	12001/A4450
Foreign Body Removal, Splinter		10120		Imm. Admin. 1st component w/counsel			90460		Repair Simple, 2.6-7.5cm	12002/A4450
Foreign Body Removal, Earlobe		10121		each additional			90461		Suture Removal	A4550
Foreign Body Removal, Foot		28190		INJECTIONS					Suture Removal/other provider	50630
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units			J0561			
Incision/Drainage		10060		Bicillin LA 600,000 Units X			J0561		DERMATOLOGY	CODE
Lumbar/Spinal Puncture		6270/A450		Ceftriaxone 1G X			J0696		Ethilon	A4649
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X			J0696		OTHER SUPPLIES	CODE
Removal Impact Cerumen		69210		Ceftriaxone 500mg X			J0696		Ace Wrap <3"	A4448
				Ceftriaxone 750mg X			J0696		Ace Wrap 3" or >	A4449
MEDS		CODE	FEE	Dexamethasone 1 mg X			J1100		Fluoride	D1203
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ			J0171		Catheter Kit	A4353
Oral Prednisolone per Tabs 5mg X		J7510		Methylprednisolone 1.25mg			J2930		Skin Ointment	A4250
Oral Acetaminophen		A9150		Methylprednisolone up to 1.25mg			J2920		Crutches	E0114
Oral Ibuprofen		A9150		Ondansetron up to 1mg X			J2405		AFTER HOURS	CODE
				Therapeutic Admin.			96372		Service when office closed	99050
									Service Sat, Sun, or Holiday	99051
									Walk-in / Emergency	99058

DATE	TIME	PATIENT	REASON	PRIOR BALANCE
11/03/11	10:45 AM	JOHN J. JAMES	WOUND	

TICKET NO. DR#	DOCTOR	LOCATION	DOB	TODAY'S CHARGE
11781912	JOHN J. JAMES	1201 W. STANLEY	11/03/11	10

PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.
11781912		702-453-5347	

S	M	F	ADDRESS	CITY/STATE	ZIP CODE
X			1201 W. STANLEY	LAS VEGAS	NV

OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	PAID

INSURANCE COMPANY	DA	SC	POLICY ID.	RELATIONSHIP TO INSURED	SE	SP	CH	U	TOTAL DUE
									9.40

ADJUSTMENTS	TODAY'S PAYMENT	RETURN VISIT	PRN	DAYS	WEEKS	MONTHS	PROVIDER SIGNATURE
	9.40						

IMMUN TRAVEL RECEIPT 775537
Key Ring 016 Key Ring 013
TAX ID #88-0151573
SOUTHERN NEVADA HEALTH DISTRICT
625 SHADOW LANE P.O BOX 3902
702-759-1000 LAS VEGAS NV 89127

NAME: DATE: WEB ID #

CIRCLE: CASH CHECK M.O. OTHER		PREPARED BY:			
Quantity	Description	ICD	CPT	Unit	Amount
	IMMUN: ADMIN FEE		90472		25
	IMMUN: D		N/A		
	CPOX	V05.4	90716		
	DT	V06.5	90702		
	DTAP	V06.1	90700		
	HEPATITIS A 1-18 YRS	V05.3	90633		
	HEPATITIS A 19+ YRS	V05.3	90632		
	HEPATITIS B 1-18 YRS	V05.3	90744		
	HEPATITIS B 19+ YRS	V05.3	90746		
	HIB	V03.81	90647		
	HIB 19+ YRS	V03.81	90646		
	HUMAN PAPILLOMA VIRUS	V05.8	90649		
	INFLUENZA-IND-CHILD	V04.81	90657		
	INFLUENZA-IND-ADULT	V04.81	90658		
	INFLUENZA-MIST	V04.81	90660		
	IPV	V04.0	90713		
	LEAD CAPILLARY TESTING	V20.2	83655		
	MENINGOCOCCAL CONJUGATE	V03.89	90734		
	MENINGOCOCCAL MENOMUNE	V05.8	90733		
	MMR	V06.4	90707		
	PNEUMONIA	V03.82	90732		
	PREVNAR	V03.82	90669		
	RABIES	V04.5	90676		
	ROTAVIRUS	V04.89	90690		
	SHINGLES	V05.8	90736		
	TETANUS/DIPHTHERIA: routine	V06.5	90718		
	TETANUS/DIPHTHERIA: injury	879.8	90718		
	Tdap	V06.1	90715		
	TWINRIX	V05.3	90636		
	TYPHOID	V03.1	90691		
	YELLOW FEVER	V04.91	90714		
	DTAP-IPV-HEP B (Ped.)	V06.8	90723		
	DTAP-IPV- HIB (Pent.)				
	DTAP-IPV (Km.)				
	NEWBORN SCREENING	V77.3	84030		
	DAYCARE, HEADSTART, OR SPORTS EXAM	V70.3			

MEDICAID NV CHECKUP MED. B COVERED SERVICE TOTAL
ADOLESCENT 59 CHILDCARE 60
PAID IN FULL. Reimbursement should be made directly to patient.
3-14-14 25.00 CUSTOMER COPY

Medical Group

3150 N. Tenaya Way, Ste. 260
Las Vegas, NV 89126
702-870-2099

1505 Wigwam Pkwy., Ste. 230
Henderson, NV 89074
702-562-8900

5575 S. Durango, Ste. 103
Las Vegas, NV 89113
702-453-5347

NEW PATIENT	FEE	ESTB PT	FEE	PREV. MED	NEW PT	FEE	ESTB PT	FEE	LABORATORY	CODE
99201		99211		Up to 1 yrs	99361		99391		Glucose	829G2
99202		99212		1 to 4	99362		99392		Hemoglobin	8501B
99203		99213		5 to 11	99363		99393		Monospot	8630B
99204		99214		12 to 17	99364		99394		Occult Blood	82272
99205		99215		18 to 20	99365		99395		PPD/TB shot (Mantoux)	8658J
Post-Op Visit		99024		IMMUNIZATIONS					Metabolic Screen	36416
Pre-Natal Consult		NA		Cervix			90650		Rapid Flu	87804
Hearing Test		92951		Gerdaal			90649		Rapid Strep	86403
Vision Test		99173		DTaP (<7yrs)			90700		Rapid RSV	87807
Tympanogram		92567		DT (<7yrs)			90702		Urinalysis (Dip)	81002
				Td (7yrs or older)			90716		Handling Fee/Send Out	99000
				TDaP/Boostrix/Adacel			90715			
PROCEDURES		CODE	FEE							
Spirometry		94010		Hep A			90633		Ortho	CODE
Aerosol/Bronchodilation		94640		Hep B			90744		Long Arm Splint 0-10 yrs	29105/Q4020
Multiple Treatment		94640-76		Hep B (> 11 years)			90745		Long Arm Splint 11yrs+	29105/Q4018
Broncho/Demo		94664-59		Hib			90645		Short Arm Splint 0-10 yrs	29125/Q4024
Net Solutions				Pedvax Hib			90647		Short Arm Splint 11yrs+	29125/Q4022
Albuterol 2.5mg units		J7620		Influenza (<35 mo)			90658		Finger Splint Static	29130/Q4049
Albuterol 1 mg units		J7613		Influenza (6-35 mo)			90657		Long Leg Splint 0-10 yrs	29505/Q4044
Budesonide 25mg units		J7634		Influenza (6-35 mo pres free)			90655		Long Leg Splint 11yrs+	29505/Q4042
Budesonide 0.5mg units		J7626		Influenza Mist			90660		Short Leg Splint 0-10 yrs	29515/Q4048
Ipratropium Bromide 1mg units		J7644		IPV			90713		Short Leg Splint 11yrs+	29515/Q4046
Levalbuterol 0.5mg units		J7614		Kinix			90696		Ankle Strapping	29540/A8449
Racemic Epinephrine neb Treatments		J7840		MCV4			90734		Toes Strapping	29550/A4452
Supply - O2		E0441		MMR			90707		Nurse Maid's Elbow	24640
Misty Neb Sels/Tubing		A7015		Proquad			90710		Sling/Arm or Cravicle	A4565
Pulse Oximetry X		94760		Perianx (DtaP-HepB-IPV)			90723		Splint/Wrist	A4570
Burn 1st Degree		16000		Pentacel (DtaP-IPV-Hib)			90698		Splint/Cravicle	A4570
Burn 2nd Degree		16020		PCV13			90670			
Catheterization		91709/A4354		Rotarix			90681		LACERATION REPAIR	CODE
Chemical Cauterization		17250		Rotarix			90680		Simple, Face, Eyelids, Nose, Lips, Mu, Mb	
Circ Using A Clamp		54150		Varicella			90716		Repair Simple, 2.5cm	12011/A4450
Without Dorsal Block		54150-52		IMMUNIZATION ADMIN.					Repair Simple, 2.5-5.0cm	12013/A4450
Cryosurgery up to 14		17110		Immunization Admin			90471		Repair Simple 5.1cm-7.5cm	12014/A4450
Cryosurgery 15 or more		17111		each additional			90472		Simple Neck, Scalp, Genitalia, Trunk, Extremities	
Foreign Body Removal, Ear		69200		Intranasal or Oral Routes of Admin			90473		Repair Simple, to 2.5cm	12061/A4450
Foreign Body Removal, Splinter		10120		Imm. Admin. 1st component w/counsel			90460		Repair Simple, 2.6-7.5cm	12062/A4450
Foreign Body Removal, Earlobe		10121		each additional			90461		Suture Removal	A4550
Foreign Body Removal, Foot		26180		INJECTIONS					Suture Removal/other provider	S0630
Foreign Body Removal, Nose		30300		Bicillin LA 1.2m Units			J0561			
Incision/Drainage		10060		Bicillin LA 600,000 Units X			J0561		DERMATOLOGY	CODE
Lumbar/Spinal Puncture		82770/A4550		Ceftriaxone 1G X			J0696		Ethilon	A4649
Lysis of Preputial Adhesion		54450		Ceftriaxone 250mg X			J0696		OTHER SUPPLIES	CODE
Removal Impact Cerumen		69210		Ceftriaxone 500mg X			J0696		Ace Wrap <3"	A6448
				Ceftriaxone 750mg X			J0696		Ace Wrap 3" or >	A6449
MEDS		CODE	FEE	Dexamethasone 1 mg X			J1100		Fluoride	D120G
Oral Dexamethasone per 0.25mg		J8540		Epinephrine 1:1000 AQ			J0171		Catheter Kit	A4353
Oral Prednisolone per Tabs 5mg X		J7510		Methylprednisolone 1.25mg			J2930		Skin Ointment	A6250
Oral Acetaminophen		A9150		Methylprednisolone up to 1.25mg			J2920		Crutches	E0114
Oral Ibuprofen		A9150		Ondansetron up to 1mg X			J2405		AFTER HOURS	CODE
				Therapeutic Admin			95372		Service when office closed	99050
									Service Sat, Sun, or Holiday	99051
									Walk-in / Emergency	99058

DATE	TIME	PATIENT	REASON	PRIOR BALANCE					
04/18/14	11:55AM	BRUCE, JAMES	CHRY, JAMES AND JOY						
TICKET NO. DR#	DOCTOR	LOCATION	D.O.B	TODAY'S CHARGE					
4023140	31001	DR. M. J. FRANKLIN	01/01/68	11.22.00					
PATIENT NO.	RESPONSIBLE PARTY	PHONE#	REFERRING DR.	ADJUSTMENTS					
01-157-0		702-453-5347							
S	M	F	ADDRESS	CITY/STATE	ZIP CODE				
X			1505 WIGWAM PKWY STE 230	HENDERSON	NV 89074				
OVER 90	OVER 60	OVER 30	CURRENT	TOTAL DUE	PT	SC	CS	CH	OT
INSURANCE COMPANY	BA	SC	POLICY ID.	RELATIONSHIP TO INSURED	SE	SP	CH	OT	TOTAL DUE
									78
TODAY'S PAYMENT				CASH					
CASH				78					
RETURN VISIT				PRN _____ DAYS _____ WEEKS _____ MONTHS _____					
PROVIDER SIGNATURE									

4-18-14

4-18-14 #100

Wah
Pha
BK 1223

If you have any questions, please feel free to call your doctor for medical advice about your condition.

PETIT, RYDER
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113
DATE: 04/18/14 17021270-2523
RX: 6811068
Cash
TOTAL \$4.00

79316 21383
OC# 465 923 881 076 58
Priority: IN STORE
04/18/14 08:20 AM
04/18/14 09:41 AM

4-18-14
Medicine

Desert Regional Assn
1 South Fort Apache
Las Vegas, NV 89148
(702) 597-5158
Tax # 1000446492

Invoice: 0018624
August 17, 2013 10:45 AM

to PETIT, PAIGE
Emprego: Tina B.
Breastfeeding Class
2 @ \$15.00 \$30.00
Subtotal 0.00
Tax 0.00
Total \$30.00

Thank you for your purchase.
We appreciate your business.
We are committed to providing the highest quality products and services.
We are committed to providing the highest quality products and services.
We are committed to providing the highest quality products and services.

8-17-13
Pre-natal

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 1737
LAS VEGAS, NV 89125

PAGE #: 1

01/26/15 G4379523 0.00

PAIGE PETIT
7645 STETSON BLUFF
LAS VEGAS, NV 89113

HEALTHCARE PARTNERS MEDICAL GROUP
PO BOX 748356
LOS ANGELES, CA 90074-8356

DOB: 11/30/93

PT: RYDER B PETIT-ADRIANZEN
PROV: DANI MD, PRASHANT S

INV #: 48809763

09/05/14	99213	PROFESSIONAL VISIT	85.00
09/11/14	11	PAYMENT	15.00CR
09/12/14	287	ECOM COMMERCIAL 837P CLAIM FORM PRE	0.00CR
10/16/14	828	NV SIERRA PAYMENT	70.00CR

01/26/15 G4379523 0.00

HEALTHCARE PARTNERS NEVADA
702-369-0142

AGREED BUDGET AMOUNT: 0.00 12/16/13

45
PE



UNICRX
04271331 0201 5 0001500 8

RYDER PETIT

7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

* Your Insurance Saved You: \$42.89

MON 4:58PM
\$15.00

12/08/14
Now-E

MIX 35.0 ml

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Well trusted since 1901.TM

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ABOUT YOUR MEDICATION.

Learn more about ways to manage your health and
your prescriptions at Walgreens.com/pharmacy.

45
PE



UNICRX
0471327 0301 5 0003378 8

RYDER PETIT

7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

* Your Insurance Saved You: \$17.24

WAITING

MON 8:10PM
\$3.75

12/08/14
Now-E

Walgreens

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LOOK INSIDE FOR IMPORTANT DETAILS
ABOUT YOUR MEDICATION.

Learn more about ways to manage your health and
your prescriptions at Walgreens.com/pharmacy.

Primary account number: 7640899162 ■ November 22, 2014 - December 18, 2014 ■ Page 3 of 5



Transaction history (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
12/9		Purchase authorized on 12/08 Walgreens 8582 Blue Di Las Vegas		18.75	1,640.81

Preferred Homecare
Returned Mail Only - No Correspondence
PO Box 13150
Overland Park, KS 66282-3150



Send Payments to:



Preferred
Homecare



LifeCare
Solutions

MSC#235 PO Box 29048
Phoenix, AZ 85038-9048



10144-4663

RYDER PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Account Number
OE234

Patient Name
RYDER PETIT ADRIANZEN

Pay Online:
PreferredHomecare.hmebillpay.com

BILLING QUESTIONS

(888) 446-9858

Monday - Friday
8:00 am - 5:00 pm MST

IMPORTANT MESSAGES

- Back by popular demand! Effective immediately you will once again receive monthly invoices. Visit us online and learn more! FAQ and bill pay enhancements are also in effect.
- Any insurance provided has been applied and the balance shown is your responsibility. Please reference your EOB for further information.
- A \$15 service charge may apply if payments are late.

INVOICE: 07104395

SERVICE DATE	DESCRIPTION	AMOUNT
12/08/2014	1. - NEB KIT REUSABLE	\$5.39
12/08/2014	1. - SVN WITH REUSABLE NEB KIT 6/CS	\$35.15

PATIENT OWES THIS AMOUNT

DUE: 02/04/2015
\$40.54

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Pay Online:

PreferredHomecare.hmebillpay.com

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD NUMBER		EXPIRATION DATE	
CCV/CVN SECURITY CODE		BILLING ZIP	
CARDHOLDER NAME		SIGNATURE	

Patient: RYDER PETIT ADRIANZEN
Account: OE234
Invoice: 07104395-12/08/2014

PLEASE PAY THIS AMOUNT **\$40.54**

AMOUNT ENCLOSED: _____

LATE AFTER: **02/04/2015**

Mail Payment to:

Preferred Homecare
MSC#235 PO Box 29048
Phoenix, AZ 85038-9048

10144-4663

PAP-635-A-C



0000RYDER PETIT ADRIA OE2340000000 0004054 011515 8

Credit Card Sale:

Preferred Homecare
MSC#235 PO Box 28048
Phoenix, Arizona 85038
(888) 446-8858

Account #: OE234	
Patient name: Ryder Pettit	
Invoice #	Payment
07104395	\$40.54

Email address: [REDACTED]
Phone: (702) 767-7283
Payment Details:
Status: *** Approved ***
Approval code: 420789
Reference #: PF201501291722476756
Transaction ID: 1078574510
Card holder name: Paige Pettit
Billing address 1: 7846 Stetson Bluff
Billing zip: 85113
Card type: Visa Credit Card
Card #: **** * 1568
Transaction date: 01/29/2015 09:20 PM
Transaction amount: \$40.54

Please allow up to 7 business days for your payment to be reflected in your Preferred Homecare Account balance.

Thank you for your payment

Preferred Homecare
Returned Mail Only - No Correspondence
PO Box 13150
Overland Park, KS 66282-3150



Send Payments to:



Preferred
Homecare



LifeCare
Solutions

MSC#235 PO Box 29048
Phoenix, AZ 85038-9048

RYDER PETIT ADRIANZEN
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Account Number
OE234

Patient Name
RYDER PETIT ADRIANZEN

Pay Online:
PreferredHomecare.hmebillpay.com

BILLING QUESTIONS

(888) 446-9858

Monday - Friday
8:00 am - 5:00 pm MST

IMPORTANT MESSAGES

- Back by popular demand! Effective immediately you will once again receive monthly invoices. Visit us online and learn more! FAQ and bill pay enhancements are also in effect.
- Any insurance provided has been applied and the balance shown is your responsibility. Please reference your EOB for further information.
- A \$15 service charge may apply if payments are late.

INVOICE: 07104395

SERVICE DATE	DESCRIPTION	AMOUNT
12/08/2014	1. - SVN MASK PED	\$1.65
12/08/2014	1. - NEB KIT REUSABLE	\$21.58
12/08/2014	1. - SVN WITH REUSABLE NEB KIT 6/CS	\$140.61

PATIENT OWES THIS AMOUNT

DUE: 04/06/2015
\$163.84

PLEASE DETACH HERE AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

Pay Online:

PreferredHomecare.hmebillpay.com

<input type="checkbox"/> VISA	<input type="checkbox"/> M/C	<input type="checkbox"/> DISC	<input type="checkbox"/> AMEX
CARD NUMBER		EXPIRATION DATE	
CCV/CVN SECURITY CODE		BILLING ZIP	
CARDHOLDER NAME		SIGNATURE	

Patient: RYDER PETIT ADRIANZEN
Account: OE234
Invoice: 07104395-12/08/2014

PLEASE PAY THIS AMOUNT: **\$163.84**

AMOUNT ENCLOSED: _____

LATE AFTER: **04/06/2015**

Mail Payment to:

Preferred Homecare
MSC#235 PO Box 29048
Phoenix, AZ 85038-9048



10144-11020

FAP-595-A-0



00000RYDER PETIT ADRIA 0E2340000000 0016384 031715 9

Credit Card Sale:

Preferred Homecare
 MSC#235 PO Box 29048
 Phoenix, Arizona 85038
 (888) 446-9858

Account #: OE234

Patient name: Ryder Petit Adrianzen

<u>Invoice #</u>	<u>Due Date</u>	<u>Original Amt</u>	<u>Payment</u>
07104395	Apr 06, 2015	\$163.84	\$163.84

Payment Details:

Status: *** Approved ***
 Approval code: 392259
 Reference #: PP201503251439528636
 Transaction ID: 1110600022
 Card holder name: Paige E Petit
 Billing address 1: 7645 Stetson Bluff Ave
 Billing zip: 89113
 Card type: Visa Credit Card
 Card #: *****1566
 Transaction date: 03/25/2015 02:37 PM
 Transaction amount: \$163.84

Please allow up to 7 business days for your payment to be reflected in your Preferred Homecare Account balance.

Thank you for your payment

to verify your
balance and
to make sure
you will be able to
pay for your items
when you get to
the store.
Call 1-800-858-8585
for more information.
Thank you for
shopping at
Walgreens.



Walgreens

#02598 7685 S RAINBOW BLVD
LAS VEGAS, NV 89139
702-814-3084

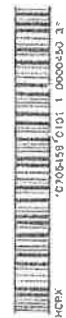
869 7909 0042 01/09/2015 8:34 PM
FSA RX 0705456
CLN RF# 150097339502270989 4.50
REWARDS POINTS EARNED 500

TOTAL	4.50
DEBIT CARD	4.50
CHANGE	.00
TOTAL FSA ITEMS	0.00
TOTAL RX ITEMS	4.50
TOTAL FSA AND RX ITEMS	4.50
APPROVED FSA/HRA AMOUNT	0.00

THANK YOU FOR SHOPPING AT WALGREENS
WITH BALANCE REWARDS, YOU CAN SAVE
ON THE THINGS YOU NEED AND TREAT
YOURSELF TO THE THINGS YOU WANT.
RESTRICTIONS APPLY. SEE PROGRAM
RULES FOR DETAILS. PLEASE GO
TO WALGREENS.COM/BALANCE.

RFN# 0259-8427-9080-1501-0803

42
PE
UNCPX
C70841970101 1 0000450 3*



WAITING
FRI 8:31PM
\$4.50

RYDER PETIT- ADRIANZEN
7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283
* Your Insurance Saved You: \$21.49

01/09/15
New
MIX 51.0 ml

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your prescriptions at Walgreens.com/pharmacy.

HERITAGE PARTNERS DURA

5575 S DURANGO

LAS VEGAS, NV. 89113

702-671-6850

NID 8622850167

TID 001734000R022850167000

February 13, 2015 08:07:18

Invoice #: 005 Batch #: 545

VISA SALE

Card Number: XXXXXXXXXXXX1566

Approval Code: 581423

TOTAL: \$ 15.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

THANK YOU
HAVE A NICE DAY
CUSTOMER COPY

STATEMENT

0001

Radiology Specialists, LTD
PO Box 50709
Henderson NV 89016-0709

Statement Date: 05/01/2015

Account Number: 364218

Client ID: 1001

Amount Due: \$21.24



AMOUNT PAID

Toll Free: (877) 406-2916

Pay online at www.ePayitOnline.com
CodeID: MSN00001 Access #: 4617537-1-8869
Patient: RYDER B PETIT-ADRIANZEN

1001000036421800000021242

MAKE CHECK PAYABLE & REMIT TO:

04493
PAIGE B PETIT 364218
7645 Stetson Bluff Ave
+ Las Vegas NV 89113-3065

Radiology Specialists, LTD
PO Box 50709
Henderson NV 89016-0709

PLEASE CHECK BOX IF ABOVE ADDRESS IS INCORRECT AND INDICATE CHANGES ON BACK.
MSN00001-0423350-0000000-4617537-001-008869-#015236-0001

DETACH HERE

AND RETURN THE TOP PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED

DATE	POST DATE	CODE	DESCRIPTION OF SERVICE	CHARGE	PAYMENT	ADJ	BALANCE
02/22/15		77075	RADIOLOGIC EXAMINA	\$137.00			\$21.24
			Location: SUNRISE HOSPITAL AND MEDICAL CENTER				
	05/01/15		HPN SIERRA HEALTH AND LIFE		\$0.00	\$115.76	
			BALANCE APPLIED TO DEDUCTIBLE. PLEASE REMIT PAYMENT.				

To pay this statement electronically go to
www.ePayitOnline.com or scan the barcode
to the right with your mobile device or tablet



*** You are responsible for payment in full within 20 days. ***

Primary Insurance: -----7777 - Clark County Social Service
Secondary Insurance: -----467900 - Hpn Sierra Health And Life

Total Balance: \$21.24
Insurance Pending: \$0.00

AMOUNT DUE NOW: \$21.24

Patient: RYDER B PETIT-ADRIANZEN

Account Number: 364218

Statement Date: 05/01/2015

Please verify your insurance information above to ensure everything is correct.
Complete the back of this form and return it to our office if there are any
discrepancies.

Estos son servicios proporcionados para usted. Si tiene alguna pregunta con respecto
a esta declaracion, por favor llame a nuestra oficina al Toll Free: (877) 406-2916.

These are charges for services provided to you. If you have any questions with
respect to this statement, please call our office at Toll Free: (877) 406-2916.

Radiology Specialists, LTD
PO Box 50709
Henderson NV 89016-0709

Toll Free: (877) 406-2916

MSN00001-0423350-0000000-4617537-001-008869-#015236-0001

Home

Page 1 of 1

Refunds Policies Access Id

Radiology Specialists, L1

Toll Free: (877) 406-2916

PO Box 50709 Henderson, NV 89016-0709

PAYMENT INFORMATION

Transaction Result: APPROVED*

Transaction Amount: 521.24

Order Number: mhp3113173658

Card Holder: Paige E Petit

Card Number: [REDACTED]

Resp Code - Message: APPROVED*

Auth Code: 487416

Reference Number: 641152860016390110

DateTime: 20:36:15 2015-05-08

Account Number: 364218-4617537-1-8869

Transaction Complete [Close Window](#) [Print Receipt](#)

Please Note: Payments made online are only reflected on your billing providers system.
 It can take 24 to 48 hours to post your payment to your billing providers system.
 If your next statement is already in transit, it may not reflect this payment.
 Should you need the most current payment status please contact your billing provider at the phone listed on the statement.

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Design: data media associates, inc. - Online Merchant



PEDIATRIX MEDICAL GROUP

Phone: 877-511-2296
 Fax: 616-954-2800
 Website: www.mymedicalme.com
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern
 Sat | 9:00am - 2:00pm Eastern

page 1 of 2



ID Number 4556106
Name PAIGE PETIT
Statement Date 5/27/2015
Statement Number 1

PLEASE SEE PAGE 2 FOR IMPORTANT INFORMATION

Please review the charge detail listed on the second page of this statement. If you have insurance that is not listed or is incorrect, please contact us so that we can update our records.

This statement contains services rendered by PEDIATRIX MEDICAL GROUP.

Statement Summary

		Total Payoff	Min Due
Accounts on Payment Plans	(0)	\$0.00	\$0.00
Accounts Not on Payment Plans	(1)	\$38.81	\$38.81
TOTAL MIN AMOUNT DUE*			\$38.81
6/26/2015			



PLEASE SEE FOLLOWING PAGE(S) FOR ACCOUNT DETAIL

Payment Options

We gladly accept checks and the following major credit cards:



Pay Online
 www.mymedicalme.com



Pay by Mail
 • Include your "ID Number" on your check
 • Make checks payable to:
PEDIATRIX MEDICAL GROUP
 • Include payment stub below in envelope provided



Pay by Phone
 • Call toll free: 877-511-2296

Fee Disclosures: Please note payment is due in full by the due date listed. Your account is not currently in default. Monthly service fees may be assessed after the due date for your balance that is not paid in full. Service fees are waived for auto-debit payment plans. Late fees may apply. Please see the detailed account information on subsequent pages and the "Payment Assistance" section below for more information. If payment is returned for any reason, a \$25.00 fee will be added to your account. Fees are subject to change without notice.

***Payment Assistance:** If you are unable to pay accounts not on payment plans in full, you must contact us toll free at 877-511-2296 to establish terms of a payment plan. Minimal fees may apply. Service fees are waived for auto-debit payment plans. Reasonable monthly payment plans can be arranged, but we must receive communication from you to establish terms. A servicing agent may contact you directly if full payment or payment plan arrangements are not made within the 30 day grace period.

↑ DETACH HERE AND RETURN THIS BOTTOM PORTION WITH YOUR PAYMENT USING THE RETURN ENVELOPE ENCLOSED ↑

PEDIATRIX MEDICAL GROUP
 PO BOX 120153
 GRAND RAPIDS MI 49528-0103

ID Number	Statement Number		
4556106	1		
Min Amt Due	Due Date	Amt Enclosed	
\$38.81	6/26/2015		

Phone: 877-511-2296
 Hours: Mon - Fri | 8:00am - 10:00pm Eastern; Sat | 9:00am - 2:00pm Eastern

000000004556106000190000003881951



13910



PAIGE PETIT
 7645 Stetson Bluff Ave
 Las Vegas NV 89113-3065

MAKE CHECK PAYABLE & REMIT TO:

|||||
 PEDIATRIX MEDICAL GROUP
 PO BOX 88087
 CHICAGO IL 60680-1087

MEDDIR10-0426375-0000000-4857016-001-014511-#028996-7092

DEF0101

- Details for services rendered by PEDIATRIX MEDICAL GROUP.



Accounts Not on Payment Plans:

• **Account Number: 6707698 - charges associated with account:**

Note: This account is current and is due on 6/26/2015. A monthly \$5.00 service fee will be assessed every 30 days from the original statement date until all balances are paid in full. Fees are waived for auto-debit payment plans.

Date of Svc:	2/22/2015	Orig Balance:	783.00
Patient:	RYDER PETIT ADRIANZEN	Pmts/Adj/Fees:	-744.19
Procedure:	99284: E/R INITIAL CONSULT 90	Charge Payoff:	38.81
Location:	SUNRISE HOSPITAL & MEDICAL CENTER: KIMBERLY ZIMMERMAN		
Insurance 1:	SIERRA HEALTH & LIFE - *****7900		

History Detail	Date	Description	Pmts/Adj/Fees
	5/18/2015	INS CHK-MANAGED CARE	-155.25
	5/18/2015	W/O CONTRACTUAL	-588.94

Total Account Payoff:	38.81
Min Amt Due:	38.81
unless a payment plan is established	

myMEDICALme

Guarantor Name
PAIGE PETIT

Healthcare Organization
PEDIATRIX MEDICAL GROUP

ID Number
4556106

✔ YOUR PAYMENT HAS BEEN SUCCESSFULLY PROCESSED!

Your payment has been successfully processed to:
Guarantor ID: 4556106 in the amount of \$38.81. The
authorization code for this payment is
000000051840254. This payment will post to your
account within one business day. Your credit card
statement will show this payment processed by Patient
Pay Services.

STATEMENT OF ACCOUNT

003849L

SUNRISE HOSPITAL AND MC
P.O. BOX 99400
LOUISVILLE, KY 40269

PETIT PAIGE 00011058325901541000001221617

STATEMENT DATE 06/25/15 PAGE 1 OF 1

ACCOUNT NUMBER	PATIENT NAME	STATEMENT PERIOD
110583259	PETIT-ADRIANZEN RYDER B	EMERGENCY 02/22/15 TO 02/22/15

AMOUNT DUE
\$1,221.61

PETIT PAIGE
7645 STETSON BLUFF AVE
LAS VEGAS NV 89113

MAIL PAYMENT TO
SUNRISE HOSPITAL
01541
P.O. BOX 740766
CINCINNATI OH 45274-0766



TO VIEW/PAY YOUR ACCOUNT VIA INTERNET SEE THE WEB ADDRESS BELOW
TO RECEIVE PROPER CREDIT, PLEASE RETURN THIS PORTION WITH YOUR PAYMENT
NOTE: SHOULD YOU WISH TO PAY BY CREDIT CARD, SEE AUTHORIZATION NOTICE ON THE BACK.

SUMMARY OF ACCOUNT



SUNRISE HOSPITAL AND MC
P.O. BOX 99400
LOUISVILLE, KY 40269

STATEMENT DATE 06/25/15

STATEMENT PERIOD	PATIENT NAME	ACCOUNT NUMBER
02/22/15 TO 02/22/15	PETIT-ADRIANZEN RYDER B	110583259

THE INSURANCE CLAIMS OUTSTANDING REPRESENT OUR ESTIMATE OF INSURANCE LIABILITY BASED ON OUR BEST INFORMATION

TOTAL CHARGES	NEW CHARGE ACTIVITY	NEW PAYMENTS OR CREDITS	NEW ACCOUNT ADJUSTMENTS	PREVIOUS TRANSACTIONS	INSURANCE CLAIMS OUTSTANDING	AMOUNT DUE
5,990.00	0.00	2,971.39	1,797.00	0.00	0.00	\$1,221.61

DATE	DESCRIPTION	UNITS	AMOUNT	DATE	DESCRIPTION	UNITS	AMOUNT
*02/22/15	Emergency services			*02/22/15	CBC	1	335.00
*02/22/15	XR BONE SURVEY COMP	1	2,091.00	*02/22/15	EMER DEPT LEVEL 3	1	1,840.00
*02/22/15	PROTIME	1	310.00	*02/22/15	PTT	1	330.00
*02/22/15	COMP METABOLIC PANEL	1	1,084.00		TOTAL CHARGES		5,990.00
*05/18/15	INSURANCE PAYMENT MAIL		2,971.39-	*02/22/15	CONTRACTUAL ADJ		1,797.00-
					ACCOUNT BALANCE		1,221.61
					DUE FROM PATIENT		1,221.61

06/22/15 SIERRA HEALTH AND LIFE P BILLED

* INDICATES NEW ITEMS SINCE LAST STATEMENT

TO VIEW/PAY YOUR ACCT VIA WEB: www.sunrisehospital.com/bill.asp
IF YOU HAVE QUESTIONS REGARDING YOUR ACCOUNT PLEASE CALL: 800-223-9899
HOURS OF OPERATION MON-FRI 8AM-9PM SAT 9AM-1PM ET

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU. PLEASE PAY THE AMOUNT NOW
DUE INDICATED ABOVE. WE ACCEPT ALL MAJOR CREDIT CARDS.

THIS BILL IS FOR HOSPITAL SERVICES ONLY

DEF0104

Healthcare Payment System

provided by



SUNRISE.

HOSPITAL & MEDICAL CENTER

Account Summary | Payment | Logout

Account Summary

Account Number	Patient Name	Guarantor	Account Balance	Patient Balance
110583259	PETIT-ADRIANZEN RYDER B	PETIT PAIGE	\$0.00*	\$0.00*
Service Location	Admission Date	Discharge Date		
SUNRISE HOSPITAL AND MEDICAL CENTER	02/22/2015	02/22/2015		

The transactions associated with this account are shown below.

	Patient	SIERRA HEALTH AND LIFE PP	Total
Original Balance	\$1,221.61	\$4,768.39	\$5,990.00
Room Charges			\$0.00
Ancillary Charges			\$5,990.00
- Payments	(\$1,221.61)	(\$2,971.39)	(\$4,193.00)
Description	Entry Date	HPS ID	Post Date
¹ HPS VI Payment	11/25/2015	93543515	Pending (\$80.00)
² HPS VI Payment	11/25/2015	93543503	Pending (\$120.00)
³ HPS VI Payment	11/17/2015	93189307	11/17/2015 (\$200.00)
⁴ HPS VI Payment	11/03/2015	92588842	11/03/2015 (\$200.00)
⁵ HPS VI Payment	10/02/2015	91275887	10/03/2015 (\$200.00)
⁶ HPS VI Payment	09/01/2015	89948646	09/02/2015 (\$200.00)
⁷ HPS VI Payment	07/30/2015	88549711	07/31/2015 (\$200.00)
⁸ HPS VI Payment	07/07/2015	87552671	07/07/2015 (\$21.61)
⁹ INSURANCE PAYMENT MAIL	05/17/2015		05/18/2015 (\$2,971.39)
Discounts	\$0.00	(\$1,797.00)	(\$1,797.00)
Balance Due	\$0.00	\$0.00	\$0.00

*Account Balance and Patient Balance include HPS transactions that have not yet posted.

Make Payment

Healthcare Payment System 1.2.15.62 A 11/26/2015 03:51 AM UTC

HEAL THORE PARTNERO DURA
5575 S DURNINGO
LAS VEGAS, NV. 89113
702-671-6050
MID 8022630187
TID 001734008022850187000
March 03, 2015 07:52:45
Invoice #: 003 Batch #: 550
VISA SALE
Card #: 0000000000000000
Expiry Date: 01/01/15 - 12/31/16
TOTAL: \$ 15.00
I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)
THANK YOU
HAVE A NICE DAY
CUSTOMER COPY

Walgreens

#11206 8582 BLUE DIAMOND RD
LAS VEGAS, NV 89178
702-260-0135

805 5977 0041 03/03/2015 1:22 PM

FSA RX 0498858 2.66
CLM RF# 150616292151257998
FSA RX 0498856 3.75
CLM RF# 150616288343208997

REWARDS BONUS EARNED 1000

TOTAL 6.41
DEBIT CARD 6.41
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 6.41
TOTAL FSA AND RX ITEMS 6.41

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PE 
UNCRX *0498858 0301 1 0000375 8*

RYDER PETIT- ADRIANZEN
7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283
• Your Insurance Saved You: \$17.24

MON 6:54PM
\$3.75

03/02/15
New


0498858 0301 1 0000266 2

TIT- ADRIANZEN
n Bluff Ave
JV 89113
283
e Saved You: \$14.33

MON 6:54PM
\$2.66

03/02/15
New
MIX 73.0 ml

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Do not use address below:
P.O. Box 7306
Holtzler, MO 65673-7306

AT 01 046022 64898176 B**3DGT
LVN 88827124 1698243 3119187023 R
RYDER B PETIT-ADRIANZE
7645 STETSON BLUFF AVE
LAS VEGAS, NV 89113-3065

Laboratory Invoice

Page 1 of 1

For services not included in your physician's bill

Invoice Date:	Amount Due:	Due Date:
Mar. 04, 2015	\$16.32	Mar. 25, 2015

Invoice Number	Lab Code
3119187023	LVN

Patient Name: RYDER B PETIT-ADRIANZE
Responsible Party: RYDER B PETIT-ADRIANZE
Date of Service: February 13, 2015

Lab Results and Diagnosis Questions Must Be Answered By Your Physician.

Customer Service

LOG ON NOW at www.QuestDiagnostics.com/bill to conveniently pay your invoice, provide updated insurance information, or take a patient survey.

Phone:

1-855-619-4056
WEEKDAYS 08:00 AM - 05:00 PM PST
Se Habla Espanol 08:00AM - 05:00PM Hora Estándar del pacifico

Laboratory Tests Were Requested By:

Referring Physician: DANI, PRASHANT
Physician Address: 5575 S DURANGO DR STE 103
LAS VEGAS, NV 89113

Most Recent Insurance Claim Filed To:

Insurance Name: SIERRA HLTH ACA PPO
Insurance ID: 14007467900
Group Number: 12454

Please have your invoice available for reference.

This invoice is for laboratory tests performed at the request of the referring physician. These charges are separate from the physician's fees. SIERRA HLTH ACA PPO indicated the balance is your co-payment, co-insurance, or deductible and is your financial responsibility. Prompt payment is appreciated. Thank you for using our laboratory.

Date	CPT Code *	Test Description	Charge	Insurance Discount	Insurance Paid	Medicare/Medicaid Paid	Patient Paid	Patient Owes
02/13/15	87807	DIR OPT OBSERVATION,RSV	\$126.26					
02/13/15	99199	UNLISTED SPECIAL SERVICE	\$26.37					
03/04/15		ADJUSTMENT		(\$136.31)				
Tax ID: 68-0009333 ICD-9 Codes: 465.9			\$152.63	(\$136.31)	\$0.00	\$0.00	\$0.00	\$16.32

Services Performed by: QUEST DIAGNOSTICS LAS VEGAS - 4230 BURNH LAS VEGAS, NV

* The CPT codes provided are for information purposes only, and are based on AMA guidelines without regard to specific payer requirements

A Please fold and tear along perforation and remit with payment in the envelope provided.



LOG ON NOW, Pay your bill online securely at
www.QuestDiagnostics.com/bill
or call 1-855-584-6851.
Quest Diagnostics also accepts:



Please make checks payable to Quest Diagnostics.
Be sure to include invoice number on your check.

☐ Check here if address has changed.
Please provide your new address information on the back.
Quest Diagnostics reserves the right to assign this receivable to any of its affiliates.

Lab Code: LVN

Amount Due: \$16.32

Due Date: Mar. 25, 2015 Invoice Number: 3119187023

Patient Name: RYDER B PETIT-ADRIANZE

Amount Enclosed: \$

If you received an explanation of benefits showing your responsibility is less than the amount shown on this bill, please pay the lesser amount. To fully resolve your invoice, please provide a copy of your explanation of benefits.

MAIL PAYMENTS ONLY TO:

QUEST DIAGNOSTICS
PO BOX 740351
CINCINNATI, OH 45274-0351



01LVN67013119187023000016324030416914527403510000000

Billing Services



This message is to confirm we have received your credit card payment. It may take up to 3 business days for your payment to be processed and applied to your invoice(s). Please save this message for your records.

The payment(s) will be applied to the credit card you have provided to us. Please see below for details of your payment(s).

[Click here](#) to contact us if you have any additional questions or concerns. Be sure to include your invoice number(s), lab code, and tracking number with all correspondence. Please do not reply directly to this email.

Invoice Number	Tracking Number	Amount
3119187023	147578288	\$16.32
Total of Submitted Payments		\$16.32

Payment Information

Credit Card Type	Visa
Credit Card #	*****1566

Thank you for using Quest Diagnostics. We look forward to serving you in the future.

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- Share medical information directly with physicians and specialists
- Schedule appointments and find nearby Quest Diagnostics Patient Service Centers

Walgreens

#11206 6582 BLUE DIAMOND RD
LAS VEGAS, NV 89178
702-260-0135

865 6396 0041 03/05/2015 3:25 PM

FSA RX 0500062 15.00
CLM RF# 150645441870210998
REWARDS POINTS EARNED 500

TOTAL 15.00
DEBIT CARD 15.00
CHANGE .00

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 15.00
TOTAL FSA AND RX ITEMS 15.00

APPROVED FSA/HRA AMOUNT 0.00

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YOURSELF TO THE THINGS YOU WANT.
RESTRICTIONS APPLY, SEE PROGRAM
RULES FOR DETAILS, PLEASE GO
TO WALGREENS.COM/BALANCE.

RFN# 1120-6416-3968-1503-0503



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UHCX

0500062 0301 1 0001500 9

WAITING

THU 3:21PM
\$15.00

RYDER PETIT- ADRIANZEN

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Las Vegas, NV 89113
(702)767-7283

03/05/15
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• Manufacturer changed
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HEALTHCARE PARTNERS DARR
5275 E DURANGO
LAS VEGAS, NV. 89113
702-671-6650
RID 8622850187
TIN 0017340328827650187000
April 10, 2015 08:42:20
Invoice #: 011 Batch #: 585

VISA SALE

Card Number: XXXXXXXXXX1508
Approval Code: 142255
TOTAL: \$ 15.00

I AGREE TO PAY ABOVE TOTAL AMOUNT
ACCORDING TO CARD ISSUER AGREEMENT
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

THANK YOU
HAVE A NICE DAY
CUSTOMER COPY

42
PE



UHCX

0795170-0201-1-0000814-2

FRI 3:33PM
\$6.14

RYDER PETIT- ADRIANZEN

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Las Vegas, NV 89113

(702)767-7283

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11/13/15
New-E

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PE



UHCRCX

0803624 0101 1 0001284 5

FRI 3:52PM
\$12.84

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave
Las Vegas, NV 89113

(702)767-7283

• Your Insurance Saved You: \$ 8.15

12/11/15
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UHCRCX

0803625 0201 1 0003318 9

FRI 3:52PM
\$33.18

RYDER PETIT- ADRIANZEN

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Las Vegas, NV 89113

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12/11/15
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MIX 35.0 ml

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#03872 8633 W CHARLESTON BLVD
LAS VEGAS, NV 89117
702-383-9660

830 7132 0041 01/07/2017 12:10 PM

FSA RX 1408376

5.00

TOTAL
DEBIT CARD
CHANGE

5.00
5.00
.00

AID: A0000000860040
US DEBIT
Integrated chip card
PIN Verified

TOTAL FSA ITEMS 0.00
TOTAL RX ITEMS 5.00
TOTAL FSA AND RX ITEMS 5.00
APPROVED FSA/HRA AMOUNT 0.00

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APPLY. FOR TERMS AND CONDITIONS,
VISIT WALGREENS.COM/BALANCE.

REF# 0387-2417-1329-1701-0703



52
PE



RXWST

1408376 0401 1 0000500 0

WAITING

SAT 11:36AM
\$5.00

RYDER PETIT- ADRIANZEN

7645 Stetson Bluff Ave
Las Vegas, NV 89113
(702)767-7283

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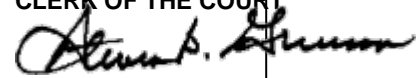
- Manufacturer changed
- Your Insurance Saved You: \$180.99

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ROPP
Michael Burton, Esq.
Nevada Bar Number 14351
McFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D
Department: H

Date of Hearing: April 9, 2019
Time of Hearing: 10:00 a.m.

**PLAINTIFF'S REPLY AND OPPOSITION TO COUNTERMOTION FOR
ATTORNEY'S FEES AND COSTS**

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
reply to Defendant's Opposition and opposes Defendant's Countermotion
requesting the Court issue an Order:

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1 **MEMORANDUM OF POINTS AND AUTHORITIES**

2 **I. INTRODUCTION**

3 Mom counters Dad's Motion to reconsider on his custody modification
4 motion by including receipts and bills for allegedly over \$6,600 in unreimbursed
5 medical bills dating back to Ryder's birth— more than five years ago; and pre-dating
6 the parties' 2014 divorce. This is the first time Dad has *ever* seen these bills. They
7 have never been remitted to Dad for reimbursement. Mom provided no proof she
8 ever sent these bills to Dad, despite her assertions that she did.

9 Ironically, Mom's submission and request for reimbursement of these bills
10 proves two of Dad's points: 1) Mom has failed to include Dad in many of Ryder's
11 medical appointments as he was unaware of these appointments; and 2) The amount
12 of medical treatment Ryder has received with this amount of out-of-pocket expenses
13 when he is on state Medicaid is astronomical for a five-year-old. What is even more
14 perplexing is why were these "bills" not brought up when the parties were just last
15 in court? Because Mom knows she never told Dad about these bills or appointments
16 and they are a further indication of her exclusion of Dad from Ryder's life.

17 Some of these bills are *prior* to the parties' divorce proceedings in 2014.
18
19
20

II. STATEMENT OF FACTS & ARGUMENT IN REPLY

A. The Court Should Grant Dad's Motion for Reconsideration and Set an Evidentiary Hearing; and Deny Mom's Request for Reimbursement of Never-Before-Disclosed Medical Bills

Dad has laid out numerous facts in his motion showing there are a litany of serious issues ongoing that affect Ryder's well-being. These were outlined *ad nauseum* in Dad's motion to reconsider as well as his original motion.

The Court felt Dad did not meet his legal burden of "substantial change in circumstances" since the last custodial order—which was prior to Ryder turning a year old. Dad cited an on-point case that specifically provides that a custody order must contain statutory findings of best interest because a litigant in a post-decree proceeding *requires* these findings to make a case for modification. The court denying Dad's motion and stating he failed to make a prima facie case of substantial change in circumstances, with an order with zero findings, puts Dad in a position that he can never modify custody—regardless of Ryder's best interest.

Dad pled numerous issues as to why custody should be changed in this case—far more than the issues which existed in *Ellis*, the polestar case on custody modification burden. And these issues are ongoing every single day.

Since filing his current motion for reconsideration, Ryder came to Dad's with bruises on his arm and both of the calves of his legs. Dad asked what happened?

1 Ryder's response was "Shawn kicked me, and I fell down." Shawn is Mom's "fiancé"
2 and as previously shown, has a plethora of serious personal problems including out-
3 of-control drug use that led to him being arrested for pan-handling drugs outside a
4 recreation center. This is who Ryder lives with in Mom's home 5 days a week. When
5 asked, Mom says Ryder "tripped going both up and downstairs while playing"—
6 which is not what Ryder told Dad. Granted Ryder is five, but this is not even close
7 to the first time he has said disturbing things about Shawn. Notably, he also recently
8 told Dad that there was a "fight" between Mom and Shawn and the police were
9 involved. This was around the same day Shawn briefly reached out to Dad with an
10 offer to "assist" Dad in his case until Mom and he reconciled.

11 And considering Shawn's drug history, Dad has legitimate concerns as to
12 what is going on in Mom's home and what Ryder may be witnessing and being
13 exposed to as far as drug use. Just because Dad cannot *prove* having Shawn in the
14 home has had a direct impact on Ryder, it is logical to assume someone with his
15 recent drug history may be careless as to what he leaves laying around the house for
16 a five-year-old to possibly consume.

17 Additionally, Mom sent Dad an email about a doctor's appointment. She is
18 now taking Ryder to the Ophthalmologist for the recurring stye issue Dad raised in
19 his motion. Mom only acknowledged this issue after Dad brought it forth to the court.
20 Mom initially told Dad the appointment was 10:00 a.m. Then she told him she

1 changed it to 8:00 a.m. Dad went at 8:00 a.m. and was told by the office that the
2 appointment had been moved back to 10:00 a.m. Interestingly, the doctor's office
3 *called* Mom on the phone, right in front of Dad. Mom has maintained the last several
4 months that she does not have a phone, thus Dad has no way to contact her except
5 email. She has a phone. Everyone knows she has a phone. It is just another senseless
6 game.

7 And Mom's submission of over \$6,000 in unpaid out-of-pocket medical
8 expenses (dating back to 2013) is further proof. Seriously? Most people do not have
9 that amount of out-of-pocket medical expenses in their entire life. Ryder is five.
10 Mom never gave Dad *any* of these receipts. Why? Because she was not even telling
11 him she was taking Ryder to the doctor; or that there were issues. Further, the bills
12 submitted are not all for Ryder and include Mom's prenatal care. None of these bills
13 were ever provided by Mom to Dad. Now, in response to Dad's motion, Mom seeks
14 reimbursement. She has waived that claim.

15 Moreover, these medical receipts are just another example of Mom lying. She
16 claims she has "submitted each of the following" to Dad. Yet not a single ounce of
17 proof. No emails. No letters. Nothing. Five years of supposed receipts and five years
18 of supposed submissions to Dad; yet this is the first time this has ever been brought
19 up—despite the parties being in court as recent as August. Fishy.

20 //

1 **B. The Court Must Deny Mom’s Request for Attorney’s Fees as She**
2 **Failed to File a Financial Disclosure Form; and Mom’s Request is**
3 **Meritless**

4 The court may award attorney fees to a prevailing party; or when the court
5 finds a party has brought a claim or maintained a defense without reasonable grounds
6 or to harass the opposing party.¹ The court shall liberally construe this provision in
7 favor of awarding attorney’s fees in appropriate situations.²

8 When deciding attorney’s fees awards in family law matters, four
9 requirements were set forth³: 1) counsel must cite a legal basis for attorney’s fees;
10 2) the Court must evaluate the *Brunzell*⁴ factors; 3) the Court must consider any
11 disparity in income of the parties under *Wright*⁵; and 4) the request must be
12 supported by affidavit or other evidence.

13 All financial requests, including attorney’s fees, require the requesting party
14 file a financial disclosure form within 2 judicial days of filing their motion or
15 countermotion.⁶

18 ¹ NRS 18.010(2)(a)-(b).

19 ² *Id.*

20 ³ *Miller v. Wilfong*, 121 Nev. 619, 119 P.3d 727 (2005).

⁴ *Brunzell v. Golden Gate Nat’l Bank*, 85 Nev. 345 (1969).

⁵ *Wright v. Osburn*, 114 Nev. 1367, 1370 (1998).

⁶ EDCR 5.506(2).

1 Here, the court should deny Mom's request for fees on the merits, as well as
2 based on her failure to file a financial disclosure form as required by court rule.

3 To award Mom attorney's fees, the court must find that Dad's motion is
4 frivolous or meant solely to harass. That is not the case here. Dad cited appropriate
5 legal authority that supports his position and is based on spot-on Nevada Supreme
6 Court precedent.

7 The court should therefore deny Mom's request for attorney's fees.

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1 **III. CONCLUSION**

2 BASED ON THE FOREGOING, Kevin Adrianzen requests this Court issue
3 an Order:

- 4 1. Reconsidering the denial of modification of physical custody to
5 primary physical custody to Plaintiff from the September 17, 2018
6 hearing entered February 14, 2019 without trial and an Order setting
7 this matter for trial;
- 8 2. Denying Mom's request for reimbursement of years old and never-
9 before-seen medical bills;
- 10 3. Denying Defendant's request for an Award of Attorney's Fees and
11 Costs; and
- 12 4. For any other relief this Court deems fair and appropriate.

13 DATED this 5th day of April, 2019.

14 **McFARLING LAW GROUP**

15 /s/ Michael Burton

16 Michael Burton, Esq.
17 Nevada Bar Number 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
18 (702) 565-4335
Attorney for Plaintiff,
19 Michael Burton
20

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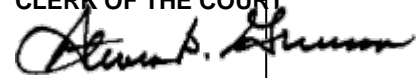
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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

Melvin Grimes, Esq.
melg@grimes-law.com

/s/ Crystal Beville
Crystal Beville



SUPP
Michael Burton, Esq.
Nevada Bar Number 14351
McFARLING LAW GROUP
6230 W. Desert Inn Road
Las Vegas, NV 89146
(702) 565-4335 phone
(702) 732-9385 fax
eservice@mcfarlinglaw.com
Attorney for Plaintiff,
Kevin Adrianzen

EIGHTH JUDICIAL DISTRICT COURT

FAMILY DIVISION

CLARK COUNTY, NEVADA

KEVIN ADRIANZEN,

Plaintiff,

vs.

PAIGE PETIT,

Defendant.

Case Number: D-13-489542-D

Department: H

Date of Hearing: April 9, 2019

Time of Hearing: 10:00 a.m.

**SUPPLEMENTAL EXHIBITS TO PLAINTIFF'S MOTION FOR
RECONSIDERATION OF DENIAL OF EVIDENTIARY PROCEEDINGS
ON PLAINTIFF'S MOTION TO MODIFY CUSTODY AND CHILD
SUPPORT FROM SEPTEMBER 17, 2018 ORDER ENTERED FEBRUARY
14, 2019**

COMES NOW Plaintiff, Kevin Adrianzen, by and through his attorney,
Michael Burton, Esq. of McFarling Law Group, and hereby submits the following
exhibits to supplement to Plaintiff's Motion for Reconsideration of Denial of

1 Evidentiary Proceedings on Plaintiff's Motion to Modify Custody and Child Support
2 from September 17, 2018 Order Entered February 14, 2019.

3 See attached Exhibit 4 text from Defendant to Plaintiff with explanation of
4 minor son's bruises on arm; Exhibit 5 emails dated March 23, 2019 between parties
5 re: minor son's hygiene issues; Exhibit 6 communications from Defendant to
6 Plaintiff for eye appointment scheduled, rescheduled and Defendant's phone # used
7 by eye doctor and CCSD portal; and Exhibit 7 Letter dated April 3, 2019 from minor
8 son's principal re: individualized reading plan needed

9 DATED this 8th day of April, 2019.

10 **McFARLING LAW GROUP**

11 /s/ Michael Burton

12 Michael Burton, Esq.
13 Nevada Bar Number 14351
14 6230 W. Desert Inn Road
15 Las Vegas, NV 89146
16 (702) 565-4335
17 Attorney for Plaintiff,
18 Kevin Adrianzen
19
20

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 X via mandatory electronic service by using the Eighth Judicial District Court's E-file and E-service System to the following:

Melvin Grimes, Esq.
melg@grimes-law.com

/s/ Crystal Beville
Crystal Beville

EXHIBIT 4



Paige Petit



to Kevin Adrianzen

Today at 1:18 PM

Ryder was walking to the couch and tripped over Shawn's leg/foot and fell. Ryder did not fall hard enough for him to receive bruises from this, I know because I saw him fall. The bruises were most likely from Ryder falling on the stairs when he was walking up for bed Wednesday (possibly Thursday) night, he fell hard and complained about hurting his arm when he fell which is where the bruise on his forearm is. Ryder had no bruises on his calves, only one on his knee and one on his forearm. Ryder has never been and never will be abused while in my care.

EXHIBIT 5

Subject Re: Miscellaneous
From Kevin Adrianzen
To: Paige Petit <paigeeepetit@gmail.com>
Date Sat, Mar 23 2019 at 7:37 PM

I have not received an email from you since 3/13th. The medicine is not available and won't be available until May according to Walgreens now. The comparable medicine is the lower grade we both already have. I am doing some home remedies with him that are working while he is with me. You choose to not use your medicine regularly and it is worse than when I sent him back to you 5 days ago. He now has puss on it again and he did not have that last week.

Ryder says you only put the medicine right before you brought him to the exchange as well as cleaned his nails. Doing it to "act" like you're caring for him is not going to cut it Paige. Stop neglecting his hygiene and health. If you'd care for him properly he wouldn't have the styes and they surely would have been gone now. If you won't care for him properly then let me.

It's sad he has had the same stye since November. You think that the "procedure" is your answer and I'm telling you that I won't agree. He should not have to go through a procedure because you choose to neglect him. I won't allow you to get away with thinking that's the solution. The solution is for you to take care of him properly. Be proactive rather than reactive to prevent these issues for Ryder!

The shoes are dirty and will be washed and until then those he currently wears will be what he wears back and forth. If you'd like to send him in other shoes until then you may. Believe me he doesn't use them at my house as he has plenty of other shoes to wear if that's what your concern is.

Ryder is making growth, but not sufficient to where he needs to be. Since he is one of the youngest kindergarteners due to his birthday and

Since he is one of the youngest kindergarteners due to his birthday and him not being ready for 1st grade, I would like to keep him in Kindergarten one more year. Sadly, tutoring would have probably prevented this, but you wouldn't allow my mother to tutor him for free based on some story that you'd be taking him to the library for tutoring, never even got the information, was provided to you by me, and you still chose not to even do that which still would not have been the tutoring he would have been receiving from my mother. Again, Ryder loses out...in his care and health, in soccer, and now in school because of your neglect. So sad!

Sent from Yahoo Mail for iPhone

On Saturday, March 23, 2019, 7:04 PM, Paige Petit <paigeeppetit@gmail.com> wrote:

1) Please let me know what you're doing about a medicine for Ryder. I asked a week ago and you haven't responded yet.

2) Please send Ryder home in the shoes that I bought him. It's been almost a month since you've returned him in them. They are similar to the ones you send him in but they have red/black checkered pattern on the inside of the shoe.

EXHIBIT 6



(775) 302-5199



2/7/19

This is Paige. I am asking again that you please drop off Ryders prescribed eye cream some time today to the school. I set up the appointment with the referred ophthalmologist, Lopez Eye Institute for March 29th at 10am. Dentist appointment scheduled for February 13th at 2:40pm. Reminder that exchange is 7pm this Saturday.

Done**Message.pdf****Subject** Re: Soccer**From** Paige Petit**To:** Kevin Adrianzen <adrianzen.kevin@yahoo.com>**Date** Sat, Mar 16 2019 at 10:35 AM

1) Please let me know if I should be emailing your yahoo or gmail account going forward.

2) You never asked about soccer.

3) Please send the schedule for available days/times for soccer clinics.

4) Please do not ask me again to stay out of Ryders medical needs. I was trying to expedite the process since you didn't bother reaching out to me to let me know you decided to do an alternative to what the doctor suggested. I need you to please let me know what your alternative plan of medicine is for him and if you've received it yet. If so, please send it on Monday so he can continue using it.

5) Opthamologist rescheduled for 8am, March 29th.

Thank you.

On Saturday, March 16, 2019, Kevin Adrianzen

<adrianzen.kevin@yahoo.com> wrote:

Another week that you didn't let him attend a Friday clinic. You have had the schedule for over 2 months for this season and not 1 day have you made arrangements to ensure he goes. Please make it more if a priority for Ryder's sake moving forward.

I also wanted to let you know that I need to register him for the next season that starts 4/1. The only option I have is for Monday classes

Person Information

PersonID
2317271

Name
Petit-Adrianzen, Ryder Blake

Gender
M

Nickname

Race Ethnicity

State Race/Ethnicity: H:Hispanic

Federal Designation: 1:Hispanic/Latino

Race(s): White

Hispanic/Latino: Y:Yes

Race/Ethnicity Determination: 01:Parent Identified



Birth Date (Age: 5)
09/22/2013

Student Number **State ID**
12217126 9100173302

Person GUID
A8412958-0C18-4108-AFBD-1440F19DB979

Comments

- Modified by: VAN DEWATER, SARA 06/18/2018 11:13

Contact Information

Email Ryder.2317271@nv.ccsd.net

Mailing Addresses

Primary Address 9050 W WARM SPRINGS RD #2164, LAS VEGAS, NV 89148 [Map](#)

2nd Mailing 9145 W RICHMAR AVE , LAS VEGAS, NV 89178 [Map](#)

Petit **Primary

Household Phone (702)767-7283

Address 9050 W WARM SPRINGS RD #2164, LAS VEGAS, NV 89148 [Map](#)

Name	Relationship	Enrollment (grade)	Contact Method	Emergency Priority
Petit, Brooklyn	Sibling			
Petit, Paige E	Mother(guardian)	11-12 Sierra Vista HS (12)	C: (702)767-7283 petitpaige@aol.com	1

Lopez Eye Institute		PETIT-ADRIANZEN, RYDER	
Lopez Eye Institute	10561SPA1000008114	DOB	MM/00/00000515
		09/22/2013	(702) 767-7283
Appointment Date: Friday, March 29, 2019			
Time/Event: 10:00 AM - same day add			
Provider: Nelson Lopez			
Location: Lopez Eye Institute			
Address: 3009 West Charleston Blvd, Suite 110, Las Vegas, NV, 891021943			
Location Phone: (725) 265-4340			

EXHIBIT 7



April 03, 2019

Dear Parent/Legal Guardian of Ryder Blake Pettit-Adrianzen:

This letter is a requirement of a Nevada law titled *Senate Bill 391 (2015) - Nevada's Read by Grade Three Act* (SB 391 (2015)). This law was passed in 2015. It was designed to improve the literacy skills of all kindergarten through third grade students enrolled in public schools across the entire state. The purpose of this law is to equip Nevada's youngest learners with a strong foundation in literacy skills (with an emphasis in reading) that are critical for their future academic success. SB 391 (2015) also requires all elementary schools to provide additional services for those students who have been identified as struggling in reading. Based on your child's score on the MAP Growth Reading Assessment, your child has been identified as one of our struggling readers. This means that he/she is now able to receive specialized Read by Grade 3 reading interventions specifically designed to meet his/her individual needs.

Several steps have already been taken to begin addressing your child's needs. Members of our school's literacy team have begun developing an individualized reading plan designed just for him/her. This plan outlines the specific interventions that your child will receive as part of Read by Grade 3. These reading interventions will:

- be offered in a small group format;
- emphasize all of the primary elements of reading (phonemic awareness, phonics, reading fluency, and reading comprehension);
- be supported by the other three areas of literacy – writing, listening, and speaking; and
- be provided by a team of highly trained educators at the school.

The actual structure of your child's reading plan will be designed by this team. His/her plan might include a before-school or after-school tutoring program or an extra reading intervention block during the regular school day. Whatever design is ultimately selected, it will be thoroughly described in your child's reading plan. (Know that there will be no additional cost to you for any of these services.)

It is essential that we partner together to ensure your child's success. Please contact your child's teacher to set up a time for a conference or a time to talk when he/she will review your child's reading plan with you. Your approval of this plan is a requirement of the law.

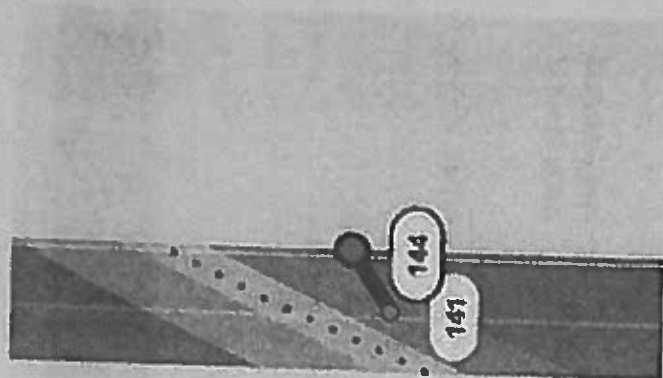
We recognize you might still have questions regarding the *Read by Grade 3 Act*. Therefore, we have provided two documents from the Nevada Department of Education. We are hopeful these resources will assist you in developing an understanding of how the new law aims to assist your child in reaching grade level reading.

Thank you for being a partner in your child's education. I look forward to working with you and helping your child be more successful in reading and school. Throughout the remainder of the school year, your child's teacher will continue to assess and monitor your child's reading skills and keep you updated on your child's progress.

Sincerely,

Tony J Davis
School Principal

GROWTH OVER TIME



- RIT Score: Mathematics
- Average Achievement
- District Grade Level Mean

Some future terms are not yet setup in the system.

Percentile Bands	1-20	21-40	41-60	61-80	81-100

Student Profile

Exported by PETERJEN/CCSSD/MSI
07/27/2019

Ryder B. Petit-Adrianzen

Sim x | 144

MATHEMATICS

Standard Error: +3.5
Possible range: 143-148
4/2/2019 - 10 minutes

Percentage of Disengaged Responses: N/A
Est. Impact of Disengagement on BIT: N/A
Growth: Math K-2, CCSS 2010 V2

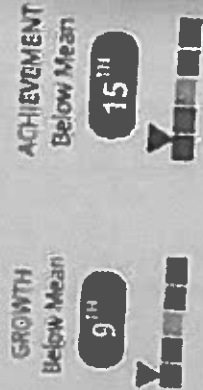
*Spring 2018-19

144*

COMPARISONS

GROWTH & ACHIEVEMENT MEASURES

Norms Percentile



Quadrant Chart

Low Growth / Low Achievement

PROJECTIONS

INSTRUCTIONAL AREAS

Number and Operations

130

◇ Suggested Area of Focus

Geometry

135

◇ Suggested Area of Focus

Measurement and Data

153

Operations and Algebraic Thinking

160

◇ Relative Strength

GROWTH GOALS

Because of the student's grade level, there are no terms left to set a goal.

Pass Goals

There are no previous goals for this student.

Student Profile

Grade 1 Performance

Adrian B. Petit-Adrianzen

140*

*Spring 2018-19

Percentage of Disengaged Responses: N/A
Esc Impact of Disengagement on RTI: N/A
Growth Reading K-2 CCS 2010

READING

Standard Error: 4.31
Possible range: 137-143
4/3/2019 8 minutes

COMPARISONS

GROWTH & ACHIEVEMENT MEASURES

Norms Percentile



Quadrant Chart

Low Growth / Low Achievement

PROJECTIONS

READABILITY MEASURES

Level: BR400L - BR400L

Flesch-Kincaid Grade Level: 2.1 to 4.5

INSTRUCTIONAL AREAS

Vocabulary Use and Functions

133

Foundational Skills

134

Literature and Informational Text

146

Language and Writing

147

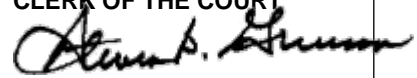
GROWTH GOALS

Because of the student's grade level, there are no terms left to set a goal.

Past Goals

There are no previous goals for this student.

for 44 questions



1 NEO
2 MELVIN R. GRIMES, ESQ.
3 Nevada Bar No: 12972
4 Melg@grimes-law.com
5 THE GRIMES LAW OFFICE
6 8540 S. Eastern Avenue Suite 100
7 Las Vegas, NV 89123
8 p: (702) 347-4357
9 f: (702) 224-2160
10 *Attorney for Defendant*

**DISTRICT COURT
CLARK COUNTY, NEVADA**

11 KEVIN DANIEL ADRIANZEN,
12 Plaintiff

CASE NO.: D-13-489542-D

13 V.

DEPT: H

14 PAIGE ELIZABETH PETIT,
15 Defendant

NOTICE OF ENTRY OF ORDER

18 PLEASE TAKE NOTICE THAT an Order was entered in the above-entitled
19 matter on the 28th day of May, 2019, a copy of which is attached hereto.

20 DATED this 28th day of May, 2019.

THE GRIMES LAW OFFICE

23 /s/ Melvin R. Grimes
24 MELVIN R GRIMES, ESQ.
25 Nevada Bar No. 12972
26 8540 S. Eastern Avenue Suite 100
27 Las Vegas, NV 89123
28 Tel: (702) 347-4357
Attorney for Defendant

CERTIFICATE OF SERVICE

Pursuant to NRCP 5(b). I certify that I am an employee of The Grimes Law Office and that on the 28th day of May, 2019, I caused the foregoing document, **NOTICE OF ENTRY OF ORDER**, to be served as follows:

☒ Pursuant to EDCR 8.05(a), EDCR 8.05(f), NRCP 5(b)(2)(D) and Administrative Order 14-2 captioned "In the Administrative Matter of Mandatory Electronic Service in the Eighth Judicial District," by mandatory electronic service through the Eighth Judicial District Court's electronic filing system;

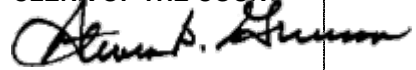
☐ By placing the same to be deposited for mailing in the United States Mail, in a sealed envelope with appropriate first class postage attached.

Michael Burton, Esq.
eservice@mcfarlinglaw.com
Attorney for Plaintiff

DATED this 28th day of May, 2019.

/s/ Katherine Mendoza

An Employee of THE GRIMES LAW OFFICE



1 ORDR
2 MELVIN R GRIMES, ESQ.
3 Nevada Bar No. 12972
4 THE GRIMES LAW OFFICE
5 8540 S. Eastern Avenue Suite 100
6 Las Vegas, NV 89123
7 Tel: (702) 347-4357
8 Fax: (702) 224-2160
9 Attorney for Defendant

DISTRICT COURT
CLARK COUNTY, NEVADA

8 KEVIN DANIEL ADRIANZEN,
9 Plaintiff

CASE NO.: D-13-489542-D

10 Vs.

DEPT: H

11
12 PAIGE ELIZABETH PETIT,
13 Defendant

ORDER FROM APRIL 9th 2019
HEARING

14
15
16 This matter having come before this Court on the 9th day of April, 2019, in
17 Department H of the Eighth Judicial District Court, County of Clark, Plaintiff,
18 KEVIN DANIEL ADRIANZEN, present by and through his attorney of record,
19 MELVIN R. GRIMES, ESQ., and Defendant, PAIGE ELIZABETH PETIT, present
20 by and through her attorney of record, MICHAEL J. BURTON, ESQ.; the parties
21 having briefed the matter and having been heard; and good cause appearing;

22 COURT NOTED that Attorney Burton alleged Defendant has moved four times
23 in four years. The child is not doing well in school and may need to be held back.
24 Plaintiff has offered to help with tutoring for the child and Defendant turned down the
25 offer.

26 COURT NOTED the child has developed numerous sties and has contracted
27 scabies in Defendant's home.
28

1 COURT NOTED that Defendant states she has no phone, which Plaintiff
2 believes is not true. Defendant also gave Plaintiff the wrong time of the child's doctor
3 appointment.

4 COURT NOTED that Defendant is in an unstable relationship with her
5 boyfriend and has serious drug issues.

6 COURT NOTED that the minor child told Plaintiff he had bruises due to
7 Defendant's boyfriend tripping him. The minor child alleges that Defendant's
8 boyfriend abuses him.

9 COURT NOTED that Defendant had \$6,600 in unreimbursed medical expenses
10 for the child and Plaintiff never knew of them.

11 COURT NOTED that Attorney Burton stated Plaintiff is requesting an
12 Evidentiary Hearing.

13 COURT NOTED discussion regarding Plaintiff's employment, his work
14 schedule at home, his income, possibly having another child, the parties using a
15 platform for communication, and where the child attends school.

16 COURT NOTED that Plaintiff stated he lives with his mother at Mountains
17 Edge. Attorney Burton stated Plaintiff will be living there indefinitely while going to
18 school.

19 COURT NOTED that Defendant stated her cell phone broke and she cannot
20 afford to buy a new phone. Further, she has had a Talking Parents account for 1-2
21 years. She rents a house with her fiancé, Sean, and besides the minor child at issue in
22 this case, there are two other children, ages two (2) years, and nine (9) months.

23 COURT NOTED further discussion regarding the child's dental work.

24 COURT NOTED argument regarding the unreimbursed medical expenses.
25 Attorney Grimes stated the unreimbursed medical expenses total \$6,663.99, and that
26 Defendant provided Plaintiff with all the receipts.

27 COURT STATED the timing is the issue regarding the unreimbursed medical
28 expenses.

1 COURT NOTED that Attorney Burton stated Plaintiff wants to exchange the
2 minor child in a public place

3 COURT STATED that Defendant denies any domestic violence incidents in her
4 house. Attorney Grimes stated Defendant has been without a phone since December.
5 2018.

6 COURT STATED Defendant has to let Plaintiff know if the child is getting a
7 flu shot. Attorney Grimes stated Plaintiff is listed on the records of the school and the
8 car accident was two (2) years ago. Defendant stated that she and the child were not
9 injured, however, they were checked out by medical professionals.

10 COURT NOTED that Defendant stated that she is fine with Plaintiff living with
11 his parents.

12 COURT NOTED further argument regarding Defendant's instability.

13 COURT NOTED that Attorney burton stated his concerns with educational
14 neglect, medical neglect, and who Defendant is living with.

15 COURT STATED that Plaintiff has not proven a Prima Facie case.

16 COURT NOTED that Attorney Burton made allegations as to Defendant's drug
17 use.

18 COURT STATED that this does not require re-litigating custody. Attorney
19 Grimes stated all investigations by Child Protective Services are unsubstantiated.

20 COURT STATED that Defendant needs to address the issues of no phone, the
21 child's school, and the medical needs of the child.

22 COURT NOTED that the Court wants to continue to allow Plaintiff time to
23 look into the unreimbursed medical expenses.

24 COURT NOTED that Attorney Grimes requested Attorney's Fees.

25 COURT STATED if Defendant prevails on medical expenses, Attorney Grimes
26 can then request Attorney's fees.

27

28

COURT ORDERED, the following:


1. Going forward, the parties shall follow the 30/30 RULE as to unreimbursed medical expenses.
2. All exchanges shall take place at BLUE DIAMOND and RAINBOW BLVD.
3. Plaintiff can look into a Platform regarding communication with Defendant, but there will be NO ORDER for that.
4. Regarding the child's MEDICAL and DENTAL APPOINTMENTS, IMMUNIZATIONS, and SCHOOL CHOICE, Defendant needs to RECOGNIZE the Joint Legal Custody.
5. Plaintiff's MOTION TO MODIFY shall be DENIED.
6. Attorney Grimes REQUEST for ATTORNEY'S FEES shall be DENIED WITHOUT PREJUDICE.
7. Counsel may RE-NOTICE if the matters are not resolved.

IT IS SO ORDERED this 23 day of May, 2019.


DISTRICT COURT JUDGE
T ART RITCHIE, JR. *XP*

Prepared and Submitted By:

Approved as to Form and Content By:


MELVIN R. GRIMES, ESQ.
Nevada Bar No. 12972
8540 S. Eastern Avenue Suite 100
Las Vegas, NV 89123
Tel: (702) 347-4357
Attorney for Defendant


MICHAEL J. BURTON
Nevada Bar No. 14351
6230 W. Desert Inn Road
Las Vegas, NV 89146
Tel: (702) 565-4335
Attorney for Plaintiff