IN THE SUPREME COURT OF THE STATE OF NEVADA

HERMAN WILLIAMS, Appellant, vs. NADINE WILLIAMS, Respondent.	No.: 83263 **APPELLANT'S APPENDIX** **Volume 6**

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WILLIAMS V. WILLIAMS
Case D 19-586291-D

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Dignity Health.
St. Rose Dominican
San Martin Campus

myEasyMatch: 49G-QM7-W3Z

Exciting News!
You may have received a statement and noticed some changes. Dignity Health is excited to announce the roll out of our new patient friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site, www.DignityHealth.org/billpay

SUMMARY OF SERVICES

STATEMENT DATE:	03-22-2019
PATIENT NAME:	WILLIAMS, HERMA
GUARANTOR NAME:	HERMAN G WILLIA
WID #:	K40221937
TOTAL CHARGES	$71,539.00
INSURANCE PAYMENTS AND ADJUSTMENTS	-$3,351.30
YOUR PAYMENTS AND DISCOUNTS	$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS

BILLING QUESTIONS?
PLEASE CALL:
(800) 644-0864
Office Hours: Mon.-Thur. 7:00am-10:00pm, Fri. 7:00am-6:00pm, Sat.-Sun. 8:00am-1:00pm

AMOUNT DUE UPON RECEIPT
$68,187.70

WAYS TO PAY:
- www.DignityHealth.org/billpay
- (800) 644-0864
- By mail, return stub below

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
35870021	WILLIAMS,	11-03-2018	$11,171.00	-$3,351.30	$0.00	$7,819.70
35891407	WILLIAMS,	11-22-2018	$60,368.00	$0.00	$0.00	$60,368.00

Thank you for choosing St Rose Dominican - San Martin for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Our records indicate there is a past-due balance on your bill. Please make payment in full or contact our office at (800) 644-0864 to make payment arrangements.

Proof of Insurance Requested
If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

Dignity Health's Financial Assistance Policy
If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
9800 CENTRE PARKWAY
#1100
HOUSTON, TX 77036

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

HERMAN G WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1613

GUARANTOR NAME: WILLIAMS, HERMAN G
WID NUMBER: K40221937
AMOUNT DUE: $68,187.70
DUE DATE: 4/11/2019
PAYMENT ENCLOSED:

WAYS TO PAY...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

Make check payable and remit payment to:
ST ROSE DOMINICAN - SAN MARTIN
PO BOX 50600
LOS ANGELES, CA 90074-0600

HGW 001

CHWSRMPSP1 STAT2 Page 1 of 2

DEFENDANT'S EXHIBIT

ED EXHIBIT

Information for Patients Who Have Not Provided Proof of Insurance Coverage
If you have health care coverage or are covered under a government-sponsored health care program, please let us know immediately by calling (800) 644-0864 so that we can make any applicable adjustments to your bill. Government-sponsored health care programs include Medicare, Medicaid (Medi-Cal), or state and county programs.

If you do not have health care coverage, including through a Health Insurance Exchange product, you may be eligible for coverage under a government-sponsored health care program. You may obtain assistance with applications for government-sponsored health care programs and Health Insurance Exchange products by calling (800) 644-0864 or visiting the Financial Counseling office at **St Rose Dominican - San Martin.**

Information about Dignity Health's Financial Assistance Policy
Dignity Health has a Financial Assistance Policy to assist qualifying patients with paying their bill. Eligibility for financial assistance is generally based upon meeting the low and moderate family income requirements described in Dignity Health's Financial Assistance Policy. To obtain more information about financial assistance and the application process, please call us at **(800) 644-0864** or visit the Financial Counseling office at **St Rose Dominican - San Martin.** An application for financial assistance, as well as a copy of our Financial Assistance Policy and a plain language summary of the Financial Assistance Policy, can be accessed at **http://www.dignityhealth.org/las-vegas/paymenthelp. PLEASE NOTE:** You may apply for financial assistance with **St Rose Dominican - San Martin** at the same time that you apply for coverage under another health care program. Applying for one program will not preclude eligibility for the other program.

Account #	Amount
35870021	$7,619.70
35881407	$80,368.00

FOR CHANGE OF ADDRESS, MISSPELLINGS OR OTHER ERRORS, PLEASE PRINT CORRECTIONS

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	SECONDARY INSURANCE COVERAGE

HGW 002

EMERGENCY PHYSICIAN STATEMENT

VITUITY NV KOURY PTNRS PLLC
PO BOX 45390
SAN FRANCISCO, CA 94145-0390

Account Number
0077381314

Statement Date
02/20/2019

Patient Name
HERMAN WILLIAMS

Due Date 03/28/2019
Past Due $1300.00

Understanding your balance

You visited a facility and received care from our specialized physicians.

Our physicians bill your insurance. The facility bills separately.

Depending on your coverage, insurance pays our physicians according to your policy.

You pay the balance.

Date of Service	CPT Codes	Description of Services	Amount
11/03/2018	99285	Emergency Evaluation & Management Services	1349.00
	99053	Service Requested 10:00 PM To 8:00 AM At A 24 Hour Facility	
	99070	Supplies and Materials	
01/10/2019	938	Late Payment Fee	5.00
		Total Charges	1354.00

Transactions:

01/31/2019	Payment	E-Check	54.00-

DATE OF SERVICE
11/03/2018
PLACE OF SERVICE
ST ROSE DOM HOSP SAN MARTIN
EMERGENCY PHYSICIAN
JEFFERY GARDNER MD

These charges are for the emergency physician's services and are not included in your hospital bill. If you have any questions about this bill please do not call the hospital, call 800-225-0953. To avoid peak hours call Tue-Fri between 7am-7pm central standard time.

If you have insurance or other medical assistance, please provide the name, address, policy and group number and the name of the insured and a claim will be filed for you.

Your Balance $1300.00

Past Due Notice

For more information about these charges or to pay online visit:
https://patient.statement.services/060062
or pay using the following options:

- scan the QR code on the right
- pay by phone 24/7 at 1-888-225-0953
- use the payment slip below

TO ENSURE PROPER CREDIT, DETACH THIS PORTION AND RETURN WITH PAYMENT

VITUITY NV KOURY PTNRS PLLC
PO BOX 96408
OKLAHOMA CITY, OK 73143-6408

03474

PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK

Account Number	Patient Name	Your Balance
0077381314	HERMAN WILLIAMS	$1300.00

https://patient.statement.services/060062

75335-1A* 17**AUTO**SCH 5-DIGIT 89141
HERMAN WILLIAMS
10118 DESERT TREES ST
LAS VEGAS NV 89141-8527

MAKE CHECKS PAYABLE TO:

VITUITY NV KOURY PTNRS PLLC
PO BOX 45390
SAN FRANCISCO CA 94145-0390

For inquiries call 1-800-225-0953

HGW 003

DEFENDANT'S EXHIBIT B

ED EXHIBIT

586291-1

Digestive Associates LLP
840 S Rancho Dr Ste 4 342
Las Vegas, NV 89106

FORWARD SERVICE REQUESTED

For billing inquiries call 888-344-7837
Business Hours: Mon. to Fri. 8:00-4:30pm PST
Or, email us at: billing@formativhealth.com

Please complete payment information.

Account No.	Statement Date	Payment Due
164273	2019-03-06	677.00

Mail Pay	Enter Payment Amount	$
by Check	Payable to: Digestive Associates LLP	Check No.
by Card	Select Card ☐VISA ☐MC	
Card No.		Exp. Date
Signature		3-4 Digit Security Code

1077804970400671

Herman G Williams
10116 DESERT TREES ST
LAS VEGAS NV 89141-5827

Digestive Associates LLP
840 S Rancho Dr Ste 4 342
Las Vegas, NV 89106-3600

☐ Check if your billing information has changed. Provide update(s) above or on the reverse side. Detach and return top portion with payment.

Please contact us at 888-344-7837 for questions about your bill, or email your inquiry to billing@formativhealth.com.

Messages

- Payment is due upon receipt. Please pay or contact us immediately to prevent collection activity. Thank you.

Statement Detail — **Statement Date 2019-03-06** — **Account No. 164273**

Claim No.	Visit Date	Activity Date	Description of Service	Charges	Payments	Balance
214300	2018-11-22	2018-11-22	Claim:214300, Provider: Snehal Desai, MD			
214300	2018-11-22	2018-11-22	99254 HOSP CONS-MOD CPLX	410.00		
214300	2018-11-22	2018-11-22	Your Balance Due On These Services			410.00
214323	2018-11-23	2018-11-23	Claim 214323, Provider: Snehal Desai, MD			
214323	2018-11-23	2018-11-23	99233 HOSP SUB CARE-HI CPLX	267.00		
214323	2018-11-23	2018-11-23	Your Balance Due On These Services			267.00

DEFENDANT'S EXHIBIT 2

ED EXHIBIT

Aging	Current	31 - 60	61 - 90
	0.00	0.00	677.00

PO BOX 1489
WINTERVILLE NC 28590-1489

Electronic Service Requested

March 19, 2019

➢ Address Changes? Make Changes Below

HERMAN G WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1619

IF PAYING BY		CARD, FILL OUT BELOW	
CARD NUMBER		CVV CODE	EXP. DATE
NAME		ACCOUNT NO. 02882094	
SIGNATURE		AMOUNT $	

ONLINE INFORMATION SERVICES, INC
PO BOX 1489
WINTERVILLE NC 28590-1489

Pay To

➢ Billing Phone Number: ______________

➢ Make check or money order payable to Online Information Services, Inc ⮜

➢ Please Detach And Return In The Enclosed Envelope With Your Payment ⮜

IMPORTANT NOTICE

March 19, 2019

Your creditor has placed this account with this office for collection.

ACCOUNT SUMMARY	
Creditor: BESSLER MD PLLC 530	**Account #:** 02882094
Date of Service: November 23, 2018	**Service For:** HERMAN G WILLIAMS
PIN#: 90506	
Amount Owed:	$187.52

UNLESS YOU DISPUTE THE VALIDITY OF THIS DEBT, OR ANY PORTION THEREOF, WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL ASSUME THE DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS OF RECEIPT OF THIS NOTICE THAT THE DEBT, OR ANY PORTION THEREOF, IS DISPUTED, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR A COPY OF A JUDGMENT AGAINST YOU AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. UPON YOUR WRITTEN REQUEST WITHIN THE 30 DAY PERIOD, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Sincerely,

Ms. Mooney Ext. 4151

North Carolina Department of Insurance Permit Number 888.

NRS 649.332 Verification of debt.

1. To verify a debt, a collection agency shall:
   (a) Obtain or attempt to obtain from the creditor any document that is not in the possession of the collection agency and is reasonably responsive to the dispute of the debtor, if any; and
   (b) If such a document is obtained, mail the document to the debtor.
2. When collecting a debt on behalf of a hospital, within 5 days after the initial communication with the debtor in connection with the collection of the debt, a collection agency shall, unless the following information is included in the initial communication, send a written notice to the debtor that includes a statement indicating that:
   (a) If the debtor pays or agrees to pay the debt or any portion of the debt, the payment or agreement to pay may be construed as:
      (1) An acknowledgment of the debt by the debtor; and
      (2) A waiver by the debtor of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt; and
   (b) If the debtor does not understand or has questions concerning his or her legal rights or obligations relating to the debt, the debtor should seek legal advice.
3. As used in this section, "hospital" has the meaning ascribed to it in NRS 449.012.

(Added to NRS by 2007, 2500)

NRS 449.012 "Hospital" defined. "Hospital" means an establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services.

(Added to NRS by 1973, 1279; A 1985, 1737)

To make a payment on your account by credit card, you can complete the upper portion and return with your payment, or use your account number and pin number located at the top of this letter with our automated system at 866-205-5956, or log into the following web address http://payments.onlinecollections.com/.

NOTICE: When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic fund transfer from your account or to process the 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 the financial institution.

ONLINE INFORMATION SERVICES

PO BOX 1489
WINTERVILLE NC 28590-1489
(252) 757-1102
(800) 873-9358

Hours of Operation
Monday - Thursday: 8 AM - 10 PM, EST
Friday: 8 AM - 5 PM, EST
Saturday: 8 AM - 12 PM, EST

PAYMENT OPTIONS

Free online payment at:
payments.OnlineCollections.com
Account: 02882094
PIN #: 90506

Call us: (866) 205-5956

Mail payment in enclosed envelope.

Scan this code with your smartphone to pay your bill online.

DEFENDANT'S EXHIBIT

HGW 005

PO BOX 1489
WINTERVILLE NC 28590-1489

Electronic Service Requested

March 19, 2019

▶ Address Changes? Make Changes Below

IF PAYING BY CARD, FILL OUT BELOW			
ZIP CODE	☐ VISA ☐ MC ☐ DISC ☐ AMEX		
CARD NUMBER		CVV CODE	EXP. DATE
NAME		ACCOUNT NO. 02882095	
SIGNATURE		AMOUNT $	

ONLINE INFORMATION SERVICES, INC
PO BOX 1489
WINTERVILLE NC 28590-1489

▲ Pay To ▲

HERMAN G WILLIAMS
4028 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1613

▶ Billing Phone Number: _____

▶ Make check or money order payable to Online Information Services, Inc ◀

= Please Detach And Return In The Enclosed Envelope With Your Payment. =

IMPORTANT NOTICE

March 19, 2019

Your creditor has placed this account with this office for collection.

ACCOUNT SUMMARY	
Creditor: BESSLER MD PLLC 530	**Account #:** 02882095
Date of Service: November 22, 2018	**Service For:** HERMAN G WILLIAMS
PIN#: 12366	
Amount Owed:	**$475.93**

UNLESS YOU DISPUTE THE VALIDITY OF THIS DEBT, OR ANY PORTION THEREOF, WITHIN 30 DAYS AFTER RECEIVING THIS NOTICE, THIS OFFICE WILL ASSUME THE DEBT IS VALID. IF YOU NOTIFY THIS OFFICE IN WRITING WITHIN 30 DAYS OF RECEIPT OF THIS NOTICE THAT THE DEBT, OR ANY PORTION THEREOF, IS DISPUTED, THIS OFFICE WILL OBTAIN VERIFICATION OF THE DEBT OR A COPY OF A JUDGMENT AGAINST YOU AND MAIL YOU A COPY OF SUCH JUDGMENT OR VERIFICATION. UPON YOUR WRITTEN REQUEST WITHIN THE 30 DAY PERIOD, THIS OFFICE WILL PROVIDE YOU WITH THE NAME AND ADDRESS OF THE ORIGINAL CREDITOR, IF DIFFERENT FROM THE CURRENT CREDITOR.

THIS COMMUNICATION IS FROM A DEBT COLLECTOR. THIS IS AN ATTEMPT TO COLLECT A DEBT AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.

Sincerely,

Mr. Mooney Esq. ESQ

North Carolina Department of Insurance Permit Number 888.

NRS 649.331 Verification of debt.

1. To verify a debt, a collection agency shall:

(a) Obtain or attempt to obtain from the creditor any document that is not in the possession of the collection agency and is reasonably responsive to the dispute of the debtor, if any; and

(b) If such a document is obtained, mail the document to the debtor.

2. When collecting a debt on behalf of a hospital, within 5 days after the initial communication with the debtor in connection with the collection of the debt, a collection agency shall, unless the following information is included in the initial communication, send a written notice to the debtor that includes a statement indicating that:

(a) If the debtor pays or agrees to pay the debt or any portion of the debt, the payment or agreement to pay may be construed as:

(1) An acknowledgment of the debt by the debtor; and

(2) A waiver by the debtor of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt; and

(b) If the debtor does not understand or has questions concerning his or her legal rights or obligations relating to the debt, the debtor should seek legal advice.

3. As used in this section, "hospital" has the meaning ascribed to it in NRS 449.012.

(Added to NRS by 2007, 2500)

NRS 649.012 "Hospital" defined. "Hospital" means an establishment for the diagnosis, care and treatment of human illness, including care available 24 hours each day from persons licensed to practice professional nursing who are under the direction of a physician, services of a medical laboratory and medical, radiological, dietary and pharmaceutical services.

(Added to NRS by 1973, 1279; A 1985, 1737)

To make a payment on your account by credit card, you can complete the upper portion and return with your payment, or use your account number and pin number located at the top of this letter with our automated system at 866-205-5958, or log into the following web address https://payments.onlinecollections.com/.

NOTICE: When you provide a check as payment, you authorize us to either use the information from your check to make a one-time electronic fund transfer from your account or to process the 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 the financial institution.

ON LINE
INFORMATION SERVICES

PO BOX 1489
WINTERVILLE NC 28590-1489
(252) 757-2202
(800) 873-9358

Hours of Operation:
Monday - Thursday: 8 AM - 10 PM, EST
Friday: 8 AM - 5 PM, EST
Saturday: 8 AM - 12 PM, EST

PAYMENT OPTIONS

Free online payment at:
payments.OnlineCollections.com
Account: 02882095
PIN #: 12366

Call us: (866) 205-5958

Mail payment in enclosed envelope

Scan this code with your smartphone to pay your bill online.

HGW 006

Midland Credit Management
2365 Northside Drive
Suite 300
San Diego, CA 92108

09-27-2019

P4911701 001

Herman Williams
4018 Adabella Ave Apt 204
Las Vegas, NV 89115-1613

Original Creditor	Credit One Bank, N.A.
Original Account Number	4447962298670174
MCM Account Number	8574412086
Current Balance	$729.00
Current Owner	Midland Funding LLC

You are pre-approved for a 40% discount!
Call (800) 321-3809

Choose The Option That Works For You.

RE Credit One Bank, N.A.

Dear Herman,

Congratulations! You have been pre-approved for a discount program designed to save you money. Act now to maximize your savings and put this debt behind you by calling (800) 321-3809. Pay online today at MCMPay.com.

Option 1: 40% OFF Offer Expires On: 04-26-2019	You Pay Only $437.40
Option 2: 20% OFF First Payment Due Date: 04-26-2019	6 Monthly Payments of Only $97.20
Option 3: Monthly Payments As Low As: Call today to discuss your options and get more details.	$50 per month!

If these options don't work for you, call one of our Account Managers to help you set up a payment plan that does.

Sincerely,

Tim Bolin

Tim Bolin, Division Manager

Benefits of Paying!

- Save up to $291.60
- Offer Expires On: 04-26-2019

CALL US TODAY!
(800) 321-3809

We are not obligated to renew any offers provided.

Hours of Operation:
Mon-Th: 5am-9pm PT;
Fri-Sat: 5am-4:30pm PT;

(800) 321-3809 | MCMPay.com | Midland Credit Management, Inc
P.O. Box 51819
Los Angeles, CA 90051-5619

PLEASE SEE REVERSE SIDE FOR IMPORTANT DISCLOSURE INFORMATION

MCM Account Number 8574412086
Current Balance $729.00

Total Enclosed $

Manage Your Account Online
MCMPay.com

Important Payment Information

Make checks payable to:
Midland Credit Management
Enter your MCM Account # on all payments

(800) 321-3809

se habla espanol
(888) 422-5178

Mail Payments to:
Midland Credit Management, Inc
P.O. Box 51819
Los Angeles, CA 90051-5619

HGW 007

12 8574412086 7 0043740 042619 5 237975732

8460 DOE7

DEFENDANT'S EXHIBIT
ID

Important Disclosure Information:

Please understand this is a communication from a debt collector. This is an attempt to collect a debt. Any information obtained will be used for that purpose.

Calls to and/or from this company may be monitored or recorded.			
Basic Information			
Original Creditor	Credit One Bank, N.A.	MCM Account Number	8574812086
Original Account Number	4447952393670178	Charge-Off Date	10-27-2016
Current Creditor *The sole owner of this debt*	Midland Funding LLC	Current Servicer	Midland Credit Management, Inc.
Important Contact Information			
Send Payments to: Midland Credit Management, Inc P.O. Box 51319 Los Angeles, CA 90051-5619	Send disputes or an instrument tendered as full satisfaction of a debt to: Attn: Consumer Support Services 2365 Northside Drive Suite 300 San Diego, CA 92108 You may also call: (800) 321-9809	Physical Payments for Colorado Residents: 80 Garden Center Suite 3 Broomfield, CO 80020 Phone (303) 920-4763	

If your payment method is a credit or debt card, it may be processed through our international card processor. Although our policy is to not charge consumers fees based upon their payment method, your card issuer may elect to do so due to the location of the card processor. If an international transaction fee has been charged by your card issuer, that fee is eligible for reimbursement. You may contact your Account Manager to modify your payment method to avoid these charges in the future and for information to initiate your reimbursement.

We are required under state law to notify consumers of the following additional rights. This list does not contain a complete list of the rights consumers have under applicable law:

NMLS ID: 934164

IF YOU LIVE IN MASSACHUSETTS, THIS APPLIES TO YOU: NOTICE OF IMPORTANT RIGHTS: You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten (10) days unless you provide written confirmation of the request postmarked or delivered within seven (7) days of such request. You may terminate this request by writing to MCM.

IF YOU LIVE IN MINNESOTA, THIS APPLIES TO YOU: This collection agency is licensed by the Minnesota Department of Commerce.

IF YOU LIVE IN NEW YORK CITY, THIS APPLIES TO YOU: New York City Department of Consumer Affairs License Number 1140603, 1207829, 1207820, 1227728, 2022587, 2023151, 2023152, 2027429, 2027430, 2027431 and 2056507.

IF YOU LIVE IN NORTH CAROLINA, THIS APPLIES TO YOU: North Carolina Department of Insurance Permit #101659, #4182, #4250, #3777, #111895, #112039, #113170, #113236 and #112678. Midland Credit Management, Inc. 320 E Big Beaver Rd. Suite 300, Troy, MI 48083

IF YOU LIVE IN TENNESSEE, THIS APPLIES TO YOU: This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

HGW 008

Dignity Health
St. Rose Dominican
Siena Campus

myEasyMatch: ZRV-VYG-8WB

Exciting News!

You may have received a statement and noticed some changes. Dignity Health is excited to announce the roll out of our new patient friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site.
www.DignityHealth.org/billpay

SUMMARY OF SERVICES

STATEMENT DATE:	04-10-2019
PATIENT NAME:	WILLIAMS, HERMA
GUARANTOR NAME:	HERMAN G JR WIL
WID #:	K40468034
TOTAL CHARGES	$10,628.00
INSURANCE PAYMENTS AND ADJUSTMENTS	-$3,188.40
YOUR PAYMENTS AND DISCOUNTS	$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS

BILLING QUESTIONS?
PLEASE CALL:
(800) 644-0864
Office Hours: Mon.-Thur.7:00am-10:00pm,Fri.7:00am-6:00pm,Sat.-Sun.8:00am-4:00pm

AMOUNT DUE UPON RECEIPT
$7,439.60

WAYS TO PAY:
www.DignityHealth.org/billpay
(800) 644-0864
By mail, return stub below

FINAL NOTICE STATEMENT

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
65624686	WILLIAMS,	11-24-2018	$10,628.00	-$3,188.40	$0.00	$7,439.60

Thank you for choosing St. Rose Dominican - Siena for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Our records indicate that the account(s) listed is (are) still unpaid. Please make payment in full or contact us at (800) 644-0864. If no response is received, your account(s) may be referred to a collection agency.

You may pay by sending back the bottom portion of this form with a check or make a credit card payment by visiting www.DignityHealth.org/billpay. You may also pay by calling (800) 644-0864.

Dignity Health's Financial Assistance Policy
If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

HERMAN G JR WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1613

GUARANTOR NAME: WILLIAMS, HERMAN G JR

WID NUMBER: K40468034 AMOUNT DUE: $7,439.60

DUE DATE: 4/30/2019 PAYMENT ENCLOSED

WAYS TO PAY...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

Make check payable and remit payment to:
ST. ROSE DOMINICAN - SIENA
PO BOX 57125
LOS ANGELES, CA 90074-7125

DEFENDANT'S EXHIBIT

HGW 009 CHWSRSPSP1 STATEN Page 1 of 2

Information for Patients Who Have Not Provided Proof of Insurance Coverage

If you have health care coverage or are covered under a government-sponsored health care program, please let us know immediately by calling (800) 644-0864 so that we can make any applicable adjustments to your bill. Government-sponsored health care programs include Medicare, Medicaid (Medi-Cal), or state and county programs.

If you do not have health care coverage, including through a Health Insurance Exchange product, you may be eligible for coverage under a government-sponsored health care program. You may obtain assistance with applications for government-sponsored health care programs and Health Insurance Exchange products by calling (800) 644-0864 or visiting the Financial Counseling office at **St. Rose Dominican - Siena.**

Information about Dignity Health's Financial Assistance Policy

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Account #	Amount
6582466	37,429.60

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE.

PRIMARY INSURANCE COVERAGE	SECONDARY INSURANCE COVERAGE

HGW 010

RRCI/LTL11 712140394446 23285/11643/0049

WAKEFIELD & ASSOCIATES

Wakefield Account #	01-192110071
Creditor	VITUITY- NEVADA (KOURY & PARTNERS) PLLC
Current Balance	$1,348.22

July 19, 2019

YOUR ACCOUNT(S) HAS BEEN LISTED WITH THIS OFFICE FOR COLLECTION

The creditor has referred your account(s) to our professional debt collection agency for collection. Please remit payment in full in the enclosed envelope. If you wish to arrange payment by credit card or bank draft please contact our office. If you cannot pay the entire amount, please contact our office. We understand your situation and will work with you.

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

As of the date listed at the top of this letter, you owe $1,348.22. Because of interest which accrues at the rate of 5.25% per annum, the amount due on the day you pay may be greater. However, if you pay the balance of $1,348.22 within 45 days of the date on this letter, this account would be considered paid in full.

This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.

Please see the reverse side of this letter for a list of the account(s) this notice applies to.

Please see the reverse side of this letter for important notices and disclosures.

You may contact our office:
Monday—Friday 8:00 AM—8:00 PM EST
Saturday 8:00 AM—12:00 PM EST

Pay Securely Online
www.wakeassoc.com

Please send correspondence to:
P.O. Box 50250
Knoxville, TN 37950-0250

Please send payments to:
P.O. Box 59003
Knoxville, TN 37950-9003

Contact us by phone:
(865) 971-3620
(866) 221-5071

Español:
(800) 221-4817

P.O. Box 50250
Knoxville, TN 37950-0250

IF PAYING BY CREDIT CARD, FILL OUT BELOW		
☐ VISA ☐ ☐		
CARD NUMBER		
SIGNATURE		EXP. DATE
ACCOUNT NUMBER	PAY THIS AMOUNT	AMOUNT PAID
01-192110071	$1,348.22	$

Herman G Williams
4018 Adabella Ave Apt 204
Los Vegas, NV 89115-1613

Wakefield and Associates, Inc. (1)
P.O. Box 59003
Knoxville, TN 37950-9003

01192110071001348220

DEFENDANT'S EXHIBIT ED EXHIBIT **HGW 011**

July 19, 2019 01-192110071

Important State Notices and Disclosures

Tennessee State Disclosure:

This collection agency is licensed by the Tennessee Collection Service Board of the Department of Commerce and Insurance.

Accounts Included in this Notice

Wakefield Account #	Creditor Account #	Patient	Date of Service	Principal	Interest	Current Balance
192110071	0077361314	WILLIAMS, HERMAN G	11/03/18	1300.00	48.22	1348.22
TOTALS:				$1,300.00	$48.22	$1,348.22

INSURANCE INFORMATION, IF REQUESTED			
INSURED'S NAME	PATIENT RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER		INSURED'S DATE OF BIRTH
POLICY #	SOCIAL SECURITY NO.	GROUP ID NO.	
EMPLOYER NAME	ADDRESS CITY/STATE TEL. NO. ( )		ZIP
INSURANCE CO. NAME	ADDRESS CITY/STATE TEL. NO. ( )		ZIP
STATE WELFARE/MEDICAID #	SOCIAL WORKER NAME	MEDICARE #	

HGW 012

RRCI/LTLIL 712140394446 23286/11643/0045

14141 SOUTHWEST FREEWAY SUITE 300
SUGARLAND, TX 77478

ARSTRAT

Web: https://arstrat.myhealthcarepayments.com/
Toll Free: (866)269-1726
Statement Date: 7/26/2019

DELINQUENCY NOTICE

Your account(s) is (are) seriously delinquent and this is an attempt to resolve your outstanding debt(s) with the healthcare provider(s)/creditor(s) listed below. Contact our office to resolve this (these) account(s) or to make payment. This is an attempt to collect a debt. Any information obtained will be used for that purpose. This is a communication from a debt collector.

You may pay by check, money order or credit/debit card. If you wish to make a payment by check or money order through the mail, please complete the coupon below and mail the coupon along with payment to address in this box. You may also make a payment by credit card over the telephone at (877) 281-0518 or online at https://arstrat.myhealthcarepayments.com/.

PLEASE SEE REVERSE FOR MORE INFORMATION

Patient Name	Provider/Creditor	Creditor Account #	Service Date	Balance Due
WILLIAMS, HERMAN G	St. Rose - San Martin	35870021	11-03-2018	$7,819.70

TOTAL BALANCE DUE	CUSTOMER SUPPORT AGENT	STATEMENT DATE	ARstrat Reference #B12536436
$7,819.70	JOY MCDOWELL	07-26-2019	

Address for payment only/Make checks payable to:

ST. ROSE - SAN MARTIN
FILE 50600
LOS ANGELES, CA90074

Customer Support:
Toll Free Number: (866)269-1726
Hours of Operation:
Monday to Friday: 8:00AM-8:00PM CST

Correspondence Address:
ARSTRAT, LLC
14141 SOUTHWEST FREEWAY, SUITE 300
SUGARLAND, TX 77478
(Please do not mail payment to the address above.)

PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

TOLL-FREE: (866)269-1726

STATEMENT DATE	AMOUNT DUE NOW	INTERNAL USE ONLY	
07-26-2019	$7,819.70	35870021	$7,819.70
SHOW AMOUNT PAID HERE	$		

CHWSRM201 FN Page: 1 / 2 FN

You can pay online at:
https://arstrat.myhealthcarepayments.com/

HERMAN G WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1613

ST. ROSE - SAN MARTIN
FILE 50600
LOS ANGELES, CA 90074

ED EXHIBIT

HGW 013

Notice: Important Information
This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose. To ensure professional service and legal compliance, all incoming and outgoing telephone calls to ARstral, LLC may be recorded and/or monitored.

Correspondence Address:
ARstral, LLC, 14141 Southwest Freeway, Suite 300, Sugar Land, TX 77478. Please do not send payments to this address.

California Residents
As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Colorado Residents
Colorado Office Address: 3025 South Parker Rd., Ste. 705, Aurora, CO 80014
Office Phone: (720) 343-1993

Maine Residents
Office Hours: Monday – Friday, 8:00 am - 9:00 pm EST

Massachusetts Residents
NOTICE OF IMPORTANT RIGHTS
You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector.

Minnesota Residents
THIS COLLECTION AGENCY IS LICENSED BY THE MINNESOTA DEPARTMENT OF COMMERCE

Nevada Residents
If the consumer pays or agrees to pay the debt or any portion of the debt, the payment or agreement to pay may be construed as:
(1) an acknowledgment of the debt by the consumer; and
(2) a waiver by the consumer of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt.
If the consumer does not understand or has questions concerning his/her legal rights or obligations relating to the debt, the debtor should seek legal advice.

New York City Residents
"New York City Department of Consumer Affairs License Number 2032311-DCA, Sugar Land, TX; License Number 2058049-DCA, Puyallup, WA; License Number 2073431-DCA, Denison, TX."

North Carolina Residents
North Carolina Department of Insurance Permit Number 112816, Sugar Land, TX; Permit Number 113318, Puyallup, WA; Permit Number 113565, Denison, TX.

Tennessee Residents
This collection agency is licensed by the Collection Service Board of the Department of Commerce and Insurance, State of Tennessee.

Utah Residents
As required by Utah law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

Insurance Claims. If you would like ARstral, LLC to assist you with an insurance claim for the service(s) rendered in this letter, please contact us at (866)501-1126. Please be advised that ARstral, LLC does not warrant, promise, represent, or guarantee that it will be able to collect insurance proceeds to pay your account or that the service will be covered by the insurance provider.

FOR CHANGE OF ADDRESS, MISSPELLINGS OR OTHER ERRORS, PLEASE PRINT CORRECTIONS.

Patient's Name | Phone #

Patient's Address | City | State | Zip Code

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	Patient's Relationship to Insured: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER
Insurance Company Name	Phone #
Insurance Company Address	
Policyholder's Name	Birthdate
Policy & Group #	Policy Effective Date
Employer's Name	Phone #
Employer's Address	

SECONDARY INSURANCE COVERAGE	Patient's Relationship to Insured: ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER
Insurance Company Name	Phone #
Insurance Company Address	
Policyholder's Name	Birthdate
Policy & Group #	Policy Effective Date
Employer's Name	Phone #
Employer's Address	

HGW 014

Dignity Health
St. Rose Dominican
Siena Campus

myEasyMatch: 7NX-VFZ-P6C

Exciting News!
You may have received a statement and noticed some changes. Dignity Health is excited to announce the roll out of our new patient friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site.
www.DignityHealth.org/billpay

SUMMARY OF SERVICES

STATEMENT DATE:	03-08-2019
PATIENT NAME:	WILLIAMS, HERMA
GUARANTOR NAME:	HERMAN G JR WIL
WID #:	K40468034
TOTAL CHARGES	$10,628.00
INSURANCE PAYMENTS AND ADJUSTMENTS	-$3,188.40
YOUR PAYMENTS AND DISCOUNTS	$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS

BILLING QUESTIONS?
PLEASE CALL:
(800) 644-0864
Office Hours: Mon.-Thur. 7:00 am - 8:00 pm,Fri. 7:00am - 5:00pm,Sat.8:00am-4:00pm

AMOUNT DUE UPON RECEIPT
$7,439.60

WAYS TO PAY:
www.DignityHealth.org/billpay
(800) 644-0864
By mail, return stub below

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
85624886	WILLIAMS,	11-24-2018	$10,628.00	-$3,188.40	$0.00	$7,439.60

Thank you for choosing St. Rose Dominican - Siena for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Our records indicate there is a past due balance on your bill. Please make payment in full or contact our office at (800) 644-0864 to make payment arrangements.

Proof of Insurance Requested
If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

Dignity Health's Financial Assistance Policy
If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
5600 CENTRE PARKWAY
#1100
HOUSTON, TX 77036

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

GUARANTOR NAME: WILLIAMS, HERMAN G JR
WID NUMBER: K40468034
AMOUNT DUE: $7,439.60
DUE DATE: 3/28/2019
PAYMENT ENCLOSED

WAYS TO PAY...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

HERMAN G JR WILLIAMS
10116 DESERT TREES ST
LAS VEGAS, NV 89141-8527

Make check payable and remit payment to:
ST. ROSE DOMINICAN - SIENA
PO BOX 57125
LOS ANGELES, CA 90074-7125

DEFENDANT'S EXHIBIT
ED EXHIBIT

HGW 015

CHWSRSPSP1 STAT2 Page 1 of 2

Information for Patients Who Have Not Provided Proof of Insurance Coverage
If you have health care coverage or are covered under a government-sponsored health care program, please let us know immediately by calling (800) 644-0864 so that we can make any applicable adjustments to your bill. Government-sponsored health care programs include Medicare, Medicaid (Medi-Cal), or state and county programs.

If you do not have health care coverage, including through a Health Insurance Exchange product, you may be eligible for coverage under a government-sponsored health care program. You may obtain assistance with applications for government-sponsored health care programs and Health Insurance Exchange products by calling (800) 644-0864 or visiting the Financial Counseling office at **St. Rose Dominican - Siena.**

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Account #	Amount
66524886	$7,439.61

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	SECONDARY INSURANCE COVERAGE

HGW 016

Dignity Health
St. Rose Dominican
San Martin Campus

myEasyMatch: TH2-NHQ-S5X

Exciting News!
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www.DignityHealth.org/billpay

SUMMARY OF SERVICES

STATEMENT DATE:	04-22-2019
PATIENT NAME:	WILLIAMS, HERMA
GUARANTOR NAME:	HERMAN G WILLIA
WID #:	K40221937
TOTAL CHARGES	$60,368.00
INSURANCE PAYMENTS AND ADJUSTMENTS	$0.00
YOUR PAYMENTS AND DISCOUNTS	$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS

BILLING QUESTIONS?
PLEASE CALL:
(800) 644-0864
Office Hours: Mon.-Thur. 7:00am-10:00pm, Fri. 7:00am-5:00pm, Sat.-Sun. 9:00am-1:00pm

AMOUNT DUE UPON RECEIPT
$60,368.00

WAYS TO PAY:
www.DignityHealth.org/billpay
(800) 644-0864
By mail, return stub below

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
35891407	WILLIAMS,	11-22-2019	$60,368.00	$0.00	$0.00	$60,368.00

Thank you for choosing St Rose Dominican - San Martin for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Our records indicate there is a past due balance on your bill. Please make payment in full or contact our office at (800) 644-0864 to make payment arrangements.

Proof of Insurance Requested
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▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

HERMAN G WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1613

GUARANTOR NAME: WILLIAMS, HERMAN G

WID NUMBER: K40221937 AMOUNT DUE: $60,368.00

DUE DATE: 5/12/2019 PAYMENT ENCLOSED:

WAYS TO PAY...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

Make check payable and remit payment to:
ST ROSE DOMINICAN - SAN MARTIN
PO BOX 50600
LOS ANGELES, CA 90074-0600

HGW 017

Information for Patients Who Have Not Provided Proof of Insurance Coverage

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Account #	Amount
3589140?	$40,368.0?

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE

PRIMARY INSURANCE COVERAGE	SECONDARY INSURANCE COVERAGE

HGW 018

Dignity Health.
St. Rose Dominican
San Martin Campus

myEasyMatch: G6B-S6B-V3B

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SUMMARY OF SERVICES	
STATEMENT DATE:	05-22-2019
PATIENT NAME:	WILLIAMS, HERMA
GUARANTOR NAME:	HERMAN G WILLIA
WID #:	K40221937
TOTAL CHARGES	$60,368.00
INSURANCE PAYMENTS AND ADJUSTMENTS	$0.00
YOUR PAYMENTS AND DISCOUNTS	$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS

BILLING QUESTIONS?
PLEASE CALL:
(800) 644-0864
Office Hours: Mon.-Thur. 7:00am-10:00pm, Fri. 7:00am-5:00pm, Sat.-Sun 8:00am-4:00pm

AMOUNT DUE UPON RECEIPT
$60,368.00

WAYS TO PAY:
www.DignityHealth.org/billpay
(800) 644-0864
By mail, return stub below

FINAL NOTICE STATEMENT

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
35881407	WILLIAMS,	11-22-2018	$60,368.00	$0.00	$0.00	$60,368.00

Thank you for choosing St Rose Dominican - San Martin for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Our records indicate that the account(s) listed is (are) still unpaid. Please make payment in full or contact us at (800) 644-0864. If no response is received, your account(s) may be referred to a collection agency.

You may pay by sending back the bottom portion of this form with a check or make a credit card payment by visiting www.DignityHealth.org/billpay. You may also pay by calling (800) 644-0864

Dignity Health's Financial Assistance Policy
If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ Detach Lower Portion and Return with Payment ▼

UNDELIVERABLE MAIL ONLY
14141 SOUTHWEST FREEWAY
SUITE 300
SUGARLAND, TX 77478

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

GUARANTOR NAME: WILLIAMS, HERMAN G

WID NUMBER: K40221937 AMOUNT DUE: $60,368.00

DUE DATE: 6/11/2019 PAYMENT ENCLOSED:

WAYS TO PAY:
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

HERMAN G WILLIAMS
4018 ADABELLA AVE APT 204
LAS VEGAS, NV 89115-1613

Make check payable and remit payment to:
ST ROSE DOMINICAN - SAN MARTIN
PO BOX 50600
LOS ANGELES, CA 90074-0600

HGW 019

CHWSRM102 STATFN Page 1 of 2

Information for Patients Who Have Not Provided Proof of Insurance Coverage

If you have health care coverage or are covered under a government-sponsored health care program, please let us know immediately by calling (800) 644-0864 so that we can make any applicable adjustments to your bill. Government-sponsored health care programs include Medicare, Medicaid (Medi-Cal), or state and county programs.

If you do not have health care coverage, including through a Health Insurance Exchange product, you may be eligible for coverage under a government-sponsored health care program. You may obtain assistance with applications for government-sponsored health care programs and Health Insurance Exchange products by calling (800) 644-0864 or visiting the Financial Counseling office at **St Rose Dominican - San Martin.**

Information about Dignity Health's Financial Assistance Policy

Dignity Health has a Financial Assistance Policy to assist qualifying patients with paying their bill. Eligibility for financial assistance is generally based upon meeting the low and moderate family income requirements described in Dignity Health's Financial Assistance Policy. To obtain more information about financial assistance and the application process, please call us at **(800) 644-0864** or visit the Financial Counseling office at **St Rose Dominican - San Martin.** An application for financial assistance, as well as a copy of our Financial Assistance Policy and a plain language summary of the Financial Assistance Policy, can be accessed at **http://www.dignityhealth.org/las-vegas/paymenthelp. PLEASE NOTE:** You may apply for financial assistance with **St Rose Dominican - San Martin** at the same time that you apply for coverage under another health care program. Applying for one program will not preclude eligibility for the other program.

Account # 3589407 Amount $60,308.00

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	SECONDARY INSURANCE COVERAGE

HGW 020

Dignity Health.
St. Rose Dominican
San Martin Campus

myEasyMatch: DPJ-265-KC7

Exciting News!

You may have received a statement and noticed some changes. Dignity Health is excited to announce the roll out of our new patient friendly account portal. If you have received a statement containing a "myEasyMatch" code above, you will be able to make a One Time Payment or Register your account on the new site, www.DignityHealth.org/billpay

SUMMARY OF SERVICES

STATEMENT DATE:	02-19-2019
PATIENT NAME:	WILLIAMS, HERMA
GUARANTOR NAME:	HERMAN G WILLIA
WID #:	K40221937

TOTAL CHARGES
$71,539.00

INSURANCE PAYMENTS AND ADJUSTMENTS
-$3,351.30

YOUR PAYMENTS AND DISCOUNTS
$0.00

Scan the QR code to the left to access our website and pay your bill online!

PAYMENT OPTIONS

BILLING QUESTIONS?
PLEASE CALL:
(800) 644-0864
Office Hours: Mon.-Thur. 7:00 am - 8:00 pm,Fri. 7:00am - 5:00pm,Sat.8:00am-4:00pm

AMOUNT DUE UPON RECEIPT
$68,187.70

WAYS TO PAY:
- www.DignityHealth.org/billpay
- (800) 644-0864
- By mail, return stub below

Account Number	Patient Name	Date Of Service	Total Charges	Ins Payments & Adjustments	Patient Payments & Discounts	Amount Owed
35870021	WILLIAMS,	11-09-2018	$11,171.00	-$3,351.30	$0.00	$7,819.70
35891407	WILLIAMS,	11-22-2018	$60,368.00	$0.00	$0.00	$60,368.00

Thank you for choosing St Rose Dominican - San Martin for your health care needs. This statement reflects charges for services you have received from us, including any payments that you and your insurance provider have made.

Proof of Insurance Requested

If you have not provided Dignity Health with proof of your insurance coverage for the charges identified in this bill, it is important that we receive information regarding any insurance coverage or other source of payment for your bill, including government-sponsored health care programs or liability insurance. For additional important information, please see the reverse side of this bill.

Dignity Health's Financial Assistance Policy

If you need help paying your bill, you may qualify for financial assistance, including free care, a discount, or a payment plan under Dignity Health's Financial Assistance Policy. For additional information about Dignity Health's Financial Assistance Policy, please see the reverse side of this bill.

▼ **Detach Lower Portion and Return with Payment** ▼

UNDELIVERABLE MAIL ONLY
9800 CENTRE PARKWAY
#1100
HOUSTON, TX 77036

If there is new insurance information, change of address, or errors, please contact us at (800) 644-0864

HERMAN G WILLIAMS
10116 DESERT TREES ST
LAS VEGAS, NV 89141-8527

GUARANTOR NAME: WILLIAMS, HERMAN G

WID NUMBER: K40221937 AMOUNT DUE: $68,187.70

DUE DATE: 3/11/2019 PAYMENT ENCLOSED:

WAYS TO PAY...
Scan the QR Code at left
Call (800) 644-0864
Visit www.DignityHealth.org/billpay
By mail, return this portion with payment

Make check payable and remit payment to:

ST ROSE DOMINICAN - SAN MARTIN
PO BOX 50600
LOS ANGELES, CA 90074-0600

HGW 021

Information for Patients Who Have Not Provided Proof of Insurance Coverage
If you have health care coverage or are covered under a government-sponsored health care program, please let us know immediately by calling (800) 644-0864 so that we can make any applicable adjustments to your bill. Government-sponsored health care programs include Medicare, Medicaid (Medi-Cal), or state and county programs.

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Account #	Amount
35870321	$7,519.70
35891407	$60,388.00

IF YOU HAVE NOT SUPPLIED INSURANCE INFORMATION, PLEASE DO SO HERE:

PRIMARY INSURANCE COVERAGE	SECONDARY INSURANCE COVERAGE

HGW 022

PO BOX 1690
MANITOWOC, WI 54221-1690

CHECK BY PHONE
NO FEES

NO FEES - PAYING BY CREDIT CARD, FILL OUT BELOW.

WE ACCEPT: VISA		
CARD NUMBER		EXP. DATE
PLEASE PRINT NAME		
SIGNATURE		
STATEMENT DATE 04/24/19	19028379	AMOUNT DUE $1,872.00
CHECK AMOUNT PAID HERE	Pay online at: www.americollectpay.com User ID: 3kcwk2y Password: hgxrd7	

ADDRESSEE

04/24/19 - 01CSF

Herman G Williams
4016 Adabella Ave Apt 204
Las Vegas, NV 89115-1613

PLEASE MAKE CHECKS PAYABLE AND SEND TO:

AMERICOLLECT, INC
PO BOX 1505
MANITOWOC, WI 54221-1505

☐ Please check box if address or phone number has changed and indicate on back.

Detach upper portion and return with payment

YOUR BALANCE IS PAST DUE

Please call us toll free at: 1-888-682-0396
We accept checks over the phone or pay by credit card!
No processing fees for checks or credit cards.

AMERICOLLECT
RIDICULOUSLY NICE COLLECTIONS

REQUEST FOR PAYMENT IN FULL

The below account(s) have been listed with our office for collection. Per your agreement with the creditor and NRS 649.375, a collection service fee has been added to the below listed account(s). In the event your payment is returned to us NSF, we may re-present your check electronically.

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

CREDITOR NAME	ACCOUNT NUMBER	ACTIVITY DATE	BALANCE
RADIOLOGY ASSOC OF NEVADA	35891407	11/23/2018	$1872.00

This is a communication from a debt collector.
This is an attempt to collect a debt and any information obtained will be used for that purpose.
To report complaints about Americollect please email complaint@americollectpay.com or call 1-855-238-8524.
** NOTICE - SEE REVERSE SIDE FOR IMPORTANT INFORMATION **

AMERICOLLECT, INC
1851 S ALVERNO RD
MANITOWOC, WI 54221-1566 | 1-888-682-0396
info@americollectpay.com
Call us CST Mon-Fri 7AM-11PM, Sat 8AM-5PM
Hablamos Español 877-563-5741

AMOUNT DUE $1,872.00

LiveChat Pay online at: www.americollectpay.com
User ID: 3kcwk2y Password: hgxrd7

ACOL / 01CSF / 778090859951 77531 / 0036402 / 8123

DEFENDANT'S EXHIBIT **HGW 023**

Name _____
Address _____
City/State/Zip _____
Phone (1) _____
Phone (2) _____
Email _____

We are required under state law to notify consumers of the following rights. This list does not contain a complete list of the rights consumers have under state and federal law.

For residents of Nevada: If you pay or agree to pay the debt or any portion of the debt, the payment or agreement to pay may be construed as an acknowledgement of the debt and a waiver of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt. If you do not understand or have questions concerning your legal rights or obligations relating to the debt, you should seek legal advice.

Dignity Health.

St Rose Dominican Hospital-Siena Campus
3001 St Rose Parkway
Henderson, NV, 89052
Facility Phone #: 702-616-5000

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10168666
Acct #: 65624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex: M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

DOCUMENT NAME:	ED Physician Notes
RECEIVED DATE/TIME:	11/25/2018 13:43 PST
RESULT STATUS:	Auth (Verified)
PERFORM INFORMATION:	Notley,David MD (11/25/2018 13:46 PST)
SIGN INFORMATION:	Notley,David MD (11/25/2018 18:10 PST); Garcia-Inguanzo, Ricardo (11/25/2018 13:47 PST)

Patient: WILLIAMS JR, HERMAN GEORGE MRN: 10168666 FIN: 65624686
Age: 49 years Sex: M DOB: 08/05/1969 Active Insurance:
Admitting MD: Hixson, Michael MD Location: SRS ER2: : PCP: NO PCP, STJOX
Author: Garcia-Inguanzo, Ricardo

Psych Reexamination/ Reevaluation
Vitals reviewed
Exam: NAD, RRR, CTAB, abd s/nt/nd
Notes: Patient reevaluated today, denies any SI or HI. I reviewed the legal 2000 paperwork, the patient had been legal by police for threatening to shoot himself. At no point did he threaten to shoot his wife. I spoke with the nursing staff and he has been calm and cooperative this entire time. He has good insight into his situation, apparently he had a prolonged argument with his wife, and made a statement out of frustration stating that he would rather "just to be dead" then go on arguing and that he would "shoot himself in the head." I discussed with the patient that we take statements like this very seriously, and he does have a gun at home so this increases his risk. However, the patient states that he would never commit suicide, states that he has a new job that he is excited about, he has many children including a 25-year-old daughter in New York that he is looking forward to visiting. He is able to plan for safety, he has identified stressors in his life, and he has exhibited remorse over the statements that he made. Because he did not actually have homicidal statements, and he is currently planning for safety with no SI and he has shown good behavior in the emergency department and demonstrated stability here, I feel that he fulfills criteria for outpatient management and have lifted a legal hold. He agrees to follow-up with outpatient providers, he states he will return to the emergency department if he feels suicidal, and states that he will adapt new coping mechanisms for when he is having an argument with his wife.

Impression and Plan
Impression: Suicidal Ideation, Depression
Plan: Discontinue L2 K, safety planning, outpatient referral
Condition: Improved, discharge

Signature Line

Counseled: Patient, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions.

Ricardo Garcia-Inguanzo, 11/25/2018 at 1346, scribing for and in the presence of Dr. Notley, David MD

I personally performed the services described in the documentation, reviewed and edited the documentation which was dictated to the scribe in my presence, and it accurately records my words and actions. Dr. Notley, David MD

Legend:	C=Corrected	*=Comment		H=High	L=Low		
Lab Legend:	C= Critical	@=Corrected	*=Abnormal	H= High	L=Low	I=Interpretive Data	F=Footnotes

Laboratory Medical Director: Will Scammen, MD
Date/Time Printed: 7/11/2019 09:43 PDT

DEFENDANT'S EXHIBIT E
A586291 8/1/19
ED EXHIBIT
A586291-D

HGW 025

Name: **WILLIAMS JR, HERMAN GEORGE**
MRN: 10168666
Acct #: 55624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

Electronically Signed By:
Notley, David MD
On 11/25/18 18:19
Co Signature By:
Garcia-Inguanzo, Ricardo
On 11/25/18 13:47
Modified Signature By:
Garcia-Inguanzo, Ricardo
On 11/25/18 13:46

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10168666
Acct #: 65624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

DOCUMENT NAME: ED Physician Notes
RECEIVED DATE/TIME: 11/24/2018 04:16 PST
RESULT STATUS: Auth (Verified)
PERFORM INFORMATION: Hixson,Michael MD (11/24/2018 04:16 PST)
SIGN INFORMATION: Hixson,Michael MD (11/24/2018 20:05 PST); Carlos,Dallas (11/24/2018 07:18 PST)

Patient: WILLIAMS JR, HERMAN GEORGE MRN: 10168666
FIN: 65624686
Age: 49 years Sex: M DOB: 08/05/1969 Active Insurance:
Admitting MD: Hixson, Michael MD Location: SRS ER2: PCP: NO PCP, STJOX
Author: Carlos, Dallas

Date/Time
Admit Date: 11/24/18 02:02

Provider Contact Time
11/24/2018 02:12

Mode of Arrival
Mode of Arrival: Ambulance

Private Medical Provider
Primary Care Provider: NO PCP, STJOX

Chief Complaint
Chief Complaint: L2K (11/24/18 02:15)
Subjective Nursing Assessment: pt legaled by metro for threats of si, pt denies at present, pt calm and cooperative, pt denies pmh of depression of si or attempts (11/24/18 02:15)

History of Present Illness
The patient presents to the ED for homicidal ideation. The patient was discharged from here today after stress test today. He had gone home and had an argument with his wife when he threatened to shoot her. He does have a gun and has never shot someone before. He is now calm and denies prior hx of this. He was brought into the ED tonight by HPD

Health Status
Per nurse's notes

Review of Systems
Constitutional symptoms: No fever, no chills.
Respiratory symptoms: No shortness of breath, no cough.
Cardiovascular symptoms: No chest pain.

Problem List/Past Medical History
Chronic
No chronic problems
Historical
No qualifying data

Allergies
NKA

Social History
Alcohol
Denies, 11/22/2018
Denies, 11/03/2018
Home/Environment
Religious restrictions/concerns: None., 11/22/2018
Religious restrictions/concerns: None., 11/03/2018
Substance Abuse
Denies, 11/22/2018
Denies, 11/03/2018
Tobacco
Never (less than 100 in lifetime), 11/22/2018
4 or less cigarettes(less than 1/4 pack)/day in last 30 days, 11/03/2018
Never used tobacco, Never used tobacco, 05/02/2017

Home Medications
Pepcid 20 mg oral tablet, 20 mg, PO, BID

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10188656
Acct #: 65624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

Gastrointestinal symptoms: No abdominal pain, no nausea, no vomiting.
Musculoskeletal symptoms: No back pain.
Neurologic symptoms: No headache, no tingling.
Psych: HI
Additional review of systems information: All other systems reviewed and otherwise negative, other than noted above.

Physical Exam
General: Alert.
Skin: Warm, dry.
Head: Normocephalic, atraumatic.
Neck: Supple.
Eye: Pupils are equal, round and reactive to light.
Ears, nose, mouth and throat: Oral mucosa moist.
Cardiovascular: Regular rate and rhythm, No murmur, No edema, S1, S2.
Respiratory: Lungs are clear to auscultation, respirations are non-labored, breath sounds are equal.
Gastrointestinal: Soft, Nontender, Non distended, Guarding: Negative, Rebound: Negative.
Musculoskeletal: Normal ROM.
Neurological: Normal sensory observed, Cognitive function: Oriented x 3, to person, to place, to time, Motor strength: Proximal right upper extremity 5 /5, distal right upper extremity 5 /5, proximal left upper extremity 5 /5, distal left upper extremity 5 /5, right lower extremity 5 /5, left lower extremity 5 /5, Speech: Normal.
Psychiatric: Labile

First Vitals Signs
Blood Pressure: 140 / 85 (11/24/18 02:15)
Heart Rate: 85 (11/24/18 02:15)
Respiratory Rate: 20 (11/24/18 02:15)
SPO2: 100% (11/24/18 02:15)
Temperature PO: 36.8 (11/24/18 02:15)

Most Recent Vitals
T: 36.8 °C (Oral) HR: 85 RR: 20 BP: 140/85 SpO2: 100%
WT: 69.091 kg WT: 152 lb

Emergency Department Course:

ED Orders:

Diagnosis for this visit
Psychiatric illness (75970B14-4556-4664-8289-E77CC0AD7AC4)

Orders for this visit
Drug Screen Urine: 11/24/18 2:22:00 PST, Urine, Stat, Nurse Collect, 11/24/18 2:23:00 PST.
Suicide Precautions: 11/24/18 2:28:00 PST, once.

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10188868
Acct #: 55624686
Pt loc: SRS ER2

DOB: 6/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

Drug Screen Urine: 11/24/18 2:28:00 PST, Urine, Stat, Nurse Collect, 11/24/18 2:28:00 PST.
CBC w/Diff (man diff if indicated): 11/24/18 2:28:00 PST, Blood, Stat, Lab Collect.
Comprehensive Metabolic Panel: 11/24/18 2:28:00 PST, Blood, Stat, Lab Collect.
Acetaminophen Level: 11/24/18 2:28:00 PST, Blood, Stat, Lab Collect.
Salicylate Level: 11/24/18 2:28:00 PST, Blood, Stat, Lab Collect.
Ethanol Level: 11/24/18 2:28:00 PST, Blood, Stat, Lab Collect.
*Differential Automated: Collected, 11/24/18 2:41:00 PST, Blood, Stat, Lab Collect.
Suicide Precautions: 11/24/18 4:06:00 PST, q15min.
Transfer to: 11/24/18 4:06:00 PST.
Notification to Admitting: 11/24/18 4:06:00 PST, Outpatient Legal Hold- Awaiting Transfer.
Vital Signs: 11/24/18 4:06:00 PST, qShift (12/7).
Activity as Tolerated: 11/24/18 4:06:00 PST, Compression stockings if unable to ambulate.
Nursing Communication: Patient is medically stable for transfer for psychiatric treatment. Patient meets legal hold criteria., 11/24/18 4:06:00 PST.
Nursing Communication: Please fax chart (to include labs, dictated ED physician note, and other diagnostic studies), 11/24/18 4:06:00 PST.
Nursing Communication: Call appropriate facility for bed assignment., 11/24/18 4:06:00 PST.
Nursing Communication: Call to arrange transfer once bed is assigned., 11/24/18 4:06:00 PST.
Nursing Communication: Reconcile home medications including dosages/frequency and consult physician for order(s)., 11/24/18 4:06:00 PST.
Nursing Communication: Direct observation for safety., 11/24/18 4:06:00 PST.
Consult to Mental Health: 11/24/18 4:06:00 PST.
Regular Diet: 11/24/18 4:06:00 PST.
ibuprofen: 400 mg, PO, q6hr, PRN: Pain Mild (1-3).
acetaminophen: 650 mg, PO, q4hr, PRN: Pain.
haloperidol: 5 mg, IM, q6hr, PRN: Agitation.
LORazepam: 1 mg, IM, q6hr, PRN: Anxiety.
diphenhydrAMINE: 50 mg, IM, q6hr, PRN: Agitation.
Vital Signs: 11/24/18 6:00:00 PST.
nicotine: 21 mg, TOP, qDay.
nicotine: 21 mg, TOP
nicotine: 21 mg, TOP

Lab Results
Common Labs - This Encounter, Most Recent, Last 24 hrs
Last 24 Hours

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10168666
Acct #: 65624666
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex: M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

Basic Metabolic Panel:	Hematology:
Sodium: 139 (11/24/18)	Hgb: 15.2 (11/24/18)
Potassium: 3.8 (11/24/18)	HgbA1c: ----
Phosphorus: ----	WBC: 7.5 (11/24/18)
Mg: ----	Plt: 294 (11/24/18)
BUN: 9 (11/24/18)	INR: ----
Creatinine: 1.01 (11/24/18)	
Creatinine Clearance: ----	

Additional - Last 24 Hours

A/G Ratio: 1.4 (11/24/18)	Acetaminophen Level: <3 (11/24/18)	Albumin: 4.4 (11/24/18)
Alkphos: 72 (11/24/18)	ALT: 18 (11/24/18)	Amphetamines Ur: Negative (11/24/18)
Anion Gap: 9 (11/24/18)	AST: 16 (11/24/18)	Barbiturate Ur: Negative (11/24/18)
Baso%: 0.6 (11/24/18)	Benzodiazepine Ur: Negative (11/24/18)	Bili Total: 0.4 (11/24/18)
BUN/Cr Ratio: 8.9 (11/24/18)	Calcium: 10.1 (11/24/18)	Cannabinoids Ur: Negative (11/24/18)
Chloride: 103 (11/24/18)	CO2: 27 (11/24/18)	Cocaine Ur: Negative (11/24/18)
eGFR Afr/Am: >60 (11/24/18)	eGFR NonAfr/Am: >60 (11/24/18)	Eos%: 0.5 (11/24/18)
Ethanol: <10 (11/24/18)	Globulin: 3.2 (11/24/18)	Glucose Level: 110 (11/24/18)
Hct: 40.9 (11/24/18)	Lymph%: 17.6 (11/24/18)	MCH: 23.2 (11/24/18)
MCHC: 32.3 (11/24/18)	MCV: 71.8 (11/24/18)	Mono%: 7.3 (11/24/18)
MPV: 8.7 (11/24/18)	Neut%: 74.0 (11/24/18)	Opiates Ur: Negative (11/24/18)
PCP Scrn, Ur: Negative (11/24/18)	Protein, Total: 7.6 (11/24/18)	RBC: 5.70 (11/24/18)
RDW: 15.4 (11/24/18)	Salicylate Level: <5 (11/24/18)	

Medical Decision Making

Documents reviewed: Emergency department nurses' notes, emergency department records. Patient was last seen in ED on 11/22/18 and diagnosed with:
Chest pain

I have reviewed the patient's past medical record
I have taken a history from someone other than the patient:

Name: **WILLIAMS JR, HERMAN GEORGE**
MRN: 10168666
Acct #: 85624666
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

I have reviewed the laboratory findings
Was placed on L2 K by police for threatening to shoot his wife. He states he only did it because he was angry. Reports he does have a weapon. Medically clear. Continue L2 K.

Final Diagnosis
Diagnosis this visit:

Diagnosis for this visit
Homicidal ideation (R45.850)
Psychiatric illness (76970B14-4556-4684-8289-E77CC0AD7AC4)

Discharge Plan

Disposition

Order Details:

Disposition: Medically cleared, Transfer to other location: "Psych hold"

Condition
stable

Discharge Medications
1. famotidine(Pepcid 20 mg oral tablet) 20 mg By mouth Tab twice daily
Discontinued Meds

Counseled: Patient, Family, Regarding diagnosis, Regarding diagnostic results, Regarding treatment plan, Patient indicated understanding of instructions, Family indicated understanding of instructions.

Dallas Carlos on 11/24/18 at 0719, scribing for and in the presence of Michael Hixson, MD.

I personally performed the services described in the documentation, reviewed and edited the documentation which was dictated to the scribe in my presence, and it accurately records my words and actions. Michael Hixson, MD.

Electronically Signed By:
Hixson, Michael MD
On 11/24/18 20:05
Co Signature By:
Carlos, Dallas
On 11/24/18 07:19
Modified Signature By:
Carlos, Dallas
On 11/24/18 04:16

Name: **WILLIAMS JR, HERMAN GEORGE**
MRN: 10168666
Acct #: 65824686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Emergency Documentation - MD

* Auth (Verified) *

Name Herman G Williams
(First) (Middle Initial) (Last)

Birth Date 8/5/69

Gender: ☒ Male ☐ Female

Reason for Visit

LZK

Social Security Number

Email

Who is your primary care physician?

Would you like your stay here to be confidential? ☐ Yes ☐ No

Time Stamp

NOV24 02:01

Dignity Health.
St. Rose Dominican

EMERGENCY DEPARTMENT CHECK IN VALIDATION

PATIENT IDENTIFICATION

Pt#:65824666 MR# 10188666
WILLIAMS ,HERMAN GEORGE
08/05/1969 M 49 11/24/18

ED

Page 1 of 1

* Auth (Verified) *

Date: 11/24/18 Time: 0156
EMS Provider: 308 ETA: 5mins
Age: 49 Gender: (M) F

Chief Complaint/EMS Interventions:
L2K
SI

Vital Signs:

BP	RR	RR
143/97	92	18
GCS	Glucose	O2 Sat
		98

St. Rose Stroke Scale

LKW: _____
LKW ≤ 24 hours OR wake-up stroke OR unknown

Symptom	☑ If Positive	
Aphasia	☐	Positive SRSS
Slurred Speech	☐	Need 2 or more of these for a Positive SRSS
Facial Droop	☐	
Arm Drift	☐	
Leg Drift	☐	

Henderson Fire RACE Score: _____
A RACE Score ≥ 5 = NIHSS ≥ 6

RN Signature: Joy Hilton, RN

EMS Communication with LIP:

LIP Signature: _____

Full Trauma Team Activation Criteria
- ☐ Glasgow Coma Score of 13 or less with mechanism attributed to trauma
- ☐ Glasgow Coma Score - Motor ≤ 5
- ☐ Confirmed systolic BP ≤ 90 or less at any time in adults and age specific hypotension for children
  - Any sign of abnormal capillary refill > 2 seconds
- ☐ Intubated patients transferred from the scene - OR -
- ☐ Patients who have respiratory compromise or are in need of an emergent airway
  - Includes intubated patients who are transferred from another facility with ongoing respiratory compromise (does not include patients intubated at another facility who are now stable from a respiratory standpoint).
- ☐ Gunshot wounds to the neck, chest, or abdomen or extremities proximal to the elbow/knee
- ☐ Transfer-in patients from other hospitals receiving blood
- ☐ Deterioration of previously stable patient
- ☐ At EMS, ED LIP or ED RN discretion

Intermediate Trauma Team Activation Criteria
- ☐ Open or depressed skull fracture
- ☐ Paralysis or suspected spinal cord injury
- ☐ Flail chest
- ☐ Unstable pelvic fracture
- ☐ Amputation proximal to wrist or ankle
- ☐ Two or more long bone fractures (humerus or femur)
- ☐ Crushed, degloved, or mangled extremity
- ☐ Burns > 10% TBSA (second or third degree), and/or inhalation injury
- ☐ High energy electrical injury
- ☐ Children under the age of 15 with uncertain physiologic status
- ☐ Isolated penetrating injury to the head
- ☐ At EMS, ED RN, or ED LIP discretion

Level II Trauma Team Activation Criteria
- ☐ Falls: Adult > 20 ft; Child > 10 ft or 3X height (age 14 or less)
- ☐ Fall from any height if anticoagulated adult ≥ 65 years old with mechanism of possible head injury
- ☐ High Risk Auto Crash with any of the following:
  - ☐ Intrusion of vehicle > 12" in occupant compartment, > 18" in other site
  - ☐ Ejection (partial or complete) from automobile
  - ☐ Death in same passenger compartment
- ☐ Auto vs. pedestrian/cyclist thrown or separated regardless of rate of speed
- ☐ Auto vs. pedestrian/cyclist run over or with significant impact (> 20 mph)
- ☐ Motorcycle crash > 20 mph
- ☐ High speed auto crash @ 40 mph or greater
- ☐ High-energy deceleration or rapid deceleration incidents
- ☐ Ejection/separation from motorcycle, ATV, golf cart, (or ski, animal, etc.
- ☐ Striking fixed object with momentum
- ☐ Blast or explosion
- ☐ Suspicion of hypothermia, drowning or hanging
- ☐ Blunt abdominal injury with firm or distended abdomen or with seatbelt sign
- ☐ At EMS, ED RN, or ED LIP discretion

Special Considerations at ED RN or LIP Discretion
- ☐ Age less than 5 or greater than 65
- ☐ Pregnancy ≥ 20 weeks gestation
- ☐ History of bleeding disorder or taking anticoagulants with any mechanism for trauma

Dignity Health.
St. Rose Dominican

ED RADIO/TELEMETRY REPORT

PATIENT IDENTIFICATION

WILLIAMS, HERMAN
6 56 24 686

* Auth (Verified) *

BH.

Sad Persons	Descriptions	Score
		Please check as appropriate:
S = Sex	Male	1 ✓
A = Age	Less than 19 or greater than 45 years	1 ✓
D = Depression or Hopelessness	Admits to depression or decreased concentration, appetite, sleep, libido	2 ✓
P = Previous attempt or psychiatric care	Previous attempt, previous inpatient or outpatient psychiatric care	1 ✓
	Pre-existing or chronic illness	1 ✓
E = Excessive alcohol or drug use	Chronic condition or recent use	1 ✓
R = Rational thinking loss	Organic brain syndrome or active psychosis	2 ✓
S = Separated, divorced, widowed	Recent or anniversary	1 ✓
O = Organized or serious attempts	Well thought out plan of life threatening presentation	2 ✓
N = No social support	No close family, friends, job, or active religious affiliation	2 ✓
S = Stated future intent	Determined to repeat attempt or ambivalent	4 ✓

SCORE	RISK (Please check)	TOTAL SCORE
Less than 6	☐ **Low** – No patient sitter or precautions required	1
6 to 8	☐ **Moderate** – Patient sitter required with 1:6 ratio	
Greater than 8	☐ **High** – Patient sitter required with 1:2 ratio	

CONTRACT FOR SAFETY

I, Herman williams, will seek psychiatric care or medical care should I become more depressed or actively suicidal. I promise not to harm myself or others and will follow up with psychiatric or counseling services, as recommended.

Patient Signature: Herman will

Date: 11-25-18 **Time:** 1400

☐ Patient refused to sign

Licensed Independent Practitioner (LIP) Signature: [signature]

Date: 11/25/18 **Time:** 1400

Dignity Health.
St. Rose Dominican

SUICIDE/SELF HARM RISK ASSESSMENT
PATIENT CONTRACT FOR SAFETY

PATIENT IDENTIFICATION

WILLIAMS JR, HERMAN GEORGE
DOB: 08/05/1980
MR#: 10146556
DOS: 11/24/2018

8988 (08/15) WHITE - Chart CANARY - Patient

Dignity Health.

St Rose Dominican Hospital-Siena Campus
3001 St Rose Parkway
Henderson, NV. 89052
Facility Phone #: 702-616-5000

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10166866
Acct #: 65624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

CBC

Collected Date 11/24/2018
Collected Time 02:41 PST

Procedure		Units	Reference Range
WBC	7.5 [1]	K/uL	4.0-12.0
RBC	6.70 [1]	M/uL	4.00-6.00
Hgb	13.2 [1]	gm/dL	12.5-17.5
Hct	40.9 [1]	%	35.0-50.0
MCV	71.8 [L]	fL	81.0-99.0
MCH	23.2 [L]	pg	27.0-34.0
MCHC	32.3	gm/dL	32.0-36.0
RDW	15.4 [1]	%	12.0-17.0
Plt	294	K/uL	150-400
MPV	8.7 [1]	fL	6.0-11.0
Neut%	74.0 [1]	%	41.0-75.0
Lymph%	17.6 [L1]	%	20.0-45.0
Mono%	7.3 [1]	%	2.0-15.0
Eos%	0.5	%	0.0-8.0
Baso%	0.6	%	0.0-2.0

Interpretive Data
i1: Hct, Hgb, Lymph%, Mono%, MPV, Neut%, RBC, RDW, WBC
Note: Reference range change effective 3/26/2015

Chemistry General

Collected Date 11/24/2018
Collected Time 02:41 PST

Procedure		Units	Reference Range
Sodium	139	mmol/L	134-144
Potassium	3.8	zz_mmol/L	3.4-4.5
Chloride	103	mmol/L	98-111
CO2	27	mmol/L	19-29
Anion Gap	9		
Glucose Level	110 [H]	mg/dL	65-99
BUN	9	mg/dL	6-23
Creatinine	1.01	mg/dL	0.50-1.20
BUN/Cr Ratio	8.9		
eGFR Afr/Am	>60 [2]		>=60
eGFR NonAfr/Am	>60 [2]		>=60
Calcium	10.1 [1]	mg/dL	8.1-10.0
Protein,Total	7.6	gm/dL	5.3-8.5
Albumin	4.4	gm/dL	3.2-5.0

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10168666
Acct #: 65624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Chemistry General

Collected Date 11/24/2018
Collected Time 02:41 PST

Procedure		Units	Reference Range
Globulin	3.2		
A/G Ratio	1.4		
Bili Total	0.4	mg/dL	0.2-1.2
ALT	16	Units/L	5-54
AST	16	Units/L	9-34
Alkphos	72	Units/L	25-120

Interpretive Data
I2: eGFR Afr/Am, eGFR NonAfr/Am
eGFR calculation is based on factors that include the age and gender of the patient. The calculation has not been valideted for individuals below 18 years and above 70 years of age, or in pregnant women.

Therapeutic Drug Monitoring/Toxicology

Collected Date 11/24/2018
Collected Time 02:41 PST

Procedure		Units	Reference Range
Acetaminophen Level	<3	ug/mL	0-26
Salicylate Level	<5	mg/dL	0-30

Name: **WILLIAMS JR, HERMAN GEORGE**
MRN: 10168666
Acct #: 65624686
Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Prescriptions/Home Medications

Home Medications

Order: **Ibuprofen (IBU 600 mg oral tablet)**
Order Start Date/Time: 11/24/2018 21:13 PST
Order Date/Time: 11/24/2018 21:14 PST
Order Status: Documented Clinical Category: Medications Medication Type: Documented
Ordering Physician: Consulting Physician:
Entered By: Beck,Erika RN on 11/24/2018 21:14 PST
Order Details: 1 Tab Tab, PO every 6 hours, Qty: 40 Tab, Refills: 0
Order Comment:

Dignity Health.

St Rose Dominican Hospital-Siena Campus
3001 St Rose Parkway
Henderson, NV. 89052
Facility Phone #: 702-616-5000

Name: WILLIAMS JR, HERMAN GEORGE
MRN: 10168666
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Pt loc: SRS ER2

DOB: 8/5/1969 Age: 49 years Sex:M
Admit Date: 11/24/2018
Disch Date: 11/25/2018
Physician: Hixson,Michael MD
PCP: NO PCP,STJOX

Allergies

Substance	Allergy Type	Reaction Symptom	Reaction Status	Recorded On Behalf Of	Estimated Onset	Information Source	Reviewed Date/Time	Reviewed By	Severity
NKA	Allergy		Active	Abalos, Marcial RN			11/22/2018 11:04 PST	Perez, Teresita RN	

Dignity Health - St. Rose Dominican Hospitals (Nevada Dignity Health Facilities):

_____ Initial — Mental health (excludes "psychotherapy notes") – To be released upon approval of your caregiver.

_____ Initial — Substance abuse treatment records

_____ Initial — Genetic testing information

_____ Initial — HIV-related information and other communicable diseases

All patients' (or personal representative's) request(s) for access to their health information are processed in the order received. Upon the hospital's receipt and review of your request, we will contact you for a time and place when and how you may inspect and/or obtain a copy of the records requested.

I have read and confirm the terms of access stated herein.

Patient or Personal Representative's Signature _____ Date _____

Print Name if Other Than Patient _____ Telephone # _____

Relationship to Patient or Personal Representative _____ ID Presented _____

Name of hospital employee verifying signatory info. _____ Title and Department _____

Patient Directed Right of Access - Pick up Signature _____ Date _____

FOR PSYCHIATRIC OR MENTAL HEALTH RECORDS
CAREGIVER'S APPROVAL TO RELEASE OF INFORMATION
(Hospital use only)

☐ Approved

☐ Approved, subject to the following restrictions: _____

☐ Denied, reason for denial: _____

(NOTE: Access may only be restricted or denied if you believe that providing access is reasonably likely to endanger the life or physical safety of the patient.)

Signature: _____ Role: _____ (physician, psychologist, social worker)

Date: _____ Telephone Number: _____

Dignity Health
St. Rose Dominican

PATIENT IDENTIFICATION

PATIENT'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

HGW 040

51016 (REV. 12/16)
(FORMERLY XRX-276)

ROI

White – Chart Canary – Patient

Date: 7/2/19 M.R. # or Account #: _____

Patient Name: Herman Williams AKA/Other Names: _____

Date of Birth: 8/5/1949 Phone: _____

Address: 1011 Desert trees St. City/State/Zip: Las Vegas NV. 89141

Covering the period of healthcare from (date) Nov 24 2018 to (date) _____

You have requested access to health information about yourself. To enable us to process your request, please read the following carefully and complete the requested information below.

There may be fees associated with your request. The form in which you access your information may determine the amount of such fees.

A. You would like access to the health information about you maintained by St. Rose Dominican Hospitals as follows (check one):

- ☐ Inspect only
- ☒ Copy only (Fees may apply. See attached price list.)
  - ☒ Paper ☐ Electronic: CD
- ☐ Inspect and copy (Fees may apply.)

B. Tell us which type of health information you want to access (check all that apply):

- ☐ Complete Health Record(s)
- ☒ Discharge Summary
- ☐ History and Physical
- ☐ Consultation Reports
- ☐ Billing Records
- ☐ Emergency Room Records
- ☐ Progress Notes
- ☐ Laboratory Tests
- ☐ X-ray Reports
- ☒ Pertinent Information (All dictated reports, specialized tests, labs, xrays, path reports)
- ☐ Others (please specify) _____

C. ☐ **ONLINE PATIENT CENTER/PATIENT PORTAL ACCESS ONLY**

Email Address: _____

D. Patient's Right to Direct Health Information to another person. You have the right to ask us to send your health information to a person of your choice. We need that person's name and full address. Please give that person's name and full address here:

_____
Print Person's First, Last Name

_____ _____
Print Address Print City, State, Zip Code

The following classes of information are protected by special privacy laws and access may be subject to special rules or may be restricted under certain circumstances or access may require consultation with your physician or healthcare provider responsible for your care before release. If you are requesting access to records relating to any of the following, please initial each applicable item to confirm your request.

Dignity Health.
St. Rose Dominican

PATIENT IDENTIFICATION

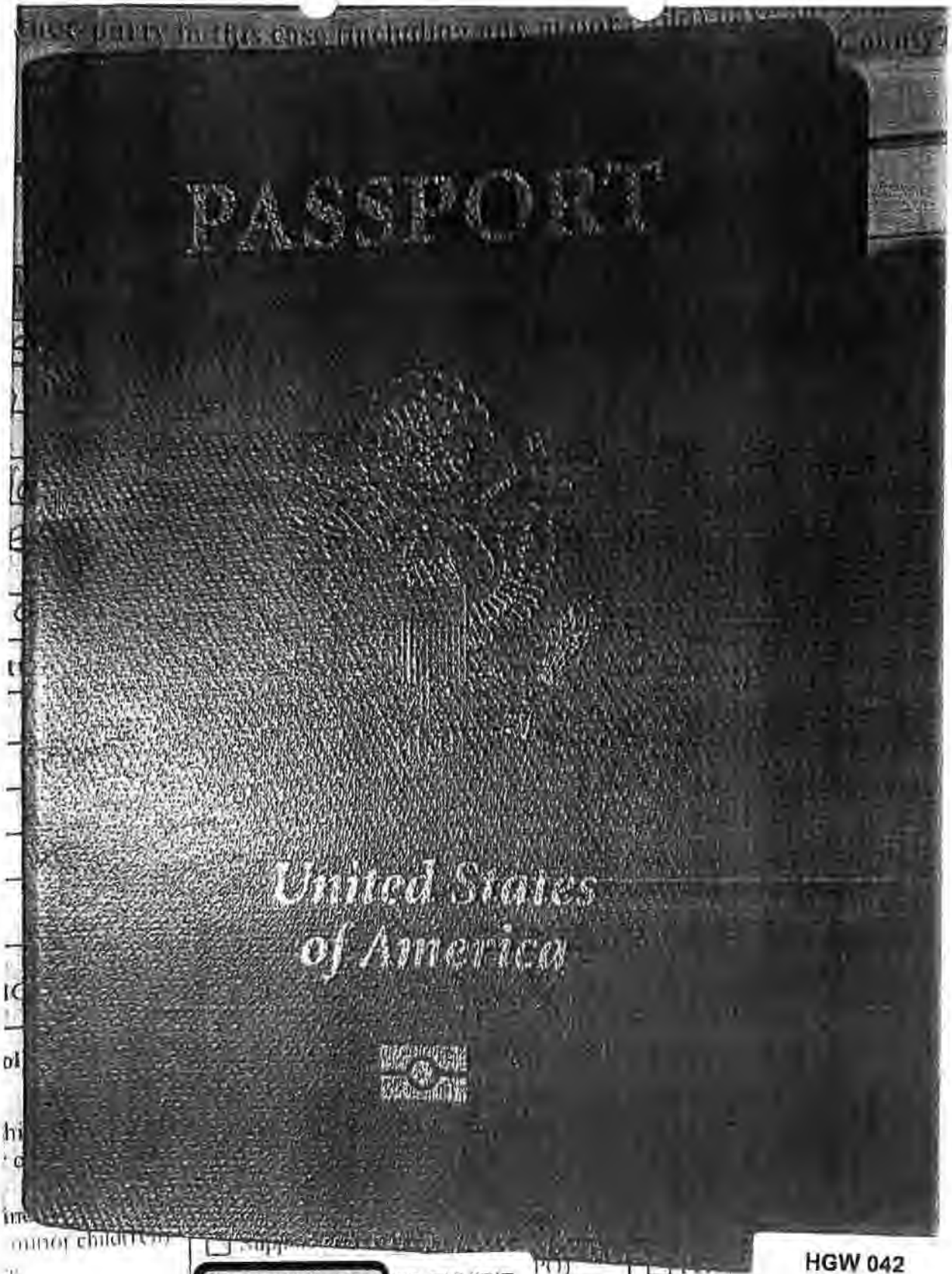
PATIENT'S REQUEST FOR ACCESS TO PROTECTED HEALTH INFORMATION

51916 (REV. 12/18)
(FORMERLY [illegible])

ROI

White – Chart Canary – Patient

HGW 041



HGW 042

DEFENDANT'S EXHIBIT L

AND THAT GOVERNMENT OF THE PEOPLE
BY THE PEOPLE FOR THE PEOPLE
SHALL NOT PERISH FROM THE EARTH
The Secretary of State of the United States of America
hereby requests all whom it may concern to permit
the citizen/national of the United States named herein
to pass without delay or hindrance and in case of need
to give all lawful aid and protection.
Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par la
présente toutes autorités compétentes de laisser passer le citoyen
ou ressortissant des Etats-Unis nommé dans le présent passeport
sans délai ni difficulté et, en cas de besoin, de lui accorder toute
aide et protection légitimes.
El Secretario de Estado de los Estados Unidos de América
el presente solicita a las autoridades competentes permitan el paso
del ciudadano o nacional de los Estados Unidos aquí nombrado
sin demora ni dificultades, y en caso de necesidad presten
toda ayuda y protección legítimas.

HGW 043

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT
PASAPORTE
USA

UNITED STATES OF AMERICA

Type / Type / Tipo
P

Code / Code / Código
USA

Passport No. ...
474210188

Surname / Nom / Apellidos
WILLIAMS

Given Names / Prénoms / Nombres
NADINE ALECIA

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
21 Nov 1982

Place of birth / Lieu de naissance / Lugar de nacimiento
JAMAICA

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
27 Jan 2011

Authority / Autorité / Autoridad
United States Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
26 Jan 2021

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

...IAMS<<NADINE<ALECIA<<<<<<<<<<<<<<<<<

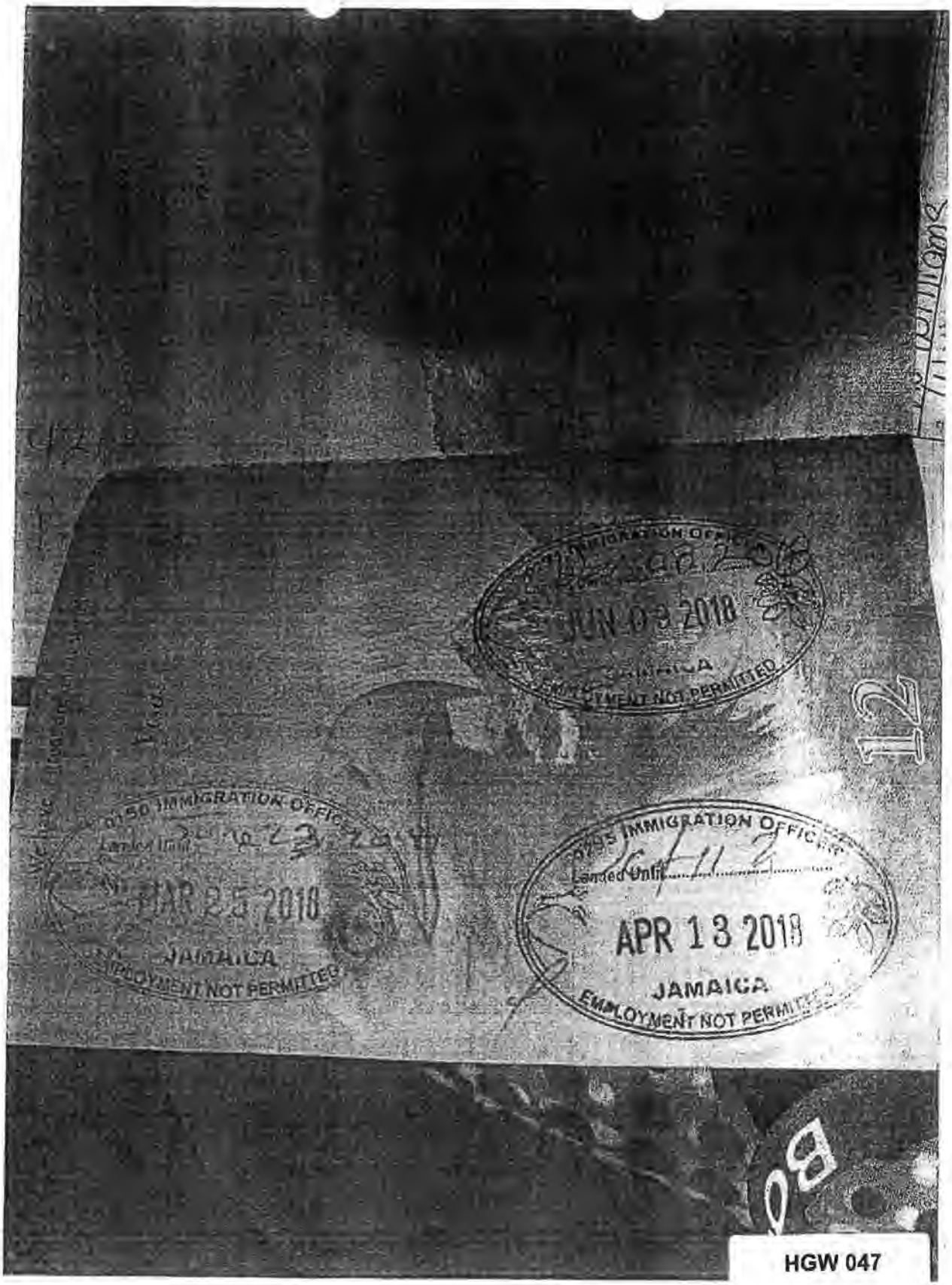
...USA8211217F2101266241537651<614320

HGW 044

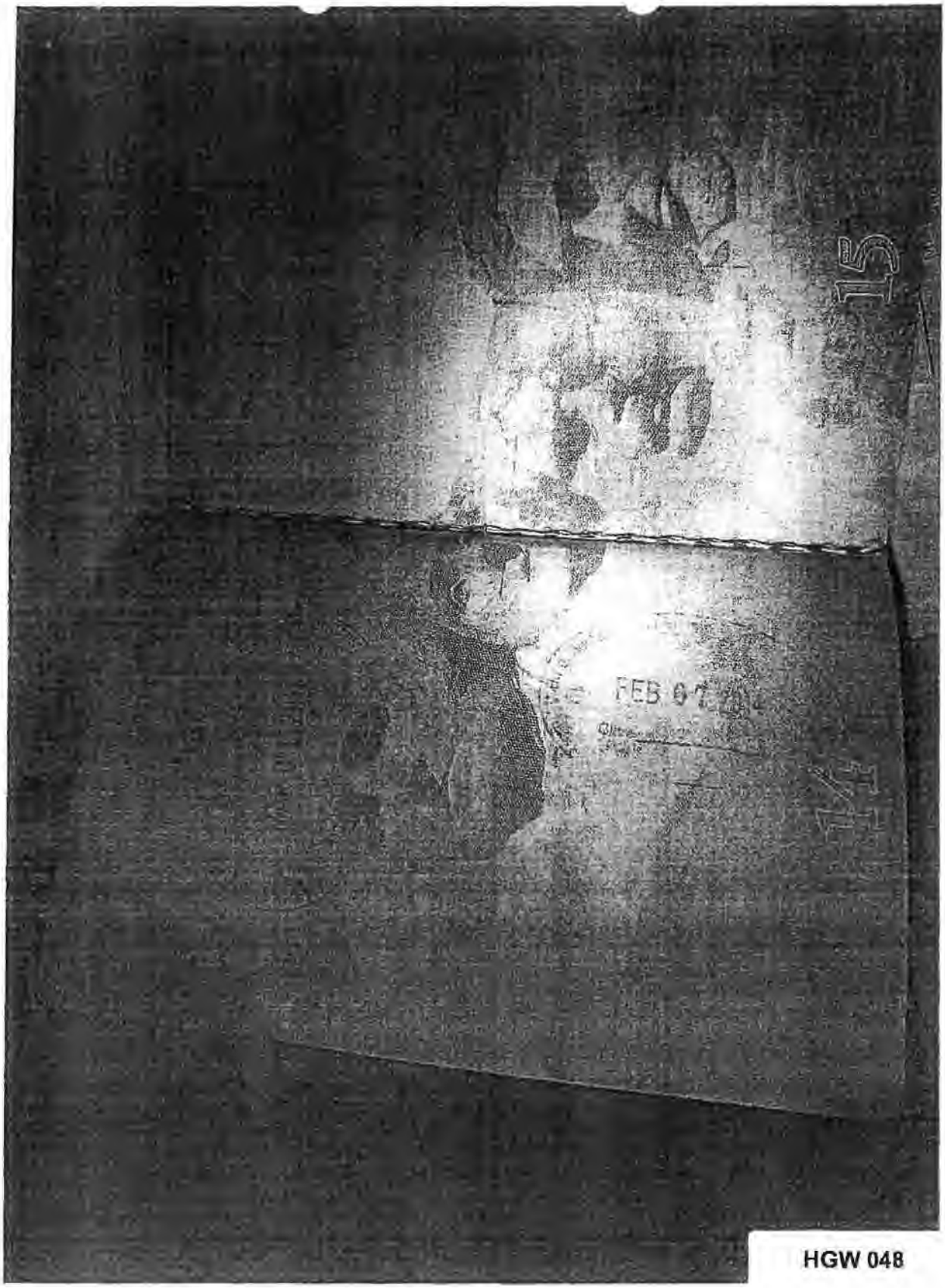
APR 24 2014
JAMAICA
AUG 15 2012
HGW 045

MAY 20 2018
JAMAICA
MAY 2 2016
DEC 12 2016
JAMAICA
Printed Name

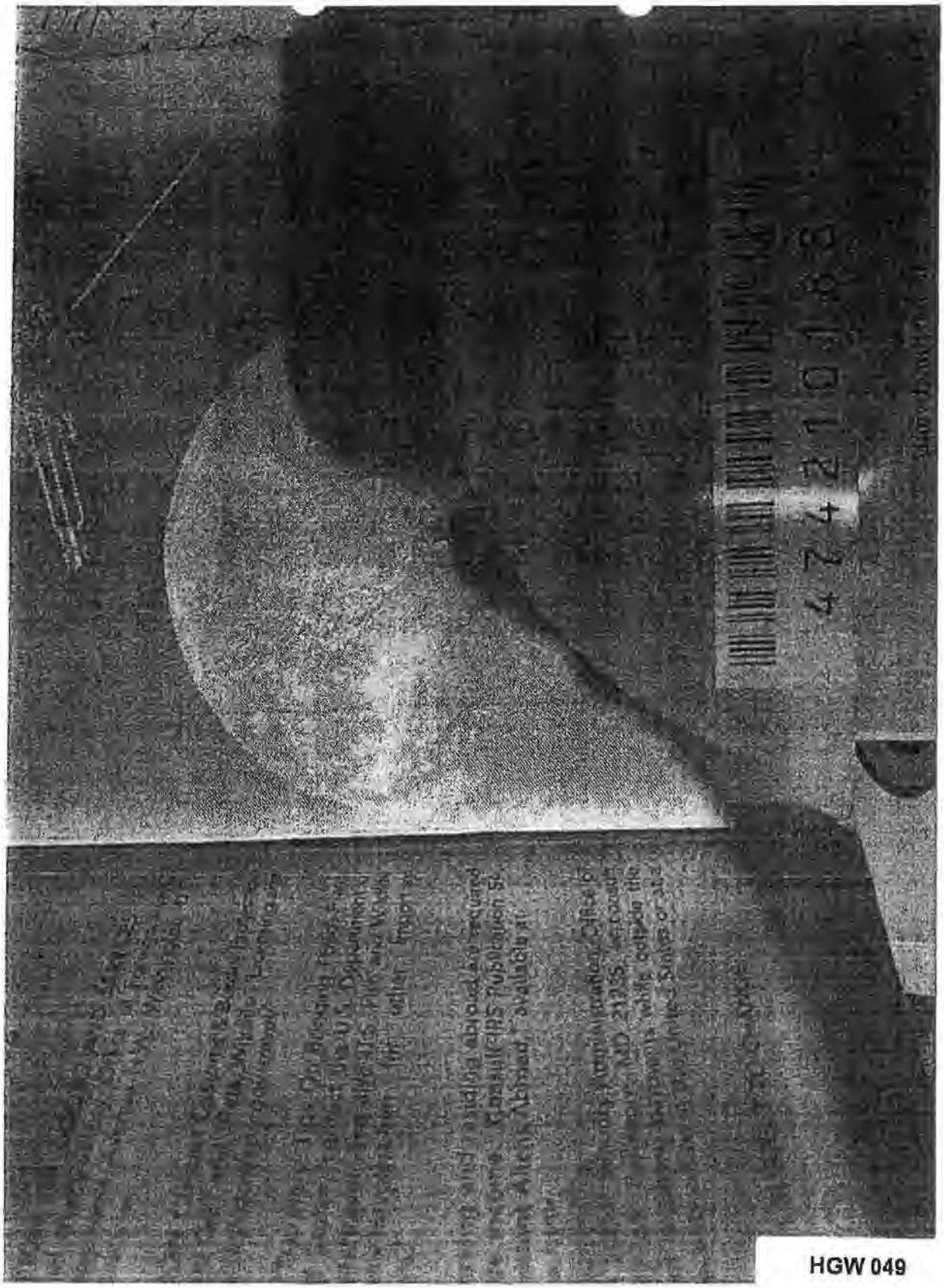
HGW 046


JUN 03 2018
JAMAICA
EMPLOYMENT NOT PERMITTED
APR 25 2018
JAMAICA
EMPLOYMENT NOT PERMITTED
Landed Until
APR 13 2018
JAMAICA
EMPLOYMENT NOT PERMITTED

HGW 047



HGW 048



HGW 049

CONSIGNEE

CONSIGNEE MEMO

CONSIGNEE MEMO

CONSIGNEE

NADINE WILLIAMS

10116 DESERT TREES ST
LAS VEGAS NV 89141
2497334?4

POD 0115283

UPS FREIGHT PHONE NUMBER
(800)333-7400

DELIVERY/TRAILER#
255785 UPGF

FREIGHT BILL NUMBER
880 072 406

CITY SERVICE CODE
0098

DEST
LAS

PICK UP DATE
09/07/18

SHIPPER
DIRECT COLOR SYSTEMS

99 HAMMER MILL RD
ROCKY HILL CT 06067
0062?6?9

ADV CAR
SEE BELOW

DEST
WFD

880 072 406

UPGF

UPS Freight

www.upsfreight.com

PCS	HM	PKT	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT/LBS	NMFC	CLASS	RATE	CHARGES
2			PIECE(S) COUNTED AND VERIFIED BY					
			2 SK HANDLING UNIT(S) SAID TO CONTAIN:	35	000085-00			
			(1 DT) PRINTER SUPPLIES	9	000085-00			
			(8 DT) PRINTING INK	366	000089-00			
			(1 BX) UV DIRECT JET PRINTERS					
			LTL FUEL ADJUSTMENT					
			UPS XOLT					
			RESIDENTIAL DELIVERY					
			305 305 7419 CONSIGNEE PHONE#					
			55.67 CUBIC FEET					
			040012200000000676 BILL-LADING #					
			PAGE 1 OF 3					

CONTD <TTL PCS

TTL WT >

PRINT NAME

FIRM

DATE

SIGNATURE

X

RECEIVED THE ABOVE PROPERTY IN GOOD CONDITION EXCEPT AS NOTED
RECORD EXCEPTIONS & DESCRIPTIONS OF GOODS IN BODY OF FORM ABOVE

PIERCE BLVD
WRAP INTACT?
YES NO?

TOTAL CHARGES

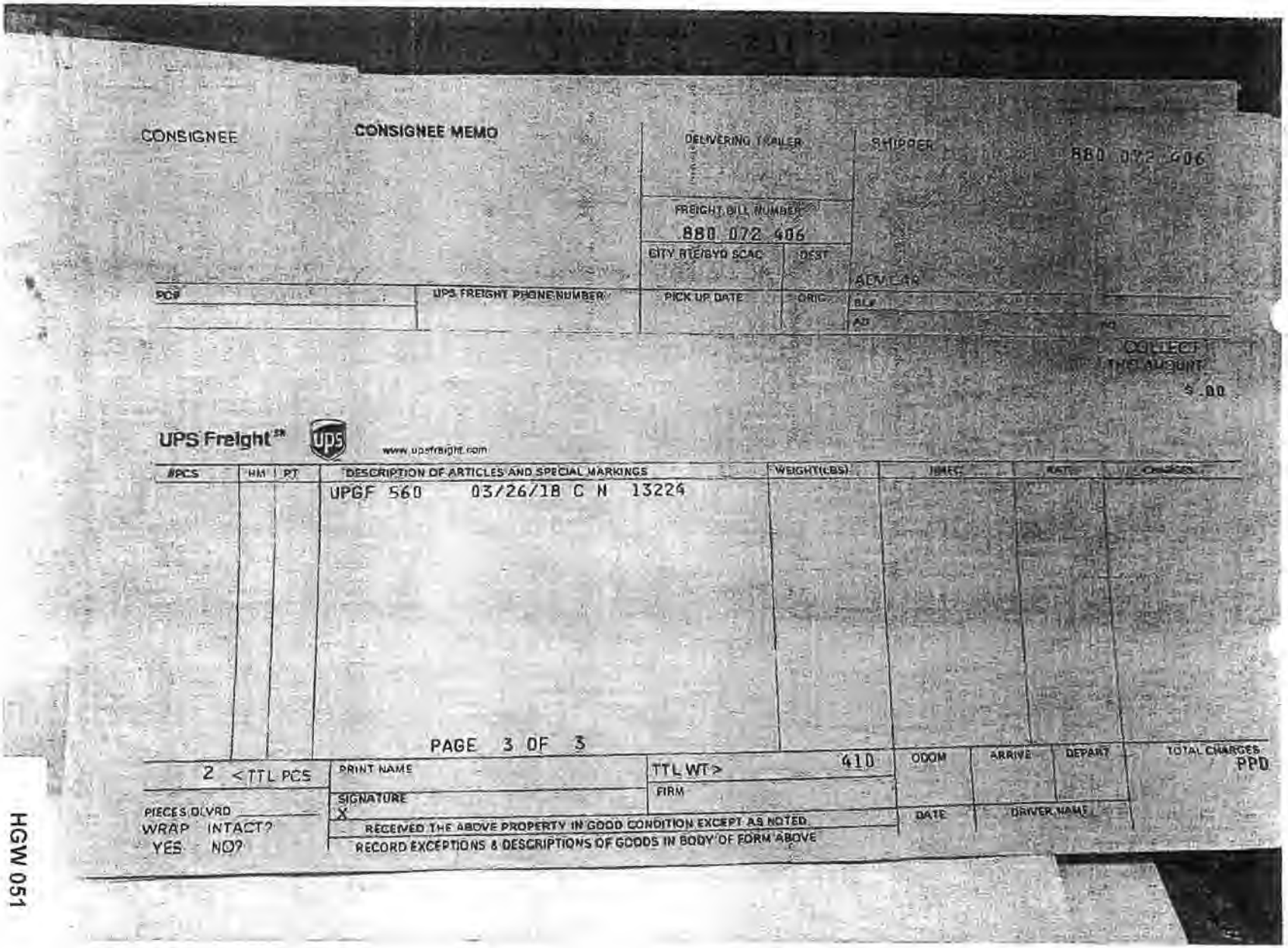
CONTD

DEFENDANT'S EXHIBIT

D58629 2/11/21

ED EXHIBIT

HGW 050



CONSIGNEE

CONSIGNEE MEMO

DELIVERING TRAILER

SHIPPER

880 072 406

FREIGHT BILL NUMBER
880 072 406

CITY RTE/BYD SCAC | DEST

AEM 48

PCS | UPS FREIGHT PHONE NUMBER | PICK UP DATE | ORIG | BL#

AD

COLLECT THIS AMOUNT
$ .00

UPS Freight℠

www.upsfreight.com

#PCS	HM	PT	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT(LBS)	ITEM#	RATE	CHARGES
			UPGF 560 03/26/18 C N 13224				

PAGE 3 OF 3

2 <TTL PCS

PRINT NAME

TTL WT> 410

SIGNATURE

FIRM

PIECES DLVRD

WRAP INTACT?
YES NO?

X

RECEIVED THE ABOVE PROPERTY IN GOOD CONDITION EXCEPT AS NOTED
RECORD EXCEPTIONS & DESCRIPTIONS OF GOODS IN BODY OF FORM ABOVE

ODOM | ARRIVE | DEPART | TOTAL CHARGES PPD

DATE | DRIVER NAME

HGW 051

CONSIGNEE MEMO

CONSIGNEE

DELIVERING TRAILER

SHIPPER

880 072 406

FREIGHT BILL NUMBER

880 072 406

CITY RTE/BVD SEAC | DEST

ADV CAP

POU

UPS FREIGHT PHONE NUMBER

PICK UP DATE | DIRC

COLLECT

UPS Freight℠

www.upsfreight.com

#PCS	HM	PT	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT(LBS)	CLASS	DATE	CHARGES
			* * * * * ATTENTION * * * * * RLSE TRY & DELV AS CLOSE TO 14:00 AS POSSIBLE ACTUAL DENSITY: 7.4 LBS/CUFT #HU TYPE LENGTH WIDTH HEIGHT 1 SCN 41.50 54.00 32.50 IN 1 SCN 30.00 44.50 17.50 IN TOTAL CUBIC FEET: 55.668 BILL TO: 24743970 DIRECT COLOR SYSTEM XOLT 6180 0000001 PAGE 2 OF 3				

CONTD <TTL PCS

PRINT NAME

TTL WT >

FIRM

ODOM | ARRIVE | DEPART | TOTAL CHARGES

PIECES DLVRD

WRAP INTACT?

YES NO?

SIGNATURE

X

RECEIVED THE ABOVE PROPERTY IN GOOD CONDITION EXCEPT AS NOTED

RECORD EXCEPTIONS & DESCRIPTIONS OF GOODS IN BODY OF FORM ABOVE

DATE | PRINTED NAME

CONTD

HGW 052

CONSIGNEE
DIRECT FREE ASTRAY DELIVERY
NADINE WILLIAMS

10116 DESERT TREES ST
LAS VEGAS NV 89141
24973474

CONSIGNEE MEMO

PO# 0115283

UPS FREIGHT PHONE NUMBER
(800)333-7400

DELIVERING TRAILER
255614 UPGF

FREIGHT BILL NUMBER
880 072 406-FD

CITY RTE/SYD SCAC | DEST
040R | LAS

PICK UP DATE | ORIG
09/18/18 | LAS

SHIPPER
880 072 406
DIRECT COLOR SYSTEMS
99 HAMMER MILL RD
ROCKY HILL CT 06067
00623614
ADV CAR
BOL SEE BELOW
AD

COLLECT
THE AMOUNT
3.00
3.00

UPS Freight
www.upsfreight.com
UPGF
880 072 406-FD

#PCS	HM	PT	DESCRIPTION OF ARTICLES AND SPECIAL MARKINGS	WEIGHT(LBS)	NMFC	RATE	CHARGES
			1 PIECE(S) COUNTED AND VERIFIED ON				
			1 SK HANDLING UNIT(S) WITH THE FOLLOWING:				
1		SK	UV DIRECT JET PRINTERS	300	000085-00		
			040012200000000676 BILL-LADING #				
			BILL TO: 24743970				
			DIRECT COLOR SYSTEM				

PAGE 1 OF 1

1 <TTL PCS

PIECES OK/RQ
WRAP INTACT?
YES NO?

PRINT NAME
SIGNATURE
X

TTL WT> 300

FIRM

RECEIVED THE ABOVE PROPERTY IN GOOD CONDITION EXCEPT AS NOTED.
RECORD EXCEPTIONS & DESCRIPTIONS OF GOODS IN BODY OF FORM ABOVE

ODOM	ARRIVE	DEPART	TOTAL CHARGES

DATE 9-19-18 DRIVER NAME

HGW 053

DIRECT COLOR SYSTEMS
SHIPPING
95 HANCOCK MILL ROAD
ROCKY HILL, CT 06067
SHIP TO:
10146 DESERT TUBES ST
LIFT GATE REQUIRED
LAS VEGAS, NV 89141
WFD
PRO # 880072406
BL 0400122000000676
PO 0115283

HGW 054

Airfreight $737.20 Amerijet
305 688 5488

Antilles ↳ Sgarcia@antilles
freight.com

Gloria cabrera@
ecuworld
Ext 262

Sid

54L × 39.5 W × 29D

Coordinate shippment

450lbs

Estes Express
$1242.96
7599.84 (Ground)
400.00

310 817 2746
LA

Las Vegas → Mia

Air: $684.85 Mia Airport
Sea:

Anthony DHL 1800 426 5962

Sea: Cancel
Air: Pick up from [illegible]

Econocarib
1800 275 3405
3311 ext.

[illegible] Friday

HGW 055

Fedex

Air freight Economy
10/5/18 : 3608

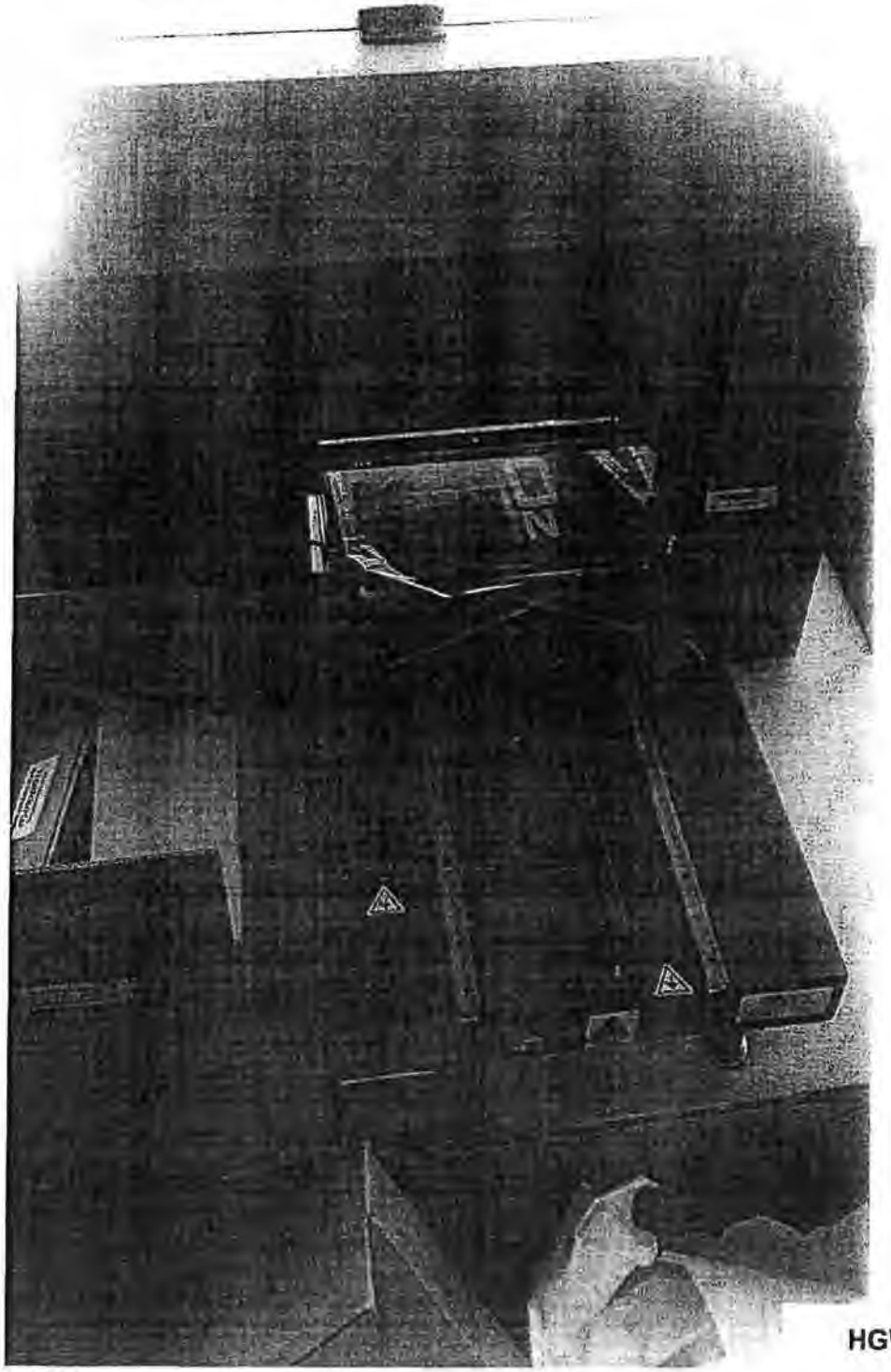
IAD - Miami Ground
$ 1306 Even.
1032 405 5415 460

$29,500 only able
50 lbs
5 day

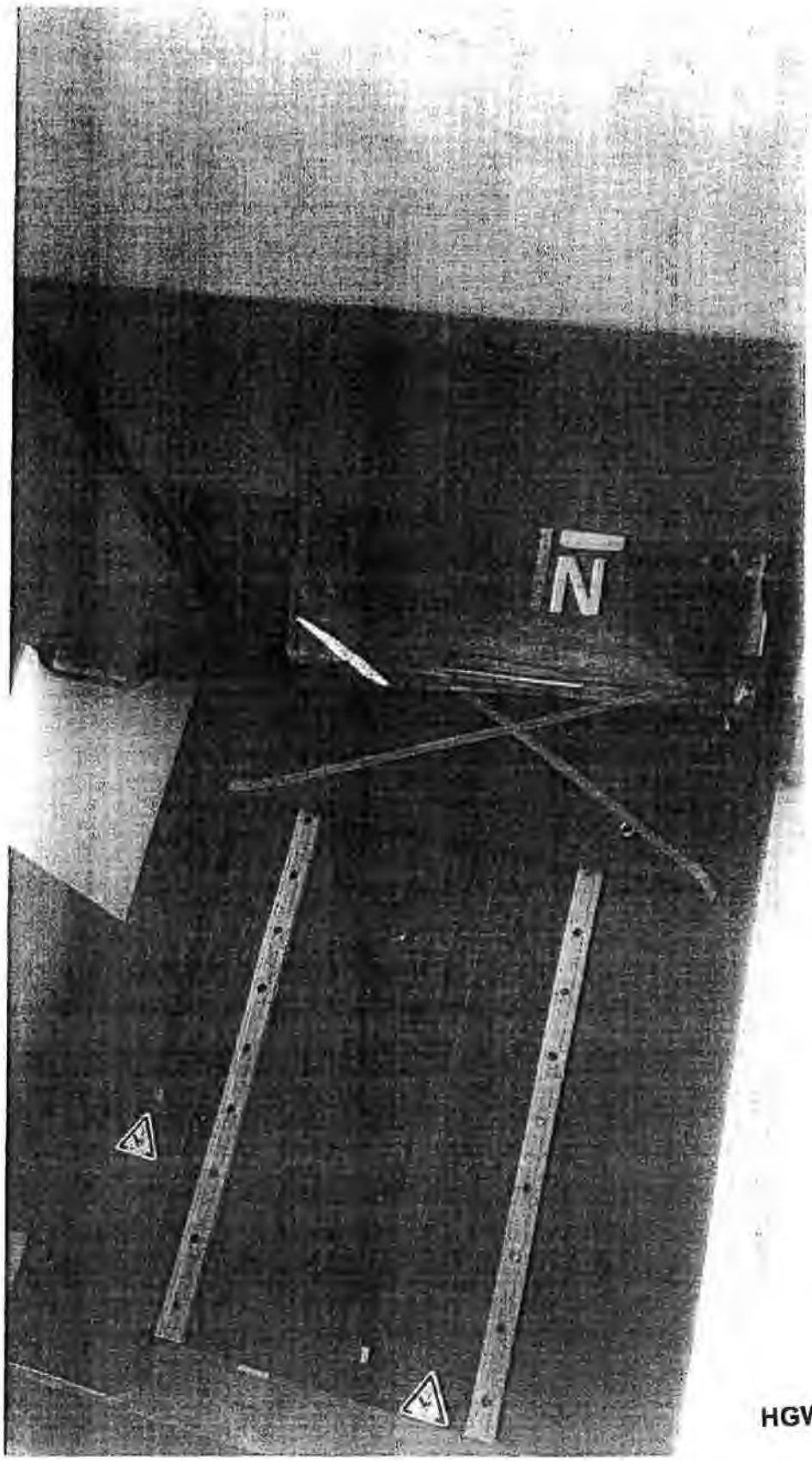
Residential 136
liftgate 129

NY, Tues, Thurs Airfreight by Friday

Sea: 1800 456 5462 { [illegible]
Air: Cancel Pickup from residence
1800 295 3405
[illegible]



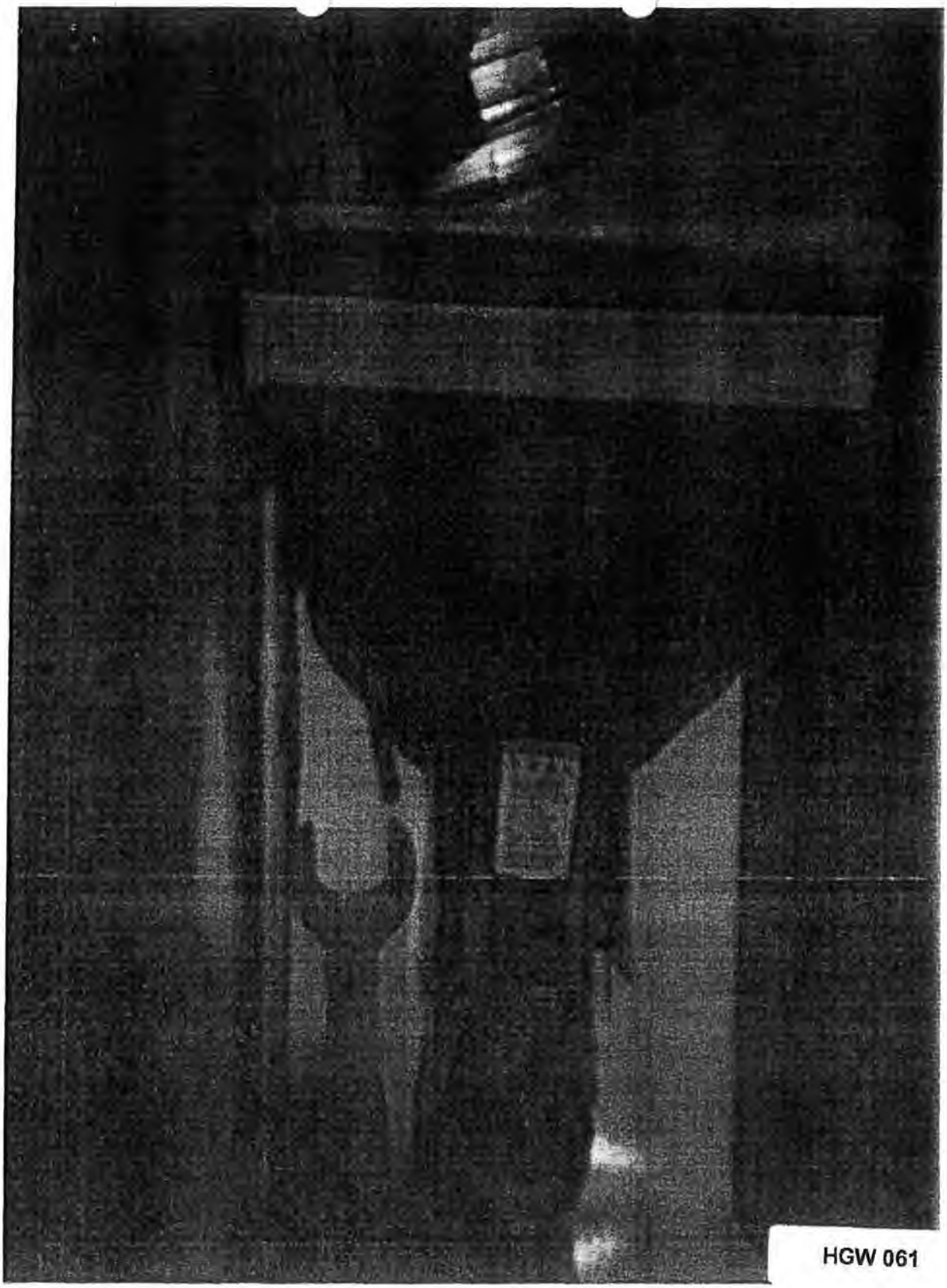
HGW 057



HGW 058


HGW 059


HGW 060


HGW 061

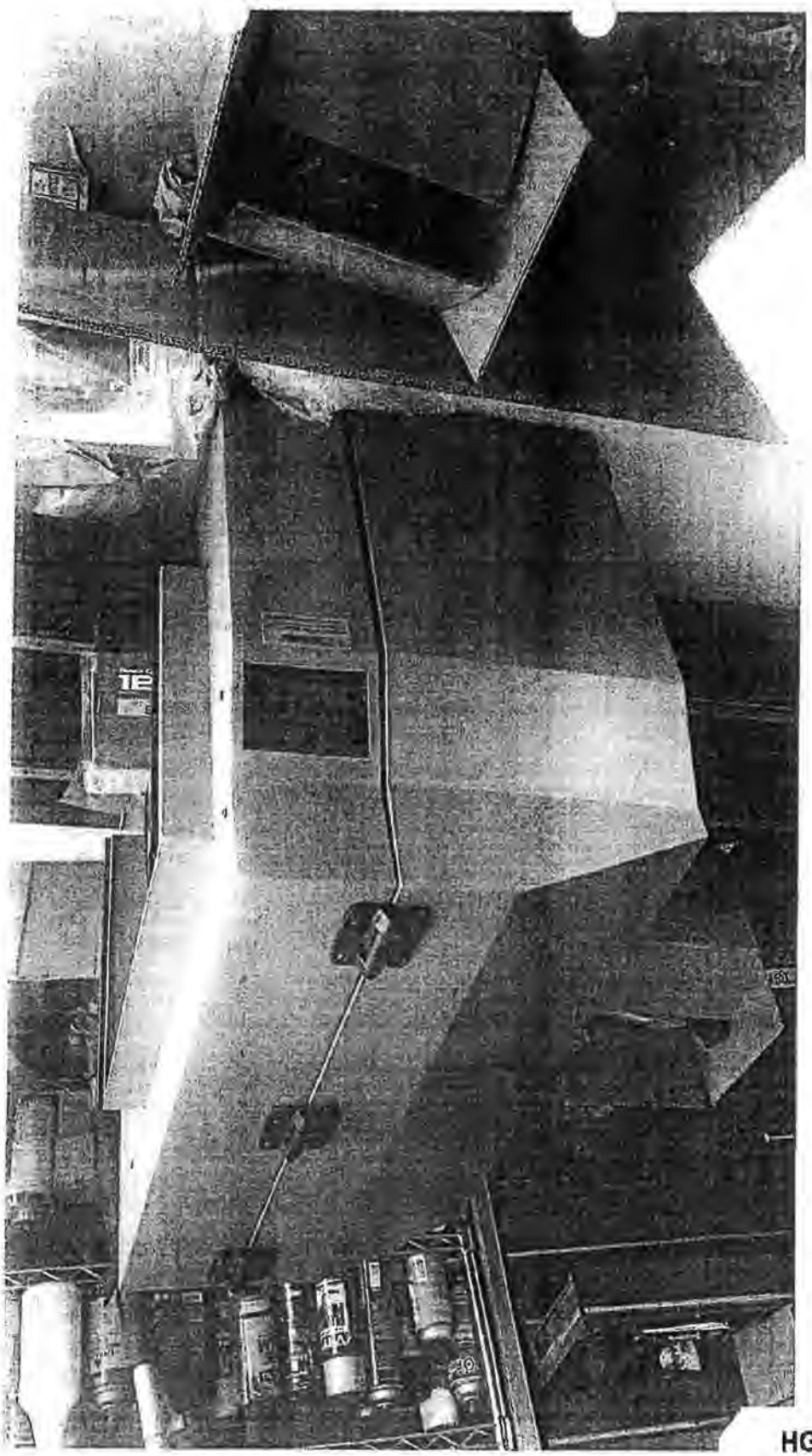
HGW 062

PROFESSIONAL'S
CHOICE
4pc. Triple Set Up
HVLP Spray Gun Kit
Features:
Lightweight aluminum paint cups
Gravity feed design provides for easy clean up and reliable performance
Unlike siphon feed guns, gravity feed guns ensure virtually 100% material usage
Stainless steel paint needle and fluid nozzle set resists corrosion and wear from abrasive materials
Infinitely adjustable fluid pattern control for precise paint metering
Spray pattern control allows adjustment from round to full fan shape
Air valve for precise air flow adjustment
Locking pressure regulator locks at desired pressure setting and attaches to all conventional and HVLP spray guns
Locking Pressure Regulator

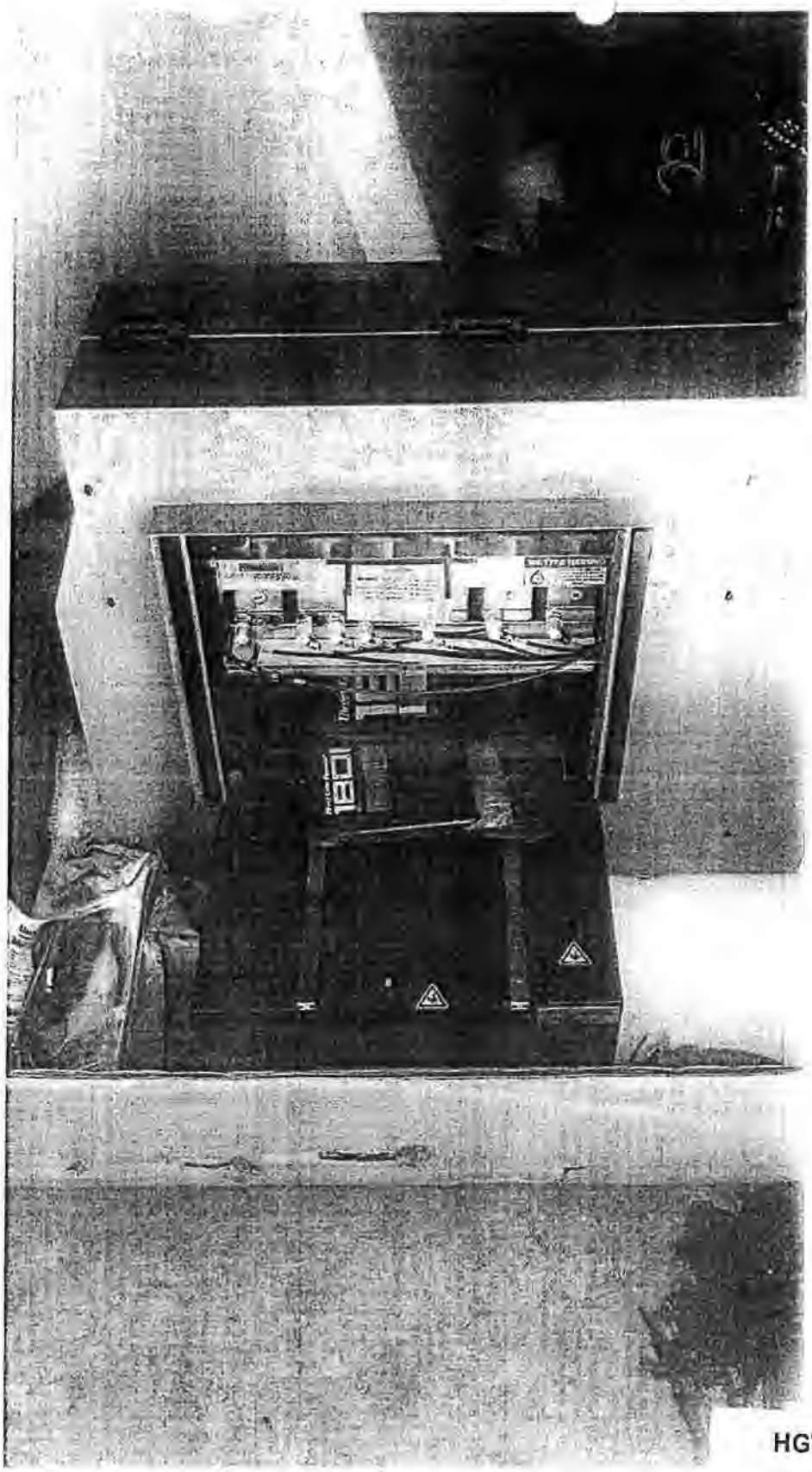
HGW 063

Prof
Harr
Indus
for R
Cuttir
Triang
Steel
Maxim
Two St
Needle
Extrude
Handle
#1 Cutti
Distributed by
Harbor Freight Tools, Camarillo,
www.HarborFreight.com
Due to continuing improvements,
actual product may differ slightly from photo.
7 92363 92496 2
Made in Taiwan

HGW 064



HGW 065



HGW 066

Department of Family Services

701 N Pecos Rd, K-2 • Las Vegas NV 89101
(702) 455-6683 • Fax (702) 384-8859 • Hotline (702) 385-0081

Paula Hammack, Acting Director
Jill Marano, Assistant Director

November 14, 2019

Herman Williams
4018 Adabella Ave
Las Vegas, NV 89115

Re: Release of Confidential Records relating to Williams Children

Dear Herman Williams:

On 11/12/19, the Clark County Department of Family Services received a request for CPS Records. Please note that pursuant to NRS 432B.290(4), the enclosed records are redacted to protect the identifying information of the person(s) who made a report of the alleged abuse or neglect, as well as other information protected by law (i.e. social security numbers).

Pursuant to Nevada and federal law, Child Protective Services records are confidential.[1] Unlawful disclosure of the records is a gross misdemeanor.[1] You are responsible for ensuring the confidentiality of these records. Anyone who makes the information public is guilty of a gross misdemeanor UNLESS they are one of the specified exceptions set forth in NRS 432B.290(10).

Furthermore, NRS 432B.290 authorizes the Department of Family Services to disclose information to a court for In Camera Inspection only, unless the court determines that public disclosure of the information is necessary for the determination of an issue before it. Therefore, if you anticipate that public disclosure in court may be required, please obtain a prior court order with the necessary judicial determination.

Thank you for your cooperation.

Sincerely,

RECORDS UNIT
DEPARTMENT OF FAMILY SERVICES

Attachments

[1] NRS 432B.280

ED EXHIBIT

HGW 087

Donna Gosnell,LMFT

August 19, 2019

Herman Williams
4018 East Adabella Bldg 4 #204
Las Vegas, Nevada 89115

Dear Mr. William,

Mrs. Williams has contacted our office to accomplish the Reunification Therapy ordered by the Court, via Judge Moss. Please contact our office so that we may schedule an appointment with children and their mother.

Our address is 6767 W. Tropicana Ave. Ste. 203. Las Vegas, Nevada 89103 I can be reached by phone at 702-253-6626.

Thank you,

Donna Gosnell, LMFT

cc. Honorable Judge Cheryl Moss
Mrs. Williams

ED EXHIBIT

HGW 068

From: gosnelltherapy <gosnelltherapy@aol.com>
To: Hermenwilliams002 <Hermenwilliams002@gmail.com>
Subject: Fwd: appointment for November 18.
Date: Tue, Nov 12, 2019 10:51 am

—Original Message—
From: gosnelltherapy <gosnelltherapy@aol.com>
To: Hermenwilliams002 <Hermenwilliams002@gmail.com>; Nadgayl <Nadgayl@yahoo.com>
Sent: Tue, Nov 12, 2019 10:28 am
Subject: Re: appointment for November 18.

Hello Mr. Williams,

Ms. Williams has cancelled the appointment for November 18, 2019. No appointment has been rescheduled at this time. I did receive clarification from the court that Ms. Williams is responsible to the reunification fee. I apologize for my misinformation.

I do see an order for the reunification assigned to Donna Gosnell, M.S, LMFT (Special Hearing Master for Eighth Judicial Court- Family division) as the reunification therapist. You may obtain a copy of the order from the Honorable Judge Moss Dept I Ct room 13. the family court address is 601 North Pecos Road, Las Vegas, Nevada 89101

If you wish you may also petition Honorable Judge Moss to have another court approved therapist assigned to your case.

Thank you,

Danielle Guy

—Original Message—
From: gosnelltherapy <gosnelltherapy@aol.com>
To: HermanWilliams002 <HermanWilliams002@gmail.com>
Sent: Tue, Nov 12, 2019 9:25 am
Subject: Fwd: letter

—Original Message—
From: gosnelltherapy <gosnelltherapy@aol.com>
To: Hermenwilliams002 <Hermenwilliams002@gmail.com>
Sent: Mon, Nov 11, 2019 2:10 pm
Subject: letter

Attached is a copy of the letter dated August 19, 2019.

ED EXHIBIT

HGW 069

STATE OF NEVADA
DEPARTMENT OF MOTOR VEHICLES

CERTIFICATE OF TITLE

VIN	YEAR	MAKE	MODEL	VEHICLE BODY	TITLE NUMBER
1GCZKVEG4FZ109300	2015	CHEV	SILVERADO	T4C	NV00B097331

DATE ISSUED	ODOMETER MILES	FUEL TYPE	SALES TAX PD	EMPTY WT	GROSS WT	GVWR
09/28/2015	22	F			6200	

VEHICLE COLOR: | ODOMETER BRAND: ACTUAL MILES | BRANDS:

OWNER(S) NAME AND ADDRESS
WILLIAMS NADINE ALECIA
3040 E CHARLESTON BLVD APT 217B
LAS VEGAS NV 89104-6652

LIENHOLDER NAME AND ADDRESS
JP MORGAN CHASE BANK NA
PO BOX 901098
FORT WORTH TX 76101-2098

LIENHOLDER RELEASE - INTEREST IN THE VEHICLE DESCRIBED ON THIS TITLE IS HEREBY RELEASED:

SIGNATURE OF AUTHORIZED AGENT _____ DATE _____

PRINTED NAME OF AGENT AND COMPANY _____

FEDERAL AND STATE LAW REQUIRES THAT YOU STATE THE MILEAGE IN CONNECTION WITH THE TRANSFER OF OWNERSHIP. FAILURE TO COMPLETE OR PROVIDING A FALSE STATEMENT MAY RESULT IN FINES AND/OR IMPRISONMENT.
The undersigned hereby certifies the vehicle described in this title has been transferred to the following buyer(s):

Printed Full Legal Name of Buyer _____ Nevada Driver's License Number or Identification Number _____ ☐ AND ☐ OR

Printed Full Legal Name of Buyer _____ Nevada Driver's License Number or Identification Number _____

Address: _____ City _____ State _____ Zip Code _____

I certify to the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.

ODOMETER READING: _____ NO TENTHS

☐ The mileage stated is in excess of its mechanical limits.
☐ The odometer reading is not the actual mileage. WARNING: ODOMETER DISCREPANCY.
☐ Exempt - Model year over 9 years old.

Signature of Seller(s)/Agent/Dealership _____ Printed Name of Seller(s)/Agent/Dealership _____

I am aware of the above odometer certification made by the seller/agent. ☐ Dealer's License Number _____ Date of Sale _____

Signature of Buyer _____ Printed Full Legal Name of Buyer _____

ACCORDING TO THE RECORDS OF THE DEPARTMENT OF MOTOR VEHICLES, THE PERSON NAMED HEREON IS THE OWNER OF THE VEHICLE DESCRIBED ABOVE, SUBJECT TO LIEN AS SHOWN.

CONTROL NO.

(THIS IS NOT A TITLE NO.)

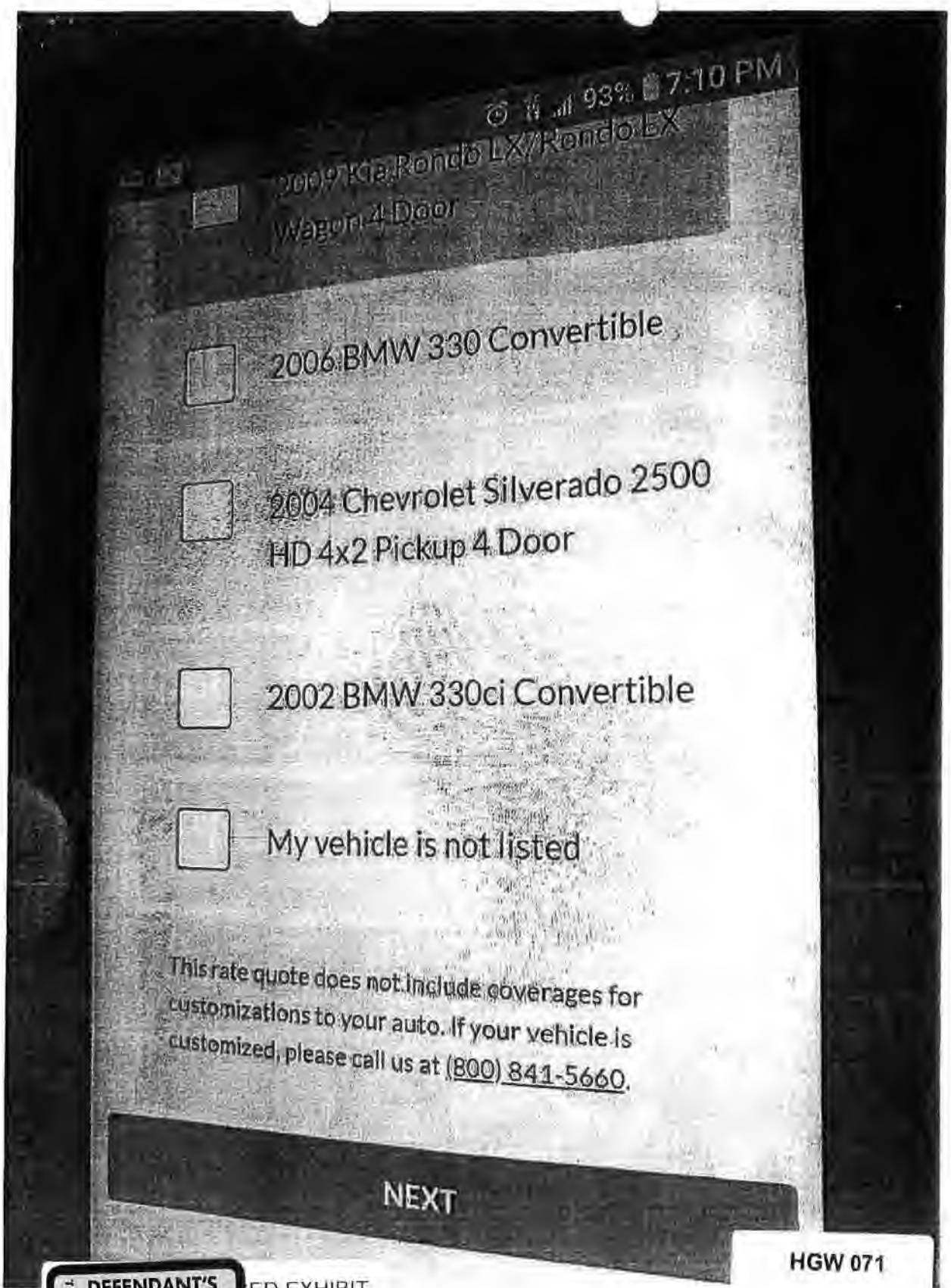
VP-2 (Rev. 8/10)

ALTERATION OR ERASURE VOIDS THIS TITLE

HGW 070

DEFENDANT'S EXHIBIT Q

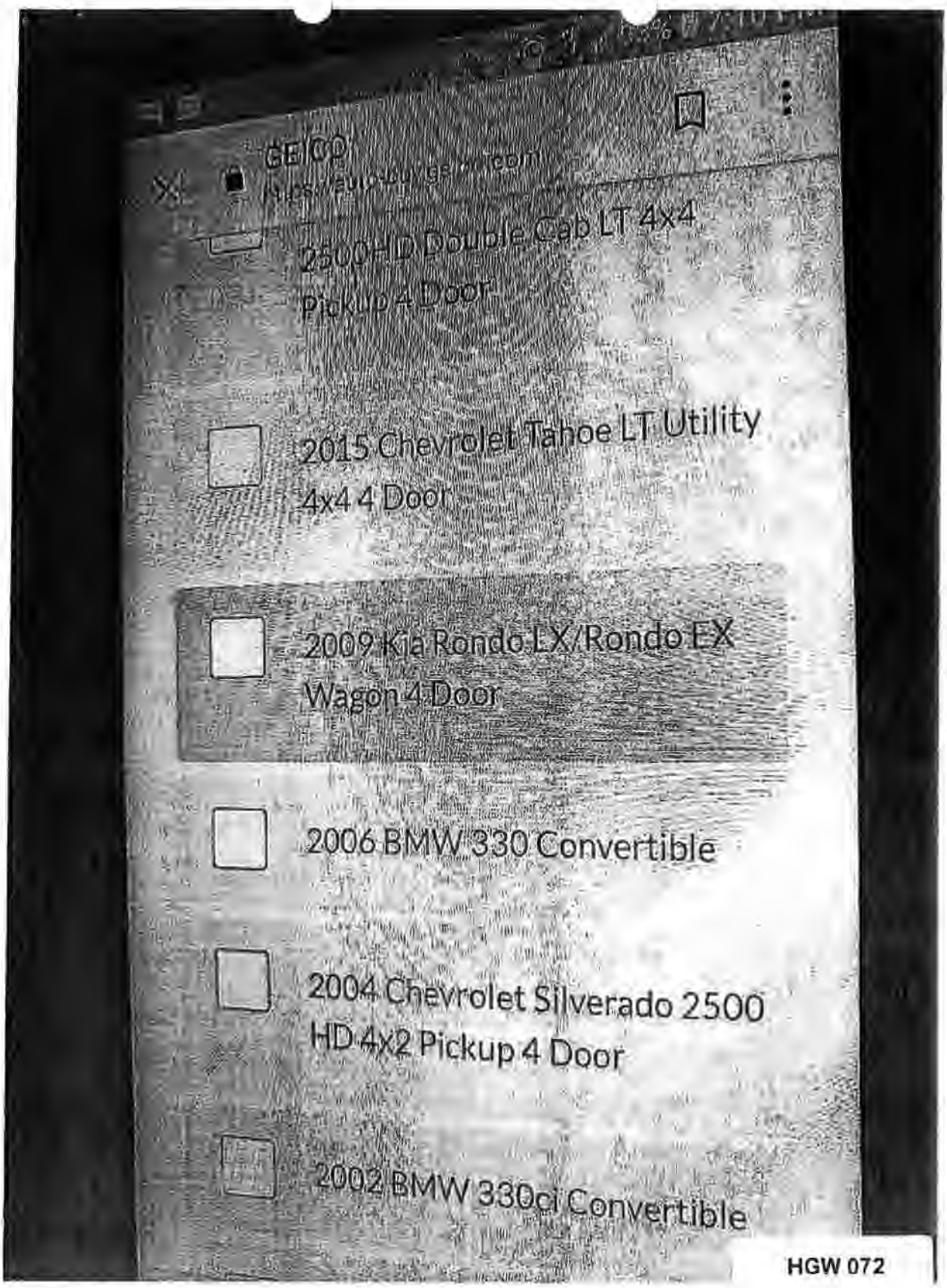
ED EXHIBIT



HGW 071

DEFENDANT'S EXHIBIT

ED EXHIBIT


GEICO
2500HD Double Cab LT 4x4
Pickup 4 Door
2015 Chevrolet Tahoe LT Utility
4x4 4 Door
2009 Kia Rondo LX/Rondo EX
Wagon 4 Door
2006 BMW 330 Convertible
2004 Chevrolet Silverado 2500
HD 4x2 Pickup 4 Door
2002 BMW 330ci Convertible
HGW 072

← Policy/Coverages

Auto Policy #930022457

Policy period: 05/25/2019 to 11/25/2019

Loyalty Rewards: Silver Membership

hermanwilliams002@gmail.com

Drivers

HERMAN WILLIAMS
Insured Driver (Includes Permit Driver), Named Insured

Nadine WILLIAMS
Excluded Driver (No Coverage), Spouse

(+) Quote or Add a Driver

Vehicles

2004 Chevrolet Silverado C2500K2500
VIN 1GCHC23U14F215328

(+) Quote or Add a Vehicle

Replace a Vehicle

HGW 073

Policy History Details

Summary of the policy change(s)

Transaction:	**Policy change**
Confirmation number:	106424
Processed date and time:	03/16/2019 10:54 a.m. ET
Processed by:	Progressive (LORENA CALDERON 374-0000)
Effective date:	03/16/2019
Notification date:	03/16/2019
Notification time:	10:50 a.m. ET
Requester:	Nadine A Williams (Named insured)

Total effect on rate/fees: $735.05 increase

Details of the policy change(s)

Add Vehicle

Vehicle:	2015 CHEVROLET SILVERADO C2500K2500
Vehicle identification number (VIN):	1GC2KVEG4FZ109300
Symbol override:	No
Make symbol:	CH
Model symbol:	25
Style symbol:	EL
Auxiliary symbol:	XX
Vehicle code:	XXX
Primary use:	Commute
Primary location:	Nevada, 89141
Vehicle territory code:	23
Length of vehicle ownership:	5 years or more
Lienholder(s):	CHASE AUTO FINANCE PO Box 901039 FT WORTH, Texas 76101
Additional interest(s):	None
Registered owner(s):	Nadine A Williams

Coverages	From
Policy Coverage	
Bodily Injury & Property Damage Liability:	$25,000 each person/$50,000 each accident/$25,000 accident

HGW 074

Uninsured/Underinsured Motorist:	$25,000 each person/$50,000 each accident
Medical Payments:	No Coverage

Vehicle Coverage

2015 CHEVROLET SILVERADO C2500K2500

Policy coverage:

Comprehensive:

Collision:

Rental Reimbursement:

Roadside Assistance:

Custom Parts and/or Equipment value:

Loan/Lease Payoff:

Discounts

Vehicle-level

2015 CHEVROLET SILVERADO C2500K2500 Driver and Passenger-side Airbag Discount added

print this page | close window
show rating information
hide rating information

Policy rating and/or tiering information

Customer profile:	Non Preferred
Factor:	0.984
State:	27 - Nevada
Company:	37 - Progressive Direct Insurance Co
Rate Manual:	4R
Rate revision:	201803
Quote source:	Progressive
Serviced by agent:	No
Sales source:	Inhouse
Agent code:	IC-94549
Bill plan code:	M04
Late fee count:	0
NSF count:	0
Policy Level RS Factor:	1
Flat Acquisition (Policy) RS Factor:	1.000
Non-charge accident:	2
At fault accident:	0
Accident recency count:	0
Omitted incidents:	1

HGW 075

Prior coverage/lapse days:	Yes, no lapse
Length of prior coverage:	60 months or greater
Prior carrier type:	Standard
Prior carrier company name:	ALLSTATE (5020)
Prior coverage effective date:	n/a
Prior carrier bodily injury liability limits:	At least 15/30
Length of residency at current address:	12 or greater
Rate plan:	S
Market:	Standard
Rewrite reason:	Not a rewrite
Underwriting value:	2P
Credit value:	11
Apply tier at renewal:	No

Policy level discounts

Continuous Insurance Discount - Platinum II
Electronic Funds Transfer
Multi-Vehicle
Paperless

Policy level surcharges

There are no policy level surcharges

Programs

There are no programs applied to this policy

Driver rating information

Nadine A Williams

Gender:	Female
Marital status:	Married/Domestic Partner
Employment:	Medical/Social Services/Religion
Occupation:	Registered Nurse (RN)
Education:	College degree
Relationship:	Named insured
Date of birth:	11/21/1982
Driver status:	Insured driver (includes permit driver)
Number of years licensed:	3 years or more
Date the driver's license was issued:	n/a
Vehicle assignment:	2019 CHEVROLET TRAVERSE, VIN:1GNERGKW0KJ240335
Points:	0

Driving History

Date:	09/07/2016
Occurrence:	not at fault accident
Points:	0
Source:	CLUE only
Date:	06/17/2016
Occurrence:	not at fault accident

Ringtone

Points:	0
Source:	Application and CLUE

Driver level discounts

There are no discounts for this driver

Driver level surcharges

There are no surcharges for this driver

HERMAN G WILLIAMS JR

Gender:	Male
Marital status:	Married/Domestic Partner
Employment:	Repair / Maintenance / Grounds
Occupation:	Other - Repair / Maintenance / Grounds
Education:	High school diploma or GED
Relationship:	Spouse
Date of birth:	08/05/1969
Driver status:	Insured driver (includes permit driver)
Number of years licensed:	3 years or more
Date the driver's license was issued:	n/a
Vehicle assignment:	2015 CHEVROLET SILVERADO C2500K2500, VIN:1GC2KVEG4FZ109300
Points:	0

Driving History

There are no violations for this driver

Driver level discounts

There are no discounts for this driver

Driver level surcharges

There are no surcharges for this driver

Vehicle rating information

2019 CHEVROLET TRAVERSE (VIN: 1GNERGKW9KJ240335)

Vehicle's Primary Location	89141
Vehicle territory code:	23
Length of vehicle ownership:	Less than 1 year
Vehicle type:	A (1981 & Newer - Autos, Pickups, Vans, and Utility Vehicles)
Primary use:	Pleasure
Flat Acquisition (Policy) RS Factor:	1.000
Bodily Injury RS Factor:	1.000
Property Damage RS Factor:	1.000
UM/UIM RS Factor:	1.000
Comprehensive RS Factor:	1.000
Collision RS Factor:	1.000
Flat Acquisition Fee	$46.00
Snapshot tier:	0
Snapshot status:	Opt Out
Version:	3.01

Rate with tier:	No
UBI Trial indicator:	No
Participation discount:	No
Late opt out surcharge applied:	No
Apply late opt out surcharge at renewal:	No

Vehicle level discounts

Driver and Passenger-side Airbag

Vehicle level surcharges

There are no surcharges for this vehicle

2009 KIA RONDO (VIN: KNAFG526997252979)

Vehicle's Primary Location	89141
Vehicle territory code:	23
Length of vehicle ownership:	Less than 1 year
Vehicle type:	A (1981 & Newer - Autos, Pickups, Vans, and Utility Vehicles)
Primary use:	Pleasure
Flat Acquisition (Policy) RS Factor:	1.000
Bodily Injury RS Factor:	1.000
Property Damage RS Factor:	1.000
UM/UIM RS Factor:	1.000
Comprehensive RS Factor:	1.000
Collision RS Factor:	1.000
Flat Acquisition Fee	$46.00
Snapshot tier:	0
Snapshot status:	Not enrolled
Version:	
Rate with tier:	No
UBI Trial indicator:	No
Participation discount:	No
Late opt out surcharge applied:	No
Apply late opt out surcharge at renewal:	No

Vehicle level discounts

Driver and Passenger-side Airbag

Vehicle level surcharges

There are no surcharges for this vehicle

2015 CHEVROLET SILVERADO C2500K2500 (VIN: 1GC2KVEG4FZ109300)

Vehicle's Primary Location	89141
Vehicle territory code:	23
Length of vehicle ownership:	5 years or more
Vehicle type:	A (1981 & Newer - Autos, Pickups, Vans, and Utility Vehicles)
Primary use:	Commute
Flat Acquisition (Policy) RS Factor:	1.000
Bodily Injury RS Factor:	1.000
Property Damage RS Factor:	1.000
UM/UIM RS Factor:	1.000

Policy History Details

Comprehensive RS Factor:	1.000
Collision RS Factor:	1.000
Flat Acquisition Fee	$46.00
Snapshot tier:	
Snapshot status:	Opt Out
Version:	3.01
Rate with tier:	No
UBI Trial indicator:	No
Participation discount:	No
Late opt out surcharge applied:	No
Apply late opt out surcharge at renewal:	No

Vehicle level discounts

Driver and Passenger-side Airbag

Vehicle level surcharges

There are no surcharges for this vehicle

HGW 079

Plates Turned In Receipt

VIN: 1GC2KVEG4FZ109300 **Plate Number:** LVU4W5

Year: 2015 **Make:** CHEV **Date Turned In:** 7/24/2019

Plate Status: SURRENDERED

Registration Fee:	10.19
Basic Governmental Services Tax:	115.00
Supplemental Governmental Services Tax:	29.00

CREDIT BALANCE EXPIRES ON 10/30/2019

Address

WILLIAMS NADINE ALECIA

10116 DESERT TREES ST

LAS VEGAS,NV-891418527

You may apply your credit, as applicable, to the registration of another vehicle, registered in your name, for registration fees, governmental services tax, and if applicable, supplemental governmental services tax fees paid. Credits not applied to another vehicle registration will expire at the end of the registration period from which the credits were generated. A $6.00 Registration Transfer Fee will be charged when the remaining portion of this registration is transferred to another vehicle.

ED EXHIBIT

HGW 080

STATE OF NEVADA
DEPARTMENT OF MOTOR VEHICLES

RECEIPT

PRINTED BY: 7786
TRAN EMP ID: 7786
LOCATION: FLAMINGO DMV-LV

DATE: 05/25/2019
TIME: 09:16:43
F Y: 2019

Super Tran Id : 130142399

Completed Transactions		Fees	Date Paid
1.	REINSTATEMENT FOR 1GCHC23U14F215328/ CHEV/ C2500HD SILVERADO/ 2004/ NVJ989 WILLIAMS, HERMAN GEORGE	$501.00	05-25-2019
	NV Live Reinstatement Fee $250	$250.00	
	NV Live Fine 31-90 Day Lapse 1st Offense $250	$250.00	
	Technology Fee	$1.00	
	Total Fees Due:	$501.00	

Method of Payment

Payment Type	Payment Number	Paid Amount	Date Paid
CREDIT CARD		$501.00	05-25-2019
	Total Fees Paid:	**$501.00**	

HGW 081

DEFENDANT'S EXHIBIT

ED EXHIBIT

NORTH LAS VEGAS POLICE DEPARTMENT

VICTIM'S INFORMATION GUIDE

OFFENSE INFO OFFICER'S NAME ARIAS # 2541 CASE NUMBER 190249000061L

This document is important for you to keep since it will help you refer to your particular case number. If you need a copy of your police report, it can be obtained 72 HOURS AFTER filing the report, for a nominal fee, from the NLVPD Records Bureau. Call 702-633-1715 for assistance. **If you need to file additional information about your case, you may contact the nearest NLVPD sub-station for guidance.** More information is available at www.cityofnorthlasvegas.com.

- ☐ This report will be forwarded to the City Attorney's Office to evaluate prosecutorial merit. To determine the status of your case, contact the City Attorney's Office one week following the date of this report at 702-633-2100.
- ☐ This case will be reviewed further by the Detective Bureau. If you have questions or additional information, call the Detective Bureau at 702-633-1773.
- ☐ A continuing investigation would not be productive at this time due to lack of investigative leads. If additional information becomes available at a later date, the department may assign an investigator. Despite the fact that this case will not be part of a continuing investigation, it will be part of our permanent records and will be reviewed automatically for crime analysis.

ATTENTION: IT IS YOUR RESPONSIBILITY TO IMMEDIATELY NOTIFY THE NLVPD IF YOU SHOULD RECOVER YOUR STOLEN VEHICLE YOURSELF

The following agencies provide services to victims of crime. If an agency is not listed, or you need additional information, please contact the North Las Vegas Police Department Victim/Witness Advocate 702-633-1751 / 702-633-2412 (Spanish).

Domestic Violence Hotline/Emergency Protective Orders	702-646-4981	CPS/ Child and Abuse Hotline	702-399-0081
Clark Co. Juvenile Court Services	702-455-5200	Elder Abuse Hotline	702-486-6930
National Suicide Prevention Hotline	1-800-273-8255	Nevada Child Seeker	702-458-7009

VINELink: (Offenders Custody Status) is a automated notification system. This is a free and confidential service. For information or to register by phone call (1-888-268-8463) or register online at www.vinelink.com. Notification is available when an inmate is released or transferred.

NORTH LAS VEGAS POLICE DEPARTMENT VICTIM/WITNESS ADVOCATE: Provides crisis intervention, an assessment of the immediate needs of crime victims, court accompaniment, initiates crime compensation claims paperwork, provides referrals to other agencies, and functions as a liaison with NLVPD personnel and the community. For assistance, please call **NLVPD Victim Advocate at 702-633-1751 / 702-633-2412** (Spanish).

U VISA: Foreign national victims of crimes who have suffered substantial mental or physical abuse and are willing to assist law enforcement and government officials in the investigation or prosecution of the criminal activity may file a Form I-918, Petition for U Nonimmigrant Status by contacting the **NLVPD Victim Witness Advocate at 702-633-1751.**

NORTH LAS VEGAS CITY ATTORNEY'S OFFICE – VICTIM/WITNESS SERVICES: Provides case status updates, information about victims' rights, court accompaniment, assistance to apply for Nevada Victims' of Crime Compensation, and referrals to other community services. Please contact the City Attorney's Office Victim/Witness Advocate at 702-633-2100 ext 2545.

CLARK COUNTY DISTRICT ATTORNEY VICTIM/WITNESS ASSISTANCE CENTER: Provides Justice Court and District Court case information and addresses any concerns you may have regarding your appearance as a witness. When you receive a subpoena to appear in a Justice Court or District Court case, please contact the Victim Witness Assistance Center at 702-671-2525. If you change your address, please advise the detective assigned to the case or an advocate at the Victim Witness Assistance Center.

ASSISTANCE OF VICTIMS OF SEXUAL ASSAULT: Victims of sexual assault may be eligible for medical treatment and counseling under NRS 217.280. For information call the Clark County District Attorney's Office Victim Services Center at 702-671-2525, or the Rape Crisis Center at 702-385-2153. Note: Applications for this service must be received within 60 days of the commission of the crime.

COMPENSATION FOR VICTIMS OF VIOLENT CRIME: Victims of violent crime may qualify for monetary compensation from the State of Nevada under NRS 217.010. For information or application, call the NLVPD Victim/Witness Advocate or the Nevada State Victims of Violent Crime Compensation Program at 702-486-2740. Note: Applications for this service must be received within one year of the commission of the crime.

PROTECTION OF VICTIMS AND WITNESSES: Victims/witnesses of crime are entitled to certain rights under NRS 178.569 (i.e. investigation of threats of harm, notice of releases of a defendant upon written request, a listing of property being held by a law enforcement agency, etc.). For information concerning these rights, you may contact the Victim Assistance Office at 702-633-1751 / 702-633-2412 (Spanish).

OBLIGATIONS OF CITIZENS FILING MISDEMEANOR CRIME REPORT WITH NLVPD

1. It is imperative that you update your address and phone number if you move, regardless of the status of your case, by calling 702-633-2100.
2. If a trial is necessary, you must be available to testify.
3. The police report number appears at the top of this page. You must provide that number when you contact the City Attorney, District Attorney or the Detective assigned to your case.

702 633 9111

HGW 082

DEFENDANT'S EXHIBIT ED EXHIBIT

DEPARTAMENTO DE POLICÍA DE NORTH LAS VEGAS
GUÍA DE INFORMACIÓN PARA VÍCTIMAS

DELITO | NOMBRE DEL POLICÍA | NÚMERO P (PW) | NÚMERO DEL CASO

Es importante que guarde este documento ya que le ayudará a referirse al número de su caso particular. Si necesita una copia de su informe policial, puede obtenerlo 72 HORAS DESPUÉS de registrar el informe, por una tarifa nominal, en la Sección de Archivos (Records Bureau) de NLVPD. Llame al (702) 633-1715 para asistencia. Si necesita proporcionar información adicional sobre su caso, puede contactar a la sub-estación de NLVPD más cercana para que le orienten. Hay más información disponible en www.cityofnorthlasvegas.com.

- ☐ Este informe será enviado a la Oficina del Fiscal Municipal para evaluar si amerita acción judicial. Para determinar el estado de su caso, comuníquese con la Oficina del Fiscal una semana después de la fecha de este informe al 702-633-2100.
- ☐ Este caso también será revisado por la Unidad de Detectives. Si tiene preguntas o información adicional, llame a la Oficina de Detectives al 702-633-1773.
- ☐ No sería productivo continuar una investigación actualmente debido a la carencia de pistas en la investigación. Si en el futuro se obtiene información adicional sobre el incidente, el Departamento puede asignar a un investigador. A pesar de que este caso no seguirá bajo investigación, pasará a formar parte de nuestros archivos permanentes y se revisará automáticamente para hacer un estudio de incidentes delictivos.

ATENCIÓN: ES SU RESPONSABILIDAD EL NOTIFICAR A NLVPD INMEDIATAMENTE SI USTED MISMO RECUPERA SU VEHÍCULO ROBADO

Las siguientes agencias proporcionan servicios para víctimas de delitos. Si alguna agencia no está en la lista, o si necesita más información, por favor llame a la **Oficina para Víctimas y Testigos del Departamento de Policía de North Las Vegas al 702-633-1751 / 702-633-2412 (Español)**

Línea Directa de Violencia Doméstica/Órdenes de Protección de Emergencia	702-646-4981	CPS/Línea Directa de Maltrato a Menores	702-399-0081
Servicios del Tribunal de Menores del Condado Clark	702-455-5200	Línea Directa de Maltrato a Personas de Edad Avanzada	702-486-6930
Línea Directa Nacional de Prevención de Suicidio	1-800-273-8255	Nevada Child Seekers	702-455-7000

VINELink: (Estado de Custodia de Infractores) es un sistema de notificación automatizado. Este es un servicio gratuito y confidencial. Para obtener información o para registrarse por teléfono llame al (1-888-268-8463) o regístrese en línea en www.vinelink.com. La notificación está disponible cuando un preso es liberado o transferido.

INTERCESOR PARA VÍCTIMAS Y TESTIGOS DEL DEPARTAMENTO DE POLICÍA DE NORTH LAS VEGAS: Proporciona intervención en crisis, una evaluación de las necesidades inmediatas de las víctimas de delitos, acompañamiento al tribunal, inicia el papeleo para las reclamos de compensación a víctimas de delitos, proporciona referencias a otras agencias, y funciona como enlace entre el personal de NLVPD y la comunidad. Para ayuda, llame al **Intercesor para Víctimas y Testigos de NLVPD al 702-633-1751 / 702-633-2412 (Español).**

U VISA: Los extranjeros nacionales que han sido víctimas de delitos que hayan sufrido abuso mental o físico substancial y que estén dispuestos a ayudar a las autoridades y a los funcionarios gubernamentales en la investigación y en el procesamiento de actividad delictiva pueden presentar el Formulario I-918, Petición para Estado de No-Inmigrante U por medio de llamar al Intercesor para Víctimas y Testigos de NLVPD al 702-633-1751.

OFICINA DE LA FISCALÍA MUNICIPAL DE NORTH LAS VEGAS - SERVICIOS PARA VÍCTIMAS Y TESTIGOS: Proporciona información sobre el estado de su caso, información acerca de sus derechos como víctima, acompañamiento al tribunal, asistencia para solicitar Compensación para Víctimas de Delitos en Nevada y proporciona referencias a otros servicios comunitarios. Por favor llame al Intercesor para Víctimas y Testigos de la Fiscalía Municipal de North Las Vegas al 702-633-2100 ext. 2545.

CENTRO DE AYUDA PARA VÍCTIMAS Y TESTIGOS DE LA FISCALÍA DEL DISTRITO DEL CONDADO CLARK: Proporciona información para casos en el Tribunal de Justicia y el Tribunal del Distrito y tratan con las motivos de preocupación que usted pueda tener respecto a su comparecencia como testigo. Cuando reciba un citatorio para comparecer en un caso ante el Tribunal de Justicia o el Tribunal del Distrito, por favor llame al Centro de Ayuda Para Víctimas y Testigos al 702-671-2525. Si cambia de domicilio por favor avísele al detective asignado al caso o a un intercesor en el Centro de Ayuda para Víctimas y Testigos.

AYUDA A VÍCTIMAS DE AGRESIÓN SEXUAL: Las víctimas de agresión sexual podrían ser elegibles para obtener tratamiento médico y asesoramiento bajo la ley NRS 217.280. Para información, llame a la Fiscalía del Condado de Clark, Centro de Servicios para Víctimas al 702-671-2525, o a la línea telefónica del Centro para Víctimas de Violación (Rape Crisis Center) al 702-385-2153. Aviso: Las solicitudes para este servicio deben ser recibidas antes de que pasen 60 días de haberse cometido el delito.

COMPENSACIÓN A VÍCTIMAS DE DELITOS VIOLENTOS: Las víctimas de delitos violentos podrían calificar para recibir compensación monetaria del Estado de Nevada bajo la ley NRS 217.010. Para información o para una solicitud, llame al Intercesor para Víctimas y Testigos de NLVPD o al Programa de Compensación para Víctimas de Delitos Violentos en el estado de Nevada al 702-486-2740. Aviso: Las solicitudes para este servicio deben ser recibidas antes de que pase un año de haberse cometido el delito.

PROTECCIÓN PARA VÍCTIMAS Y TESTIGOS: Las víctimas/testigos de delitos tienen ciertos derechos bajo la ley NRS 178.569 (por ejemplo, investigación de amenazas de daño, notificación de liberación del acusado por petición escrita, lista de pertenencias que tenga en su poder una de las agencias policiales, etc.) Para información con respecto a estos derechos, puede llamar a la Oficina de Ayuda para Víctimas al 702-633-1751 / 702-633-2412 (Español).

DEBERES DE LOS CUIDADANOS QUE REGISTRAN DELITOS MENORES CON NLVPD

1. Es indispensable que actualice su domicilio y número de teléfono si mudarse, no obtenga el estado de su caso. Para hacerlo, llame al 702-633-2100.
2. Si es necesario hacer un juicio, usted debe de estar disponible para pruebas declaración.
3. El número del informe policial aparece en la parte superior de esta hoja. Usted debe mencionar este número cuando llame al Fiscal Municipal, al Fiscal del Distrito, o al Detective asignado a su caso.

[illegible]

HGW 083

LAS VEGAS METROPOLITAN POLICE DEPARTMENT

☒ Apt. Notification
☐ Garage Door
☐ Curfew Notification
☐ Other

☐ Disturbance
☐ Drug Activity
☐ Theft
☐ Vandalism

☐ Trespassing
☐ Domestic Violence
☐ Civil Stand-by
☐

Address: 9116 DESERT TREES ST LAS VEGAS

Event #: LV191000115590

Apt. Name: —

Message: OFFICERS RESPONDED TO

ABOVE ADDRESS IN REGARDS TO A SUBJECT BANGING ON THE DOOR

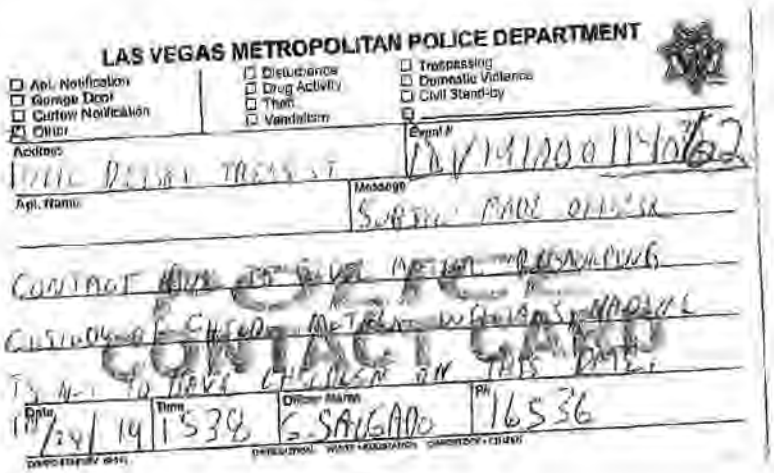
POLICE CONTACT CARD

Date: 10/24/19

Time: 2355

Officer Name: M. SNYDER

P#: 17299



LAS VEGAS METROPOLITAN POLICE DEPARTMENT

☐ Apt. Notification
☐ Garage Door
☐ Curfew Notification
☒ Other

☐ Disturbance
☐ Drug Activity
☐ Theft
☐ Vandalism

☐ Trespassing
☐ Domestic Violence
☐ Civil Stand-by
☐

Address: 9116 DESERT TREES ST

Event #: LV191000115062

Apt. Name:

Message: SUBJECT MADE OFFICER

CONTACT WITH SUBJECT REGARDING

CUSTODY OF CHILD. METRO WILL MONITOR

TO HAVE CHILD ON THIS DATE.

POLICE CONTACT CARD

Date: 10/24/19

Time: 1538

Officer Name: C. SALGADO

P#: 16536

DEFENDANT'S EXHIBIT

ED EXHIBIT

HGW 084

State of Nevada

EVICTION NOTICE

To: Phyllis Gayle

Located at: 10116 dessert trees street, Las vegas, Nevada 89141

You are hereby put on notice that your week-to-week tenancy of the above premises is terminating and **YOU MUST VACATE AND SURRENDER THE PREMISES WITHIN 7 DAY(S) FROM THE DATE OF THIS NOTICE. THEREFORE, YOU MUST COMPLETELY VACATE BY 04/01/2019 AT 5:00PM.** If you do not vacate the premises by this time, you are hereby notified that your landlord will take legal action to recover any debt owed, possession of the premises, and damages, including attorney's fees and other costs, if permitted by applicable law. Communications regarding this matter may be sent to your landlord's address listed below.

You may oppose and contest the notice by filing an Affidavit or Answer within 5 judicial days in the court for your district stating that you are not guilty of an unlawful detainer. If the court determines you are guilty of an unlawful detainer, the court may issue a summary order for your removal or an order providing your nonadmittance, directing the sheriff or county constable to remove you within 24 hours of receipt of any order. If your landlord unlawfully removes you from the premises or excludes you by blocking or attempting to block your entry upon the premises, or willfully interrupts or causes or permits the interruption of an essential service required by the rental agreement or chapter 118A of Nevada Revised Statutes, you may seek relief pursuant to Nevada Revised Statutes 118A.390.

THIS NOTICE IS BEING ISSUED PURSUANT TO NEVADA REVISED STATUTES SECTION 40.251. NOTHING IN THIS NOTICE SHALL BE CONSTRUED TO WAIVE ANY OF LANDLORD'S RIGHTS OR REMEDIES UNDER STATE OR FEDERAL LAW.

Should your landlord file a court action to evict, you will be able to state reasons why you think you should not be evicted. You have the right to consult a lawyer and should do so promptly if you believe you have a valid defense. Your landlord may not take unilateral steps to prevent your access to the premises or to shut off utilities until a court order is issued and the sheriff has arrived to remove you. You will have a legal remedy if your landlord unlawfully attempts to evict you.

Served on 02/25/2019

ED EXHIBIT

HGW 085

Sign. Nadine Williams Date: 2/25/19

(Landlord or Landlord's authorized agent)

Print: Nadine A. Williams

10116 dessert trees street
Las vegas, Nevada 89141

HGW 086

Electronically Filed
02/22/2019
CLERK OF THE COURT

APPO

DISTRICT COURT,
FAMILY DIVISION,
CLARK COUNTY, NEVADA

Herman G. Williams.
Applicant,

Case No. T-19-A5232-T
Dept. I

vs.

Nadine A. Williams
Adverse Party.

APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE

Please write or print clearly. Use black or dark blue ink. Complete this Application to the best of your knowledge.

Applicant states the following facts under penalty of perjury:

1. Applicant's Date of Birth: 8/5/1969 Adverse Party's Date of Birth: 11/21/1982.
Relationship: I am the Husband
(for example, wife, ex-husband, girlfriend, father, sister, etc.) of the Adverse Party.
   A. Length of relationship: 15 years.
   B. Have you ever lived together? Yes [X] No [ ] If so, how long? 15 years.
   C. Are you living together now? Yes [X] No [ ]
   D. Date of Separation: None.
   E. We have child(ren) TOGETHER: Yes [X] No [ ] If yes, where and with whom are these child(ren) living? Both of us.
2. My address is: [ ] CONFIDENTIAL (If confidential, do not write address here)
If address is not confidential, write below:
Address 10116 Desert Trees St.
City Las Vegas County Clark State NV Zip Code 89141
I [ ] own [X] rent this residence. Lease/title is held in all the following name(s):
Nadine Williams.
How long have you been living in this residence? 3 years.
3. Adverse Party's address is:
Address 10116 Desert Trees St.
City Las Vegas County Clark State NV Zip Code 89141
How long has the Adverse Party been living in this residence? 3 years.

TYNO CODE APPD12106

DEFENDANT'S EXHIBIT X

SED EXHIBIT

HGW 087

T-19-586294-A

4. My place of employment is ☐ CONFIDENTIAL. (If confidential, do not write address here.) If not confidential, state place of employment.

Name of employer: Self Contracter with Copper

Address: 4810 N LAMB Blvd

City: LAS Vegas County: Clark State: N.V.

5. Adverse Party's employer is: Advance Health Care

Address: 385 W. Lake ST. ste 101

City: Henderson County: Clark State: NV Zip Code: 89015

6. (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed guardian or who live in my home, are as follows:

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
1. Abigail Williams	10/27/04	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Both
2. Herman III Williams	8/24/08	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Both
3. Matthew Williams	5/10/10	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Both
4. Elisha Williams	4/26/13	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Both
5.		Circle one Yes ☐ No ☐	Circle one Yes ☐ No ☐	
6.		Circle one Yes ☐ No ☐	Circle one Yes ☐ No ☐	

(b) Have you or the Adverse Party ever been awarded custody/guardianship of the minor child(ren) by Court Order? ☐ Yes ☒ No

Who was awarded custody/guardianship? ☐ Applicant ☐ Adverse Party

By what Court? N/A

Court Case No. (If known) _____

7. Please check the appropriate box, IF **YOU** or the **ADVERSE PARTY** have ever filed a case in any court for a ☐ Divorce, ☐ Custody, ☐ Paternity, ☐ Child Support, ☐ Guardianship, ☐ Order for Protection Against Domestic Violence, ☐ Stalking/Harassment Order. Please indicate when and where the case(s) was filed, and list the case number(s) if known.

none

8. (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year ☐ Yes ☒ No

(b) Is CPS currently involved with this family? ☐ Yes ☒ No

If yes, give details, including the caseworker's name:

9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? ☒ Yes ☐ No ☐ I don't know.

(b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? ☒ Yes ☐ No ☐ I don't know.

If yes, give details:

On 2/21/19 She and her boyfriend were in the home. My daughter walked in on them I am a convicted felon and I feel threated due to the fact that there are weapons in the house, and my children are there.

10. (a) ☑ I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.

(b) ☑ The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party.

In the following space, state the facts which support your Application. Be as specific as you can, starting with the most recent incident. Include the approximate dates and locations, and whether law enforcement or medical personnel have been involved.

THIS APPLICATION IS A PUBLIC RECORD

So in October of ~~2018~~ 2019 my wife called the police on me and they took me to a mental ward. I was there for 3 days. She has been Speaking around with this guy, She has been lying to me, She doesn't take care of the kids like she is suppose to. She recently got into an accident and her boyfriend picked her up from the hospital, She had him in my bedroom where I lay my head. My daughter caught him when he saw my daughter he closed the bedroom door and locked it. What if that was me? I don't know who he is I could have thought he was a robber and I could have done something. I live at the home, We are not seperated nor divorced. I feel threatened. My self and my children are in danger. She keeps telling me that I have to move out by March 1, 2019. She has a license to carry a weapon but, She keeps the weapons out in the open not in a Safe but, under the bed and in a closet And I am a convicted felon. I have minors in my home.

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

T: NO CODE APP012109

HGW 090

11. Have **YOU** ever been arrested or charged with domestic violence, or any other crime committed against your spouse, partner, or child(ren)? ☐ Yes ☒ No If yes, WHEN and where?

12. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)? ☐ Yes ☒ No ☐ I don't know If yes, WHEN and where?

13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply to YOU):

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☒ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☐ (D) Obtain law enforcement assistance to ☐ accompany me to the following residence,

☒ or ☐ to accompany the Adverse Party to the following residence, 10116 Desert Trees St Las Vegas NV 89141. to obtain personal property.

☒ (E) Grant temporary custody of the minor child(ren) to me.

☒ (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____

In the _____ Court of the State of _____

☒ (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at ☐ CONFIDENTIAL. (If confidential, do not write name of school and address here)

☐ If not confidential, write name of school and address(es) below:

(D) the boys' school

1. Name of school/daycare: Aldeane Comito Pies Elementary
   Address: 9850 S. Lindell Rd.
   City Las Vegas. Clark County NV State 89141

(B) the girl school

2. Name of school/daycare: Desert Oasis High School
   Address: 6600 W Erie Ave
   City Las Vegas County Clark State NV.

3. Name of school/daycare: _____
   Address: _____
   City _____ County _____ State _____

☒ (H) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☒ (I) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. _____
   Address: _____
   City _____ County _____ State _____

2. _____
   Address: _____
   City _____ County _____ State _____

3. _____
   Address: _____
   City _____ County _____ State _____

☒ (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (J) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (K) I further request the following other conditions:

_____

_____

_____

_____

_____

_____

IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION

14. ☒ I request the Court hold a hearing for an **EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate.

(Please check all the choice(s) that may apply to YOU).

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☒ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☒ (D) Grant temporary custody of the minor child(ren) to me.

☒ (E) Grant the Adverse Party visitation with the minor child(ren).

☒ (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You may be required to file an Affidavit of Financial Condition prior to the hearing.)

☒ (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay towards my support and maintenance.

☒ (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____ in the _____ Court of the State of _____.

(I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: ☐ CONFIDENTIAL (If confidential, do not write name of school and address here).

☐ If address is not confidential, please write name of school and address(es) below:

@ The boys School

1. Name of School/Daycare Aldeane Comito Bries Elementary
Address 9850 S. Linden Rd.
City Las Vegas County Clark State N.V.

@ The girl school.

2. Name of School/Daycare Desert Oasis High School.
Address: 16600 W. Erie Ave
City Las Vegas County Clark State N.V.

3. Name of School/Daycare _____
Address _____
City _____ County _____ State _____

(J) Order the Adverse Party to stay at least 100 yards away from my place of employment.

(K) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. Name _____
Address _____
City _____ County _____ State _____

2. Name _____
Address _____
City _____ County _____ State _____

3. Name _____
Address _____
City _____ County _____ State _____

☒ (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (L) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☒ (L) (3) I request the Court to specify the arrangements for the possession and care of any such animal owned or kept by the Adverse Party, the minor child(ren) or me.

☒ (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of my attendance at any hearing concerning this Application.

☐ (N) I further request the following other conditions:

_____

_____

_____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREFORE, AND BELIEVE THEM TO BE TRUE AND CORRECT

Date 2/22/19

Signature of Applicant

Herman Williams

Applicant's Name (Please Print)

Electronically Filed
02/25/2019
CLERK OF THE COURT

APPO

DISTRICT COURT,
FAMILY DIVISION,
CLARK COUNTY, NEVADA

Herman Williams, Applicant,

Case No. I-19-195270-T
Dept. I

vs.

Nadine Williams, Adverse Party.

APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE

Please write or print clearly. Use black or dark blue ink. Complete this Application to the best of your knowledge.

Applicant states the following facts under penalty of perjury:

1. Applicant's Date of Birth: 8/5/1969 Adverse Party's Date of Birth: 11/21/1982.

Relationship: I am the Husband.

(for example, wife, ex-husband, girlfriend, father, sister, etc.) of the Adverse Party.

A. Length of relationship: 15 years

B. Have you ever lived together? Yes [X] No [ ] If so, how long? _____

C. Are you living together now? Yes [X] No [ ]

D. Date of Separation: None

E. We have child(ren) TOGETHER: Yes [X] No [ ] If yes, where and with whom are these child(ren) living? Both of us.

2. My address is: [ ] CONFIDENTIAL. (If confidential, do not write address here)

If address is not confidential, write below:

Address 10116 Desert trees St.

City Las Vegas County Clark State NV Zip Code 89141

I [ ] own [X] rent this residence. Lease/title is held in all the following name(s):

Nadine Williams.

How long have you been living in this residence? 3 years

3. Adverse Party's address is:

Address 10116 Desert trees St.

City Las Vegas County Clark State NV Zip Code 89141

How long has the Adverse Party been living in this residence? 3 years.

T) MO CODE APP012109

HGW 096

DEFENDANT'S EXHIBIT ED EXHIBIT

4. My place of employment is ☐ CONFIDENTIAL (If confidential, do not write address here.) If not confidential, state place of employment.

Name of employer: Self Contracter with Copart.

Address: 4910 N Lamb Blvd.

City: Las Vegas County: Clark State: N.V.

5. Adverse Party's employer is: Advance Healthcare

Address: 38 S Water St Ste 100

City: Henderson County: Clark State: NV Zip Code: 89015

6. (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed guardian, or who live in my home, are as follows:

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
1. Abigail Williams	10/31/04	Circle one: Yes [X] No [ ]	Circle one: Yes [X] No [ ]	Both
2. Herman III Williams	8/24/08	Circle one: Yes [X] No [ ]	Circle one: Yes [X] No [ ]	Both
3. Matthew Williams	5/10/10	Circle one: Yes [X] No [ ]	Circle one: Yes [X] No [ ]	Both
4. Elisha Williams	4/26/13	Circle one: Yes [X] No [ ]	Circle one: Yes [X] No [ ]	Both
5.		Circle one: Yes [ ] No [ ]	Circle one: Yes [ ] No [ ]	
6.		Circle one: Yes [ ] No [ ]	Circle one: Yes [ ] No [ ]	

(b) Have you or the Adverse Party ever been awarded custody/guardianship of the minor child(ren) by Court Order? ☐ Yes [X] No

Who was awarded custody/guardianship? ☐ Applicant ☐ Adverse Party

By what Court? N/A

Court Case No. (if known)

7. Please check the appropriate box, IF **YOU** or the **ADVERSE PARTY** have ever filed a case in any court for a ☐ Divorce, ☐ Custody, ☐ Paternity, ☐ Child Support, ☐ Guardianship, ☒ Order for Protection Against Domestic Violence, ☐ Stalking/Harassment Order. Please indicate when and where the case(s) was filed, and list the case number(s) if known.

T-19-195232T Dept I.

8. (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year ☐ Yes ☒ No

(b) Is CPS currently involved with this family? ☐ Yes ☒ No

If yes, give details, including the caseworker's name:

9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? ☒ Yes ☐ No ☐ I don't know.

(b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? ☒ Yes ☐ No ☐ I don't know.

If yes, give details:

She assaulted her mother on 2/23/19 in the Home in front of her boyfriend and children. My children are scared they don't want to stay there with their mother. She hit my daughter with a flying pan in October of 2018. It is all documented in my daughters records.

10. (a) ☒ I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.

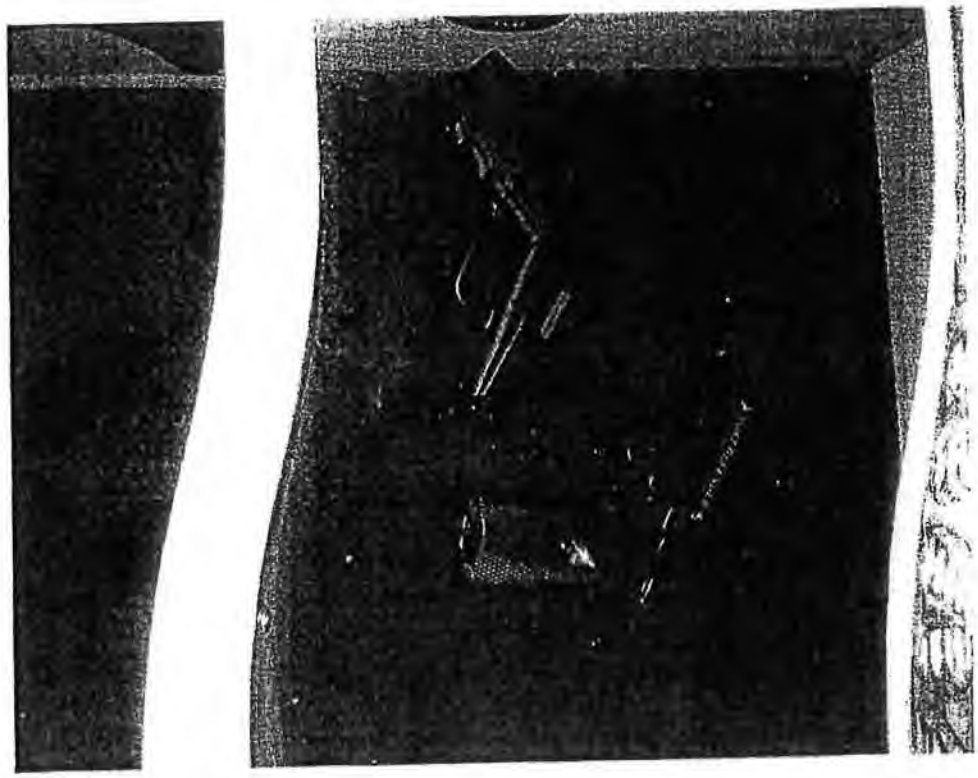
(b) ☒ The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party.

In the following space, state the facts which support your Application. Be as specific as you can, starting with the most recent incident. Include the approximate dates and locations, and whether law enforcement or medical personnel have been involved.

THIS APPLICATION IS A PUBLIC RECORD

On 2/23/19 I wanted to go home and take a shower, So I called to have a peace officer sent to the home so I could do it peace. In the process of me calling, my mother In Law called on the other phone, screaming to call the police that her daughter had pushed her out of the door and choked her in front of the children. She was screaming that she is not welcomed in the home and told her to get the hell out. Her mother has been living with us since we moved to Vegas. At this point it is a hostile environment for myself my children and my mother In Law. She still has guns in the home. I have text messages from her tell me that she has packed all of my belongings. She is trying to do an Illegal Eviction. I just want a safe environment for myself my children and my mother In law. She turned off all phones and threatened my children for them not to go anywhere with me. My daughter called me yesterday and sent me a picture stating that she left the guns in a draw, where they can get access to them. No locks the draw or the gun. They are scared.

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.



HGW 100

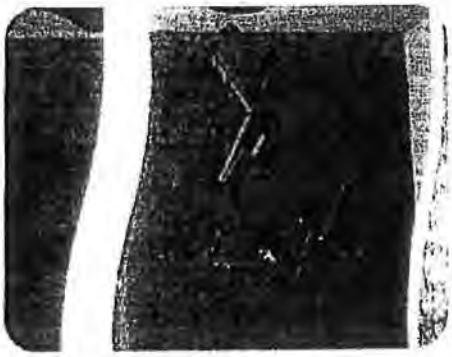
HGW 102

46% 9:14 AM

Mother In Law
+17023545420

Sunday, February 24, 2019

M <Subject: NoSubject>

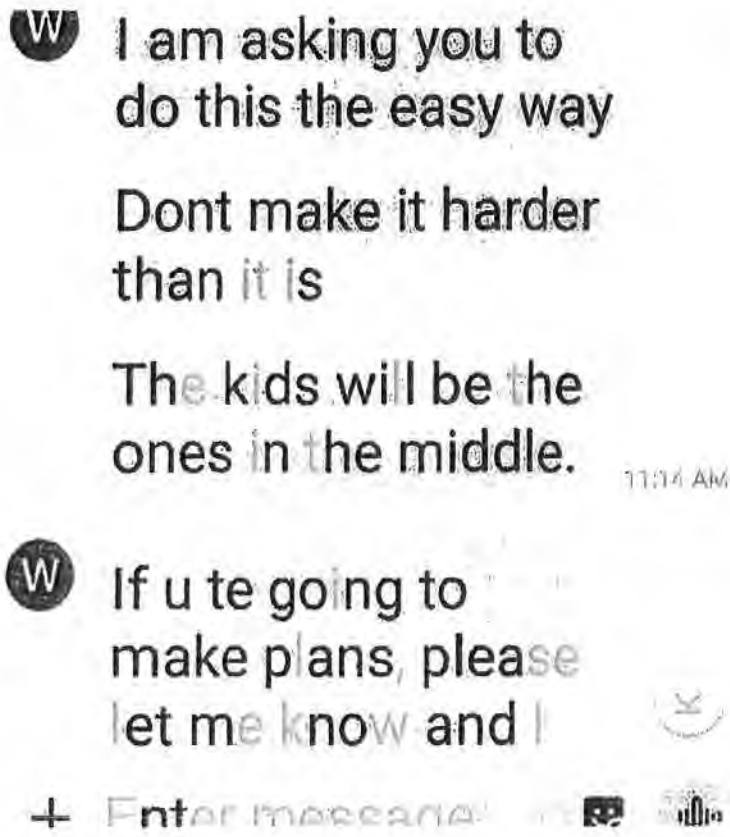


MMS
10:33 PM

Monday, February 25, 2019

M She is here now

HGW 103


I am asking you to do this the easy way
Dont make it harder than it is
The kids will be the ones in the middle.
11:14 AM
If u te going to make plans, please let me know and I

make plans, please let me know and I will do the same

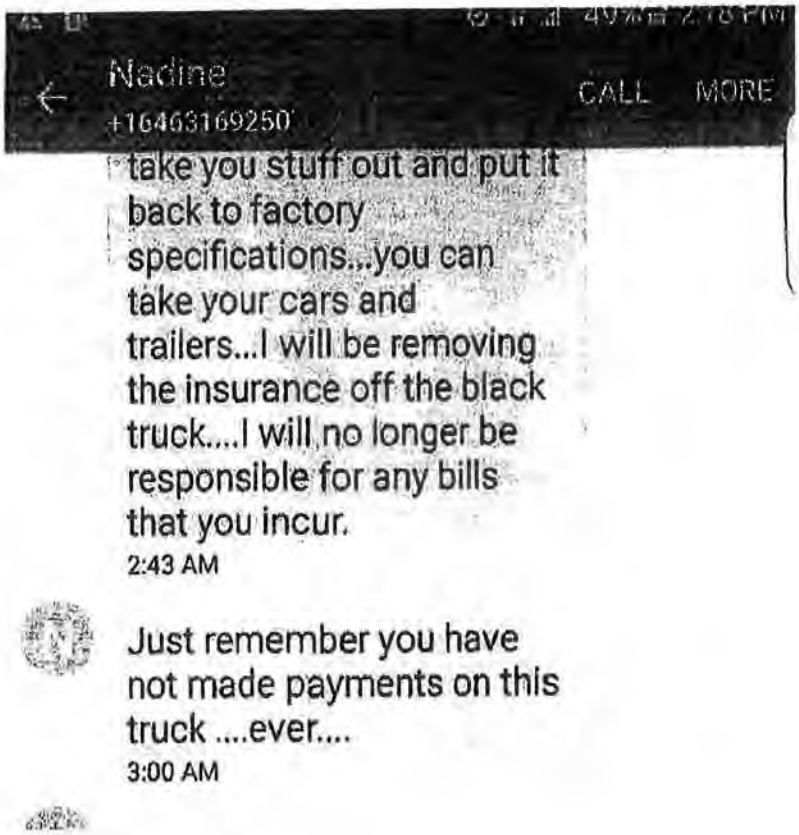
11:15 AM

W I have no plans for next weekend with them...so you can take them

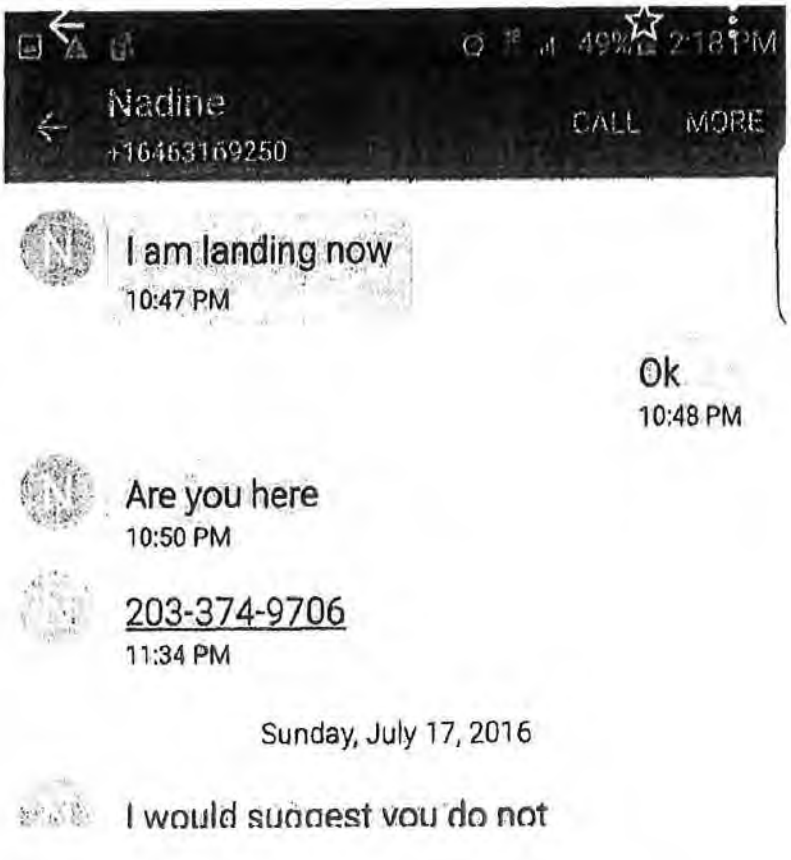
11:19 AM

W All the stuff are packed and in thr closet down stairs

HGW 105


Nadine
+16463169250
CALL
MORE
take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
2:43 AM
Just remember you have not made payments on this truck ....ever....
3:00 AM

HGW 106


49% 2:18 PM
Nadine
+16463169250
CALL
MORE
I am landing now
10:47 PM
Ok
10:48 PM
Are you here
10:50 PM
203-374-9706
11:34 PM
Sunday, July 17, 2016
I would suggest you do not

HGW 107

11. Have **YOU** ever been arrested or charged with domestic violence, or any other crime committed against your spouse, partner, or child(ren)? ☐ Yes ☒ No If yes, WHEN and where?

_____

_____

_____

12. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)? ☐ Yes ☐ No ☒ I don't know If yes, WHEN and where?

_____

_____

_____

13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply to **YOU**):

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☒ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☐ (D) Obtain law enforcement assistance to ☐ accompany me to the following residence,

_____,

☒ or ☒ to accompany the Adverse Party to the following residence, 10110 Desert Trees St. Las Vegas NV 89141 to obtain personal property.

☒ (E) Grant temporary custody of the minor child(ren) to me.

☒ (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____

in the _____ Court of the State of _____.

☒ (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at ☐ CONFIDENTIAL. (If confidential, do not write name of school and address here)

☐ If not confidential, write name of school and address(es) below:

Boys School ①

1. Name of school/daycare: Aldeane Comito Res Elementary
   Address: 9850 S. Lindell Rd.
   City Las Vegas County Clark State NV

Girl School

2. Name of school/daycare: Desert Oasis High School
   Address: 16600 W Erie Ave
   City Las Vegas County Clark State NV

3. Name of school/daycare: _____
   Address: _____
   City _____ County _____ State _____

☒ (H) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (I) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. _____
   Address: _____
   City _____ County _____ State _____

2. _____
   Address: _____
   City _____ County _____ State _____

3. _____
   Address: _____
   City _____ County _____ State _____

☒ (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (J) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (K) I further request the following other conditions:

_____

_____

_____

_____

_____

_____

IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION

14. ☒ I request the Court hold a hearing for an EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate.

(Please check all the choice(s) that may apply to YOU).

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☒ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☒ (D) Grant temporary custody of the minor child(ren) to me.

☒ (E) Grant the Adverse Party visitation with the minor child(ren).

☒ (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You may be required to file an Affidavit of Financial Condition prior to the hearing.)

☒ (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay towards my support and maintenance.

☒ (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____ in the _____ Court of the State of _____.

☐ (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: ☐ CONFIDENTIAL (If confidential, do not write name of school and address here).

☐ If address is not confidential, please write name of school and address(es) below:

1. Name of School/Daycare Alkeare Corrito Pies Elementary
Address 9850 S. Lindell Rd.
City Las Vegas County Clark State N.V.
2. Name of School/Daycare Desert Oasis High School
Address: 16600 W Erie Ave
City Las Vegas County Clark State N.V.
3. Name of School/Daycare _____
Address _____
City _____ County _____ State _____

☒ (J) Order the Adverse Party to stay at least 100 yards away from my place of employment.

_ (K) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. Name _____
Address _____
City _____ County _____ State _____
2. Name _____
Address _____
City _____ County _____ State _____
3. Name _____
Address _____
City _____ County _____ State _____

☒ (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (L) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☒ (L) (3) I request the Court to specify the arrangements for the possession and care of any such animal owned or kept by the Adverse Party, the minor child(ren) or me.

☒ (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of my attendance at any hearing concerning this Application.

☐ (N) I further request the following other conditions:

_____

_____

_____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREFORE, AND BELIEVE THEM TO BE TRUE AND CORRECT

Date 2/25/19

Herman Williams

Signature of Applicant

Herman Williams

Applicant's Name (Please Print)

Electronically Filed
03/20/2019
CLERK OF THE COURT

APPO

DISTRICT COURT,
FAMILY DIVISION,
CLARK COUNTY, NEVADA

Herman G. Williams
Applicant,

Case No. T-19-195837-T

On behalf of Minors: Abigail, Herman III, Matthew and Elisha WILLIAMS,

vs.

Dept. J

Nadine A. Williams
Adverse Party.

APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE

Please write or print clearly. Use black or dark blue ink. Complete this Application to the best of your knowledge.

Applicant states the following facts under penalty of perjury

1. Applicant's Date of Birth: 8/5/1969 Adverse Party's Date of Birth: 11/21/82.
   Relationship: I am the husband / father.
   (for example, wife, ex-husband, girlfriend, father, sister, etc.) of the Adverse Party
   A. Length of relationship: 15 yrs.
   B. Have you ever lived together? Yes [✓] No [ ] If so, how long? 15yrs.
   C. Are you living together now? Yes [ ] No [X]
   D. Date of Separation: March 8, 2019.
   E. We have child(ren) **TOGETHER**: Yes [✓] No [ ] If yes, where and with whom are these child(ren) living? Father, LAS Vegas.
2. My address is: [X] **CONFIDENTIAL.** (If confidential, do not write address here)
   If address is not confidential, write below:
   Address _____
   City _____ County _____ State _____ Zip Code _____
   I [ ] own [X] rent this residence. Lease/title is held in all the following name(s):
   Herman Williams.
   How long have you been living in this residence? March 8, 2019
3. Adverse Party's address is:
   Address 10116 Desert trees St.
   City Las Vegas County Clark State NV Zip Code 89141
   How long has the Adverse Party been living in this residence? 3yrs.

T:\ NO CODE APP012109

HGW 113

DEFENDANT'S EXHIBIT 2

ADMITTED EXHIBIT

291

4. My place of employment is ☒ **CONFIDENTIAL.** (If confidential, do not write address here.) If not confidential, state place of employment.

Name of employer: Self-Employed

Address: _____

City _____ County _____ State _____

5. Adverse Party's employer is _____

Address _____

City _____ County ____ State ____ Zip Code _____

6. (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed guardian, or who live in my home, are as follows:

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
1. Abigail Williams	10-22-04	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Father
2. Herman III Williams	8-24-08	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Father
3. Matthew Williams	5-13-10	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Father
4. Elisha Williams	4-26-13	Circle one Yes ☒ No ☐	Circle one Yes ☒ No ☐	Father
5.		Circle one Yes ☐ No ☐	Circle one Yes ☐ No ☐	
6.		Circle one Yes ☐ No ☐	Circle one Yes ☐ No ☐	

(b) Have you or the Adverse Party ever been awarded custody/guardianship of the minor child(ren) by

Court Order? ☐ Yes ☒ No

Who was awarded custody/guardianship? ☐ Applicant ☐ Adverse Party

By what Court? _____

Court Case No. (if known) _____

7. Please check the appropriate box. IF YOU or the **ADVERSE PARTY** have ever filed a case in any court for a: ☒ Divorce, ☐ Custody, ☐ Paternity, ☐ Child Support, ☐ Guardianship, ☐ Order for Protection Against Domestic Violence, ☐ Stalking/Harassment Order. Please indicate when and where the case(s) was filed, and list the case number(s) if known.

Las Vegas, NV Family courts. / Pending approval of Fee Waiver No case no. yet

8. (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year? ☒ Yes ☐ No

(b) Is CPS currently involved with this family? ☒ Yes ☐ No

If yes, give details, including the caseworker's name:

Kimberly Gipson-Brooks, JF Family Services Specialist

9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? ☒ Yes ☐ No ☐ I don't know.

(b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? ☒ Yes ☐ No ☐ I don't know.

If yes, give details:

Not with a gun, But she has physically Beat the children with objects, such as phones, a pc. pipe., kicked the child in his Back hurt the 5yr old with a shoe. etc.

10. (a) ☐ I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.

(b) ☒ The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party.

In the following space, state the facts which support your Application. Be as specific as you can, starting with the most recent incident. Include the approximate dates and locations, and whether law enforcement or medical personnel have been involved.

THIS APPLICATION IS A PUBLIC RECORD

On March 19, 2019 She went to the boys school to try and pull them from class. She made a scene at the school. The boys thought it was me the father to pick them up, but when they saw that it was their mother they started crying and did not want to leave with her. The school had called me to let me know what was happening, so I went back to the school to get my children. They were scared of her. She beat my daughter, pulled her her hair like she was animal, dragged her around her room because she wanted her phone and broke the phone when she got it. She only does this when I am not around the children come and tell me what going on. I was either at work or in New York when these incidents occurred

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

T: NO CODE APP012109

HGW 116

11. Have **YOU** ever been arrested or charged with domestic violence, or any other crime committed against your spouse, partner, or child(ren)? ☐ Yes ☒ No If yes, WHEN and where?

_____

_____

_____

12. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)? ☐ Yes ☒ No ☐ I don't know If yes, WHEN and where?

_____

_____

_____

13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply to **YOU**):

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☐ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☐ (D) Obtain law enforcement assistance to ☐ accompany me to the following residence

_____;

☐ or ☐ to accompany the Adverse Party to the following residence, _____

_____ to obtain personal property.

☒ (E) Grant temporary custody of the minor child(ren) to me.

☐ (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____

in the _____ Court of the State of _____

☒ (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at ☐ **CONFIDENTIAL.** (If confidential, do not write name of school and address here)

☐ If not confidential, write name of school and address(es) below:

1. Name of school/daycare: Preis Elementary
   Address: 9805 S Lindell Rd
   City Las Vegas County Clark State NV

The boys School.

2. Name of school/daycare: Desert Oasis H.S.
   Address: 6600 W Erie Ave
   City Las Vegas County Clark State NV

Abigail's School

3. Name of school/daycare: _____
   Address: _____
   City _____ County _____ State _____

☒ (H) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (I) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. _____
   Address: _____
   City _____ County _____ State _____
2. _____
   Address: _____
   City _____ County _____ State _____
3. _____
   Address: _____
   City _____ County _____ State _____

☐ (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (J) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (K) I further request the following other conditions:

_____

_____

_____

_____

_____

_____

IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION

14. ☒ I request the Court hold a hearing for an **EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate.

(Please check all the choice(s) that may apply to **YOU**).

☒ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☐ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☒ (D) Grant temporary custody of the minor child(ren) to me.

☐ (E) Grant the Adverse Party visitation with the minor child(ren).

☐ (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You may be required to file an Affidavit of Financial Condition prior to the hearing.)

☐ (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay towards my support and maintenance.

☐ (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____ in the _____ Court of the State of _____

☒ (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: ☐ CONFIDENTIAL (If confidential, do not write name of school and address here).

☒ If address is not confidential, please write name of school and address(es) below:

1. Name of School/Daycare Reis Elementary
Address 9805 S. Lindell Rd
City Las Vegas County Clark State NV
2. Name of School/Daycare Desert Oasis H.S
Address: 6600 W Erie Ave.
City Las Vegas County Clark State NV
3. Name of School/Daycare _____
Address _____
City _____ County _____ State _____

☐ (J) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (K) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. Name _____
Address _____
City _____ County _____ State _____
2. Name _____
Address _____
City _____ County _____ State _____
3. Name _____
Address _____
City _____ County _____ State _____

☐ (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (L) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (L) (3) I request the Court to specify the arrangements for the possession and care of any such animal owned or kept by the Adverse Party, the minor child(ren) or me.

☐ (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of my attendance at any hearing concerning this Application.

☐ (N) I further request the following other conditions:

_____

_____

_____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREFORE, AND BELIEVE THEM TO BE TRUE AND CORRECT

Date 3/20/19

_____

Signature of Applicant

Herman Williams

Applicant's Name (Please Print)

Electronically Filed
10/24/2019
CLERK OF THE COURT

APPO

DISTRICT COURT,
FAMILY DIVISION,
CLARK COUNTY, NEVADA

Herman Williams
Applicant.

Case No. T-19-201229-T
Dept 70D

vs.

Nadine Williams
Adverse Party.

APPLICATION FOR A TEMPORARY AND/OR EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE

Please write or print clearly. Use black or dark blue ink. Complete this Application to the best of your knowledge.

Applicant states the following facts under penalty of perjury:

1. Applicant's Date of Birth: 8/5/1969 Adverse Party's Date of Birth 11/2/81

   Relationship: I am the Husband
   (for example, wife, ex-husband, girlfriend, father, sister, etc.) of the Adverse Party

   A. Length of relationship: 15 years

   B. Have you ever lived together? Yes ☒ No ☐ If so, how long? 15

   C. Are you living together now? Yes ☐ No ☒

   D. Date of Seperation: March 8, 2019.

   E. We have child(ren) TOGETHER Yes ☒ No ☐ If yes, where and with whom are these child(ren) living? Myself - all 4 children

2. My address is: ☐ CONFIDENTIAL (If confidential, do not write address here)

   If address is not confidential, write below:

   Address 4018 Adabella Ave #204

   City Las Vegas County Clark State NV Zip Code 89115

   I ☐ own ☒ rent this residence. Lease/title is held in all the following name(s):

   How long have you been living in this residence? March 8, 2019.

3. Adverse Party's address is:

   Address 10116 Desert trees St

   City Las Vegas County Clark State NV Zip Code 89141

   How long has the Adverse Party been living in this residence? 3 years

T: NO CODE APP012109

DEFENDANT'S EXHIBIT

ED EXHIBIT

HGW 122

4. My place of employment is ☐ **CONFIDENTIAL** (If confidential, do not write address here) If not confidential, state place of employment.

Name of employer: Self-Employed

Address: _____

City _____ County _____ State _____

5. Adverse Party's employer is Advance Health Care.

Address: 38 S. Water St Ste 100

City Henderson County ___ State NV Zip Code 89015

6. (a) The name(s) and date(s) of birth of the minor child(ren) of whom I am the parent, appointed guardian, or who live in my home, are as follows:

NAME (first and last)	DATE OF BIRTH	APPLICANT'S CHILD (Yes/No)	ADVERSE PARTY'S CHILD (Yes/No)	WHO CHILD LIVES WITH
1. Abigail Williams	10/27/04	Circle one (Yes) No	Circle one (Yes) No	Father
2. Herman Williams III	8/24/08	Circle one (Yes) No	Circle one (Yes) No	Father
3. Matthew Williams	5/13/10	Circle one (Yes) No	Circle one (Yes) No	Father
4. Elisha Williams	4/26/13	Circle one (Yes) No	Circle one (Yes) No	Father
5.		Circle one Yes No	Circle one Yes No	
6.		Circle one Yes No	Circle one Yes No	

(b) Have you or the Adverse Party ever been awarded custody/guardianship of the minor child(ren) by Court Order? ☐ Yes ☐ No

Who was awarded custody/guardianship ☐ Applicant ☐ Adverse Party

By what Court? _____

Court Case No. (if known) _____

7. Please check the appropriate box, if **YOU** or the **ADVERSE PARTY** have ever filed a case in any court for a ☒ Divorce, ☐ Custody, ☐ Paternity, ☐ Child Support, ☐ Guardianship, ☒ Order for Protection Against Domestic Violence, ☐ Stalking/Harassment Order. Please indicate when and where the case(s) was filed, and list the case number(s) if known.

8. (a) Has CHILD PROTECTIVE SERVICES (CPS) ever been contacted regarding any member of the household in the past year? ☒ Yes ☐ No

(b) Is CPS currently involved with this family? ☒ Yes ☐ No

If yes, give details, including the caseworker's name: Case Worker: Kimberly Gibson March 2019 - Sept 2019.

9. (a) Does the Adverse Party possess a firearm, or does the Adverse Party have a firearm under his or her custody or control? ☒ Yes ☐ No ☐ I don't know.

(b) Has the Adverse Party ever threatened, harassed, or injured you, the minor child(ren), or anyone else with a firearm or any other weapon? ☐ Yes ☐ No ☒ I don't know.

If yes, give details:

10. (a) ☐ I have been or reasonably believe I will become a victim of domestic violence committed by the Adverse Party.

(b) ☒ The child(ren) have been or are in danger of becoming a victim of domestic violence committed by the Adverse Party.

In the following space, state the facts which support your Application. Be as specific as you can, starting with the most recent incident. Include the approximate dates and locations, and whether law enforcement or medical personnel have been involved.

THIS APPLICATION IS A PUBLIC RECORD

10/23/19. Adverse party was called to my house by Abigail Williams (daughter) so she can pick her up. She stated that she wanted to go back with her mother but, She can't, the mother only sees the children every Sat from the hours of 10 AM - 6PM that was ordered by the court the police were called and they spoke with the mother, She is not allowed any where near my home they escorted her off of the property She and her boyfriend were asked to leave. The court papers clearly state that I have to drop them off every Sat so she can visit with them and I am to drop them off on Blue diamond & Rainbow @ the Mcdonalds That IS the meeting point, not at my home @ 10 'clock at night She is in violation of telling the children that I am in contempt of court. She is not allowed to pick the children up for this weekend, there are no any papers drawn up by the court. Stating that. She told them that She would come to their schools to pick them up She is not allowed to. The mother and boyfriends behavior was aloof and obstructive when asked to leave the property. They created such a scene demanding that the children come out of the home provoking a physical

PLEASE DO NOT WRITE ON THE BACKS OF ANY PAGES.

altercation that the officer advised me to come down and request a TPO on the following day.

T: NOCORR APP012109

HGW 125

11. Have **YOU** ever been arrested or charged with domestic violence, or any other crime committed against your spouse, partner, or child(ren)? ☐ Yes ☒ No If yes, WHEN and where?

12. To your knowledge, has the **ADVERSE PARTY** ever been arrested or charged with domestic violence, or any other crime committed against his/her spouse, partner, or child(ren)? ☐ Yes ☒ No ☐ I don't know

If yes, WHEN and where?

Not arrested but CPS was called for the hitting the children

13. An emergency exists, and I need a **TEMPORARY ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** issued immediately, without notice to the Adverse Party, to avoid irreparable injury or harm. I request that it include the following relief, and any other relief the Court deems necessary in an emergency situation. (Please check all the choice(s) that may apply to **YOU**).

☐ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☐ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☐ (D) Obtain law enforcement assistance to ☐ accompany me to the following residence, _____

or ☐ to accompany the Adverse Party to the following residence, _____

_____ to obtain personal property.

☐ (E) Grant temporary custody of the minor child(ren) to me.

☐ (F) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____

in the _____ Court of the State of _____

☒ (G) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at ☐ **CONFIDENTIAL.** (If confidential, do not write name of school and address here)

☐ If not confidential, write name of school and address(es) below:

Matthew and Elisha Williams

1. Name of school/daycare: Woolley Elementary School
   Address: 3955 Timberlake Drive
   City Las Vegas County Clark State NV

Herman Williams III

2. Name of school/daycare: Marvin H. Sedway Middle School
   Address: 3405 Englestad St.
   City North Las Vegas County Clark State NV

Abigail Williams Transfer on Mon 10/29

3. Name of school/daycare: Desert Oasis H.S.
   Address: 6600 W Erie Ave
   City Las Vegas County Clark State NV

☒ (H) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (I) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly.

1. _____
   Address: _____
   City _____ County _____ State _____

2. _____
   Address: _____
   City _____ County _____ State _____

3. _____
   Address: _____
   City _____ County _____ State _____

☐ (J) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (J) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (K) I further request the following other conditions:

_____

_____

_____

_____

_____

_____

IF YOU WISH TO APPLY FOR A HEARING FOR AN EXTENDED ORDER FOR PROTECTION COMPLETE THE FOLLOWING INFORMATION

14. ☒ I request the Court hold a hearing for an **EXTENDED ORDER FOR PROTECTION AGAINST DOMESTIC VIOLENCE** (which could be in effect for up to one year), and at that hearing the Court issue an Extended Order for Protection Against Domestic Violence and that it include the following relief and any other relief the Court deems appropriate.

(Please check all the choice(s) that may apply to **YOU**)

☐ (A) Prohibit the Adverse Party, either directly or through an agent, from threatening, physically injuring, or harassing me and/or the minor child(ren).

☐ (B) Prohibit the Adverse Party from any contact with me whatsoever.

☒ (C) Exclude the Adverse Party from my residence and order the Adverse Party to stay at least 100 yards away from my residence.

☐ (D) Grant temporary custody of the minor child(ren) to me.

☐ (E) Grant the Adverse Party visitation with the minor child(ren).

☐ (F) Order the Adverse Party to pay support and maintenance of the minor child(ren). (You may be required to file an Affidavit of Financial Condition prior to the hearing.)

☐ (G) Order the Adverse Party to pay the rent or make payments on a mortgage or pay towards my support and maintenance.

☐ (H) Order that custody, visitation, and support of the minor child(ren) remain as ordered in the Decree of Divorce/Order entered in Case Number _____ in the _____ Court of the State of _____.

☒ (I) Order the Adverse Party to stay at least 100 yards away from the minor child(ren)'s school, or day care, located at: ☐ **CONFIDENTIAL** (If confidential, do not write name of school and address here).

☐ If address is not confidential, please write name of school and address(es) below:

Matthew and Elisha Williams

1. Name of School/Daycare: Wallley Elementary School
   Address: 3955 Timberlake Drive
   City: LAS Vegas County: Clark State: NV

Herman Williams III

2. Name of School/Daycare: Marvin M. Sedway Middle School.
   Address: 3465 Englestad St.
   City: North LAS Vegas County: Clark State: NV

Abagail Williams

3. Name of School/Daycare: Desert Oasis H.S.
   Address: 6600 W. Erie Ave
   City: LAS Vegas County: Clark State: NV

☒ (J) Order the Adverse Party to stay at least 100 yards away from my place of employment.

☐ (K) Order the Adverse Party to stay at least 100 yards away from the following places which I or the minor child(ren) frequent regularly:

1. Name _____
   Address _____
   City _____ County _____ State _____
2. Name _____
   Address _____
   City _____ County _____ State _____
3. Name _____
   Address _____
   City _____ County _____ State _____

☐ (L) (1) Prohibit the Adverse Party, either directly or through an agent, from physically injuring or threatening to injure any animal that is owned or kept by the Adverse Party, the minor child(ren), or me.

☐ (L) (2) Prohibit the Adverse Party, either directly or through an agent, from taking possession of any animal owned or kept by me or the minor child(ren).

☐ (L) (3) I request the Court to specify the arrangements for the possession and care of any such animal owned or kept by the Adverse Party, the minor child(ren) or me.

☐ (M) Order the Adverse Party to pay for lost earnings and expenses incurred as a result of my attendance at any hearing concerning this Application.

☐ (N) I further request the following other conditions:

_____

_____

_____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF NEVADA THAT I HAVE READ THE STATEMENTS CONTAINED IN THIS APPLICATION, KNOW THE CONTENTS THEREFORE, AND BELIEVE THEM TO BE TRUE AND CORRECT

Date 10/24/19

Signature of Applicant

Herman Williams

Applicant's Name (Please Print)

Las Vegas Metropolitan Police Department
400 S. Martin Luther King Blvd.
Las Vegas, NV 89106

Exhibit F

Case Report No.: LLV19030031370

Administrative

Location: 10116 DESERT TREES ST LAS VEGAS
Occurred On (Date / Time): Wednesday 3/27/2019 8:00:00 AM
Reporting Officer: 16023 - Ruiz Sunzo, Juan
Entered By: 16023 - Ruiz Sunzo, Juan
Related Cases:

Or Between (Date / Time): Wednesday 3/27/2019 5:00:00 PM
Reported On: 3/27/2019
Entered On: 6/18/2019 9:15:08 PM

Sector / Beat: 04
Jurisdiction: Clark County
Accident Involved:

Traffic Report: No
Place Type:

Offenses:

Burglary, (1st)(F)-NRS 205.060.2
Completed: Yes
Entry: Forcible
Weapons:
Criminal Activities:
Domestic Violence:
Premises Entered:

Victims:

Hate/Bias: Unknown (Offenders Motivation Not Known)
Type Security: Dog
Location Type: Residence/Home
Tools:

Name: Williams, Nadine

Victim Type: Individual
Victim of: 30424 - Burglary, (1st)(F)-NRS 205.060.2
Written Statement: No

DOB: 11/21/1982
Age: 36
Sex: Female
Race: Black or African American
Can ID Suspect: No
Height: 5' 11"
Weight: 195
Hair Color: Brown
Ethnicity: Not Hispanic or Latino
Eye Color: Brown
Employer/School:
Occupation/Grade:
Injury:
Work Schedule:
Injury Weapons:

Addresses
Residence: 10116 Desert Trees St Las Vegas, NV 89141

Phones
Cellular: (646) 316-3269

Offender Relationships:
Notes:

Properties: ()

Type: Jewelry / Precious Metals
Status: Stolen
Description: White gold diamond rings
Manufacturer:
Vehicle Year:
Lic Plate #:
Insurance Company:
Owner: V - Williams, Nadine
Notes:
Quantity: 2
Model:
Body Type:
Lic Plate State:
Value: 2,000.00
Serial No.\VIN:
Lic Plate Exp:
Color: White

Type: Jewelry / Precious Metals
Status: Stolen
Description: Gold chain
Manufacturer:
Vehicle Year:
Lic Plate #:
Insurance Company:
Owner: V - Williams, Nadine
Notes:
Quantity: 1
Model:
Body Type:
Lic Plate State:
Value: 400.00
Serial No.\VIN:
Lic Plate Exp:
Color: Gold

Type: Jewelry / Precious Metals
Status: Stolen
Description: Guess watch
Manufacturer: Guess
Vehicle Year:
Lic Plate #:
Insurance Company:
Owner: V - Williams, Nadine
Quantity: 1
Model:
Body Type:
Lic Plate State:
Value: 200.00
Serial No.\VIN:
Lic Plate Exp:
Color: Gold

6/26/2019 3:20 PM

LLV19030031370

DEFENDANT'S EXHIBIT BR

ED EXHIBIT

HGW 131

Page 2

Exhibit F

Notes:

Narrative

On 03/27/19, I made contact with Williams, Nadine,DOB 11/21/82 who told me that she left her residence at about 0800 hours and later returned at about 1700 hours. Williams stated that she left all the doors of the residence locked, including her room's door. Williams said that she entered the house throw the garage and then she went outside throw the front door to pick up her mail. Williams said that went she returned to the house she noticed that her plants were missing, Williams then said that she noticed that the rubber of the frame was messed with. Williams then went to her room and she noticed that the door was opened. At that point Williams saw that her rings' box was open and she was missing the items listed before.

Williams stated that no one has permission to get in her house. Williams also wanted to prosecute.

********** Updated by P9806W **********

I ran Herman Williams through LeadsOnline and found that he pawned two rings at the EZPawn #E0113 (3010 S. Valley View) on 3/28/19 at 1000 hours. The ticket number is 0194165. Based on the details and after speaking to Nadine, this is going to be a civil matter between she and her husband.

********** End of Update **********

HGW 132

03/01/2019	**Status Check (8:30 AM) (Judicial Officer Cholini, Amy)**
	No bail posted
	Result: Matter Heard
03/01/2019	**Payment In Court**
03/01/2019	**Defendant Stayed Out of Trouble**
03/01/2019	**Case Closed - Requirement(s) Completed**
03/01/2019	**Minute Order - Department 14**

Financial Information

	Defendant WILLIAMS, HERMAN			
	Total Financial Assessment			250.00
	Total Payments and Credits			250.00
	Balance Due as of 06/27/2019			0.00
02/01/2019	Transaction Assessment			250.00
03/01/2019	Payment (Court)	Receipt # CRS-2019-00728	WILLIAMS, HERMAN	(250.00)

I gave defendant a check for 250.00. on 3/1/19

Exhibit "A" -APPENDIX A

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PROPERTY REPORT

Date of LVMPD Possession	Time of LVMPD Possession	Page(s)
11-24-18	0115	1 OF 1

Event # 181200045113

Incident: FAMILY DISTURBANCE

☐ EVIDENCE ☐ Felony ☐ Gross Misd ☐ Misdemeanor
List Other Related Event #'s (if any):

☐ NO EVIDENTIARY Value: ☐ No Owner Identified ☐ Destroy ☐ Return To DMV

☒ SAFEKEEPING Must provide Owner info in Persons Section AND identify Owner # for each Item Listed

FIREARM IMPOUNDED DUE TO: ☐ Temporary Protective Order (TPO) ☐ Extended Order of Protection

Task Force Officers from Other Jurisdictions: PRINT LVMPD SGT Name & P#

Impounding Officer (Print Name):	Unit	P# / Initials
F. BREC	1033	E16206B
Supervisor Approving (Signature):	Unit 771	P# / Initials [illegible]

PERSONS - (S)USPECT / (V)ICTIM / (O)WNER / (F)INDER

SO OO VO FO #	Last Name	First Name, MI	DOB	Phone #	Charge(s)
1	WILLIAMS	NADINE	11-21-82		—
Street Address		City	State	Zip Code	Arrest Date / ID#
11016 DESERT TREE		LV NV		89141	— / —
SO OO VO FO #	Last Name	First Name, MI	DOB	Phone #	Charge(s)
Street Address		City	State	Zip Code	Arrest Date / ID#
SO OO VO FO #	Last Name	First Name, MI	DOB	Phone #	Charge(s)
Street Address		City	State	Zip Code	Arrest Date / ID#

FIELD RELEASE ONLY: Released Item(s) # | By Officer P# & Initials | Date Released | Released to Owner (Above Person) # | Owner's Signature

(Relating to Impound) ITEM #1 IMPOUNDED FOR SAFEKEEPING - OWNERS HUSBAND Threatened Suicide w/ Firearm

PKG	ITEM	OWNER	MAKE/Brand	MODEL	COLOR	Serial # / OAN State & Govt. Issued ID #'s	Qty	PROPERTY DESCRIPTION
1	1	1	SCCY	CPX2	BLK	686338	1	BLK SCCY HANDGUN
1	2	1	—	—	—	—	1	EMPTY MAGAZINE

UNLAWFUL DISSEMINATION of this Restricted information is PROHIBITED. Violation will subject the offender to Criminal and Civil liability
Rel. To: WILLIAMS NADINE
Date: 6/20/19
Las Vegas Metropolitan Police Department
By: [signature]

↑ Corresponds to # Listed in PERSONS section (Suspect / Victim / Owner / Finder)

Distribution: White: Records/Onbase | Yellow: Evidence Vault | Pink: Citizen

DEFENDANT'S EXHIBIT CC

ED EXHIBIT

HGW 134

State of Nevada
Department of Motor Vehicles
Credit/Debit Card Transaction Record

Branch: LAS VEGAS DMV - W. FL
Technician: 7786
Date / Time: 5/25/2019 09:16:43

Reference Number: 130142399
Transaction Type: Payment
Trace Number: 0000000
Card Number: 0149
Amount: 501.00
Approval Code: 5588009977966478003061

Cardmember acknowledges the receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer.

HERMAN WILLIAMS

SED EXHIBIT

HGW 135

DMV
dmvnv.com

IMPORTANT
TIME SENSITIVE

HERMAN GEORGE WILLIAMS JR
10116 DESERT TREES ST
LAS VEGAS NV 89141-8527

For the date beginning:	03-09-2018 to PRESENT
LETTER DATE:	05-16-2019
PLATE NO:	NVJ980
YEAR/MAKE:	2004/CHEV
VEHICLE ID NUMBER:	1GCHC23U14F215328
ACCESS CODE:	R43958105

Dear HERMAN GEORGE WILLIAMS JR:

You were recently sent a letter requesting your assistance in providing proof of insurance coverage for the above registered vehicle. The DMV was unable to confirm that you have maintained continuous Nevada liability insurance on the vehicle. The Department of Motor Vehicles will be suspending your registration privileges effective **05-30-2019** for the following reason: ***No response to initial verification request.***

Nevada Revised Statute 485.185 requires continuous liability insurance coverage on all active registrations. There is no grace period. Reinstatement **fees** for an insurance lapse range from $250 to $750 and **fines** ranging from $250 to $1,000 are assessed on a tiered system based on the length of the lapse and the history of previous violation(s). If the lapse period is 91 days or longer, or a third offense, a Certificate of Financial Responsibility (SR-22) must be obtained prior to paying fines and fees. The certificate must be maintained continuously for three years. Third-offense reinstatements will result in a minimum 30-day suspension of a driver's license.

If you maintained continuous insurance coverage during the dates in question, please update your insurance online at www.dmvnv.com.

If you have not maintained continuous coverage during the dates in question, you can pay the fees/fines at your local full service DMV office, by mail (Nevada DMV, Central Services and Records Division, Nevada LIVE, 555 Wright Way, Carson City, NV 89711) or by fax (775.684.4543). You will need to present your current Nevada Evidence of Insurance.

It is illegal to operate the vehicle while your registration is suspended. If you have any questions regarding this notice, please contact your insurance company or the DMV at 775.684.4850 (Reno, Sparks, and Carson City area), 702.486.8690 (Las Vegas area), or 800.344.0482 (rural or out-of-state). Office hours are from 8 a.m. to 5 p.m. Monday through Friday.

Reasons:
DMV did not receive your response to the initial verification request.
Your insurance company did not respond to the DMV's verification request.
Your insurance company denied coverage.

DMV
State of Nevada DMV
Insurance Verification Program -
NV LIVE
555 Wright Way
Carson City, NV 89711-0850

7190 0005 9950 1499 5274

HERMAN GEORGE WILLIAMS JR
10116 DESERT TREES ST
LAS VEGAS NV 89141-8527

DEFENDANT'S EXHIBIT EE

HGW 136

LETTER DATE: 05-1[illegible]
VERIFICATION DATE: 03-02[illegible]9 to PRESENT
ACCESS CODE: R43968106

PLATE #: [illegible]
YEAR/MAKE: [illegible]/CHEV
VIN: 1GCHC23U14F215328

NEVADA LIVE REINSTATEMENT REQUIREMENTS

If your vehicle registration has been suspended in accordance with the Insurance Verification Program (NRS 485.317) you can reinstate registration privileges at your local full service Nevada Department of Motor Vehicle Office. To reinstate your vehicle registration, you must present current Nevada Evidence of Insurance, a notarized Declaration of Responsibility, and pay the required fees and fines as applicable. If your insurance is verified before your vehicle registration is suspended, all pending action will be rescinded and no fee or fine will be due. If your vehicle registration is suspended and your insurance is verified after the suspension has become effective, the action will be rescinded. No fees or fines will be due if the insurance coverage is continuous. Below is a matrix of the fees and fines associated with insurance lapses.

NEVADA LIVE REINSTATEMENT REQUIREMENTS

Length of Lapse	1-30 Days	31-90 Days	91-180 Days	More than 181 Days
1st Offense				
TOTAL Fee and Fine	$251	$501	$751 and SR-22	$1,251 and SR-22
2nd Offense within the past five years				
TOTAL Fee and Fine	$501	$1,001	$1,001 and SR-22	$1,501 and SR-22
3rd Offense within the past five years				
Driver's License Suspension	Minimum 30 days	Minimum 30 days	Minimum 30 days	Minimum 30 days
TOTAL Fee and Fine	$751 and SR-22	$1,251 and SR-22	$1,501 and SR-22	$1,751 and SR-22

If your insurance has lapsed for 91 days or longer, one of the registered owners must obtain a Certificate of Financial Responsibility (SR22) before reinstating the vehicle registration.

A hearing will not be granted for cause of a reduction in the reinstatement fee, to challenge the granting of a waiver or reduction of the reinstatement fee or for additional time to save money to pay the reinstatement fee, or a dispute with the insurance company. When requesting a hearing you must provide current Nevada Evidence of Insurance, a Nevada license plate number, and vehicle identification number (VIN). The Hearing Request form is available online at www.dmvnv.com.

DECLARATION OF RESPONSIBILITY
NRS Chapters 482 and 485

I, ______________________________, declare that, while this vehicle is registered in my name, I will continuously provide in my
Printed Full Legal Name of registered owner accepting full responsibility
name, security as required by NRS 485.185, either by a motor vehicle liability insurance policy or by qualifying as a self-insurer in compliance with law. There is no grace period. NOTE: **THE VEHICLE MUST BE INSURED BY AN INSURANCE COMPANY LICENSED IN THE STATE OF NEVADA.** The statement, "The coverage meets the requirements set forth in NRS 485.185" must be included on the Nevada Evidence of Insurance. Out-of-State insurance will not be accepted. Trailers are exempt from insurance requirements.

In accordance with NRS Chapters 482 and 485, if the motor vehicle liability insurance on my registered vehicle lapses for one day or more, I understand and agree that I will be required to pay all applicable registration reinstatement fees. If the motor vehicle liability insurance on my registered vehicle lapses for 91 days or more, I understand and agree that I will be required to pay all applicable registration reinstatement fees and I will be required to maintain a Certificate of Financial Responsibility (SR-22 High Risk Insurance) for a continuous period of not less than three years from the registration reinstatement date. Additionally, if there is a third or subsequent lapse of vehicle liability insurance on the registered vehicle, I understand and agree that my driver's license will be suspended for not less than 30 days, I will be required to pay all applicable registration and driver's license reinstatement fees, and I will be required to maintain a Certificate of Financial Responsibility (SR-22) for a continuous period of not less than three years from the registration reinstatement date.

Full Legal Name: ______________________________ ______________________________ ______________________________
First / Middle / Last

Nevada Driver's License, Identification Card Number, Date of Birth, or FEIN for a business

Telephone: ______________________________ E-mail: ______________________________

NOTE: It is a gross misdemeanor to use a false or fictitious name or address in the application for registration or to knowingly make a false statement or knowingly conceal a material fact or otherwise commit a fraud in the application.

SIGNATURE ____ DATE ______________
Registered Owner (or authorized person with POA)

SIGNATURE MUST BE NOTARIZED

State of Nevada, County of ______________

Signed and sworn to before me this ___ day of __________ 20__ by ______________

____
Notary Public or Authorized Nevada DMV Representative

IF YOU DO NOT HAVE INSURANCE AND WISH TO PAY THE REINSTATEMENT FEE/FINE BY CREDIT CARD YOU MAY COMPLETE THE ATTACHED CREDIT CARD FORM AND RETURN IT WITH CURRENT PROOF OF INSURANCE BY MAIL TO the address listed above, by phone or by fax to the number above.

Name as it appears on the registration: ______________________________

Street Address: ______________________________ Mailing Address: ______________________________

City: ______________________________ State: __________ Zip: __________

License Plate Number: ______________ **Vehicle Identification Number (VIN):** ______________________________

Debit or Credit Card Number [illegible]

				-				-				-				

Payment Type: ☐ MasterCard ☐ Visa ☐ Discover Card

Expiration Date: [ ][ ] / [ ][ ]
Month / Year

Printed Name: ______________________________ Payment Amount: ______________

Mailing Address: ______________________________

Driver License Number: ______________________________ Telephone: ( ) ______________

Authorized Signature: ______________________________ Date: ______________

[illegible]

Office Use Only

[illegible]

HGW 138

HGW 139

11:04 83%

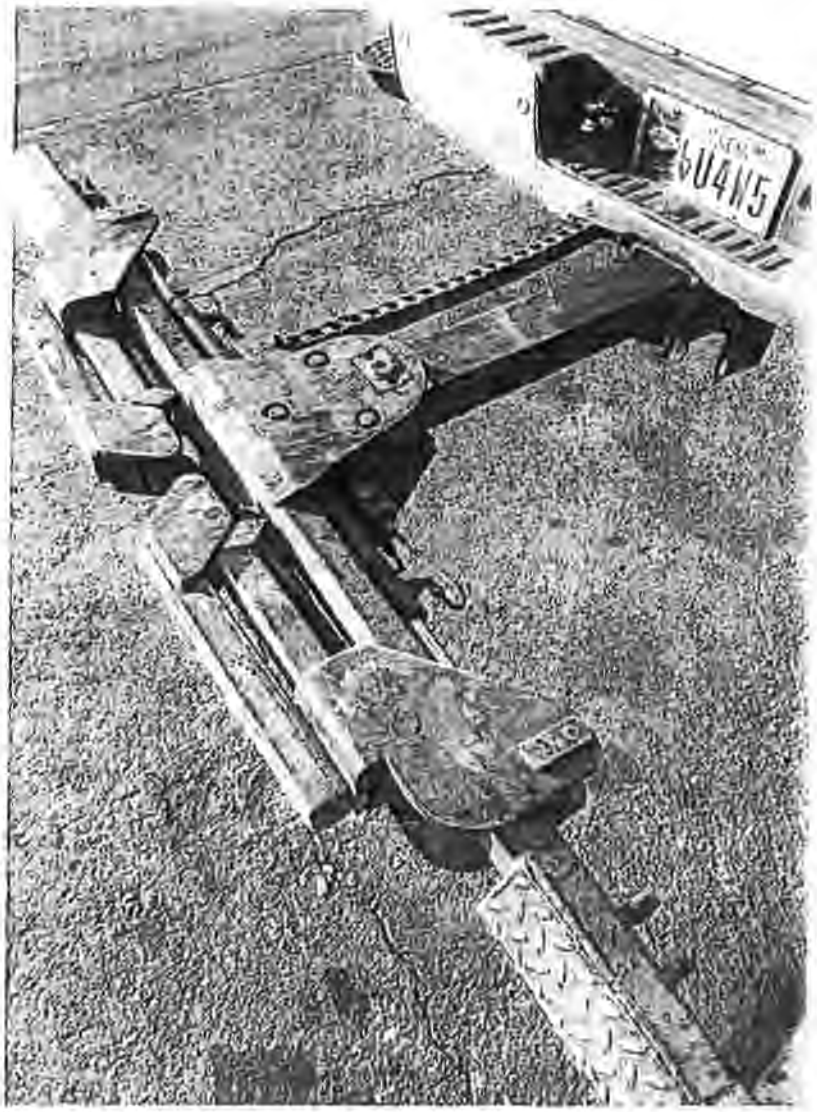
Tracy
10:57 PM, Apr 14

Save Share

HGW 140

11:04 83%

Tracy
10:59 PM, Apr 14



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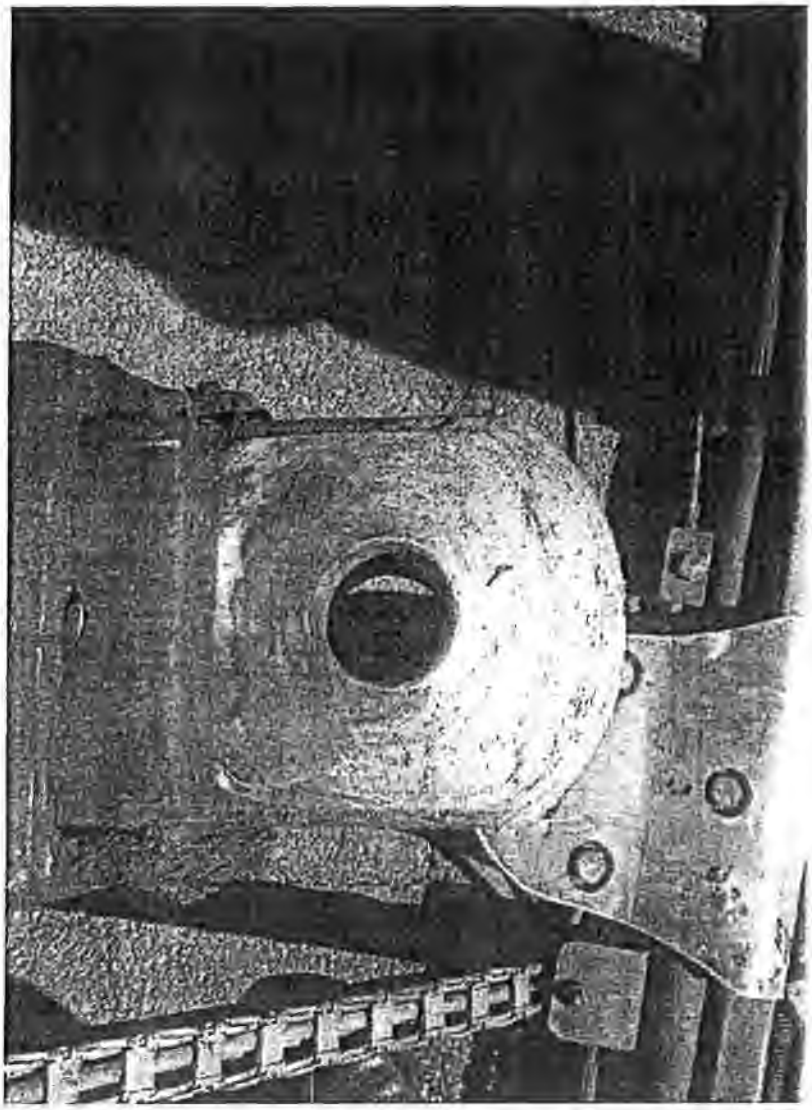

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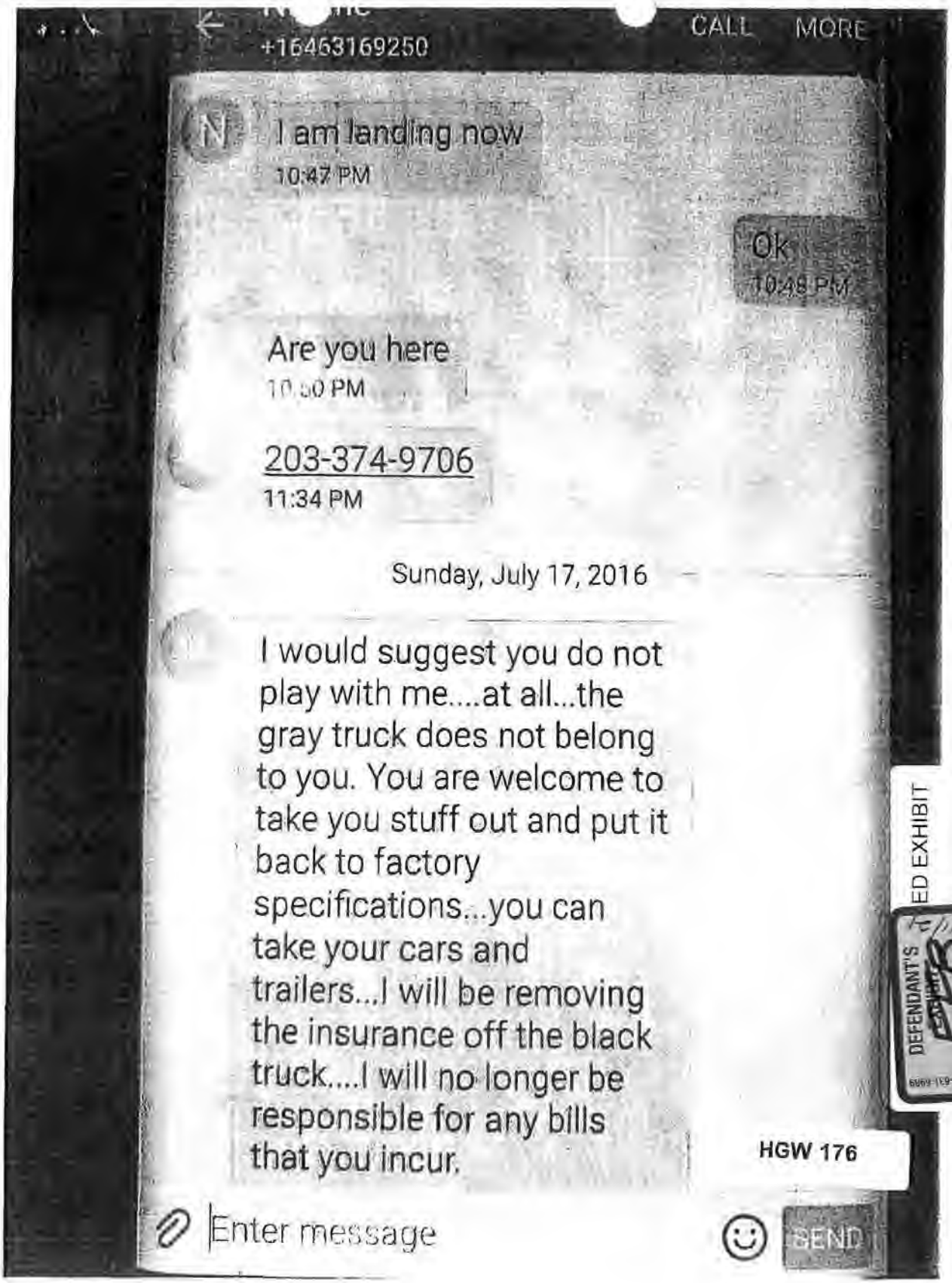
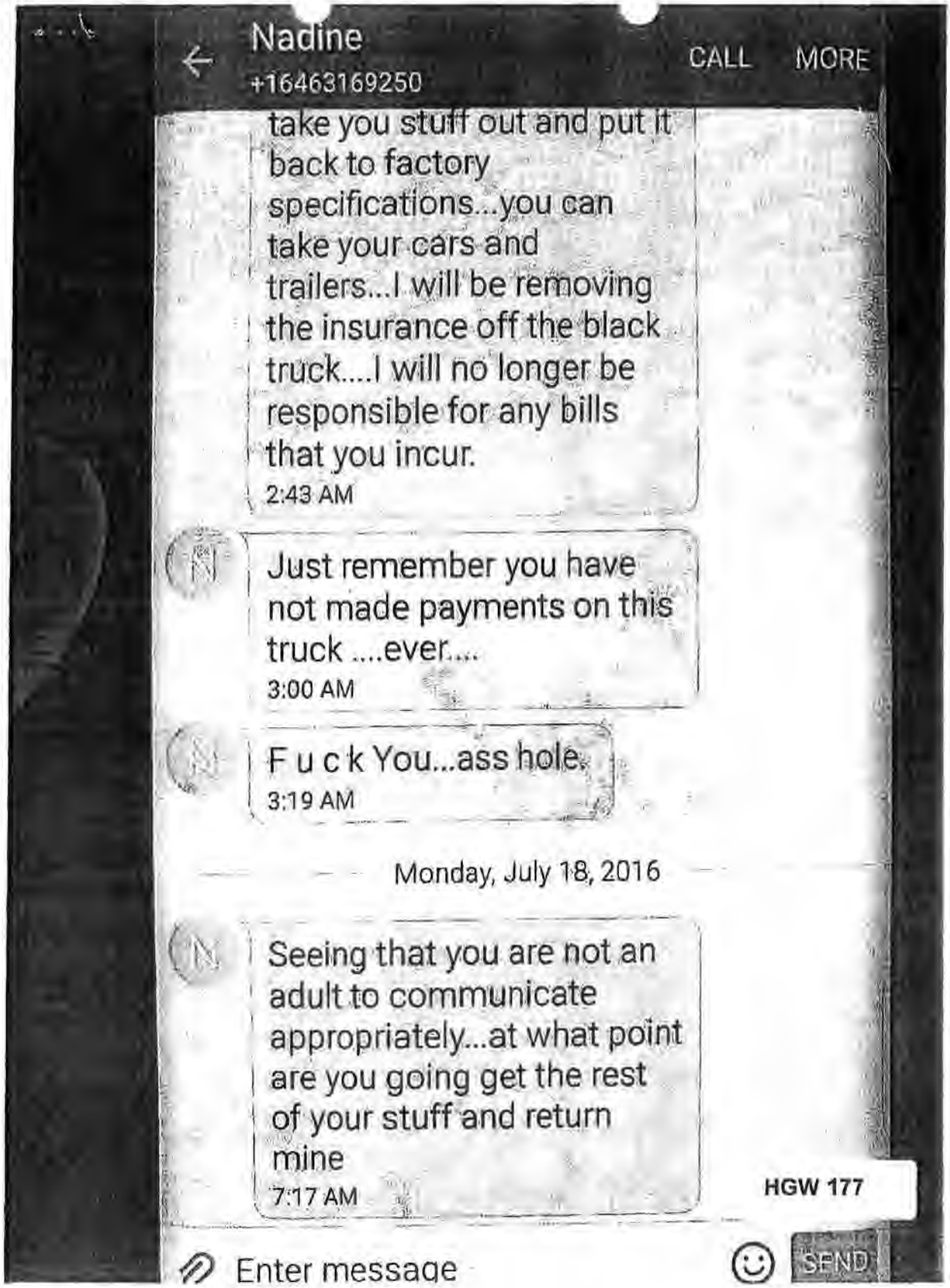
HGW 143



DEFENDANT'S ED EXHIBIT

HGW 176


Nadine
+16463169250
CALL
MORE
take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
2:43 AM
Just remember you have not made payments on this truck ....ever....
3:00 AM
F u c k You...ass hole.
3:19 AM
Monday, July 18, 2016
Seeing that you are not an adult to communicate appropriately...at what point are you going get the rest of your stuff and return mine
7:17 AM
HGW 177
Enter message
SEND

100% 23:58

Nadine
16463169250

CALL MORE

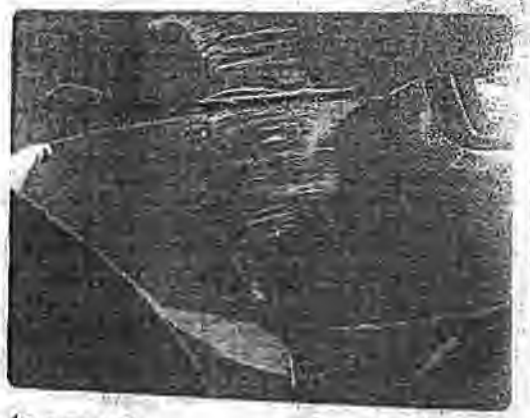
Wednesday, August 23, 2017

1259042298
06:50

Thursday, September 7, 2017

Hi. Do i need to ask you about the payment for the truck again?
21:58

Tuesday, September 19, 2017



(160KB)
10:55

HGW 178

100% 23:58

Nadine
16463169250

CALL MORE

Thursday, September 21, 2017

(222KB)

19:03

Tuesday, September 26, 2017

<Subject: NoSubject>

06:46

HGW 179

Nadine

16463169250

CALL MORE

21:52

Friday, October 13, 2017

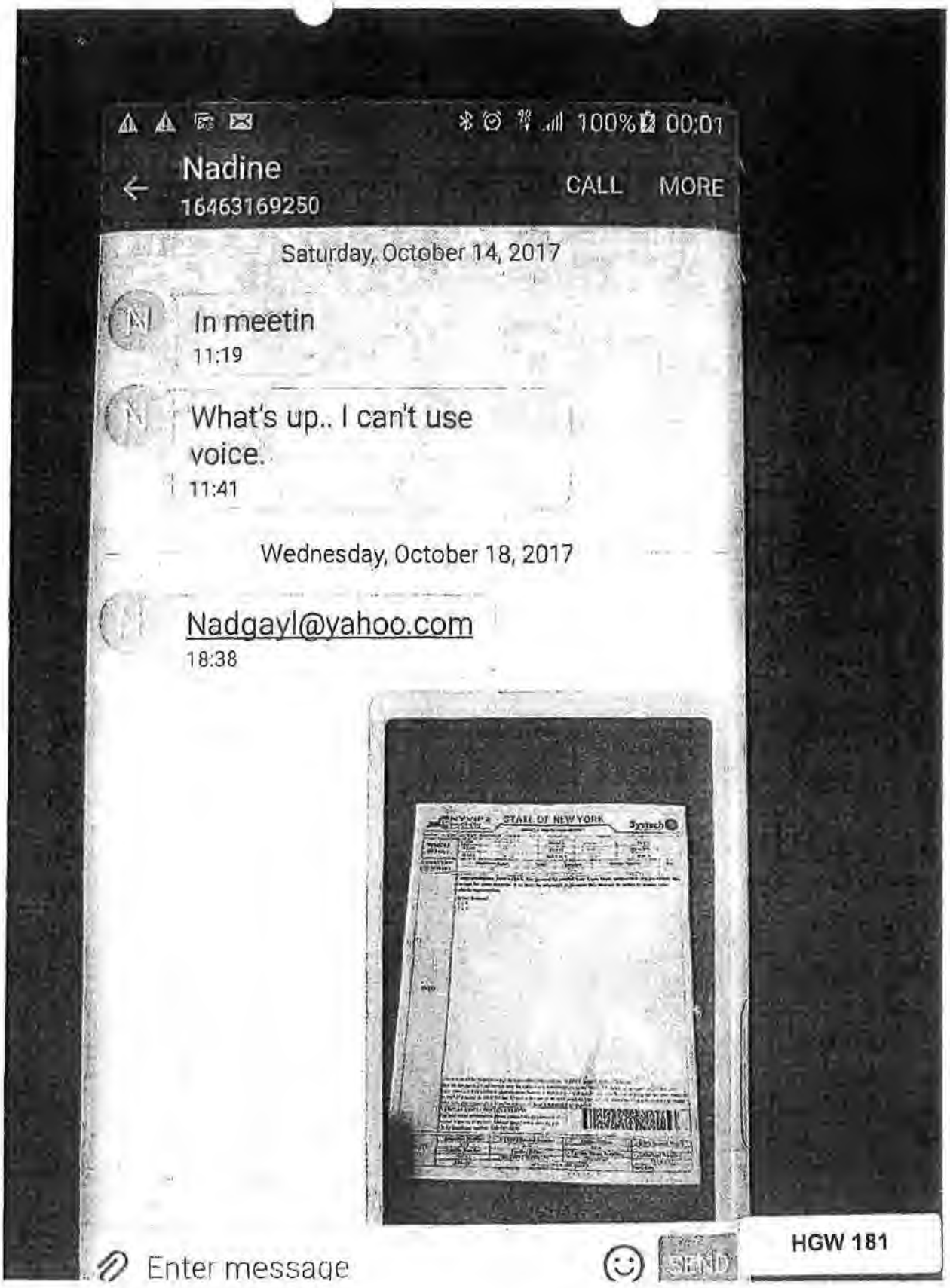
I am at a meeting

10:54

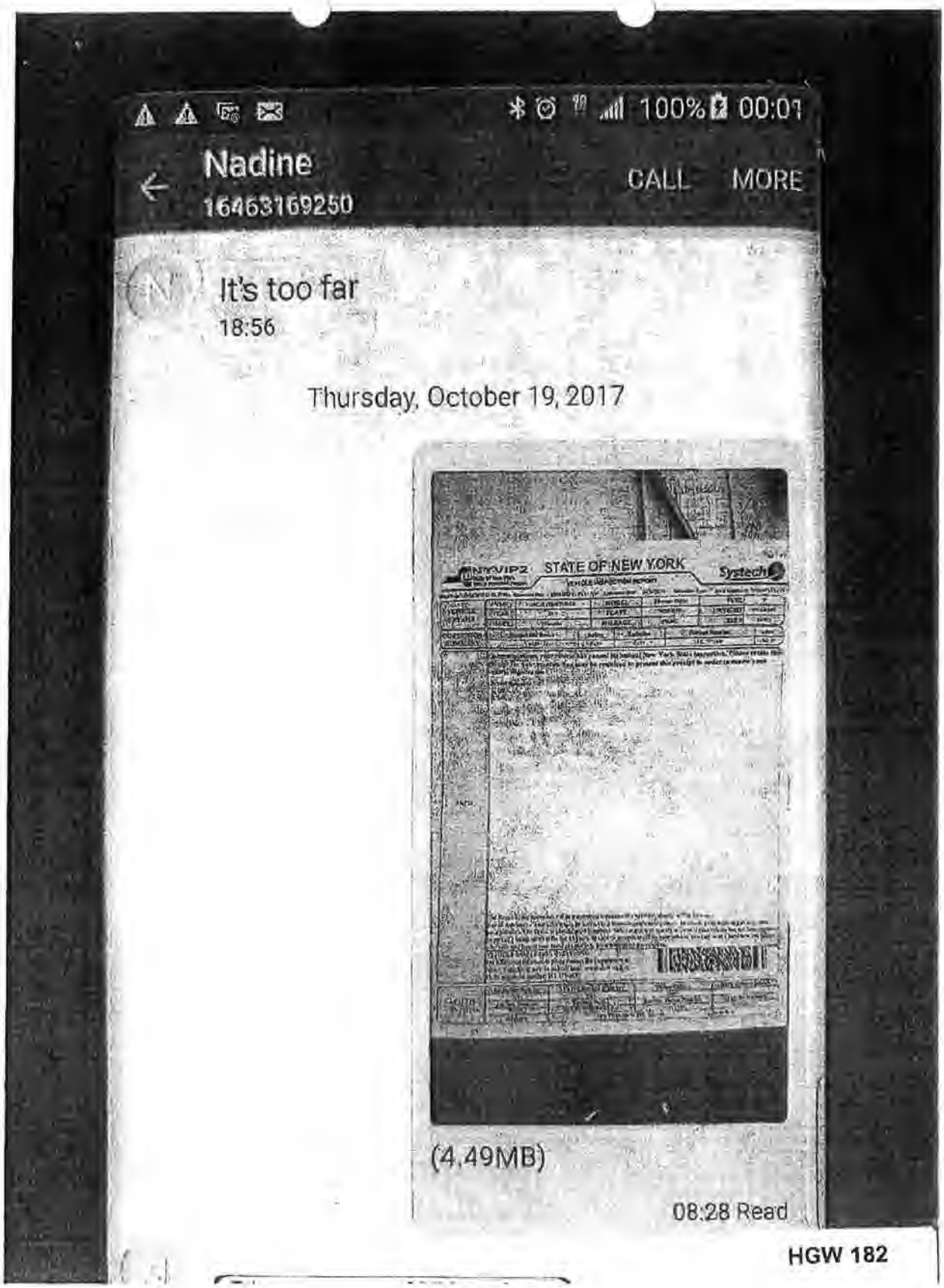
I see the deposit

10:56

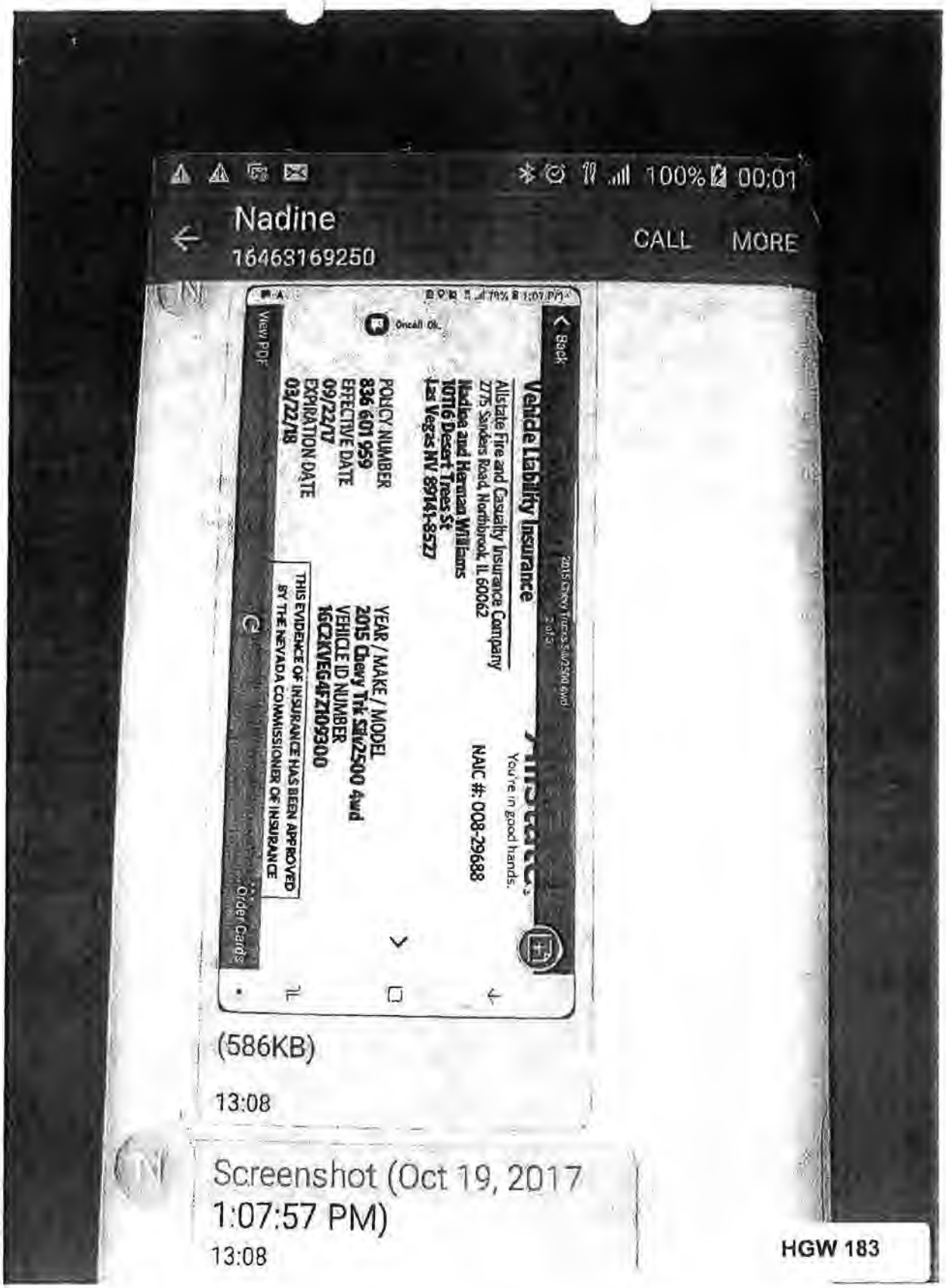
HGW 180


100% 00:01
Nadine
16463169250
CALL
MORE
Saturday, October 14, 2017
In meetin
11:19
What's up.. I can't use voice.
11:41
Wednesday, October 18, 2017
Nadgayl@yahoo.com
18:38
STATE OF NEW YORK
Enter message
SEND

HGW 181


100% 00:01
Nadine
16463169250
CALL
MORE
It's too far
18:56
Thursday, October 19, 2017
STATE OF NEW YORK
Systech
(4.49MB)
08:28 Read

HGW 182


100% 00:01
Nadine
16463169250
CALL
MORE
Back
Vehicle Liability Insurance
Allstate Fire and Casualty Insurance Company
2775 Sanders Road, Northbrook, IL 60062
You're in good hands.
NAIC #: 008-29688
Nadine and Harman Williams
10716 Desert Trees St
Las Vegas NV 89141-8577
POLICY NUMBER
836 601 959
EFFECTIVE DATE
09/22/17
EXPIRATION DATE
03/22/18
YEAR / MAKE / MODEL
2015 Chevy Tnk Slv2500 4wd
VEHICLE ID NUMBER
1GCKVEG4FZ109300
THIS EVIDENCE OF INSURANCE HAS BEEN APPROVED BY THE NEVADA COMMISSIONER OF INSURANCE
View PDF
Order Cards
(586KB)
13:08
Screenshot (Oct 19, 2017 1:07:57 PM)
13:08

HGW 183

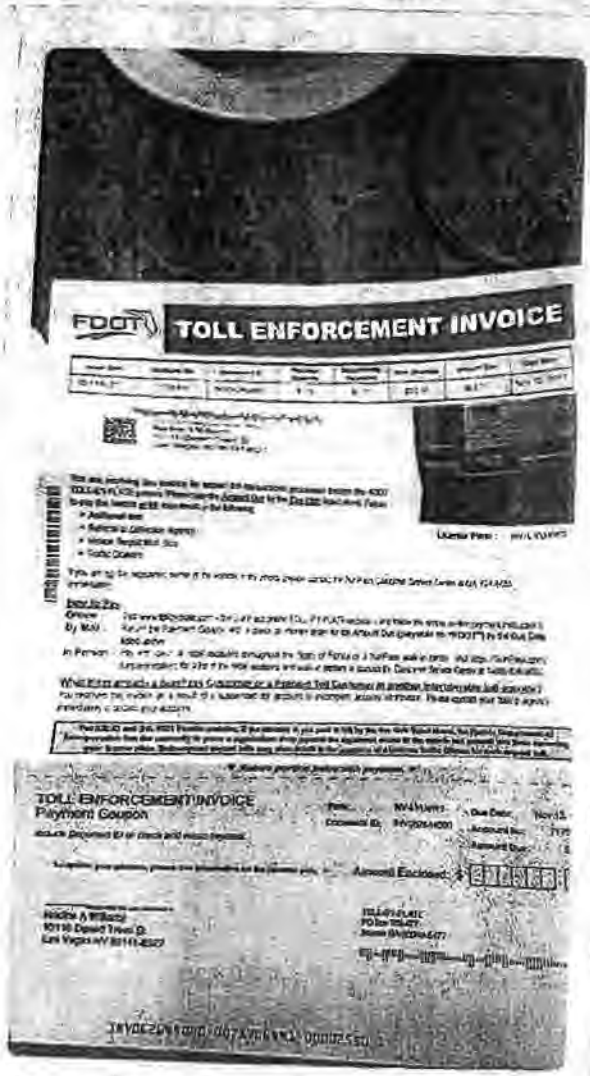
100% 00:02

Nadine

16463169250

CALL MORE

Monday, October 23, 2017



(2.42MB)

06:24

HGW 184

16463169250 CALL MORE

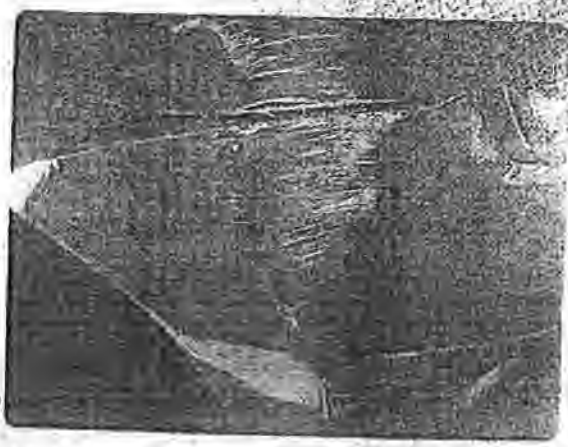
Wednesday, August 23, 2017

1259042298
06:50

Thursday, September 7, 2017

Hi. Do i need to ask you about the payment for the truck again?
21:58

Tuesday, September 19, 2017



(160KB)

10:55

Thursday, September 21, 2017

HGW 185

I am landing now
10:47 PM

Ok
10:48 PM

Are you here
10:50 PM

203-374-9706
11:34 PM

Sunday, July 17, 2016

I would suggest you do not play with me....at all...the gray truck does not belong to you. You are welcome to take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
2:43 AM

HGW 186

take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
2:43 AM

Just remember you have not made payments on this truck ....ever....
3:00 AM

F u c k You...ass hole.
3:19 AM

Monday, July 18, 2016

Seeing that you are not an adult to communicate appropriately...at what point are you going get the rest of your stuff and return mine
7:17 AM

HGW 187

Nadine

16463169250

CALL MORE

21:52

Friday, October 13, 2017

I am at a meeting

10:54

I see the deposit

10:56

HGW 188

FA Financial Center
046 (00177)Pelham Manor
Transaction
Deposit

Transaction Receipt
Card Number
Date
Time

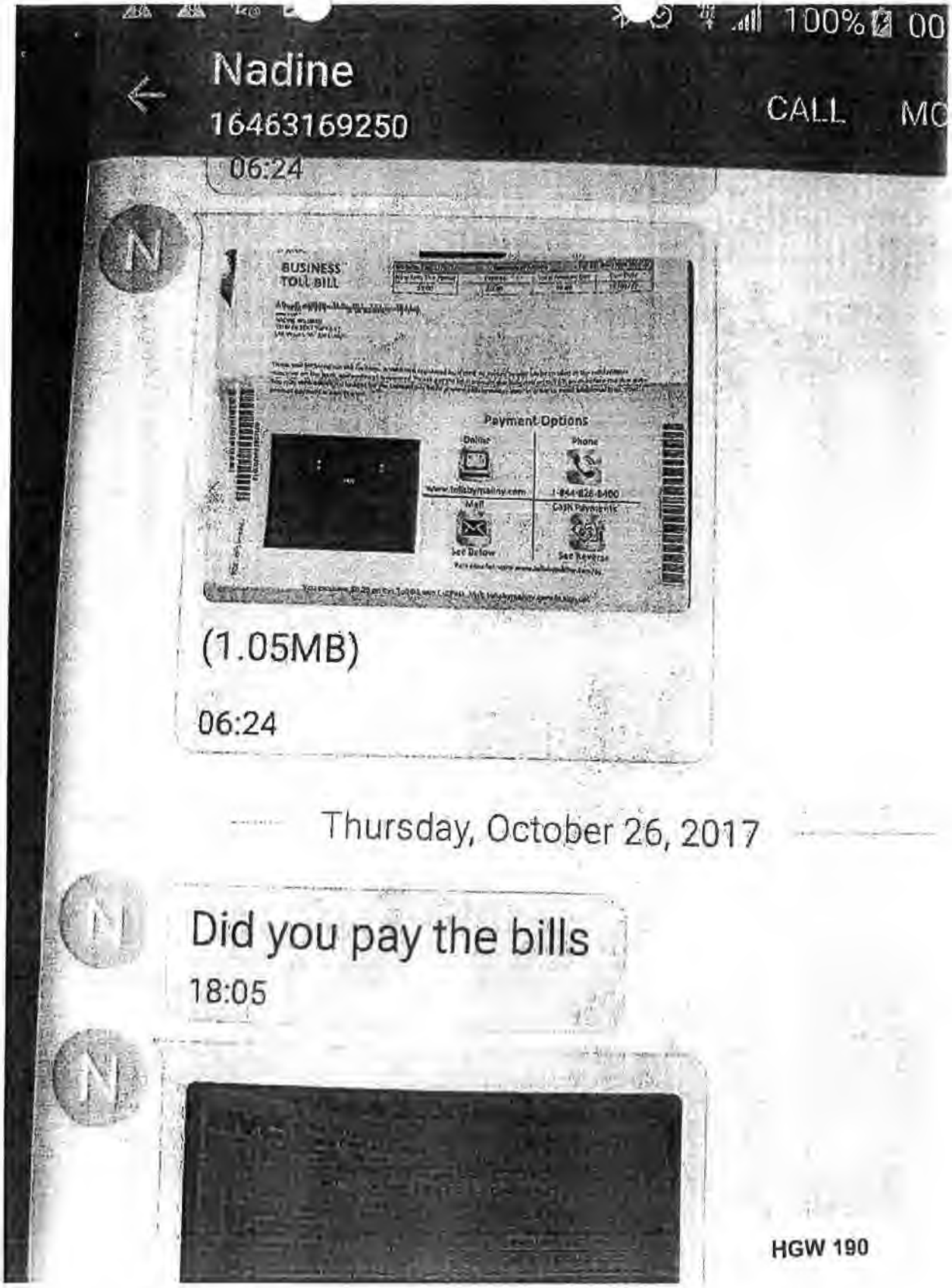
Amount
$1,580.00

Description
To Checking
Ref 027-02

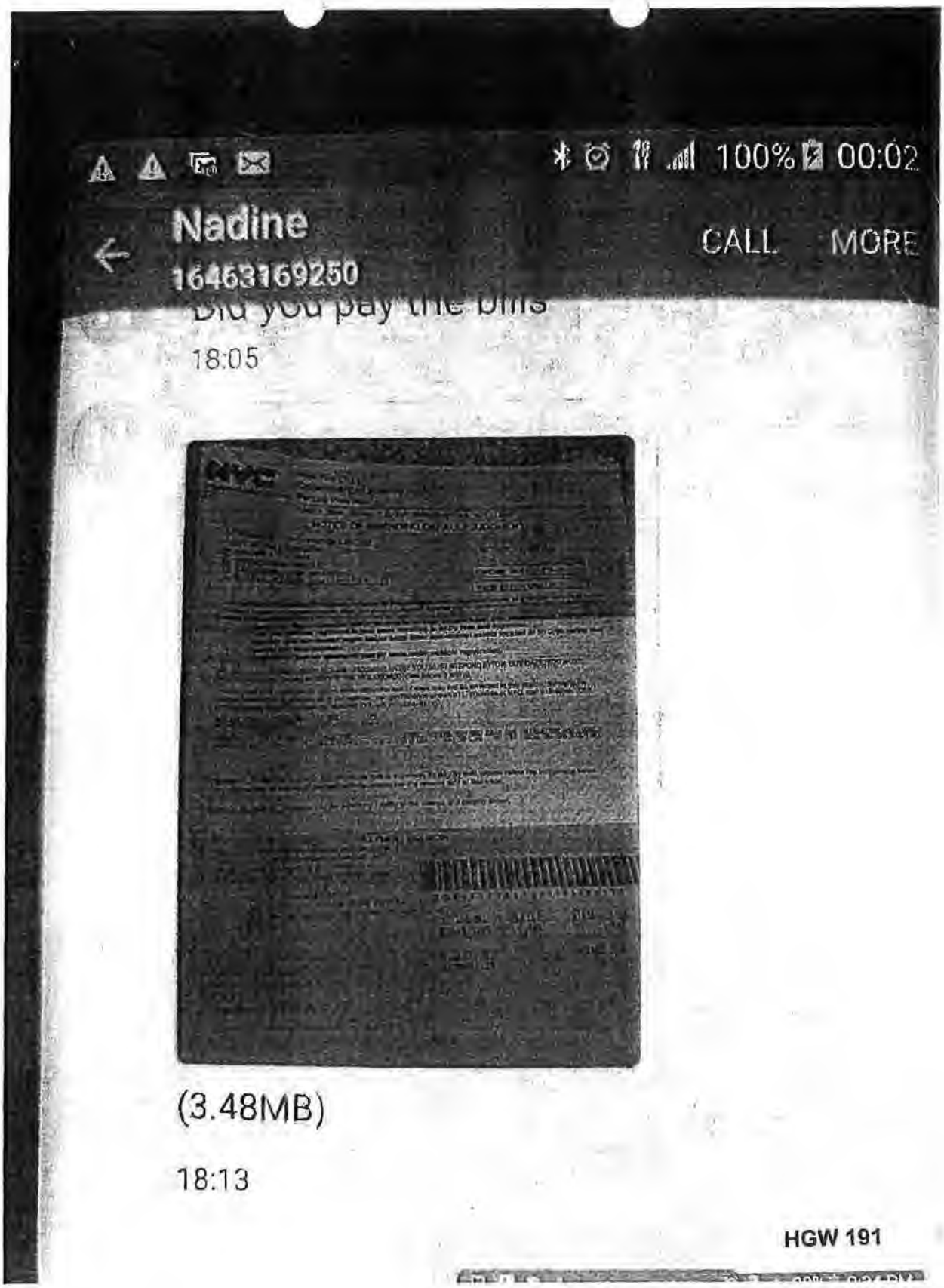
Thank you for banking with citibank

citibank

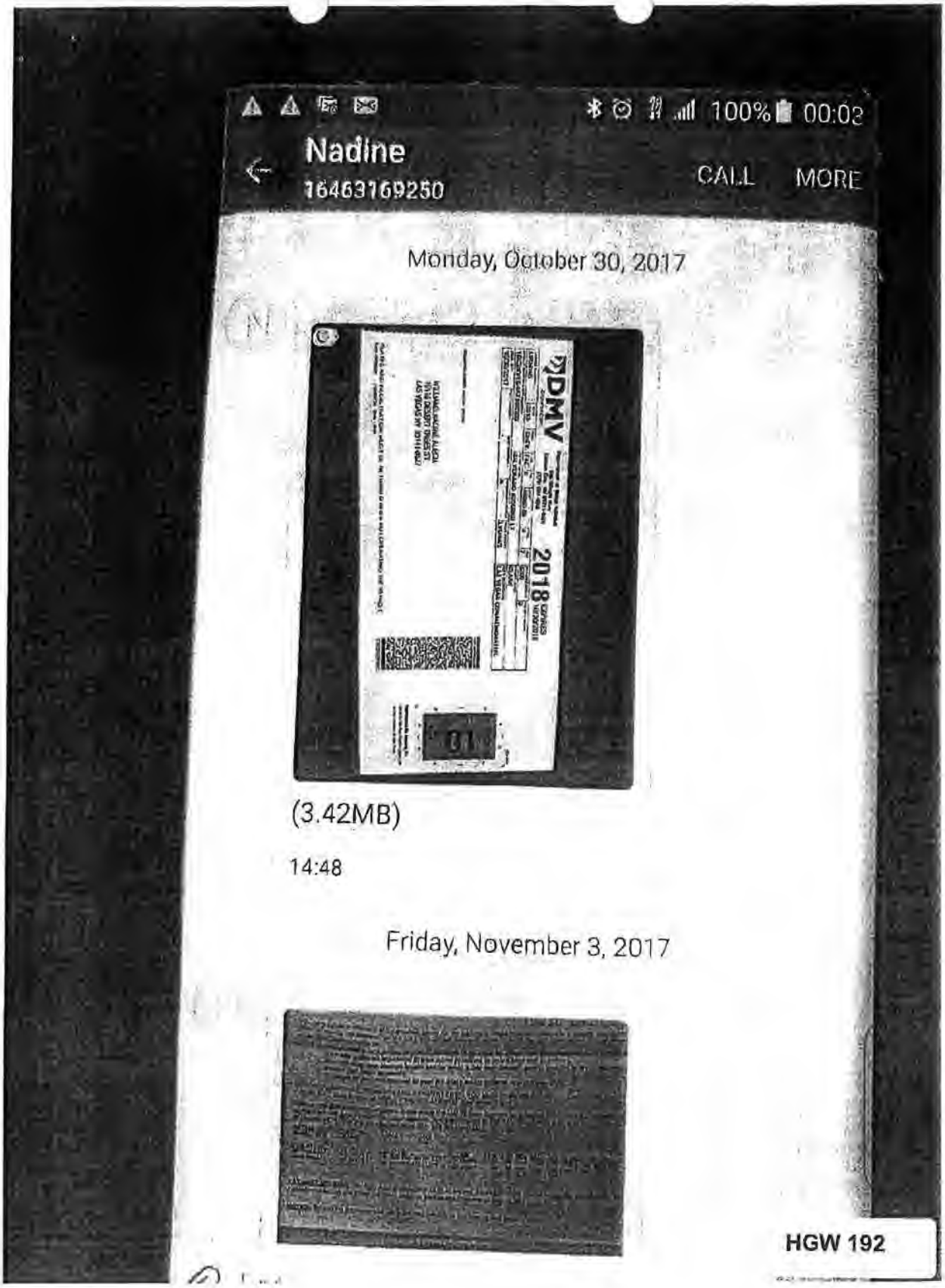
HGW 189

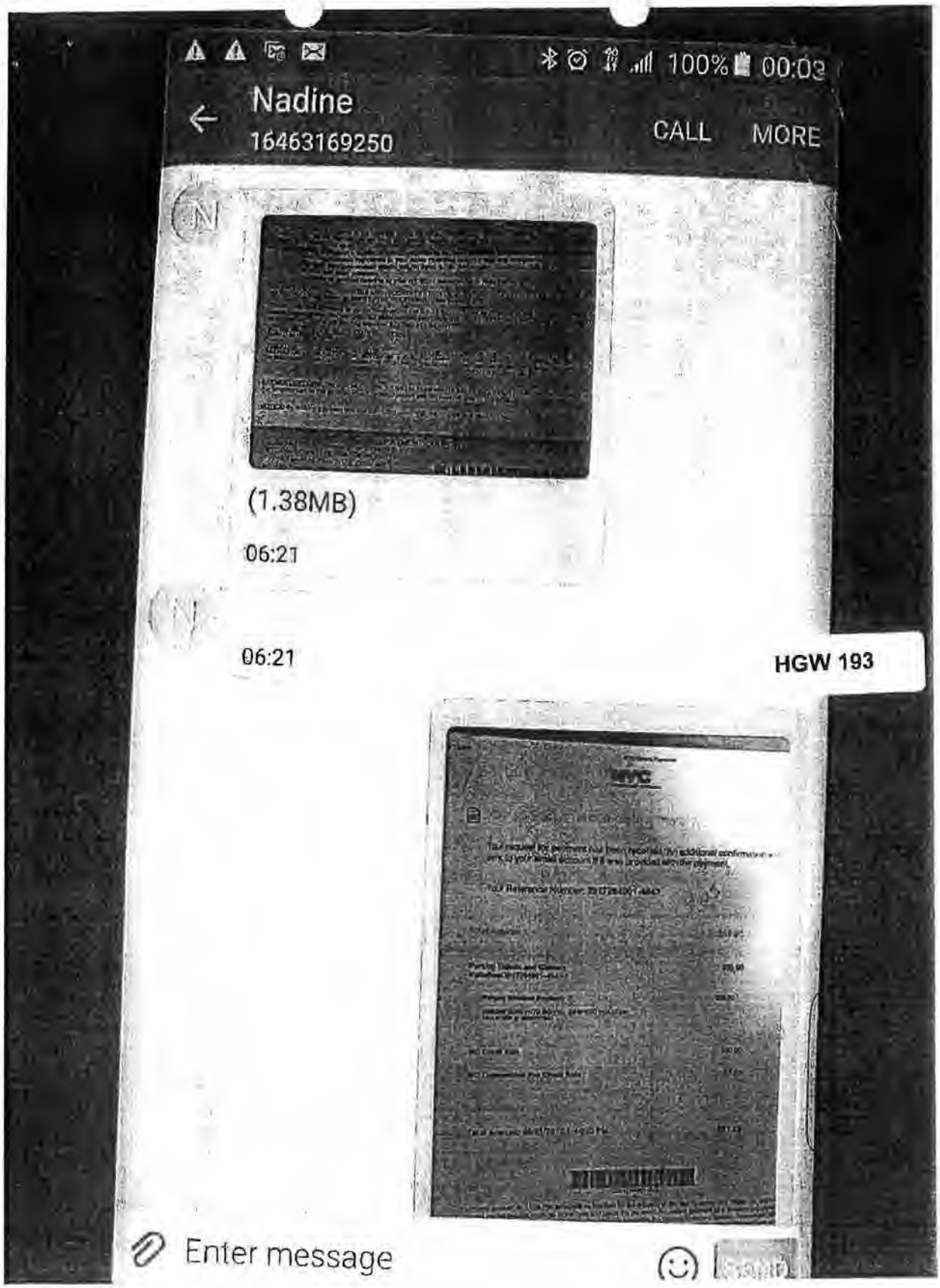

100%
Nadine
16463169250
CALL
06:24
BUSINESS
TOLL BILL
Payment Options
Online
Phone
Mail
See Below
See Reverse
(1.05MB)
06:24
Thursday, October 26, 2017
Did you pay the bills
18:05

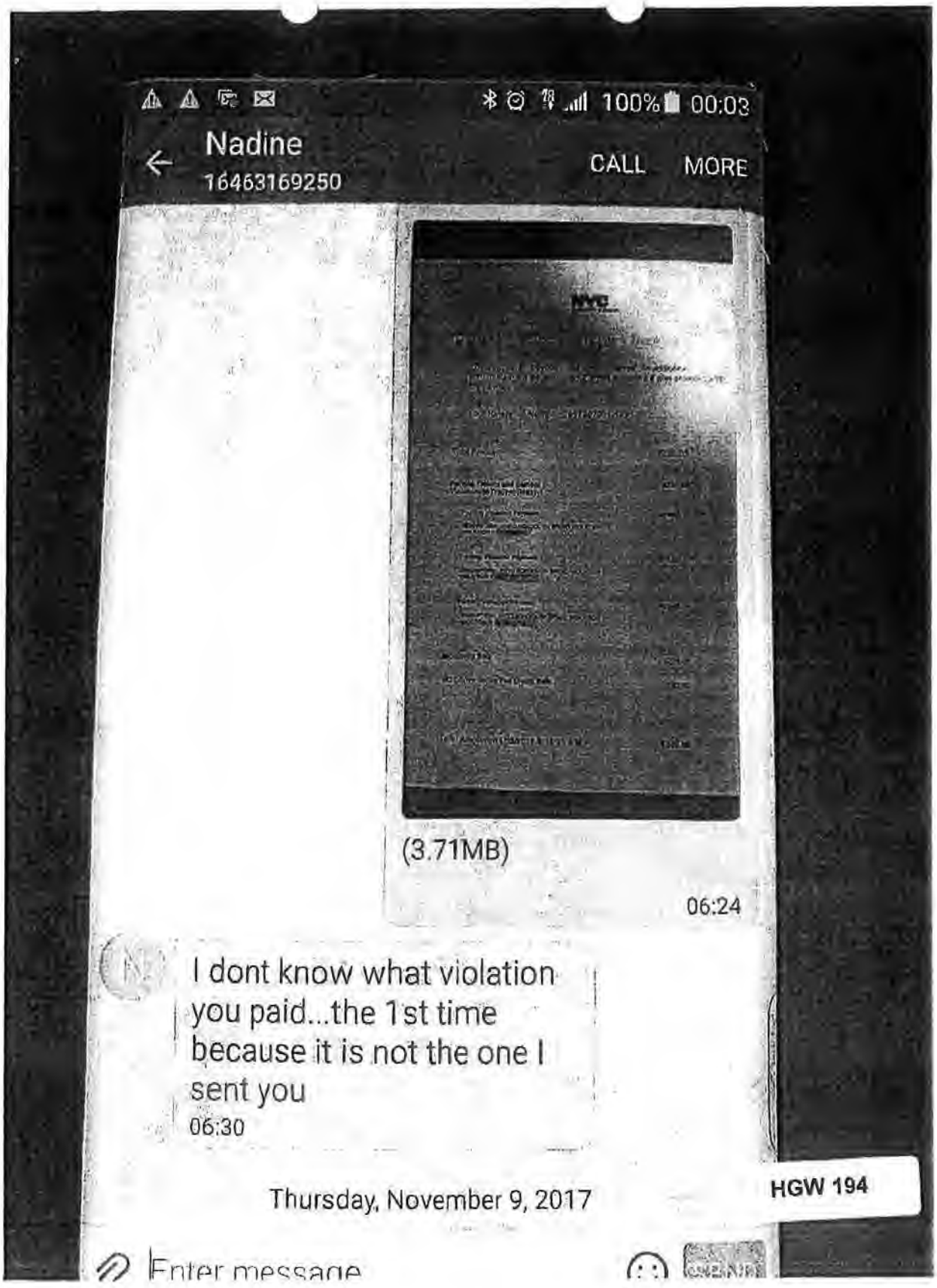
HGW 190

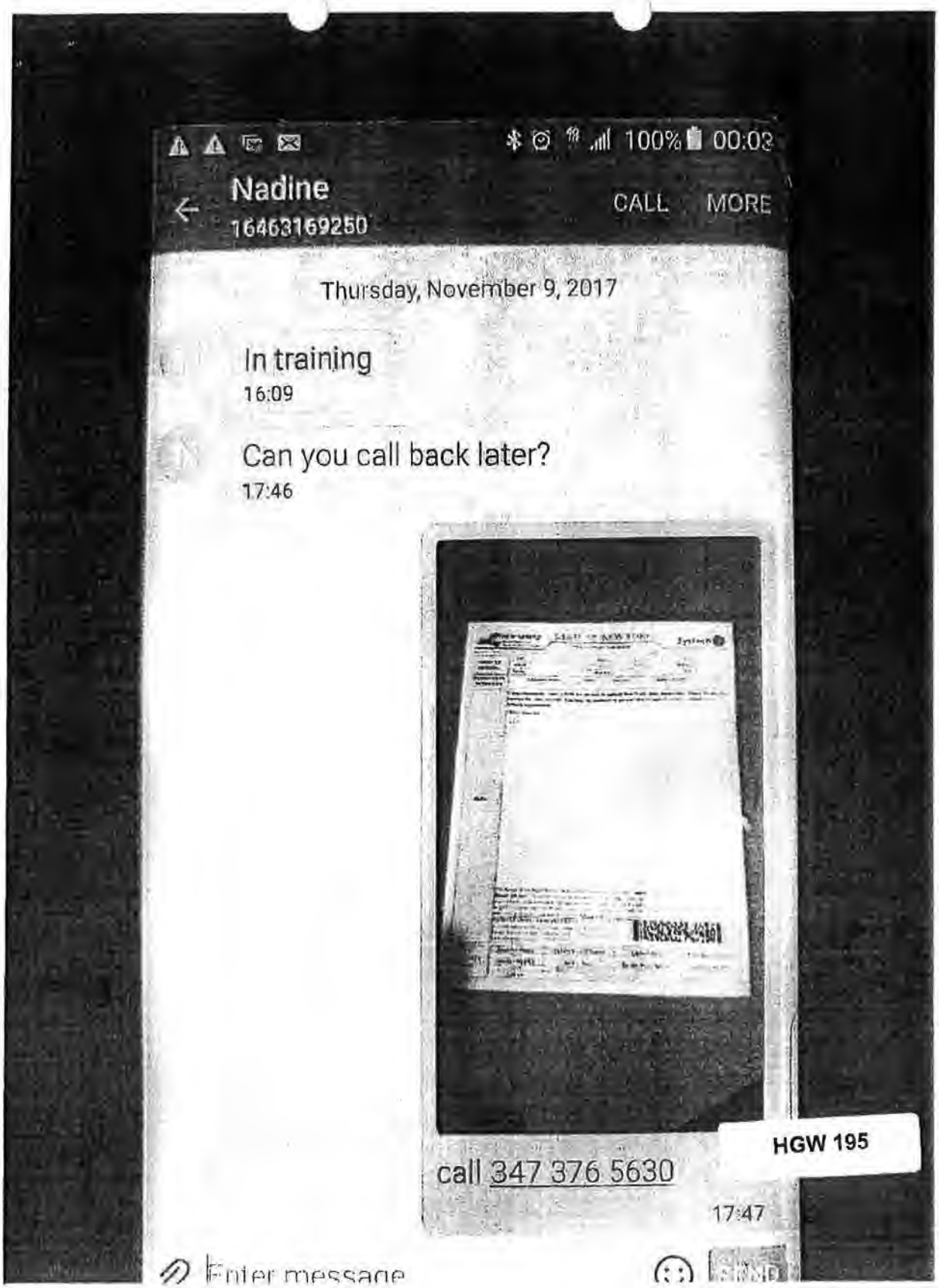

100% 00:02
Nadine
164631692S0
CALL
MORE
Did you pay the bills
18:05
(3.48MB)
18:13

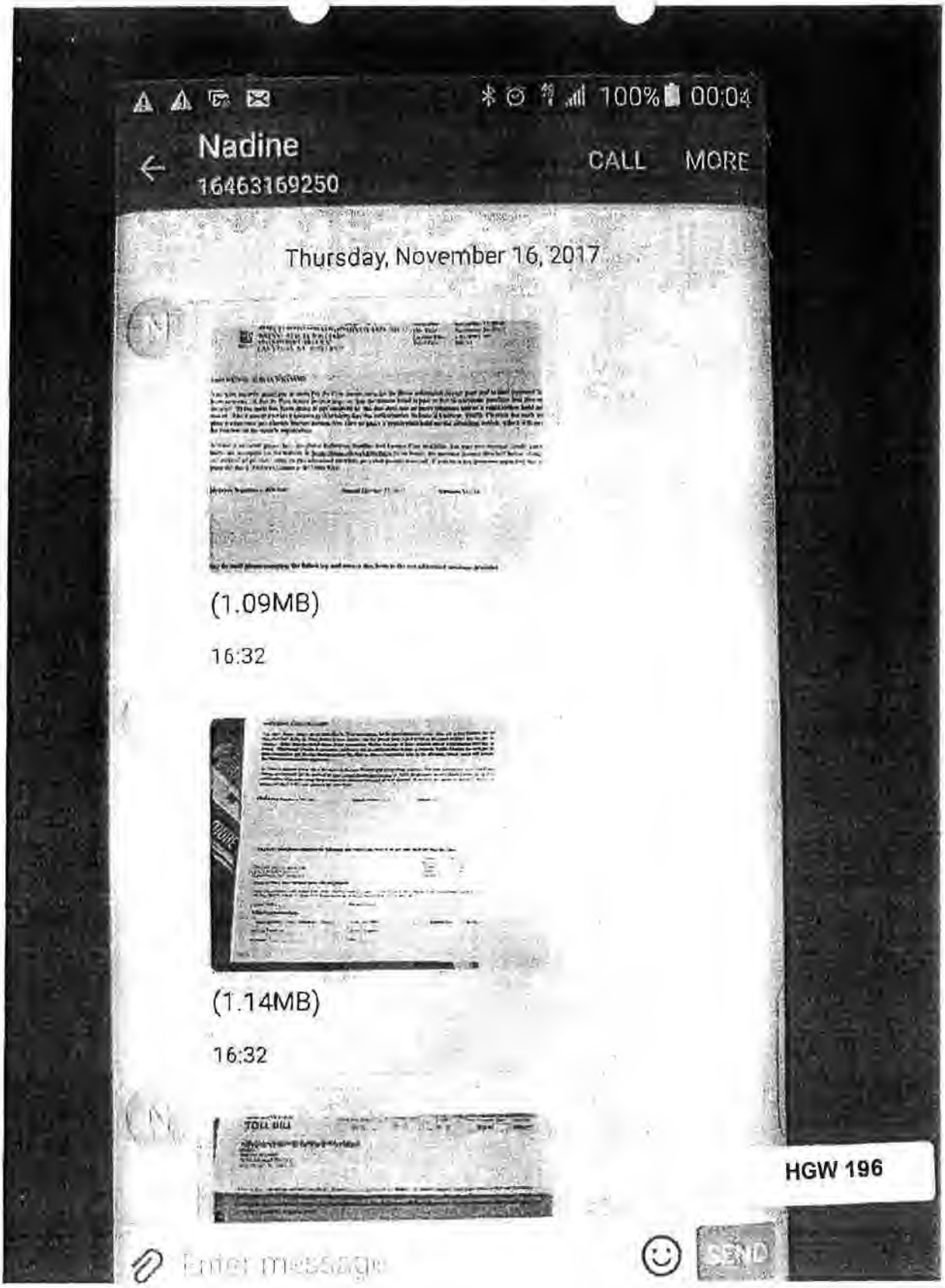
HGW 191


100% 00:03
Nadine
16463169250
CALL
MORE
Monday, October 30, 2017
DMV
2018
(3.42MB)
14:48
Friday, November 3, 2017
HGW 192

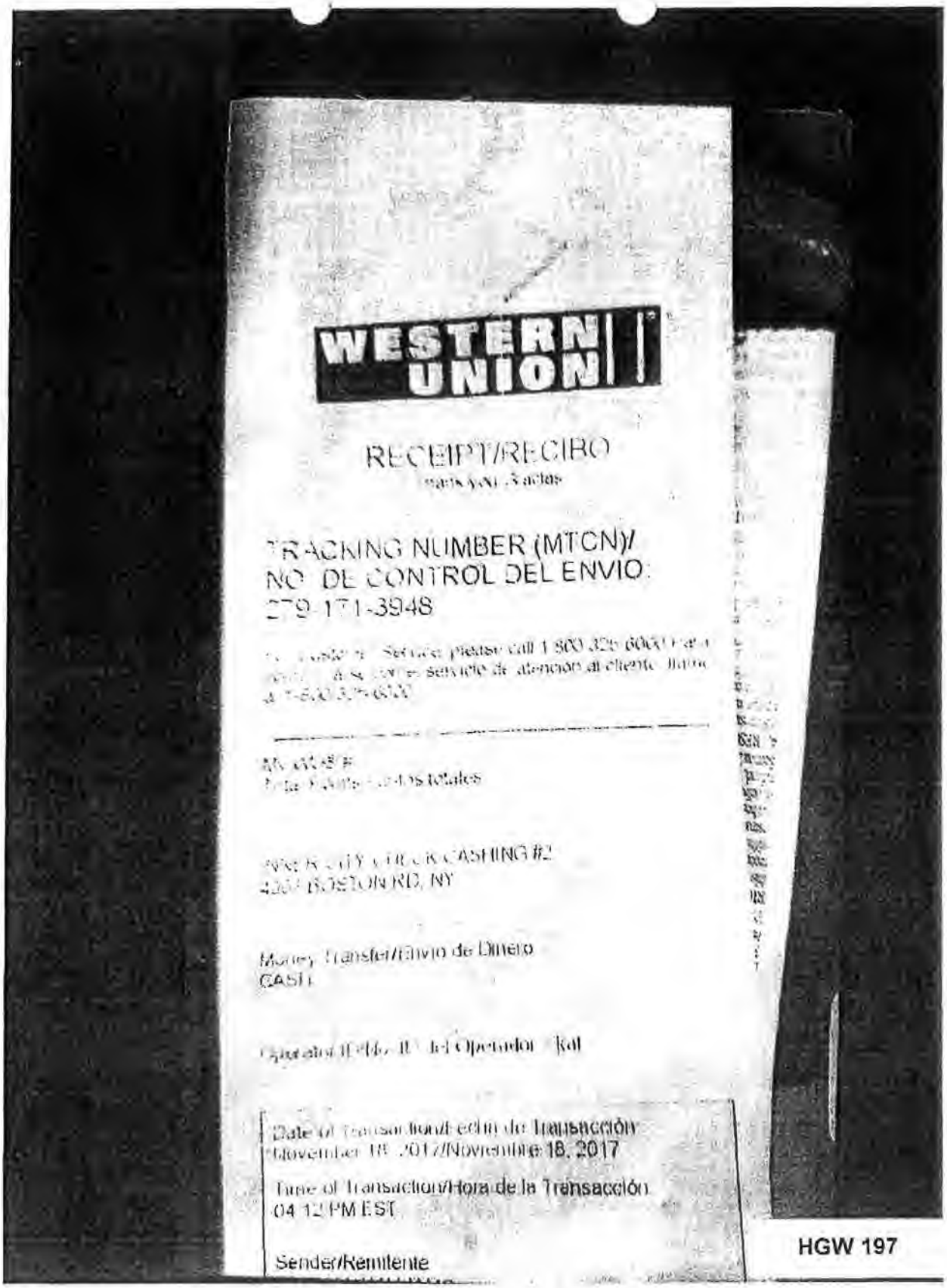

100% 00:03
Nadine
16463169250
CALL
MORE
(1.38MB)
06:21
06:21
HGW 193
Enter message


100% 00:03
Nadine
16463169250
CALL
MORE
(3.71MB)
06:24
I dont know what violation you paid...the 1st time because it is not the one I sent you
06:30
Thursday, November 9, 2017
HGW 194
Enter message


100% 00:03
Nadine
16463169250
CALL
MORE
Thursday, November 9, 2017
In training
16:09
Can you call back later?
17:46
call 347 376 5630
17:47
Enter message
HGW 195


100% 00:04
Nadine
16463169250
CALL
MORE
Thursday, November 16, 2017
(1.09MB)
16:32
(1.14MB)
16:32
TOLL BILL
Enter message
SEND

HGW 196



WESTERN UNION

RECEIPT/RECIBO

TRACKING NUMBER (MTCN)/
NO. DE CONTROL DEL ENVIO:
279-171-3948

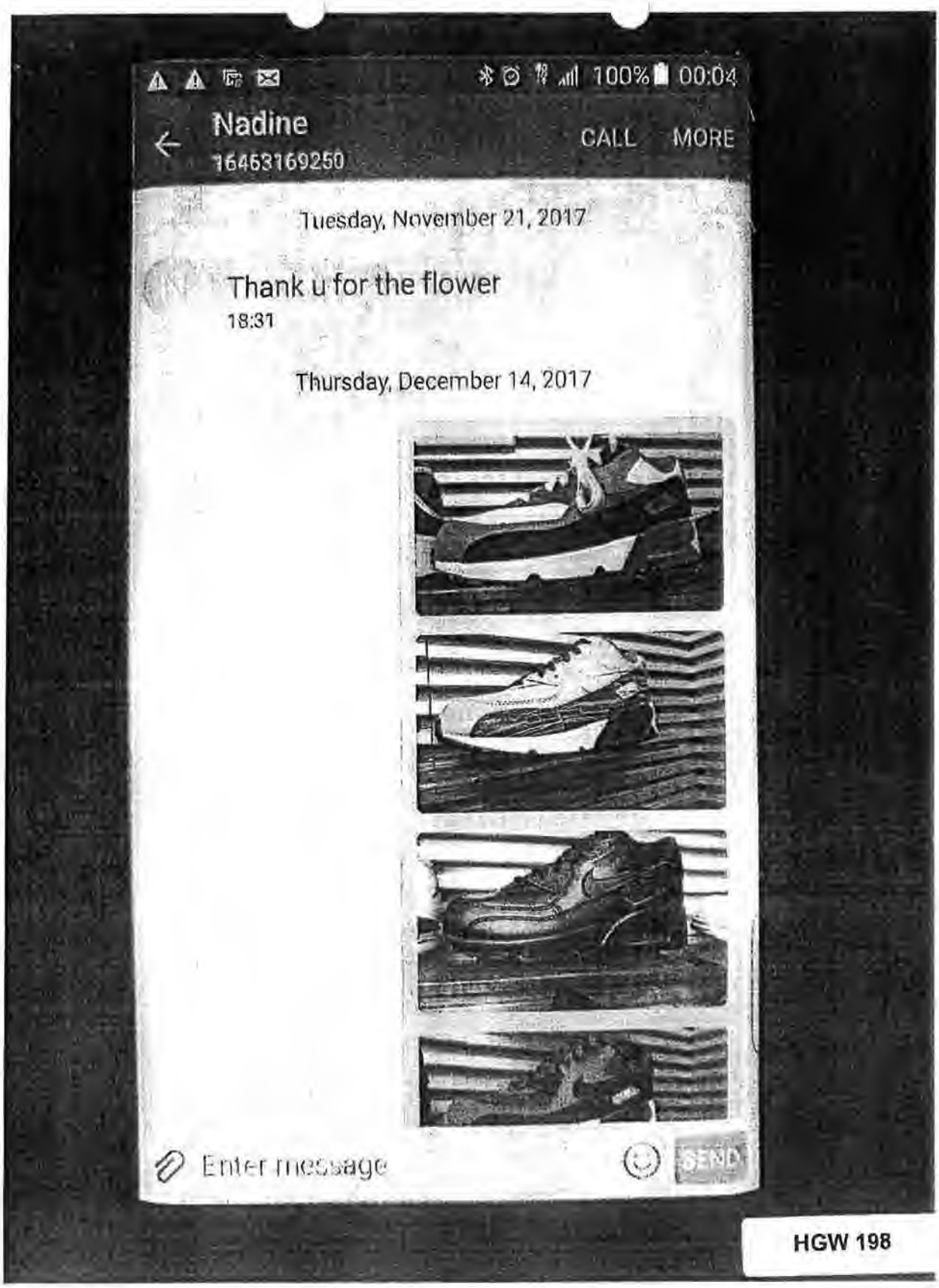
Money Transfer/Envio de Dinero
CASH

Date of Transaction/Fecha de la Transacción
November 18, 2017/Noviembre 18, 2017

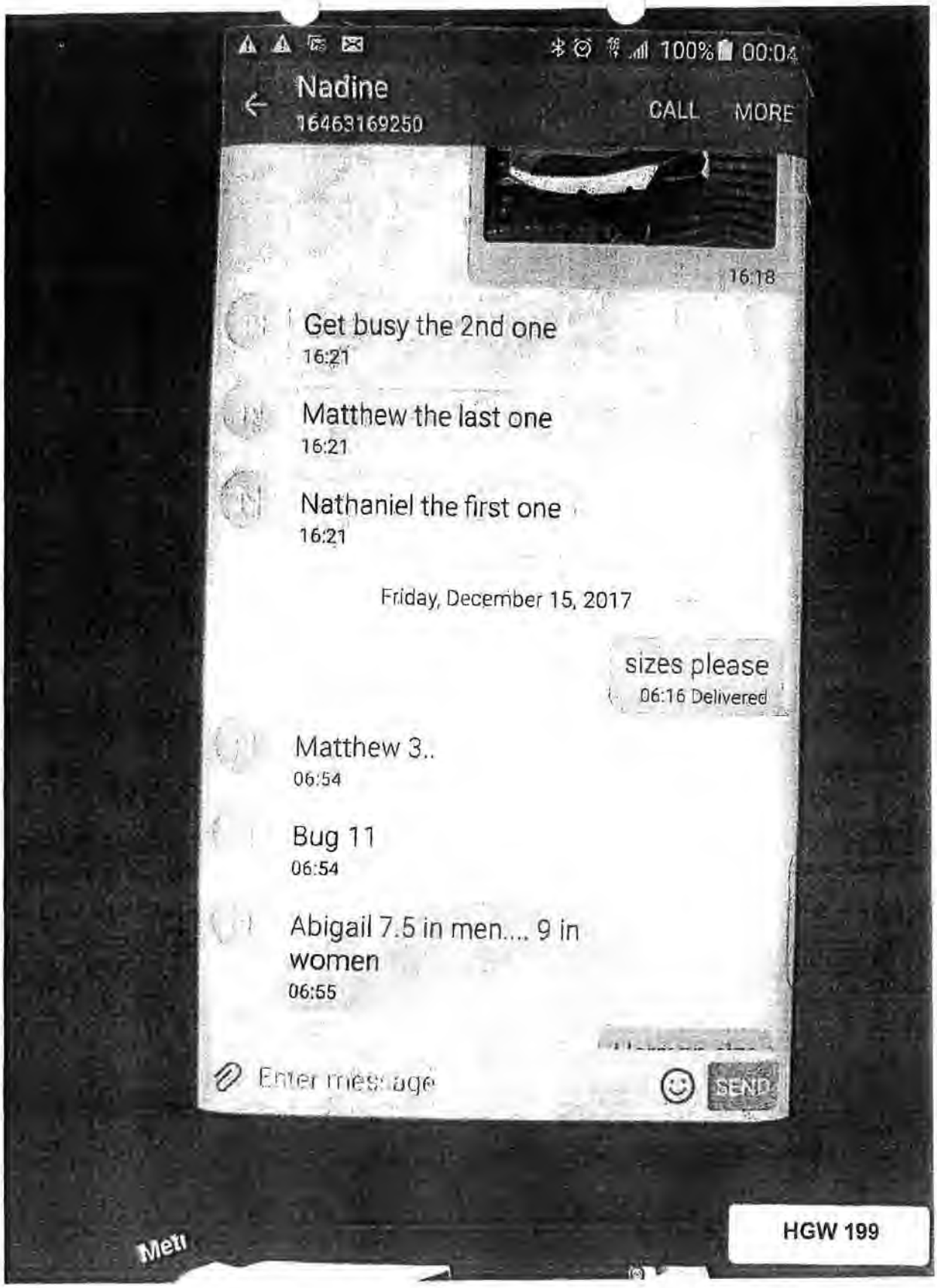
Time of Transaction/Hora de la Transacción
04:12 PM EST

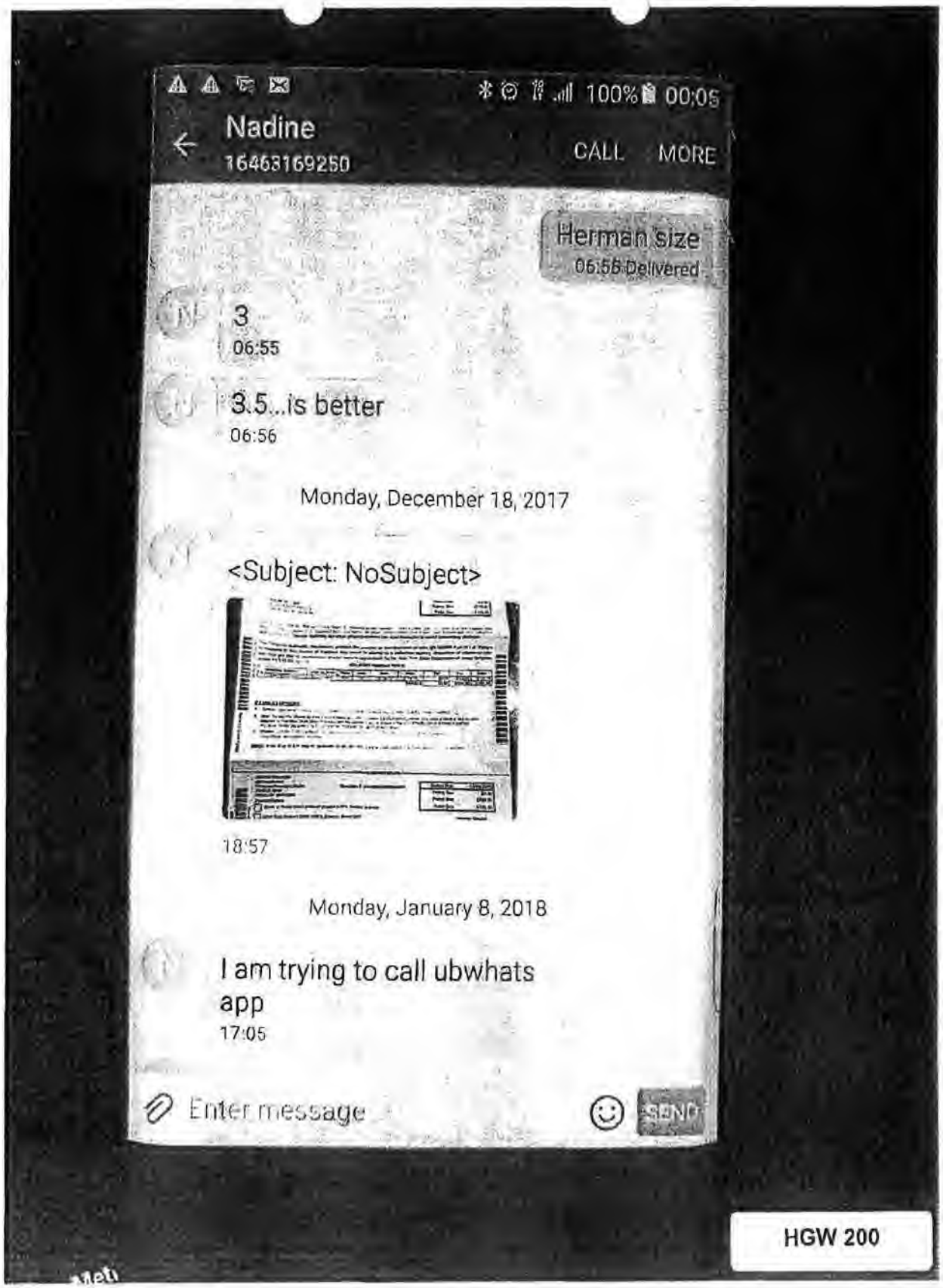
Sender/Remitente

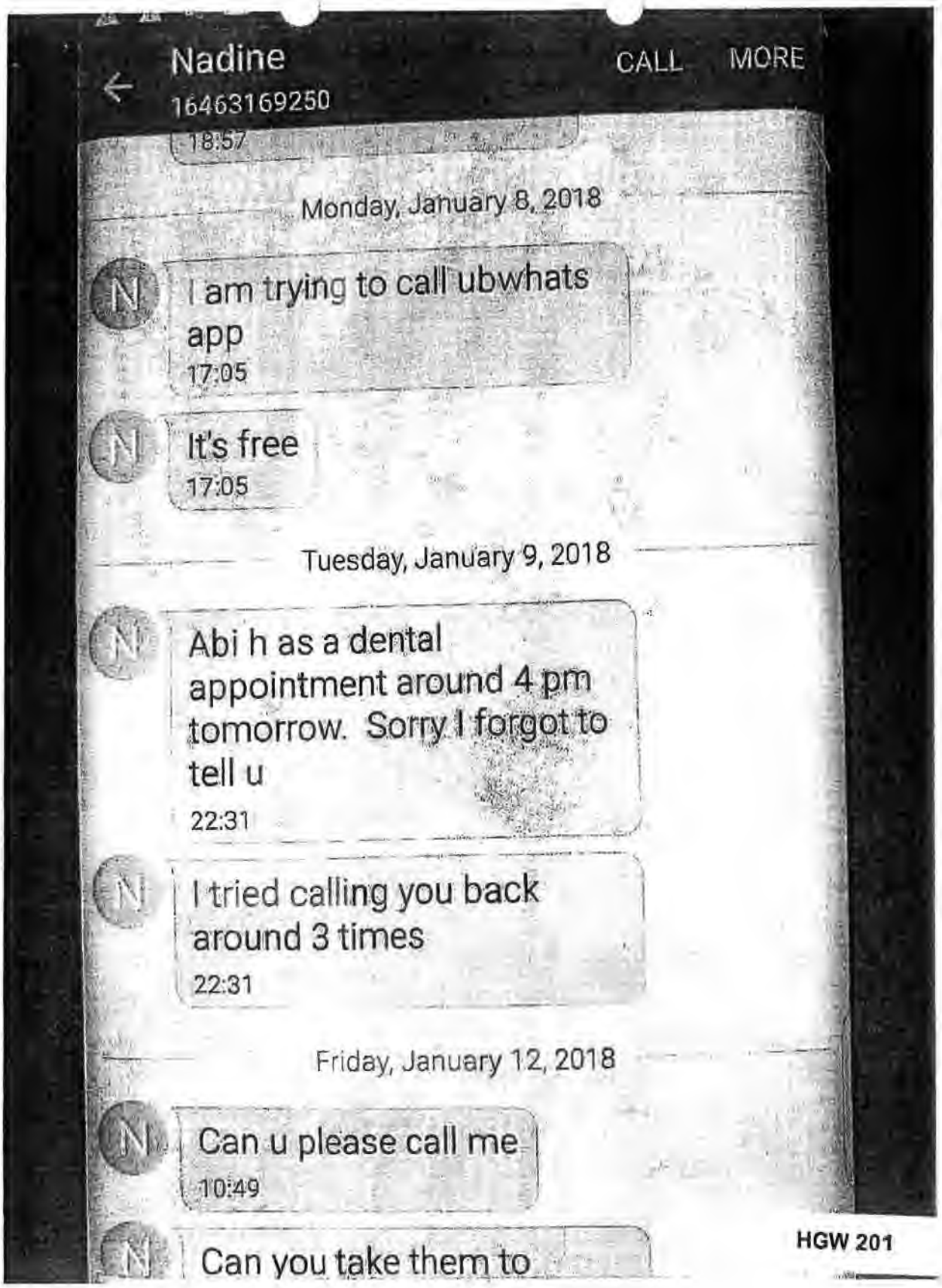
HGW 197


100% 00:04
Nadine
16463169250
CALL
MORE
Tuesday, November 21, 2017
Thank u for the flower
18:31
Thursday, December 14, 2017
Enter message
SEND

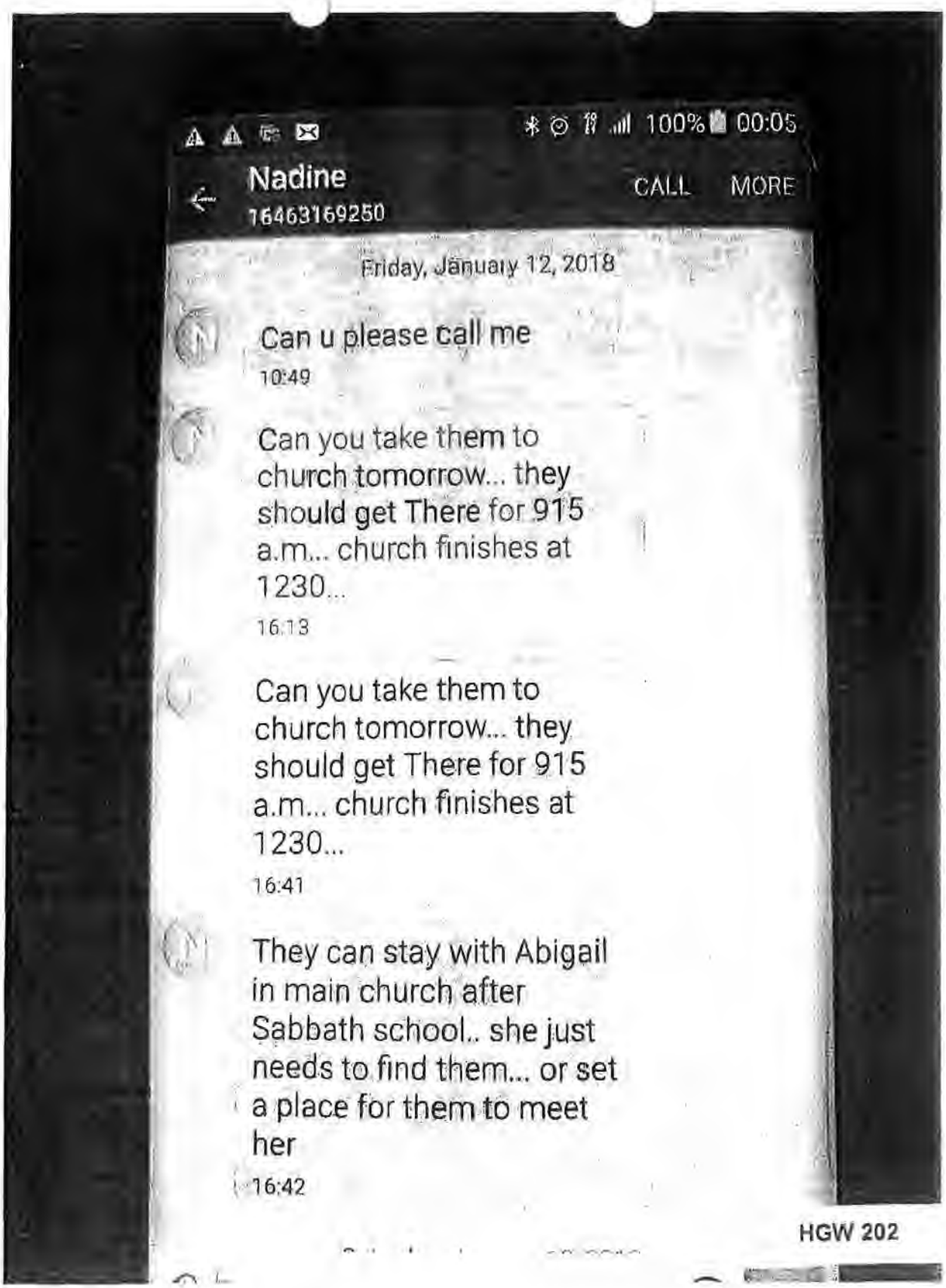
HGW 198


100% 00:04
Nadine
16463169250
CALL
MORE
16:18
Get busy the 2nd one
16:21
Matthew the last one
16:21
Nathaniel the first one
16:21
Friday, December 15, 2017
sizes please
06:16 Delivered
Matthew 3..
06:54
Bug 11
06:54
Abigail 7.5 in men.... 9 in women
06:55
Enter message
SEND
Met
HGW 199


100% 00:05
Nadine
16463169250
CALL
MORE
Herman size
06:55 Delivered
3
06:55
3.5...is better
06:56
Monday, December 18, 2017
<Subject: NoSubject>
18:57
Monday, January 8, 2018
I am trying to call ubwhats app
17:05
Enter message
SEND
HGW 200


Nadine
16463169250
CALL
MORE
18:57
Monday, January 8, 2018
I am trying to call ubwhats app
17:05
It's free
17:05
Tuesday, January 9, 2018
Abi h as a dental appointment around 4 pm tomorrow. Sorry I forgot to tell u
22:31
I tried calling you back around 3 times
22:31
Friday, January 12, 2018
Can u please call me
10:49
Can you take them to

HGW 201


100% 00:05
Nadine
16463169250
CALL
MORE
Friday, January 12, 2018
Can u please call me
10:49
Can you take them to church tomorrow... they should get There for 915 a.m... church finishes at 1230...
16:13
Can you take them to church tomorrow... they should get There for 915 a.m... church finishes at 1230...
16:41
They can stay with Abigail in main church after Sabbath school.. she just needs to find them... or set a place for them to meet her
16:42

HGW 202

Nadine
16463169250
CALL MORE

her
16:42

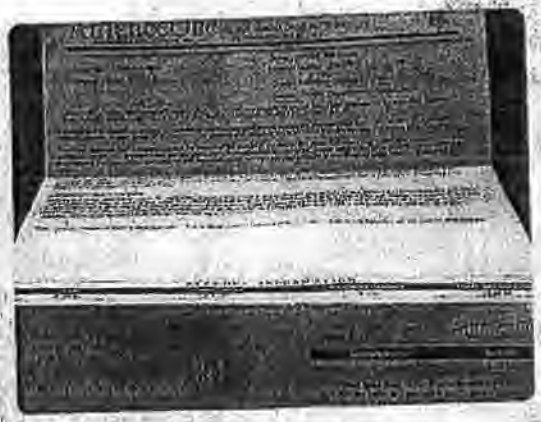
Saturday, January 13, 2018

N Hi. Please call me
09:43

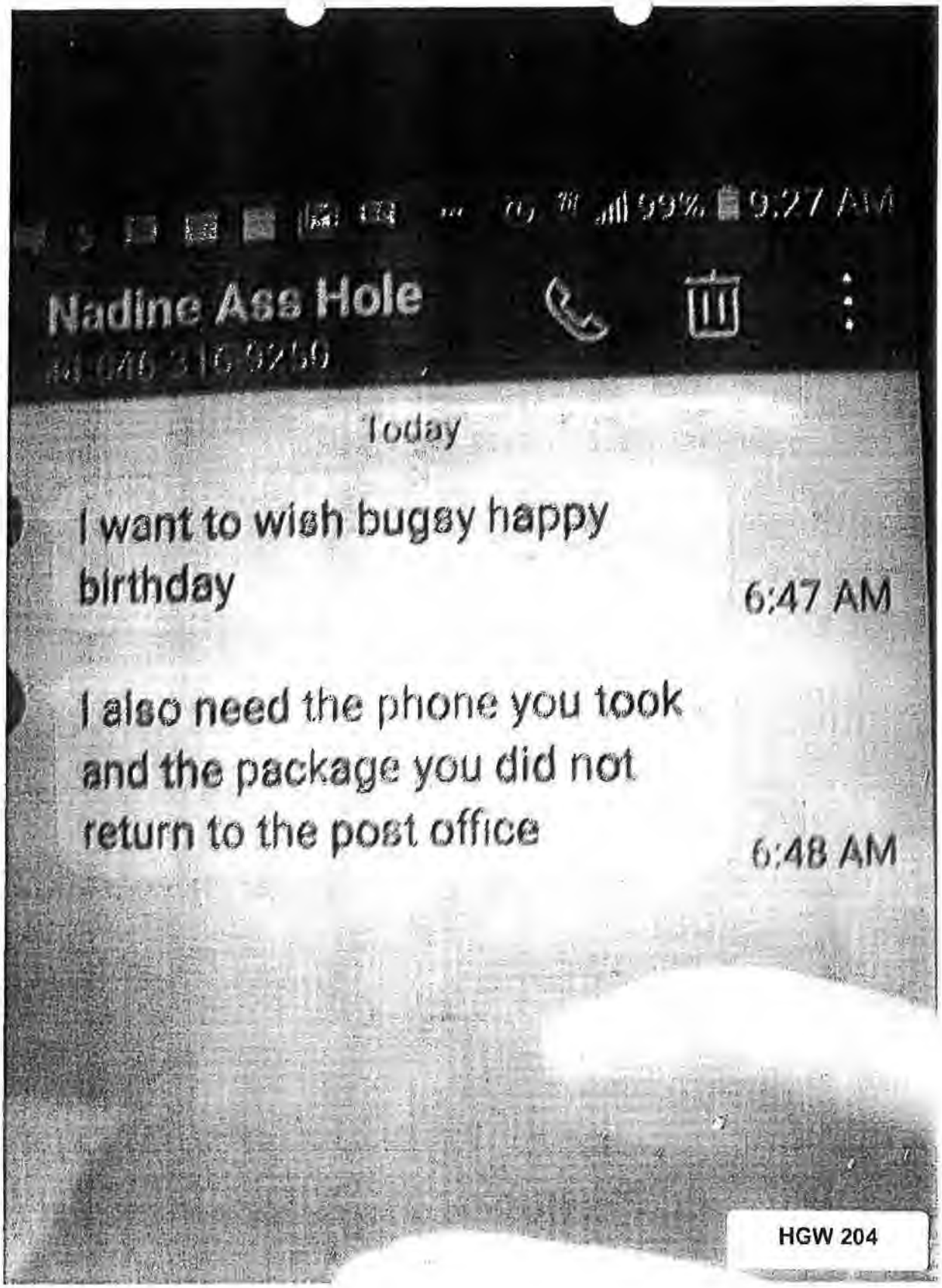
N Did u drop the kids to church already?
09:43

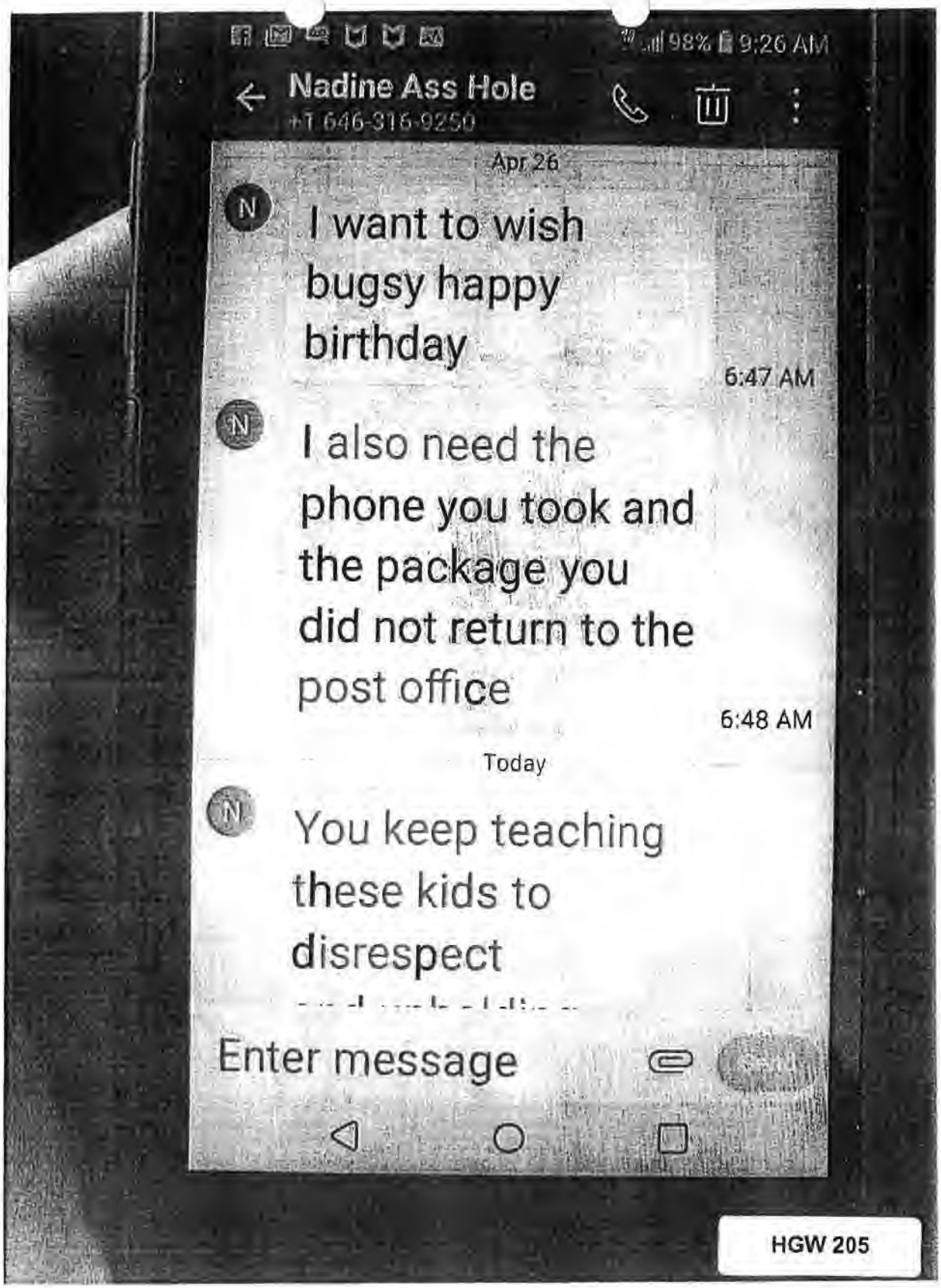
N I am trying to call u and u are on
09:44

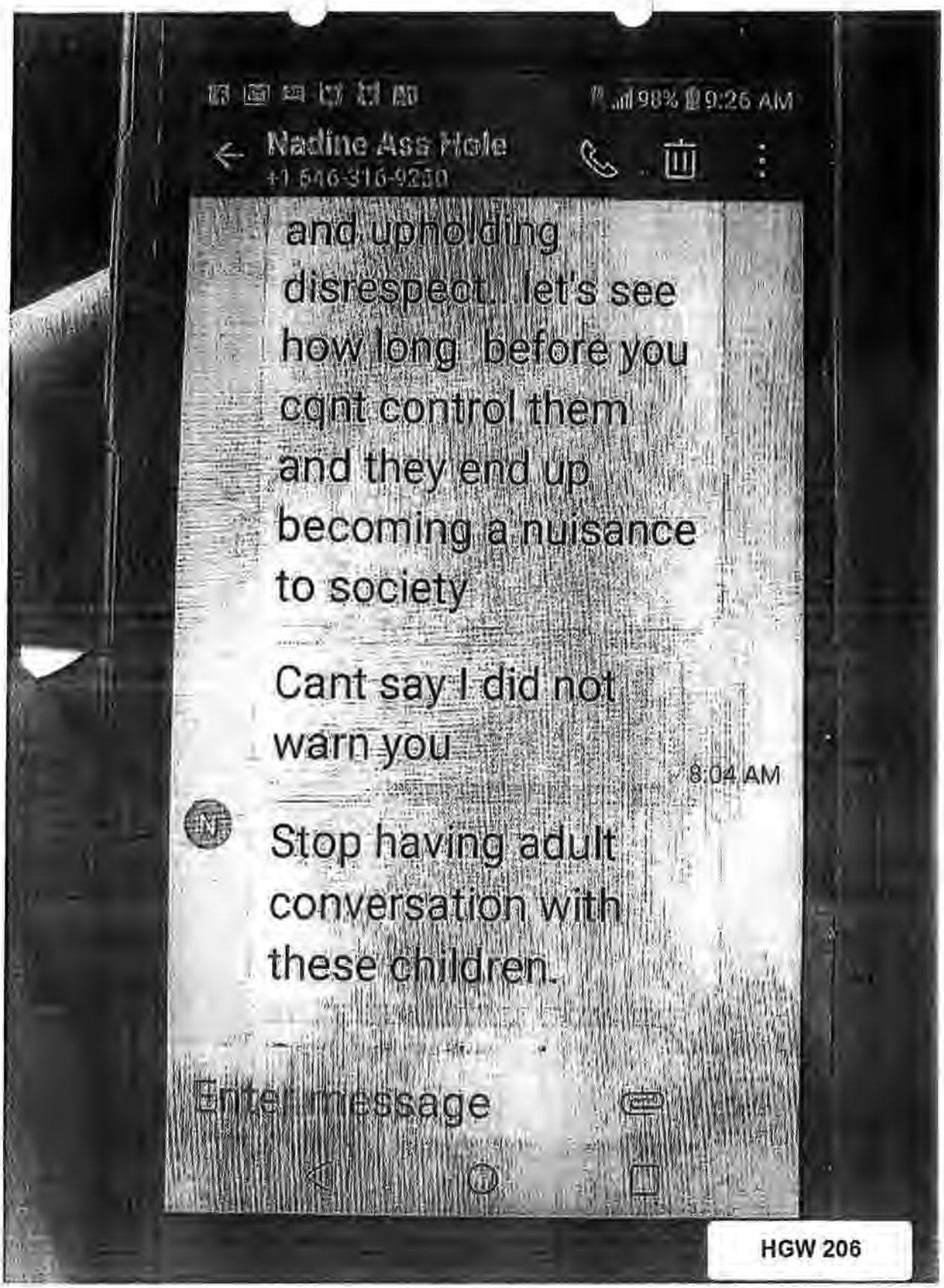
Sunday, January 21, 2018

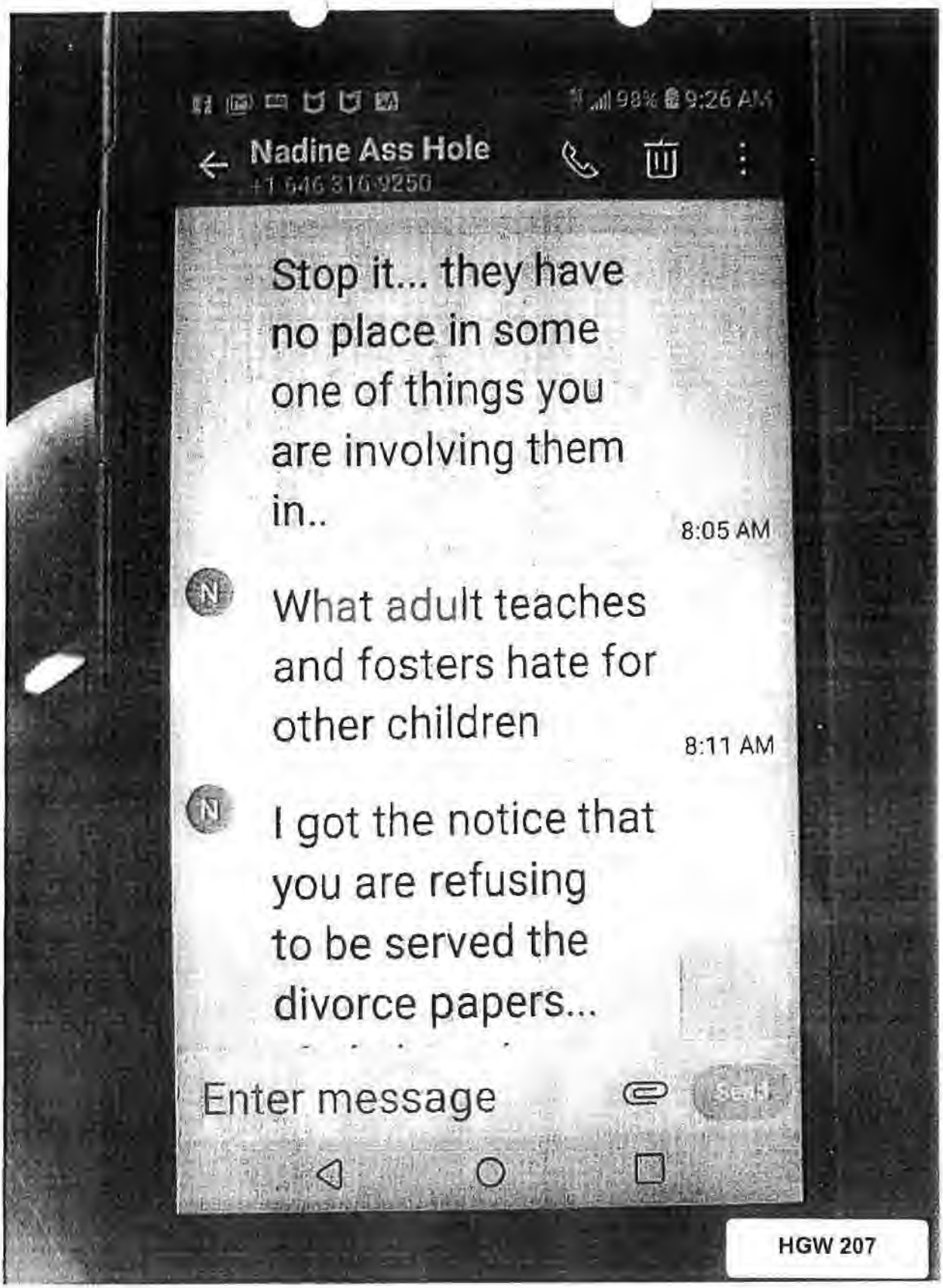
N 
(1.27MB)
18:10

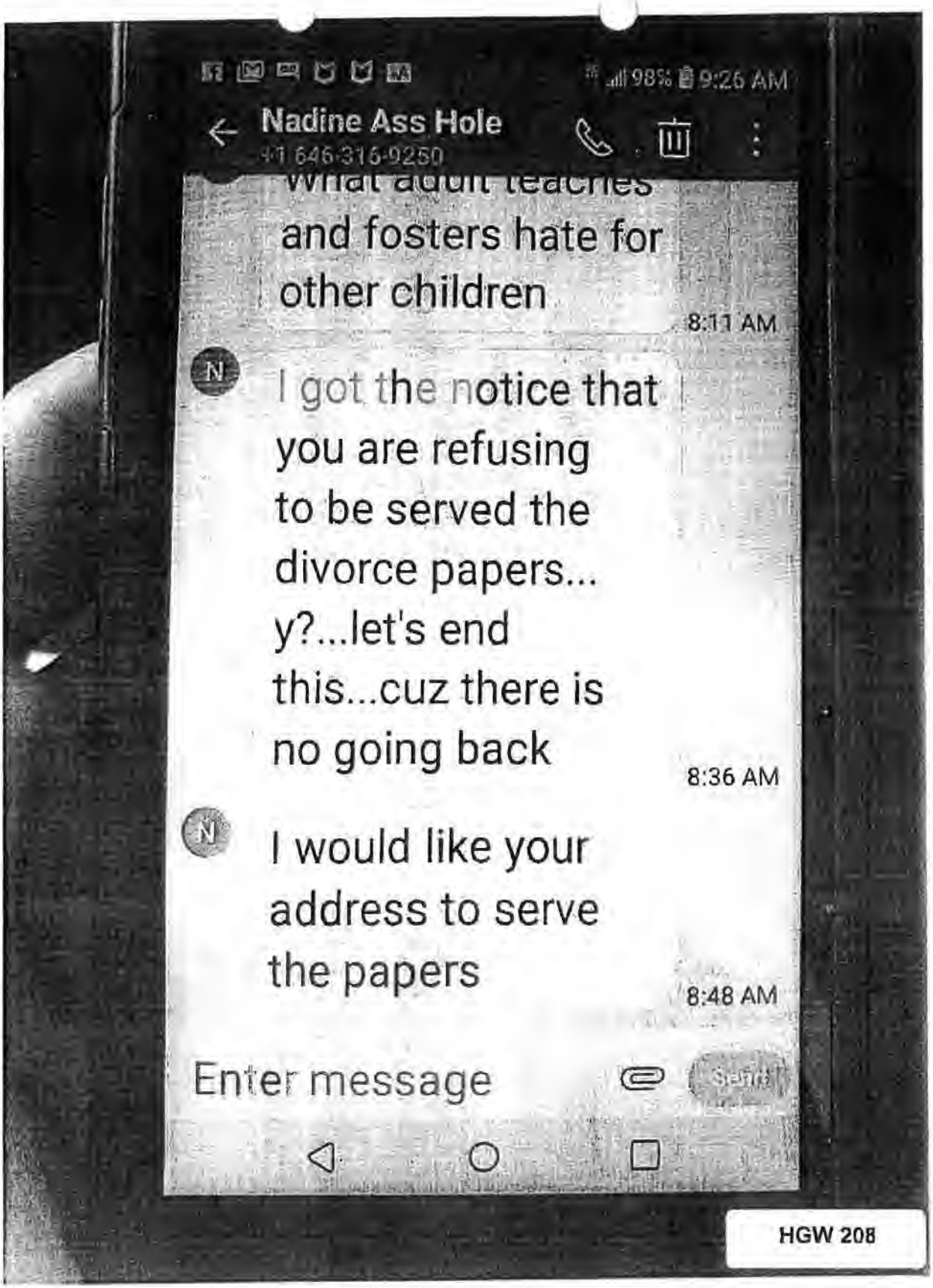
HGW 203

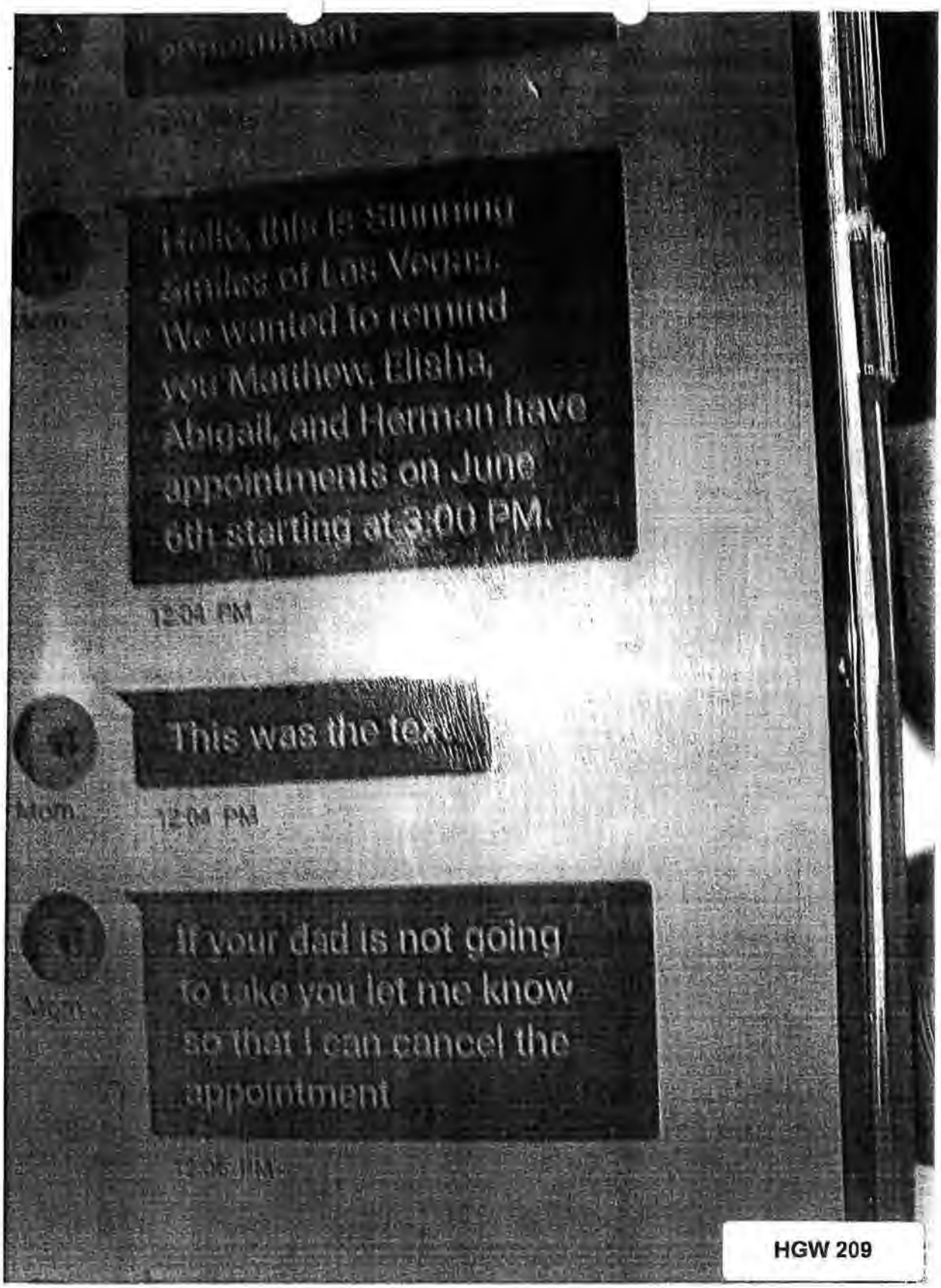

99% 9:27 AM
Nadine Ass Hole
Today
I want to wish bugsy happy birthday
6:47 AM
I also need the phone you took and the package you did not return to the post office
6:48 AM
HGW 204

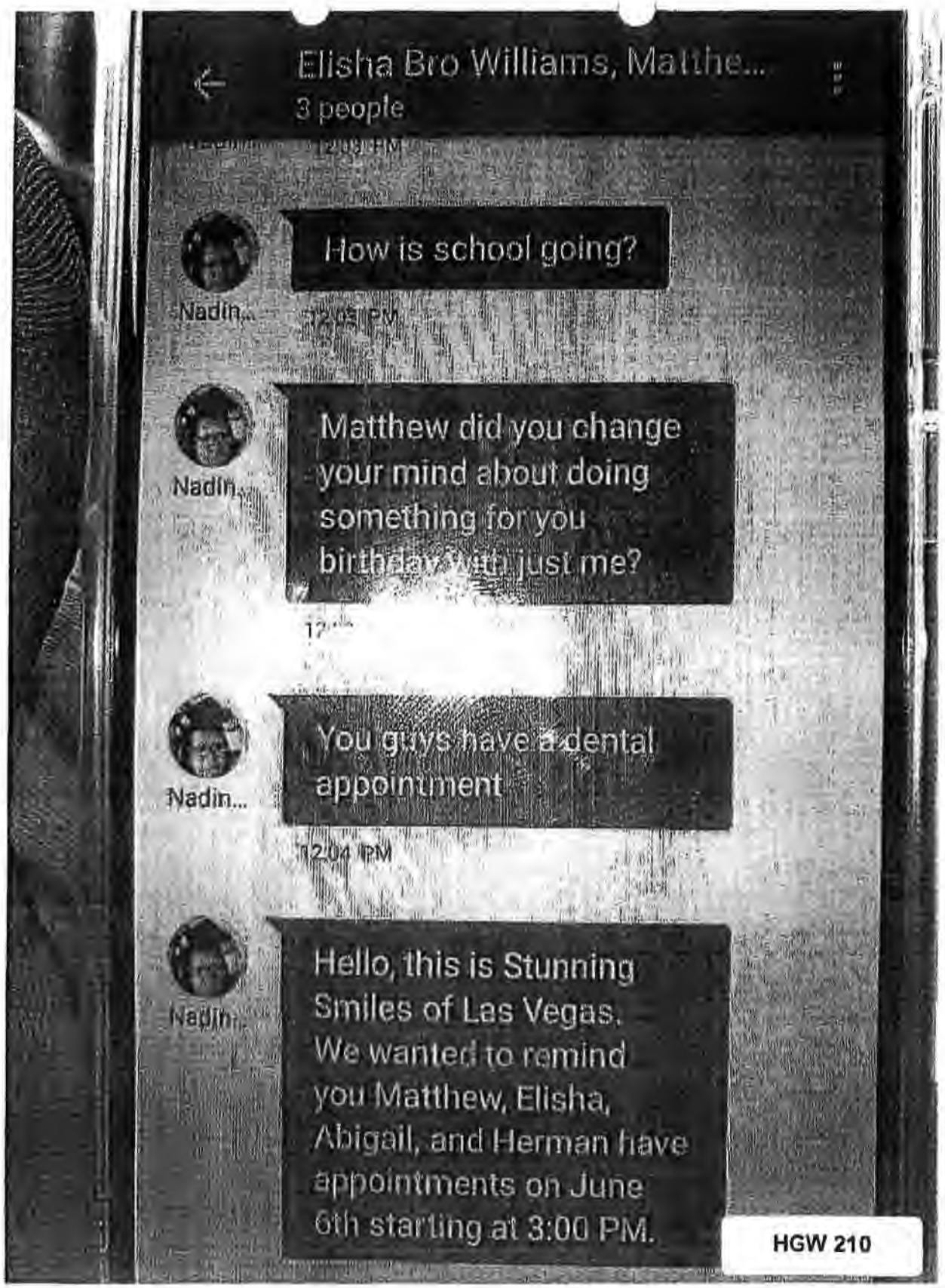

98% 9:26 AM
Nadine Ass Hole
+1 646-316-9250
Apr 26
I want to wish bugsy happy birthday
6:47 AM
I also need the phone you took and the package you did not return to the post office
6:48 AM
Today
You keep teaching these kids to disrespect
Enter message
HGW 205


98% 9:26 AM
Nadine Ass Hole
+1 646-316-9250
and upholding disrespect.. let's see how long before you cqnt control them and they end up becoming a nuisance to society
Cant say I did not warn you
8:04 AM
Stop having adult conversation with these children.
Enter message
HGW 206

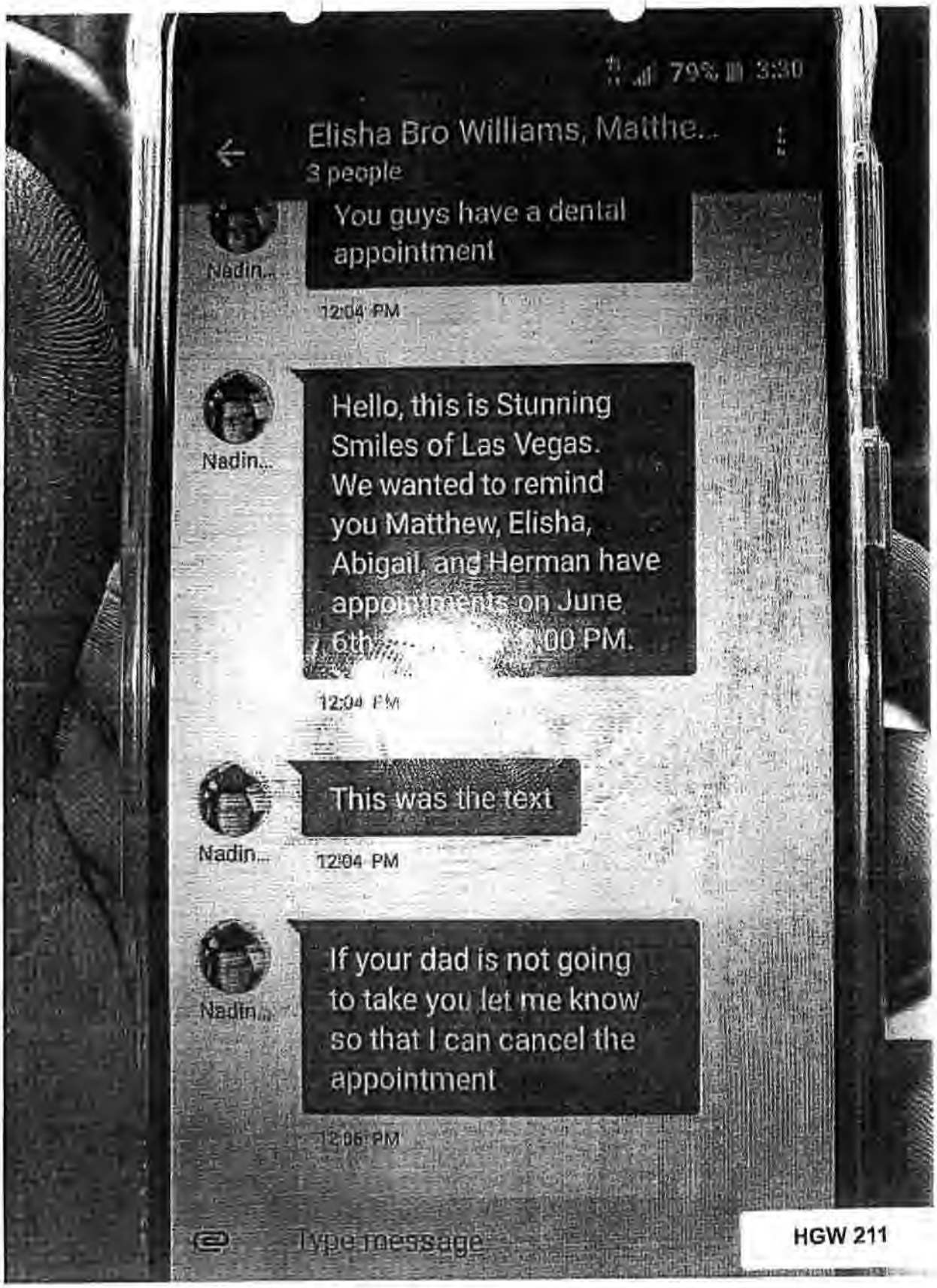

98% 9:26 AM
Nadine Ass Hole
+1 646 316 9250
Stop it... they have no place in some one of things you are involving them in..
8:05 AM
What adult teaches and fosters hate for other children
8:11 AM
I got the notice that you are refusing to be served the divorce papers...
Enter message
Send
HGW 207


98% 9:26 AM
Nadine Ass Hole
+1 646-316-9250
and fosters hate for other children
8:11 AM
I got the notice that you are refusing to be served the divorce papers... y?...let's end this...cuz there is no going back
8:36 AM
I would like your address to serve the papers
8:48 AM
Enter message
Send
HGW 208

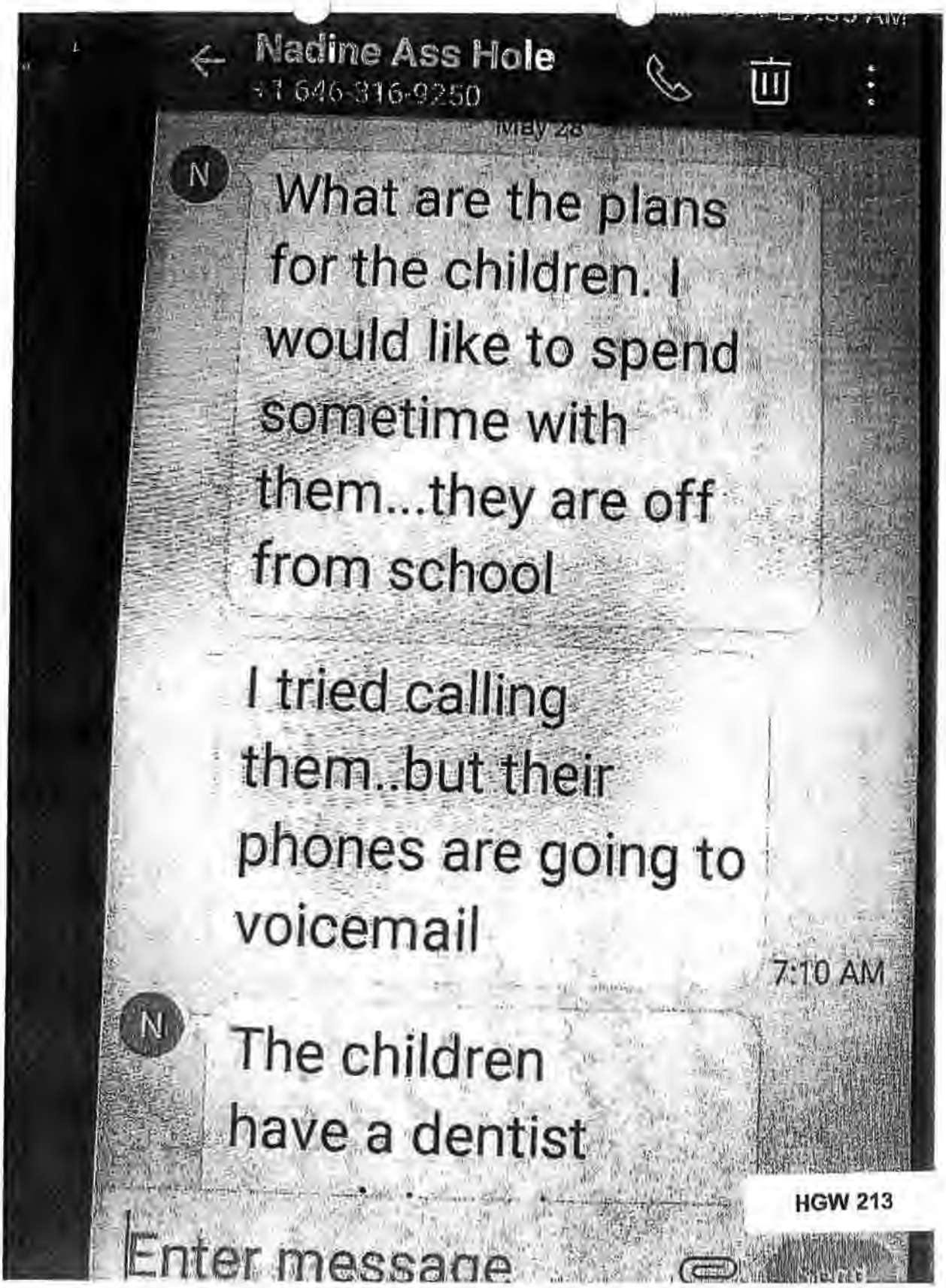

Hello, this is Summit
smiles of Las Vegas.
We wanted to remind
you Matthew, Elisha,
Abigail, and Herman have
appointments on June
6th starting at 3:00 PM.
12:04 PM
This was the text
Mom
12:04 PM
If your dad is not going
to take you let me know
so that I can cancel the
appointment
Mom
HGW 209


Elisha Bro Williams, Matthe...
3 people
How is school going?
Nadin...
Matthew did you change your mind about doing something for you birthday with just me?
Nadin...
You guys have a dental appointment
Nadin...
12:04 PM
Hello, this is Stunning Smiles of Las Vegas. We wanted to remind you Matthew, Elisha, Abigail, and Herman have appointments on June 6th starting at 3:00 PM.
Nadin...

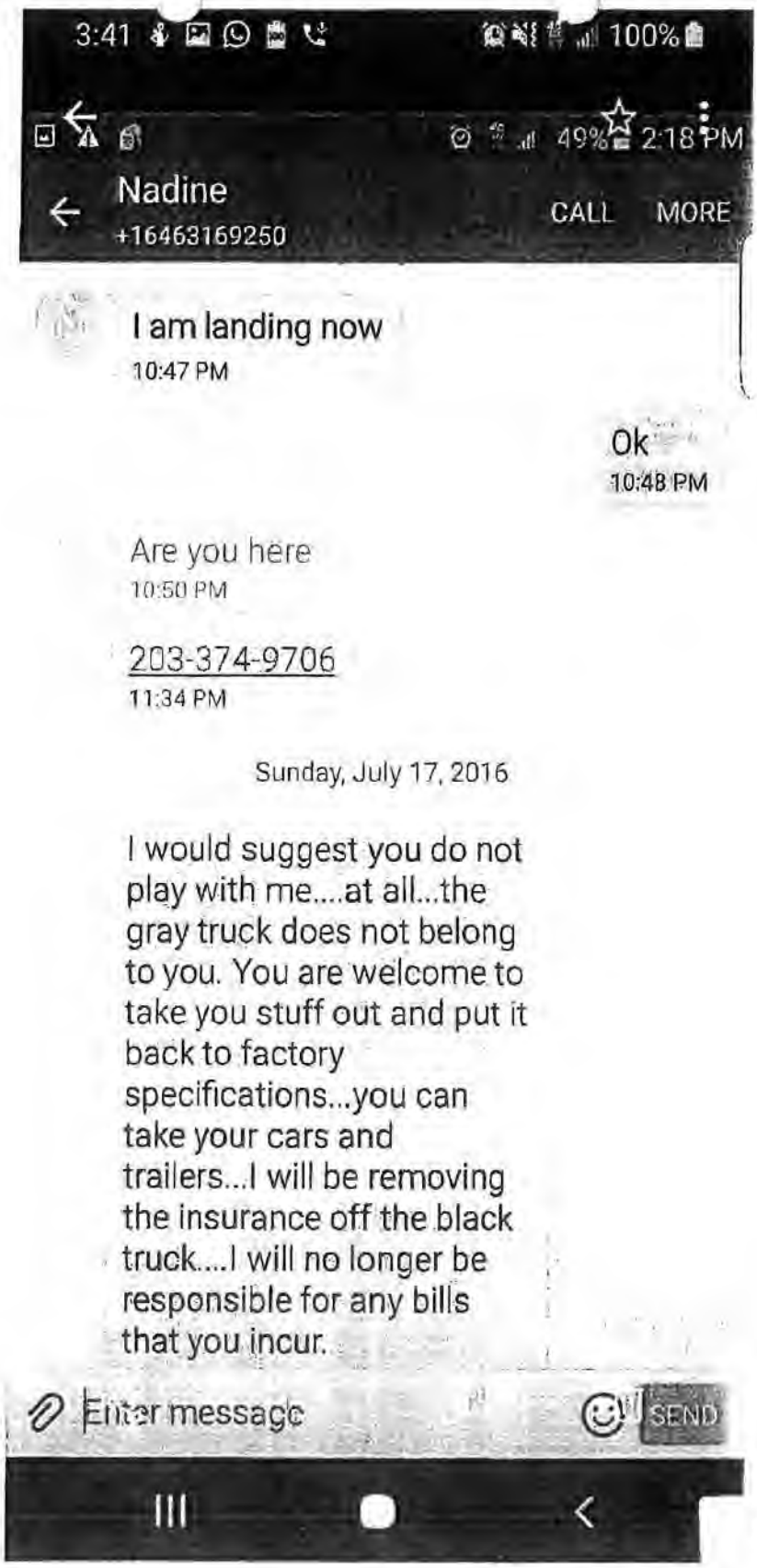
HGW 210


79% 3:30
Elisha Bro Williams, Matthe...
3 people
You guys have a dental appointment
Nadin...
12:04 PM
Hello, this is Stunning Smiles of Las Vegas. We wanted to remind you Matthew, Elisha, Abigail, and Herman have appointments on June 6th
00 PM.
12:04 PM
This was the text
Nadin...
12:04 PM
If your dad is not going to take you let me know so that I can cancel the appointment
Nadin...
12:06 PM
Type message
HGW 211

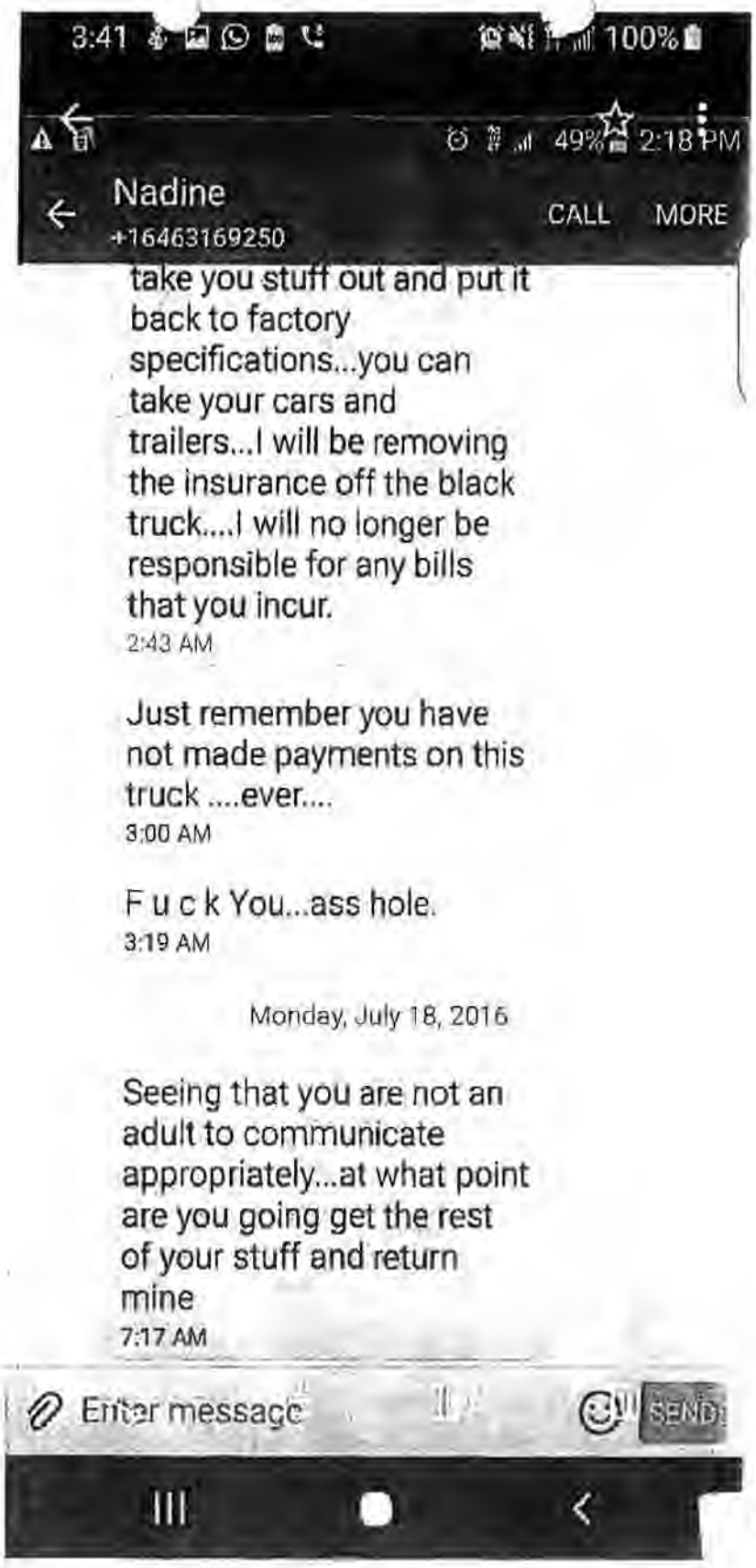

HGW 212


Nadine Ass Hole
+1 646-316-9250
May 28
N
What are the plans for the children. I would like to spend sometime with them...they are off from school
I tried calling them..but their phones are going to voicemail
7:10 AM
N
The children have a dentist
Enter message

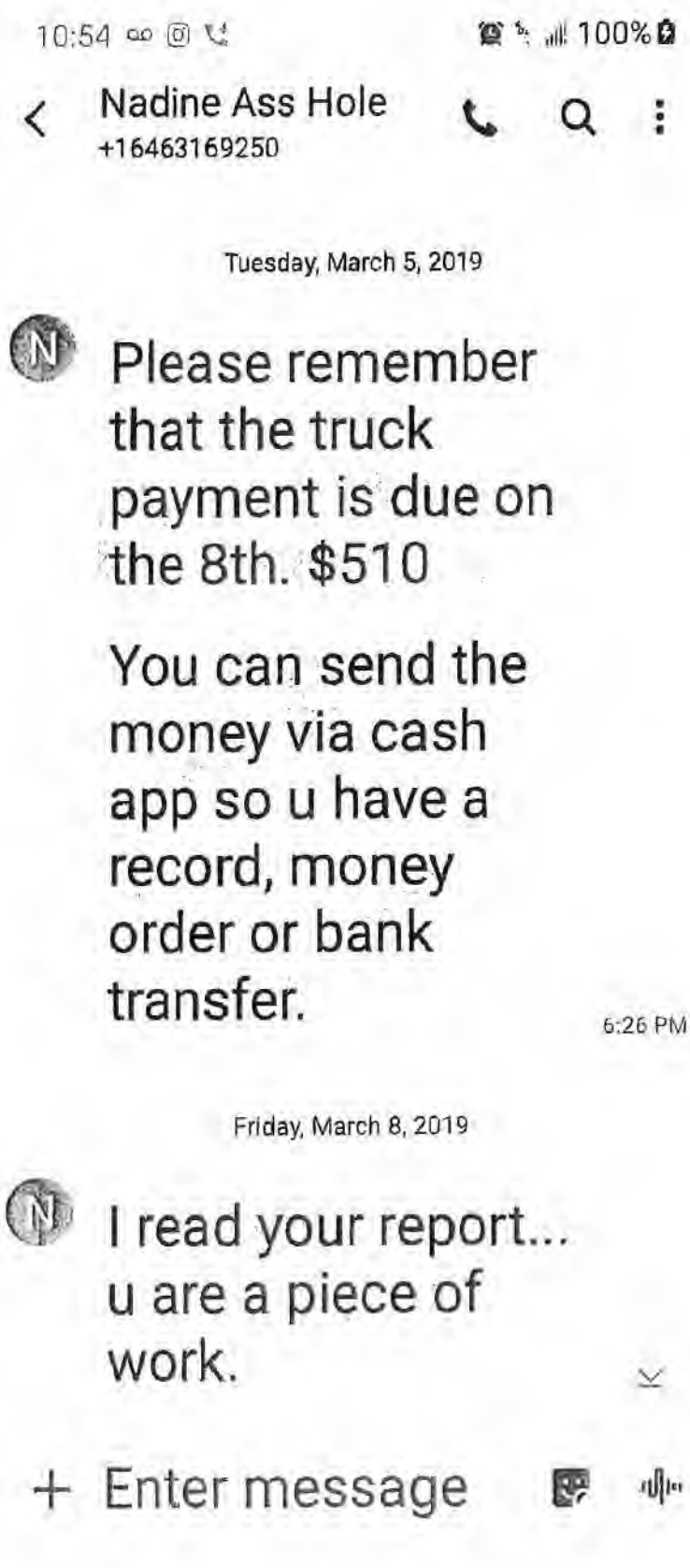
HGW 213


3:41
100%
49%
2:18 PM
Nadine
+16463169250
CALL
MORE
I am landing now
10:47 PM
Ok
10:48 PM
Are you here
10:50 PM
203-374-9706
11:34 PM
Sunday, July 17, 2016
I would suggest you do not play with me....at all...the gray truck does not belong to you. You are welcome to take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
Enter message
SEND

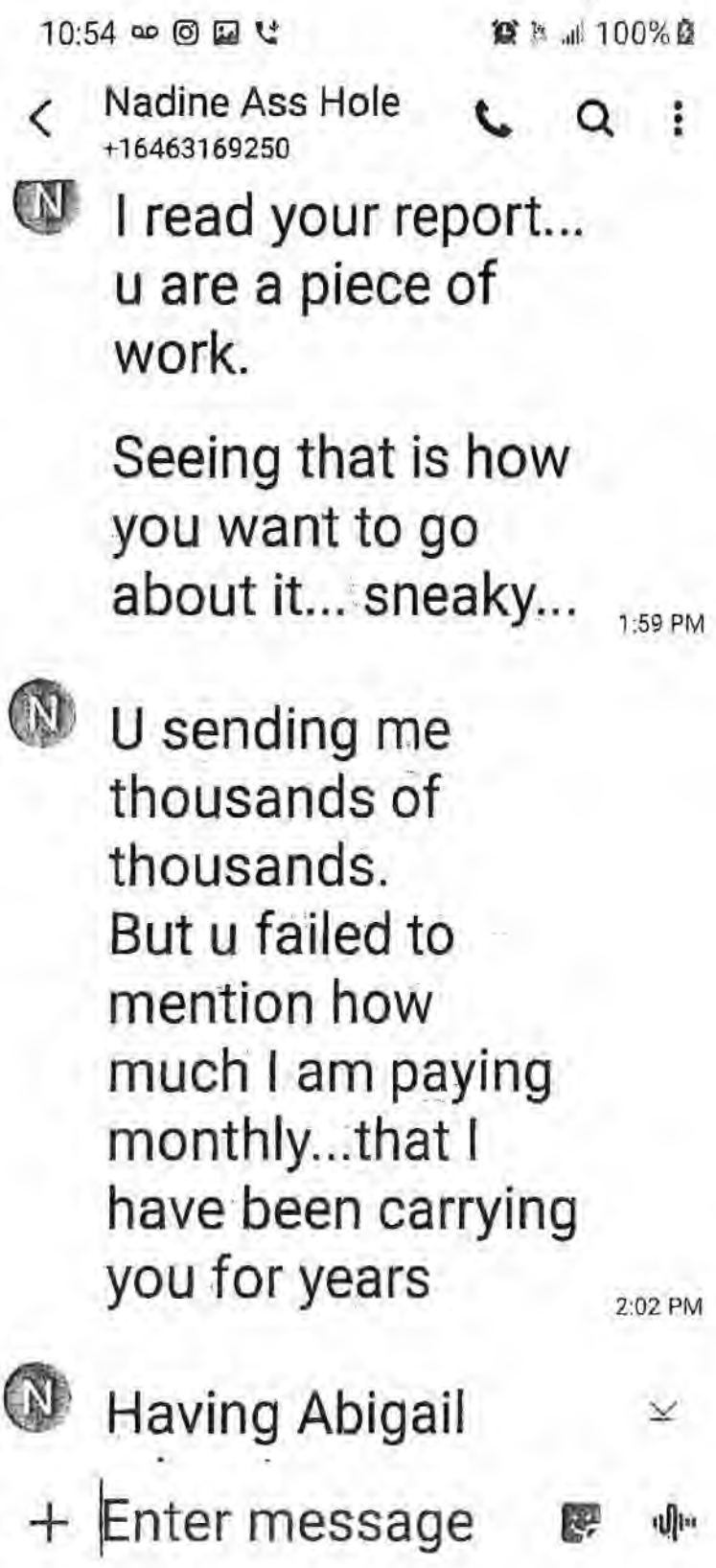
HGW 214


3:41
100%
49% 2:18 PM
Nadine
+16463169250
CALL
MORE
take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
2:43 AM
Just remember you have not made payments on this truck ....ever....
3:00 AM
F u c k You...ass hole.
3:19 AM
Monday, July 18, 2016
Seeing that you are not an adult to communicate appropriately...at what point are you going get the rest of your stuff and return mine
7:17 AM
Enter message
SEND

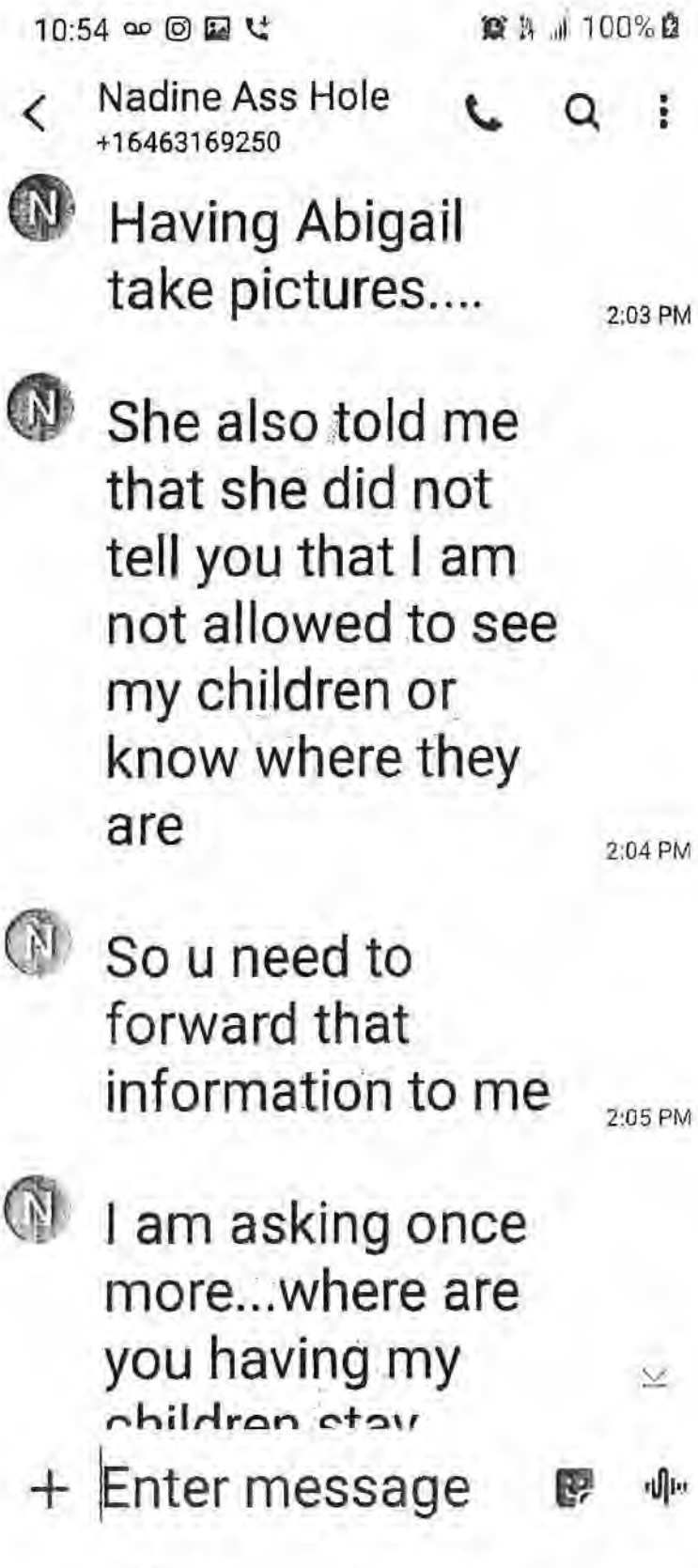
HGW 215


10:54
100%
Nadine Ass Hole
+16463169250
Tuesday, March 5, 2019
Please remember that the truck payment is due on the 8th. $510
You can send the money via cash app so u have a record, money order or bank transfer.
6:26 PM
Friday, March 8, 2019
I read your report... u are a piece of work.
Enter message

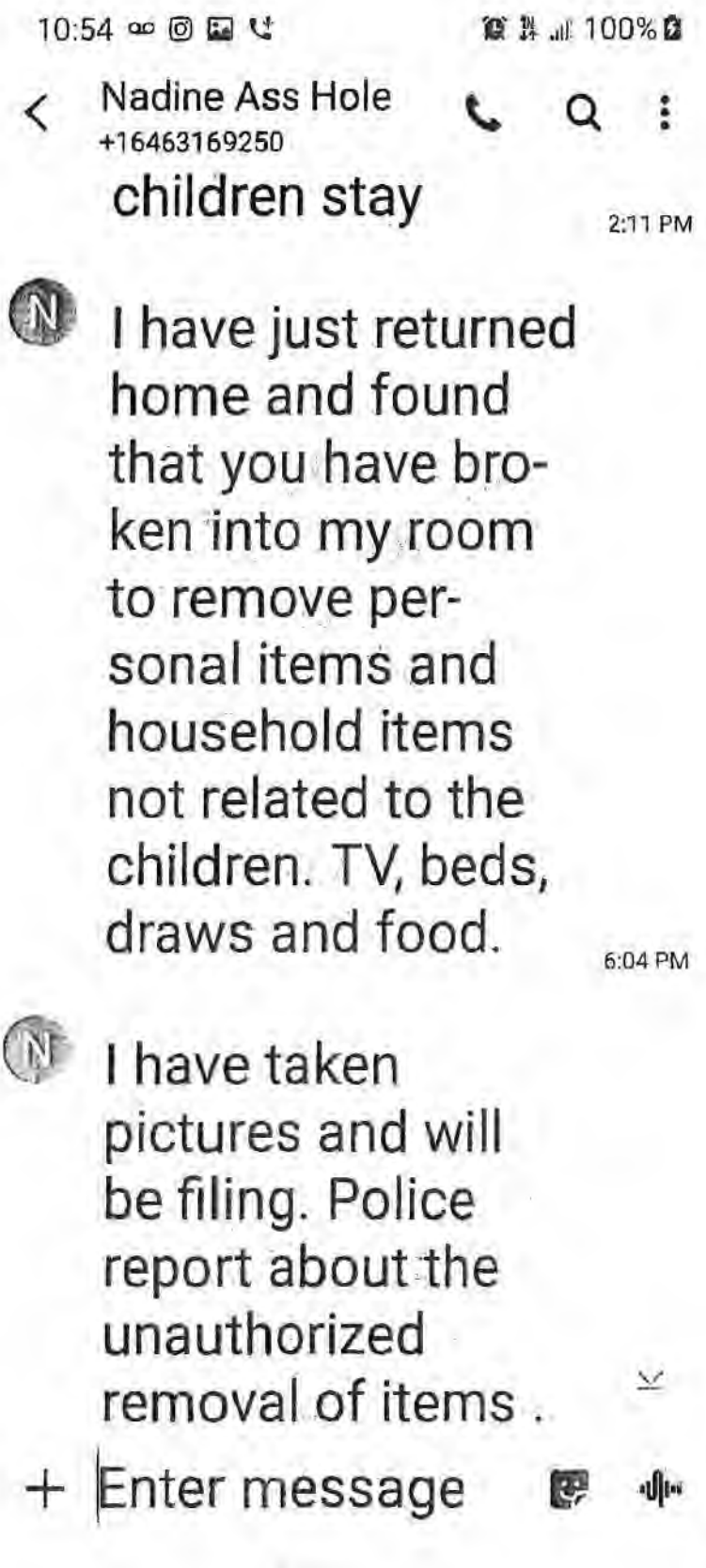
HGW 216


10:54
100%
Nadine Ass Hole
+16463169250
I read your report... u are a piece of work.
Seeing that is how you want to go about it... sneaky...
1:59 PM
U sending me thousands of thousands. But u failed to mention how much I am paying monthly...that I have been carrying you for years
2:02 PM
Having Abigail
Enter message

HGW 217


10:54
100%
Nadine Ass Hole
+16463169250
Having Abigail take pictures....
2:03 PM
She also told me that she did not tell you that I am not allowed to see my children or know where they are
2:04 PM
So u need to forward that information to me
2:05 PM
I am asking once more...where are you having my
Enter message

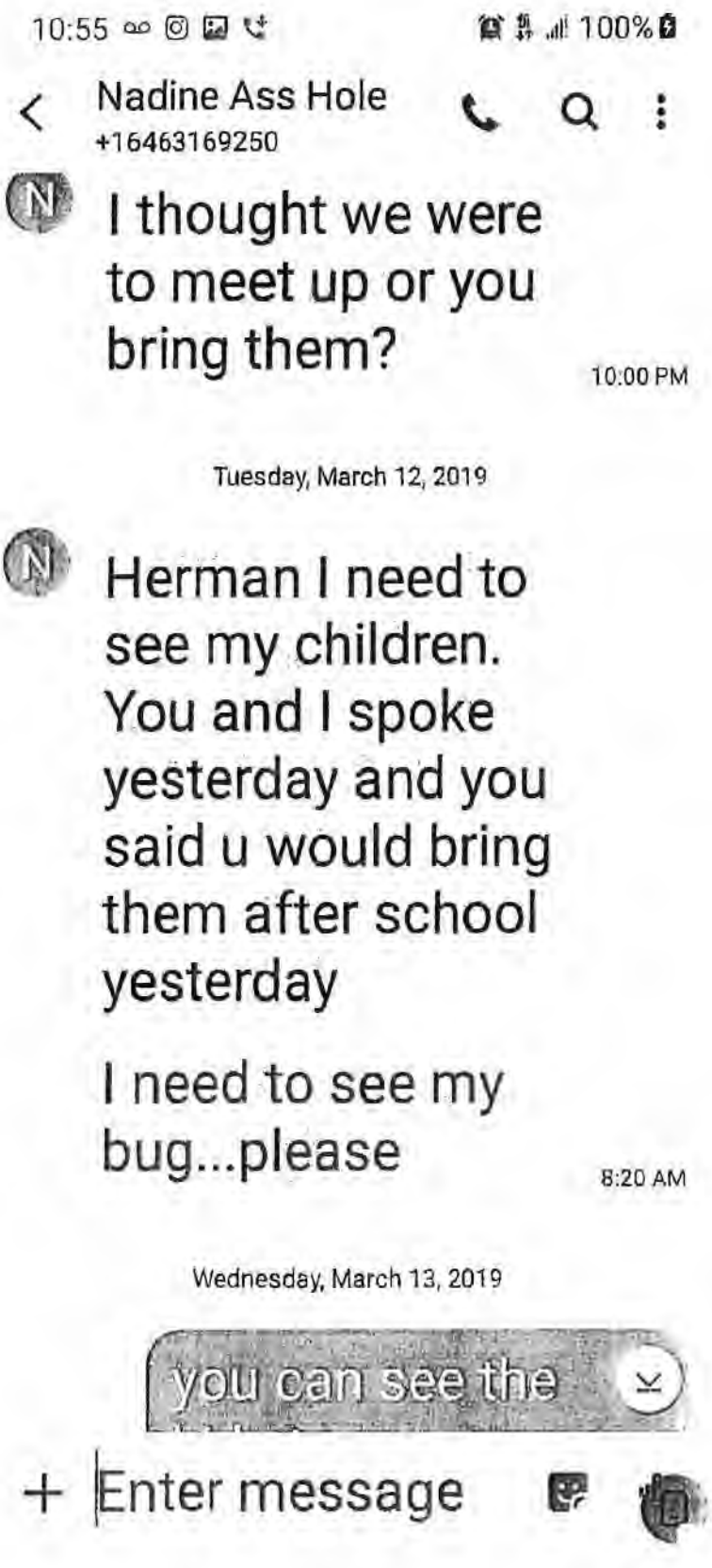
HGW 218


10:54
100%
Nadine Ass Hole
+16463169250
children stay
2:11 PM
I have just returned home and found that you have broken into my room to remove personal items and household items not related to the children. TV, beds, draws and food.
6:04 PM
I have taken pictures and will be filing. Police report about the unauthorized removal of items .
Enter message

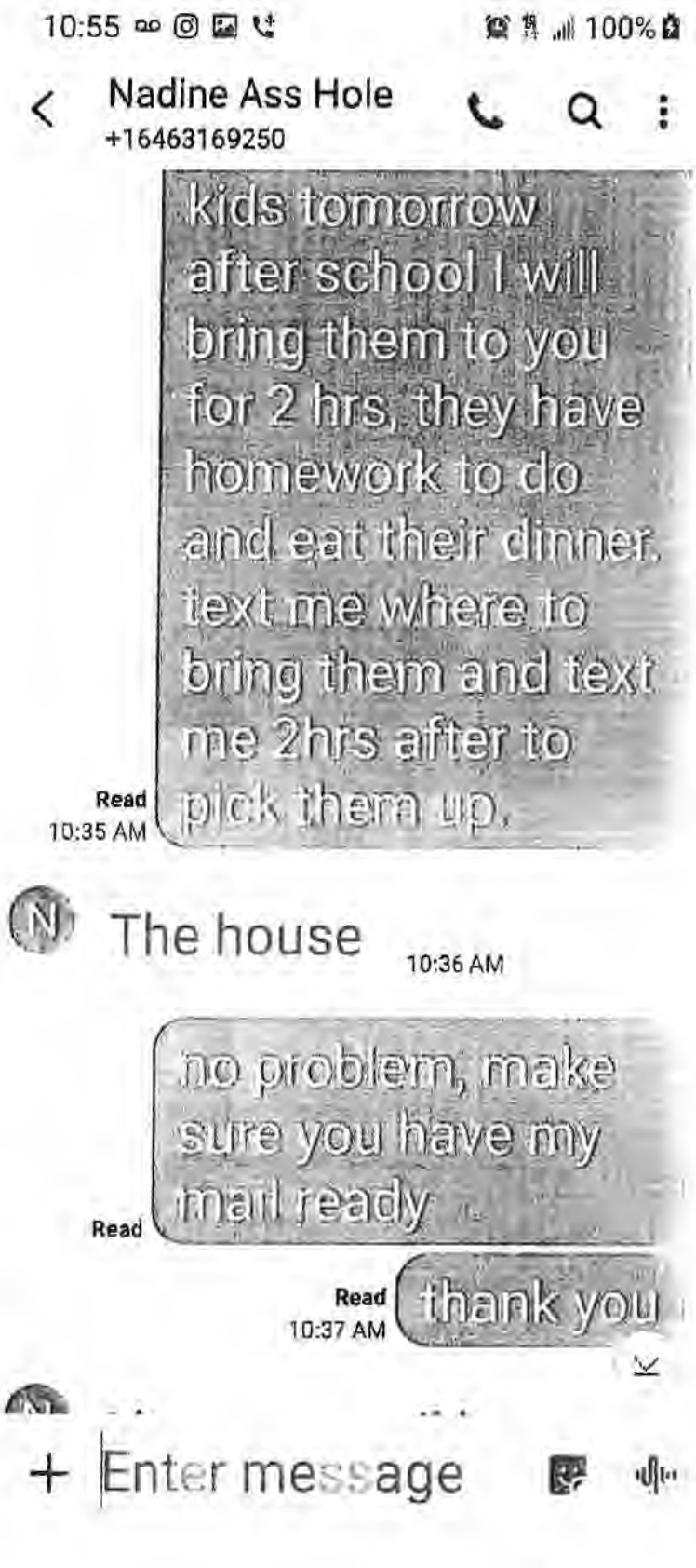
HGW 219


10:54
100%
Nadine Ass Hole
+16463169250
So please return the items stated as above.
6:05 PM
thank you
6:06 PM
Saturday, March 9, 2019
I want to see my children
7:44 AM
You took my personal stuff and I want it back
9:14 AM
Monday, March 11, 2019
I can meet in spring valley
Enter message

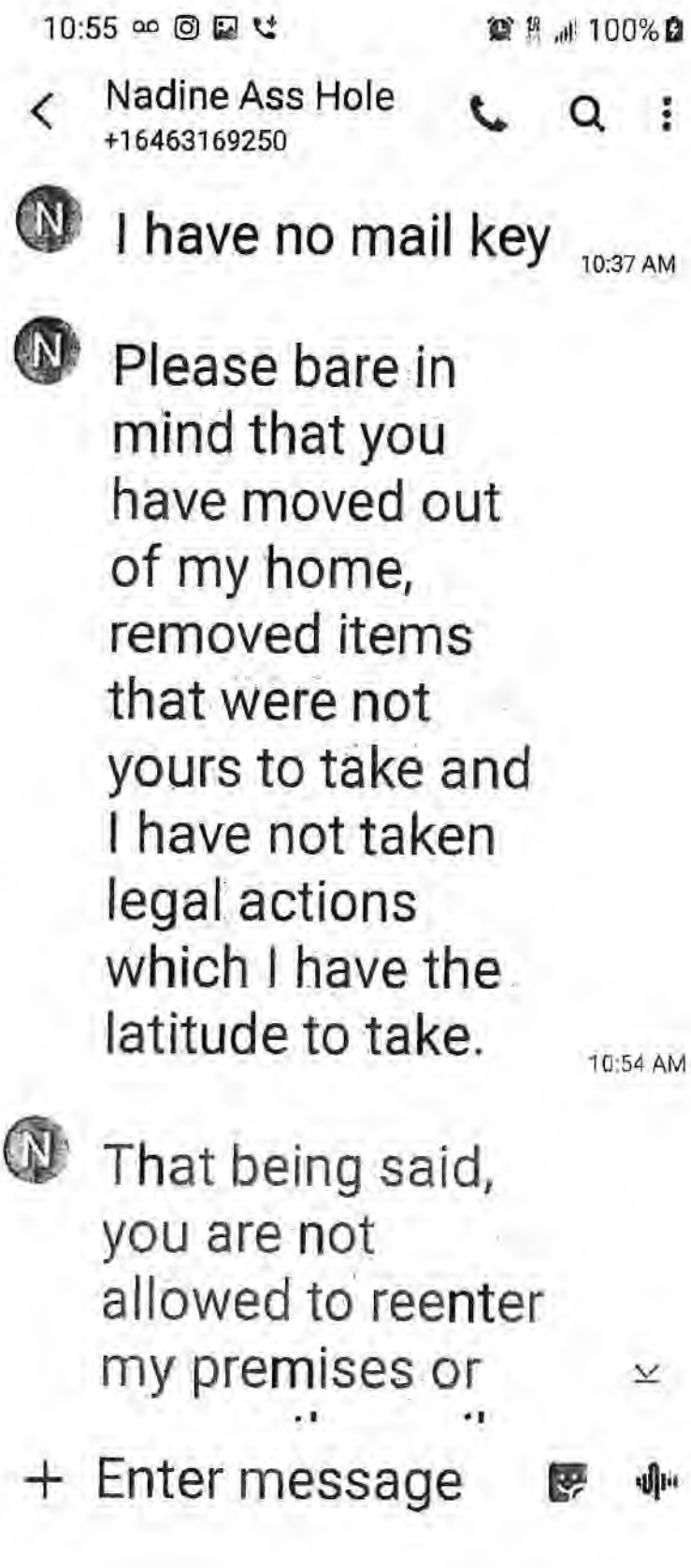
HGW 220


10:55
100%
Nadine Ass Hole
+16463169250
I thought we were to meet up or you bring them?
10:00 PM
Tuesday, March 12, 2019
Herman I need to see my children. You and I spoke yesterday and you said u would bring them after school yesterday
I need to see my bug...please
8:20 AM
Wednesday, March 13, 2019
you can see the
Enter message

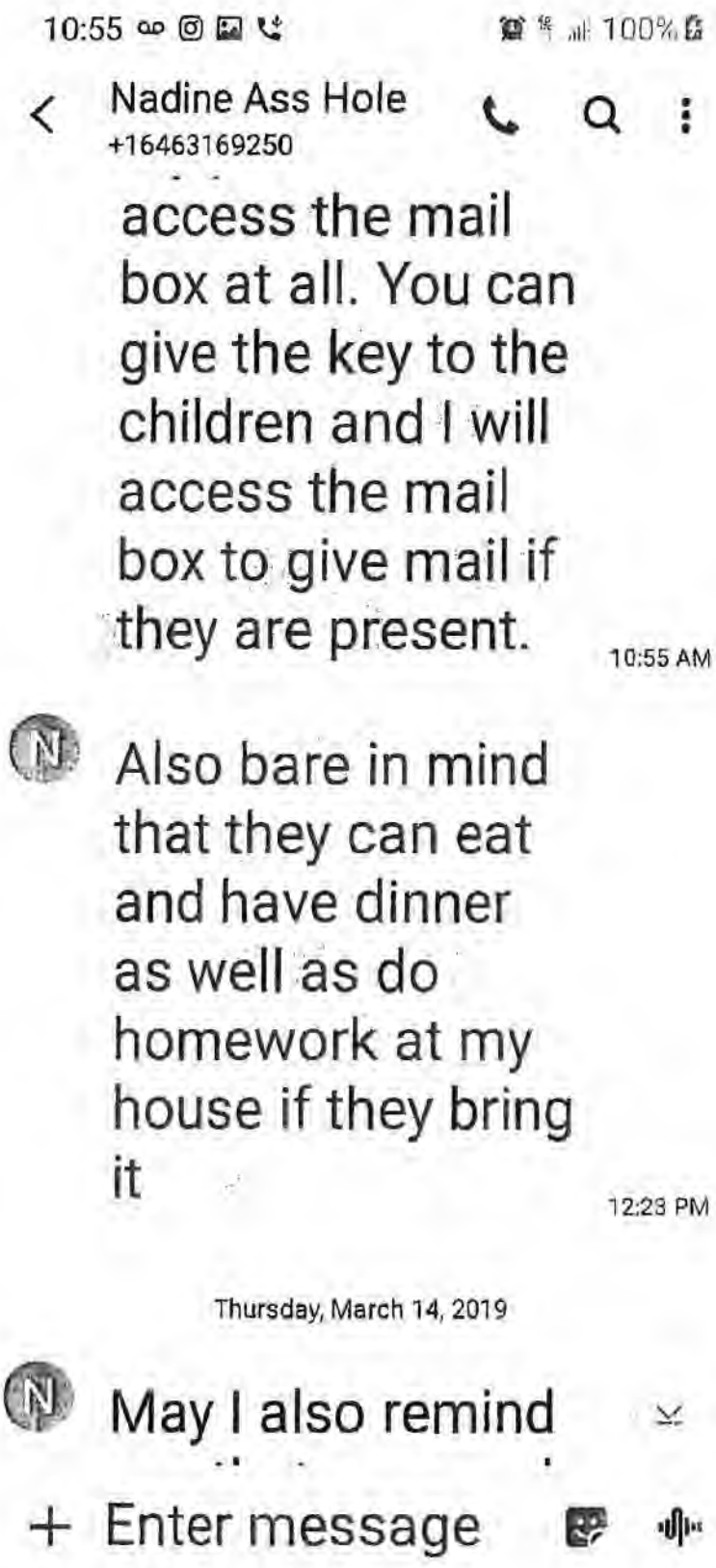
HGW 221


10:55
100%
Nadine Ass Hole
+16463169250
kids tomorrow after school I will bring them to you for 2 hrs, they have homework to do and eat their dinner. text me where to bring them and text me 2hrs after to pick them up.
Read
10:35 AM
The house
10:36 AM
no problem, make sure you have my mail ready
Read
Read
10:37 AM
thank you
Enter message

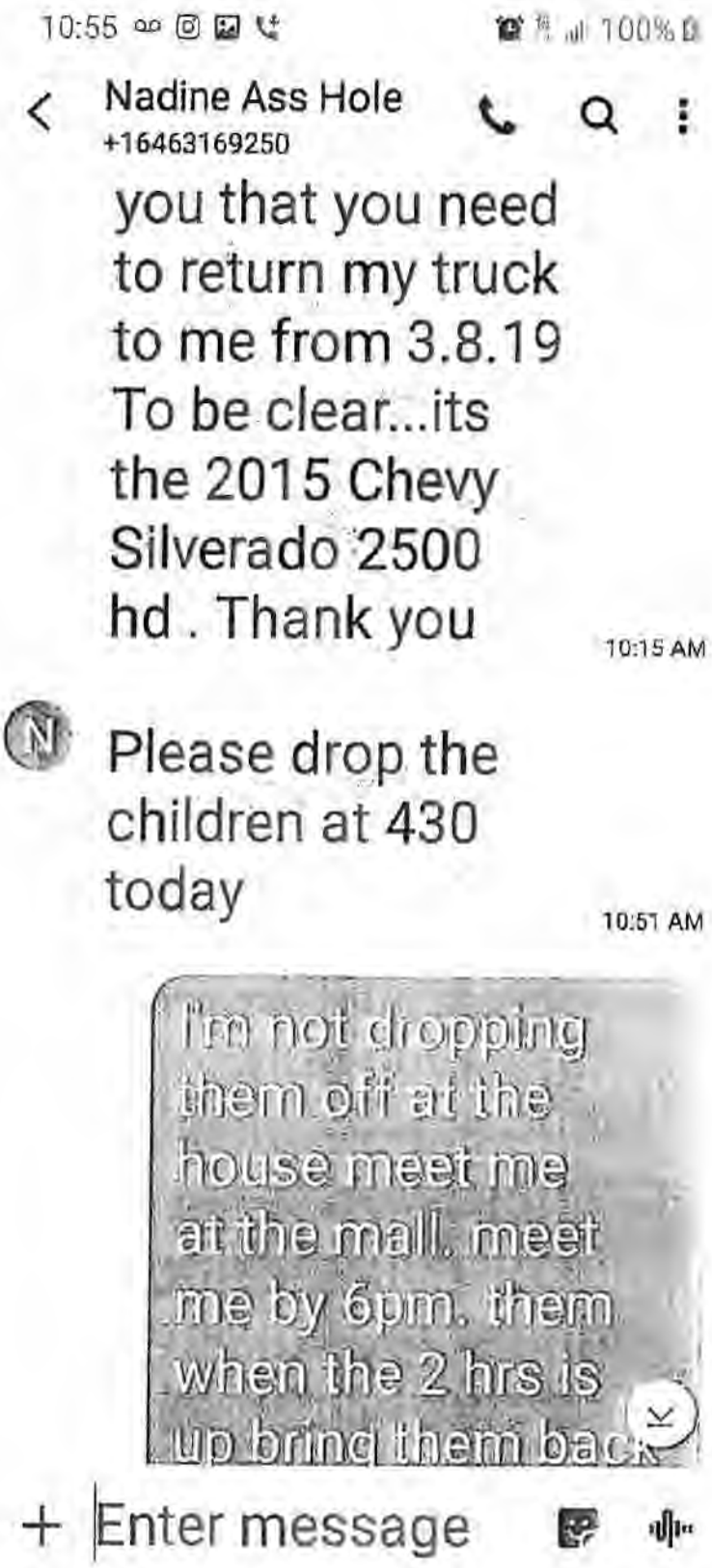
HGW 222


10:55
100%
Nadine Ass Hole
+16463169250
I have no mail key
10:37 AM
Please bare in mind that you have moved out of my home, removed items that were not yours to take and I have not taken legal actions which I have the latitude to take.
10:54 AM
That being said, you are not allowed to reenter my premises or
Enter message

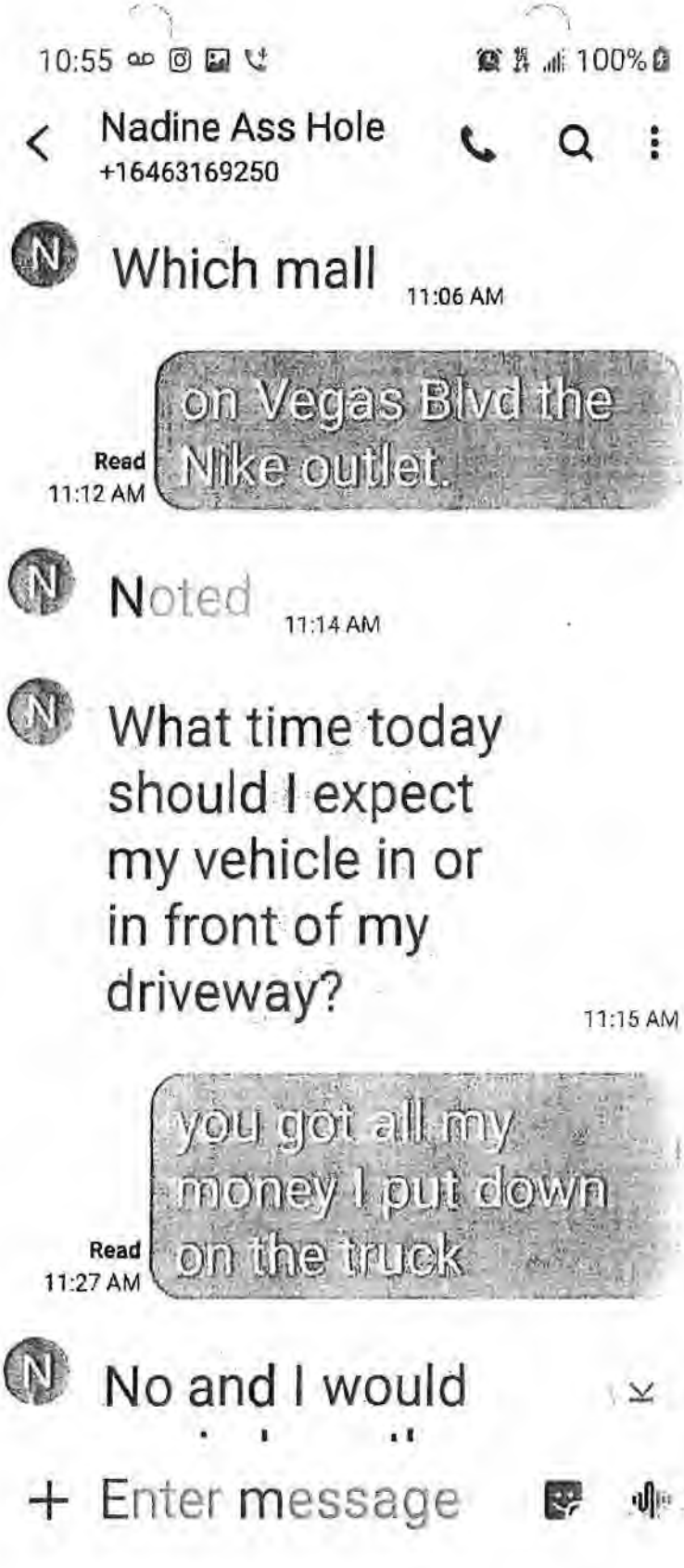
HGW 223


10:55
100%
Nadine Ass Hole
+16463169250
access the mail box at all. You can give the key to the children and I will access the mail box to give mail if they are present.
10:55 AM
Also bare in mind that they can eat and have dinner as well as do homework at my house if they bring it
12:23 PM
Thursday, March 14, 2019
May I also remind
Enter message

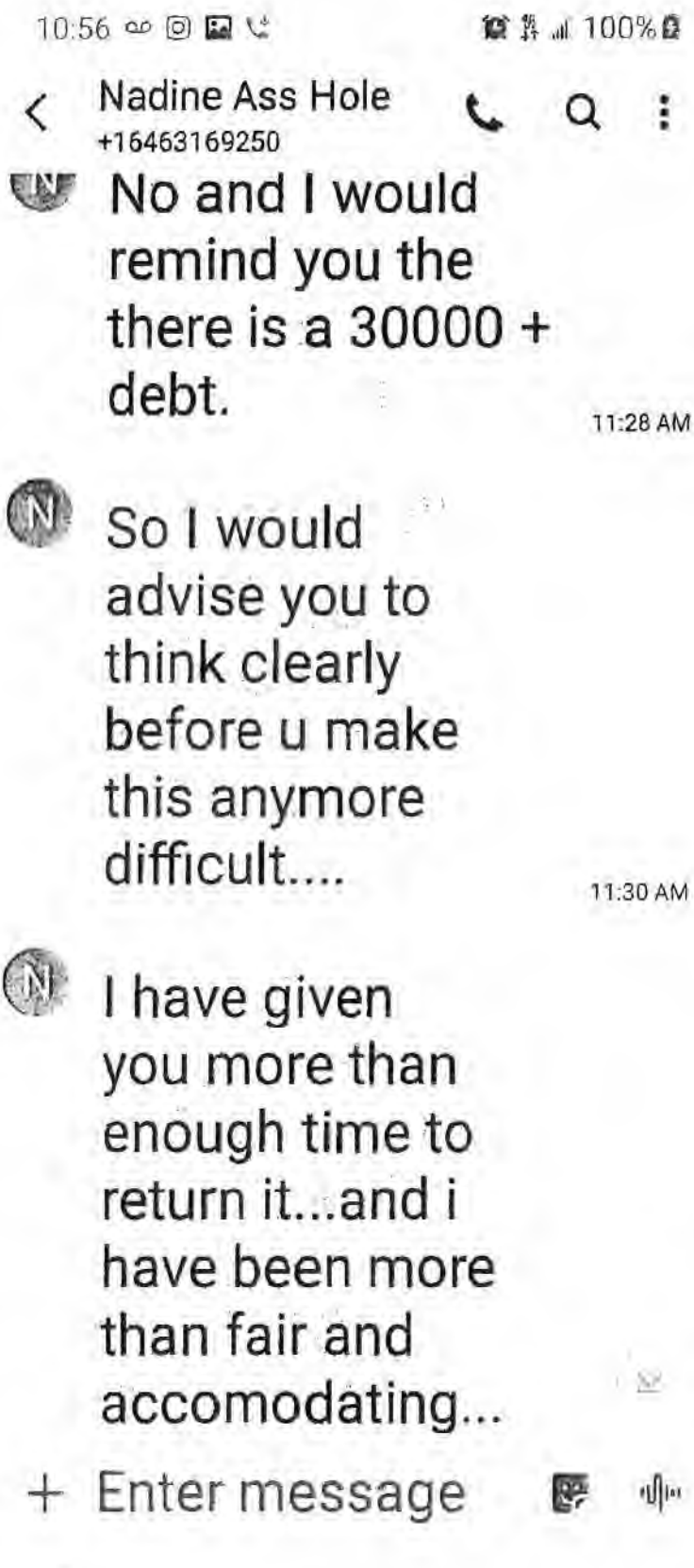
HGW 224


10:55
100%
Nadine Ass Hole
+16463169250
you that you need to return my truck to me from 3.8.19 To be clear...its the 2015 Chevy Silverado 2500 hd . Thank you
10:15 AM
Please drop the children at 430 today
10:51 AM
I'm not dropping them off at the house meet me at the mall. meet me by 6pm. them when the 2 hrs is up bring them bac
Enter message

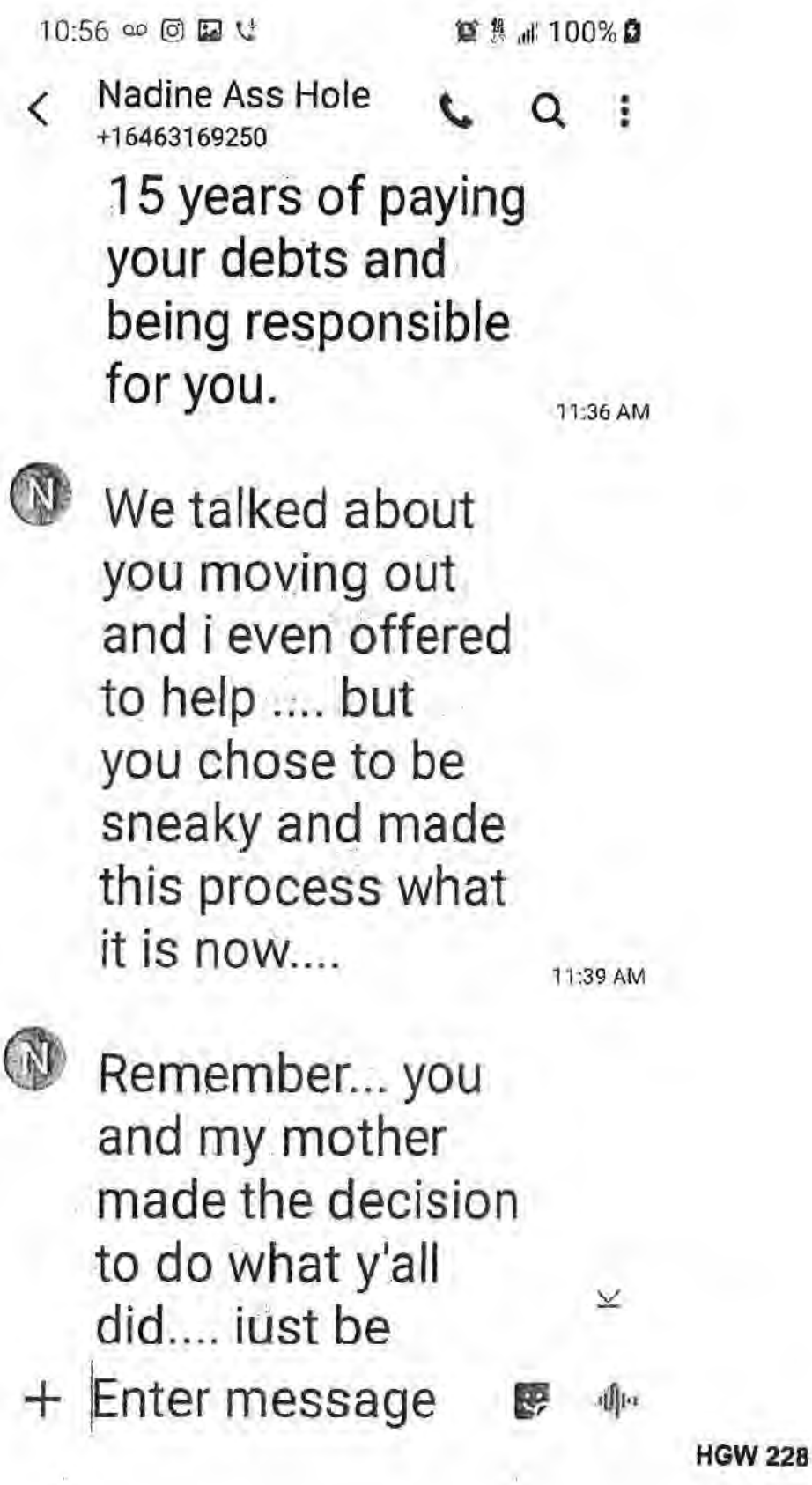
HGW 225


10:55
100%
Nadine Ass Hole
+16463169250
Which mall
11:06 AM
on Vegas Blvd the Nike outlet.
Read
11:12 AM
Noted
11:14 AM
What time today should I expect my vehicle in or in front of my driveway?
11:15 AM
you got all my money I put down on the truck
Read
11:27 AM
No and I would
Enter message

HGW 226


10:56
100%
Nadine Ass Hole
+16463169250
No and I would remind you the there is a 30000 + debt.
11:28 AM
So I would advise you to think clearly before u make this anymore difficult....
11:30 AM
I have given you more than enough time to return it...and i have been more than fair and accomodating...
Enter message

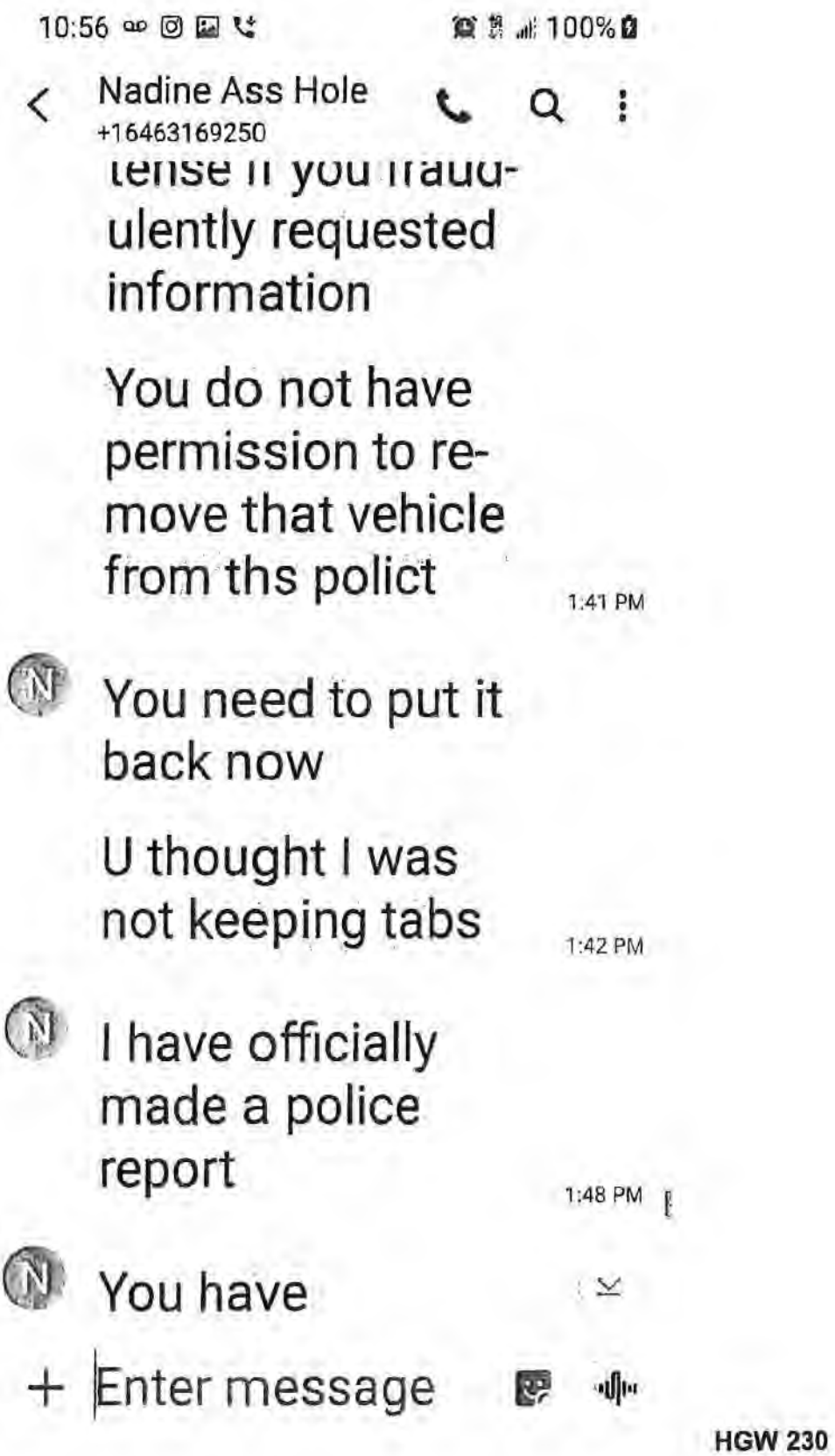
HGW 227


10:56
100%
Nadine Ass Hole
+16463169250
15 years of paying your debts and being responsible for you.
11:36 AM
We talked about you moving out and i even offered to help .... but you chose to be sneaky and made this process what it is now....
11:39 AM
Remember... you and my mother made the decision to do what y'all did.... iust be
Enter message

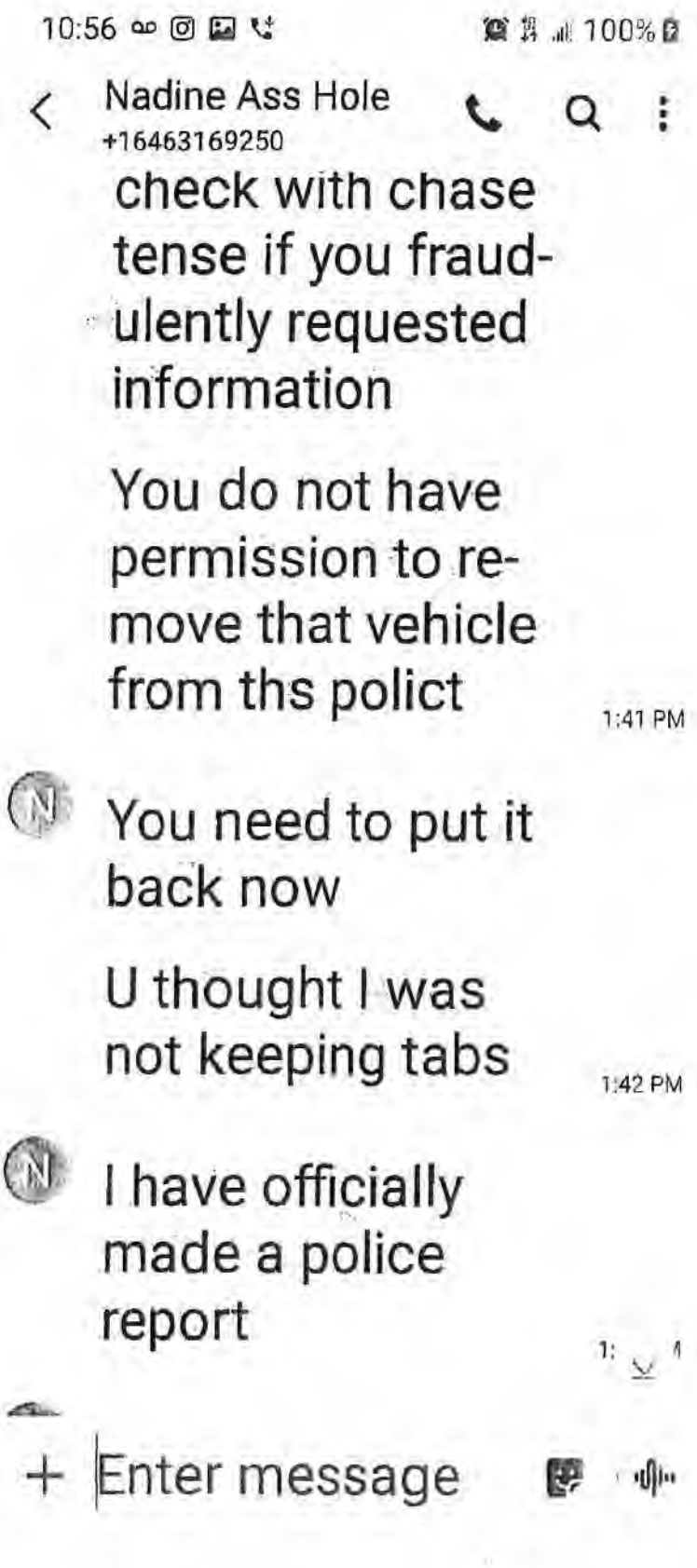
HGW 228


10:56
100%
Nadine Ass Hole
+16463169250
prepared to deal with all processes that follow.
11:40 AM
THIS COULD HAVE BEEN EASY.
11:41 AM
Read
11:42 AM
fuck it
I realized that you have removed the truck from the policy
Which you have no permission
1:40 PM
Also I am going to check with chase
Enter message

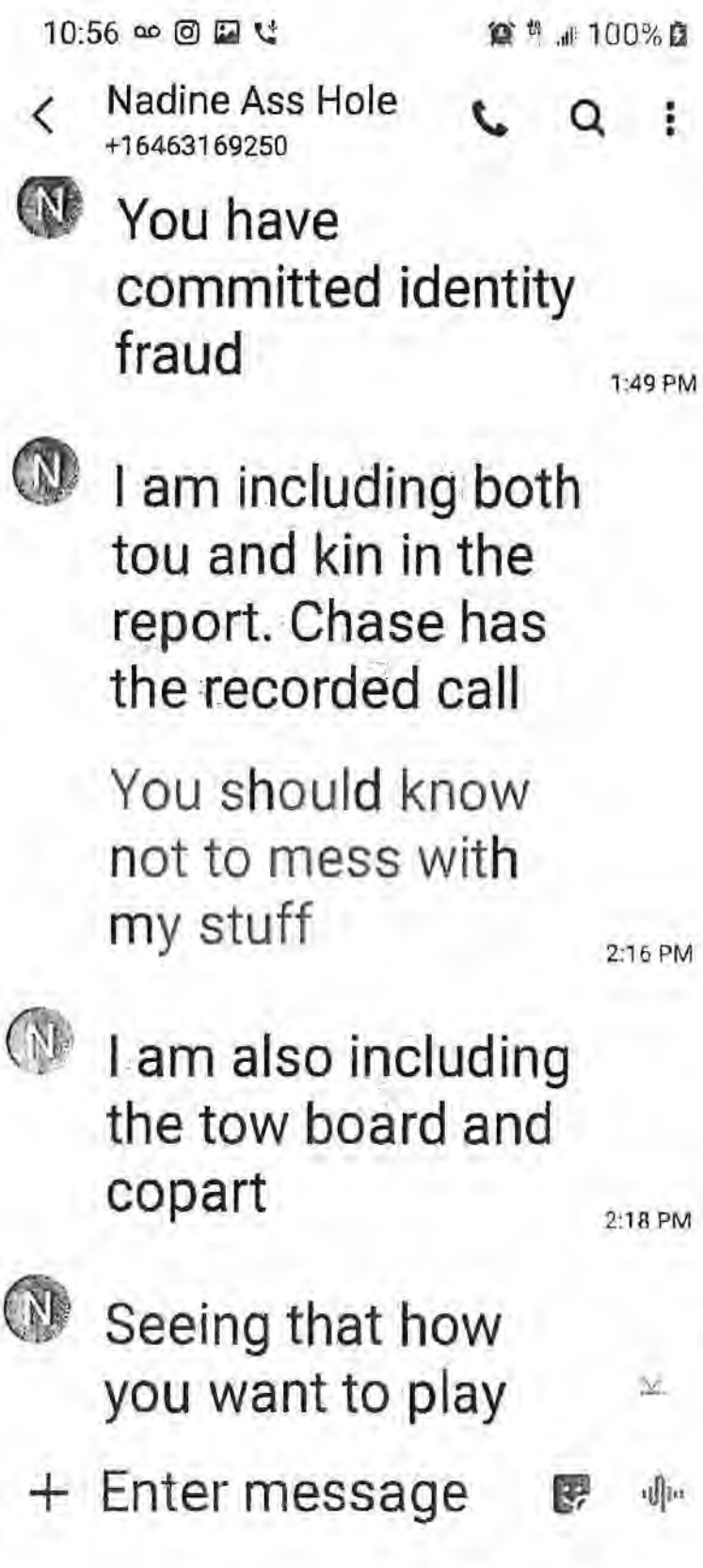
HGW 229


10:56
100%
Nadine Ass Hole
+16463169250
tense if you fraud-
ulently requested
information
You do not have
permission to re-
move that vehicle
from ths polict
1:41 PM
You need to put it
back now
U thought I was
not keeping tabs
1:42 PM
I have officially
made a police
report
1:48 PM
You have
Enter message

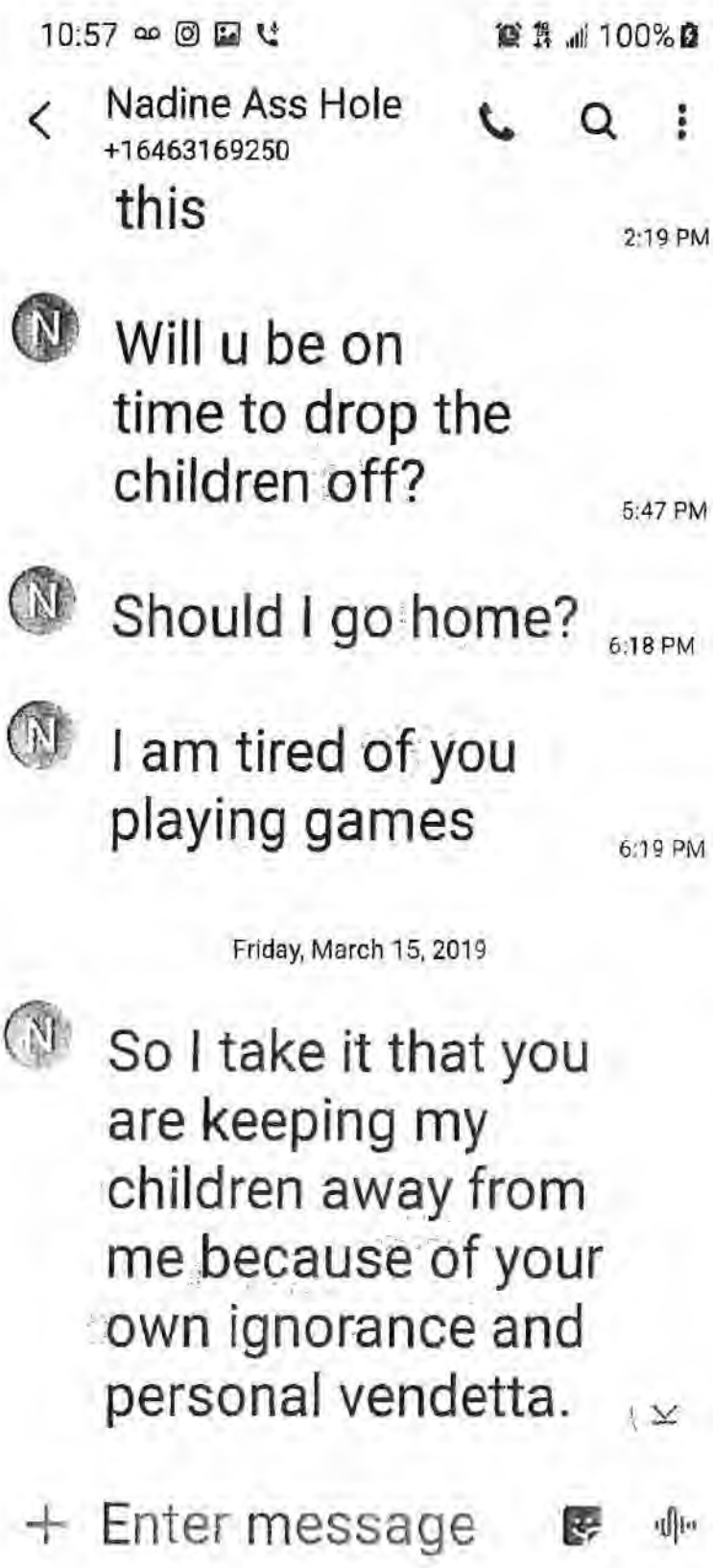
HGW 230


10:56
100%
Nadine Ass Hole
+16463169250
check with chase tense if you fraud-ulently requested information
You do not have permission to re-move that vehicle from ths polict
1:41 PM
You need to put it back now
U thought I was not keeping tabs
1:42 PM
I have officially made a police report
Enter message

HGW 231


10:56
100%
Nadine Ass Hole
+16463169250
You have committed identity fraud
1:49 PM
I am including both tou and kin in the report. Chase has the recorded call
You should know not to mess with my stuff
2:16 PM
I am also including the tow board and copart
2:18 PM
Seeing that how you want to play
+ Enter message

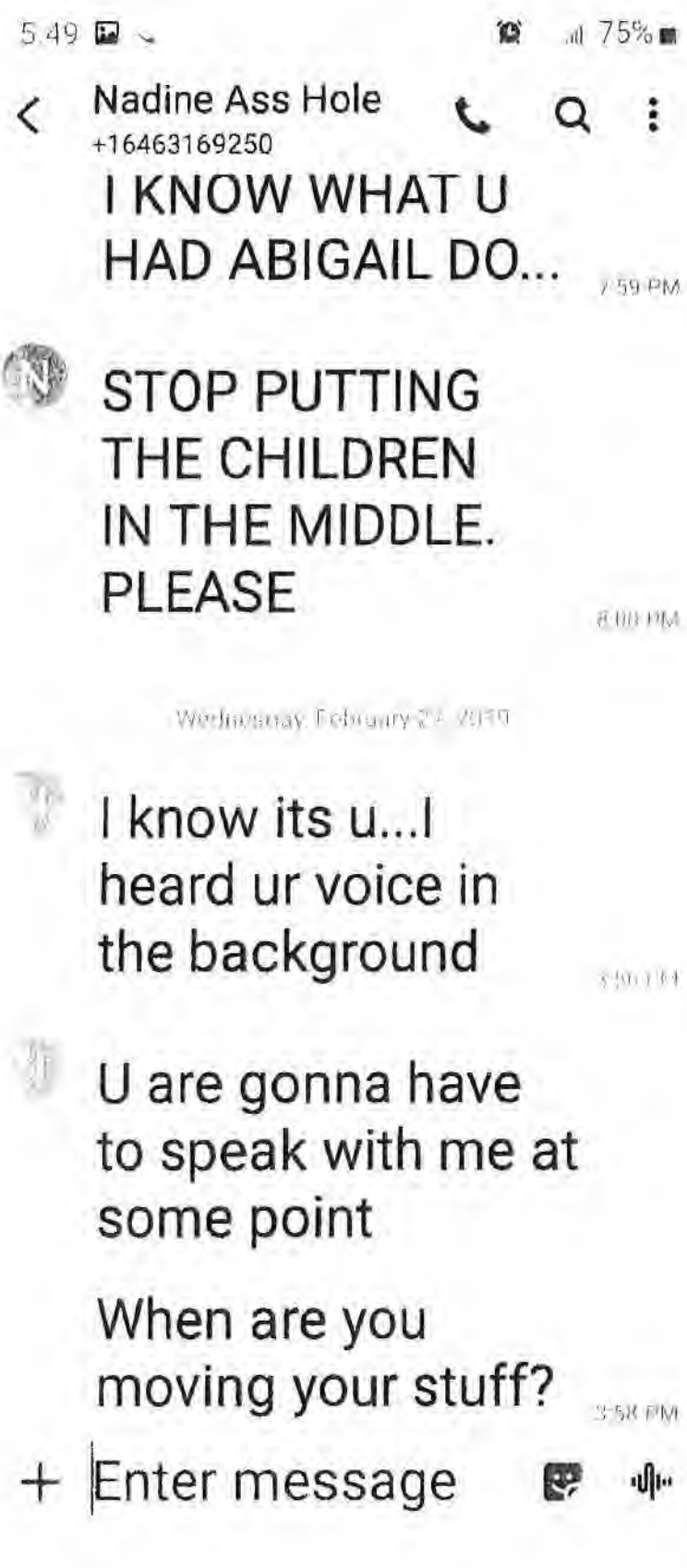
HGW 232


10:57
100%
Nadine Ass Hole
+16463169250
this
2:19 PM
Will u be on time to drop the children off?
5:47 PM
Should I go home?
6:18 PM
I am tired of you playing games
6:19 PM
Friday, March 15, 2019
So I take it that you are keeping my children away from me because of your own ignorance and personal vendetta.
Enter message

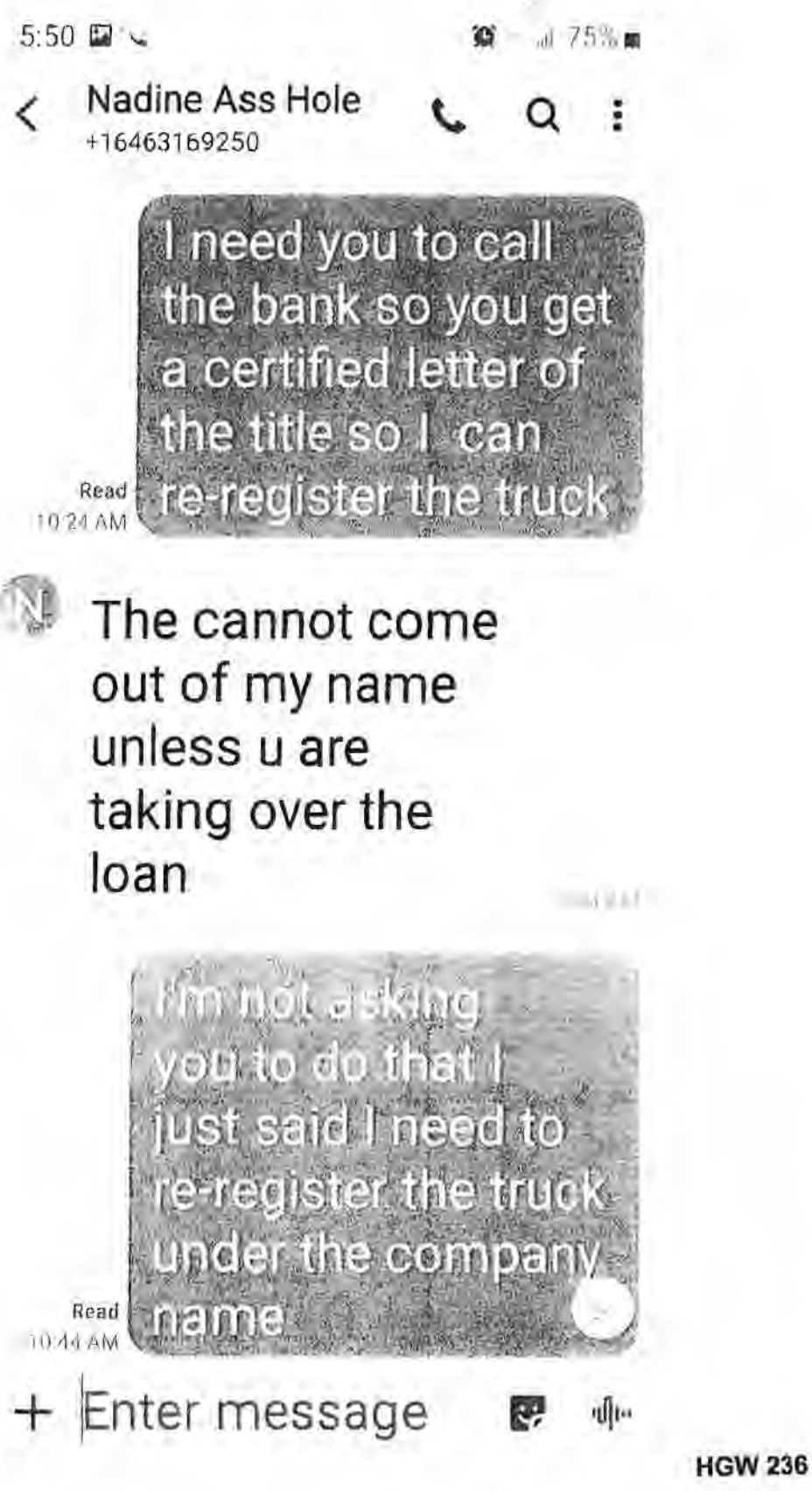
HGW 233


10:37
84%
Nadine Ass Hole
6463169250
you can see the kids tomorrow after school I will bring them to you for 2 hrs, they have homework to do and eat their dinner. text me where to bring them and text me 2hrs after to pick them up.
Read
10:35 AM
The house
10:36 AM
no problem, make sure you have my mail ready
Read
thank you
Read
10:37 AM
Enter message

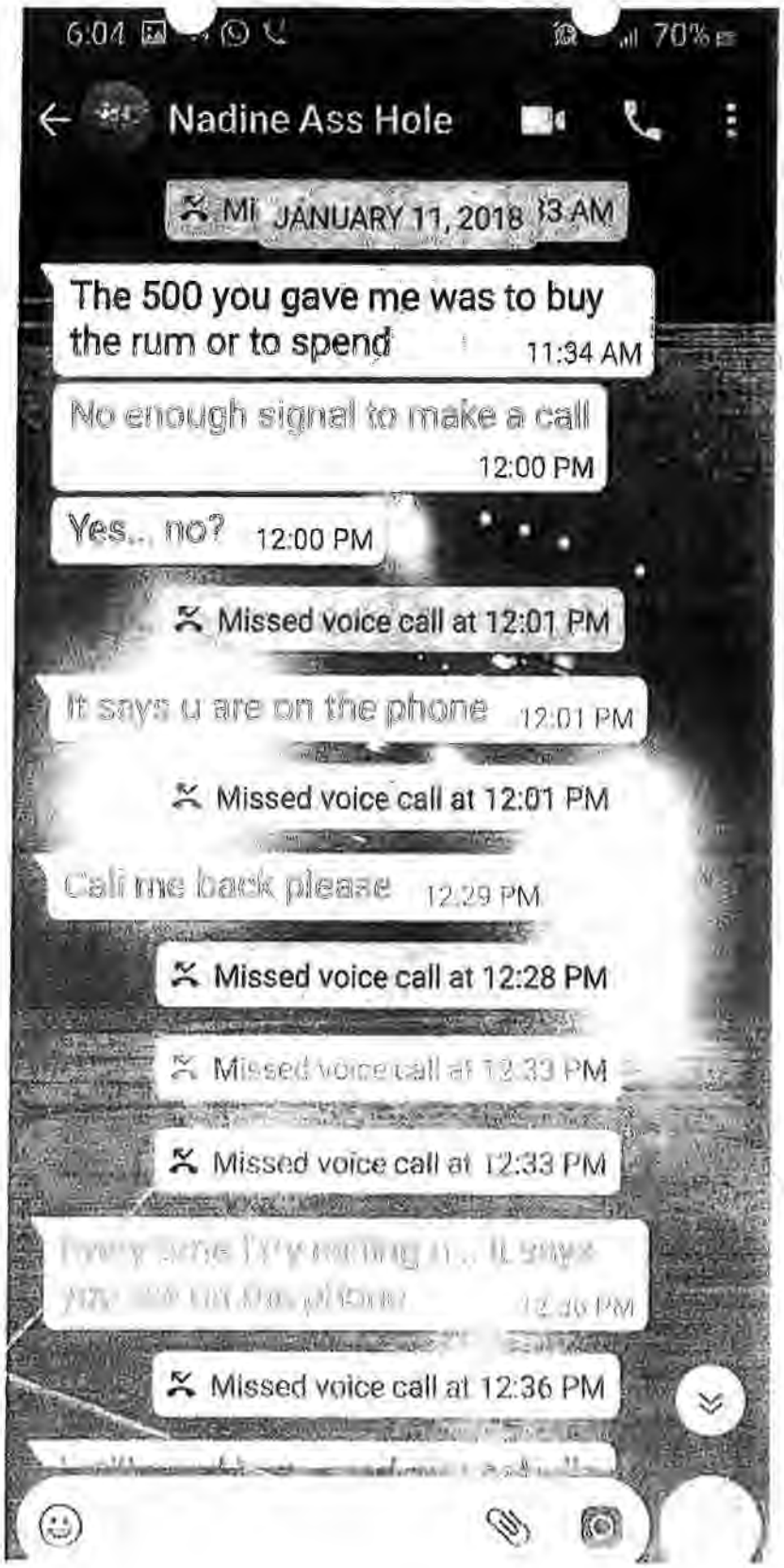
HGW 234


5:49
75%
Nadine Ass Hole
+16463169250
I KNOW WHAT U HAD ABIGAIL DO...
7:59 PM
STOP PUTTING THE CHILDREN IN THE MIDDLE. PLEASE
8:00 PM
I know its u...I heard ur voice in the background
U are gonna have to speak with me at some point
When are you moving your stuff?
Enter message

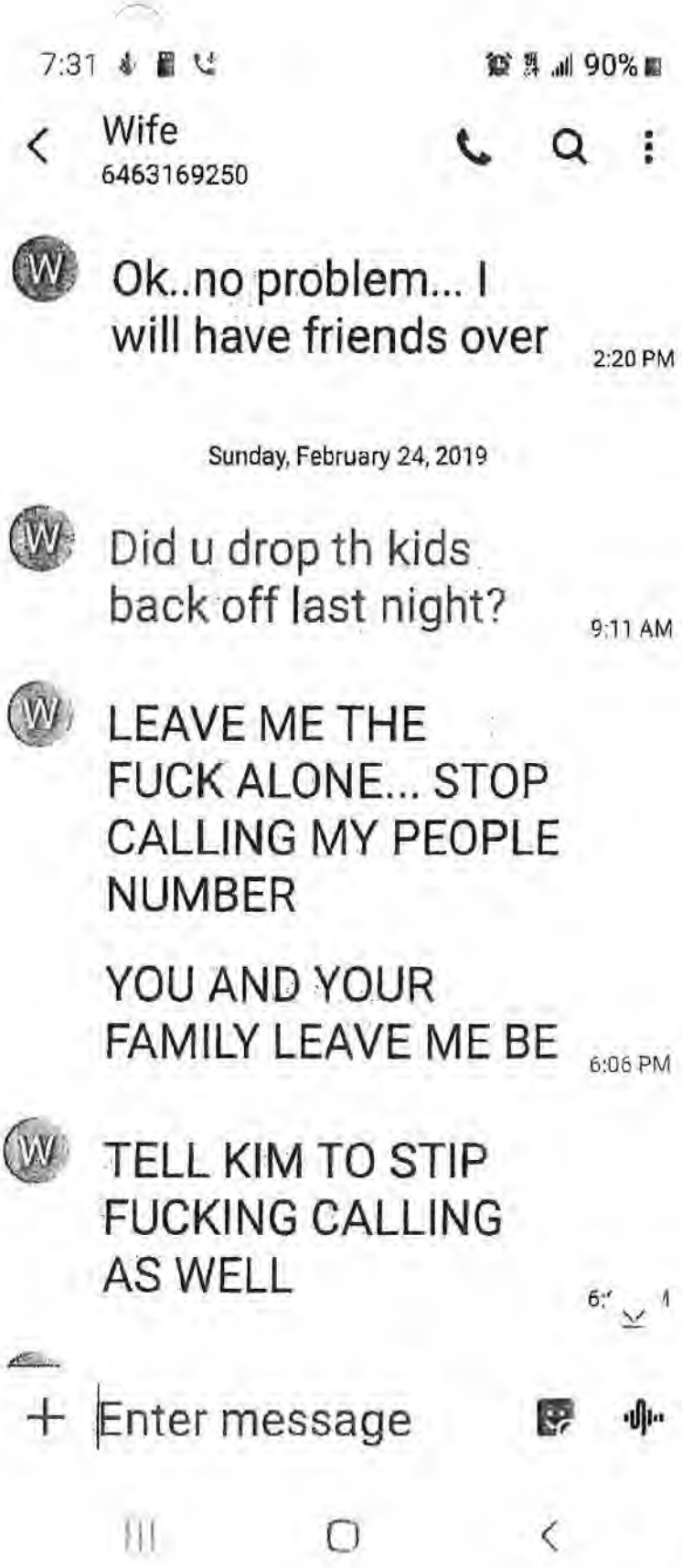
HGW 235


5:50
75%
Nadine Ass Hole
+16463169250
I need you to call the bank so you get a certified letter of the title so I can re-register the truck
Read
10:24 AM
The cannot come out of my name unless u are taking over the loan
I'm not asking you to do that I just said I need to re-register the truck under the company name
Read
10:44 AM
Enter message

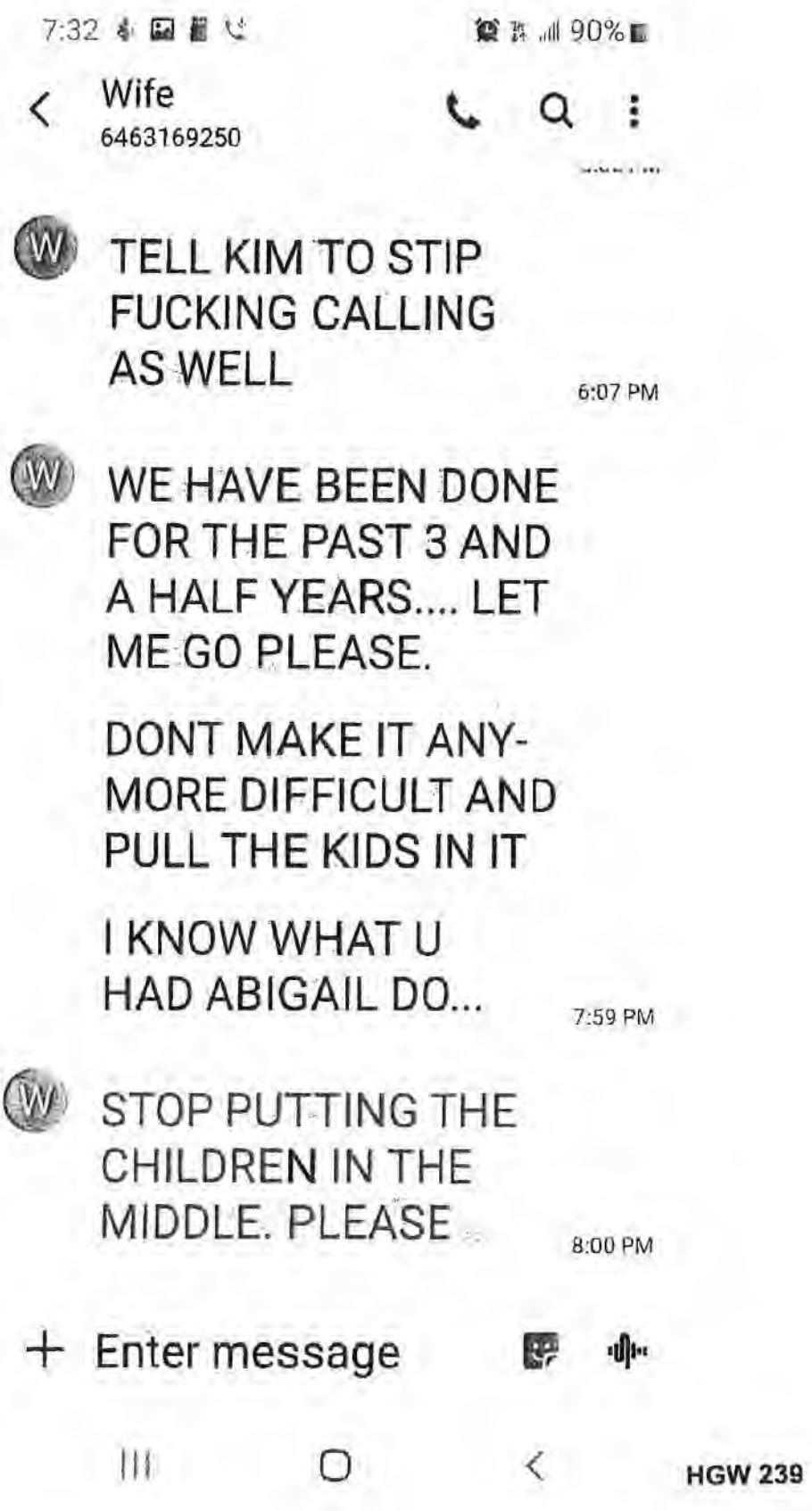
HGW 236


6:04
70%
Nadine Ass Hole
Mi JANUARY 11, 2018 3 AM
The 500 you gave me was to buy the rum or to spend 11:34 AM
No enough signal to make a call 12:00 PM
Yes.. no? 12:00 PM
Missed voice call at 12:01 PM
It says u are on the phone 12:01 PM
Missed voice call at 12:01 PM
Call me back please 12:29 PM
Missed voice call at 12:28 PM
Missed voice call at 12:33 PM
Missed voice call at 12:33 PM
Missed voice call at 12:36 PM

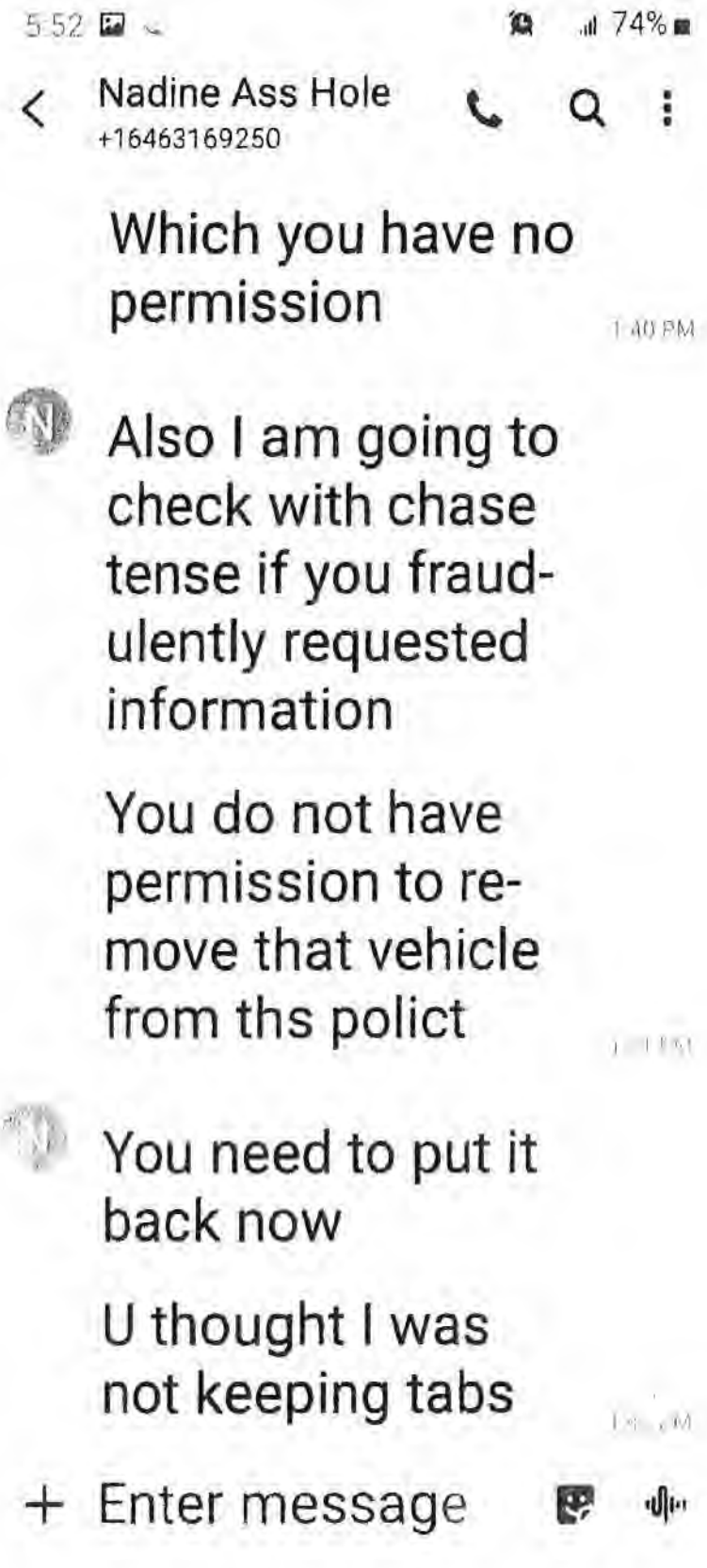
HGW 237


7:31
90%
Wife
6463169250
Ok..no problem... I will have friends over
2:20 PM
Sunday, February 24, 2019
Did u drop th kids back off last night?
9:11 AM
LEAVE ME THE FUCK ALONE... STOP CALLING MY PEOPLE NUMBER
YOU AND YOUR FAMILY LEAVE ME BE
6:06 PM
TELL KIM TO STIP FUCKING CALLING AS WELL
Enter message

HGW 238


7:32
90%
Wife
6463169250
TELL KIM TO STIP FUCKING CALLING AS WELL
6:07 PM
WE HAVE BEEN DONE FOR THE PAST 3 AND A HALF YEARS.... LET ME GO PLEASE.
DONT MAKE IT ANY-MORE DIFFICULT AND PULL THE KIDS IN IT
I KNOW WHAT U HAD ABIGAIL DO...
7:59 PM
STOP PUTTING THE CHILDREN IN THE MIDDLE. PLEASE
8:00 PM
Enter message

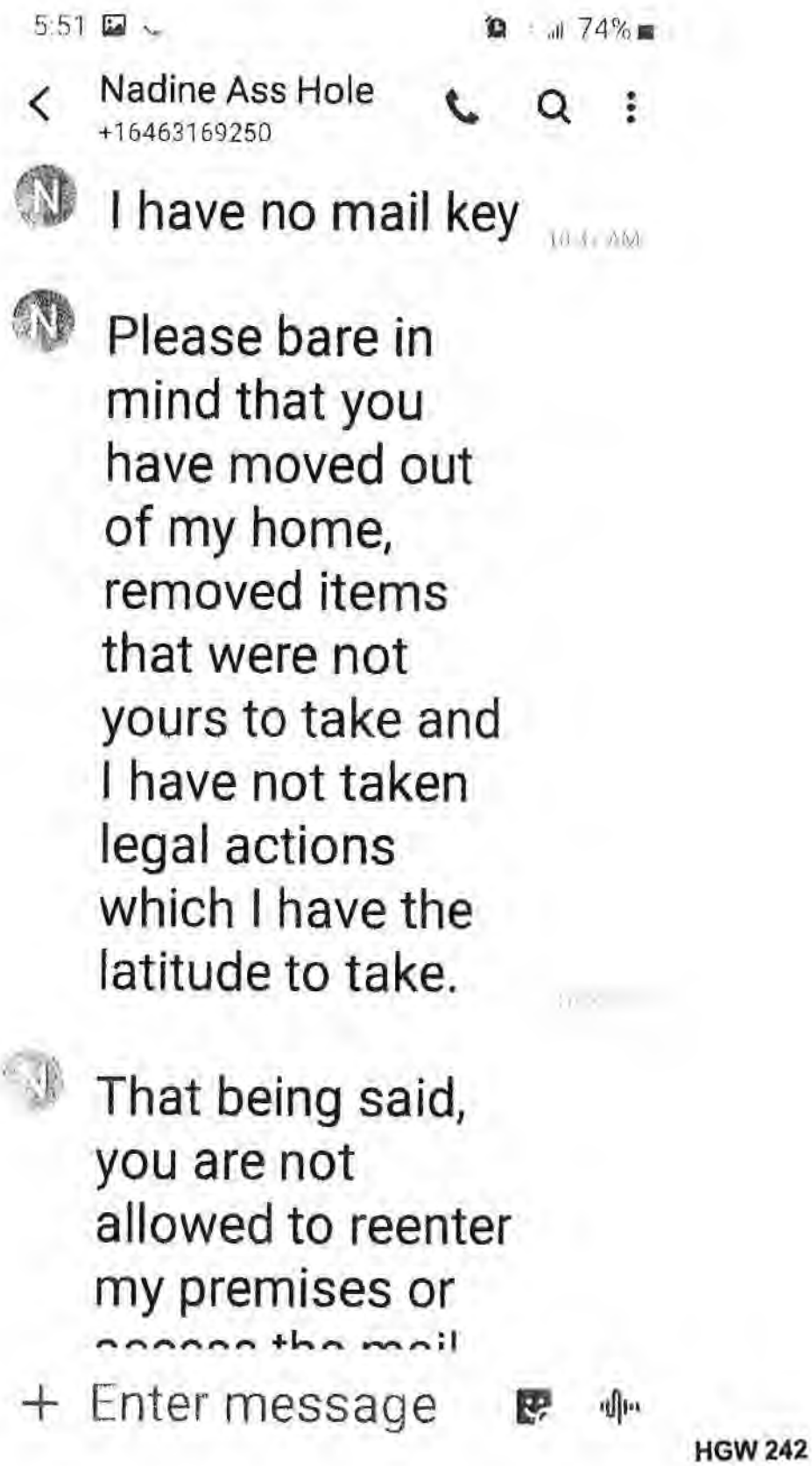
HGW 239


5:52
74%
Nadine Ass Hole
+16463169250
Which you have no permission
1:40 PM
Also I am going to check with chase tense if you fraud-ulently requested information
You do not have permission to re-move that vehicle from ths polict
You need to put it back now
U thought I was not keeping tabs
Enter message

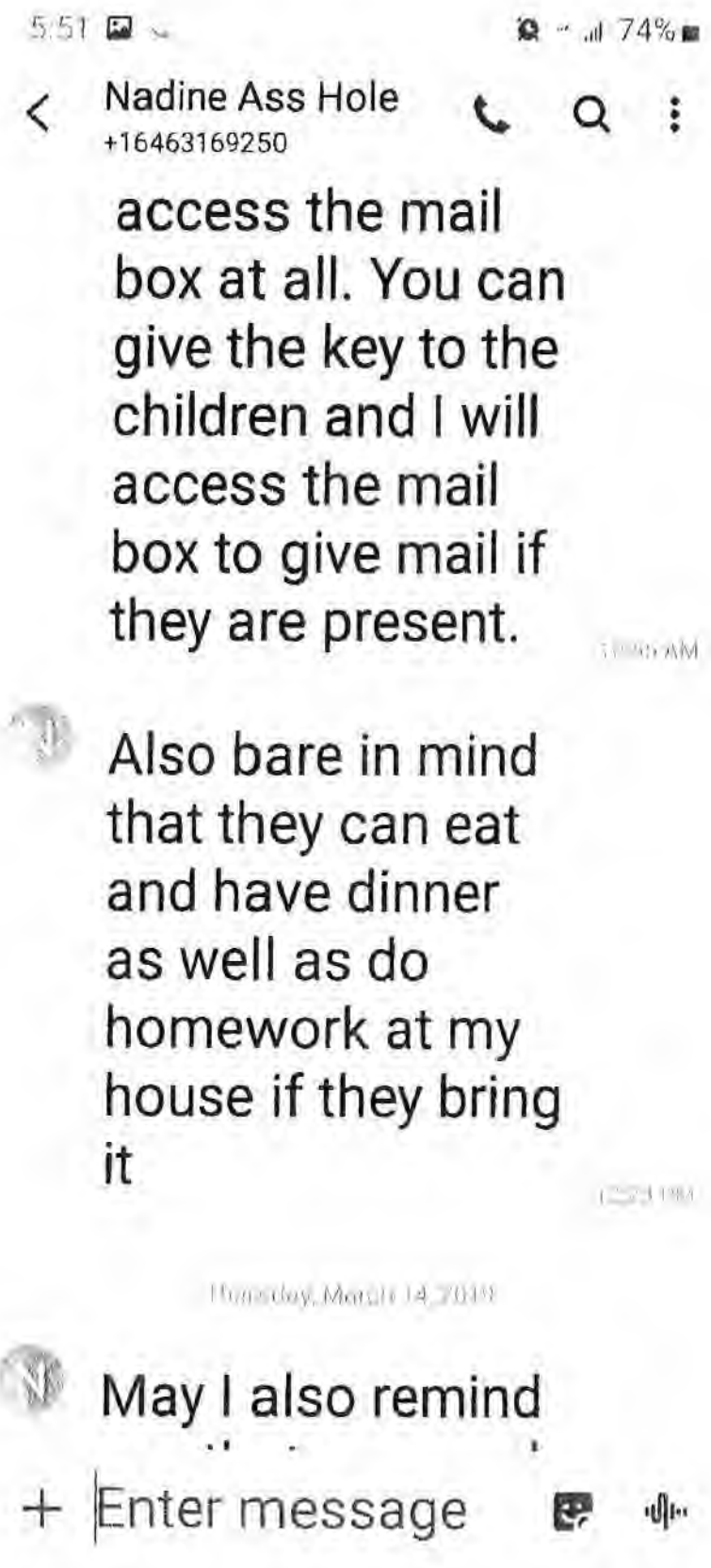
HGW 240


5:51
74%
Nadine Ass Hole
+16463169250
I thought we were to meet up or you bring them?
10:00 PM
Tuesday, March 12, 2019
Herman I need to see my children. You and I spoke yesterday and you said u would bring them after school yesterday
I need to see my bug...please
8:20 AM
Wednesday, March 13, 2019
Enter message

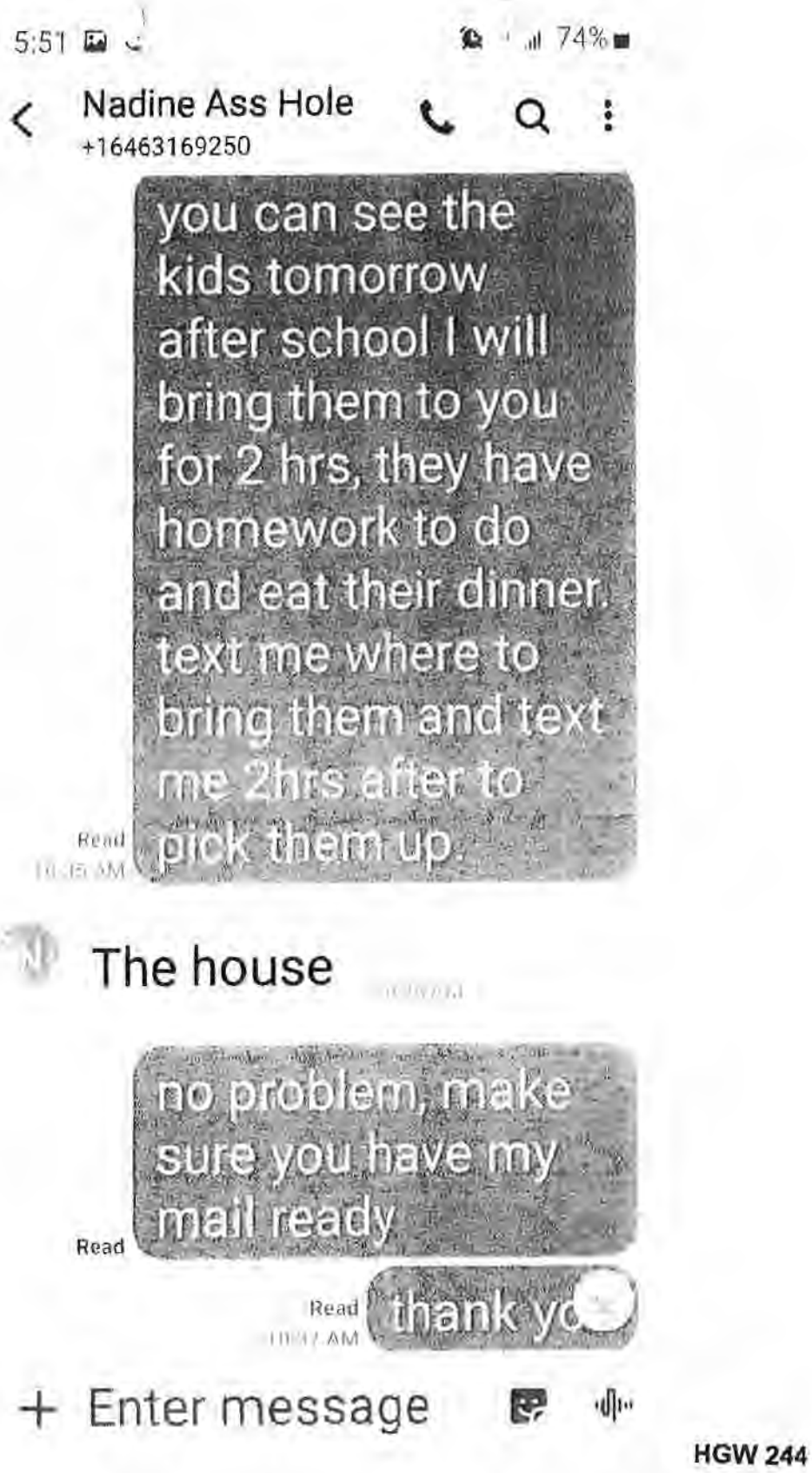
HGW 241


5:51
74%
Nadine Ass Hole
+16463169250
I have no mail key
Please bare in mind that you have moved out of my home, removed items that were not yours to take and I have not taken legal actions which I have the latitude to take.
That being said, you are not allowed to reenter my premises or
Enter message

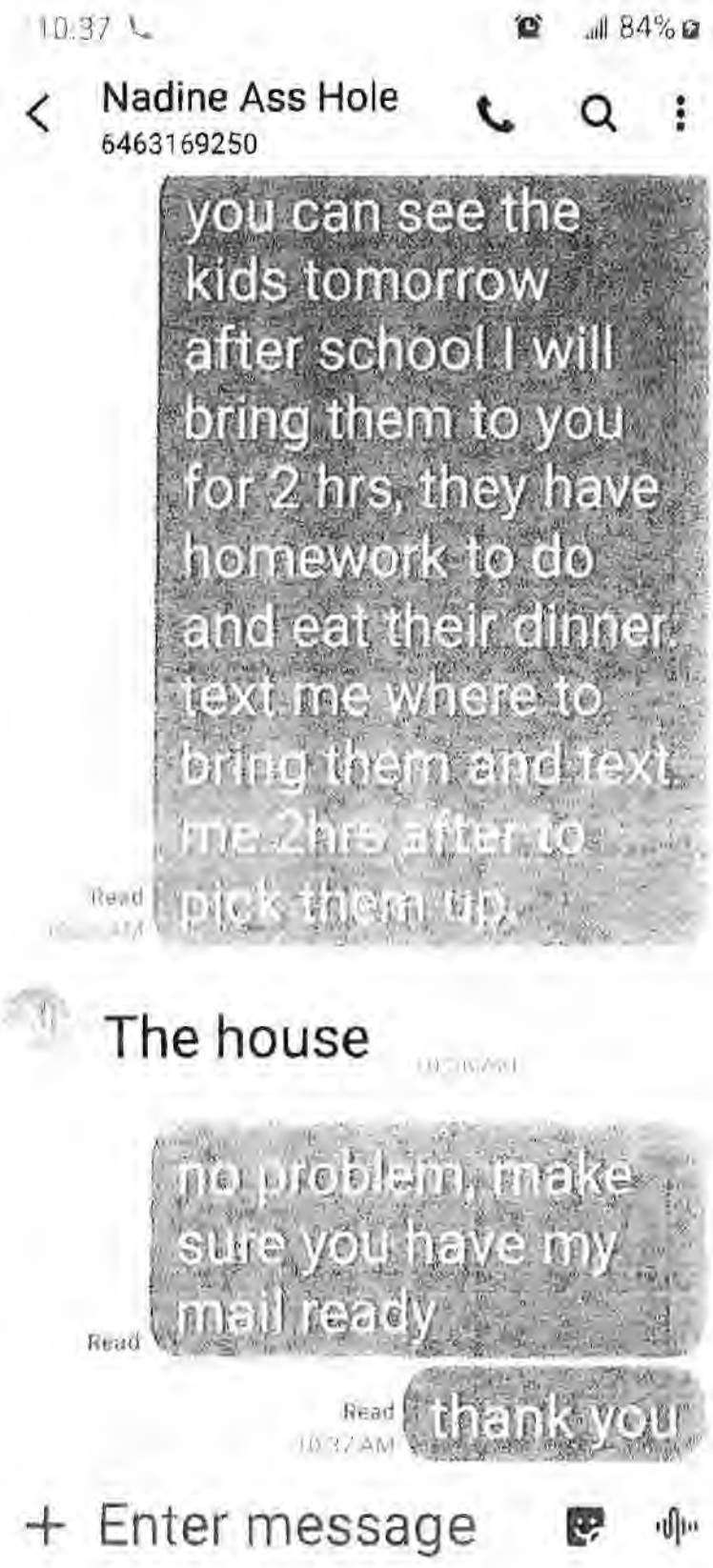
HGW 242


5:51
74%
Nadine Ass Hole
+16463169250
access the mail box at all. You can give the key to the children and I will access the mail box to give mail if they are present.
Also bare in mind that they can eat and have dinner as well as do homework at my house if they bring it
Thursday, March 14, 2019
May I also remind
Enter message

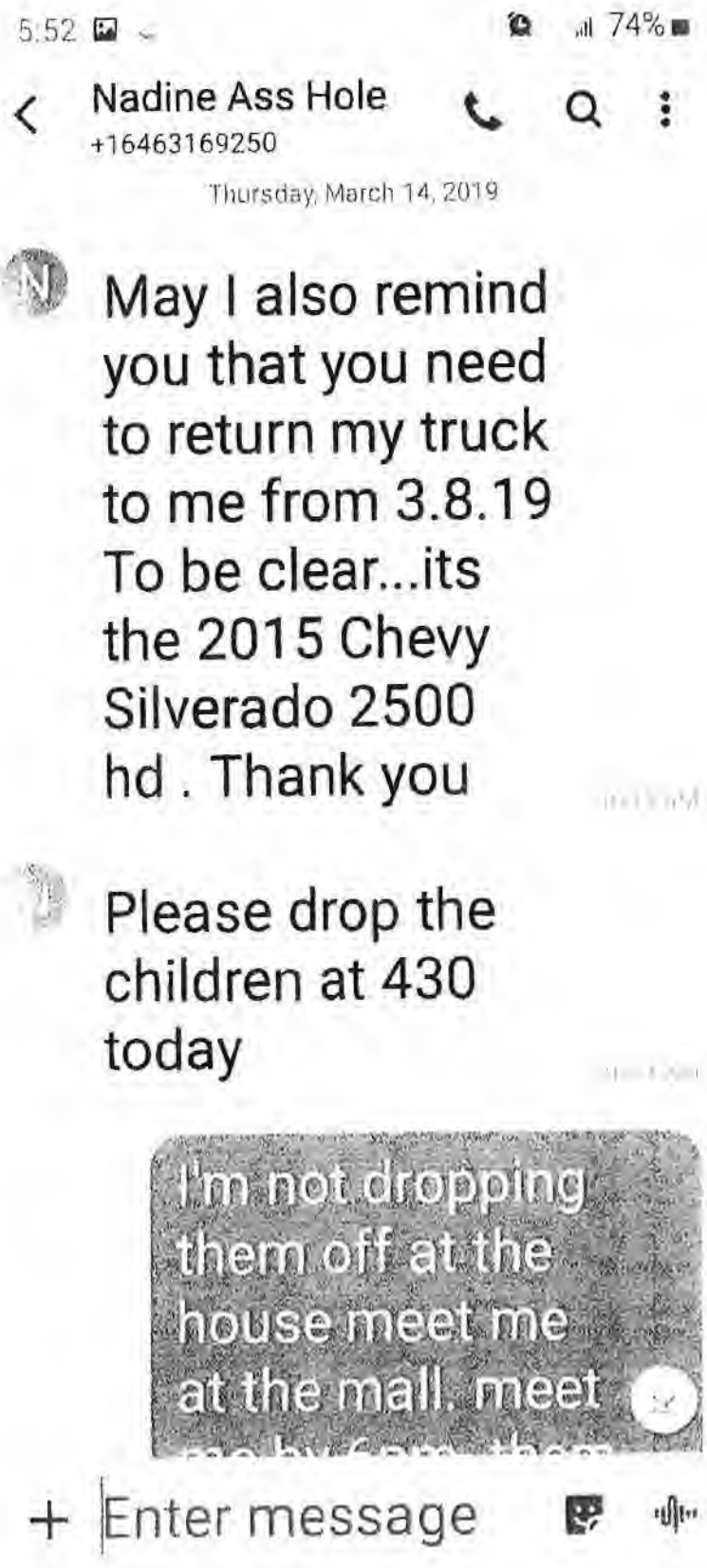
HGW 243


5:51
74%
Nadine Ass Hole
+16463169250
you can see the kids tomorrow after school I will bring them to you for 2 hrs, they have homework to do and eat their dinner. text me where to bring them and text me 2hrs after to pick them up.
Read
The house
no problem, make sure you have my mail ready
Read
Read
thank yo
Enter message

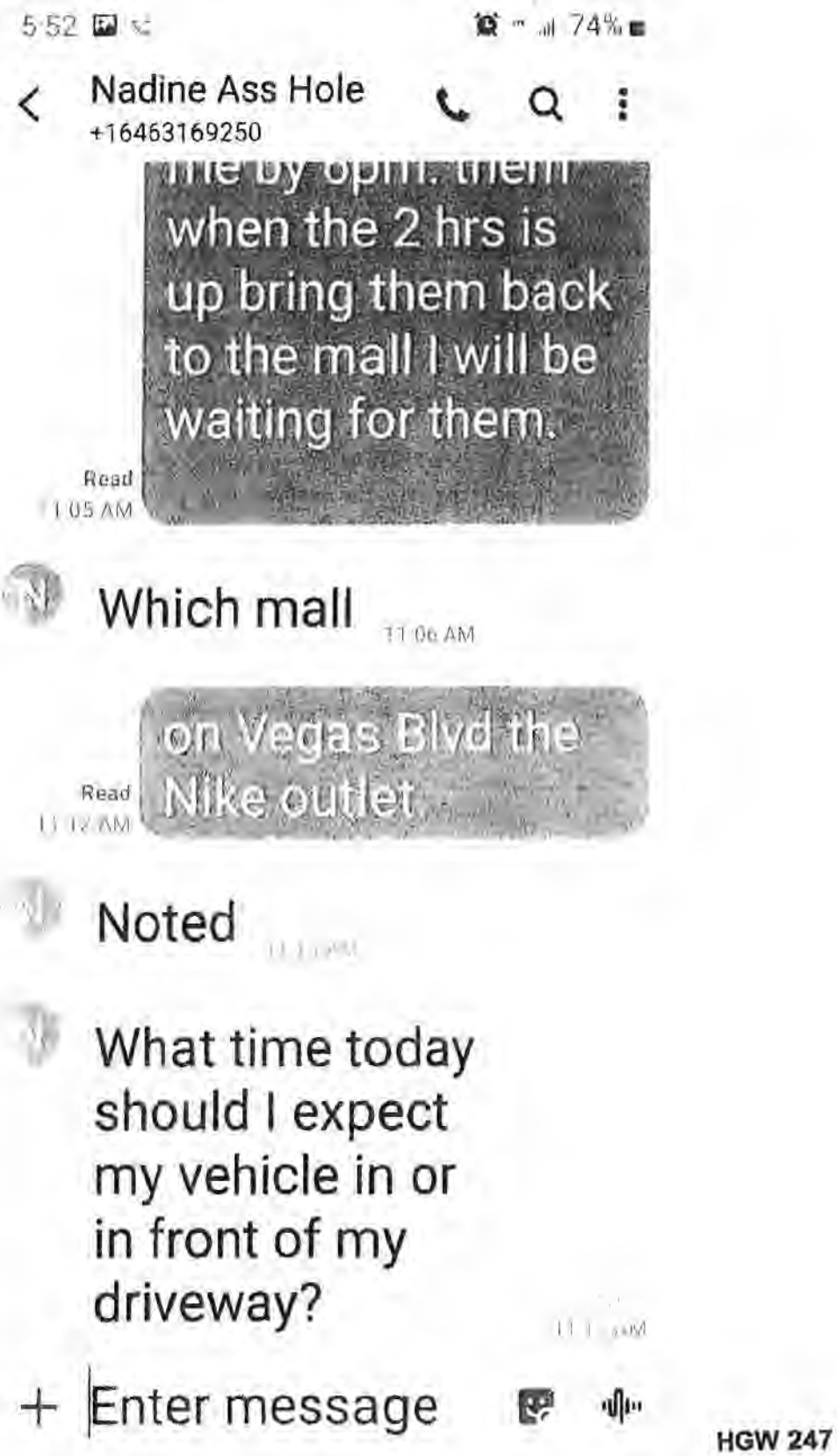
HGW 244


10:37
84%
Nadine Ass Hole
6463169250
you can see the kids tomorrow after school I will bring them to you for 2 hrs, they have homework to do and eat their dinner. text me where to bring them and text me 2hrs after to pick them up.
Read
The house
no problem, make sure you have my mail ready
Read
Read
thank you
Enter message

HGW 245


5:52
74%
Nadine Ass Hole
+16463169250
Thursday, March 14, 2019
May I also remind you that you need to return my truck to me from 3.8.19 To be clear...its the 2015 Chevy Silverado 2500 hd . Thank you
Please drop the children at 430 today
I'm not dropping them off at the house meet me at the mall. meet
Enter message

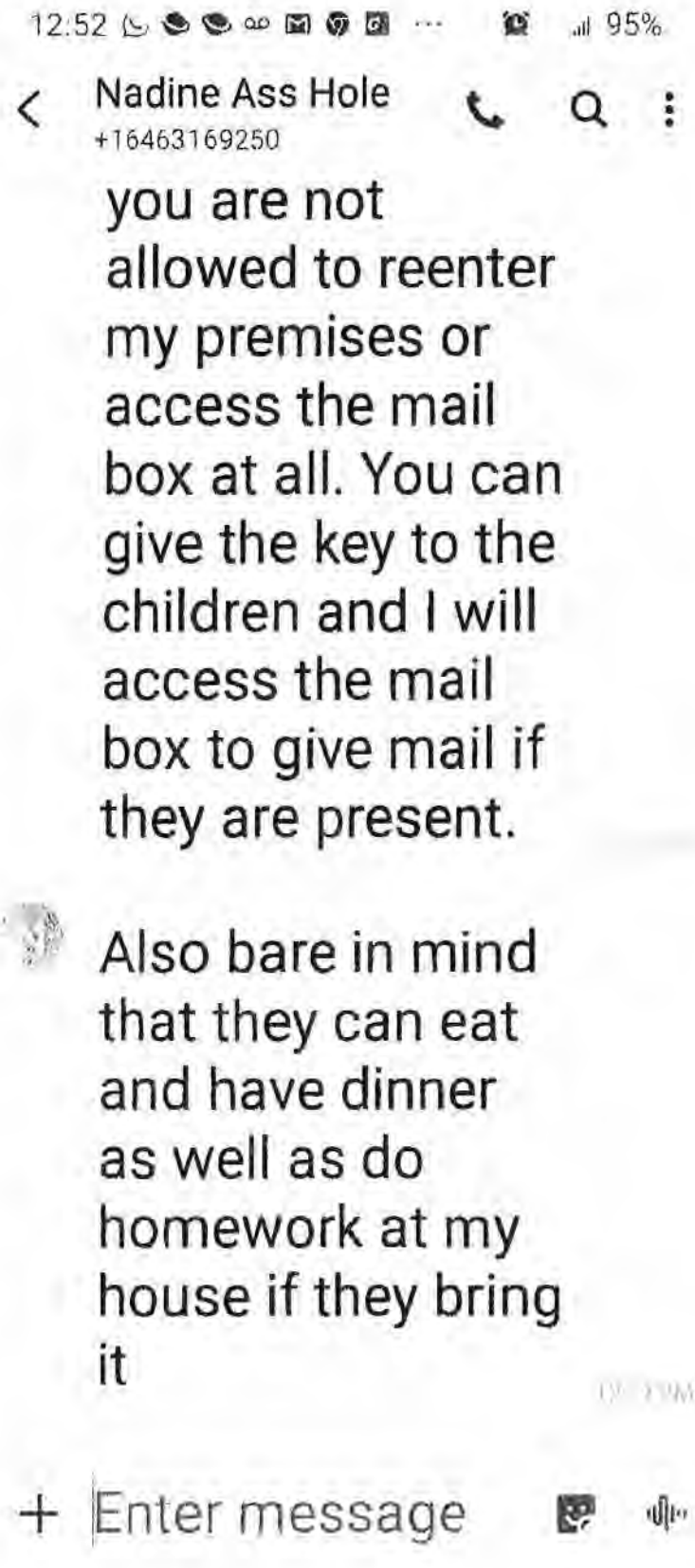
HGW 246


5:52
74%
Nadine Ass Hole
+16463169250
when the 2 hrs is up bring them back to the mall I will be waiting for them.
Read
11:05 AM
Which mall
11:06 AM
on Vegas Blvd the Nike outlet
Read
11:12 AM
Noted
What time today should I expect my vehicle in or in front of my driveway?
Enter message

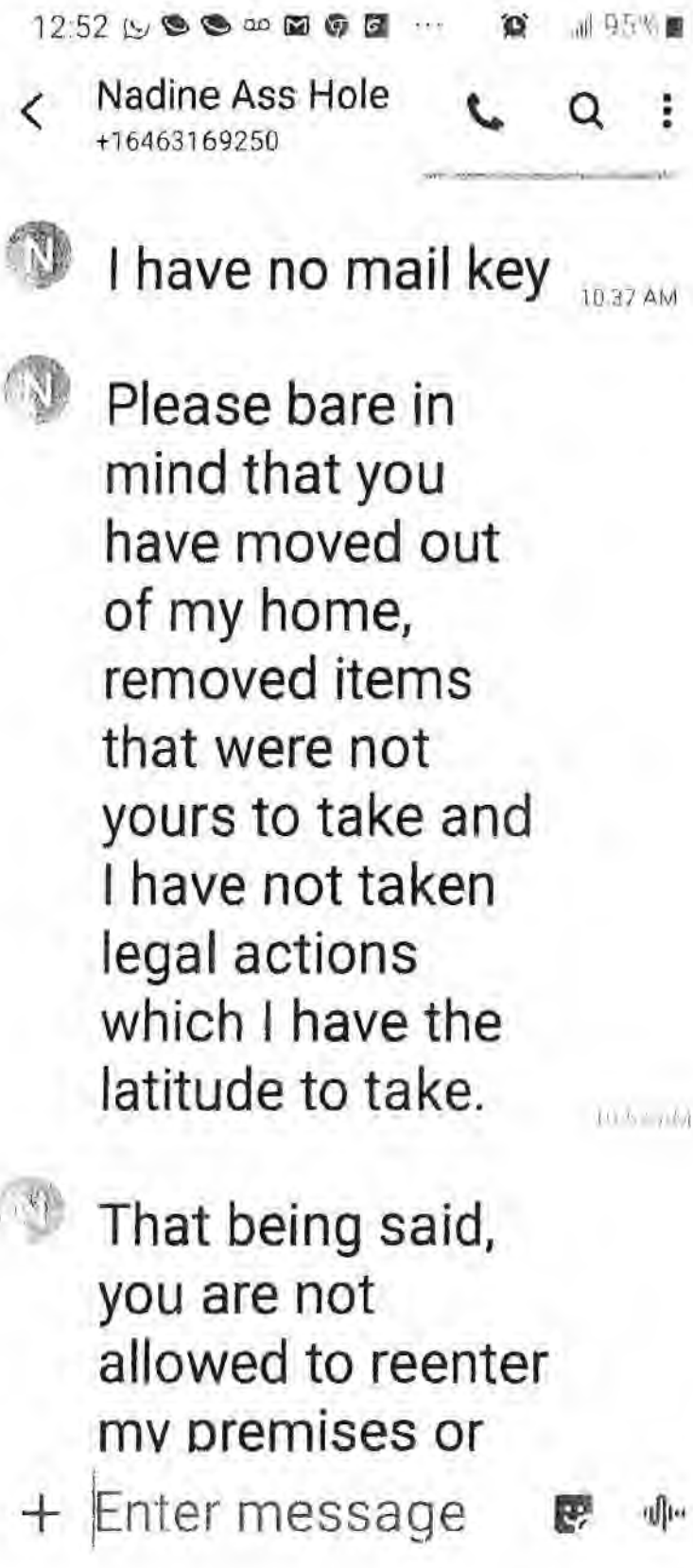
HGW 247


5:49
75%
Nadine Ass Hole
+16463169250
They not getting here till 7, I will pick them up at 6
Read
2:17 PM
Ok..no problem... I will have friends over
Did u drop th kids back off last night?
LEAVE ME THE FUCK ALONE... STOP CALLING MY PEOPLE NUMBER
Enter message

HGW 248


12:52 95%
Nadine Ass Hole
+16463169250
you are not allowed to reenter my premises or access the mail box at all. You can give the key to the children and I will access the mail box to give mail if they are present.
Also bare in mind that they can eat and have dinner as well as do homework at my house if they bring it
Enter message

HGW 249


12:52
95%
Nadine Ass Hole
+16463169250
I have no mail key
10:37 AM
Please bare in mind that you have moved out of my home, removed items that were not yours to take and I have not taken legal actions which I have the latitude to take.
That being said, you are not allowed to reenter my premises or
Enter message

HGW 250

5:52 74%

Nadine Ass Hole
+16463169250

Remember... you and my mother made the decision to do what y'all did.... just be prepared to deal with all processes that follow.

THIS COULD HAVE BEEN EASY.

Read
fuck it

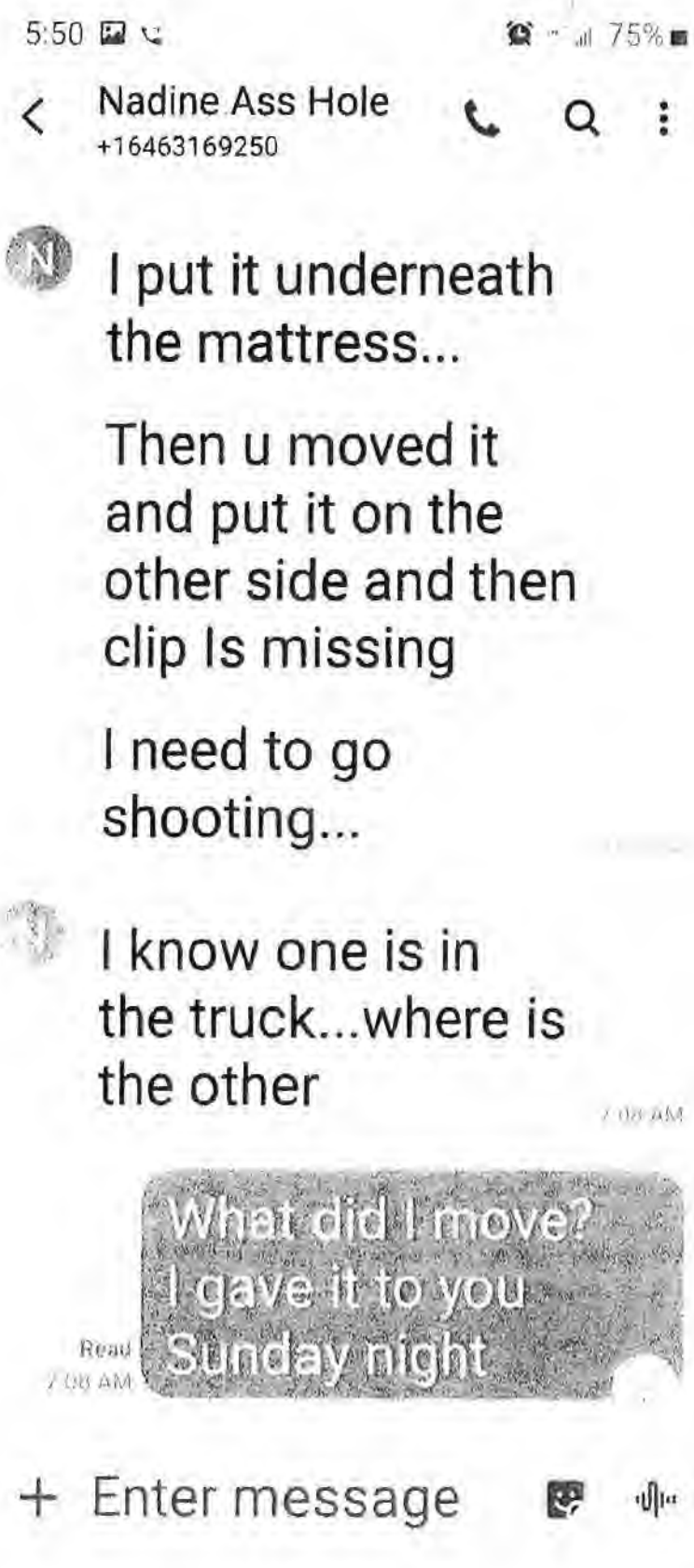
I realized that you have removed the truck from the policy

+ Enter message

HGW 251


5:50
75%
Nadine Ass Hole
+16463169250
Friday, March 1, 2019
The gun came with 2 clips..
6:23 AM
1 is in the truck...where is the other one
I look for it later, but I swear it was in the truck
Read 7:05 AM
No...it was not
U took the one from the house that sunday evening
Enter message

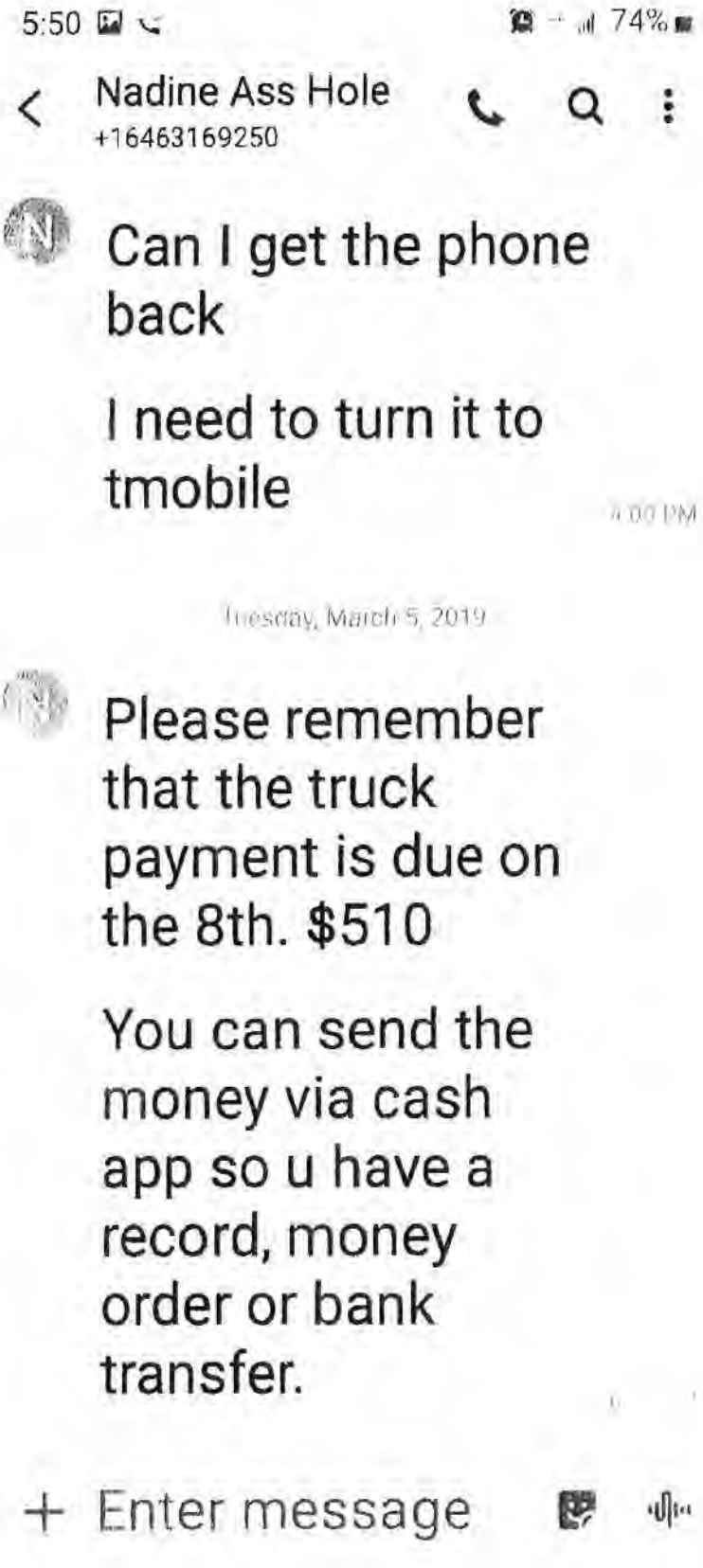
HGW 252


5:50
75%
Nadine Ass Hole
+16463169250
I put it underneath the mattress...
Then u moved it and put it on the other side and then clip Is missing
I need to go shooting...
I know one is in the truck...where is the other
What did I move? I gave it to you Sunday night
Read
Enter message

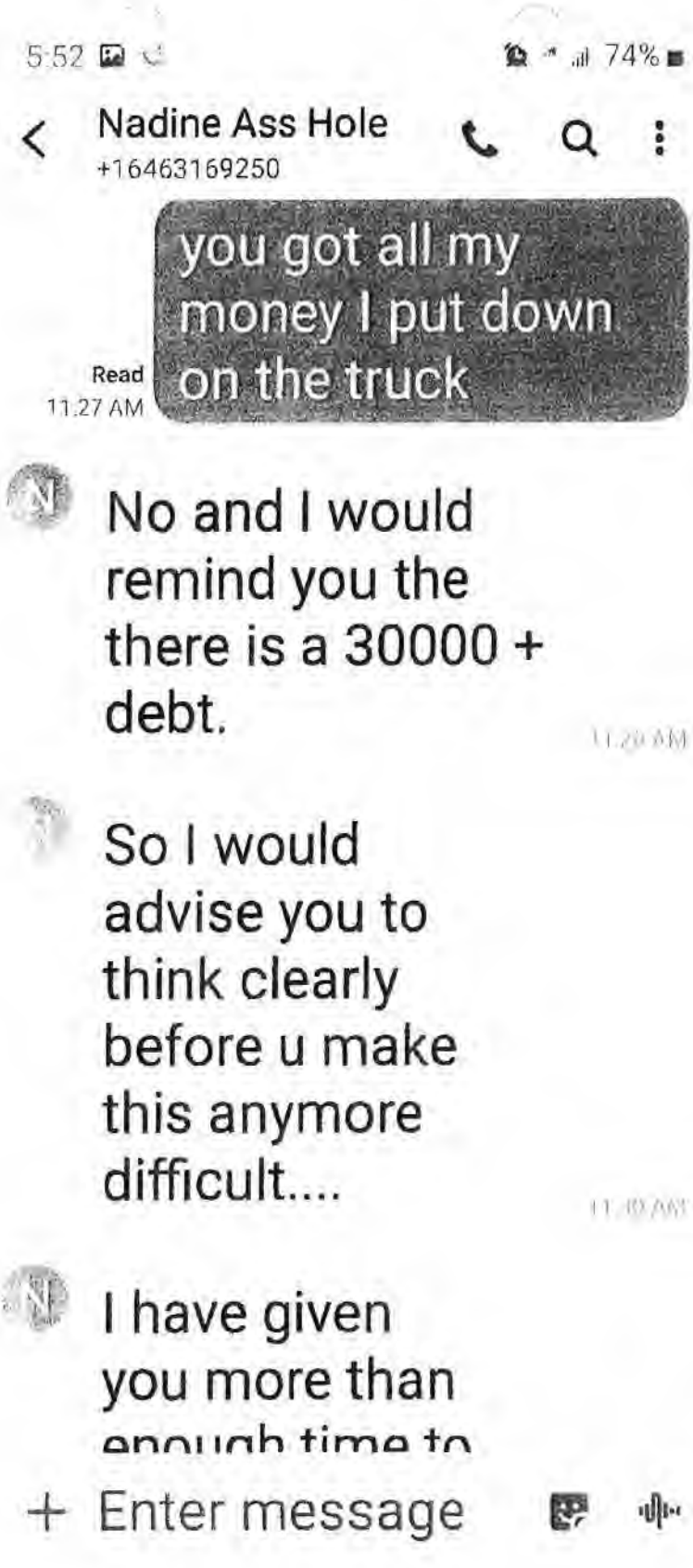
HGW 253


5:50
74%
Nadine Ass Hole
+16463169250
U moved it when I put it under the bed
7:09 AM
I will look for it later, you moved all of my things so I don't know where things are
Read
It was not apart of your things...but ok
Sunday, March 3, 2019
What s up
Monday, March 4, 2019
+ Enter message

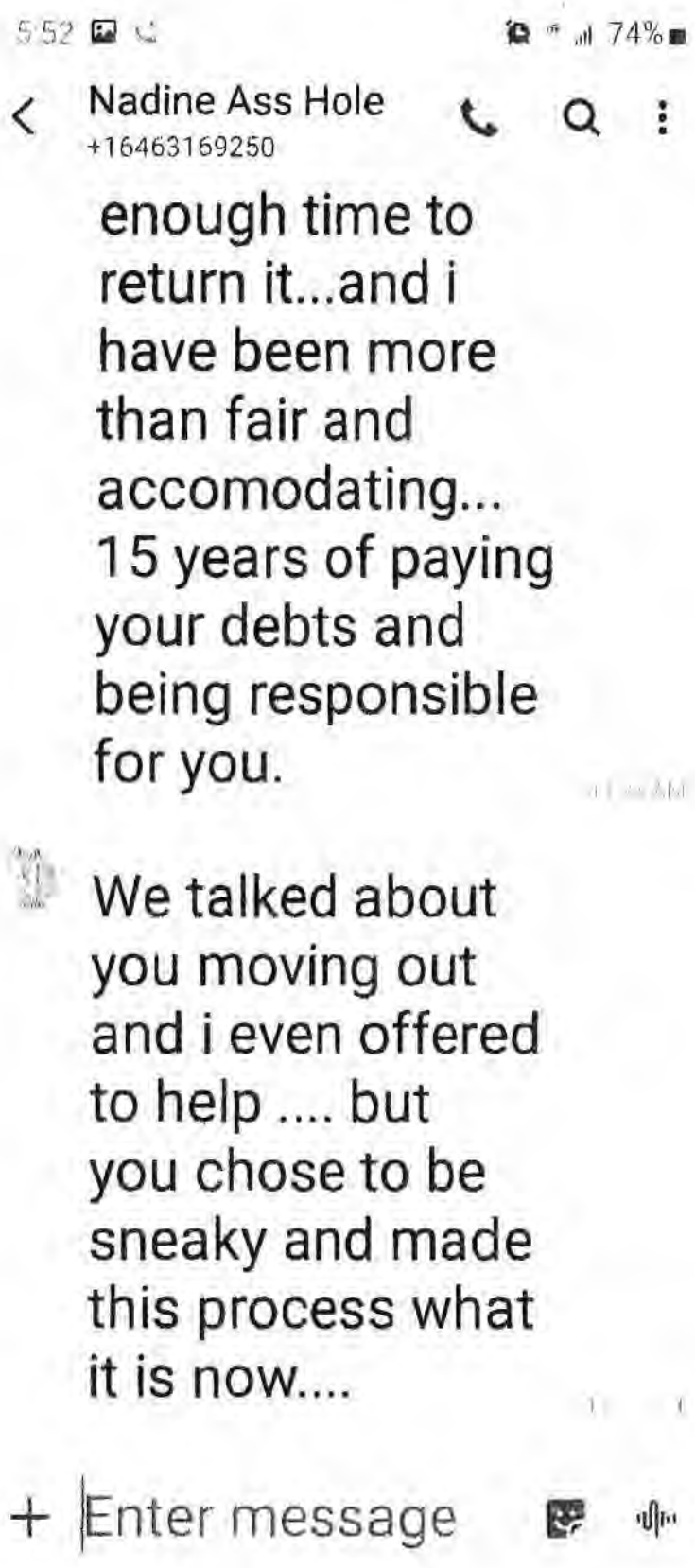
HGW 254


5:50
74%
Nadine Ass Hole
+16463169250
Can I get the phone back
I need to turn it to tmobile
4:00 PM
Tuesday, March 5, 2019
Please remember that the truck payment is due on the 8th. $510
You can send the money via cash app so u have a record, money order or bank transfer.
Enter message

HGW 255


5:52
74%
Nadine Ass Hole
+16463169250
you got all my money I put down on the truck
Read
11:27 AM
No and I would remind you the there is a 30000 + debt.
So I would advise you to think clearly before u make this anymore difficult....
I have given you more than
+ Enter message

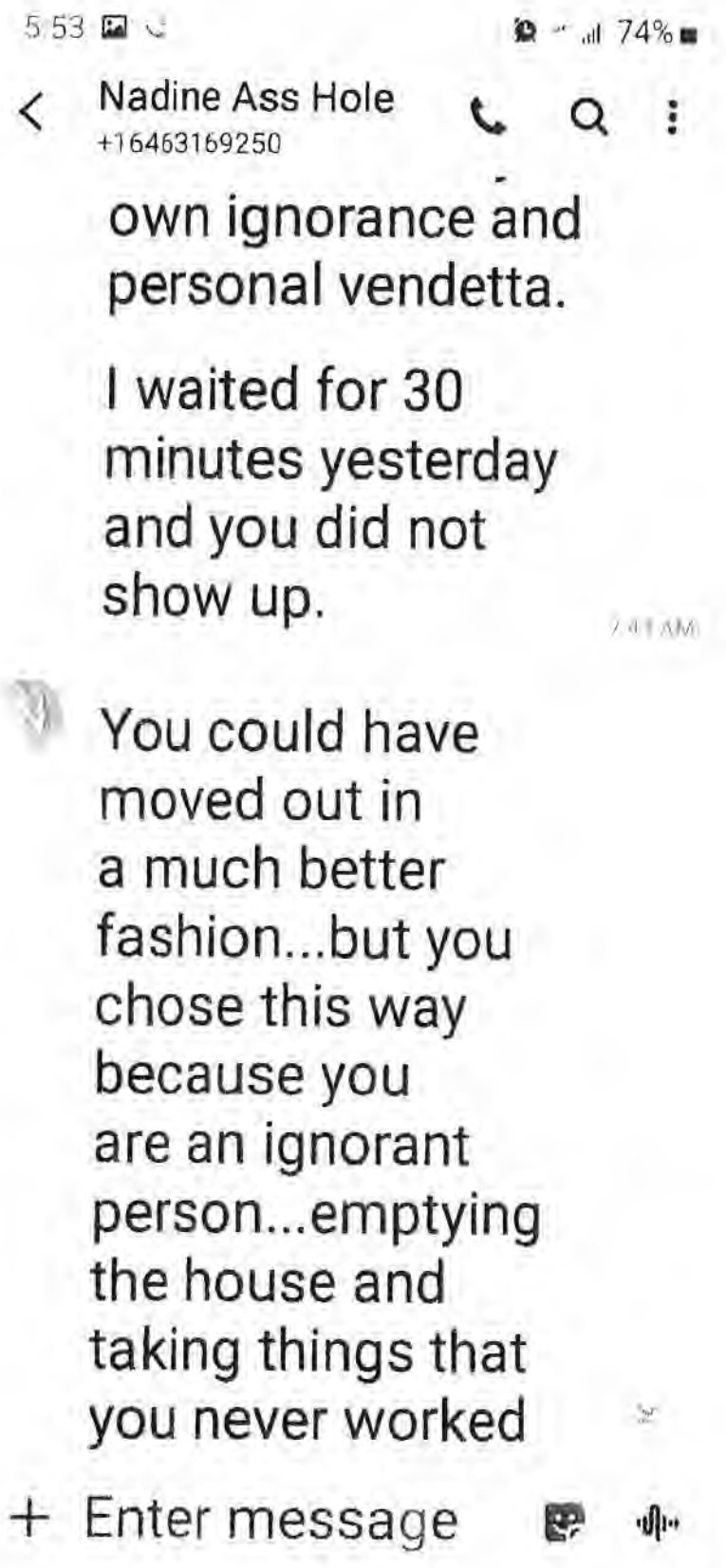
HGW 256


5:52
74%
Nadine Ass Hole
+16463169250
enough time to return it...and i have been more than fair and accomodating... 15 years of paying your debts and being responsible for you.
We talked about you moving out and i even offered to help .... but you chose to be sneaky and made this process what it is now....
Enter message

HGW 257


5:53
74%
Nadine Ass Hole
+16463169250
Seeing that how you want to play this
Will u be on time to drop the children off?
Should I go home?
I am tired of you playing games
So I take it that you are keeping my children away from me because of your
Enter message

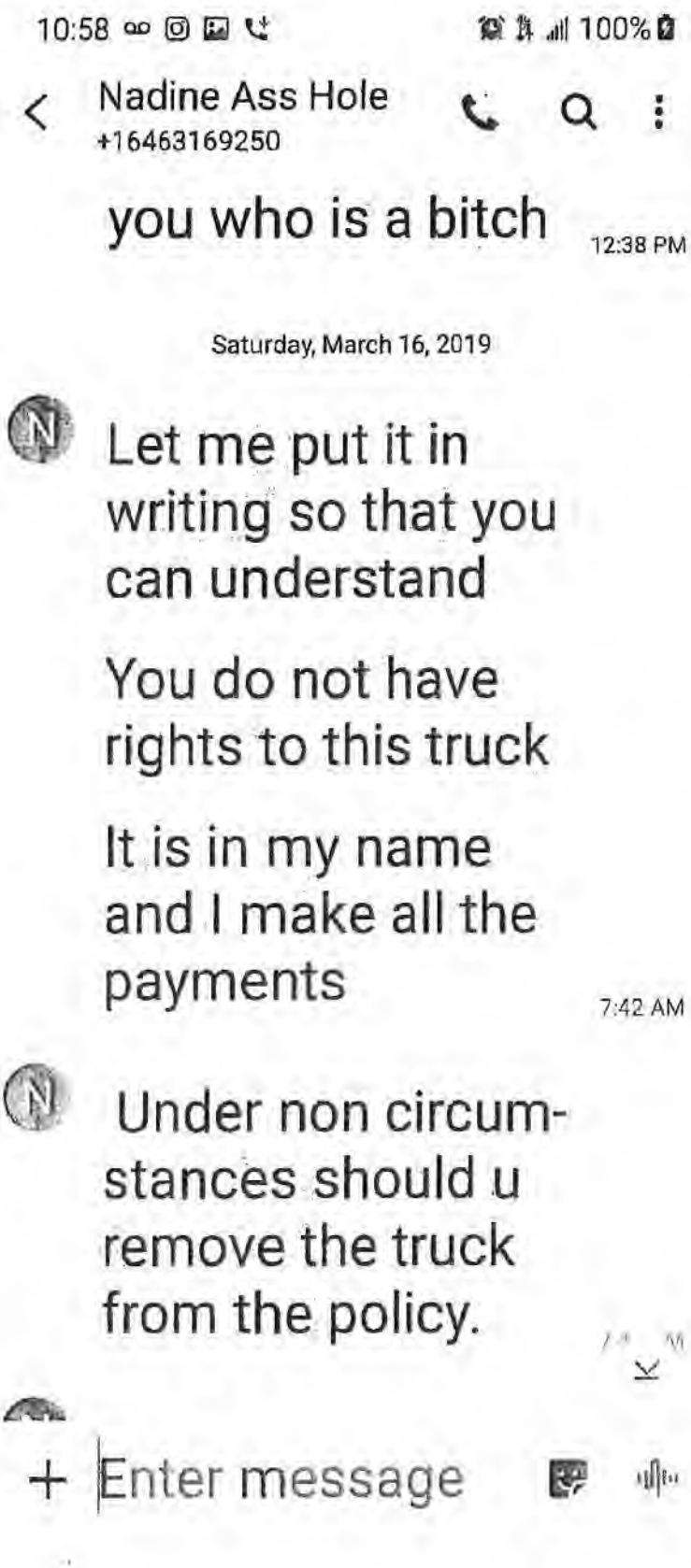
HGW 258


5:53
74%
Nadine Ass Hole
+16463169250
own ignorance and personal vendetta.
I waited for 30 minutes yesterday and you did not show up.
7:41 AM
You could have moved out in a much better fashion...but you chose this way because you are an ignorant person...emptying the house and taking things that you never worked
+ Enter message

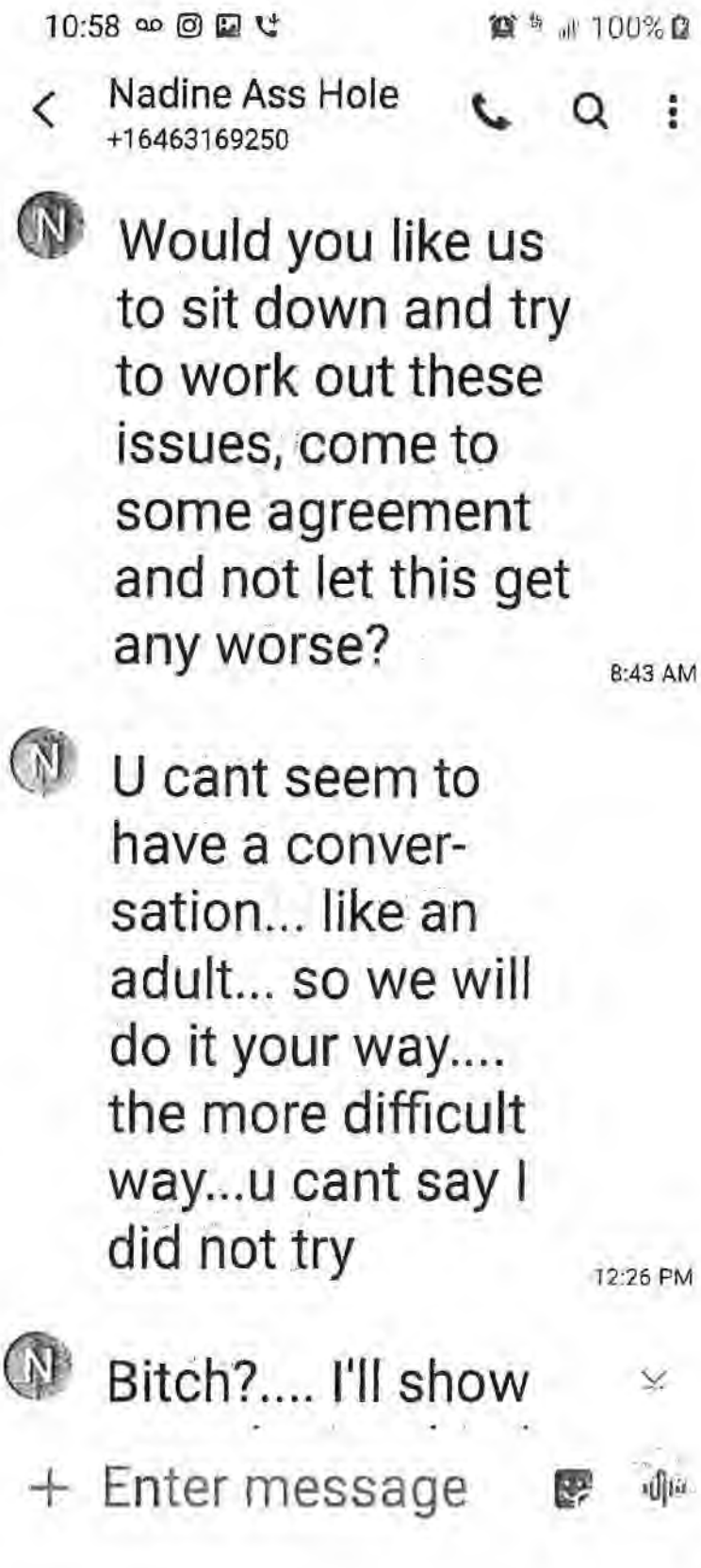
HGW 259


5:52
74%
Nadine Ass Hole
+16463169250
I have officially made a police report
1:48 PM
You have committed identity fraud
1:49 PM
I am including both tou and kin in the report. Chase has the recorded call
You should know not to mess with my stuff
2:16 PM
I am also including the tow board and
Enter message

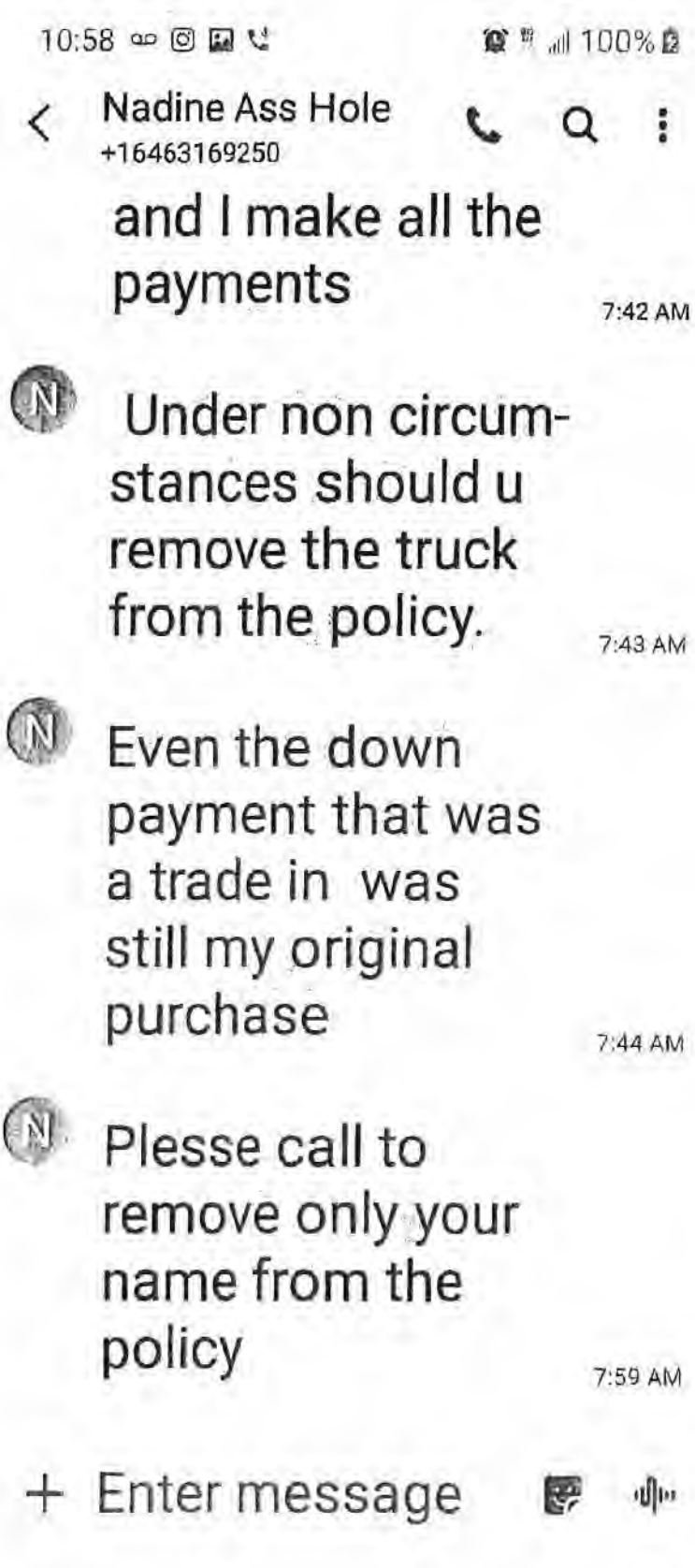
HGW 260


10:58
100%
Nadine Ass Hole
+16463169250
you who is a bitch
12:38 PM
Saturday, March 16, 2019
Let me put it in writing so that you can understand
You do not have rights to this truck
It is in my name and I make all the payments
7:42 AM
Under non circum-stances should u remove the truck from the policy.
Enter message

HGW 261


10:58
100%
Nadine Ass Hole
+16463169250
Would you like us to sit down and try to work out these issues, come to some agreement and not let this get any worse?
8:43 AM
U cant seem to have a conver-sation... like an adult... so we will do it your way.... the more difficult way...u cant say I did not try
12:26 PM
Bitch?.... I'll show
Enter message

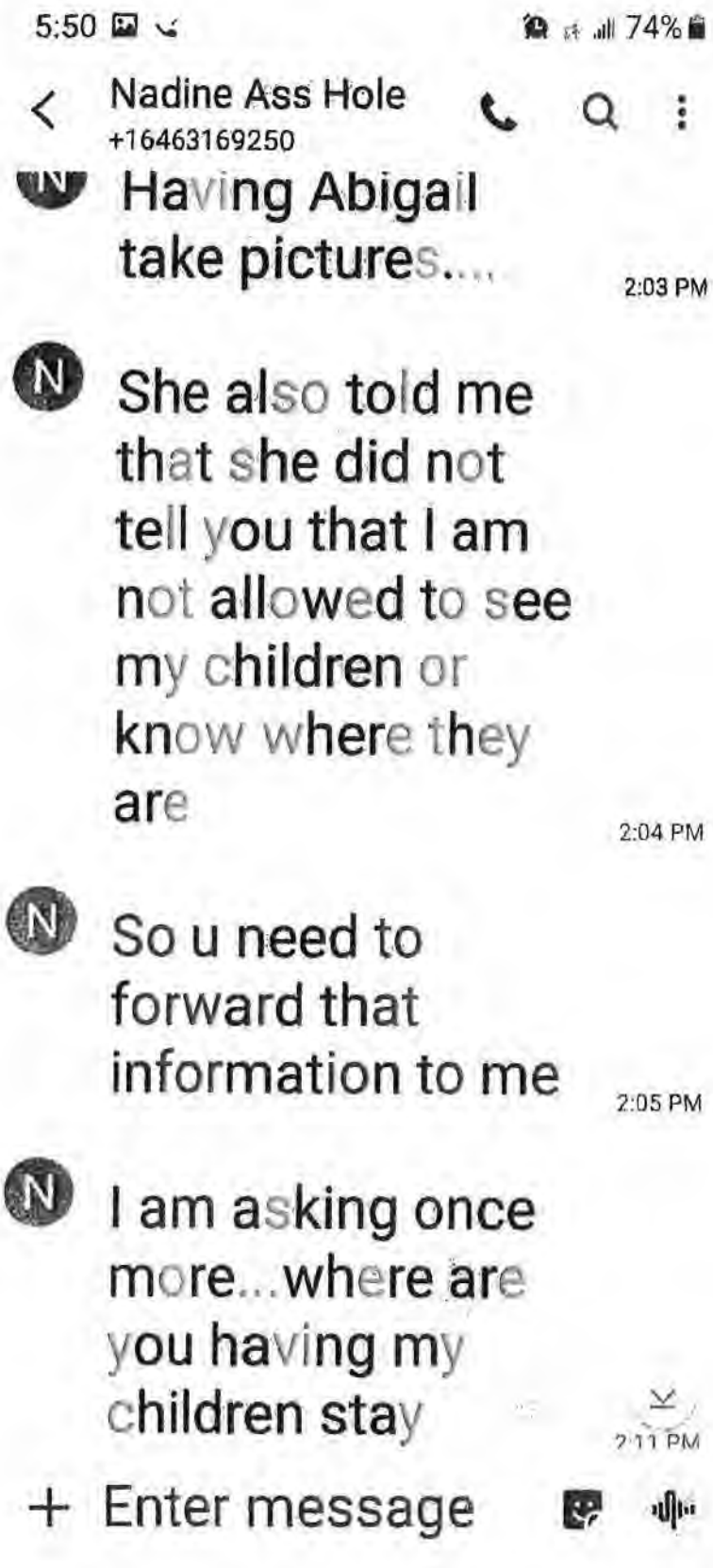
HGW 262


10:58
100%
Nadine Ass Hole
+16463169250
and I make all the payments
7:42 AM
Under non circum-stances should u remove the truck from the policy.
7:43 AM
Even the down payment that was a trade in was still my original purchase
7:44 AM
Plesse call to remove only your name from the policy
7:59 AM
Enter message

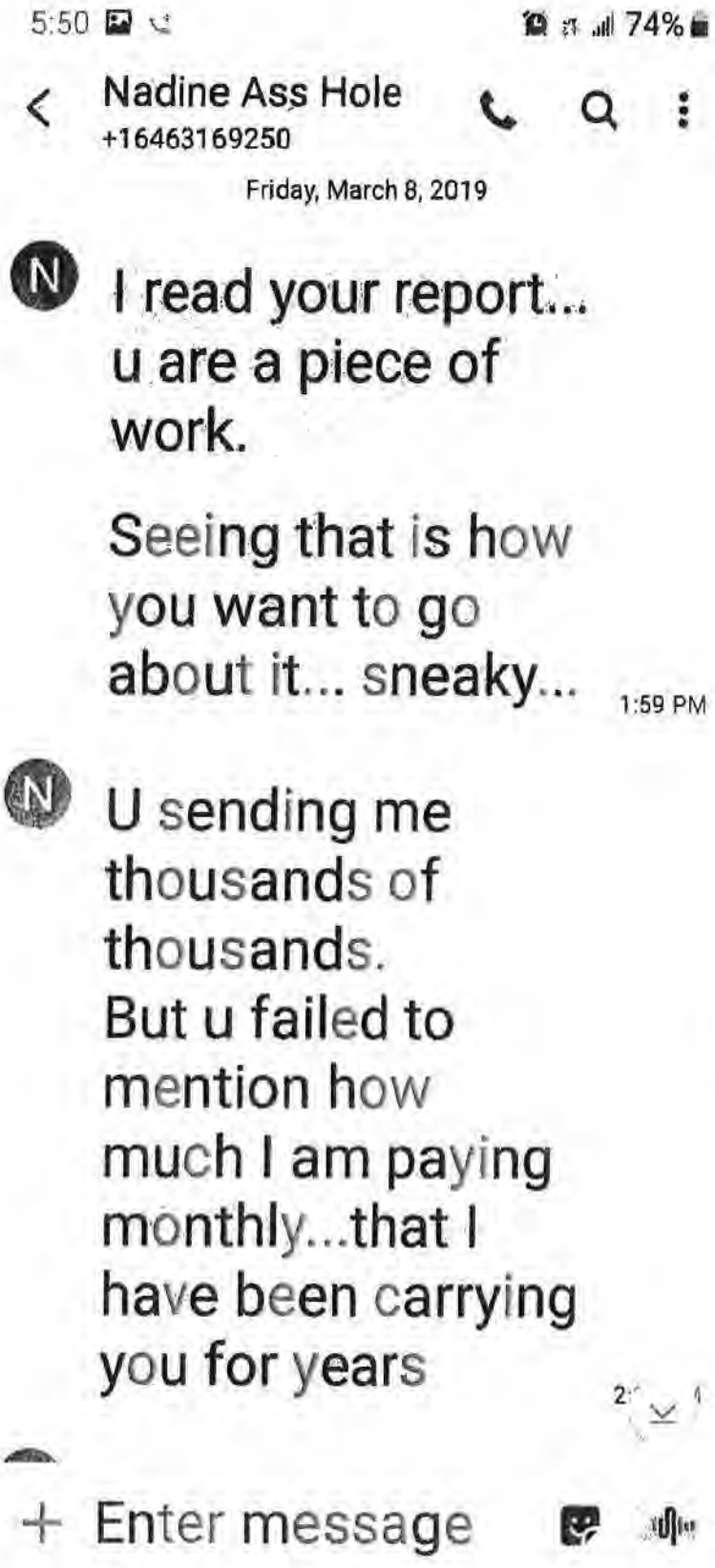
HGW 263


5:51
74%
Nadine Ass Hole
+16463169250
children stay
2:11 PM
I have just returned home and found that you have broken into my room to remove personal items and household items not related to the children. TV, beds, draws and food.
6:04 PM
I have taken pictures and will be filing. Police report about the unauthorized removal of items .
Enter message

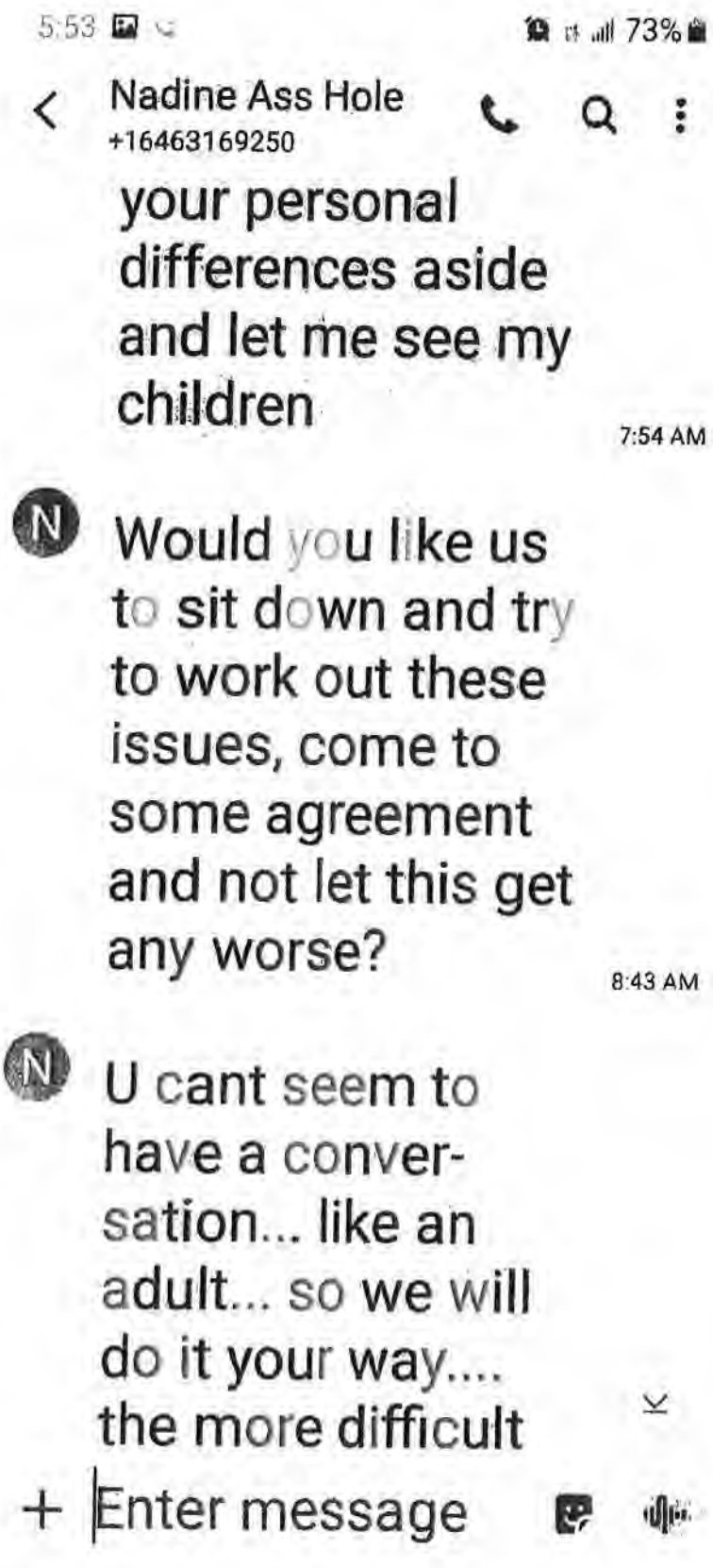
HGW 264


5:50
74%
Nadine Ass Hole
+16463169250
Having Abigail take pictures....
2:03 PM
She also told me that she did not tell you that I am not allowed to see my children or know where they are
2:04 PM
So u need to forward that information to me
2:05 PM
I am asking once more...where are you having my children stay
2:11 PM
Enter message

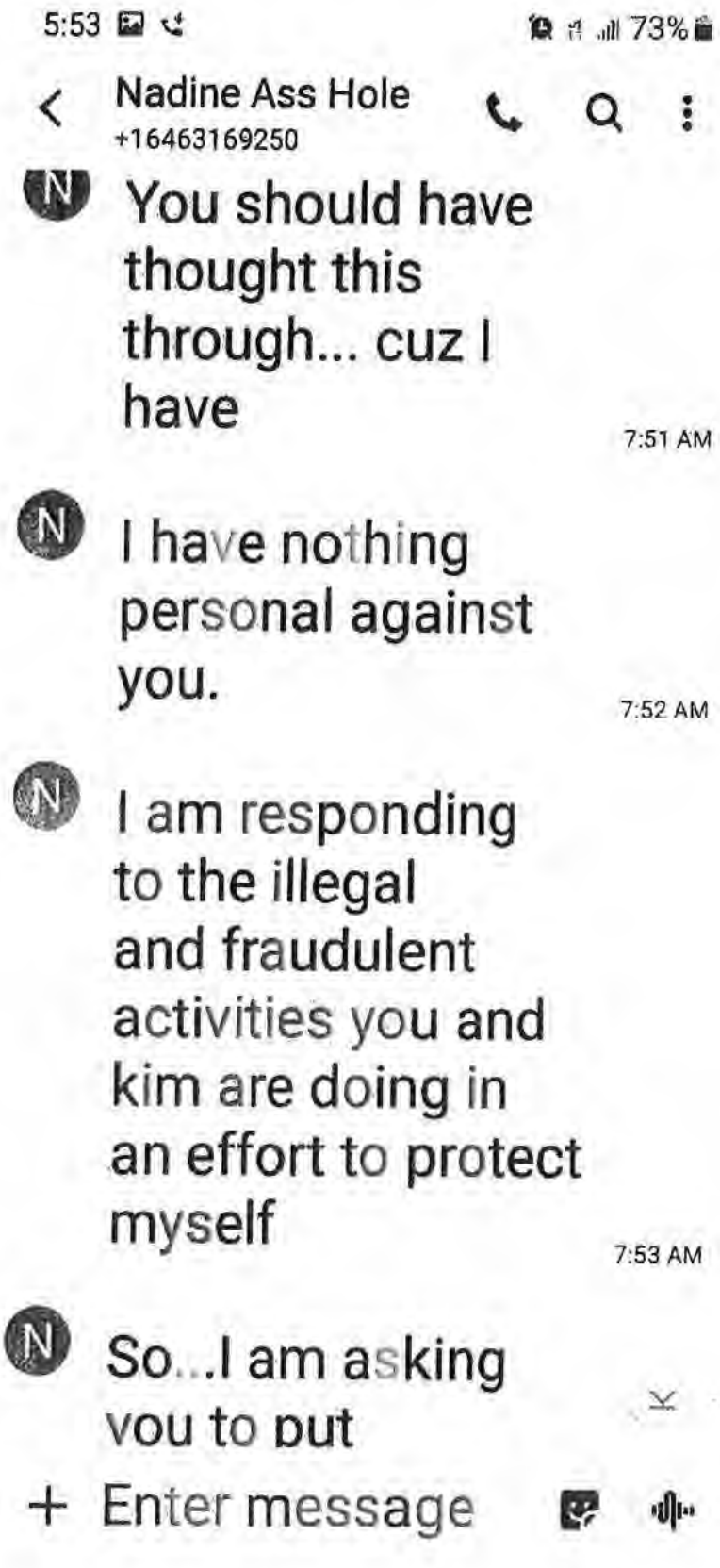
HGW 265


5:50
74%
Nadine Ass Hole
+16463169250
Friday, March 8, 2019
I read your report... u are a piece of work.
Seeing that is how you want to go about it... sneaky...
1:59 PM
U sending me thousands of thousands. But u failed to mention how much I am paying monthly...that I have been carrying you for years
Enter message

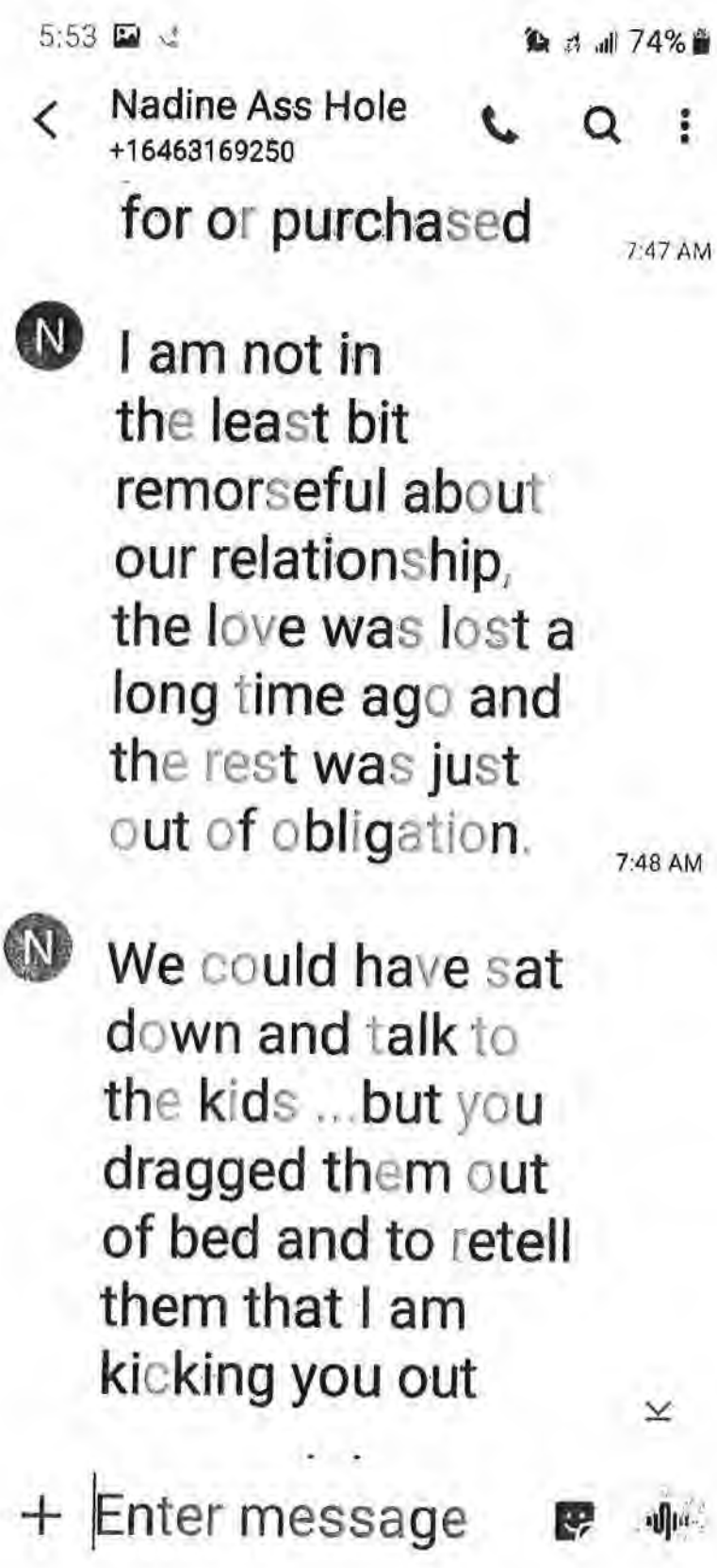
HGW 266


5:53
73%
Nadine Ass Hole
+16463169250
your personal differences aside and let me see my children
7:54 AM
N
Would you like us to sit down and try to work out these issues, come to some agreement and not let this get any worse?
8:43 AM
N
U cant seem to have a conversation... like an adult... so we will do it your way.... the more difficult
+ Enter message

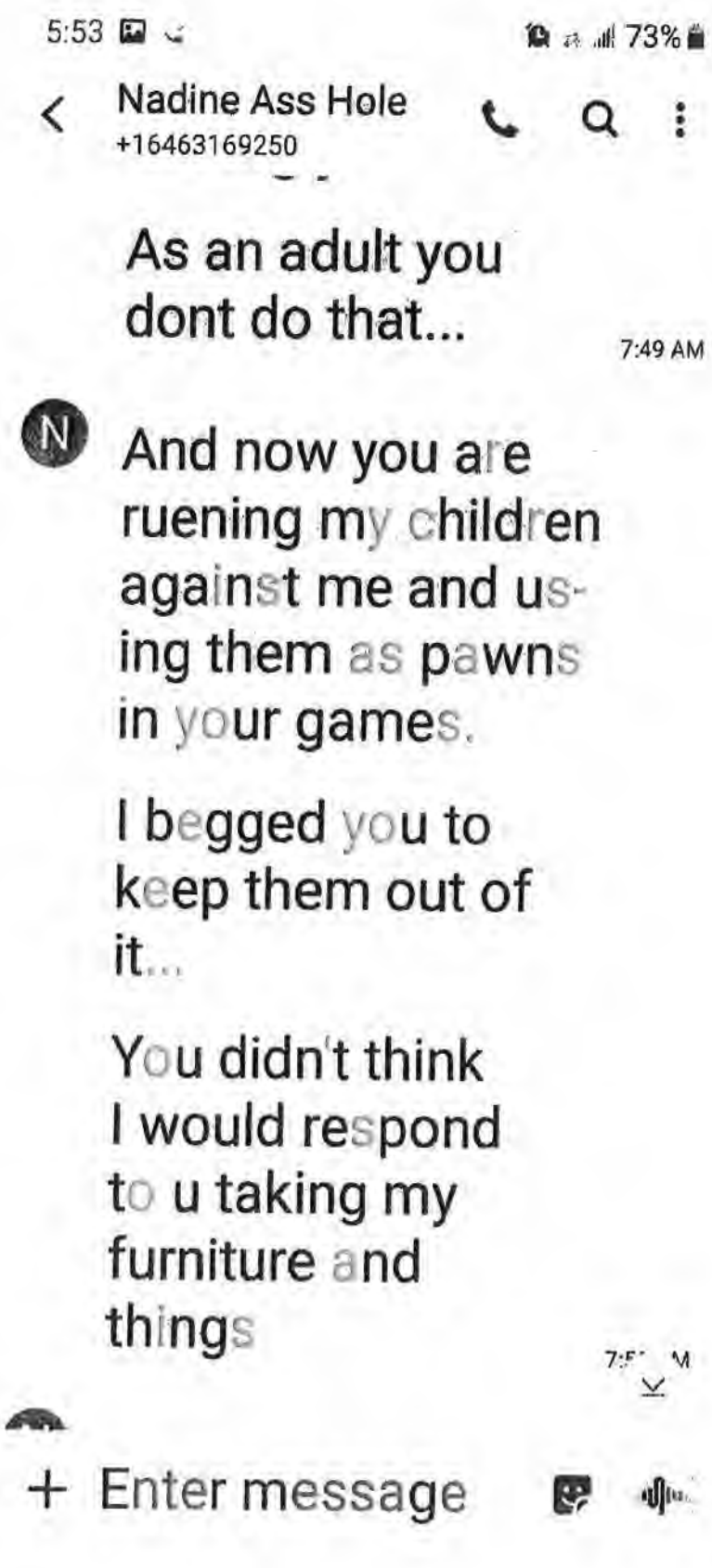
HGW 267


5:53
73%
Nadine Ass Hole
+16463169250
You should have thought this through... cuz I have
7:51 AM
I have nothing personal against you.
7:52 AM
I am responding to the illegal and fraudulent activities you and kim are doing in an effort to protect myself
7:53 AM
So...I am asking you to put
Enter message

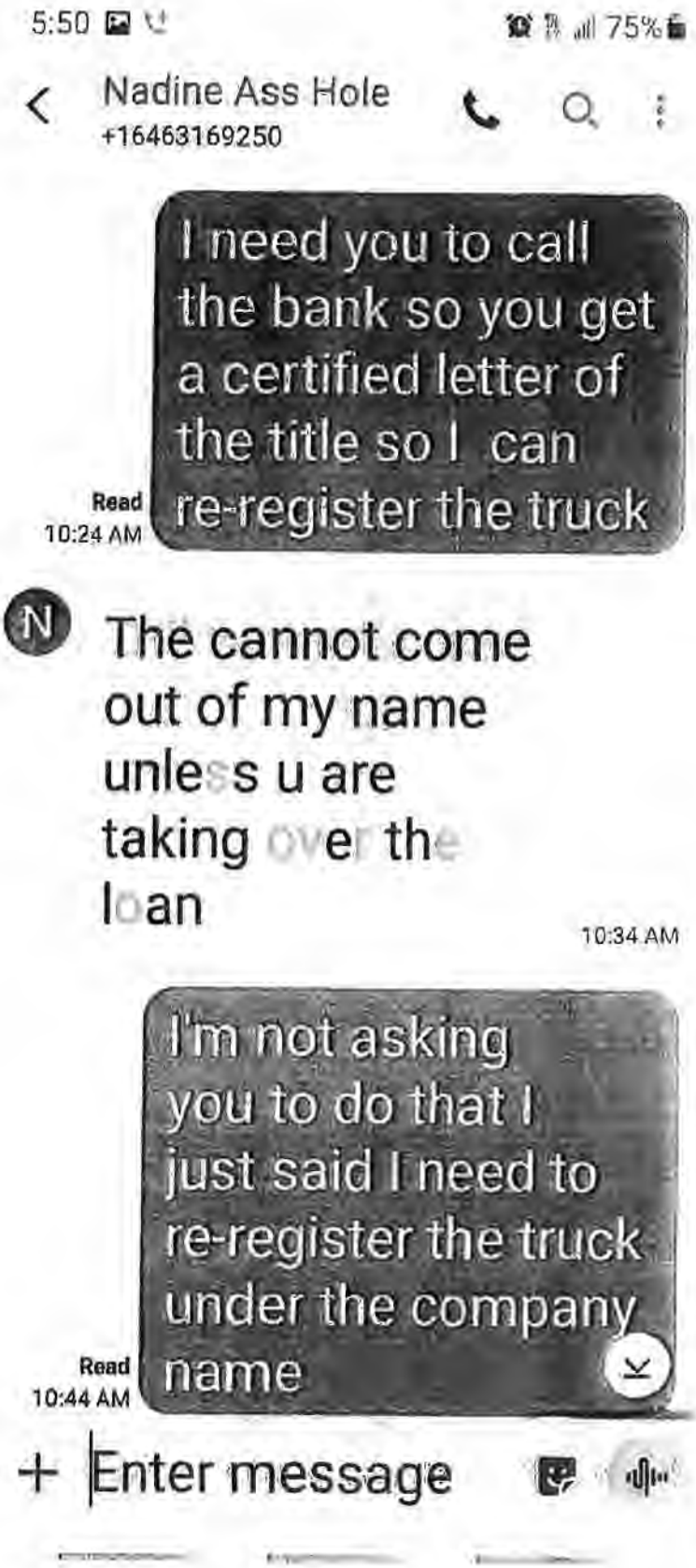
HGW 268


5:53
74%
Nadine Ass Hole
+16463169250
for or purchased
7:47 AM
I am not in the least bit remorseful about our relationship, the love was lost a long time ago and the rest was just out of obligation.
7:48 AM
We could have sat down and talk to the kids ...but you dragged them out of bed and to retell them that I am kicking you out
Enter message

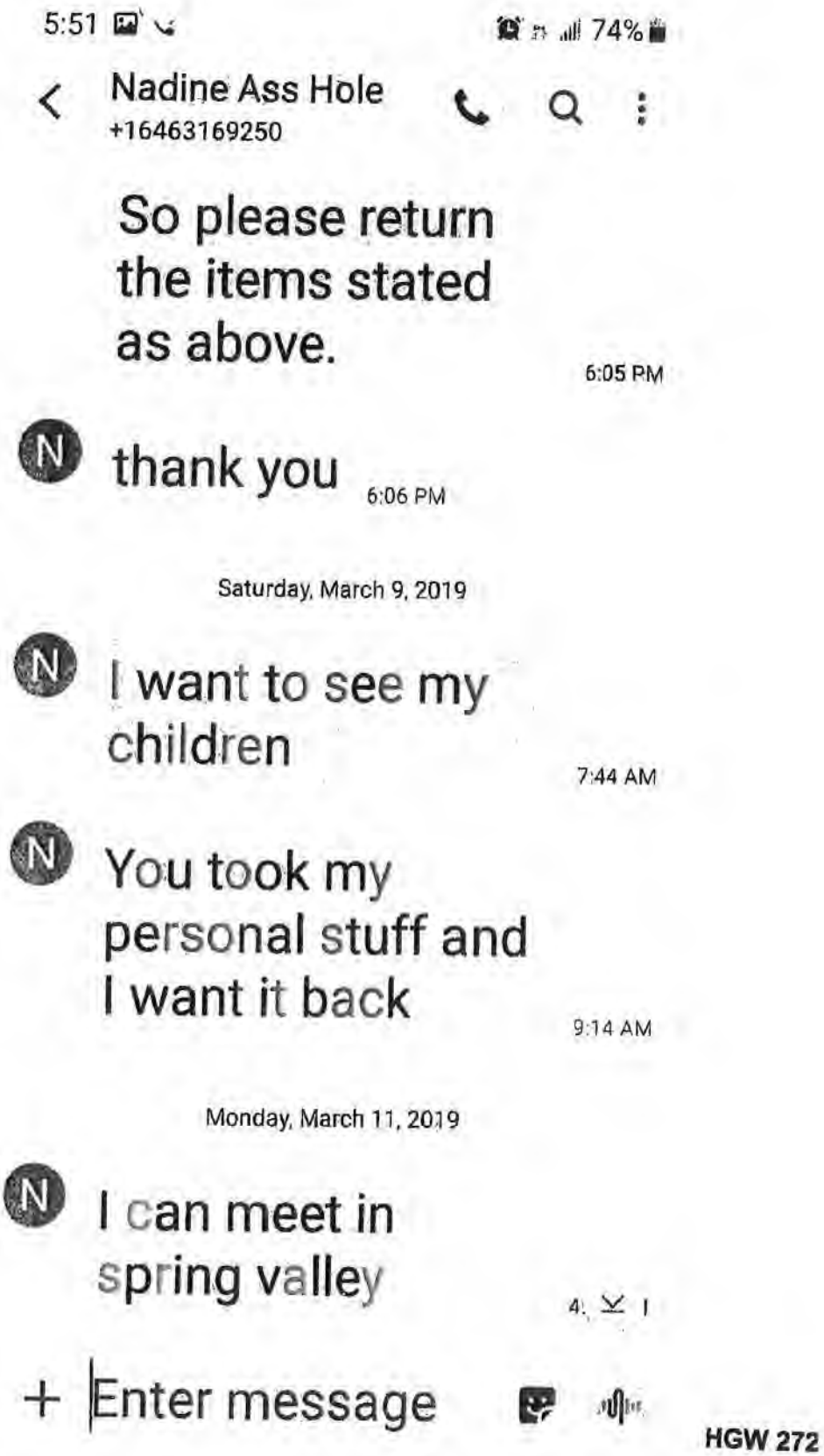
HGW 269

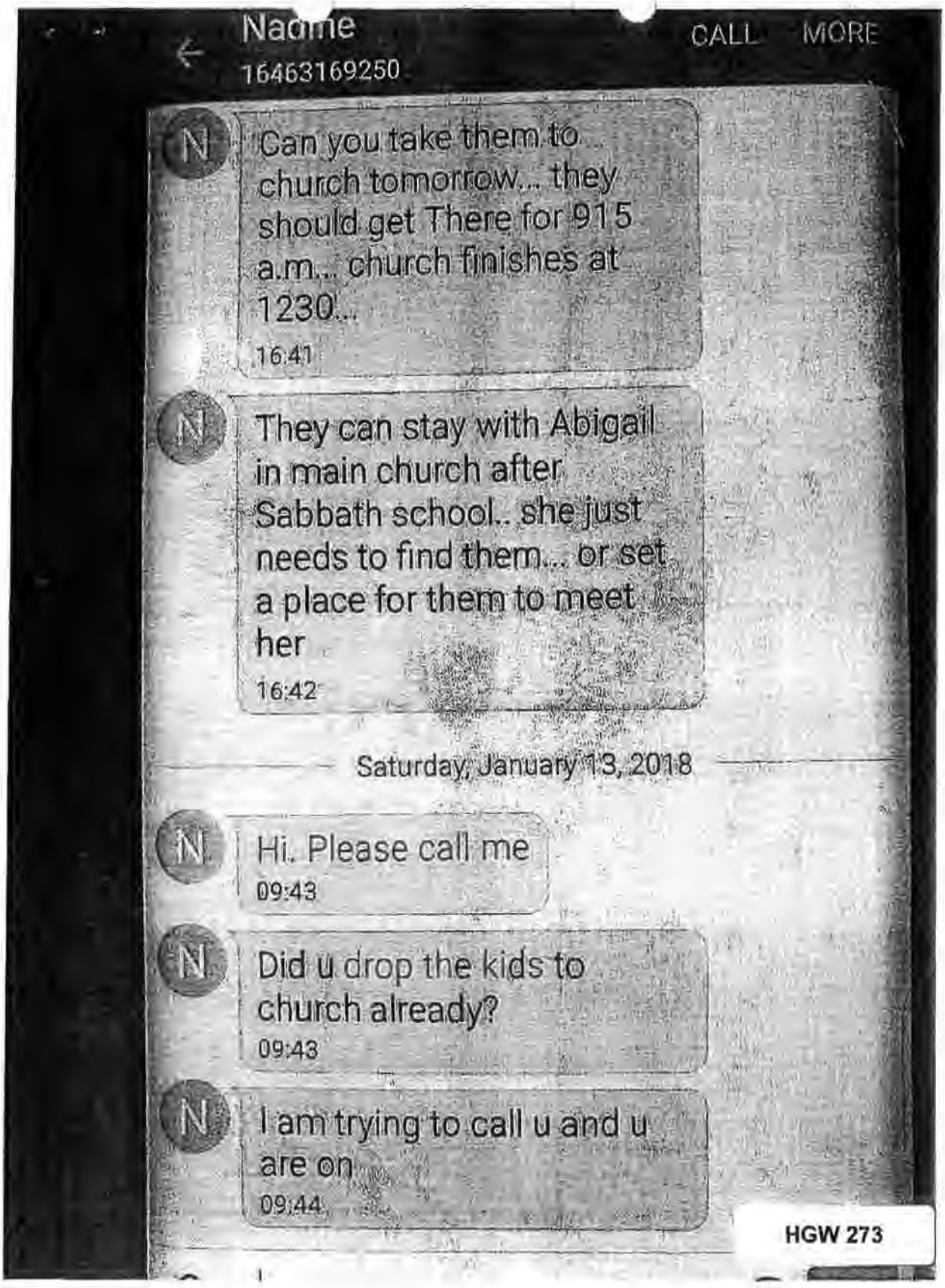

5:53
73%
Nadine Ass Hole
+16463169250
As an adult you dont do that...
7:49 AM
N
And now you are ruening my children against me and using them as pawns in your games.
I begged you to keep them out of it...
You didn't think I would respond to u taking my furniture and things
+ Enter message

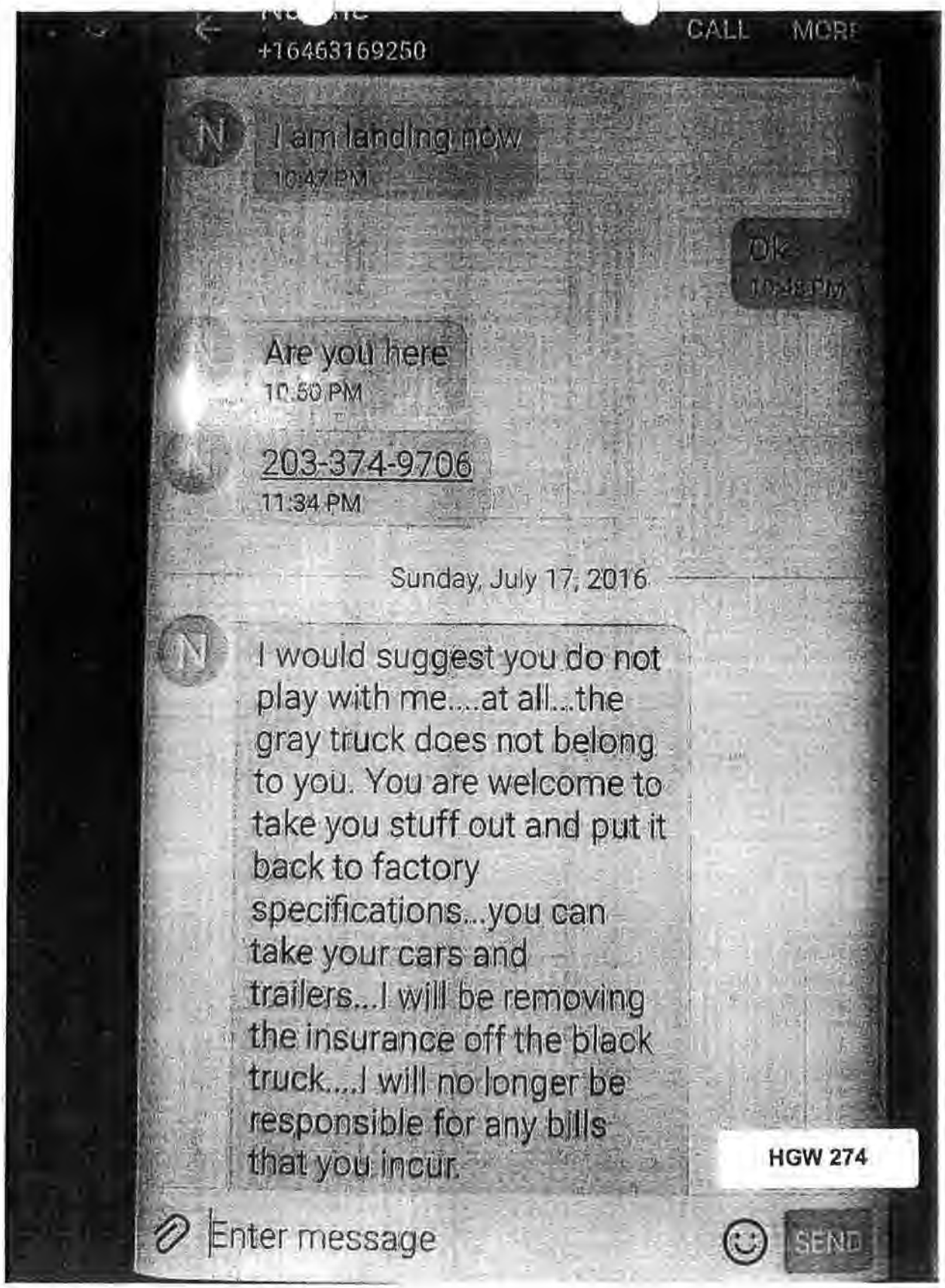
HGW 270

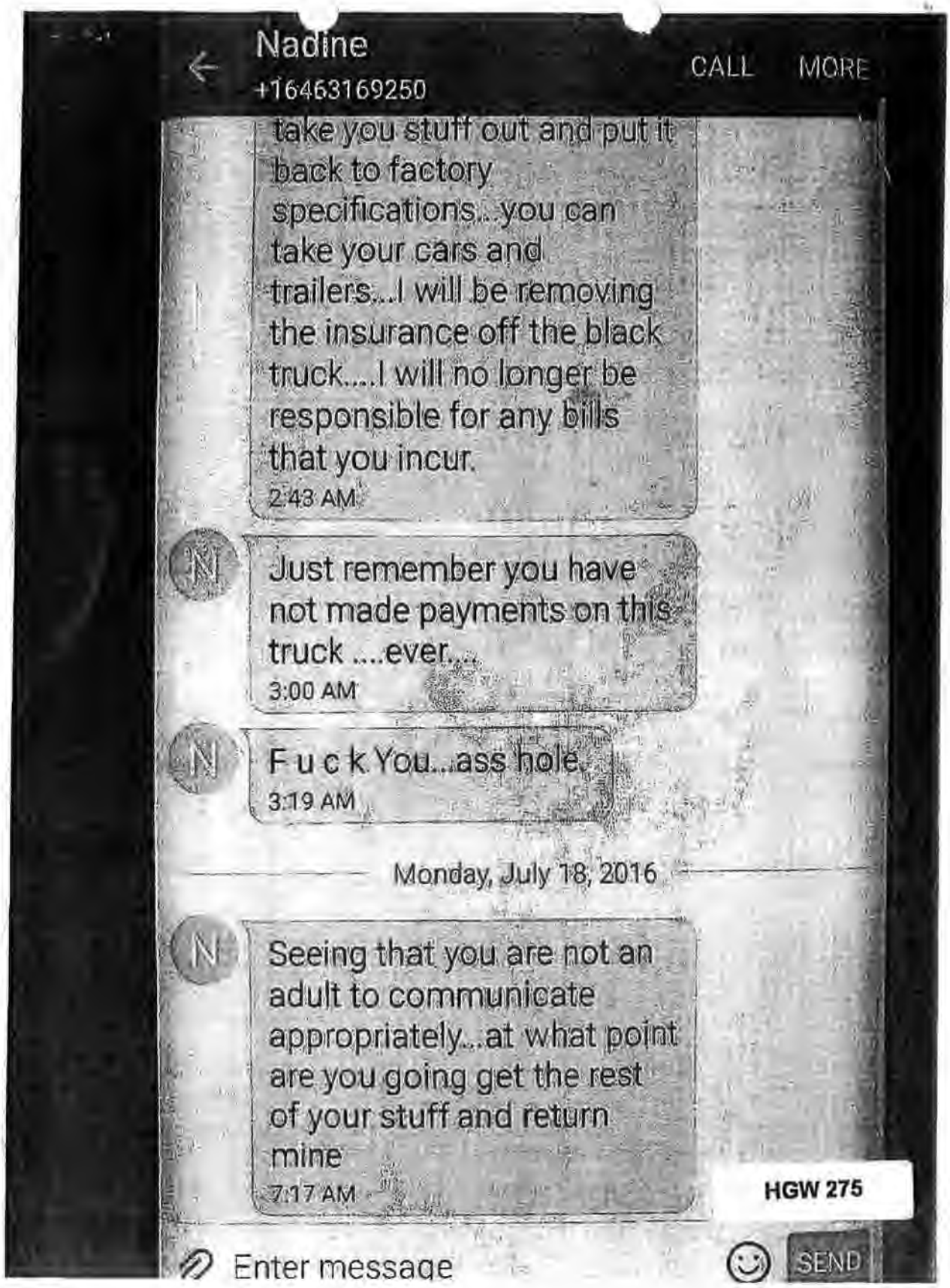

5:50
75%
Nadine Ass Hole
+16463169250
I need you to call the bank so you get a certified letter of the title so I can re-register the truck
Read
10:24 AM
N
The cannot come out of my name unless u are taking over the loan
10:34 AM
I'm not asking you to do that I just said I need to re-register the truck under the company name
Read
10:44 AM
+ Enter message

HGW 271


5:51
74%
Nadine Ass Hole
+16463169250
So please return the items stated as above.
6:05 PM
N
thank you
6:06 PM
Saturday, March 9, 2019
N
I want to see my children
7:44 AM
N
You took my personal stuff and I want it back
9:14 AM
Monday, March 11, 2019
N
I can meet in spring valley
Enter message
HGW 272


Nadine
16463169250
CALL
MORE
N
Can you take them to church tomorrow... they should get There for 915 a.m... church finishes at 1230...
16:41
N
They can stay with Abigail in main church after Sabbath school.. she just needs to find them... or set a place for them to meet her
16:42
Saturday, January 13, 2018
N
Hi. Please call me
09:43
N
Did u drop the kids to church already?
09:43
N
I am trying to call u and u are on
09:44
HGW 273


+16463169250
CALL
MORE
I am landing now
10:47 PM
Ok
Are you here
10:50 PM
203-374-9706
11:34 PM
Sunday, July 17, 2016
I would suggest you do not play with me....at all...the gray truck does not belong to you. You are welcome to take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
HGW 274
Enter message
SEND


Nadine
+16463169250
CALL
MORE
take you stuff out and put it back to factory specifications...you can take your cars and trailers...I will be removing the insurance off the black truck....I will no longer be responsible for any bills that you incur.
2:43 AM
N
Just remember you have not made payments on this truck ....ever...
3:00 AM
N
F u c k You...ass hole.
3:19 AM
Monday, July 18, 2016
N
Seeing that you are not an adult to communicate appropriately...at what point are you going get the rest of your stuff and return mine
7:17 AM
HGW 275
Enter message
SEND