

1 Alfred Centofanti #85237

2 HDSP/P.O. Box 650

3 Indian Springs, NV 89070

4 Appellant in PRO PER

FILED

JUN 26 2019

ELIZABETH A. BROWN
CLERK OF SUPREME COURT
BY *[Signature]*
DEPUTY CLERK

6 IN THE SUPREME COURT OF THE STATE OF NEVADA

8 ALFRED P. CENTOFANTI, III

NO. 78193

9 Appellant,

10 vs.

11 THE STATE OF NEVADA,

12 Respondent

Supplemental Declaration in Support
of Ex-Parte Motion for a stay and/or
Extending Time

15 COMES NOW, Appellant, Alfred P. Centofanti III ("Centofanti"),
 16 in PRO PER and hereby files the attached Supplemental Declaration
 17 in support of his Ex-Parte Motion for a stay and/or Extending
 18 Time, which was mailed in for filing on April 29, 2019.

20 Dated this 15th day of June, 2019

22 *[Signature]*

23 Alfred Centofanti #85237

24 Appellant in PRO PER

28 JUN 24 2019

Supplemental Declaration of Alfred Centofanti

1 I am the appellant in the above entitled matter and submit this
2 Supplemental declaration in support of the motion to stay these proceedings
3 and other relief mailed for filing on April 29, 2019.

4 2. Since the original motion was filed Centofanti has additional
5 medical information he wishes to provide for this Court's consideration.

6 3. On May 9, 2019 a biopsy was performed at Desert Radiology
7 to verify the diagnosis of lymphoma and to determine what type.

8 4. On May 21, 2019 Centofanti was told by medical staff at
9 HOSP that the biopsy revealed he has Hodgkin's Lymphoma and
10 that the odds are 2-1 against his survival. Centofanti was also
11 informed an appeal would be sought for an appointment with an
12 oncologist and additional tests (chest x ray and blood draw)
13 would be ordered.

14 5. On May 23, 2019 a chest x-ray was done at HOSP.

15 6. On June 4, 2019 the blood draw was done at HOSP and a
16 follow up appointment to discuss the results of all tests made.²

17 7. On June 11, 2019 Centofanti was told in person that he
18 has been appealed and scheduled to see an oncologist, ostensibly
19 to discuss prognosis and available treatment options.³

20 8. The deadline for Centofanti to file his Informal Opening
21 Brief is July 1, 2019. As Centofanti's condition deteriorates
22 and he awaits his oncologist appointment and for the anticipated
23 appeal process and scheduling for treatment his ability to
24 comply with the July 1, 2019 deadline has diminished.

25 9. Centofanti has attached the returned copies of his
26 correspondence with HOSP medical as he is prohibited from
27 having copies of his medical files (blood test results, cat

1 See, May 17, 2019 Request and Response (delivered to Centofanti June 10, 2019)

2 See, May 27, 2019 Request and Response (delivered to Centofanti June 12, 2019)

3 See, June 6, 2019 Request and Response (delivered to Centofanti June 14, 2019)

scan results, pathology (biopsy) report, and Related materials) by the
NMDC's Administrative Regulations) to provide to this Court without Court order

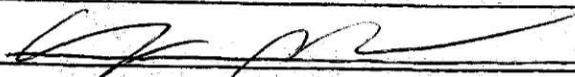
10. Centofanti is informed and believes, and therefore alleges, that
if chemotherapy and Radiation are used to treat his condition,
the treatment would be at least twelve (12) weeks, which would
cover the ninety (90) days or until a stay / extension until October 1, 2019
previously requested.

11. Centofanti therefore wishes to amend his previous request
of ninety (90) days to (120) days, or January 1, 2020, and respectfully
reserves the right to provide additional information and documents
relative to this request when available.

12. This declaration is made under the penalty of perjury under
the laws of the State of Nevada, in good faith, and not for the
purposes of delay or other improper reason.

Respectfully Submitted,

this 15th day of June, 2019


Alfred Centofanti # 85237

HOSP / P.O. Box 650

Indian Springs, NV 89070

Appellant in Pro Per

PRINT NAME: Alfred Centofanti
(Also print name and ID# at bottom of form where indicated)

ID#: 85237
DOB: 9/20/1960

Institution: HDSP Date submitted: 5/17/2019

Signature: [Signature]

Medical: ☒ Dental: ☐ Mental Health: ☐ Nursing: ☐

Other: Attention:
Bob Falkner
Scott Muttison

Reason for request: (Describe below)

I need someone who can coordinate the diagnosis and treatment for my Lymphoma to expedite the process and not have needless and potentially dangerous delays as to kites, appointments, seeking and obtaining approvals and treatment. Currently awaiting an appointment to discuss my 9th Biopsy Results while my condition is deteriorating. Please help and advise.

DO NOT WRITE IN AREA BELOW

Response to request:

6/3/19 You are scheduled to see oncology, we cannot disclose when per AR 613 GTB

- ☐ Appointment Schedule for: / / Rescheduled for: / /
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: / /

PLAN

- ☐ Follow-up appointment / / ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider _____ Date / /

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

NAME: Centofanti, Alfred
Last First MI

ID#: 85237

Unit/Cell#: 74-a1

PRINT NAME:

Alfred Cerofanti

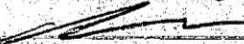
(Also print name and ID# at bottom of form where indicated)

ID#: 85237

DOB: 9/28/1968

Institution: HOSP

Date submitted: 5/27/2019

Signature: 

Medical: ☒

Dental: ☐

Mental Health: ☐

Nursing: ☐

Other:

Reason for request: (Describe below)

① Refill for the following

ACETAMINOPHEN 500 MG



+

② has oncologist been appeared - appt made?

③ Results of chest x-ray on 5/23?

④ Blood draw ordered 5/23?

DO NOT WRITE IN AREA BELOW

Response to request:

Renewed

Scheduled for MD to discuss

labs, x-ray, & appointments outside

☐

Appointment Schedule for: / /

Rescheduled for: / /

☐

No visit necessary

☐

No Show for Appointment

☐

Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

☐

KOP

☐

NON-KOP

☐

Order Date: / /

PLAN

☐

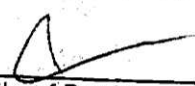
Follow-up appointment / /

☐

Return if needed

☐

No follow-up required

Signature/Title of Provider 

Date

JUN 10 2019

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

NAME: Cerofanti, Alfred

Last

First

MI

ID#: 85237

Unit/Cell#: 7A-21

7A 21

PRINT NAME: Alfred Centofanti
(Also print name and ID# at bottom of form where indicated)

ID#: 85237
DOB: 9/28/1968

Institution: HOSP Date submitted: 6/8/2019

Signature: [Signature]

Medical: ☒ Dental: ☐ Mental Health: ☐ Nursing: ☐ Other: ☐

Reason for request: (Describe below)

The fatigue from the Hodgkins is getting worse. Also, I am having cognitive issues - concentrating, confusion, performing tasks, forgetful - pain in (1) kidney area constant (like a cramp) Sleep is not restorative. Is there anything that can be done while I wait for oncology appt? Are these signs to be concerned about?

DO NOT WRITE IN AREA BELOW

Response to request:

6/12/19 - You WERE SEEN YESTERDAY ON 6/11/19. I HOPE YOU DISCUSSED THIS WITH DR. BRYAN. — JAYMIE, CN III

- ☐ Appointment Schedule for: / / Rescheduled for: / /
- ☐ No visit necessary
- ☐ No Show for Appointment
- ☐ Refused to be seen. DOC 2523-Release of Liability signed

PRESCRIPTIONS

- ☐ KOP ☐ NON-KOP
- ☐ Order Date: / /

PLAN

- ☐ Follow-up appointment / / ☐ Return if needed
- ☐ No follow-up required

Signature/Title of Provider _____ Date / /

NEVADA DEPARTMENT OF CORRECTIONS

MEDICAL KITE and/or
SERVICE REPORT

NAME: Centofanti Alfred
Last First MI
ID#: 85237
Unit/Cell#: 7A-21

CERTIFICATE OF SERVICE BY MAILING

I, Alfred Cerbanski, hereby certify, pursuant to NRCP 5(b), that on this 15th
day of June, 2019, I mailed a true and correct copy of the foregoing, "

Supplemental Declaration"
by depositing it in the High Desert State Prison, Legal Library, First-Class Postage, fully prepaid,
addressed as follows:

CC DA's office
Appellate Division
200 Lewis Ave
Las Vegas, NV 89001
Counsel for Respondents

CC:FILE

DATED: this 15th day of June, 2019.

Alfred Cerbanski # 85253
Appellant /In Propria Personam
Post Office box 650 [HDSP]
Indian Springs, Nevada 89018
IN FORMA PAUPERIS: