

VIA EMAIL AND FIRST CLASS MAIL

Motors Liquidation Company
Attn: Claims Team
2101 Cedar Springs Road
Suite 1100
Dallas, TX 75201
claims@motorsliquidation.com

**Re: In re Motors Liquidation Company, et al. ("Debtors"), Case No. 09-50026 (REG) –
Claim Documentation Letter**

Dear Motors Liquidation Company,

By this letter, I hereby submit the attached documentation in support of the following claim:

Claim Number	Claimant
18839	PICKETT, JUANITA

I understand and acknowledge that submission of this letter does not constitute allowance of the above-described claim, and that the Debtors reserve all rights with respect to this claim.

Very truly yours,

X
Print Name
Address


Juanita Pickett
PO Box 1181
Att. No longer at 3755 Medica Park Drive
Austell Ga 30106

City, State and Zip Code Mableton Ga. 30126

01592123

APS0587648796



UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK		PROOF OF CLAIM
<p>Name of Debtor (Check Only One):</p> <input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) Case No. 09-50026 (REG) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) 09-50027 (REG) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) 09-50028 (REG) <input type="checkbox"/> MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.) 09-13558 (REG)	<p>Your Claim is Scheduled As Follows:</p>	
<p><small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.</small></p>		
<p>Name of Creditor (the person or other entity to whom the debtor owes money or property): PICKETT, JUANITA</p>	<div style="text-align: center;">  </div> <p style="font-size: small;">If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p>	
<p>Name and address: <i>Juanita Pickett PO Box 1181 Mableton Ga 30126</i></p>		
<p>Telephone number: <i>678-913-7114</i> Email Address:</p>		
<p>Name and address where payment should be sent (if different from above): <i>Juanita Pickett PO Box 1181 Mableton Ga 30126</i></p>	<p><input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.</p> <p>Court Claim Number: <i>11-548923</i> (If known)</p> <p>Filed on: <i>Oct 30, 2008</i></p>	
<p>Telephone number: <i>678-913-7114</i></p>	<p><input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check this box if you are the debtor or trustee in this case.</p>	
<p>1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ <i>24,404.60</i></p> <p>If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.</p>	<p>5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.</p> <p>Specify the priority of the claim.</p> <p>Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p> <p><input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</p> <p><input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().</p> <p style="text-align: right;">Amount entitled to priority:</p> <p style="text-align: right;">\$ _____</p> <p style="font-size: x-small;">*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p>	
<p>2. Basis for Claim: <i>Personal injury due to product defect extended from June 22, 2004 (Sum mary)</i></p> <p>(See instruction #2 on reverse side.)</p>	<p>3. Last four digits of any number by which creditor identifies debtor: _____</p> <p>3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)</p>	
<p>4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.</p> <p>Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other</p> <p>Describe:</p> <p>Value of Property: \$ _____ Annual Interest Rate _____ %</p> <p>Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____</p> <p>Basis for perfection: _____</p> <p>Amount of Secured Claim: \$ _____ Amount Unsecured: \$ <i>24,404.60</i></p>	<p>6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.</p> <p>7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)</p> <p>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</p> <p>If the documents are not available, please explain in an attachment.</p>	
<p>Date: <i>10/30/09</i></p>	<p>Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.</p> <p style="font-size: large; text-align: center;"><i>Juanita Pickett Juanita Pickett</i></p>	
<p>FOR COURT USE ONLY</p>		<p>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. Modified B10 (GCG) (12/08)</p>

DATE: 12/14/04 TIME:

PATIENT NAME: Juanita Pickett

CALLER NAME: →

HOME PHONE: 7-921-4339 WORK PHONE: CELL#

PHARMACY PHONE: 7-800-2787

DRUG ALLERGY:

STATEMENT OF PROBLEM: Needs RX that you gave her for carpal tunnel on left hand for her right hand too.

PROPOSED SOLUTION:

ACTION TAKEN: Order wrist splints from Annie. Faxed Annie RX & pt info.

BY: Emily DATE: 12/14/04 TIME:

678
442 4331
Skilled
Occupational
Hh

**GWINNETT CLINIC
ORTHOPEDIC SURGERY**

**ROBERT D. ROCKFELD, M.D., FAAOS
J.J. SHAH, M.D., FAAOS
THOMAS P. BRANCH, M.D., FAAOS
ROBERT E. KARSCH, M.D., FAAOS**

475 Philip Blvd. - Ste 100
Lawrenceville, GA 30045
(770) 995-3300

455 Beaver Run Rd
Lilburn, GA 30247
(770) 923-7778

2764 W Main St
Snellville, GA 30278
(770) 978-3388

3490 Pleasant Hill Rd
Duluth, GA 30096
(770) 814-2870

Name Therita Pickett Date 4/12/65
Address _____

8 AM B

O.T. - eval & treat

Dx: Carpal Tunnel Syndrome
bilateral
2-3 x wk x 4 wks

Refill - 0 - 1 - 2 - 3 - P.R.N.

Generic Substitution Permitted

Dispense as Written



LABFL

M.D.

M.D.

5. **WHAT TO FILE**

If you file a Proof of Claim, your filed Proof of Claim must: (i) be written in the English language; (ii) be denominated in lawful currency of the United States; (iii) conform substantially to the form provided with this Notice (“**Proof of Claim Form**”) or Official Bankruptcy Form No. 10; (iv) state the Debtor against which it is filed; (v) set forth with specificity the legal and factual basis for the alleged claim; (vi) include supporting documentation or an explanation as to why such documentation is not available; and (vii) be **signed** by the claimant or, if the claimant is not an individual, by an authorized agent of the claimant.

IF YOU ARE ASSERTING A CLAIM AGAINST MORE THAN ONE DEBTOR, SEPARATE PROOFS OF CLAIM MUST BE FILED AGAINST EACH SUCH DEBTOR AND YOU MUST IDENTIFY ON YOUR PROOF OF CLAIM THE SPECIFIC DEBTOR AGAINST WHICH YOUR CLAIM IS ASSERTED AND THE CASE NUMBER OF THAT DEBTOR'S BANKRUPTCY CASE. A LIST OF THE NAMES OF THE DEBTORS AND THEIR CASE NUMBERS IS SET FORTH ABOVE.

Additional Proof of Claim Forms may be obtained at www.uscourts.gov/bkforms/ or www.motorsliquidation.com.

YOU SHOULD ATTACH TO YOUR COMPLETED PROOF OF CLAIM FORM COPIES OF ANY WRITINGS UPON WHICH YOUR CLAIM IS BASED. IF THE DOCUMENTS ARE VOLUMINOUS, YOU SHOULD ATTACH A SUMMARY.

6. **CONSEQUENCES OF FAILURE TO FILE A PROOF OF CLAIM BY THE APPLICABLE BAR DATE**

Except with respect to claims of the type set forth in Section 2 above, any creditor who fails to file a Proof of Claim on or before the applicable Bar Date in the appropriate form in accordance with the procedures described in this Notice for any claim such creditor holds or wishes to assert against each of the Debtors, will be forever barred – that is, forbidden – from asserting the claim against each of the Debtors and their respective estates (or filing a Proof of Claim with respect to the claim), and each of the Debtors and their respective chapter 11 estates, successors, and property will be forever discharged from any and all indebtedness or liability with respect to the claim, and the holder will not be permitted to vote to accept or reject any chapter 11 plan filed in these chapter 11 cases, participate in any distribution in any of the Debtors' chapter 11 cases on account of the claim, or receive further notices with respect to any of the Debtors' chapter 11 cases.

7. **THE DEBTORS' SCHEDULES, ACCESS THERETO, AND CONSEQUENCES OF AMENDMENT THEREOF**

You may be listed as the holder of a claim against one or more of the Debtors in the Debtors' Schedules of Assets and Liabilities and/or Schedules of Executory Contracts and Unexpired Leases (collectively, the “**Schedules**”). If you rely on the Debtors' Schedules, it is your responsibility to determine that the claim is accurately listed in the Schedules.

As set forth above, if you agree with the classification and amount of your claim as listed in the Debtors' Schedules, and if you do not dispute that your claim is only against the specified Debtor, and if your claim is not described as “disputed”, “contingent”, or “unliquidated”, you need not file a Proof of Claim. Otherwise, or if you decide to file a Proof of Claim, you must do so before the Bar Date in accordance with the procedures set forth in this Notice.

Copies of the Schedules may be examined by interested parties on the Court's electronic docket for the Debtors' chapter 11 cases, which is posted on the Internet at www.motorsliquidation.com and www.nysb.uscourts.gov (a PACER login and password are required and can be obtained through the PACER Service Center at www.pacer.psc.uscourts.gov). Copies of the Schedules may also be examined by interested parties between the hours of 9:00 a.m. and 4:30 p.m. (Eastern Time) at the office of the Clerk of the Bankruptcy Court, United States Bankruptcy Court for the Southern District of New York, One Bowling Green, Room 511, New York, New York 10004. Copies of the Debtors' Schedules may also be obtained by written request to the Debtors' claims agent at the address and telephone number set forth below:

The Garden City Group, Inc.
Attn: Motors Liquidation Company
P.O. Box 9386
Dublin, Ohio 43017-4286
1-703-286-6401

Message Confirmation Report

OCT-03-2009 12:06 SAT

Fax Number : 7704172332
Name : PUBLIX COM AREA 0722

Name/Number : 6789244411
Page : 1
Start Time : OCT-03-2009 12:05 SAT
Elapsed Time : 00'19"
Mode : STD ECM
Results : [O.K]

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The Garden City Group, Inc.
Attn: Motors Liquidation Company
P.O. Box 9386
Dublin, Ohio 43017-4286
1-703-286-6401



U.S. Department
Of Transportation

National Highway
Traffic Safety
Administration
(www.nhtsa.dot.gov)

(Also: <http://www.safercar.gov>)

Ms. Juanita Pickett
3755 Medical Park Dr. Apt 1231
Austell GA 30106

1200 New Jersey Ave., S.E.
Washington, D.C. 20590
(Mail Stop #: NPO-411)

E-Mail: tis@dot.gov
FAX #: (202) 493-2833

Request # TIS09-003388
Analyst Initials DGD
June 4, 2009

Subject: 2 Complaint letters on 2003 Buick Rendezvous

Dear Ms. Pickett:

This is written in response to your e-mail to NHTSA's Technical Information Services Division.

Enclosed are the redacted copies of the complaints you requested. As you may be aware, we cannot release complaints with personal identifiers (name, address, telephone number, and the last characters of the vehicle VIN). This information is protected by Exemption 6 of the Freedom of Information Act, by the Privacy Act of 1974 (as amended), by Supreme Court decisions and agency policy.

Thank you for your request to NHTSA's Technical Information Services Division

Sincerely,

David G. Doernberg
Lead Technical Information Services Analyst
Technical Information Services

NHTSA

PERSONAL REPORT OF ACCIDENT

This form should be completed when a traffic accident occurs and a law enforcement officer is not called to make a report. This report is for your personal use and should not be mailed to the Department of Motor Vehicle Safety, as it will be destroyed upon receipt.

INSTRUCTIONS:

1. Answer all questions to the best of your knowledge. If unable to answer any questions, mark "not known".
2. Give exact time of accident (date, day and hour).
3. Under "Location of Accident" show sufficient information to locate exact scene of the accident.
4. Print or type all names and addresses.
5. Sign the report in the space provided on the reverse side.
6. Report must be complete as to exact names, birth dates, and drivers license numbers.
7. Use a second report form or a sheet of plain paper of the same size to report additional vehicles, injured persons, or witnesses, or any other information for which there is insufficient space.

Time	Date of Accident <u>2/22/04</u> Day of Week <u>Tues</u> Hour <u>3</u> A.M. <u>330</u> P.M. Weather <u>Clear</u> (Clear, Raining, Fog, Etc.)	DO NOT WRITE IN THIS SPACE
L O C A T I O N	Place Where Accident Occurred: County <u>DeKalb</u> City, Town Or Township _____ If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. { _____ miles south-north } of { <input type="checkbox"/> limits of } _____ { _____ miles east-west } { <input type="checkbox"/> center of } City or Town _____ ROAD ACCIDENT OCCURRED ON: <u>Between I285 + 85</u> Give name of street or highway number, (U.S. or State). If no highway number, identify by name. <input checked="" type="checkbox"/> At its intersection with: _____ Name of intersecting street or highway number _____ Check and complete one OR <input type="checkbox"/> Not at intersection: { _____ feet south-north } of _____ show nearest intersecting street or highway, house number, bridge, driveway or other identifying landmark. { _____ feet east-west }	
V E H I C L E S	YOUR VEHICLE NUMBER 1 <u>2003 Reader FWD400r</u> Vehicle License Plate <u>198 Ye</u> Approximate cost to repair vehicle _____ Year Make Type (sedan, truck, taxi, bus, etc.) Year State Number Driver <u>Juanita Pickett</u> <u>3136 Justice Mill Ct</u> <u>Lawrenceville Ga</u> Full Name Street City and State Driver's Occupation <u>Sales</u> Driver's License <u>058710394</u> Driver's Birth Date <u>5 16 34</u> Age <u>70</u> Sex <u>F</u> Carpenter, Sales Clerk, Etc. State Number Mo. Da Yr Owner <u>Juanita Pickett</u> <u>3136 Justice Mill Ct</u> Owner's Birth Date <u>5 16 34</u> Full Name Street City and State Mo Da Yr Parts of Vehicle Damaged <u>total</u> Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Owner's Driver License <u>058710394</u> Is this vehicle covered by automobile liability insurance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES TO EITHER SHOW INSURANCE COMPANY Name <u>Amac Ins</u> State Number _____ If vehicle not covered, did driver have liability policy applicable? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Show Policy Number Here <u>0637150401M</u> Show name of insurance company not name of insurance agency. Address <u>PO Box 66937 St Louis MO</u>	
Space for any third vehicle on reverse side. Total vehicles involved	OTHER VEHICLE NUMBER 2 Vehicle License Plate _____ Approximate cost to repair vehicle _____ Year Make Type (sedan, truck, taxi, bus, etc.) Year State Number Driver _____ Full Name Street City and State Driver's Occupation _____ Driver's License _____ Driver's Birth Date _____ Age _____ Sex _____ Carpenter, Sales Clerk, Etc. State Number Mo. Da Yr Owner _____ Full Name Street City and State Owner's Birth Date _____ Mo Da Yr Parts of Vehicle Damaged _____ Drivable <input type="checkbox"/> Yes <input type="checkbox"/> No Owner's Driver License _____ State Number Is this vehicle or driver covered by automobile liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes show name of Insurance Company _____	
DAMAGE TO PROPERTY OTHER THAN VEHICLE _____ Approximate cost to repair \$ _____ NAME OBJECT AND STATE NATURE OF DAMAGE NAME AND ADDRESS OF OWNER OF DAMAGED PROPERTY _____		

Optimum Health

2850 L'Ville Suwanee Rd
Suwanee, GA 30024
678-546-0550
678-546-6885 Fax

Date 9/10/04

To Whom It May Concern:

This is to certify that Traneta Pickett has been/is under my medical care and treatment.

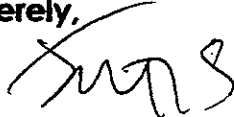
He/she was unable to perform his/her normal job duties from 8/30-9/15/04 to _____.

- He/she is released to return to full-duty.
- He/she is released to return to half-day schedule.

The following restrictions apply:

- none
- no lifting over 10 pounds
- no prolonged sitting or standing without exercise break
- no bending, stooping, stretching

Should there be any questions concerning our patient's condition, please do not hesitate to contact this office.

Sincerely,


Guarita Eickhoff

PSYCHIATRIC ATTENDING PHYSICIAN'S STATEMENT OF DISABILITY

Medications (Dose, frequency, start date, last medication change and reason):

Are the medications within therapeutic range? Yes No
If "No," do you anticipate any changes/increases? (Please note plan.)

Current Mental Status Examination (Please circle or underline)

Appearance: Well groomed Disheveled Other: _____

Affect: Appropriate Inappropriate Labile Constricted Flat Other: _____

Mood: Normal Depressed Anxious Euphoric Irritable Other: _____

Attitude: Cooperative Guarded Suspicious Uncooperative Belligerent Other: _____

Speech: Normal Halted Pressured Slurred Incoherent Other: _____

Judgement: Intact Age appropriate Impaired: Mild Moderate Severe

Cognition:

Attention:	<u>Intact</u>	Impaired:	mild	moderate	severe
Concentration:	<u>Intact</u>	Impaired:	mild	moderate	severe
Memory:	<u>Intact</u>	Impaired:	immediate recall	recent	remote

Thought process: Logical & Coherent Tangential Flight of Ideas Loose Associations Circumstantial

Thought content:

Hallucinations:	<u>Not present</u>	Auditory	Visual	Olfactory	Tactile	Other: _____
Delusions:	<u>Not present</u>	Persecutory	Being Controlled	Grandiose	Somatic	Other: _____
Suicidal:	<u>Not present</u>	Present	Plan	No Plan		
Homicidal:	<u>Not present</u>	Present	Plan	No Plan		
Obsessions:	<u>Not present</u>	Present (describe):	_____			

Insight into illness: Absent Fair Good

Sensorium:

Level of consciousness: Alert Drowsy Stupor

Orientation: Intact Person Place Time Situation

Are there any psychological factors that might affect this patient's performance/occupational functioning? Yes No. If "Yes," please elaborate:

Is patient unable to work due to this impairment? Yes No. If "Yes," please provide date patient became unable to work. (MM DD YY)

What tasks of their occupation are they capable of performing? *She recently retired from her job.*

Are there any accommodations/modifications to the work setting that would assist your patient to return to work?

Please provide detailed return to work plan. *I am not aware*

How long do you feel the limitations will last?

Do you believe the patient is competent to endorse checks and direct the use of the proceeds thereof? Yes No

Attending Physician's Name: SABBD SHAHIDSAHUTS Telephone No. 770-995-8000

License No. 032057 GA Please print or type FAX No. _____

or E.I.N.#: _____ Degree: M.D., Ph.D. Specialty: Neurology

Street Address: 475 Philip Blvd. Ste 200 City: Lawrenceville State: GA Zip Code: 30045

Signature: S. Sahut Date signed: 12/23/04



esis

ESIS/GM Central Claims Unit
P.O. Box 300
Mail Code 482 C20 D71
Detroit, MI 48265-3000

800.888.0164 *tel*
313.665.0911 *fax*

Tanya R. Morris
Claims Administrator

August 17, 2004

Juanita Pickett
3136 Justice Mill Ct.
Lawrenceville, GA 30044-3246

RE: Our File No.: 484196
Our Client: General Motors Corporation
Date/Event: 06/22/04
Subject vehicle: 2003 Buick Rendezvous
VIN: 3G5DA03E83S529433

Dear Ms. Pickett:

ESIS provides administrative claims handling services to General Motors (GM) in connection with product liability claims against GM. They have referred your claim to our office for further handling. Please address all future correspondence to my attention.

So we may further investigate your claim, we request that you provide us with the following information:

1. Statement describing the incident, outlining the date, time and events regarding this matter. Also statements of other witnesses, if available would be appreciated;
2. Proof of defect in your vehicle, including expert's reports, mechanic statements, or other supporting documentation;
3. All medical records concerning the injuries suffered as a result of this accident; attached you will find copy of the Medical Release, please sign and send to my attention.
4. Original photographs (or color copies) taken by you, or someone on your behalf, of the vehicle that is the basis of your claim;
5. Documentation to substantiate the type and amount of damages claimed;
6. Current location of the subject vehicle. If you are in possession of the subject vehicle, you have an obligation and responsibility to ensure that the subject vehicle and its related components are maintained and preserved in their immediate post-incident condition for as long as you intend to pursue a claim and/or cause of action.

When we have received this information, we will be in a better position to consider your claim. Should you have any questions regarding this letter or your claim, please do not hesitate to contact me directly at 800.888.0164, Monday through Friday, 8:00 a.m. to 4:30 p.m., EST

Sincerely,

Tanya R. Morris
Claims Administrator

WAL★MART®
LEGAL DEPARTMENT

LITIGATION DIVISION

CORPORATE OFFICES
702 S.W. 8TH Street
Bentonville, Arkansas 72716
Office: (479) 273-4505
Fax: (479)277-5991

September 9, 2005

Law Offices of Monge & Associates
1858 Independence SQ. Ste. D
Atlanta, GA 30338

RE: Juanita Pickett
LP# 208922

To Whom It May Concern:

Enclosed are copies from the Payroll file of Juanita Pickett, submitted in response to your Subpoena Duces Tecum/Request for Information on Wal-Mart Stores, Inc.

If there are any other request at this time, they have been sent to other departments to be processed, and if located, will be forwarded to you as soon as possible. If you have received all your documents please consider this request satisfied.

Sincerely,



Margaret Watson
Discovery Specialist

⁶⁶
GMAC Insurance

You are hereby authorized to remove my 2003 Buick Rendezvous
YEAR MAKE MODEL

VIN# _____, located at Lawrenceville GA

To any salvage disposal facility or other location chosen by you.

The purpose of this authorization is to move the aforementioned vehicle in order to stop storage and/or solicit salvage bids.

The signing of this authorization alone does not constitute a waiver of any rights of ownership in the aforementioned vehicle.

Vehicle Owner

Sign _____

Date: _____, 2003

.....
Automobile Bill of Sale

YEAR/MAKE/MODEL	VIN #	Amount	DATE
2003 Buick	3G5DA03E83S529433	18664.25	7/12/04

Person to Whom Title conveyed _____

In consideration paid by the above person to whom title is conveyed, receipt of which is hereby acknowledged, we do bargain, sell and convey to said above person the automobile described above without representation or warranty, express or implied, in fact or in law, except that we do hereby covenant and agree to warrant and defend the title of said automobile against any lawful claims and demands of all and every person or persons whatsoever.

We further state that the odometer mileage s indicated on the above-described vehicle is _____ miles. This agreement is made by us in compliance of Public Law 92-513 that requires us to inform the transferee of the odometer mileage.

We do not know the actual odometer mileage reading for the following reason:

Witness our hand the date above written.

Vehicle Owner

Sign _____

GMAC Insurance

Claim Number: 7358092
Policyholder: Juanita Pickett
Policy Number: _____
Date of Loss: 6/22/04

LOSS AGREEMENT

The actual loss and damage, and amount claimed under this policy are as follows:

Total Loss Settlement: Value 17875.00 + 1251.25 tax +
38 tag/title less 500 deductible
= 18664.25

GMAC Insurance is hereby authorized and empowered to pay at its options as follows:

GMAC Financial

The sum of _____ Dollars, (\$ 18664.25) in full settlement for all damages for which claim is made hereon.

It is expressly understood and agreed that the furnishing of this blank, the preparation or proof by a representative of the above company is not a waiver of any of its rights.

State of: _____ County of: _____

Subscribed and sworn to before me this _____ day of _____, 2004

Notary Public (Witness) _____ Insured _____

SUBROGATION RECEIPT

Received of _____ the sum of _____ Dollars, (\$ _____) being in full of all claims and demands for loss and damage by _____ on the _____ day of _____, 2003 to the property insured by Policy No. _____ issued by said New South, a GMAC Insurance Company, and in consideration of such payment the undersigned here by assigns and transfers to the said Company each and all claims and demands against any person, persons, corporations, or property arising from or connected with such loss or damage and the said Company is subrogated in the place of and to the claims and demands of the undersigned against said person, persons, corporations, or property to the extent of the amount named.

In witness whereof, _____ hereunto set _____ hand _____ and seal _____

this _____ day of _____, _____

Witness _____ Insured _____

REQUEST TO EMPLOY COUNSEL

The undersigned, having suffered a property loss of _____ in excess of _____ Dollars, (\$ _____) named in the foregoing subrogation receipt, does hereby request the said insurance company to employ counsel for and on _____ behalf, to effect recovery thereof, only, however, in the event that said insurance company employs counsel on its own behalf. It being herein agreed, that, in the event of recovery the net proceeds thereof (after payment of costs and Attorney's fees) shall be apportioned between the undersigned and the said insurance company as the interest of each herein appears.

Insured _____

Witness _____

ATT. DR. ALEX



GWINNETT HOSPITAL SYSTEM

1000 Medical Center Blvd. 678-442-4440

Gwinnett Women's Pavilion
Lawrenceville, GA

Joan Glancy Memorial Hospital
Duluth, GA

Glancy Outpatient Center
Duluth, GA

575 Outpatient Imaging Center
Lawrenceville, GA

RADIOLOGY CONSULTATION REPORT

NAME:	PICKETT, JUANITA	EXAM #:	E-03055660
EXAM:	CT HEAD W/O CONTRAST	PT	/
PT LOCATION:	JG DIAGNOSTIC, Glancy Outpatient Center	Rm/Bed	
ORDERED BY:	ROBERT BONHOMME MD	MR #:	744913
ORDERED:	07/16/2004 12:28	DOB:	05/16/1934
SERVICE DATE:	07/16/2004	BY:	MCDONALD, SEENA
ACCOUNT #:	13895738		

CT HEAD W/O CONTRAST

CT BRAIN WITHOUT INTRAVENOUS CONTRAST

FINDINGS: No acute intracranial hemorrhage identified. No midline shift or focal mass effect noted. No abnormal focal intra- or extra-axial fluid collections seen.

No skull fracture is noted on bone window images. Changes of mild cortical atrophy are noted. Minimal bilateral periventricular low attenuation changes are seen at the level of the frontal horns.

IMPRESSION:

1. No acute intracranial hemorrhage seen. No skull fracture is noted.
2. Minimal bilateral periventricular low attenuation changes are nonspecific and felt likely related to small vessel disease.

DICTATED BY:

JAYMIN R PATEL, M.D.

Released By: JAYMIN R PATEL, M.D.

Transcribed By: LINDA

Exam #: E-03055660

Jul 19, 2004 13:46:18

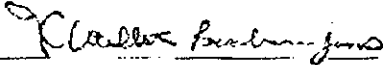
07/16/2004 15:31:21

**Gwinnett Hospital System
Emergency Department Report**

Patient Name: PICKETT, JUANITA Room Number:
Medical Record Number: 744913 Account Number: 13873815

Page 2

The patient was discharged home. I will treat her for cervical and thoracic strain, status post motor vehicle accident. Lortab and Robaxin for pain. Motor vehicle accident and neck injury instructions. Follow up with primary care physician in approximately 1 week.



Keith C Buchanan MD

D: 06/23/2004 01:21:24 T: 06/23/2004 01:50:36 Job: 4376022

CC:

March 2, 2005

Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044

Dear Ms. Pickett,

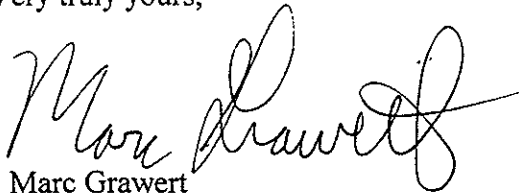
I wanted to send you this letter to provide you an update on your important case.

Please be assured that both myself and my staff are continuing to work very hard on your case. Often times the work that we do involves important tasks that may not always be visible such as legal investigation, correspondence on your behalf, retrieval of records on your case, telephone calls to relevant persons or agencies, payment of your case expenses, extensive negotiation, legal research and many other efforts to try to achieve the best possible outcome on your important legal matter.

Please note that if you have not returned a Wage and Salary Verification and are claiming lost wages, it is important that you complete and return the enclosed Wage and Salary Verification to our office. If we do not receive the enclosed verification within 15 days of your receipt of this correspondence, it will be presumed that you do not want us to claim any lost wages related to your case. If you are not claiming any lost wages or have already returned a Wage & Salary Verification there is no need to complete the enclosed Verification.

If during the time that we are working your case, you have legal questions please note I will be glad to try to help by giving legal consultations without any charge or obligation. If I can ever be of any assistance to you in the Atlanta area or otherwise, please feel welcome to contact me anytime. With kindest regards, I remain,

Very truly yours,



Marc Grawert

MG/sa
Enclosure: Wage & Salary Verification

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 404.870.8503
Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

Dr. Robert Bonhomme, M.D.
Medical Records Request
3997 Lawrenceville Hwy., Suite 205-B
Lawrenceville, Georgia 30047
770.564.1516

Re: Patient/Client : Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: June 22, 2004 to present

30-DAY HIPAA REQUEST FOR COPIES OF MEDICAL RECORDS

Dear Sir or Madam,

Please be advised it is crucial to our legal representation on behalf of this patient/client - that we receive complete medical records for the specified dates of treatment.

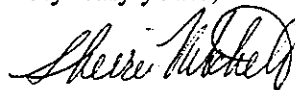
Pursuant to HIPAA regulations, you "must act on a request for access no later than 30 days after receipt of the request . . ." If you are unable to act within this time period, the regulations allow an extension of time provided that, within the initial thirty days, you provide us with a written statement of the reasons for the delay and the date by which you will complete action on the request. See, 45 CFR 164.524(b)(2)(i).

Please also note that, pursuant to O.C.G.A. §31-33-3, a charge of up to \$23.84 may be collected for search, retrieval and other administrative costs related to compliance with a medical records request. Copying costs shall not exceed \$.89 per page for the first 20 pages of the patient's records; \$.77 per page for pages 21-100; and \$.60 for each page copied in excess of 100 pages. The actual cost of postage incurred in mailing the requested records may also be charged.

A HIPAA Compliant Medical Authorization signed by this patient directing your office to provide copies of the requested records has been enclosed to expedite this request.

Your anticipated cooperation remains very much appreciated. With kindest regards, I am,

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

MG/sa
cc: Ms. Pickett
Enclosure: Medical Authorization

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 404.870.8503
Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

Gwinnett Clinic
Medical Records Request
475 Phillip Blvd.
Lawrenceville, Georgia 30045
770.995.3300

Re: Patient/Client : Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: June 22, 2004 to present

30-DAY HIPAA REQUEST FOR COPIES OF MEDICAL RECORDS

Dear Sir or Madam,

Please be advised it is crucial to our legal representation on behalf of this patient/client that we receive complete medical records for the specified dates of treatment.

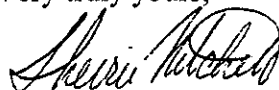
Pursuant to HIPAA regulations, you "must act on a request for access no later than 30 days after receipt of the request . . ." If you are unable to act within this time period, the regulations allow an extension of time provided that, within the initial thirty days, you provide us with a written statement of the reasons for the delay and the date by which you will complete action on the request. See, 45 CFR 164.524(b)(2)(i).

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Your anticipated cooperation remains very much appreciated. With kindest regards, I am,

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

MG/sa
cc: Ms. Pickett
Enclosure: Medical Authorization

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

66
Law Offices of
MONGE & ASSOCIATES
Telephone: 404.870.8503
Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

Optimum Health
Billing Request
2855 Hwy. 317, Suite 760-318
Suwanee, Georgia 30024
678.546.0550

Re: Patient/Client: Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: June 22, 2004 to present

REQUEST FOR MEDICAL BILLING

Dear Sir or Madam,

We represent the above referenced patient in a pending personal injury matter.

Since the at fault party is ultimately responsible for payment or reimbursement of medical bills arising from their negligence, it is crucial that we receive a billing summary of treatment charges with regard to the above referenced injury/condition.

This summary should include all charges for treatment and supplies, but SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS, as this would be improper evidence.

I have enclosed a Medical Authorization form which authorizes us to receive this information to expedite this request.

Thank you for your prompt attention to this matter.

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

cc: Ms. Pickett
MG/sa
Enclosure: Medical Authorization

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES

Telephone: 404.870.8503

Facsimile: 404.870.8502

1858 Independence Square
Suite D
Atlanta, Georgia 30338

February 11, 2005

Dr. Robert Bonhomme, M.D.
Billing Request
3997 Lawrenceville Hwy., Suite 205-B
Lawrenceville, Georgia 30047
770.564.1516

Re: Patient/Client: Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: June 22, 2004 to present

REQUEST FOR MEDICAL BILLING

Dear Sir or Madam,

We represent the above referenced patient in a pending personal injury matter.

Since the at fault party is ultimately responsible for payment or reimbursement of medical bills arising from their negligence, it is crucial that we receive a billing summary of treatment charges with regard to the above referenced injury/condition.

This summary should include all charges for treatment and supplies, but SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS, as this would be improper evidence.

I have enclosed a Medical Authorization form which authorizes us to receive this information to expedite this request.

Thank you for your prompt attention to this matter.

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

cc: Ms. Pickett
MG/sa

Enclosure: Medical Authorization

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

July 22, 2005

Gwinnett Medical Center
Medical Records Request
1000 Medical Center Blvd.
Lawrenceville, Georgia 30045

Re: Patient/Client : Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: April 1, 2005 to present

30-DAY HIPAA REQUEST FOR COPIES OF PHYSICAL THERAPY RECORDS

Dear Sir or Madam,

Please be advised it is crucial to our legal representation on behalf of this patient/client that we receive complete medical records for the specified dates of treatment.

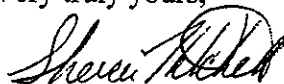
Pursuant to HIPAA regulations, you "must act on a request for access no later than 30 days after receipt of the request . . ." If you are unable to act within this time period, the regulations allow an extension of time provided that, within the initial thirty days, you provide us with a written statement of the reasons for the delay and the date by which you will complete action on the request. See, 45 CFR 164.524(b)(2)(i).

Please also note that, pursuant to O.C.G.A. §31-33-3, a charge of up to \$23.84 may be collected for search, retrieval and other administrative costs related to compliance with a medical records request. Copying costs shall not exceed \$.89 per page for the first 20 pages of the patient's records; \$.77 per page for pages 21-100; and \$.60 for each page copied in excess of 100 pages. The actual cost of postage incurred in mailing the requested records may also be charged.

A HIPAA Compliant Medical Authorization signed by this patient directing your office to provide copies of the requested records has been enclosed to expedite this request.

Your anticipated cooperation remains very much appreciated. With kindest regards, I am,

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

MG/sa
cc: Ms. Pickett
Enclosure: Medical Authorization

REQUEST FOR LEAVE OF ABSENCE

When you need time away from work, complete this form for approval. Advance notice is requested, but notice of your need to be gone must be provided with this form. This form must be completed no later than 15 days from the first scheduled workday missed. Submit completed form for approval/disapproval as follows:
• Hourly field associates → Facility Manager
• Home Office hourly associates → Manager → People Division
• Management associates → your Division's People/Personnel area at the Home Office.

Request Date: 5/6/04 Work Location #: _____ Hourly Salaried
Name: Juanita Pickett SSN: [REDACTED]
Current Mailing Address: 336 Justice Mill Ct White Plains, GA 30084 Phone: 678-6776497

DATES REQUESTED:
• Continuous Leave Beginning: 5/13/04 Return Date: 6/7/04
• Intermittent/Reduced Hours (available only when medically necessary; the Health Care Provider's Certification Section, below, must be completed)
Beginning: 5 Ending Date: _____
Describe: _____

TYPE OF LEAVE:

- MEDICAL LEAVE*** To be used when the associate has a medical condition (including pregnancy and childbirth, and on-the-job Workers' Comp. injuries) requiring time away from work. The Health Care Provider's Section, below, must be completed and signed. Before returning, associate must submit a return-to-work statement/release from a Health Care Provider detailing restrictions, if any. If eligible to receive short- or long-term disability benefits, the associate must file a claim by calling 1-800-492-5678.
- PERSONAL**
 - Is request due to birth, adoption or placement of foster child? Yes* No
 - Is request to provide care for a seriously ill or injured family member? Yes* No (If yes, the Health Care Provider's Section, below, must be completed and signed.)
 - Relationship: _____
 - Other personal reason, explain: _____
- MILITARY** (Attach copy of military orders.)
 - Is request to fulfill 2 week summer camp duty? Yes No
 - If yes, complete the "Military Pay for Summer Camp" worksheet prior to start of leave.

HEALTH CARE PROVIDER'S CERTIFICATION: The above Wal-Mart associate family member is under my care for: Acute Job Stress, Hypertension, HTN, Hypo

If associate, Worker's Comp? Yes No Dates: Begin Leave: _____ Return Date: _____

Continuous Leave Intermittent/Reduced Hours Leave required, describe: _____

Family Practice Clinic
666 Grayson Highway
Lawrenceville, Georgia 30045
 Health Care Provider's Signature: [Signature]
 Date: 5/6/04

INSURANCE: Unless you submit a Status Change to reduce or discontinue coverage, your present insurance coverage will continue for up to 1 year while on LOA. If you choose to keep any Medical, Dental or Life insurance, you must send the premium amount normally deducted from your paycheck to: Wal-Mart Benefits, Department 3001, P.O. Box 1099, Lowell, AR 72745. Write your name, social security number and work location on your check or money order. (Payments for short and long term disability are not required while on LOA.) The premium is due each pay period (every two weeks) in which you do not receive a Wal-Mart payroll check and failure to pay premiums within 30 days of the due date will result in cancellation of your coverage. While on a leave of absence, you may want to pay your premiums 2 weeks ahead to avoid a delay of your Special Pharmacy Benefits. If you did a status change to reduce or discontinue coverages when you went on LOA, you may do another status change to resume your coverages when you return to work. If coverage is cancelled for non-payment of premiums, you may be eligible for a reinstatement of coverage once a required number of hours are worked (see "Eligibility" section of Benefit book). If leave extends beyond 1 year, you may be eligible to elect continued coverage under COBRA.

I have read and understand the "insurance" section above. Likewise, I understand that if I fail to return to work or request an extension of leave by the return date stated above, my associate benefits shall be subject to forfeiture and the company will have no further obligation to continue my employment. I also understand there will be no accumulation of benefits while I am on leave. I fully understand Wal-Mart's Leave of Absence policy.

Date: 5/6/04 Associate Signature: Juanita Pickett
Manager's Signature: [Signature] Date: 5/27/04 Approved Denied

*Leave for these reasons is designated and counted as leave pursuant to the FMLA.

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

October 28, 2005

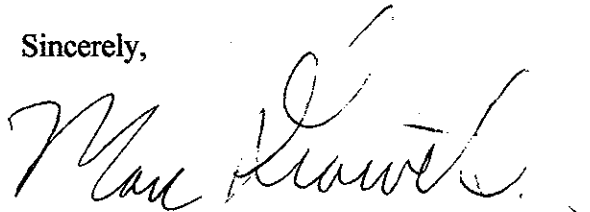
ESIS /GM Central Claims Unit
Claims Dept., Ms. Tanya Morris
P.O. Box 300
Mail Code 482 C20 D71
Detroit, Michigan 48265-3000
1.800.888.0164

Re:	Your Insured:	General Motors Corporation
	Claim No.	484196
	Our Client:	Juanita Pickett
	Date of Loss:	June 22, 2004

Dear Ms. Morris,

Please be advised that our office no longer represents the above-referenced client.

Sincerely,



Marc Grawert

MG/sam
cc: Ms. Pickett

For all billing questions, call: 248-331-1904

STATEMENT DATE	PAY THIS AMOUNT	ACCOUNT NO.
11/13/2008	\$138.02	004016

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.

SHOW AMOUNT PAID HERE \$

ADDRESSEE: 4217-155

JUANITA PICKETT
 18917 TEPPER ST
 DETROIT, MI 48234 3730

MAKE CHECKS PAYABLE / REMIT TO:

PAIN AND REHAB PHYSICIANS P.C.
 7800 W OUTER DR SUITE 103
 DETROIT MI 48235



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

STATEMENT

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN ENCLOSED ENVELOPE

Date	Description	Code	Account	Adjustment	Balance
01/11/2008	004016 PICKETT JUANITA NEW PATIENT -COMP H&P, PMT-MC 01/30/2008 ADJ-MC 01/30/2008 CO-INS: 0000302 DED:0013500 881546813 PMT-IN 02/08/2008 BCBSM/Copay 138.02 037343759	715.11	99204	250.00 -12.07 -99.91 0.00	250.00 237.93 138.02 138.02
Patient Aged Receivables					
0 - 30 Current	31 - 60 Past Due	61 - 90 Past Due	91 - 120 Past Due	Insurance Pending	\$0.00
				Account Balance (Due Now)	\$138.02

For all billing questions, call: 248-331-1904

STATEMENT

SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



Office of Defects Investigation

Complaints - Search Results

2 Records Displayed.

Report Date : **July 23, 2007 at 09:27 AM**

ODI Numbers Searched: **10178296**

Make : BUICK **Model :** RENDEZVOUS **Year :** 2003
Manufacturer : GENERAL MOTORS CORP.
Crash : Yes **Fire :** No **Number of Injuries:** 1
ODI ID Number : 10178296 **Number of Deaths:** 0
Date of Failure: June 22, 2004
VIN : 3G5DA03E83S...
Component: SUSPENSION

Summary:

TL* - THE CONTACT OWNS A 2003 BUICK RENDEZVOUS CX/CSL. THE CONTACT WAS DRIVING AT 5-10 MPH IN BUMPER TO BUMPER TRAFFIC. SHE APPLIED THE BRAKES AND THE CAR STARTED SHAKING FROM SIDE TO SIDE AND THEN IT FLIPPED OVER THREE TIMES, LANDING IN AN EMBANKMENT. THE CONTACT STATED THAT IT HAD RAINED EARLIER THAT DAY, BUT THAT THIS INCIDENT HAPPENED APPROXIMATELY TWO HOURS AFTER THE RAIN STOPPED. THE CONTACT WAS INJURED AND WAS CURRENTLY STILL UNDER THE CARE OF A DOCTOR. THE POLICE WERE CONTACTED, HOWEVER, THEY NEVER CAME TO THE SCENE. THE CONTACT STATED THAT NO RESEARCH WAS DONE CONCERNING THE CAUSE OF THE CRASH. *AK UPDATED 1/29/2007 - *NM

Make : BUICK **Model :** RENDEZVOUS **Year :** 2003
Manufacturer : GENERAL MOTORS CORP.
Crash : Yes **Fire :** No **Number of Injuries:** 1
ODI ID Number : 10178296 **Number of Deaths:** 0
Date of Failure: June 22, 2004
VIN : 3G5DA03E83S...
Component: SERVICE BRAKES, HYDRAULIC

Summary:

TL* - THE CONTACT OWNS A 2003 BUICK RENDEZVOUS CX/CSL. THE CONTACT WAS DRIVING AT 5-10 MPH IN BUMPER TO BUMPER TRAFFIC. SHE APPLIED THE BRAKES AND THE CAR STARTED SHAKING FROM SIDE TO SIDE AND THEN IT FLIPPED OVER THREE TIMES, LANDING IN AN EMBANKMENT. THE CONTACT STATED THAT IT HAD RAINED EARLIER THAT DAY, BUT THAT THIS INCIDENT HAPPENED APPROXIMATELY TWO HOURS AFTER THE RAIN STOPPED. THE CONTACT WAS INJURED AND WAS CURRENTLY STILL UNDER THE CARE OF A DOCTOR. THE POLICE WERE CONTACTED, HOWEVER, THEY NEVER CAME TO THE SCENE. THE CONTACT STATED THAT NO RESEARCH WAS DONE CONCERNING THE

Gwinnett Hospital System

Outpatient Order Form - Precertification

Imaging Services Precertification

Participating in Precertification Program? Yes No, would you like more information on this program? Yes No
Check appointment location: Patient already scheduled? Yes No, if not, **SCHEDULE PATIENT?** Yes No

GLANCY OUTPATIENT 575 OUTPATIENT IMAGING
 GWINNETT MEDICAL CENTER JOAN GLANCY MEMORIAL HOSPITAL OTHER: _____

Appointment date/time: _____ **PERCERT PATIENT?** Yes No
Insurance card copy must be faxed with order. Medicare: Yes No Precertification # if required: _____

*Physician's office and Patient phone numbers are required.

Patient Name: Juanita Pickett SSN: 36936-4803 DOB: 5/16/34

*Patient Daytime Phone: (770) 921-9224 Patient Evening Phone: (770) 921-4339

Allergies: _____

A note to all physicians: Tests should only be ordered that are medically necessary for the diagnosis, symptoms and/or treatment. The patient may be billed for tests that are not deemed necessary by payors. Please submit ALL (appropriate) clinical indications for ALL test(s) ordered.

CLINICAL INFORMATION / SIGNS / SYMPTOMS - NO RULE OUTS

ICD-9 CODES

Right Neck pain and HA ± Anisocoria
s/p MVA

MRI:

With contrast No contrast
Extremities: Specify: _____
 Rt Lt Bilat
 Head Neck MRA: Specify site: _____
 Spine: C T L Other: Specify: _____

CT:

With contrast No contrast
 Head Neck
 Abdomen Pelvis
 Chest Spine: C T L
 CT angiography: Specify site: _____
Extremities: Specify: _____
 Rt Lt Bilat
Other: Specify: _____

NUCLEAR MEDICINE:

Bone scan
 Thyroid uptake and scan
 Hepatobiliary scan Hepatobiliary dynamic
 Renal scan
 Renal with lasix
 Renal with vasotec
 Gastric emptying
 Nuclear medicine Others: _____

PET:

Lung Breast
 Colorectal Thyroid
 Melanoma Renal Cell CA
 Lymphoma Ovarian
 Head Gastric
 Neck Brain/Alzheimer's
 Esophageal/Diagnosis Liver
 Esophageal/Initial staging

INTERVENTIONAL PROCEDURES:

Please contact Scheduling for appointments

GHS WILL SCHEDULE AND ATTEMPT TO PRECERTIFY PROCEDURES LISTED ABOVE

The procedure will not be performed in the absence of the completed form including the appropriate diagnosis and/or ICD-9 code supporting the ordered procedure. Ordering physicians are responsible for the accuracy of the information provided. Please fax form to 678-442-9736, and have patient bring this form on the date of service.

Physician Name (Please print): Robert Bonhomme Physician ID #: 3002

Physician Signature: Robert Bonhomme Date: 7/7/04

Telephone Fax *Results to (phone or fax number): 770 564 3222

INSTRUCTIONS FOR PATIENT PREP ON NEXT PAGE

Imaging Services Scheduling Dept. (678) 442-3444 Fax (678) 442-9736

PAYROLL AND PERSONNEL RECORDS AUTHORIZATION

TO WHOM IT MAY CONCERN:

MONGE & ASSOCIATES
1858 INDEPENDENCE SQUARE, SUITE D
ATLANTA, GEORGIA 30338

I hereby authorize you to provide to _____

_____, or their agents _____

Marc Grawert, Esq., or the bearer of any photostatic or xerox copy hereof, a complete copy of all records pertaining to my employment, including but not limited to all personnel, payroll, medical, or hospital records pertaining to me.

My full name is: Juanita Pickett

My date of birth is: 5/16/54

My social security number is: 369/36/4803

My dates of employment were Feb 8 2000 to May 2005

I worked in the following departments: Garden Center, Phone Sales Associate Management

I was employed at the following offices:

walmart store #01-1373

4004 Lawrenceville Hwy NW

Liburn Ga 30047-2820

X Juanita Pickett
SIGNATURE

Date 8/23/05

JOHN LINDER
SEVENTH DISTRICT, GEORGIA

COMMITTEE ON
WAYS AND MEANS

Congress of the United States
House of Representatives
Washington, DC 20515-1007

WASHINGTON, DC, OFFICE:

TEL: (202) 225-4272
FAX: (202) 225-4698

DISTRICT OFFICE:

TEL: (770) 232-3005
FAX: (770) 232-2909

ONLINE OFFICE:

[HTTP://LINDER.HOUSE.GOV](http://LINDER.HOUSE.GOV)

October 1, 2007

Ms. Juanita Pickett
3136 Justice Mill Court
Lawrenceville, Georgia 30044-3246

Dear Ms. Pickett:


Thank you for contacting my office regarding an automobile accident. It is regrettable that you have had such a difficult time getting this resolved.

Since your problem does not involve a federal agency, I am not in a position to directly assist you. Therefore, by way of this letter your case is being referred to Thurbert E. Baker, Attorney General. If you would like to contact Mr. Baker, he can be reached at the following address:

Thurbert E. Baker, Attorney General
Department of Law, State of Georgia
40 Capitol Square, SW
Atlanta, Georgia 30334-9003
(404) 656 3300

Again, I regret that I cannot assist you with this issue.

Sincerely,


John Linder
Member of Congress

JL: dsk

Cc: Thurbert E. Baker, Attorney General

PLEASE DIRECT ALL POSTAL CORRESPONDENCE TO:
1026 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1007
PRINTED ON RECYCLED PAPER



STATE BAR OF GEORGIA

GRIEVANCE

CONFIDENTIAL

Please type or print legibly.

YOUR NAME: Juanita Pickett

MAILING ADDRESS: 3136 Justice Mill Ct. Lawrenceville Ga 30044
Street or P. O. Box City State Zip

YOUR PHONE NUMBERS: (W) _____ (H) 7709214339

NAME OF THE ATTORNEY: Marc Cawert
Fill out a separate form for each attorney. Do not list law firms.

ADDRESS OF THE ATTORNEY: 1858 Independence Square, Suite D 30338 Atlanta

DATE OF FIRST CONTACT WITH ATTORNEY: 10/11/07 DATE OF LAST CONTACT WITH ATTORNEY: 10/28/05

DOES THIS ATTORNEY CURRENTLY REPRESENT YOU? NOT ANY MORE

STATE WHAT THE ATTORNEY HAS DONE OR HAS NOT DONE THAT CAUSES YOU TO SUBMIT THIS REPORT.

After he sent the amount the insurance was offering and announce that he was no longer representing the case to call this number 1800-8880164 and ask for this number 484196 and ask for a ms. Tamya Morris when I call her she say I did not have an attorney and she was not sending me any thing and she didnt from then on I couldn't hear or get in touch or reach Mr Marc Cawert any more so I reported it to National Highway Safety Assoc^{at} / ^{on} next page

If more space is needed, please attach other pages. Please do not write on the back.

"I affirm that the information I have provided here is true to the best of my knowledge."

Return to: State Bar of Georgia
Office of the General Counsel
104 Marietta Street, NW
Suite 100
Atlanta, Georgia 30303

SIGNATURE: Juanita Pickett

DATE: 11/5/07

OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU:

NAME OF CONTACT PERSON: Stanley Goins + walter moore

PHONE NUMBERS OF CONTACT PERSON: (W) 678-789-9638 (H) 4044686979

and appropriately warn our client of the defective conditions. Such conditions were the proximate cause of the injuries and damages sustained by our client, thereby rendering your insured strictly liable in tort to our client.

B. Negligence of General Motors Corporation

Under Georgia law, your insured also had a duty to exercise ordinary care to design, engineer, test, manufacture, market and sell safe vehicles so that it did not subject purchasers and passengers to an unreasonable risk of harm. Your insured breached this duty in that it was negligent in designing, manufacturing, and selling the 2003 Buick Rendezvous with defective steering and braking mechanisms. Your insured failed to warn our client of such defects which were the proximate cause of the injuries and damages sustained by our client.

C. Breach of Implied Warranty of Merchantability by General Motors Corporation

Pursuant to O.C.G.A. § 11-2-314, "a warranty that the goods shall be merchantable is implied in a contract for their sale if the seller is a merchant with respect to goods of that kind." The statute further provides that goods to be merchantable must be at least such as "[a]re fit for the ordinary purposes for which such goods are used." (*See Exhibit "2," O.C.G.A. § 11-2-314*). Your insured breached the implied warranty of merchantability by selling the 2003 Buick Rendezvous when it was not fit for the ordinary purpose for which such goods are sold. Your insured's breach of this warranty proximately caused the injuries and damages sustained by our client.

Property Damage:

As a result of the defective steering and braking mechanisms, our client's 2003 Buick Rendezvous rolled over while traveling along an Interstate Highway and incurred **extensive property damage**. As a result of the extensive property damage sustained in this collision, our client's vehicle was subsequently declared a **total loss**. The extensive property damage involved in this crash provides persuasive objective evidence of the *high force of impact* involved in this collision. (*See Exhibit "3," Photographs Depicting Total Loss of Client's Vehicle*).

Nature of Personal Injuries:

Not surprisingly, due to the high force of impact involved in this case, our client immediately presented herself for medical treatment at the Gwinnett Medical Center emergency room with complaints of *neck pain* and *shoulder pain*. Upon initial examination by emergency room doctors, our client was noted to have **cervical and thoracic spine tenderness**. At this time, we are enclosing a copy of our client's emergency room records, as well as her subsequent treatment records related to care that she received from various medical doctors, plus follow up therapy. Below is a highlight of the personal injuries sustained by our client: **bilateral carpal tunnel syndrome, blunt head trauma with concussion, headaches, blurred vision, memory loss, bilateral arm pain, neck pain, back pain, shoulder pain, and chest pain**. As a result of the trauma induced injuries sustained by our client while wearing a seatbelt in this collision, she was prescribed **pain medication**, required the use of a **cervical collar**, underwent **physical therapy**, required the use of

18839

a splints on her wrists, experienced difficulty holding and lifting objects, and was unable to continue working or perform normal everyday activities without increased pain and discomfort. In addition, our client's doctor has not ruled out the possibility of future surgery on her wrists. To this date, our client continues to suffer from on going pain and suffering as a result of this incident. (See Exhibit "4," Emergency Room and Follow Up Treatment Records and Related Expenses).

Lost Wages:

Shanda

Due to the obvious trauma of the crash, our client was unable to perform her regular work duties as a Wal-Mart Sales Associate. Prior to this incident, our client was earning approximately \$1,614.40 per month. (\$10.09 per hour x 40 hours worked per week x 4 weeks worked per month = \$1,614.40 monthly earnings) As a result of these wreck related injuries, Ms. Pickett missed 9 months of work. Since she missed 9 months of work, Ms. Pickett incurred lost wages in the amount of \$14,529.60 as a result of this incident. (\$1,614.40 monthly earnings x 9 months missed work = \$14,529.60 lost wages) (See Exhibit "5," Work Excuse and Wage Verification Documenting \$14,529.60 Lost Wages).

Special Damages:

The special damages which our client incurred as a result of this serious incident would include, but are not limited to, the following:

1.	Gwinnett Medical Center	\$ 5,348.00
2.	North Metropolitan Radiology Assoc.	\$ 518.00
3.	Dr. Robert J. Bonhomme, M.D.	\$ 485.00
4.	Optimum Health	\$ 140.00
5.	Gwinnett Clinic	\$ 3,030.00
6.	Greater Atlanta Primary Care	\$ 354.00
7.	<u>Lost Wages</u>	<u>\$14,529.60</u>
	TOTAL SPECIAL DAMAGES	\$24,404.60

Demand:

On the basis of vehicle roll over, trauma induced bilateral carpal tunnel syndrome, blunt head trauma with concussion, headaches, blurred vision, memory loss, bilateral arm pain, neck pain, back pain, shoulder pain, chest pain, possible future surgery, physical therapy, use of wrist splints, use of cervical collar, use of pain medication, lost wages and pain and suffering, we hereby request a settlement in the amount of \$250,000.00 for our client. A reasonable jury, in our opinion, would have little difficulty in awarding the amount requested, if not a far greater award. The amount cited in this settlement demand assumes that a copy of your insured's applicable declaration page has been produced to our office and that your insured does not carry excess or umbrella policy for any additional coverage above and beyond its primary policy.

This settlement demand is being made pursuant to Southern General Insurance Co. v. Holt,

Progress Notes

Side 1

Juanita Pickett

1/19/05

NCV-EMG done by Dr. Lakshajal = bilateral CTS.

Plan: A form was completed

Needs to be seen in 2w.

Pt. informed
OK 01/19/05

S. Jalle

2/2/05

A form for insurance co was completed.

S. Jalle

3/30/05 Wt. RHO

S: Continues to have pain in her hand and neck. The hand symptoms are not better. Uses braces at night. wants to go to work.

Pain pill helps the neck but not the hand symptoms.

Med. Pain pill

Sleep = OK.

WT = 6.

Last work was 5/2/04.

Appetite = good.

O: BP 124/85 PR = 68 RR = 16 T = NL

MS = N.

General = Unchanged.

Reports pain in her neck.

Neurological = N.

Reflexes = +, Plantar's 0/0.

A. bilateral CTS.

Plan: - Consulted

H FN

- See ortho for possible CTS

Wx / CTS

Surging 195 Dr. Br

- call PRN

Tues

S. Jalle

Progress Notes

Side II

Juanita Pickett

11/27/04

NCV-EMG = bilateral CTS

Plan: - Called and informed the patient

- Questions answered.

- Call PEN

- Flu in clinic 2 w.

ting made app. for next of 12/10/04

S. Sulle

12/08/04

WT: 143

S. Continues to have problems with pain

Has problem with her PCP. Has changed PCP to Dr. Cohen.

No new symptoms. No other complaints. Med. Same. Sleep = 6. She is not working and Pamela @ PM is not paid.

O: 130 ¹³⁸ 185 PR 68 RR 16 T-M

MS = OK General = OK

Neurological = N, bilateral APB weakness.

Reflexes = 1+, AS = 0. Plantar = Upr.

A. bilateral CTS Plan: Counselled.

H = N

- Call PEN

S/P CTS

- Use wrist braces x 3 w

- May need surgery.

12/23/04

S. Sulle

A form for disability completed.

May send records to Hartford.

S. Sulle

Gwinnett Hospital System

Gwinnett Sports Rehab
Upper Extremity Progress Note

NAME: PICKETT, JUANITA 70 y
DOB: 05/18/1934 SX:F PT:T SVC:GR
ACCT#: 0014186405
MR #: 01856 BRANCH, THOMAS P 04/23/2006
MRN: 0000744913

TREATMENT PROCEDURES ADMINISTERED

Modality	Area Tx	Time	Skin Checked		Position	Parameters (watts, soundhead size, intensity, temperature)	INITIALS		DATE
			Before	After					
US	bil palms	xle	✓	✓		3. dm Hz @ 1.0w/cm ²	T	P	6/14/05

Date: 6/14/05
SUBJECTIVE: "It's feeling alot better"
Pain:
Function: ↑ functional use (B) hands for gr. pping / ADL's
OBJECTIVE:

Date: 6/14/05
SUBJECTIVE: "I'm so glad I can here. I'm so much better"
Pain:
Function:
OBJECTIVE:

WOUND/SCAR MANAGEMENT

- Scar Massage
- Desensitization
- Debridement
- Dressing Change

WOUND/SCAR MANAGEMENT

- Scar Massage
- Desensitization
- Debridement
- Dressing Change

EXERCISE/FUNCTIONAL ACTIVITY

- AROM
- PROM
- AAROM
- Joint Mobilization
- Soft Tissue Mobilization
- Strengthening
- Functional Training
- LIDO Work Set
- Splinting
- Equipment Issued
- Edema
- Other

EXERCISE/FUNCTIONAL ACTIVITY

- AROM
- PROM
- AAROM
- Joint Mobilization
- Soft Tissue Mobilization
- Strengthening
- Functional Training
- LIDO Work Set
- Splinting
- Equipment Issued
- Edema
- Other

ASSESS/RESPONSE TO TREATMENT

↓ frequency/intensity of numbness (B) hands resulting in ↑ functional use for gr. pping/basic ADL's

ASSESS/RESPONSE TO TREATMENT

Numbness resolving (B) hands pt. reports ↑ functional use

PLAN cont

CHARGE UNIT US x1 (x18 mins)

TX TIME FRAME 8-8:15

THERAPIST SIGNATURE J J Pickett

PLAN cont

CHARGE UNIT US x1 (x18 mins)

TX TIME FRAME 8-8:15

THERAPIST SIGNATURE J J Pickett



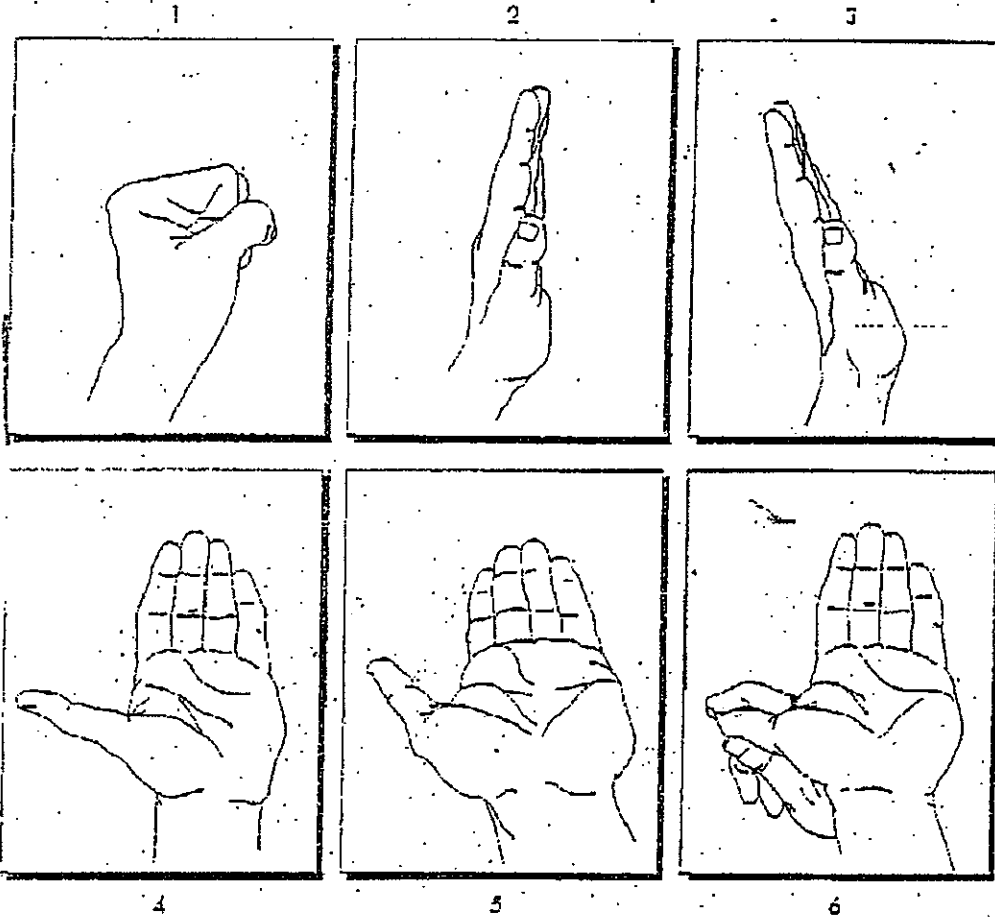
Gwinnett SportsRehab
GWINNETT HOSPITAL SYSTEM

PICKETT, JUANITA 70 y
DOB: 05/16/1934 SX:F PT:T SVC:GR
ACCT#: 0014186405
01858 BRANCH, THOMAS P 04/23/2005
MRN: 000U744913

I. Exercise:
3-4 x/daily

Median Nerve Gliding Exercises

5-6
Repetitions



II. Splints:
wear at
night

Fig. 54-1. The median nerve gliding program: position 1, wrist in neutral, fingers and thumb in flexion; position 2, wrist in neutral, thumb in neutral, fingers extended; position 3, wrist and fingers extended, thumb in neutral; position 4, wrist, fingers, and thumb in neutral; position 5, forearm in supination; and position 6, the opposite hand applies a gentle stretch to the thumb. (Retracted with permission from Totten PA and Hunter JM: Therapeutic techniques to enhance nerve gliding in the thoracic outlet and carpal tunnel syndromes, *Hand Clin* 7(3):505, 1991.)

I hereby acknowledge receipt of the instructions indicated above.

Name: Juanita Pickett Date: 4-23-05

Gwinnett SportsRehab

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

August 29, 2005

Wal-Mart #01-1373
Attn: Employee Records
4004 Lawrenceville Highway, N.W.
Lilburn, Georgia 30047-2820

Employee: Juanita Pickett

Dear Sir or Madam,

Please be advised that our office has been retained to provide legal representation on behalf of the above-referenced client/employee concerning personal injuries incurred as a result of an automobile accident occurring on June 22, 2004. It is crucial to our representation of Ms. Pickett that we verify her time away from work due to the incident.

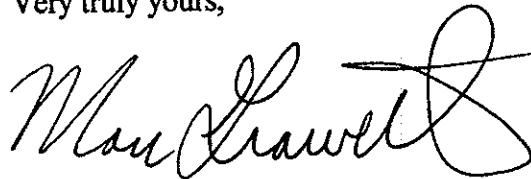
Accordingly, I have enclosed a wage and salary verification which lists the information that we need. I have also included a Payroll and Personnel Records Authorization signed by Ms. Pickett which authorizes us to receive this information and which also authorizes you to provide us with copies of her personnel and payroll records.

Kindly fill out the Wage and Salary Verification and return it to our office along with copies of Ms. Pickett's payroll and personnel records within ten (10) days of your receipt of this correspondence. If you incur any charges in providing the requested documentation, please let me know and our office will reimburse you for all reasonable and necessary copy charges. If you are unable to provide the requested documentation, please contact the undersigned immediately.

Thank you in advance for your valuable assistance and cooperation in this matter.

With kindest regards, I am,

Very truly yours,



Marc Grawert

MG/sam
Enclosure
cc: Ms. Pickett

Message Confirmation Report

OCT-03-2009 12:02 SAT

Fax Number : 7704172332
 Name : PUBLIX COM AREA 0722

Name/Number : 6789244411
 Page : 1
 Start Time : OCT-03-2009 12:02 SAT
 Elapsed Time : 00' 15"
 Mode : STD ECM
 Results : [O.K.]

UNITED STATES BANKRUPTCY COURT
 SOUTHERN DISTRICT OF NEW YORK

-----X
 :
In re : **Chapter 11 Case No.**
 :
MOTORS LIQUIDATION COMPANY : **09-50026 (REG)**
f/k/a GENERAL MOTORS CORPORATION, :
et al., :
 :
Debtors. : **(Jointly Administered)**
 :
 -----X

**NOTICE OF DEADLINES FOR FILING PROOFS OF CLAIM
 (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE)**

TO ALL PERSONS AND ENTITIES WITH CLAIMS (INCLUDING CLAIMS UNDER SECTION 503(B)(9) OF THE BANKRUPTCY CODE) AGAINST A DEBTOR SET FORTH BELOW:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in the Past 8 Years
Motors Liquidation Company (f/k/a General Motors Corporation)	09-50026	38-0572515	General Motors Corporation GMC Truck Division NAO Fleet Operations GM Corporation GM Corporation-GM Auction Department National Car Rental National Car Sales Automotive Market Research
MLCS, LLC (f/k/a Saturn, LLC)	09-50027	38-2577506	Saturn, LLC Saturn Corporation Saturn Motor Car Corporation GM Saturn Corporation Saturn Corporation of Delaware
MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)	09-50028	38-2755764	Saturn Distribution Corporation
MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)	09-13558	20-1426707	Chevrolet-Saturn of Harlem, Inc. CKS of Harlem

PLEASE TAKE NOTICE THAT, on September 16, 2009, the United States Bankruptcy Court for the Southern District of New York (the "Court"), having jurisdiction over the chapter 11 cases of Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors in possession (collectively, the "Debtors") entered an order (the "Bar Date Order") establishing (i) November 30, 2009, at 5:00 p.m. (Eastern Time) as the last date and time for each person or entity (including, without limitation, individuals, partnerships, corporations, joint ventures, and trusts) to file a proof of claim ("Proof of Claim") based on prepetition claims, including a claim under section 503(b)(9) of the Bankruptcy Code, as described more fully below (a "503(b)(9) Claim"), against any of the Debtors (the "General Bar Date"); and (ii) November 30, 2009, at 5:00 p.m. (Eastern Time) as the last date and time for each governmental unit (as defined in section 101(27) of the Bankruptcy Code) to file a Proof of Claim based on prepetition claims against any of the Debtors (the "Governmental Bar Date" and, together with the General Bar Date, the "Bar Dates").

The Bar Date Order, the Bar Dates and the procedures set forth below for the filing of Proofs of Claim apply to all claims against the Debtors (other than those set forth below as being specifically excluded) that arose prior to June 1, 2009, the date on which the Debtors commenced their cases under chapter 11 of title 11 of the United States Code (the "Bankruptcy Code").

Message Confirmation Report

OCT-03-2009 12:03 SAT

Fax Number : 7704172332
Name : PUBLIX COM AREA 0722

Name/Number : 6789244411
Page : 1
Start Time : OCT-03-2009 12:03 SAT
Elapsed Time : 00'16"
Mode : STD ECM
Results : [O.K]

If you have any questions relating to this Notice, please feel free to contact AlixPartners at 1-800-414-9607 or by e-mail at claims@motorsliquidation.com. In addition, you may contact the Official Committee of Unsecured Creditors through its website at www.motorsliquidationcreditorscommittee.com or at 1-212-715-3275.

YOU SHOULD CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS, INCLUDING WHETHER YOU SHOULD FILE A PROOF OF CLAIM.

1. WHO MUST FILE A PROOF OF CLAIM

You **MUST** file a **Proof of Claim** to vote on a chapter 11 plan filed by the Debtors or to share in any of the Debtors' estates if you have a claim that arose prior to **June 1, 2009**, including a 503(b)(9) Claim, and it is not one of the other types of claims described in Section 2 below. Acts or omissions of the Debtors that arose before **June 1, 2009** may give rise to claims against the Debtors that must be filed by the applicable Bar Date, notwithstanding that such claims may not have matured or become fixed or liquidated or certain prior to **June 1, 2009**.

Pursuant to section 101(5) of the Bankruptcy Code and as used in this Notice, the word "claim" means: (a) a right to payment, whether or not such right is reduced to judgment, liquidated, unliquidated, fixed, contingent, matured, unmatured, disputed, undisputed, legal, equitable, secured, or unsecured; or (b) a right to an equitable remedy for breach of performance if such breach gives rise to a right to payment, whether or not such right to an equitable remedy is reduced to judgment, fixed, contingent, matured, unmatured, disputed, undisputed, secured, or unsecured. Further, claims include unsecured claims, secured claims, priority claims, and 503(b)(9) Claims (as defined in Section 2(d) below).

2. WHO NEED NOT FILE A PROOF OF CLAIM

You need not file a Proof of Claim if:

- (a) Your claim is listed on the Schedules (as defined below) and (i) is not described in the Schedules as "disputed," "contingent," or "unliquidated," (ii) you do not dispute the amount or nature of the claim set forth in the Schedules, and (iii) you do not dispute that the claim is an obligation of the specific Debtor against which the claim is listed on the Schedules;
- (b) Your claim has been paid in full;
- (c) You hold an interest in any of the Debtors, which interest is based exclusively upon the ownership of common or preferred stock, membership interests, partnership interests, or warrants or rights to purchase, sell or subscribe to such a security or interest; provided, however, that interest holders who wish to assert claims (as opposed to ownership interests) against any of the Debtors that arise out of or relate to the ownership or purchase of an interest, including claims arising out of or relating to the sale, issuance, or distribution of the interest, must file Proofs of Claim on or before the applicable Bar Date, unless another exception identified herein applies;
- (d) "You hold a claim allowable under sections 503(b) and 507(a)(2) of the Bankruptcy Code as an administrative claim; provided, however, 503(b)(9) Claims are subject to the General Bar Date as provided above. Section 503(b)(9) provides in part: "...there shall be allowed administrative expenses...including...(9) the value of any goods received by the debtor within 20 days before the date of commencement of a case under this title in which the goods have been sold to the debtor in the ordinary course of such debtor's business." Accordingly, if you have a 503(b)(9) Claim, you must file a Proof of Claim on or before the General Bar Date;
- (e) You hold a claim that has been allowed by an order of the Court entered on or before the applicable Bar Date;
- (f) You hold a claim against any of the Debtors for which a separate deadline is fixed by the Court (whereupon you will be required to file a Proof of Claim by that separate deadline);
- (g) You are a Debtor in these cases having a claim against another Debtor;
- (h) You are an affiliate (as defined in section 101(2) of the Bankruptcy Code) of any Debtor as of the Bar Date;

11/11/2004 1:15:41 PM

Gwinnett Clinic
475 Phillips Blvd Suite 100
Lawrenceville Ga 30045

Patient: Pickett, Juanita **DOB:** 5/16/1934 **Physician:** Dr. Salles
ID#: PICKETT_JUANIT_0411 **SEX:** Female **Ref. Phys:** Dr. Shah

Patient History: Neck and bilateral arm pain.

flr
11/16/04

ELECTRODIAGNOSTIC RESULTS:

EMG

Side	Muscle	Nerve	Root	Ins Act	Fibs	Psw	Amp	Dur	Poly	Recrt	Int Pat	Comment
Left	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	ExtDigCom	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Triceps	Radial	C6-7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	Deltoid	Axillary	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Abd Poll Brev	Median	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	1stDorInt	Ulnar	C8-T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Pronator Teres	Median	C6-7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	ExtDigCom	Radial (Post Int)	C7-8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	Biceps	Musculocut	C5-6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C7 Parasp	Rami	C7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C8 Parasp	Rami	C8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C5 Parasp	Rami	C5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	C6 Parasp	Rami	C6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Right	T1 Parasp	Rami	T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	C5 Parasp	Rami	C5	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	C6 Parasp	Rami	C6	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	C7 Parasp	Rami	C7	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	C8 Parasp	Rami	C8	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	
Left	T1 Parasp	Rami	T1	Nml	Nml	Nml	Nml	Nml	0	Nml	Nml	

Motor Nerves

Site	NR	Onset (ms)	Norm Onset (ms)	O-P Amp (mV)	Norm Amp (mV)	Neg Dur (ms)	Segment Name	Delta-O (ms)	Dist (cm)	Vel (m/s)	Norm Vel (m/s)
Left Median (Abd Poll Brev)											
Wrist		4.67	<4.2	3.77	>3.0	6.80	Elbow-Wrist	3.83	20.5	53.52	>48.0
Elbow		8.44		3.49		6.72					
Right Median (Abd Poll Brev)											

 **GWINNETT HEALTH SYSTEM**



Gwinnett Hospital System Emergency Services

1000 Medical Center Boulevard, Lawrenceville, Ga 30045

678-442-4321

If you have problems reaching or being seen by this doctor, call the EMERGENCY DEPARTMENT or return to the Emergency Department if needed.

The Miles Mason Clinic (678-442-2025) is available to Gwinnett County residents. The Gwinnett Community Clinic (770-985-1199) is also available for those Gwinnett residents who are uninsured or have financial difficulties. They can both provide primary care services on an ongoing basis but should not be used as your emergency room follow up, unless specifically directed.

If you cannot see the above doctor and your condition worsens so that you require emergency treatment, come back to this department.

PLEASE TAKE THIS WITH YOU WHEN YOU SEE DOCTOR LISTED ABOVE

NECK INJURIES:

Your exam shows you have strained the muscles and ligaments in your neck. This injury is very common in car accidents; often there is a delay of several hours after the injury before the pain and stiffness appear. A strained neck may also result from sleeping in an awkward position, working overhead, or even using a keyboard. These strains usually improve greatly with proper treatment in 1-2 weeks. Treatment includes:

- Rest - Rest in bed may be needed for several days until the pain improves. Sometimes a cervical collar is used to immobilize the neck, but these should not be worn for prolonged periods.
- Ice packs for the first few days and then heat therapy after 2 days can reduce pain and improve movement. Massage and other physical therapies may also provide much relief.
- Medications to reduce pain, inflammation, and spasm can be helpful.

You can expect that your neck injury will be very sore for 2-3 days. Call your doctor if the pain is no better after 3 days of treatment or if the pain is still present after 2 weeks. Call your doctor or the emergency room right away if you have severe or increasing pain that radiates from the neck down the arm, or if you develop numbness or weakness in your arms, hands or legs.

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

July 22, 2005

Gwinnett Medical Center
Billing Request
1000 Medical Center Blvd.
Lawrenceville, Georgia 30045
678.442.4321

Re: Patient/Client: Juanita Pickett
Date of Birth: 05/16/34
Social Security No.: 369-36-4803
Treatment Date: April 1, 2005 to present

REQUEST FOR MEDICAL BILLING

Dear Sir or Madam,

We represent the above referenced patient in a pending personal injury matter.

Since the at fault party is ultimately responsible for payment or reimbursement of medical bills arising from their negligence, it is crucial that we receive a billing summary of treatment charges with regard to the above referenced injury/condition.

This summary should include all charges for treatment and supplies, but **SHOULD NOT REFLECT THE PAYMENTS, IF ANY, MADE BY INSURANCE CARRIERS**, as this would be improper evidence.

I have enclosed a Medical Authorization form which authorizes us to receive this information to expedite this request.

Thank you for your prompt attention to this matter.

Very truly yours,



Sherrie Mitchell
Legal Assistant to Marc Grawert

cc: Ms. Pickett
MG/sa
Enclosure: Medical Authorization

Law of Bankruptcy

ATTORNEY-CLIENT AGREEMENT For Routine Cases Under 11 U.S.C. Chapter 7

It is hereby agreed by Clark & Washington, P.C. ("Attorney") and undersigned "Client" that Attorney shall represent Client in a Petition under Chapter 7 of the U.S. Bankruptcy Code. Client agrees to an attorney fee of **\$1,000.00**, plus any applicable Court filing fees. Client shall be responsible for all court and credit counseling costs associated with this case. This agreement is predicated upon the completeness and accuracy of the relevant information provided to Attorney by Client. All fees paid by client for the purpose of filing this Chapter 7 petition are NON-REFUNDABLE.

It is further agreed that:

(1) Attorney shall meet and consult with Client as needed, prepare the Petition, Statement of Affairs, Schedules, and Summary as required by the Bankruptcy Code or Local Rules, as well as any other pleadings which are necessary or appropriate during the case, and file same with the Clerk of the United States Bankruptcy Court.

(2) Client's Address:

(a) Client shall provide Attorney a complete and accurate list of all addresses Client used, including relevant dates, during the past 2 and ½ years.

(b) Client shall keep in contact with Attorney and maintain Client's correct and up-to-date name, mailing address, phone numbers, and place of employment with Attorney's office.

(3) Creditor List(s):

(a) Client shall provide a complete list of **ALL** of Client's creditors to Attorney, including the correct name, mailing address, account # (if applicable), and approximate amount owed to each.

(b) For secured debts (debts which have collateral) Client shall provide the date the debt was incurred, the nature of the collateral, and the collateral's value.

(c) Client shall also provide the name and phone number of any creditor or attorney seeking to sue Client or to foreclose, repossess or garnish Client's property and/or wages.

(4) Proof of Income:

(a) Prior to filing Client's case, Client shall provide to Attorney proof of all gross income, from whatever source, Client received in the 6 months ending in the last full calendar month prior to the filing of Client's case.

(b) Prior to filing, Client's case, Client shall provide to Attorney pay advices (proof of income) for the 60 days immediately prior to the filing of Client's case.

(c) Client shall provide proof of current income at the 341 Meeting of Creditors.

(5) Budget/Debt Briefing: Prior to the filing of Client's case, Client shall provide to Attorney the required Certificate of Completion showing that Client obtained a briefing from an approved credit counseling agency within the past 180 days, except where Attorney and Client agree that exigent circumstances exist which warrant filing for a waiver of this requirement.

(6) Personal Financial Management Course: After the case is filed, Client shall attend and successfully complete the pre-discharge, personal financial management course required by 11 U.S.C. Section 727(a)(11). Client understands that Client will not receive a discharge if this course is not satisfactorily completed.

(7) Court Hearings: Attorney shall appear at the 341 Meeting of Creditors and any other hearings or proceedings required in Client's case. Client shall attend the 341 Meeting of Creditors and any other hearing or proceeding required in Client's case.

(8) At the 341 Meeting of Creditors:

(a) Client shall provide proof that Client paid any and all obligations under a Domestic Relations Order which came due since the filing of Client's case.

(b) Client shall provide proof of current income.

(c) Client shall provide proper identification – two forms of ID will be required – a photo ID and separate evidence of Client's Social Security Number.

(9) List of Assets:

(a) Client shall provide an accurate and complete list of any and all property/assets owned by Client and a complete and honest valuation thereof.

(b) Client shall disclose to Attorney any and all legal claims or causes of action against third parties which client might have at the time the Chapter 7 is filed. Client acknowledges that the failure to disclose any legal claim against third parties in a timely fashion may result in Client's losing the right to pursue said claim and/or the loss of a discharge in this case. Attorney shall not be responsible for any negative consequences arising out of Client's failure to adequately disclose pre- and/or post-Petition assets or claims against 3rd parties.

(10) Domestic Support Payments: While the case is pending, Client shall make all payments which come due under any applicable Domestic Support Order.

(11) Tax returns:

(a) Prior to filing Client's case, Client shall execute the necessary documents to authorize Attorney to obtain Client's federal tax returns/tax transcripts for the 4 years immediately preceding the filing of Client's case. The failure to do so may result in the dismissal or conversion of client's case.

(b) At least ten days prior to the 341 Meeting of Creditors, Client shall file and provide to Attorney copies of any unfiled tax returns for the 4 years preceding the filing of Client's case. The failure to do so may result in the dismissal or conversion of client's case.

(c) Client shall timely file all required tax returns while Client's case is pending. The failure to do so may result in the dismissal or conversion of client's case.

(12) Statement of Intentions: Client must perform his intentions regarding secured claims, as set forth in the statement of intentions, within 30 days after the date first set for the 341 Meeting of Creditors.

(13) To Obtain a Discharge:

(a) Client must attend the 341 Meeting of Creditors and any other hearings or proceedings required in the case.

(b) Client must file all applicable tax returns as they come due, post-Petition;

(c) Client must pay all obligations arising under any Domestic Relations Order as they come due post-Petition; further

(d) Client must attend and satisfactorily complete an approved personal financial management course and provide Attorney a certificate of completion of the same.

(e) Client must provide or account for any financial records that may be requested or required by the Trustee, a creditor, or the Court. The failure to do so may result in the dismissal or conversion of Client's case as well as possible criminal sanctions.

(14) Dischargeability of Certain Debts:

- (a) Student loan obligations generally are not dischargeable.
- (b) No professional opinion is rendered by Attorney as to the dischargeability or priority status of any tax obligations.
- (c) Obligations arising under a Domestic Support Order are not dischargeable under Section 727.

(15) Avoiding Liens:

- (a) If Client wishes to avoid any judgment lien, Client shall provide to Attorney a copy of each judgment and the name and address of that creditor's attorney of record.
- (b) If Client wishes to avoid a non-purchase-money-security-interest, Client shall provide to Attorney a copy of the contract granting the lien.

(16) Representation of Client as an Individual:

- (a) Client understands that Attorney represents Client as an individual only and not as any corporation or partnership in which Client may have owned shares or participated.
- (b) Client understands that the Court may recover payments made to creditors or insiders by Client or by any corporation or partnership in which the Client may have owned shares or participated. Attorney does not represent any third parties from which these payments may be recovered.

(17) Client understands that, while Client's case is open, property of the estate is under the control of the Trustee. During this time, Client cannot sell, quitclaim, give, bequeath, or otherwise transfer any property of the estate, including but not limited to Client's residence and other real or personal property. The entry of an order discharging client's debts does not necessarily mean that the client's case is closed. Nor does it mean that liens against the property have been extinguished or avoided. Client should contact Attorney if there is any question regarding the status of Client's case, liens, or property of the estate.

(18) Client agrees that certain tasks associated with Client's case, including but not limited to appearances at the First Meeting of Creditors, may be contracted out to attorneys who are not regular members or associates of Clark & Washington, P.C. This will not result in increased costs to Client and Client authorizes such delegation at Attorney's discretion.

(19) Criminal Liability: Client understands that all information and documents provided by Client for filing in, or in connection with, Client's case must be complete and accurate. All information and documents are subject to audit. Failure to provide complete and accurate information can result in negative consequences for Client, including the dismissal or conversion of Client's case and the possibility of criminal sanctions.

(20) Adversary Proceedings: the parties specifically agree that the services contemplated in this contract of employment **DO NOT** include representing Client, either as a Plaintiff or Defendant, in any Adversary Proceeding filed in or in connection with this case. Should Attorney agree to represent Client in an adversary proceeding, a different contract of employment shall be executed between the parties under such terms and conditions as the parties deem mutually acceptable.

(21) Amendment Fees: There will be an additional, minimum charge of \$130.00 for each amendment to Client's schedules required after the case is filed.

ACKNOWLEDGEMENT

I have read and understand the within and foregoing agreement, it has been explained to me by the undersigned Attorney, and by affixing my signature hereto, I acknowledge receipt of a copy hereof and agree to its conditions. I declare under penalty of perjury that, in preparing to file this Chapter 7 case, I reviewed and provided to Clark & Washington, P.C., the required information concerning my assets and liabilities and that it is true and complete to the best of my knowledge and belief. Accordingly, I hereby authorize Clark & Washington, P.C., to transcribe this information into the correct format for filing with the U. S. Bankruptcy Court.

I further acknowledge and agree that this retainer contract contemplates payment for services rendered pre-Petition as well as services to be rendered post-Petition. The initial payment represents fees earned pre-Petition and the future payments are to be applied as contemporaneous compensation for post-Petition services.

Dated: 7/18/2007

Signed: Juanita Pickett
Juanita Pickett

Date: 7/18/2007

Attorney: _____
Attorney, for the Firm

J/P I/we received a copy of each of the notices required by 11 U.S.C. Section 342(b), Section 527(a)(2), and Section 527(b).

J/P I/we agree that ROBERT D. BARCUS may represent me/us at our 341 Meeting of Creditors

FEE SUMMARY:

\$ 299.00 Court Filing Fee

\$1,000.00 Attorney's Fees

FEEES TO FILE PETITION:

\$ 299.00 Court Filing Fee

\$0.00 Attorney's Fee

REMAINING ATTORNEY FEES:

**\$ 1,000.00 Attorney's Fees to be paid over 5 months
at \$ 200 per month.**

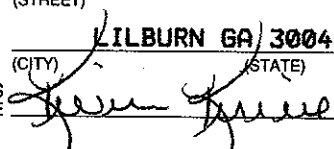
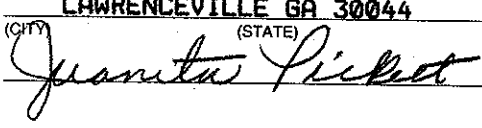
**CLARK & WASHINGTON, P.C.
3300 N.E. EXPRESSWAY
BUILDING 3
ATLANTA, GA 30341
(404) 522-2222
(770) 220-0685 (FAX)
<http://www.CW13.com>**

Federal law (and State law, if applicable) requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

I, BARANCO PONTIAC-GMC INC. of 4355 HWY 78
(TRANSFEROR'S NAME, PRINT) (ADDRESS)
LILBURN GA 30047
Owner of Year 2003 Make BUICK
Body Type 4DR Model RENDEZVOUS VIN 3G5DA03E83S529433
License No. _____ Sticker No. _____ State GA Year _____

State that the odometer now reads 23 (no tenths) miles and to the best of my knowledge that it reflects the actual mileage of the vehicle described above, unless one of the following statements is checked.

- (1) I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.
- (2) I hereby certify that the odometer reading is NOT the actual mileage. WARNING - ODOMETER DISCREPANCY.

TRANSFEROR'S NAME <u>BARANCO PONTIAC-GMC INC.</u> <small>(PRINTED NAME)</small>	TRANSFEREE'S NAME <u>JUANITA PICKETT</u> <small>(PRINTED NAME)</small>
TRANSFEROR'S ADDRESS <u>4355 HWY 78</u> <small>(STREET)</small>	TRANSFEREE'S ADDRESS <u>3136 JUSTICES MILL CT</u> <small>(STREET)</small>
<u>LILBURN GA 30047</u> <small>(CITY) (STATE) (ZIP CODE)</small>	<u>LAWRENCEVILLE GA 30044</u> <small>(CITY) (STATE) (ZIP CODE)</small>
TRANSFEROR'S SIGNATURE 	TRANSFEREE'S SIGNATURE 
DATE OF STATEMENT <u>01/30/03</u>	 <small>(PRINTED NAME)</small>

ODOMETER STATEMENT

FORM B9A (Chapter 7 Individual or Joint Debtor No Asset Case) (10/05)

UNITED STATES BANKRUPTCY COURT
Northern District of Georgia

Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 8/2/07.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. **NOTE:** The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Juanita Pickett
3136 Justice Mill Court
Lawrenceville, GA 30044

Case Number: 07-72178-crm
Judge: C. Ray Mullins

Social Security/Taxpayer ID/Employer ID/Other Nos.:
369-36-4803

The entire case number, including judge initials, is required on all papers filed with the court.

Attorney for Debtor(s) (name and address):

E. L. Clark
Clark & Washington, P.C.
Bldg. 3, Suite A
3300 Northeast Expwy.
Atlanta, GA 30341
Telephone number: 404-522-2222

Bankruptcy Trustee (name and address):

Neil C. Gordon
Arnall, Golden & Gregory, LLP
Suite 2100
171 17th Street, NW
Atlanta, GA 30363
Telephone number: (404) 873-8596

Meeting of Creditors

Date: September 10, 2007

Time: 01:00 PM

Location: Room 368, Russell Federal Building, 75 Spring Street SW, Atlanta, GA 30303

NOTICE TO DEBTOR(S): Individuals who file bankruptcy must bring two forms of original documentation to their meeting of creditors: photo identification (driver's license, government ID, state photo ID, student ID, U.S. passport, military ID, or resident alien card) and confirmation of their social security number. **Additionally, you must provide the trustee whose name appears above with a copy of your most recently filed income tax return. This should be provided at least 7 days before the meeting of creditors. DO NOT FILE YOUR TAX RETURN WITH THE COURT.** Please bring a copy of this notice with you to the Meeting of Creditors.

Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

Deadlines:

Papers must be *received* by the bankruptcy clerk's office by the following deadlines:

Deadline to File a Complaint Objecting to Discharge of the Debtor or to Determine Dischargeability of Certain Debts: 11/9/07

Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

Creditors May Not Take Certain Actions:

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

Foreign Creditors

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office:

1340 Russell Federal Building
75 Spring Street, SW
Atlanta, GA 30303
Telephone number: 404-215-1000

For the Court:

Clerk of the Bankruptcy Court:
W. Yvonne Evans

Hours Open: Monday - Friday 8:00 AM - 4:00 PM

Date: 8/6/07

**UNITED STATES BANKRUPTCY COURT
Northern District of Georgia
Atlanta Division**

In Re: Debtor(s)

Juanita Pickett

Case No.: **07-72178-crm**

Chapter: **7**

**NOTICE TO DEBTOR
THAT COURSE ON FINANCIAL MANAGEMENT
IS REQUIRED TO RECEIVE DISCHARGE**

Upon review of the docket in the above-styled case, it appears that Debtor or Debtors (hereinafter "Debtor") has not filed Form 23 (Debtor's Certification of Completion of Instructional Course Concerning Personal Financial Management) showing that Debtor has completed the personal financial management course or is exempt. Sections 727(a)(11), 1141(d)(3)(C), and 1328(g) of Title 11, U.S.Code, require an individual debtor in a Chapter 7, 11, or 13 case to complete an instructional course on personal financial management after filing the case unless Debtor obtains an order granting an applicable exemption provided by §109(h)(4). **To comply with the course requirement, a debtor must timely file Form 23 with the Clerk's office.** See Interim Bankruptcy Rule 1007(b) and (c) and Official Form 23 (10/06). Failure to timely file Form 23 may result in the case being closed without Debtor receiving a discharge.

A **Chapter 7** debtor must file Form 23 within 45 days after the first date set for the meeting of creditors. **Chapter 11 and 13** debtors must file Form 23 no later than the date the last payment is made as required by the plan or the date a motion for entry of discharge is filed. If Debtor subsequently files a motion to reopen the case in order to file Form 23, Debtor must pay the appropriate fee to reopen the case. **THIS NOTICE WILL BE THE ONLY REMINDER ABOUT THE COURSE REQUIREMENT.**

This Notice will be served upon the Debtor, counsel for Debtor, and the Trustee.

Dated: August 6, 2007

**** Mailing Address**
United States Bankruptcy Court
1340 Russell Federal Building
75 Spring Street, SW
Atlanta, GA 30303



W. Yvonne Evans
Clerk of Court
U.S. Bankruptcy Court



STATE BAR OF GEORGIA

GRIEVANCE CONFIDENTIAL

Please type or print legibly.

YOUR NAME: Juanita Pickett

MAILING ADDRESS: 3136 Justice Mill dawsonville, Ga 30044
Street or P. O. Box City State Zip

YOUR PHONE NUMBERS: (W) _____ (H) 7709214339

NAME OF THE ATTORNEY: _____

Fill out a separate form for each attorney. Do not list law firms.

ADDRESS OF THE ATTORNEY: _____

DATE OF FIRST CONTACT WITH ATTORNEY: _____ DATE OF LAST CONTACT WITH ATTORNEY: _____

DOES THIS ATTORNEY CURRENTLY REPRESENT YOU? _____

STATE WHAT THE ATTORNEY HAS DONE OR HAS NOT DONE THAT CAUSES YOU TO SUBMIT THIS REPORT.

In Aug. of this year which is 8/2007 the Highway
Safety Ass Respond to me to get in touch with the
Carmaker and attorney General when I call
Ms. Tanyan Morris I was sent to Maria Ruiz which
she was suppose to open the case back up
so she told me to call Ms. Tanyan Morris for more information
when I call her she stated do I have an
attorney? so I was not payed anything
I lost my car, my job, my health, and my home

If more space is needed, please attach other pages. Please do not write on the back.

Cathy Fair

"I affirm that the information I have provided here is true to the best of my knowledge."

Return to: State Bar of Georgia
Office of the General Counsel
104 Marietta Street, NW
Suite 100
Atlanta, Georgia 30303

SIGNATURE: Juanita Pickett

DATE: 11/5/07

OPTIONAL: PLEASE PROVIDE THE NAME AND PHONE NUMBER OF SOMEONE WE CAN CONTACT IF WE HAVE DIFFICULTY CONTACTING YOU:

NAME OF CONTACT PERSON: Consumers Ex

PHONE NUMBERS OF CONTACT PERSON: (W) _____ (H) _____

3136 Justin Miller
Laurensville Ga
30044

To Mr John Linder,

My name is Juanita Pickett
I reside at this address since
11/27/2002 I work at wal mart for
5 years what happen in 2004 I was in
a accident between 1285 + 85 about
between 3 + 330 PM June 22 2004 I am
Faxing some of the Evidint I have
tried every way I could to solve
this problem I have tried to get
Momy attorney which they would
not take it one more I want
from Monge & ass. He keep the
Case from Feb 2005 to Nov 2005
This is the letter he wrote me after
that he could not be reach. Back
to the accident I was coming of 1285
to get on 85 North going about 15-15 mi
An Hour the traffic was bumper
to bumper when I applied my
feet on the Brakes the car start
wobbling in the front then turn
to the embankment and start
over

turning over which was 3 times
No Police no ambulance I had to
drive from 1285 - 20 85 North to Jimmy
Carter on back left tire flat and
Right from tire almost flat when
I got home I call Duwinnett Police
to Report the accident he said I
had to Report the accident to DeKalb
County In the mean time My Doug
took me to Duwinnett Emergency
I lost my job Wrongful. Lost my
car. I have Carpal Tunnel in Both
Arms by the time you read this letter
My Home will be gone I talk
to some of these people 3 week ago
Member Maria Ruiz she was suppose
to be handling my case
Member Ms Lanya Morris is one that
Say Nothing is coming

Truly yours

IN THE MAGISTRATE COURT OF GWINNETT COUNTY

STATE OF GEORGIA

RESIDENTIAL FUNDING COMPANY,)
LLC)

PLAINTIFF,)

v.)

JUANITA PICKETT and/or all others,)

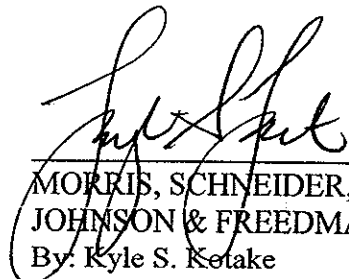
DEFENDANT.)

CASE NO.: 07-M-34998

VOLUNTARY DISMISSAL WITHOUT PREJUDICE

COMES NOW the Plaintiff in the above-styled dispossessory proceeding and pursuant to O.C.G.A. § 9-11-41 hereby voluntarily dismisses the above-styled proceedings WITHOUT PREJUDICE.

This 11th day of January 2008.



MORRIS, SCHNEIDER, PRIOR,
JOHNSON & FREEDMAN L.L.C.
By: Kyle S. Kotake
Georgia Bar No.: 428697
Attorney for Plaintiff

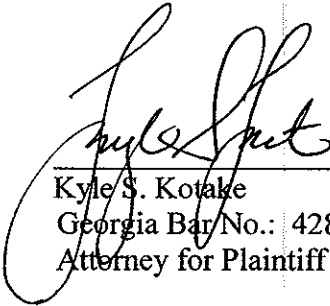
1587 Northeast Expressway
Atlanta, GA 30329
(770) 234-9181
1926807

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of the foregoing VOLUNTARY DISMISSAL WITHOUT PREJUDICE was served upon the following by mailing same by United States First Class Mail in a properly addressed envelope with adequate postage affixed thereon to insure delivery, addressed as follows:

Juanita Pickett
and/or all others
3136 Justice Mill Court
Lawrenceville, GA 30044

This 15th day of January 2008.



Kyle S. Kotake
Georgia Bar No.: 428697
Attorney for Plaintiff

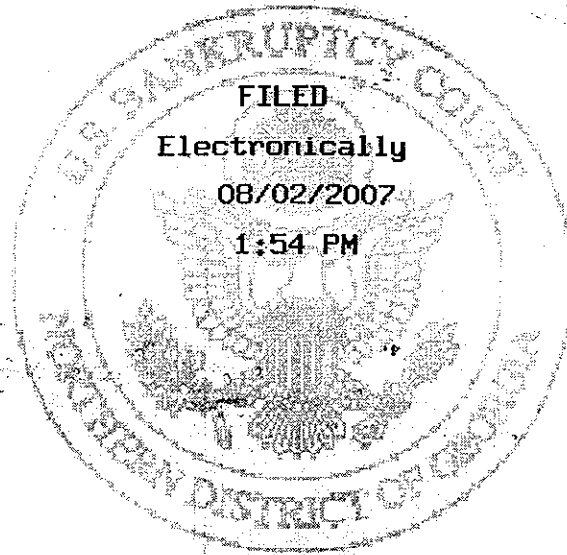
MORRIS, SCHNEIDER, PRIOR, JOHNSON & FREEDMAN L.L.C.
1587 Northeast Expressway
Atlanta, GA 30329
(770) 234-9181
1926807

United States Bankruptcy Court
Northern District of Georgia

Notice of Bankruptcy Case Filing

A bankruptcy case concerning the debtor(s) listed below was filed under Chapter 7 of the United States Bankruptcy Code, entered on 08/02/2007 at 1:54 PM and filed on 08/02/2007.

Juanita Pickett
3136 Justice Mill Court
Lawrenceville, GA 30044
SSN: xxx-xx-4803



The case was filed by the debtor's attorney:

E. L. Clark
Clark & Washington, P.C.
Bldg. 3, Suite A
3300 Northeast Expwy.
Atlanta, GA 30341
404-522-2222

The case was assigned case number 07-72178.

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

If you would like to view the bankruptcy petition and other documents filed by the debtor, they are available at our *Internet* home page <http://ecf.ganb.uscourts.gov/index.html> or at the Clerk's Office, 1340 Russell Federal Building, 75 Spring Street, SW, Atlanta, GA 30303.

You may be a creditor of the debtor. If so, you will receive an additional notice from the court setting forth important deadlines.

W. Yvonne Evans
Clerk, U.S. Bankruptcy
Court



MAY 6, 2005

TO WHOM IT MAY CONCERN

JUANITA PICKETT HAS BEEN ON A CONTINUOUS UNPAID LEAVE OF ABSENCE SINCE 5/3/05.

IF YOU HAVE FURTHER QUESTIONS, CALL 770-921-9224

SINCERELY,

A handwritten signature in cursive script that reads "Debbie Hetherington".

DEBBIE HETHERINGTON
PERSONNEL MANAGER

Rx Date/Time APR-27-2005 09:27
 APR-26-2005 (TUE) 09:18
 4-27-05; 9:28AM; Univers
 r thoped

ACCT#: 014186405

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

PLAN OF TREATMENT FOR OUTPATIENT REHABILITATION
 (COMPLETE FOR INITIAL CLAIMS ONLY)

1. PATIENT'S LAST NAME Pickett	FIRST NAME Juanita	2. PROVIDER NO. 110087	3. HICN 369-36-4803
4. PROVIDER NAME GMCU = 652-120	5. MEDICAL RECORD NO. (Optional) 744913	6. ONSET DATE 6-22-04	7. SOC. DATE 4-23-05
8. TYPE <input type="checkbox"/> PT <input checked="" type="checkbox"/> OT <input type="checkbox"/> SLP <input type="checkbox"/> CR <input type="checkbox"/> RT <input type="checkbox"/> PS <input type="checkbox"/> SN <input type="checkbox"/> SW	9. PRIMARY DIAGNOSIS (Partner Medical DC) (B) CTS	10. TREATMENT DIAGNOSIS same	11. VISITS FROM SOC. 3

12. PLAN OF TREATMENT FUNCTIONAL GOALS
 GOALS (Short Term) **X 4 weeks:**

① Pt. states ① ③ hand home manage-
 ment: splint use / stretchers.
 OUTCOME (Long Term)
 ② Pt. states ↓ pain ③ hands to improve
 sleep pattern. ③ able to open lidson can/
 bottle for ADL's ③ 1 yr.
 PT. GOALS: "Decrease pain & throbbing of hands."
 LIG: wFL ③ hand use.

PLAN **(B) UE:**
 - modalities
 - ther. ex
 - splints
 - RSI education
 REHAB POTENTIAL
 "Good for stated goals"

13. SIGNATURE (Professional consulting POC including prof. designation)
Jumalabot Gu.# 693

I CERTIFY THE NEED FOR THESE SERVICES FURNISHED UNDER
 THIS PLAN OF TREATMENT AND WHILE UNDER MY CARE N/A
 15. PHYSICIAN SIGNATURE **[Signature]** 18. DATE **4-27-05**

14. FREQUENTATION (e.g., 3Wk x 4 Wk)
2X weekly x 3-4 weeks.

17. CERTIFICATION
 FROM **4/2/05** THROUGH **5/11/05** N/A

18. ON FILE (Print type physician's name)
 Thomas Branch, MD

19. PRIOR HOSPITALIZATION
 FROM TO N/A

20. INITIAL ASSESSMENT (History, medical complications, level of function at start of care. Reason for referral.)

PRECAUTIONS: None Stated
 This 70% POF referred per MD to evaluate & tx. ③ hand
 CTS. Pt. states has ③ cock-up splints for pm use.
 Grip R: 55# L: 46# Arm: ③ UE's wFL Pain: Pt. state
 hands throbs to elbow & awakens pt. at night. Pt. states unabl
 work 20 pain ③ hands ADL's: Pt. states ③ basic ADL's; yet
 Astet: D/C pt. may benefit from home management ③ UE's.
 Treatment plan discussed with ③ and/or family and ③ family concurs.

21. FUNCTIONAL LEVEL (End of billing period) PROGRESS REPORT

Pt. would benefit from continued OT to ↑ functional
 use ③ hands. Pt. progressing toward all gcs
 Goal #1 met; cont. OT tx to achieve existing c

22. SERVICE DATES
 FROM **4/23/05** THROUGH **4/27/05**

When you need time away from work, complete and submit this form for approval. Advance notice is requested, but notice of your need to be gone must be provided within 3 days and this form must be completed no later than 15 days from the first scheduled workday missed. Submit completed form for approval/disapproval as follows:
• Hourly field associates → Facility Manager
• Home Office hourly associates → Manager → People Division
• Management associates → your Division's People/Personnel area at the Home Office

Request Date: Nov 2004 Work Location #: 4001 Lawrenceville Hourly Salaried
Name: Juanita Pickett SSN: 111-11-1111

Current Mailing Address: 3136 West Jackson Blvd Lawrenceville GA 30047 Phone: 770/921-4339

DATES REQUESTED: • Continuous Leave Beginning: Nov 2004 Return Date: March 2005
• Intermittent/Reduced Hours (available only when medically necessary; the Health Care Provider's Certification Section, below, must be completed)

Beginning: 09/29/04 Ending Date: (to be determined)
Describe: per Debbie

TYPE OF LEAVE:

MEDICAL LEAVE (to be used when the associate has a medical condition (including pregnancy and childbirth, and on-the-job Workers' Comp. injuries) requiring time away from work. The Health Care Provider's Section, below, must be completed and signed. Before returning, associate must submit a return-to-work statement/release from a Health Care Provider detailing restrictions, if any. If eligible to receive short- or long-term disability benefits, the associate must file a claim by calling 1-800-492-5678.)

PERSONAL
• Is request due to birth, adoption or placement of foster child? Yes No
• Is request to provide care for a seriously ill or injured family member? Yes No
(If yes, the Health Care Provider's Section, below, must be completed and signed.)
Relationship: _____
• Other personal reason, explain: _____

MILITARY (Attach copy of military orders.) N/A
• Is request to fulfill 2 week summer camp duty? Yes No
• If yes, complete the "Military Pay for Summer Camp" worksheet prior to start of leave.

HEALTH CARE PROVIDER'S CERTIFICATION: The above Wal-Mart associate family member is under my care for: bladder and anal gland problems
If associate, Worker's Comp? Yes No Dates Begin Leave: 9/22/04 Return Date: March 2005
 Continuous Leave required Intermittent or Reduced Hours Leave required; describe: _____
(Stamp/Print Name, Address, Phone Number): 770/995-3300
Lawrenceville, GA Health Care Provider's Signature: _____ Date: 11/9/05

INSURANCE: Unless you submit a Status Change to reduce or discontinue coverage, your present insurance coverage will continue for up to 1 year while on LOA. If you choose to keep any Medical, Dental or Life Insurance, you must send the premium amount normally deducted from your paycheck to: Wal-Mart Benefits Department, 3001 F.O. Box 1039, Lowell, AR 72745. Write your name, social security number and work location on your check or money order. (Payments for short and long term disability are not required while on LOAs). The premium is due each pay period (every two weeks) in which you do not receive a Wal-Mart payroll check and failure to pay premiums within 30 days of the due date will result in cancellation of your coverage. While on a leave of absence, you may want to pay your premiums 2 weeks ahead to avoid a delay of your Special Pharmacy Benefits. If you did a status change to reduce or discontinue coverages when you went on LOA, you may do another status change to resume your coverages when you return to work. If coverage is cancelled for non-payment of premiums, you may be eligible for a reinstatement of coverage once a required number of hours are worked (see "Eligibility" section of Benefit Book). If leave extends beyond 1 year, you may be eligible to elect continued coverage under COBRA.

I have read and understand the "Insurance" section above. Likewise, I understand that if I fail to return to work or request an extension of leave by the return date stated above, my associate benefits shall be subject to forfeiture and the company will have no further obligation to continue my employment. I also understand there will be no accumulation of benefits while I am on leave. I fully understand Wal-Mart's Leave of Absence policy.

Date: _____ Associate Signature: Juanita Pickett

Manager's Signature: [Signature] Date: 11/9/05 Approved Denied

*Leave for these reasons is designated and counted as leave pursuant to the FMLA.

GWINNETT HOSPITAL SYSTEM

PATIENT SUMMARY

PATIENT ACCT NO 12972815		INTRVL 9		ADMIT DATE 06/22/04		TIME 1432		DISCHARGE DATE TIME		ADM CL 1	FC M	MCA K	PUB	MEDICAL RECORD NO 744918	
P A T I E N T	BIRTH DATE 05/16/34	AGE 70	CODE Y	SEX F	RACE B	M/S D	PHYS ORCH DATE 02/02/04	READMIT N	SS NUMBER 369-36-4803	SMKR U	ACC CODE	ROOM 808	BED		
	NAME/ADDRESS PICKETT, JUANITA 3136 JUSTICE MILL CT LAWRENCEVILLE GA 30044				PHONE/COUNTY 770/921-4339 67		PATIENT EMPLOYER NAME/ADDRESS WALMART HWY 29 LILEBURN GA 30047				PHONE/OCCUPATION 770/921-9224 MEDICAL LEAVE				
G U A R A N T E E	PATIENT SERVICE EMERG				PATIENT PREVIOUS LAST NAME RELIGION EAP										
	NAME/ADDRESS PICKETT, JUANITA 3136 JUSTICE MILL CT LAWRENCEVILLE GA 30044				PHONE/COUNTY 770/921-4339 369364803		GUARANTOR EMPLOYER NAME/ADDRESS WALMART HWY 29 LILEBURN GA 30047				PHONE/OCCUPATION 770/921-9224 MEDICAL LEAV				
K I N I	NEXT OF KIN NAME/ADDRESS MOORE, KAREN 9010 HIGHLAND PASS FAIRBURN GA 30213				PHONE 7709645257		NEXT OF KIN NAME/ADDRESS				PHONE				
	INSUROR'S NAME/POLICY NO PICKETT JUANITA 369364803A				RELATION/INSURANCE PLAN MEDICARE (OUTPATIE		GROUP NAME/GROUP NUMBER BLUE CROSS GEORGIA P O BOX 9048 COLUMBUS GA 31908				ADDRESS				
I N S U R A N C E	INSUROR'S NAME/POLICY NO PICKETT JUANITA 369364803A				RELATION/INSURANCE PLAN MEDICARE CAHADA (P		GROUP NAME/GROUP NUMBER P O BOX 3076 SAVANNAH GA 31402				ADDRESS				
	INSUROR'S NAME/POLICY NO PICKETT JUANITA NGM369364803				RELATION/INSURANCE PLAN BLUE CROSS OTHER		GROUP NAME/GROUP NUMBER MICHIGAN P. O. BOX 9907 83500UAW COLUMBUS GA 31908				ADDRESS				
ADMITTING PHYSICIAN SMITH IEB				Y											
ATTENDING 4543 BUCHANAN, KEITH C				ACCIDENT ACC				VADENZ07/04				ACC TIME			
PRIMARY DIAGNOSIS (THAT WHICH AFTER STUDY, IS RESPONSIBLE FOR ADMISSION TO HOSPITAL)														ICD-9-CM CODE	
NECK & SHOULDER PAIN															
SECONDARY DIAGNOSIS															

OPERATIVE PROCEDURES

DATE	SURG. #	1st AST	A #	PROCEDURE

OS	AUTOPSY	CONS MD#
W/C STATUS	FUNERAL HOME	CONS MD#
DX CODE	ATTEND MD#	CONS MD#
EXP DATE	ED MD#	

SCANNED

CIVIL LITIGATION
PERSONAL INJURY
PRODUCTS LIABILITY
WRONGFUL DEATH

Law Offices of
MONGE & ASSOCIATES
Telephone: 678.579.0203
Facsimile: 678.579.0204

1858 Independence Square
Suite D
Atlanta, Georgia 30338

August 29, 2005

Wal-Mart #01-1373
Attn: Employee Records
4004 Lawrenceville Highway, N.W.
Lilburn, Georgia 30047-2820

Employee: Juanita Pickett

Dear Sir or Madam,

Please be advised that our office has been retained to provide legal representation on behalf of the above-referenced client/employee concerning personal injuries incurred as a result of an automobile accident occurring on June 22, 2004. It is crucial to our representation of Ms. Pickett that we verify her time away from work due to the incident.

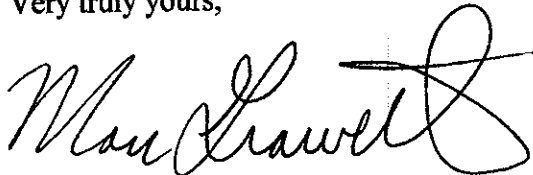
Accordingly, I have enclosed a wage and salary verification which lists the information that we need. I have also included a Payroll and Personnel Records Authorization signed by Ms. Pickett which authorizes us to receive this information and which also authorizes you to provide us with copies of her personnel and payroll records.

Kindly fill out the Wage and Salary Verification and return it to our office along with copies of Ms. Pickett's payroll and personnel records within ten (10) days of your receipt of this correspondence. If you incur any charges in providing the requested documentation, please let me know and our office will reimburse you for all reasonable and necessary copy charges. If you are unable to provide the requested documentation, please contact the undersigned immediately.

Thank you in advance for your valuable assistance and cooperation in this matter.

With kindest regards, I am,

Very truly yours,



Marc Grawert

MG/sam
Enclosure
cc: Ms. Pickett

GWINNETT HEALTH SYSTEM



Gwinnett Hospital System Emergency Services
1000 Medical Center Boulevard, Lawrenceville, Ga 30045
678-442-4321

Prescriptions Received: Lortab 5 5mg tab, Robaxin 500mg tab

Discharge Instructions Received: MOTOR VEHICLE ACCIDENTS, NECK INJURIES

Drug Instructions Received: NARCOTIC PAIN MEDICINE, SKELETAL MUSCLE RELAXANTS

Referral:

*PMD, - Phone Number Known to Patient in 7 days

I hereby acknowledge receipt of the instructions indicated above. I understand that I have had emergency treatment and that I may be released before all my medical problems are known or treated. I will arrange for follow-up care as instructed above.

Date/Time: 06/22/2004 23:39

Treating MD: Buchanan, Carlton

Patient Signature: *Juanita Pickett*

Account Number: 0013873815

Medical Record Number: 744913

I have explained the instructions and have given a copy to the patient.

Nurse's Signature: *V. B. RN*

Date: *6/23/04*

Gwinnett Hospital System
Occupational Therapy
Upper Extremity Evaluation

PICKETT, JUANITA 70 y
DOB: 05/16/1934 SX:F PT:T SVC:GR
ACCT#: 0014186405
01856 BRANCH, THOMAS P 04/23/2005
MRN: 0000744913

I. HISTORY:

Referral Date: 4-12-05 Evaluation Date: 4-23-05
Referring Physician: T. Branch Affected Hand: (B) Dominant Hand: (R)
Diagnosis: (B) CTS
Surgeries/Dates: MVA 6/22/04 ; (+) emg • Advil

Precautions: _____

Past Medical History: sleep apnea

Next Physician Visit: 1 month • braces pm

II. OBJECTIVE:

SKIN INTEGRITY: (Wound/Scar/Incision) 0

EDEMA: (Circumferential Measurements of Edema [cm.])

Area	Thumb		Index		Middle		Ring		Small	
	R	L	R	L	R	L	R	L	R	L
PI										
PIP										
P2										

	R	L
MPs		
Distal Palmar Crease		
Wrist		
Other		

Volumeter: Right _____ ml. Left _____ ml.

PAIN: (Describe type, location, frequency, pain management) Numeric Scale 0-10:

throbs (B) hands -> elbow

SPECIAL TESTS:

Phalen's: + (B)
Finkelstein's: _____
Impingement Test: 0

Tinel's: + (B)
Cozen Test: _____

Gwinnett Hospital System

Sports Medicine & Rehabilitation

Patient Information

PICKETT, JUANITA 05/16/1934 70 y
ACCT: 0014186405
01856 BRANCH, THOMAS P
ADMIT: 04/23/2005 PT: T SVC: GR SEX: F
MRN: 0000744913

How did you hear about our clinic? _____

MEDICAL HISTORY

1. Injury/Condition: _____ Onset Date: _____

2. Past medical history. Please check all that apply:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Lung | <input checked="" type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke | <input checked="" type="checkbox"/> Diabetes |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Currently pregnant | <input type="checkbox"/> Other _____ |

Medications: _____

Surgeries: NO

Allergies: NO

3. This clinic may use a latex, elastic resistance product. This product does not have latex powder. Do you have a latex allergy? Yes NO If yes, please describe: _____

4. Assistive devices that you currently use:

- | | | |
|--|-------------------------------------|---|
| <input type="checkbox"/> Hearing aids | <input type="checkbox"/> Glasses | <input type="checkbox"/> Ambulatory devices |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Splints/braces | <input type="checkbox"/> Prosthesis | |

4. Do you have any spiritual/religious and/or cultural beliefs that will affect your care in therapy?
NO

6. What topics do you need/want to know about? (medications, diagnosis, treatment, nutrition, etc.)

7. What is your primary language? English Spanish Other:

8. Do you have financial questions related to your treatment options? Yes No
If so, referral made to: Case Manager Financial Counselor

* 9. How do you learn best?

- | | | |
|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Reading | <input type="checkbox"/> Video | <input type="checkbox"/> Pictures |
| <input checked="" type="checkbox"/> <u>Demonstration</u> | <input type="checkbox"/> Listening | <input type="checkbox"/> Other |

FOR CLINIC USE ONLY: LEARNING ASSESSMENT OF PATIENT/FAMILY

- Shows ability to understand concepts and responds to questions: Yes No Some
- Readiness to learn shown by: Questions Interest Distracted Denies Need Other
- Unable to assess readiness due to: _____
- Therapist Signature: [Signature]

FORM B9A (Chapter 7 Individual or Joint Debtor No Asset Case) (10/05)

Case Number 07-72178-crm

UNITED STATES BANKRUPTCY COURT
 Northern District of Georgia

Notice of Chapter 7 Bankruptcy Case, Meeting of Creditors, & Deadlines

A chapter 7 bankruptcy case concerning the debtor(s) listed below was filed on 8/2/07.

You may be a creditor of the debtor. **This notice lists important deadlines.** You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

See Reverse Side For Important Explanations

Debtor(s) (name(s) used by the debtor(s) in the last 8 years, including married, maiden, trade, and address):

Juanita Pickett
 3136 Justice Mill Court
 Lawrenceville, GA 30044

Case Number: 07-72178-crm
 Judge: C. Ray Mullins

Social Security/Taxpayer ID/Employer ID/Other Nos.:
 xxx-xx-4803

The entire case number, including judge initials, is required on all papers filed with the court.

Attorney for Debtor(s) (name and address):

E. L. Clark
 Clark & Washington, P.C.
 Bldg. 3, Suite A
 3300 Northeast Expwy.
 Atlanta, GA 30341
 Telephone number: 404-522-2222

Bankruptcy Trustee (name and address):

Neil C. Gordon
 Arnall, Golden & Gregory, LLP
 Suite 2100
 171 17th Street, NW
 Atlanta, GA 30363
 Telephone number: (404) 873-8596

Meeting of Creditors

Date: September 10, 2007

Time: 01:00 PM

Location: Room 368, Russell Federal Building, 75 Spring Street SW, Atlanta, GA 30303

NOTICE TO DEBTOR(S): Individuals who file bankruptcy must bring two forms of original documentation to their meeting of creditors: photo identification (driver's license, government ID, state photo ID, student ID, U.S. passport, military ID, or resident alien card) and confirmation of their social security number. **Additionally, you must provide the trustee whose name appears above with a copy of your most recently filed income tax return. This should be provided at least 7 days before the meeting of creditors. DO NOT FILE YOUR TAX RETURN WITH THE COURT.** Please bring a copy of this notice with you to the Meeting of Creditors.

Presumption of Abuse under 11 U.S.C. § 707(b)

See "Presumption of Abuse" on reverse side.

The presumption of abuse does not arise.

Deadlines:

Papers must be received by the bankruptcy clerk's office by the following deadlines:

Deadline to File a Complaint Objecting to Discharge of the Debtor or to Determine Dischargeability of Certain Debts: 11/9/07

Deadline to Object to Exemptions:

Thirty (30) days after the conclusion of the meeting of creditors.

Creditors May Not Take Certain Actions:

In most instances, the filing of the bankruptcy case automatically stays certain collection and other actions against the debtor and the debtor's property. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized. Consult a lawyer to determine your rights in this case.

Please Do Not File a Proof of Claim Unless You Receive a Notice To Do So.

Foreign Creditors

A creditor to whom this notice is sent at a foreign address should read the information under "Do Not File a Proof of Claim at This Time" on the reverse side.

Address of the Bankruptcy Clerk's Office:

1340 Russell Federal Building
 75 Spring Street, SW
 Atlanta, GA 30303
 Telephone number: 404-215-1000

For the Court:

Clerk of the Bankruptcy Court:
 W. Yvonne Evans

Hours Open: Monday - Friday 8:00 AM - 4:00 PM

Date: 8/6/07

EXPLANATIONS

FORM B9A (10/05)

Filing of Chapter 7 Bankruptcy Case	A bankruptcy case under Chapter 7 of the Bankruptcy Code (title 11, United States Code) has been filed in this court by or against the debtor(s) listed on the front side, and an order for relief has been entered.
Legal Advice	Neither the Court nor the staff of the bankruptcy clerk's office can give you legal advice. You may want to consult an attorney to protect your rights.
Creditors Generally May Not Take Certain Actions	Prohibited collection actions are listed in Bankruptcy Code §362. Common examples of prohibited actions include contacting the debtor by telephone, mail or otherwise to demand repayment; taking actions to collect money or obtain property from the debtor; repossessing the debtor's property; starting or continuing lawsuits or foreclosures; and garnishing or deducting from the debtor's wages. Under certain circumstances, the stay may be limited to 30 days or not exist at all, although the debtor can request the court to extend or impose a stay.
Presumption of Abuse	If the presumption of abuse arises, creditors may have the right to file a motion to dismiss the case under § 707(b) of the Bankruptcy Code. The debtor may rebut the presumption by showing special circumstances.
Meeting of Creditors	A meeting of creditors is scheduled for the date, time and location listed on the front side. <i>The debtor (both spouses in a joint case) must be present at the meeting to be questioned under oath by the trustee and by creditors.</i> Creditors are welcome to attend, but are not required to do so. At the meeting, the creditors may elect a trustee other than the one named above, elect a committee of creditors, examine the debtor, and transact such other business as may properly come before the meeting. The meeting may be continued and concluded at a later date without further notice.
Do Not File a Proof of Claim at This Time	There does not appear to be any property available to the trustee to pay creditors. <i>You therefore should not file a proof of claim at this time.</i> If it later appears that assets are available to pay creditors, you will be sent another notice telling you that you may file a proof of claim, and telling you the deadline for filing your proof of claim. If this notice is mailed to a creditor at a foreign address, the creditor may file a motion requesting the court to extend the deadline.
Discharge of Debts	The debtor is seeking a discharge of most debts, which may include your debt. A discharge means that you may never try to collect the debt from the debtor. If you believe that the debtor is not entitled to receive a discharge under Bankruptcy Code §727(a) or that a debt owed to you is not dischargeable under Bankruptcy Code §523(a)(2), (4), or (6), you must start a lawsuit by filing a complaint in the bankruptcy clerk's office by the "Deadline to File a Complaint Objecting to Discharge of the Debtor or to Determine Dischargeability of Certain Debts" listed on the front side. The bankruptcy clerk's office must receive the complaint and any required filing fee by that Deadline.
Exempt Property	The debtor is permitted by law to keep certain property as exempt. Exempt property will not be sold and distributed to creditors. The debtor must file a list of all property claimed as exempt. You may inspect that list at the bankruptcy clerk's office. If you believe that an exemption claimed by the debtor is not authorized by law, you may file an objection to that exemption. The bankruptcy clerk's office must receive the objections by the "Deadline to Object to Exemptions" listed on the front side.
Bankruptcy Clerk's Office	Any paper that you file in this bankruptcy case should be filed at the bankruptcy clerk's office at the address listed on the front side. You may inspect all papers filed, including the list of the debtor's property and debts and the list of the property claimed as exempt, at the bankruptcy clerk's office. (See below for additional information regarding telephone and internet access to Bankruptcy Court records).
Foreign Creditors	Consult a lawyer familiar with United States bankruptcy law if you have any questions regarding your rights in this case.
--- Refer to Other Side for Important Deadlines and Notices ---	
An automated response for further information on this case is available 24 hours daily by calling the Court's Voice Case Information System (VCIS) toll free number at 800-510-8284 or 404-730-2866 or 404-215-1000 and select the option for VCIS. Please have the case number, social security number or debtor name available when calling.	
For case information you may choose to visit the Bankruptcy Court locations to view case information for free. Case information may be printed for 10 cents per page. Members of the bar and the public may access Court records at any time, by obtaining an account with the PACER (Public Access to Court Electronic Records) Service Center (800-676-6856). PACER access is available via the Internet, days, night and weekends. The cost to use PACER is eight (8) cents per page up to a maximum of \$2.40 per document. A statement will be generated and mailed for your account, if you have accrued charges during the quarter and have a balance due greater than \$10. If your balance is less than \$10, no statement will be mailed and payment will be deferred until the balance due is greater than \$10. The statement will only include the total amount due.	