

00-805-CD
THE CLEARFIELD HOSPITAL -vs- BERTHA A. HUNT et al

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

⑩ THE CLEARFIELD HOSPITAL,

vs.

⑩ BERTHA A. HUNT and JAMES D. HUNT, SR.,
⑩ 53 Defendants

Plaintiff :
: No. 00-805-CO
:
: Type of Pleading: Praeclipe for Issuance
: of Writ of Summons
:
: File on Behalf of: Plaintiff
:
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

FILED

JUL 12 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff

vs.

: No. 00-805-CO

BERTHA A. HUNT and JAMES D. HUNT, SR.,

Defendants

:

PRAECIPE FOR ISSUANCE OF WRIT OF SUMMONS

TO THE PROTHONOTARY:

Please issue a Writ of Summons against the Defendants in the above-captioned action.

LEE, MARTIN, GREEN & REITER, INC.

By: 

Robert A. Mix, Esq.

I.D. #16164

Attorney for Plaintiff

115 E. High Street

P.O. Box 179

Bellefonte, PA 16823

814-355-4769

FILED

July 12 2000
Milkatty Mex pd
William A. Shaw
Prothonotary \$ 80.00

A wants to Shirked

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY PENNSYLVANIA
CIVIL ACTION

COPY

THE CLEARFIELD HOSPITAL

Plaintiff(s)

S U M M O N S
No: 00-805-CD

vs.

BERTHA A. HUNT and JAMES D. HUNT, SR

Defendant(s)

To the above named Defendant(s) you are hereby notified
that the above named Plaintiff(s), has/have commenced a Civil Action
against you.

Date July 12, 2000

William A. Shaw, Prothonotary

Issuing Attorney:

Robert A. Mix, Esquire
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823

ROBERT A. MIX

(2)

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

THE CLEARFIELD HOSPITAL
VS
HUNT, BERTHA A.

00-805-CD

SUMMONS

SHERIFF RETURNS

NOW JULY 17, 2000 AT 1:42 PM DST SERVED THE WITHIN SUMMONS
ON BERTHA A. HUNT, DEFENDANT AT RESIDENCE RR 2 BOX 271,
CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO
BERTHA A. HUNT A TRUE AND ATTESTED COPY OF THE ORIGINAL
SUMMONS AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: DAVIS/MORGILLO

NOW JULY 17, 2000 AT 1:42 PM DST SERVED THE WITHIN SUMMONS
ON JAMES D. HUNT SR., DEFENDANT AT RESIDENCE RR 2 BOX 271,
CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO
BERTHA A. HUNT, WIFE A TRUE AND ATTESTED COPY OF THE
ORIGINAL SUMMONS AND MADE KNOWN TO HER THE CONTENTS THEREOF.
SERVED BY: DAVIS/MORGILLO

27.45 SHFF. HAWKINS PAID BY: ATTY
20.00 SURCHARGE PAID BY: ATTY

SWORN TO BEFORE ME THIS

25th DAY OF July 2000
1, 00 AM

WILLIAM A. SHAW
Prothonotary
My Commission Expires
1st Monday in Jan. 2002
Clearfield Co., Clearfield, PA.

SO ANSWERS,

*Chester A. Hawkins
by Marilyn Harr*

CHESTER A. HAWKINS
SHERIFF

FILED

JUL 25 2000
013531 pm
William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :
: No. 00-805-CD
: Type of Pleading: Complaint
: File on Behalf of: Plaintiff
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

vs.
BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants

FILED

AUG 22 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :
vs. :
: No. 00-805-CD
: :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

NOTICE

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so, the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

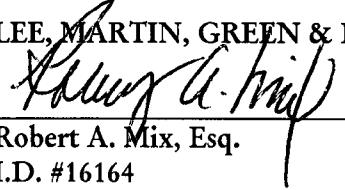
Court Administrator's Office
Clearfield County Courthouse
Clearfield, PA 16830
(814) 765-2641, ext. 5982

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Centre County is required by law to comply with the Americans With Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

LEE, MARTIN, GREEN & REITER, INC.

By:


Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

**IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW**

THE CLEARFIELD HOSPITAL, :
Plaintiff :
vs. : No. 00-805-CD
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :

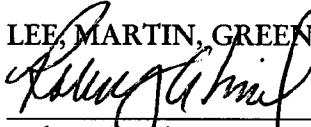
COMPLAINT

NOW COMES Plaintiff Clearfield Hospital by its attorneys, Lee, Martin, Green & Reiter, Inc., and respectfully represents:

1. Plaintiff Clearfield Hospital is a Pennsylvania non-profit corporation with its principal place of business located at 809 Turnpike Avenue, Clearfield, PA 16830.
2. Defendants are:
 - a. Bertha A. Hunt, an adult individual residing at R.R. #2, Box 271, Curwensville, PA 16833.
 - B. James D. Hunt, Sr., an adult individual residing at R.R. #2, Box 271, Curwensville, PA 16833.
3. At the request of Defendants, Plaintiff Clearfield Hospital provided health care and related services to Defendant Bertha A. Hunt. The nature of said health care and related services, the dates on which they were provided and the prices charged therefor are set forth in the statements attached hereto, incorporated herein and marked Exhibit "A."
4. The prices charged for said health care and related services were fair and reasonable.
5. Currently the sum of \$49,398.57 is due and owing to Plaintiff Clearfield Hospital for said health care and related services.
6. At the request of Defendants, Plaintiff Clearfield Hospital provided health care and related services to Defendant James D. Hunt, Sr. The nature of said health care and related services, the dates on which they were provided and the prices charged therefore are set forth in the statements attached hereto, incorporated herein and marked Exhibit "B."

7. The prices charged for said health care and related services were fair and reasonable.
8. Currently the sum of \$3,249.00 is due and owing to Plaintiff Clearfield Hospital for the said health care and related services.
9. At all relevant times, Defendants Bertha A. Hunt and James D. Hunt, Sr. were husband and wife.
10. The health care and relates services provided by Plaintiff Clearfield Hospital to Defendants constituted necessities for the support and maintenance of the family.
11. Despite a demand therefore, Defendants have failed and refused to pay the sums currently due and owing to Plaintiff Clearfield Hospital.

WHEREFORE, Plaintiff Clearfield Hospital demands judgment in its favor and against Defendants Bertha A. Hunt and James D. Hunt, Sr., jointly and severally, in the amount of \$52,467.07, plus interest, plus costs.

LEE, MARTIN, GREEN & REITER, INC.
By: 

Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

CLEARFIELD HOSPITAL

P. O. BOX 992

CLEARFIELD, PA.

814 765-5341

FEI # 250979346

PAGE NO.

13

16830-0992

HOSP. NO.

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
FINAL	09/11/96	
INP.		

P T	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
P	HUNT, BERTHA ANN	2261352	F		07/16/96	08/01/96	16

GUARANTOR NAME AND ADDRESS		C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		0	IN PATIENT SELF P		
		CONRAD DONALD E			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
SUMMARY OF CHARGES								
R&C INTENSI 6DAYS@	721.00		4326.00	4326.00				
R&C TELEMET 10DAYS@	462.00		4620.00	4620.00				
OPERATING ROOM			2467.25	2467.25				
ANESTHESIA			2907.00	2907.00				
E/R FEE			72.90	72.90				
PHARMACY			1430.80	1430.80				
RADIOLOGY			505.00	505.00				
LABORATORY			2140.00	2140.00				
MED & SURG SUPPLY			3488.30	3488.30				
INHALATION THERAPY			34.00	34.00				
E.K.G.			417.50	417.50				
SHORT PROCEDURE UN			157.25	157.25				
NUCLEAR MEDICINE			1258.25	1258.25				
PACEMAKER			3600.00	3600.00				
IV SOLUTIONS			426.08	426.08				
RADIOLOGY			250.75	250.75				
OXYGEN			149.50	149.50				
CT SCAN BODY			2307.00	2307.00				
CATH LAB			375.25	375.25				
SUB-TOTAL OF CHARGES			40032.83	40032.83				
TOTALS			40032.83	40032.83				

EXHIBIT

A

PATIENT NUMBER 2261352	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT 0.0
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0010 02.42.09 000211 RPT=IBILLU50

CLEARFIELD HOSPITAL
 P. O. BOX 992
 CLEARFIELD, PA.
 814-765-5341
 FEI # 250979346

PAGE NO.

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16830-0992

HOSP. NO.

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
FINAL	01/09/97	
INF.		

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
HUNT, BERTHA ANN	2279453	F		11/26/96	12/04/96	8

GUARANTOR NAME AND ADDRESS	BERTHA A HUNT RD 2 BOX 271 CURWENSVILLE, PA 16833	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	00IN PAT SELF PAY		SELF
		CONRAD DONALD E			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
	SUMMARY OF CHARGES							
	&C INTENSI 3DAYS@ 721.00		2163.00	2163.00				
	&C TELEMET 5DAYS@ 462.00		2310.00	2310.00				
	E/R FEE		702.00	702.00				
	PHARMACY		807.72	807.72				
	RADIOLOGY		62.75	62.75				
	LABORATORY		1379.25	1379.25				
	MED & SURG SUPPLY		103.50	103.50				
	E.K.G.		365.00	365.00				
	RX INJECTION		4.87	4.87				
	IV SOLUTIONS		61.40	61.40				
	OXYGEN		110.50	110.50				
	JB-TOTAL OF CHARGES		8069.99	8069.99				
	TOTALS		8069.99	8069.99				

PATIENT NUMBER	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00
2279453				

CLEARFIELD HOSPITAL
 CLEARFIELD, PA.

U56

DETAIL DATA

SVC FAC: U05A

01/12/98 0933

43613520 HUNT, BERTHA ANN
10/29/96 DSCH: 10/29/96 FC: 7 PT: R EXP IND:MR NO: 67476 ACCT TYPE: S
ACCT BAL: .00

PAGE NO: 1

PT BAL

.00

ACCT BAL P02 V
.00 .00

SVC	POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
102996	102996		**DOCTOR NUMBER 01157	
102996	102996		**SOCIAL SECURITY NUMBER 0000000000	
102996	102996		**MED RECORD NO	
102996	102996		**GUAR NAME ADDR	
102996	102996		**EMPL NAME ADDR @NONE\$\$	
102996	102996		**FIN. CLASS P	
102996	102996	40281362	25 VENI/CAP SPEC COLLECTION	7.00
102996	102996	40212284	26 T4 THYROXINE	36.75
102996	102996	40212326	26 DIGOXIN	34.00
102996	102996	40212363	26 CHEM PROFILE-24	59.00

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF7) NEXT		! (PF9) LAST

PAQDTL01

SELECTED DETAIL DATA

SVC FAC: U05A.

01/12/98 0934

PT NO: 43613520 HUNT, BERTHA ANN	MR NO: 67476 ACCT TYPE: S
RES: 10/29/96 DSCH: 10/29/96 FC: 7 PT: R EXP IND:	ACCT BAL: .00
PAGE NO: 2	

ACCT BAL P02 V
.00 .00 PT BAL
.00

SVC	POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
102996	102996	40212433	26 TSH HIGH SENS	57.25
102996	102996	40282238	26 CARE II LIPIDS CHOL/TRIG/HDL	50.50
102996	102996	40221129	26 CBC	20.25
102996	102996	40221558	28 ADDITIONAL AUTO HEMA V	8.00
110696	110696		**BILLED TO PATIENT	0.00
110696	110696		**BILLED TO P02	272.75
110796	110796		PT BILLED, ACCT TO ROSE -SK	
110796	110796	777771	0 INSURANCE TO PATENT	272.75
110796	110796	777771	1 INSURANCE TO PATENT	-272.75
111996	111996		RVAP JGC0 REVIEWED AND APPROVED	

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF6) PREVIOUS	! (PF7) NEXT	! (PF8) BEGINNING
		! (PF9) LAST

PAQDTL01

This acct. was combined to # 2279453

SELECTED DETAIL DATA

SVC FAC: U05A

01/12/98 0934

PT NO: 43613520 HUNT, BERTHA ANN
REG: 10/29/96 DSCH: 10/29/96 FC: 7 PT: R EXP IND:MR NO: 67476 ACCT TYPE: B
ACCT BAL: .00PAGE NO: 3
PT BAL
.00ACCT BAL P02 V
.00 .00

SVC	POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
112696	112696		**MESSAGE PTRS 3 4	
121696	121696		**MESSAGE PTRS 5 6	
010597	010597		**MESSAGE PTRS 7 8	
010997	010997		**XFER ACCOUNT FC P TO BD	272.75
020697	020697	888883	0 COMB TO 2279453	-272.75
020797	020797		**MESSAGE PTRS 0 0	
010898	010898		**PAA BD ACCOUNT REACTIVATION	0.00

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF6) PREVIOUS	! (PF8) BEGINNING	

PAQDTL01

SELECTED DETAIL DATA

SVC FAC: U05A

01/12/98 0932

PT NO:	43823350	HUNT, BERTHA ANN	MR NO:	67476	ACCT TYPE: B
REG:	01/14/97	DSCH:	01/14/97	FC: 2	PT: R EXP IND: ACCT BAL: .00
ACCT BAL	P02	V			PAGE NO: 1
.00	.00				PT BAL .00

SVC	POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
011497	011497		**DOCTOR NUMBER 10000	
011497	011497		**SOCIAL SECURITY NUMBER 0000000000	
011497	011497		**MED RECORD NO	
011497	011497		**GUAR NAME ADDR	
011497	011497		**EMPL NAME ADDR @NONE\$\$	
011497	011497		**FIN. CLASS P	
011497	012097	42010397	03 RIBS=/> 3. V UNILA & PA CHEST	127.25
011497	012097	42010298	52 CHEST SINGLE FRONTAL	62.75
012297	012297		**BILLED TO PATIENT	0.00
012297	012297		**BILLED TO P02	190.00

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF7) NEXT		! (PF9) LAST

PAQDTL01

SELECTED DETAIL DATA

SVC FAC: U05A

01/12/98 0933

PT NO:	43823350	HUNT, BERTHA ANN	MR NO:	67476	ACCT TYPE: B
REG:	01/14/97	DSCH:	01/14/97	FC: 2	PT: R EXP IND: ACCT BAL: .00
ACCT BAL	P02	V			PAGE NO: 2
.00	.00				PT BAL .00

SVC	POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
012397	012397	777771	0 INSURANCE TO PATENT	190.00
012397	012397	777771	1 INSURANCE TO PATENT	-190.00
020497	020497		**XFER ACCOUNT FC P TO BD	190.00
020697	020697	133009	0 COMB TO 2279453	-190.00
020697	020797	133009	0 INCORRECT CODE USED TO COMB	190.00
020697	020797	888883	0 COMB TO 2279453	-190.00
020797	020797		**MESSAGE PTRS 0 0	
010898	010898		**PAA BD ACCOUNT REACTIVATION	0.00

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF6) PREVIOUS	! (PF8) BEGINNING	

PAQDTL01

This acct was combined to #2279453

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	10/25/96	
OUTP.		

CLEARFIELD, PA
814-765-5741
FAX # 250979346

168-10-0923

HOSP. NO.
0066

P E	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
	HUNT, BERTHA ANN	43580802	F		10/17/96		

GUARANTOR NAME AND ADDRESS	BERTHA A HUNT RD 2 BOX 271 CURWENSVILLE, PA 16833	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	OUT PATIENT SELF		SELF
			BRUNELLI WILLIAM J		

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
10/17	001HHN PER TX	43600295	12.50	12.50				
10/17	001LEVEL 3 ROOM(37810058	140.00	140.00				
10/17	001CHEST TWO VIE	42010314	85.50	85.50				
BALANCE FORWARD 0.00								
SUMMARY OF CURRENT CHARGES								
E/R FEE			140.00	140.00				
RADIOLOGY			85.50	85.50				
INHALATION THERAPY			12.50	12.50				
SUB-TOTAL OF CURR. CHARGES			238.00	238.00				
DIAGNOSIS: 466.0			ACUTE BRONCHITIS					
TOTALS			238.00	238.00				

PATIENT NUMBER	43580802	PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.	ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.	PAY THIS AMOUNT	0.00
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CLEARFIELD HOSPITAL

P.O. BOX 992

CLEARFIELD, PA

814 765-5341

FEI # 250979346

16830-0992

PAGE NO.

1

HOSP. NO.

0066

P	R	PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
		HUNT, BERTHA ANN	43948512	F		02/27/97		

GUARANTOR	BERTHA A HUNT RD 2 BOX 271 CURWENSVILLE, PA 16833	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	OUT PATIENT SELF		SELF
NAME AND ADDRESS			CARDAMONE RALPH		

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
02/27	001VENI/CAP SPEC	40281362	7.00	7.00				
02/27	001CHEM PROFILE-	40212383	59.00	59.00				
02/27	001TSH HIGH SENS	40212433	57.25	57.25				
02/27	001LDL CHOLESTER	40212904	37.00	37.00				
02/27	001CARDIOVASCULA	40282238	50.50	50.50				
02/27	001CBC	40221129	20.25	20.25				
02/27	001ADDITIONAL AU	40221558	8.00	8.00				
BALANCE FORWARD								
			0.00					
SUMMARY OF CURRENT CHARGES								
	LABORATORY		239.00	239.00				
SUB-TOTAL OF CURR. CHARGES								
		414.00	COR AS-	GRAFT TYPE NOS				

PATIENT NUMBER 43948512 **ADMISSION DATE** 0

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

U55

CLEARFIELD HOSPITAL

P.O. BOX 992

CLEARFIELD, PA

814-765-5341

FEI # 250979346

PAGE NO.

1

HOSP. NO.

0066

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	12/27/97	
OUTP.		

16830-0992

P R PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
HUNT, BERTHA ANN	44800670	F		12/19/97		

GUARANTOR NAME AND ADDRESS	BERTHA HUNT RD 2 BOX 271 CURWENSVILLE, PA 16833	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	OUT PATIENT SELF		SELF
		CARDAMONE RALPH			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
2/19	001 VENI/CAP SPEC	40281362	8.00	8.00				
2/19	001 DIGOXIN	40212328	39.00	39.00				
2/19	001 CHEM PROFILE-	40212383	68.00	68.00				
2/19	001 LDL CHOLESTER	40212904	37.00	37.00				
2/19	001 CARE II LIPID	40282238	58.00	58.00				
2/19	001 CBC	40221129	23.00	23.00				
BALANCE FORWARD								
			0.00					
SUMMARY OF CURRENT CHARGES								
	LABORATORY		233.00	233.00				
SUB-TOTAL OF CURR. CHARGES								
			233.00	233.00				
TOTALS								
PATIENT NUMBER	44800670		233.00	233.00				

ADDITIONAL PATIENT BILLING MAY BE NECESSARY
FOR ANY CHARGES NOT POSTED WHEN THIS BILL
WAS PREPARED, OR IF INSURANCE CARRIERS DO
NOT PAY ANY PART OF THE AMOUNTS SHOWN
UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT

0.00

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

USA

SELECTED DETAIL DATA

SVC FAC: U05A 02/25/98 0849

PT NO: 44933539 HUNT, BERTHA ANN MR NO: 67476 ACCT TYPE: O
 REG: 02/06/98 DSCH: FC: P PT: N EXP IND: ACCT BAL: 123.00
 ----- PAGE NO: 1
 ACCT BAL P02 V PT BAL
 123.00 .00 123.00

SVC	POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
020698	020698		**DOCTOR NUMBER 01157	
020698	020698		**SOCIAL SECURITY NUMBER 000000000	
020698	020698		**MED RECORD NO	
020698	020698		**GUAR NAME ADDR	
020698	020698		**EMPL NAME ADDR @DISABLED\$\$	
020698	020698		**FIN. CLASS P	
020698	020698	40231573	72 CULTURE-URINE	46.00
020698	020898	40231581	72 URINE ID	26.00
020698	020898	40231698	72 SENS URINE GRAM NEG	51.00
021498	021498		**BILLED TO PATIENT	0.00

! (PF14) SELECT ANOTHER PT ! (PF3) SELECT DTL ! (PF11) ACCT CASH
 ! (PF15) RETURN TO PT OVERVIEW ! (PF10) ACCT CMNTS PF16 D/E _____
 ! (PF7) NEXT ! (PF9) LAST

PAQDTL01

ACCOUNT DETAIL DATA

SVC FAC: U05A 12/16/97 1308

PT NO:	43681378	HUNT, JAMES D SR	MR NO:	62035	ACCT TYPE: B
REG:	11/21/96	DSCH: 11/21/96	FC:	7	PT: R EXP IND: ACCT BAL: 170.00
			---- PAGE: 1 OF: 3 PT BAL 170.00		
ACCT BAL	P02	V			
170.00	.00				

SVC	POST	SVC CD	DESCRIPTION/COMMENT-REF DATE	AMOUNT	BALANCE
112196	112196		**DOCTOR NUMBER 01157		
112196	112196		**SOCIAL SECURITY NUMBER 0000000000		
112196	112196		**MED RECORD NO		
112196	112196		**GUAR NAME ADDR		
112196	112196		**EMPL NAME ADDR @DISABLED\$\$		
112196	112196		**FIN. CLASS P		
112196	112196	40281362	VENI/CAP SPEC COLLECTION	7.00	7.00
112196	112196	40211120	CK	25.25	32.25
112196	112196	40212383	CHEM PROFILE-24	59.00	91.25
112196	112196	40282238	CARE II LIPIDS CHOL/TRIG/HDL	50.50	141.75

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) PT OVERVIEW	! (PF10) CMNTS	! (PF4) USER PF16 D/E
! (PF7) NEXT		! (PF9) LAST

PA4XRSD1

ACCOUNT DETAIL DATA

SVC FAC: U05A 12/16/97 1308

PT NO:	43681378	HUNT, JAMES D SR	MR NO:	62035	ACCT TYPE: B
REG:	11/21/96	DSCH: 11/21/96	FC:	7	PT: R EXP IND: ACCT BAL: 170.00
			---- PAGE: 2 OF: 3 PT BAL 170.00		

ACCT BAL	P02	V			
170.00	.00				
SVC	POST	SVC CD	DESCRIPTION/COMMENT-REF DATE	AMOUNT	BALANCE
112196	112196	40221129	CBC	20.25	162.00
112196	112196	40221558	ADDITIONAL AUTO HEMA V	8.00	170.00
112996	112996		**BILLED TO PATIENT	0.00	
112996	112996		**BILLED TO P02	170.00	
113096	113096	777771	INSURANCE TO PATENT	170.00	340.00
113096	113096	777771	INSURANCE TO PATENT	-170.00	170.00
121996	121996		**MESSAGE PTRS 3 4		
010897	010897		**MESSAGE PTRS 5 6		
012897	012897		**MESSAGE PTRS 7 8		
013097	013097		**XFER ACCOUNT FC P TO BD	170.00	

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) PT OVERVIEW	! (PF10) CMNTS	! (PF4) USER PF16 D/E
! (PF6) PREVIOUS	! (PF7) NEXT	! (PF8) BEGINNING ! (PF9) LAST

PA4XRSD1

EXHIBIT

B

\$10.00 paid 11-18-97 Bal \$160.00

SELECTED DETAIL DATA

SVC FAC: U05A 12/16/97 1310

PT NO: 43781806 HUNT, JAMES D SR MR NO: 62035 ACCT TYPE: B
 REG: 12/30/96 DSCH: 12/30/96 FC: 7 PT: E EXP IND: ACCT BAL: 908.50

PAGE NO: 1

ACCT BAL	P02 V	PT BAL
908.50	.00	908.50

SVC	POST	SVC CD	INS	CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
123096	123196	43600287	09	HHN TX START	15.75
123096	123196	43600295	09	AER/VAP SPU MOB/IND BRON SUBS	12.50
123096	011097	37810025	16	LEVEL 4 ROOM	527.00
123096	123196	40281362	25	VENI/CAP SPEC COLLECTION	7.00
123096	123196	40212565	26	CHEM 6/CREAT	44.00
123096	123196	43600865	26	ARTERI BLOOD GAS DIR MEAS O2 S	95.00
123096	123196	40221160	28	CBC W/DIFF	21.75
123096	123196	40221459	28	ADDITIONAL AUTO HEMATOLOGY V	8.00
123096	010397	42010298	52	CHEST SINGLE FRONTAL	62.75
123096	011097	43600451	53	OXYGEN IN E R	29.25

! (PF14) SELECT ANOTHER PT ! (PF3) SELECT DTL ! (PF11) ACCT CASH
 ! (PF15) RETURN TO PT OVERVIEW ! (PF10) ACCT CMNTS PF16 D/E
 ! (PF7) NEXT ! (PF9) LAST

PAQDTL01

SELECTED DETAIL DATA

SVC FAC: U05A 12/16/97 1310

PT NO: 43781806 HUNT, JAMES D SR MR NO: 62035 ACCT TYPE: B
 REG: 12/30/96 DSCH: 12/30/96 FC: 7 PT: E EXP IND: ACCT BAL: 908.50

PAGE NO: 2

ACCT BAL	P02 V	PT BAL
908.50	.00	908.50

SVC	POST	SVC CD	INS	CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
123096	123196	40231169	72	CULTURE-BLOOD; AEROBIC	42.75
123096	123196	40231169	72	CULTURE-BLOOD; AEROBIC	42.75
123196	123196		**DOCTOR NUMBER	01157	
123196	123196		**SOCIAL SECURITY NUMBER	0000000000	
123196	123196		**MED RECORD NO		
123196	123196		**GUAR NAME ADDR		
123196	123196		**EMPL NAME ADDR	@DISABLED\$\$	
123196	123196		**FIN. CLASS	P	
010797	010797		**BILLED TO PATIENT		0.00
010797	010797		**BILLED TO P02		352.25

! (PF14) SELECT ANOTHER PT ! (PF3) SELECT DTL ! (PF11) ACCT CASH
 ! (PF15) RETURN TO PT OVERVIEW ! (PF10) ACCT CMNTS PF16 D/E
 ! (PF6) PREVIOUS ! (PF7) NEXT ! (PF8) BEGINNING ! (PF9) LAST

PAQDTL01

SELECTED DETAIL DATA

SVC FAC: U05A

12/16/97 1310

PT NO: 43781806 HUNT, JAMES D SR
REG: 12/30/96 DSCH: 12/30/96 FC: 7 PT: E EXP IND:MR NO: 62035 ACCT TYPE: B
ACCT BAL: 908.50

----- PAGE NO: 3

ACCT BAL P02 V
908.50 .00PT BAL
908.50

SVC POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
010897 010897	777771 0	INSURANCE TO PATENT	352.25
010897 010897	777771 1	INSURANCE TO PATENT	-352.25
011597 011597	**BILLED TO PATIENT		0.00
011597 011597	**BILLED TO P02		556.25
011697 011697	777771 0	INSURANCE TO PATENT	556.25
011697 011697	777771 1	INSURANCE TO PATENT	-556.25
020497 020497	**MESSAGE PTRS 3 4		
022497 022497	**MESSAGE PTRS 5 6		
031697 031697	**MESSAGE PTRS 7 8		
032097 032097	**XFER ACCOUNT FC P TO BD		908.50

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF6) PREVIOUS	! (PF7) NEXT	! (PF8) BEGINNING

PAQDTL01

SELECTED DETAIL DATA

SVC FAC: U05A

12/16/97 1311

PT NO: 43781806 HUNT, JAMES D SR
REG: 12/30/96 DSCH: 12/30/96 FC: 7 PT: E EXP IND:MR NO: 62035 ACCT TYPE: B
ACCT BAL: 908.50

----- PAGE NO: 4

ACCT BAL P02 V
908.50 .00PT BAL
908.50

SVC POST	SVC CD	INS CD-DESCRIPTION/COMMENT-REF DATE	AMOUNT
052397 052397	SENT TO WPA COLLECTION-DRS		
121097 121097	**PAA BD ACCOUNT REACTIVATION		908.50

! (PF14) SELECT ANOTHER PT	! (PF3) SELECT DTL	! (PF11) ACCT CASH
! (PF15) RETURN TO PT OVERVIEW	! (PF10) ACCT CMNTS	PF16 D/E
! (PF6) PREVIOUS	! (PF8) BEGINNING	

PAQDTL01

*Patient received 3 statements. Sent to collection
on 5/23/97*

CLEARFIELD HOSPITAL

P.O. BOX 992

CLEARFIELD, PA

814-765-5341

FAX # 250979346

PAGE NO.

1

HOSP. NO.

0055

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL
CYCLE	12/27/97	
OUTP.		

P R PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
HUNT, JAMES D SR	44800688	M		12/19/97		

GUARANTOR NAME AND ADDRESS	JAMES D SR HUNT RD 2 BOX 271 CURWENSVILLE, PA 16333	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	OUT PATIENT SELF		SELF
		CONRAD DONALD E			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
2/19	001VENI/CAP SPEC	40281362	8.00	8.00				
2/19	001HGB A1C.	40221517	37.00	37.00				
BALANCE FORWARD								
			0.00					
SUMMARY OF CURRENT CHARGES								
	LABORATORY		45.00	45.00				
SUB-TOTAL OF CURR. CHARGES								
			45.00	45.00				

PATIENT NUMBER	44800688	45.00	45.00	45.00	PAY THIS AMOUNT	0.00
PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.						

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

USA

TYPE OF BILL	DATE OF BILL	DATE OF PREV. BILL	CLEARFIELD HOSPITAL P.O. BOX 992 CLEARFIELD, PA 814 765-5341 FEI # 250979346				PAGE NO. 1	
CYCLE	03/06/98		16830-0992				HOSP. NO. 0066	
OUTP.								
P R PATIENT NAME			PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
HUNT, JAMES D SR			44990364	M		02/26/98		

GUARANTOR NAME AND ADDRESS	JAMES D SR HUNT RD 2 BOX 271 CURWENSVILLE, PA 16833	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		1	OUT PATIENT SELF		SELF
CARDAMONE RALPH					

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT.

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	SERVICE CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
02/26	001NM THAL SPECT 42410423		966.00	966.00				
02/26	004THALLIUM MYOC 42410977		840.00	840.00				
02/26	001STRESS THALLI 41210063		329.50	329.50				
BALANCE FORWARD								
0.00								
SUMMARY OF CURRENT CHARGES								
E.K.G. NUCLEAR MEDICINE								
329.50 1806.00								
SUB-TOTAL OF CURR. CHARGES								
2135.50								
TOTALS								
2135.50								
PATIENT NUMBER: PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.								
44990364								
ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNTS SHOWN UNDER ESTIMATED INSURANCE COVERAGE.								
PAY THIS AMOUNT: 0.00								

CLEARFIELD HOSPITAL
CLEARFIELD, PA.

USA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :
:
vs. : No.
:
BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants :
:

VERIFICATION

Rose Collins states that she is the Patient Accounts and Credit Manager of the Clearfield Hospital, that she is acquainted with the facts set forth in the foregoing Complaint; that the same are true and correct to the best of her knowledge, information and belief; and that this statement is made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Rose Collins
Rose Collins

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

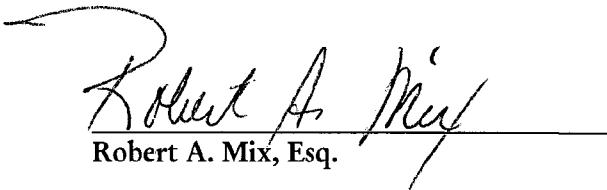
THE CLEARFIELD HOSPITAL,

Plaintiff :
vs. :
: No. 00-805-CD
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Complaint was deposited in the United States mail, postage prepaid, in Bellefonte, Pennsylvania, on the 21st day of August, 2000 addressed to the following:

Bertha A. Hunt
James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833


Robert A. Mix, Esq.

FILED

Aug 22 2000

William A. Shaw
Prothonotary

FILED

AUG 22 2000
M 11:55 AM NO CC
William A. Shaw
Prothonotary
S~~TE~~

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff : No. 00-805-CJ
: Type of Pleading: Praeclipe for Entry of
: Judgment by Default
: File on Behalf of: Plaintiff
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

vs.
BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants

FILED

OCT 11 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
: vs. : No. 00-805-CD
: :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

PRAECIPE FOR ENTRY OF JUDGMENT BY DEFAULT

TO THE PROTHONOTARY:

Please enter judgment by default in favor of Plaintiff Clearfield Hospital and against Defendants Bertha A. Hunt and James D. Hunt, Sr., jointly and severally, for Defendants' failure to plead to the Complaint filed in this civil action within the required time. The Complaint contains a notice to defend within twenty (20) days of service thereof. Defendants were served with the Complaint on August 21, 2000, and Defendants' Answer was due to be filed on September 11, 2000.

Attached as Exhibit "A" are copies of Plaintiff's written notice of its intention to file this Praecipe, which I certify were mailed by certified mail to Defendants at their last known address and to their attorney of record, if any, on September 21, 2000 which is at least ten (10) days prior to the filing of this Praecipe.

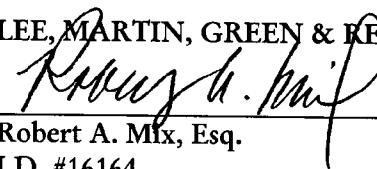
Please assess damages as follows:

Amount claimed in the Complaint \$52,467.07

Pre-judgment interest at the rate of 6% 12,113.74

Total \$64,580.81, plus costs

LEE, MARTIN, GREEN & REITER, INC.

By: 

Robert A. Mix, Esq.

I.D. #16164

Attorney for Plaintiff

115 E. High Street

P.O. Box 179

Bellefonte, PA 16823

814-355-4769

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff : No.
Defendants : Type of Pleading: Important Notice
HUNT, SR., Defendants : File on Behalf of: Plaintiff
Defendants : Counsel of Record:
Defendants : Robert A. Mix, Esquire
Defendants : Lee, Martin, Green & Reiter, Inc.
Defendants : I.D. #16164
Defendants : 115 E. High Street
Defendants : P.O. Box 179
Defendants : Bellefonte, PA 16823
Defendants : 814-355-4769



IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
: :
vs. : No. 00-805-CD
: :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

To: Bertha A. Hunt

Date of Notice: September 21, 2000

IMPORTANT NOTICE

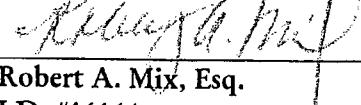
YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO ENTER A WRITTEN APPEARANCE PERSONALLY OR BY ATTORNEY AND FILE IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE CLAIMS SET FORTH AGAINST YOU. UNLESS YOU ACT WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE, A JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT A HEARING AND YOU MAY LOSE YOUR PROPERTY OR OTHER IMPORTANT RIGHTS. YOU SHOULD TAKE THIS NOTICE TO A LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE FOLLOWING OFFICE TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

Court Administrator's Office
Clearfield County Courthouse
Clearfield, PA 16830
(814) 765-2641, ext. 5982

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Centre County is required by law to comply with the Americans With Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

LEE, MARTIN, GREEN & REITER, INC.

By: 

Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :

vs.

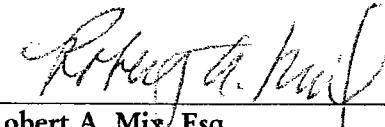
: No. 00-805-CD

BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants :

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Important Notice was deposited in the United States mail, postage prepaid, certified, return receipt requested, in Bellefonte, Pennsylvania, on the 21st day of September, 2000 addressed to the following:

Bertha A. Hunt
R.R. #2, Box 271
Curwensville, PA 16833



Robert A. Mix, Esq.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff

vs.

BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants

:
: No.
:
: Type of Pleading: Important Notice
:
: File on Behalf of: Plaintiff
:
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
 :
vs. : No. 00-805-CD
 :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
 :

To: James D. Hunt, Sr.

Date of Notice: September 21, 2000

IMPORTANT NOTICE

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO ENTER A WRITTEN APPEARANCE PERSONALLY OR BY ATTORNEY AND FILE IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE CLAIMS SET FORTH AGAINST YOU. UNLESS YOU ACT WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE, A JUDGMENT MAY BE ENTERED AGAINST YOU WITHOUT A HEARING AND YOU MAY LOSE YOUR PROPERTY OR OTHER IMPORTANT RIGHTS. YOU SHOULD TAKE THIS NOTICE TO A LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE FOLLOWING OFFICE TO FIND OUT WHERE YOU CAN GET LEGAL HELP:

Court Administrator's Office
Clearfield County Courthouse
Clearfield, PA 16830
(814) 765-2641, ext. 5982

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Centre County is required by law to comply with the Americans With Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

LEE, MARTIN, GREEN & REITER, INC.

By: 

Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814.355-4769

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff

:

vs.

: No. 00-805-CD

BERTHA A. HUNT and JAMES D. HUNT, SR.,

Defendants

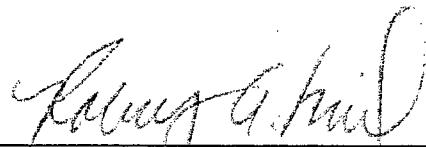
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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Important Notice was deposited in the United States mail, postage prepaid, certified, return receipt requested, in Bellefonte, Pennsylvania, on the 21st day of September, 2000 addressed to the following:

James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833



Robert A. Mix, Esq.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

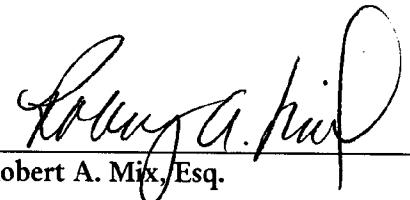
THE CLEARFIELD HOSPITAL,

Plaintiff :
:
:
vs. : No. 00-805-CD
:
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Praeclipe was deposited in
the United States mail, postage prepaid, in Bellefonte, Pennsylvania, on the 10th day of
October, 2000 addressed to the following:

Bertha A. Hunt
James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833



Robert A. Mix, Esq.

FILED

[Handwritten signature]

OCT 11 2000

11:39 AM

at the Clerk's Office

William A. Shaw

Prothonotary

not to Dgs. B. Hunt

Q. Hunter

Statement to at the Clerk's Office

NOTICE OF JUDGMENT
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY PENNSYLVANIA
CIVIL DIVISION

COPY

THE CLEARFIELD HOSPITAL

vs.

No. 00-805-CD

BERTHA A. HUNT and

JAMES D. HUNT, SR.

TO: Defendant(s): Bertha A. Hunt and James D. Hunt, Sr.:

NOTICE is given that a JUDGMENT in the above captioned matter
has been entered against you in the amount of \$64,580.81 on
the 11th day of October, 2000.

WILLIAM A. SHAW
PROTHONOTARY

William A. Shaw

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
STATEMENT OF JUDGMENT

THE CLEARFIELD HOSPITAL

Plaintiff(s)

No. 00-805-CD

vs.

BERTHA A. HUNT and JAMES D. HUNT, SR.

Defendant(s)

Atty's Comm _____

Costs \$ _____

Int. From _____

Entry \$20.00 _____

Instrument Default Judgment _____

Date of Entry October 11, 2000 _____

Expires October 11, 2005 _____

Certified from the record this 11th day of October, 2000 _____



William A. Shaw, Prothonotary

SIGN BELOW FOR SATISFACTION

Received on _____, 20 ____, of defendant full satisfaction of this Judgment, Debt, Interest and Costs and Prothonotary is authorized to enter Satisfaction on the same.

Plaintiff/Attorney

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :
: No. 00-805-CO
:
: Type of Pleading: Notice of Service of
: Interrogatories in Aid of Execution
:
: File on Behalf of: Plaintiff
:
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

vs.
BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants

FILED

NOV 14 2000

W. J. Shaw
Flemingary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

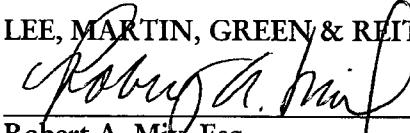
THE CLEARFIELD HOSPITAL, :
Plaintiff :
:
vs. : No. 00-805-CD
:
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

NOTICE OF SERVICE OF INTERROGATORIES

TO THE PROTHONOTARY:

You are hereby notified that on November 8, 2022, original
Interrogatories in Aid of Execution were mailed by First Class Mail, Postage Prepaid, upon the
following Defendants.

Bertha A. Hunt
James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833

LEE, MARTIN, GREEN & REITER, INC.
By: 
Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

FILED

NOV 13 2000

M 18:50/160cc

William A. Shaw

Prothonotary

for E&S

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :

vs.

: No. 00-805-CD

BERTHA A. HUNT and JAMES D. HUNT, SR.,

Defendants :

ORDER

AND NOW, this 21st day of December, 2000, after consideration
of Plaintiff's Motion to Compel Discovery, Defendants are hereby Ordered to serve Answers to
Interrogatories in Aid of Execution on Plaintiff within 30 days of the date of this Order.

BY THE COURT:

J.

FILED

DEC 21 2000

William A. Shaw
Prothonotary

DEC 21 2000
0112412cc atty max
William A. Shaw
Prothonotary
FBI

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :
: No. 00-805-CD
:
: Type of Pleading: Motion to Compel
: Discovery
:
: File on Behalf of: Plaintiff
:
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

vs.
BERTHA A. HUNT and JAMES D. HUNT, SR.,
Defendants

FILED

DEC 15 2000

William A. Shaw
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
: vs. : No. 00-805-CD
: :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

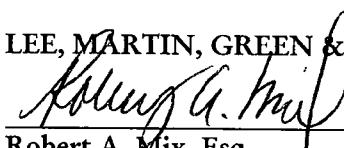
MOTION TO COMPEL DISCOVERY

NOW COMES Plaintiff The Clearfield Hospital by its attorneys, Lee, Martin, Green & Reiter, Inc., and respectfully represents:

1. On October 11, 2000, a judgment in the amount of \$64,580.81 in favor of Plaintiff and against Defendants was entered in the Court of Common Pleas of Clearfield County, Pennsylvania.
2. On November 8, 2000, Plaintiff filed and served Interrogatories in Aid of Execution on Defendants. True and correct copies of said Interrogatories in Aid of Execution are attached hereto, incorporated herein and marked Exhibit "A".
3. To date of filing of this Motion to Compel Discovery, Defendants have not filed and served Answers to said Interrogatories in Aid of Execution, nor have they filed objections thereto.
4. To date of filing this Motion to Compel Discovery, Defendants have not requested an extension of time for the filing and service of said Answers to Interrogatories in Aid of Execution, nor has an extension otherwise been granted.
5. Defendants have failed to file and serve Answers to said Interrogatories in Aid of Execution in compliance with the Pennsylvania Rules of Civil Procedure.

WHEREFORE, Plaintiff respectfully requests Your Honorable Court to issue an Order compelling Defendants to file and serve Answers to said Interrogatories in Aid of Execution within twenty days or such other period of time as the Court may deem appropriate.

LEE, MARTIN, GREEN & REITER, INC.

By: 

Robert A. Mix, Esq.

I.D. #16164

Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff

:

: No.

:

: Type of Pleading: Interrogatories in Aid
: of Execution

:

: File on Behalf of: Plaintiff

:

: Counsel of Record:

: Robert A. Mix, Esquire

: Lee, Martin, Green & Reiter, Inc.

: I.D. #16164

: 115 E. High Street

: P.O. Box 179

: Bellefonte, PA 16823

: 814-355-4769

vs.

BERTHA A. HUNT and JAMES D. HUNT, SR.,

Defendants



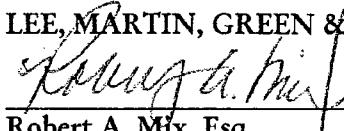
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
:
vs. : No. 00-805-CD
:
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

To: Bertha A. Hunt and James D. Hunt, Sr.

Pursuant to Pennsylvania Rules of Civil Procedure 4006, et seq., the Plaintiff, by its attorneys, Lee, Martin, Green & Reiter, Inc., files upon Defendants Interrogatories and demands that they file full, complete and verified written answers thereto within thirty (30) days after the date of service hereof, pursuant to the Pennsylvania Rules of Civil Procedure No. 4006. In accordance with said rule, any objections shall be signed by the attorney making them.

These Interrogatories are continuing and require supplemental answers under oath if the Defendants, their attorney or representative, obtain any additional information requested in these Interrogatories prior to the time of trial.

LEE, MARTIN, GREEN & REITER, INC.
By: 

Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

INSTRUCTIONS FOR ANSWERING INTERROGATORIES

- A. In accordance with Pa. R.C.P. No. 4005, original written Interrogatories have been served upon you to be answered by the party served or, if the party served is a public or private corporation or similar entity or a partnership or association, by any officer or agent, who shall furnish such information as is available to the party.
- B. In accordance with Pa. R.C.P. No. 4006, written answers shall be inserted in the spaces provided in the Interrogatories. If there is insufficient space to answer an Interrogatory, the remainder of the answer shall follow on a supplemental sheet.
- C. In accordance with Pa. R.C.P. No. 4006(b), a sufficient answer to such an Interrogatory shall be to specify the records from which the answer may be derived or ascertained.
- D. Please return these original Interrogatories to our office with inserted answers.
- E. For purposes of these Interrogatories, the following definitions shall apply:
 1. "Document" means any written, recorded or graphic matter, however produced or reproduced.
 2. "Identify" or "identification" when used in reference to an individual person means to state his name, present or last known address, present or last known position and business affiliation and his position and business affiliations at all times during the period covered by the Complaint.
 3. "Describe" or "identify" when used in reference to a document means to state the type of document (for example, letter, memorandum, telegram, chart, etc.), the date, author, addresses, title file and identifying number and symbol, and the name and address of its custodian. If any such documents are no longer in your possession or subject to your control, state what disposition was made of it and the date thereof.

1. **REAL ESTATE:** Do you have an ownership or interest in any real estate anywhere in the United States?

If so, set forth a brief description thereof, include the structure and lot size and type of construction; the volume and page number of the official record thereof; and whether you own it solely or together with any other person or persons and give their full names and addresses. If any of the above properties are mortgaged, supply the names and addresses of lenders, the date and amount of the mortgage, where it is recorded, the monthly payments and the balance now due.

ANSWER:

2. **AGREEMENTS:** State whether you have any agreements involving the purchase of any real estate anywhere in the United States. If so, state with whom this agreement is made, and state whether or not any persons are joined with you in the agreement. Supply full names and addresses of all parties concerned. If the said agreement is recorded, provide the state and county of recordation, volume and page numbers.

ANSWER:

3. MORTGAGES: State whether you own any mortgages against any real estate owned by another person in the United States. If so, state whether or not you own this mortgage with any other person or persons and, if so, supply their full name and address. State further the names and addresses of all borrowers and the state and county where said mortgage is recorded together with the number of the volume and the page number.

ANSWER:

4. **DEBTS, NOTES & JUDGMENTS:** State the names and addresses of any and all persons whom you believe owes you money and set forth in detail the amount of money owed, the terms of payment and whether or not you have written evidence of this indebtedness and, if so, give full details. If you hold a judgment or judgments as security for any of these debts, state where and when the judgment was recorded; and the county, number and term where the judgment is recorded. If you hold this judgment or judgments jointly with any other person or persons, give their name and address.

ANSWER:

5. **GOVERNMENT, MUNICIPAL OR CORPORATE BONDS:** State whether you own individually or jointly any corporate or governmental bonds. If so, include the face amount, serial numbers and maturity date and state the present location thereof. If you own any of these bonds jointly with any other person or persons, give their full name and address.

ANSWER:

6. **STOCKS, SHARES OR INTEREST:** State whether you own any stocks, shares or interest in any corporation or unincorporated association or partnership interest, limited or general, and state the location thereof. Include the names and addresses of the organizations and the serial numbers of the shares or stocks. If you own any of the stocks, shares or interest jointly with any other person or persons, give their name and address.

ANSWER:

7. **ACCOUNTS:** State whether you maintain any checking or savings accounts. If so, state the name and location of the banks or savings and loan association or building and loan association or credit union and the branch or branches thereof, the identification numbers of those accounts and the amount of assets you have in each account. If you maintain any of these jointly with any person, give their name and address.

ANSWER:

8. **SAFETY DEPOSIT BOXES:** State whether you maintain any safety deposit box or boxes. If so, include the name of the bank or banks, branch or branches and the identification number or other designation of the box or boxes. Include a full description of the contents and also the amount of cash among those contents. If you maintain any of these jointly with another person, give their full name and address.

ANSWER:

9. **TRANSFERRED ASSETS AND GIFTS:** If, since the date upon which the debt herein was first incurred to the Plaintiff herein, you have transferred any assets (real property, personal property, chose in action) to any person and/or if you have given any gift of any asset, including money, to any person, set forth in detail a description of the property, the type of transaction and the name and address of the transferee or recipient.

ANSWER:

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10. **PERSONAL PROPERTY:** State whether you own any personal property. Include a full description of all furnishings and other items of personal property (including jewelry) with full description, value and present location. State also whether or not there are any encumbrances on that property and if so, the name and address of the encumbrance holder, the date of the encumbrance, the original amount of that encumbrance, the present balance of that encumbrance and the transaction which gave rise to the existence of the encumbrance. If you own any personal property jointly with any other person or persons, give their name and address.

ANSWER:

11. **MOTOR VEHICLES:** State whether you own any motor vehicles. Include a full description of such motor vehicles including color, model, title number, serial number and registration plate number. Also, show the exact name or names in which the motor vehicles are registered, the present value of those motor vehicles and their present location and place of regular storage, garaging or parking. State also whether there are any encumbrances on those motor vehicles and if so, the name and address of the encumbrance holder, the date of the encumbrance, the original amount of the encumbrance, the present balance of the encumbrance and the transaction which gave rise to the existence of the encumbrance.

ANSWER:

12. **OTHER ASSETS:** If you have any asset or assets which are not disclosed in the preceding Interrogatories, please set forth all details concerning those assets.

ANSWER:

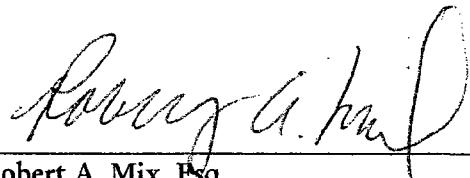
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
vs. : No. 00-805-CD
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Interrogatories in Aid of Execution was deposited in the United States mail, postage prepaid, in Bellefonte, Pennsylvania, on the 8th day of November 2000 addressed to the following:

Bertha A. Hunt
James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833



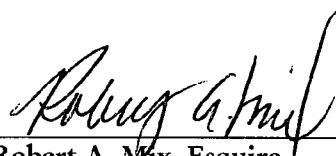
Robert A. Mix, Esq.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
:
vs. : No. 00-805-CD
:
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

VERIFICATION

Robert A. Mix, Esquire, being duly sworn according to law deposes and says that he is the attorney for Plaintiff herein; that he is authorized to make this verification on its behalf; and that the facts set forth in the Motion to Compel Discover are true and correct to the best of his knowledge, information and belief. This verification is executed in accordance with Pa. R.C.P. 1024(c) and this statement is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.



Robert A. Mix, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
: :
vs. : No. 00-805-CD
: :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Motion to Compel
Discovery was deposited in the United States mail, postage prepaid, in Bellefonte, Pennsylvania,
on the 13th day of December, 2000 addressed to the following:

Bertha A. Hunt
James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833



Robert A. Mix, Esq.

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DEC 15 2000

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William A. Shaw
Prothonotary

Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff : No. 00-805-CO
vs. : Type of Pleading: Motion for Sanctions
Defendants : File on Behalf of: Plaintiff
: Counsel of Record:
: Robert A. Mix, Esquire
: Lee, Martin, Green & Reiter, Inc.
: I.D. #16164
: 115 E. High Street
: P.O. Box 179
: Bellefonte, PA 16823
: 814-355-4769

FILED

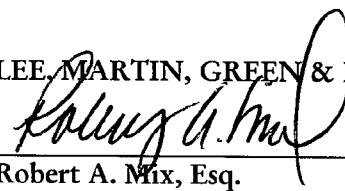
MAY 09 2001

William A. Shaw
Prothonotary

6. Plaintiff will be prejudiced in its efforts to enforce the judgment unless Defendants are required to provide Answers to said Interrogatories in Aid of Execution.

WHEREFORE, Plaintiff respectfully requests this Honorable Court to issue an Order imposing a penalty on Defendants for each day they fail to provide Plaintiff with Answers to said Interrogatories in Aid of Execution in compliance with the Order of December 21, 2000 or such other sanctions as the Court deems appropriate.

LEE, MARTIN, GREEN & REITER, INC.

By: 

Robert A. Mix, Esq.
I.D. #16164
Attorney for Plaintiff
115 E. High Street
P.O. Box 179
Bellefonte, PA 16823
814-355-4769

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
: :
vs. : No. 00-805-CD
: :
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

VERIFICATION

Robert A. Mix, Esquire, being duly sworn according to law deposes and says that he is the attorney for Plaintiff herein; that he is authorized to make this verification on its behalf; and that the facts set forth in the Motion for Sanctions are true and correct to the best of his knowledge, information and belief. This verification is executed in accordance with Pa. R.C.P. 1024(c) and this statement is made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.



Robert A. Mix, Esquire

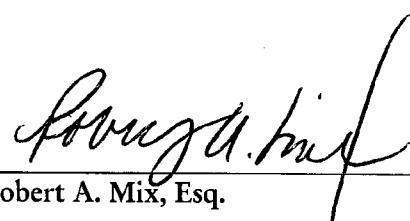
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL, :
Plaintiff :
:
vs. : No. 00-805-CD
:
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Motion for Sanctions was deposited in the United States mail, postage prepaid, in Bellefonte, Pennsylvania, on the 21 day of May, 2001 addressed to the following:

Bertha A. Hunt
James D. Hunt, Sr.
R.R. #2, Box 271
Curwensville, PA 16833



Robert A. Mix, Esq.

FILED

MAY 09 2001
MILLER NOCC
William A. Shaw
Prothonotary
*Ed
KCB*

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA
CIVIL ACTION - LAW

THE CLEARFIELD HOSPITAL,

Plaintiff :
vs. :
: No. 00-805-CD
BERTHA A. HUNT and JAMES D. HUNT, SR., :
Defendants :
:

ORDER

AND NOW, this 10th day of May, 2001, upon consideration
of the within Motion for Sanctions, argument is set for the 27th day of
June, 2001 at 10:30 o'clock, A.m. in courtroom no.
1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

AMERICANS WITH DISABILITIES ACT OF 1990

The Court of Common Pleas of Clearfield County is required by law to comply with the Americans With Disabilities Act of 1990. For information about accessible facilities and reasonable accommodations available to disabled individuals having business before the court, please contact our office. All arrangements must be made at least 72 hours prior to any hearing or business before the court. You must attend the scheduled conference or hearing.

BY THE COURT:

J.

FILED
MAY 10 2001

William A. Shaw
Prothonotary

FILED
MAY 10 2001

3:32
William A. Shaw
Prothonotary

2cc -
2 - ~~Allen Mix~~
1 - ~~Allen Mix~~
EAS

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA
CIVIL ACTION – LAW

THE CLEARFIELD HOSPITAL)
Plaintiff)
)
vs.) No: 00-805-CD
)
BERTHA A. HUNT and JAMES D. HUNT, SR.)
Defendants)

PRAECIPE TO DISCONTINUE

TO THE PROTHONOTARY:

Kindly mark the above-captioned matter discontinued of record.

LEE, GREEN & REITER, INC.:

Date: May 5th, 2010

By: _____


Robert A. Mix, Esquire, ID #16164
Attorney for Plaintiff
115 E. High St., P.O. Box 179
Bellefonte, PA 16823
(814) 355-4769

FILED NO
MAY 19 2010
MAY 07 2010
S (60)

William A. Shaw
Prothonotary/Clerk of Courts