

DV-109

Notice of Court Hearing

Clerk stamps date here when form is filed.

2014 OCT 22 AM 10:38

CLERK OF SUPERIOR COURT

BY _____ DEPUTY

Fill in court name and street address:

Superior Court of California, County of

SAN JOAQUIN CO. SUPERIOR COURT
Family Law Division
540 E. Main St.
Stockton, CA 95202

Clerk fills in case number when form is filed.

Case Number:

FL385354

1 Name of Person Asking for Order:

JOHN SALES

Your lawyer in this case (if you have one):

Name: _____ State Bar No.: _____

Firm Name: _____

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: 2553 Cottonwood Dr

City: Lodi State: CA Zip: 95242

Telephone: 209-481-3627 Fax: _____

E-Mail Address: twolman1@sbcglobal.net

2 Name of Person to Be Restrained:

Tiffany Anderson

The court will fill out the rest of this form.

3 Notice of Court Hearing

A court hearing is scheduled on the request for restraining orders against the person in 2.

Name and address of court if different from above:

Hearing Date

Date: 11-14-14 Time: 8:15 am

Dept.: F-1 Room: _____

NO TEMPORARY ORDERS MADE.
HEARING DATE ONLY.

4 Temporary Restraining Orders (any orders granted are attached on Form DV-110)

a. Temporary restraining orders for personal conduct, stay away, and protection of animals, as requested in Form DV-100, Request for Domestic Violence Restraining Order, are:

- (1) ☐ All granted until the court hearing
- (2) ☒ All denied until the court hearing (specify reasons for denial in (b)):
- (3) ☐ Partly granted and partly denied until the court hearing (specify reasons for denial in (b)):

b. Requested temporary restraining orders for personal conduct, stay away, and protection of animals are denied because:

- (1) ☒ The facts as stated in form DV-100 do not show reasonable proof of a past act or acts of abuse. (Family Code, §§ 6320 and 6320.5)
- (2) ☐ The facts do not describe in sufficient detail the most recent incidents of abuse, such as what happened, the dates, who did what to whom, or any injuries or history of abuse.
- (3) ☐ Further explanation of reason for denial, or reason not listed above:

This is a Court Order.

Notice of Court Hearing
(Domestic Violence Prevention)

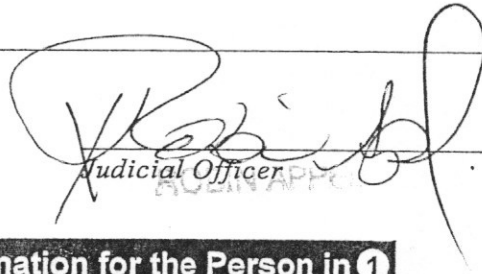
5 Service of Documents and Time for Service—for Person in ①

At least ☒ five or ☐ ___ days before the hearing, someone age 18 or older—not you or anyone else to be protected—must personally give (serve) a court's file-stamped copy of this form (DV-109, *Notice of Court Hearing*) to the person in ② along with a copy of all the forms indicated below:

- a. Form DV-100, *Request for Domestic Violence Restraining Order*, (file-stamped) with applicable attachments
- b. ☒ Form DV-110, *Temporary Restraining Order* (file-stamped) with applicable attachments if granted by the judge
- c. Form DV-120, *Response to Request for Domestic Violence Restraining Order* (blank form)
- d. Form DV-250, *Proof of Service by Mail* (blank form)
- e. ☐ Other (specify): _____

Date: _____

OCT 23 2014


Judicial Officer

Right to Cancel Hearing: Information for the Person in ①

- If item ④(a)(2) or ④(a)(3) is checked, the judge has denied some or all of the temporary orders you requested until the court hearing. The judge may make the orders you want after the court hearing. You can keep the hearing date, or you can cancel your request for orders so there is no court hearing.
- If you want to cancel the hearing, use Form DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*. Fill it out and file it with the court as soon as possible. You may file a new request for orders, on the same or different facts, at a later time.
- If you cancel the hearing, do not serve the documents listed in item ⑤ on the other person.
- If you want to keep the hearing date, you must have all of the documents listed in item ⑤ served on the other person within the time listed in item ⑤.
- At the hearing, the judge will consider whether denial of any requested orders will jeopardize your safety and the safety of children for whom you are requesting custody or visitation.
- You must come to the hearing if you want the judge to make restraining orders or continue any orders already made. If you cancel the hearing or do not come to the hearing, any restraining orders made on Form DV-110 will end on the date of the hearing.

To the Person in ①

- The court cannot make the restraining orders after the court hearing unless the person in ② has been personally given (served) a copy of your request and any temporary orders. To show that the person in ② has been served, the person who served the forms must fill out a proof of service form. Form DV-200, *Proof of Personal Service* may be used.
- For information about service, read Form DV-210-INFO, *What Is "Proof of Personal Service"?*
- If you are unable to serve the person in ② in time, you may ask for more time to serve the documents. Read Form DV-115-INFO, *How to Ask for a New Hearing Date*.

This is a Court Order.

To the Person in ②

- If you want to respond in writing, mail a copy of your completed Form DV-120, *Response to Request for Domestic Violence Restraining Order*, to the person in ① and file it with the court. You cannot mail Form DV-120 yourself. Someone age 18 or older—**not you**—must do it.
- To show that the person in ① has been served by mail, the person who mailed the forms must fill out a proof of service form. Form DV-250, *Proof of Service by Mail*, may be used. File the completed form with the court before the hearing and bring it with you to the hearing.
- For information about responding to a restraining order and filing your answer, read Form DV-120-INFO, *How Can I Respond to a Request for Domestic Violence Restraining Order?*.
- Whether or not you respond in writing, go to the court hearing if you want the judge to hear from you before making orders. You may tell the judge why you agree or disagree with the orders requested. You may bring witnesses and other evidence.
- At the hearing, the judge may make restraining orders against you that could last up to five years.
- The judge may also make other orders about your children, child support, spousal support, money, and property and may order you to turn in or sell any firearms that you own or possess.

**Request for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for *Request for Accommodations by Persons With Disabilities and Response* (Form MC-410). (Civil Code, § 54.8.)

(Clerk will fill out this part.)

—Clerk's Certificate—

Clerk's Certificate

[seal]



I certify that this *Notice of Court Hearing* is a true and correct copy of the original on file in the court.

Date: OCT 22 2014 Clerk, by Rosa Junqueiro, Deputy

This is a Court Order.

DV-100**Request for Domestic Violence Restraining Order**

You must also complete Form CLETS-001, Confidential CLETS Information, and give it to the clerk when you file this Request.

1 Name of Person Asking for Protection:

John Sales Age: 63

Your lawyer in this case (if you have one):

Name: — State Bar No.: —

Firm Name: —

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: 2553 Cottonwood Dr.

City: Lodi State: CA Zip: 95242

Telephone: 209-481-3627 Fax: —

E-Mail Address: —

2 Name of Person You Want Protection From:

Tiffany Anderson

Description of person you want protection from:

Sex: ☐ M ☒ F Height: 5-4" Weight: 125 Hair Color: LT. BRN Eye Color: Grey

Race: caucasian Age: 44 Date of Birth: 8-26-1970

Address (if known): 2 N Avena

City: Lodi State: CA Zip: 95240

3 Do you want an order to protect family or household members? ☒ Yes ☐ No

If yes, list them:

Full name	Sex	Age	Lives with you?	Relationship to you
<u>Julie King</u>	<u>F</u>	<u>40</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Daughter</u>
<u>Ryan Katten</u>	<u>M</u>	<u>35</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<u>Son</u>
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Protected People" for a title.

4 What is your relationship to the person in (2)? (Check all that apply):

- a. ☐ We are now married or registered domestic partners.
 b. ☐ We used to be married or registered domestic partners.
 c. ☐ We live together.
 d. ☐ We used to live together.
 e. ☐ We are related by blood, marriage, or adoption (specify relationship): —
 f. ☒ We are dating or used to date, or we are or used to be engaged to be married.
 g. ☐ We are the parents together of a child or children under 18:

Child's Name: — Date of Birth: —

Child's Name: — Date of Birth: —

Child's Name: — Date of Birth: —

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Protected People" for a title.

- h. ☐ We have signed a Voluntary Declaration of Paternity for our child or children. (Attach a copy if you have one).

This is not a Court Order.

Request for Domestic Violence Restraining Order
(Domestic Violence Prevention)

DV-100, Page 1 of 5

Clerk stamps date here when form is filed.

FILED
2014 OCT 22 AM 10:38
BY Jacey Smith
CLERK

Fill in court name and street address:

Superior Court of California, County of

SAN JOAQUIN CO. SUPERIOR COURT
Family Law Division
540 E. Main St.
Stockton, CA 95202

Court fills in case number when form is filed.

Case Number:

FL385354

Lodi PD

This form is attached to DV-100, Request for Domestic Violence Restraining Order.

- ① Name of person asking for protection: John Sales
- ② Name of person you want protection from: Tiffany Anderson
- ③ Describe the 2nd most recent abuse.
- a. Date of 2nd most recent abuse: Year 2012
- b. Who was there? Internet contact with FaceBook - mine
- c. Describe how the person in ② abused you or your children:
- She wanted me to friend her, then she sent explicit pictures of her & I to my grandson thru my connection with him on FB. She wanted to introduce herself to my daughter and grandkids in her own way. which was very inappropriate.
- d. Describe any use or threatened use of guns or other weapons: - 0 -
- e. Describe any injuries: - I have to explain to my clients what SHE did - impersonate me, hacked my phone, had to buy new one,
- f. Did the police or other law enforcement come? ☒ No ☐ Yes
- If yes, did they give you or the person in ② an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know
- The Emergency Protective Order protects ☐ You ☐ The person in ②
- Attach a copy of the Emergency Protective Order if you have one.

④ Describe other recent abuse.

- a. Date of other recent abuse: CHRISTMAS 2012
- b. Who was there? JANE SALES Robert King, Julie King, RYAN KAHN, Tiffany Kahn
Zion King
- c. Describe how the person in ② abused you or your children: _____

SHE CALLED THE (JANE'S) HOUSE) looking for me and would
not quit, HARASSING CALLS not believing THAT I WASN'T
there. WHICH I WAS AFRAID TO GO THERE THINKING
SHE WOULD SHOOT.

- d. Describe any use or threatened use of guns or other weapons: - 0 -

- e. Describe any injuries: _____

- f. Did the police or other law enforcement come? ☒ No ☐ Yes

If yes, did they give you or the person in ② an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know

The Emergency Protective Order protects ☐ You ☐ The person in ②

Attach a copy of the Emergency Protective Order if you have one.

⑤ Describe other abuse against you or your children.

mental abuse - constant HARASSMENT, texting, e-mail,
phone calls.

- ☐ Check here if you need more space. Attach a sheet of paper and write "DV-101—Description of Abuse" for a title.

5 Other Court Cases

a. Have you or any other person named in ③ been involved in another court case with the person in ②?

☐ Yes ☒ No If yes, check each kind of case and indicate where and when each was filed:

Kind of Case	County or Tribe Where Filed	Year Filed	Case Number (if known)
<input type="checkbox"/> Divorce, Nullity, Legal Separation			
<input type="checkbox"/> Civil Harassment			
<input type="checkbox"/> Domestic Violence			
<input type="checkbox"/> Criminal			
<input type="checkbox"/> Juvenile, Dependency, Guardianship			
<input type="checkbox"/> Child Support			
<input type="checkbox"/> Parentage, Paternity			
<input type="checkbox"/> Other (specify):			

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Court Cases" for a title.

b. Are there any domestic violence restraining/protective orders now (criminal, juvenile, family)?

☒ No ☐ Yes If yes, attach a copy if you have one.**Check the orders you want.** ☒**6 ☒ Personal Conduct Orders**

I ask the court to order the person in ② not to do the following things to me or anyone listed in ③:

- a. ☒ Harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, destroy personal property, disturb the peace, keep under surveillance, impersonate (on the Internet, electronically or otherwise), or block movements
- b. ☒ Contact, either directly or indirectly, in any way, including but not limited to, by telephone, mail or e-mail or other electronic means

*The person in ② will be ordered not to take any action to get the addresses or locations of any protected person unless the court finds good cause not to make the order.***7 ☒ Stay-Away Order**a. I ask the court to order the person in ② to stay at least 100 yards away from (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Me | <input checked="" type="checkbox"/> My vehicle |
| <input checked="" type="checkbox"/> My home | <input type="checkbox"/> The child(ren)'s school or child care |
| <input checked="" type="checkbox"/> My job or workplace | <input type="checkbox"/> Each person listed in ③ |
| <input type="checkbox"/> My school | <input type="checkbox"/> Other (specify): |

b. If the person listed in ② is ordered to stay away from all the places listed above, will he or she still be able to get to his or her home, school, job, workplace, or vehicle? ☒ Yes ☐ No (If no, explain):**8 ☐ Move-Out Order***(If the person in ② lives with you and you want that person to stay away from your home, you must ask for this move-out order.)*

I ask the court to order the person in ② to move out from and not return to (address):

I have the right to live at the above address because (explain):

This is not a Court Order.

9 Guns or Other Firearms or Ammunition

I believe the person in (2) owns or possesses guns, firearms, or ammunition. ☐ Yes ☒ No ☐ I don't know

If the judge approves the order, the person in (2) will be ordered not to own, possess, purchase, or receive a firearm or ammunition. The person will be ordered to sell to, or store with, a licensed gun dealer, or turn in to law enforcement, any guns or firearms that he or she owns or possesses.

10 ☒ Record Unlawful Communications

I ask for the right to record communications made to me by the person in (2) that violate the judge's orders.

11 ☐ Care of Animals

I ask for the sole possession, care, and control of the animals listed below. I ask the court to order the person in (2) to stay at least _____ yards away from and not take, sell, transfer, encumber, conceal, molest, attack, strike, threaten, harm, or otherwise dispose of the following animals: _____

I ask for the animals to be with me because: _____

12 ☐ Child Custody and Visitation

a. ☐ I do not have a child custody or visitation order and I want one.

b. ☐ I have a child custody or visitation order and I want it changed.

If you ask for orders, you must fill out and attach Form DV-105, Request for Child Custody and Visitation Orders.

You and the other parent may tell the court that you want to be legal parents of the children (use Form DV-180, Agreement and Judgment of Parentage).

13 ☐ Child Support (Check all that apply):

a. ☐ I do not have a child support order and I want one.

b. ☐ I have a child support order and I want it changed.

c. ☐ I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.

If you ask for child support orders, you must fill out and attach Form FL-150, Income and Expense Declaration or Form FL-155, Financial Statement (Simplified).

14 ☐ Property Control

I ask the court to give *only* me temporary use, possession, and control of the property listed here: _____

15 ☐ Debt Payment

I ask the court to order the person in (2) to make these payments while the order is in effect:

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Debt Payment" for a title.

Pay to: _____ For: _____ Amount: \$ _____ Due date: _____

16 ☐ Property Restraint

I am married to or have a registered domestic partnership with the person in (2). I ask the judge to order that the person in (2) not borrow against, sell, hide, or get rid of or destroy any possessions or property, except in the usual course of business or for necessities of life. I also ask the judge to order the person in (2) to notify me of any new or big expenses and to explain them to the court.

This is not a Court Order.



17 ☐ Spousal Support

I am married to or have a registered domestic partnership with the person in (2) and no spousal support order exists. I ask the court to order the person in (2) to pay spousal support. *(You must complete, file, and serve Form FL-150, Income and Expense Declaration, before your hearing).*

18 ☐ Insurance

I ask the court to order the person in (2) NOT to cash, borrow against, cancel, transfer, dispose of, or change the beneficiaries of any insurance or coverage held for the benefit of me or the person in (2), or our child(ren), for whom support may be ordered, or both.

19 ☐ Lawyer's Fees and Costs

I ask that the person in (2) pay some or all of my lawyer's fees and costs.

You must complete, file, and serve Form FL-150, Income and Expense Declaration, before your hearing.

20 ☐ Payments for Costs and Services

I ask the court to order the person in (2) to pay the following:

You can ask for lost earnings or your costs for services caused directly by the person in (2) (damaged property, medical care, counseling, temporary housing, etc.). You must bring proof of these expenses to your hearing.

Pay to: _____ For: _____ Amount: \$ _____

Pay to: _____ For: _____ Amount: \$ _____

21 ☐ Batterer Intervention Program

I ask the court to order the person listed in (2) to go to a 52-week batterer intervention program and show proof of completion to the court.

22 ☐ Other Orders

What other orders are you asking for? _____

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Other Orders" for a title.

23 ☐ Time for Service (Notice)

The papers must be personally served on the person in (2) at least five days before the hearing, unless the court orders a shorter time for service. If you want there to be fewer than five days between service and the hearing, explain why below. For help, read Form DV-200-INFO, "What Is Proof of Personal Service"?

24 ☐ No Fee to Serve (Notify) Restrained Person

If you want the sheriff or marshal to serve (notify) the restrained person about the orders for free, ask the court clerk what you need to do.

25 ☐ Court Hearing

The court will schedule a hearing on your request. If the judge does not make the orders effective right away ("temporary restraining orders"), the judge may still make the orders after the hearing. If the judge does not make the orders effective right away, you can ask the court to cancel the hearing. Read Form DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*, for more information.

This is not a Court Order.



(26) Describe Abuse

Describe how the person in (2) abused you. Abuse means to intentionally or recklessly cause or attempt to cause bodily injury to you; or to place you or another person in reasonable fear of imminent serious bodily injury; or to harass, attack, strike, threaten, assault (sexually or otherwise), hit, follow, stalk, molest, keep you under surveillance, impersonate (on the Internet, electronically or otherwise), batter, telephone, or contact you; or to disturb your peace; or to destroy your personal property. (For a complete definition, see Fam. Code, §§ 6203, 6320.)

a. Date of most recent abuse: 10-18-14

b. Who was there? it was contact thru texting, emails,

c. Describe how the person in (2) abused you or your child(ren):

Impersonate me to my clients, with sordid details
which were not true. I started getting phone calls
on Sat. Oct 18th from multiple clients asking why I was
sending them texts,

☐ Check here if you need more space. Attach a sheet of paper and write "DV-100, Recent Abuse" for a title.

d. Did the person in (2) use or threaten to use a gun or any other weapon? ☒ No ☐ Yes (If yes, describe):

e. Describe any injuries: mental

f. Did the police come? ☒ No ☐ Yes

If yes, did they give you or the person in (2) an Emergency Protective Order? ☐ Yes ☐ No ☐ I don't know
 Attach a copy if you have one.

The order protects ☐ you or ☐ the person in (2)

g. Has the person in (2) abused you (or your child(ren)) other times?

If yes, ☐ check here and use Form DV-101, Description of Abuse or describe any previous abuse on an attached sheet of paper and write "DV-100, Previous Abuse" for a title.

(27) Other Persons to Be Protected

The persons listed in item (3) need an order for protection because (describe): They are receiving
identicle texts

(28) Number of pages attached to this form, if any: _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: Oct. 20, 2014

John Sales
 Type or print your name

Date: _____

Lawyer's name, if you have one _____

John Sales
 Sign your name

Lawyer's signature _____

This is not a Court Order.

Clerk stamps date here when form is filed.

1 Name of Person Asking for Protection:

(See Form DV-100, item 1):

John Sales

2 Your Name:

Tiffany Anderson

Your lawyer in this case (if you have one):

Name: _____ State Bar No.: _____

Firm Name: _____

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: 2 N. Avena Avenue

City: Lodi State: CA Zip: 95240

Telephone: 209-625-8587 Fax: _____

E-Mail Address: _____

Fill in court name and street address:

Superior Court of California, County of

SAN JOAQUIN CO. SUPERIOR COURT
Family Law Division
540 E. Main St.
Stockton, CA 95202

Fill in case number:

Case Number:

FL385354

3 Use this form to respond to the Request for Domestic Violence Restraining Order (Form DV-100)

- Fill out this form and take it to the court clerk.
- Have the person in 1 served by mail with a copy of this form and any attached pages. (See Form DV-250, *Proof of Service by Mail*.)
- For more information, read Form DV-120-INFO, *How Can I Respond to Request for Domestic Violence Restraining Order?*

The judge will consider your Response at the hearing.

Write your hearing date, time, and place from Form DV-109, *Notice of Court Hearing*, item 3 here:

Hearing Date → Date: 11-14-14 Time: 8:15 am
Dept.: F-1 Room: _____

You must obey the orders in Form DV-110, *Temporary Restraining Order*, until the hearing. At the hearing, the court may make restraining orders against you that could last up to 5 years and could be renewed.

4 ☒ Relationship to Person Asking for Protection

- a. ☐ I agree to the relationship listed in item 4 on Form DV-100.
- b. ☒ I do not agree to the relationship listed in item 4 on Form DV-100. (Specify your reasons in item 23, page 4 of this form.)

5 ☒ Other Protected People

- a. ☐ I agree to the order requested.
- b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

6 ☒ Personal Conduct Order

- a. ☐ I agree to the order requested.
- b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

This is not a Court Order.

Response to Request for Domestic Violence Restraining Order
(Domestic Violence Prevention)

Legal Solutions
P.L.L.C.

DV-120, Page 1 of 4

7 ☒ Stay-Away Orders

- a. ☐ I agree to the order requested.
b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

8 ☐ Move-Out Order

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

9 ☐ Turn In Guns or Other Firearms

If you were served with Form DV-110, Temporary Restraining Order, you must turn in any guns or firearms in your immediate possession or control. You must file a receipt with the court from a law enforcement agency or a licensed gun dealer within 48 hours after you received Form DV-110.

- a. ☐ I do not own or have any guns or firearms.
b. ☐ I ask for an exemption from the firearms prohibition under Family Code § 6389(h) because (specify): _____
c. ☐ I have turned in my guns and firearms to law enforcement or sold them to a licensed gun dealer.
d. ☐ A copy of the receipt showing that I turned in or sold my firearms
☐ is attached ☐ has already been filed with the court.

10 ☒ Record Unlawful Communications Order

- a. ☐ I agree to the order requested.
b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

11 ☐ Animals: Possession and Stay-Away Order

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

12 ☐ Child Custody and Visitation Order

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)
c. ☐ I am not the parent of the child listed in Form DV-105, Request for Child Custody and Visitation Orders.
d. ☐ I ask for the following custody order (specify): _____

- e. ☐ I do ☐ I do not agree to the orders requested to limit the child's travel as listed in Form DV-108, Request for Order: No Travel with Children.

You and the other parent may tell the court that you want to be legal parents of the children (use Form DV-180, Agreement and Judgment of Parentage).

13 ☐ Child Support Order (Check all that apply):

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)
c. ☐ I agree to pay guideline child support.

Whether or not you agree to pay support, you must fill out, serve, and file Form FL-150, Income and Expense Declaration or FL-155, Financial Statement.

This is not a Court Order.

14 ☐ **Property Control Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

15 ☐ **Debt Payment Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

16 ☐ **Property Restraint Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

17 ☐ **Spousal Support Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.

18 ☐ **Lawyer's Fees and Costs**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
c. ☐ I request the court to order payment of my lawyer's fees and costs.
Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.

19 ☐ **Payments for Costs and Services**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

20 ☐ **Batterer Intervention Program**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

21 ☐ **Other Orders** *(see item 21 on Form DV-100)*

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

22 ☐ **Out-of-Pocket Expenses**

I ask the court to order payment of my out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:

Item: _____ Amount: \$ _____ Item: _____ Amount: \$ _____

You must fill out, serve, and file Form FL-150, Income and Expense Declaration.

This is not a Court Order.

DV-120, Item 23 - Reasons I Do Not Agree

I disagree with the conduct requests made in article 6-B of John's request because John Sales instigated our relationship during my retention of his services retained using Sales Construction. Mr. Sales misrepresented himself as being single, fully available from June of 2012 until December of 2012. Mr. Sales has been a full participant in our toxic relationship.

Second of all Mr. Sales and I have continued to have contact with each other (as recent as November 7, 2014), to include spending nights sleeping over at my home, taking me to dinner, to a movie and for a walk.

I have personal friends that live in the vicinity of John's mother's home (where he resides), and I anticipate these stay-away orders conflicting with my ability to see them. That feels unjust in light of my refusal to stalk, threaten, or assault Mr. Sales.

In reality Mr. Sales has threatened to send me to jail. At which point I have consciously stopped communicating with him.

I have suffered extreme emotional distress and have sought out counseling after Mr. Sales has diagnosed me as bi-polar and mentally unstable. I would be happy to give contact names so that your honor may verify this statement.

My first contact with Mr. Sales after I received the Restraining order, he said that he was recording the call. After that initial call I had asked if I was being recorded whenever we spoke and Mr. Sales said no, he was not recording us. If Mr. Sales recorded any conversation of me, I would request that he provides them in their entirety.

The incident described in article 26-c of John Sale's DV-100 report is blatantly erroneous. The impersonation of him reported between his clients and I never occurred. It appears that John is purposefully misconstruing conversations in which I represented myself. I cannot imagine why he reports, (quote) "getting phone calls on Saturday, October 18th from multiple clients asking why I [John] was sending them texts."

However I did engage in a short exchange with his wife in which I facetiously claimed to be John over a few minutes of time.

The remaining incidents John reports are grossly in the past. These events should not have taken years for John to report. If I am to adequately address these historical claims, I will need John to produce copies of all Facebook correspondences between us, and the parties mentioned in his report.

The incident under article 3 on form DV-101 deviates from reality widely. I never requested John's friendship on Facebook; he requested mine. The photos he refers to were not, as he describes, "explicit." I repeat my challenge for John to produce evidence of all this correspondence. This particular event only occurred after running into John's stepdaughter and step-granddaughter twice in August while I was with John, and they all refused to acknowledge my existence. Finally, under all this in section E John describes the injuries resulting from this incident; he describes needing to make amends with clients and change his phone, but none of the events in this incident had anything to do with his clients. In fact, I would argue that this erroneous event did not produce any injuries whatsoever.

The final incident, described under section 4, is being blown out of proportion. I made, by my distant estimate, two phone calls. It is hard to believe this scared John away from his home. Furthermore, he doesn't report any resulting injuries from this incident. It seems to be the final example of how John does not report any incident that warrants an Order of Restraint, which could inconvenience my life greatly.

Please understand John Sales is a compulsive liar. I respectfully ask the court to not accept doctored snippets of conversations or pictures taken out of context. Mr. Sales should be required to produce full transcripts of all evidence.

In all reality I was Mr. Sales client and customer for my cousin who I was acting POA as she had a full memory loss. We are the victims and I have made every effort to handle this matter civilly through the church or counseling. Mr. Sales has chosen to waste more of my time and that of the courts.

Tiffany Anderson

2 N. Avena Ave.

Lodi, CA 95240

tiffanyanderson@me.com

CH

~~DW~~-120 Reasons I Do Not Agree: *Attachment 9 - Justification or Excuse*

Your Honor,

"When someone shows you who they are, believe them" I only had four reasons to speak with Jane Sales:

1. Ask for her forgiveness for sleeping with her husband and contributing to her hardships.
2. To obtain the truth and put aside lies that her husband told me.
3. To ensure that I could walk away from the circumstances with a clear conscience, knowing someone with authority would document the inappropriateness that took place.
4. To better understand what happened to me so I can prevent myself from being in a similar situation.

I have never been a threat to Jane or any other member of society. I do not own a gun. I am not a violent person. I informed Mrs. Sales if she did not want to be contacted by me to keep her husband out of my bed if they were continuing to be a married unit as has been the case. I did however request she buy me Christmas presents this year.

Your Honor, I do not want anything negative on my record but if that is the consequences of retaining the services of Sales Construction then that is the price I must pay. My mother is a candidate for a double lung transplant, and since I am an only child, this takes priority over all else.

I am also the Durable Power of Attorney for Mary Jean Parvin, my second cousin. I entered her into hospice care a few months back, and she is in the last stages of life. I was astonished to see her named in the Sales Construction Customer Contact List. As I understand the Personal Conduct Orders granted by the courts in the "other" section of article 5 of the CH-110 stapled to that contact list, I am legally disallowed from "contact[ing] any Sales Construction Customers." The address listed is the house I currently live in. I was further discouraged to see named among the people I am currently forbidden from contacting is Robert Blewett 415-516-5258 my ex boyfriend of 10 years (2003-2012). It is for these reasons, and my own mental health, that I chose not to return to court. I am nervous and I talk too much, and I need to focus on moving on.

John is having his ego stroked by having us appear before the court after he victimized Mary Jean and I - his customers.

I have no intentions of disrespecting anyone, but to show healthy momentum moving forward.

I will not be attending Century Assembly's Sunday services on a regular basis. I want Jane's family to have a safe place to heal. However, I am attending Amy Miranda's class titled: "Precept upon Precepts: Healing Your Hurts," by Kay Arthur.

After meeting with Pastor Mark from Century Assembly, I am totally at peace with moving on. John Sales was abusive to me, and my only contact with Jane was in an attempt to clarify and rectify these abuses. My therapist says that if someone repeats themselves or constantly talks without saying anything it is because they feel they are not being heard.

John left bruises on me physically and emotionally, specifically last Christmas where he intentionally lied about being with me and did not appear. I was alone on Christmas and cried all day. Massage Therapist Daniel Nieman can verify this as when he showed up 12/25/13, my physical being reflected that of a rape victim and Daniel was unable to touch me.

Daniel Nieman 209-712-4824

I have had Lodi Police Department investigate John's involvement with a remodeling job he started here and abandoned. The last visit from badge #24 was this Saturday, November 17, 2014. My cousin, Mary Parvin, and Jane's husband, John Sales, signed the contracts, and there are questionable actions from John and Jane's business. I am now referring all contracts and documents to the appropriate agencies and will not worry any longer.

John Sales also hit a car with mine and seems complacent to abstain from any responsibility in the matter, fiscal or otherwise. There is peace in knowing that these and other fiascos are now for Jane and John to reconcile with.

I was and will always be first and foremost a customer of Sales Construction, as I brought John into my home to prepare my cousin Mary to be placed in hospice care in 2012 after suffering a full memory loss, and the same symptoms that killed her sister earlier that year.

Let it be known before the courts that Jane allowed her husband to be in two relationships where they both gained financially. Cindy Miller and John were living together for the five years prior to me meeting him (and subsequently dating for three years). John has been juggling all three relationships, and both he and his wife, Jane, are the financial benefactors. Cindy Miller spoke with me extensively last Christmas, allowing me for the first time to see truth in all these circumstances. Without her support I may not be in the stable mindset I am now. What kind of results do you expect when a woman finds out she

has been lied to?

John informed me that Jane and I are cousins on the Plines side of the family. Jane, I am open to answering any questions you may have but it is my preference we do it without the courts.

Enclosed are numbers of people to verify my statements.

This document and evidence are incomplete (see cover)

Response to Request for Domestic Violence Restraining Order

Clerk stamps date here when form is filed.

1 Name of Person Asking for Protection:

(See Form DV-100, item 1):

John Sales

2 Your Name:

Tiffany Anderson

Your lawyer in this case (if you have one):

Name: _____ State Bar No.: _____

Firm Name: _____

Address (If you have a lawyer for this case, give your lawyer's information. If you do not have a lawyer and want to keep your home address private, give a different mailing address instead. You do not have to give your telephone, fax, or e-mail.):

Address: 2 N. Arena Avenue

City: Lodi State: CA Zip: 95240

Telephone: 209-625-8587 Fax: _____

E-Mail Address: _____

Fill in court name and street address:

Superior Court of California, County of

SAN JOAQUIN CO. SUPERIOR COURT
Family Law Division
540 E. Main St.
Stockton, CA 95202

Fill in case number:

Case Number:

FL385354

3 Use this form to respond to the Request for Domestic Violence Restraining Order (Form DV-100)

- Fill out this form and take it to the court clerk.
- Have the person in 1 served by mail with a copy of this form and any attached pages. (See Form DV-250, *Proof of Service by Mail*.)
- For more information, read Form DV-120-INFO, *How Can I Respond to Request for Domestic Violence Restraining Order?*

The judge will consider your Response at the hearing.

Write your hearing date, time, and place from Form DV-109, *Notice of Court Hearing*, item 3 here:

Hearing
Date

Date: 11-14-14

Time: 8:15 am

Dept.: F-1

Room: _____

You must obey the orders in Form DV-110, *Temporary Restraining Order*, until the hearing. At the hearing, the court may make restraining orders against you that could last up to 5 years and could be renewed.

4 ☒ Relationship to Person Asking for Protection

- a. ☐ I agree to the relationship listed in item 4 on Form DV-100.
- b. ☒ I do not agree to the relationship listed in item 4 on Form DV-100. (Specify your reasons in item 23, page 4 of this form.)

5 ☒ Other Protected People

- a. ☐ I agree to the order requested.
- b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

6 ☒ Personal Conduct Order

- a. ☐ I agree to the order requested.
- b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

This is not a Court Order.



7 ☒ Stay-Away Orders

- a. ☐ I agree to the order requested.
b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

8 ☐ Move-Out Order

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

9 ☐ Turn In Guns or Other Firearms

If you were served with Form DV-110, Temporary Restraining Order, you must turn in any guns or firearms in your immediate possession or control. You must file a receipt with the court from a law enforcement agency or a licensed gun dealer within 48 hours after you received Form DV-110.

- a. ☐ I do not own or have any guns or firearms.
b. ☐ I ask for an exemption from the firearms prohibition under Family Code § 6389(h) because (specify): _____
c. ☐ I have turned in my guns and firearms to law enforcement or sold them to a licensed gun dealer.
d. ☐ A copy of the receipt showing that I turned in or sold my firearms
☐ is attached ☐ has already been filed with the court.

10 ☒ Record Unlawful Communications Order

- a. ☐ I agree to the order requested.
b. ☒ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

11 ☐ Animals: Possession and Stay-Away Order

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)

12 ☐ Child Custody and Visitation Order

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)
c. ☐ I am not the parent of the child listed in Form DV-105, Request for Child Custody and Visitation Orders.
d. ☐ I ask for the following custody order (specify): _____

- e. ☐ I do ☐ I do not agree to the orders requested to limit the child's travel as listed in Form DV-108, Request for Order: No Travel with Children.

You and the other parent may tell the court that you want to be legal parents of the children (use Form DV-180, Agreement and Judgment of Parentage).

13 ☐ Child Support Order (Check all that apply):

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. (Specify your reasons in item 23, page 4 of this form.)
c. ☐ I agree to pay guideline child support.

Whether or not you agree to pay support, you must fill out, serve, and file Form FL-150, Income and Expense Declaration or FL-155, Financial Statement.

This is not a Court Order.

14 ☐ **Property Control Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

15 ☐ **Debt Payment Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

16 ☐ **Property Restraint Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

17 ☐ **Spousal Support Order**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.

18 ☐ **Lawyer's Fees and Costs**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*
c. ☐ I request the court to order payment of my lawyer's fees and costs.
Whether or not you agree, you must fill out, serve, and file Form FL-150, Income and Expense Declaration.

19 ☐ **Payments for Costs and Services**

- a. ☐ I agree to the order requested.
b. ☐ I do not agree to the order requested. *(Specify your reasons in item 23, page 4 of this form.)*

20 ☐ **Batterer Intervention Program**

- a. ☐ I agree to the order requested.
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21 ☐ **Other Orders** *(see item 21 on Form DV-100)*

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I ask the court to order payment of my out-of-pocket expenses because the temporary restraining order was issued without enough supporting facts. The expenses are:

Item: _____ Amount: \$ _____ Item: _____ Amount: \$ _____

You must fill out, serve, and file Form FL-150, Income and Expense Declaration.

This is not a Court Order.

Case Number:

23 ☒ **Reasons I do not agree to the orders requested**

Explain your answers to each of the orders requested (*give specific facts and reasons*):

☒ Check here if there is not enough space below for your answer. Put your complete answer on an attached sheet of paper and write, "DV-120, Reasons I Do Not Agree" as a title.

24 Number of pages attached to this form, if any: 2

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

Type or print your name

Date: _____

Sign your name

Lawyer's name, if you have one

Lawyer's signature

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DV-120, Item 23 - Reasons I Do Not Agree

I disagree with the conduct requests made in article 6-B of John's request because John Sales instigated our relationship during my retention of his services retained using Sales Construction. Mr. Sales misrepresented himself as being single, fully available from June of 2012 until December of 2012. Mr. Sales has been a full participant in our toxic relationship.

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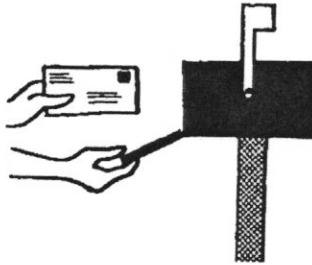
DV-250**Proof of Service by Mail**

Clerk stamps date here when form is filed.

1 Name of Person Asking for Protection:JOHN SALES**2 Name of Person to Be Restrained:**TIFFANY ANDERSON**3 Notice to Server**

The server must:

- Be 18 years of age or over.
- Not be listed in items ① or ② or ③ of form DV-100, *Request for Domestic Violence Restraining Order*.
- Mail a copy of all documents checked in ④ to the person in ⑤.



Fill in court name and street address:

Superior Court of California, County of

Fill in case number:

Case Number:**4 I (the server) am 18 years of age or over and live in or am employed in the county where the mailing took place. I mailed a copy of all documents checked below to the person in ⑤:**

- a. ☐ DV-112, *Waiver of Hearing on Denied Request for Temporary Restraining Order*
- b. ☒ DV-120, *Response to Request for Domestic Violence Restraining Order*
- c. ☐ FL-150, *Income and Expense Declaration*
- d. ☐ FL-155, *Simplified Financial Statement*
- e. ☐ DV-130, *Restraining Order After Hearing (Order of Protection)*
- f. ☐ Other (specify): _____

Note: You cannot serve DV-100, DV-105, DV-109, or DV-110 by mail.**5 I placed copies of the documents checked above in a sealed envelope and mailed them as described below:**

- a. Name of person served: JOHN SALES
- b. To this address: 2553 COTTONWOOD DR.
City: LODI State: CA Zip: 95242
- c. Mailed on (date): November 12, 2014
- d. Mailed from: City: _____ State: CA

6 Server's Information

Name: VIOLA BAILEY
 Address: 4111 E. 4th St.
 City: STOCKTON State: CA Zip: 95215

Telephone: (209) 547-9647

(If you are a registered process server):

County of registration: _____ Registration number: _____

7 I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.Date: 11/12/2014
VIOLA BAILEY
 Type or print server's name

Viola Bailey
 Server to sign here

RUN DATE: 06/04/13
RUN TIME: 1415
RUN USER: MAXOTE

Lodi Memorial Hospital ** MRI **
PATIENT'S DATA (SUMMARY)

PAGE 1

PATIENT: M053082

NAME: PARVIN, MARY JEAN

BIRTHDATE: 03/16/43 AGE: 70

SEX: F

2 N AVENA AVE, LODI, CA 95240

OTHER NUMBERS: M M053082

MOTHER'S NAME:

RECORD LOCATOR:

DISCHARGE DISP: HOME

FOLDER CREATED:

MORE DATA ON FICHE:

PORTION SIGNED OUT:

PORTION RESERVED:

PORTION INCOMPLETE:

COMMENT:

DATE	TYPE	ACCOUNT #	CON LOCATION	DOCTOR	RES DATE	DISCH DT	DISCH DISP
		# VISITS	REASON FOR VISIT				
06/04/13	PRE ER	V024703878	ER	PHYSER			
		1	POSS INFECTION				
05/16/13	PPR	M000000001	CC.MIL	FREUEDMIL			
		34	Sick Adult/per dr freund-sore leg				
04/29/13	ER	V024596629	ER	DONAKE		04/29/13	HOME
		1	GLF/ LACERATION LEFT FOOT				
04/26/13	PRE REF	V024589442	CARD	YAOWEIVIN	05/03/13		
		1	DIZZINESS, HX OF FALL				
04/25/13	PPR	M000000001	CC.VIN	YAOWEIVIN			
		34	HOSPITAL FOLLOW UP				
04/25/13	PPR	M000000001	CC.MIL	FREUEDMIL			
		34	Follow Up				
04/15/13	RCR	V024541211	PT	FREUEDMIL		05/30/13	
		1	781.2 ABNORMALITY OF GAIT				
04/14/13	IN	V024552879	OBSERV	LAWJER		04/17/13	HOME
		2	HTN URGENCY/WEAKNESS/DIZZINESS				
04/02/13	PRE REF	V024520066	DI	FREUEDMIL	04/12/13		
		1	CAROTID OCCLUSION 433.10				
04/02/13	PPR	M000000001	CC.MIL	FREUEDMIL			
		34	Follow Up/DM				
01/26/13	ER	V024314817	ER	BRAZDA		01/26/13	HOME
		1	CONSTIPATION				
01/26/13	ER	V024314486	UC	PADIROUCC		01/26/13	HOME
		1	CONSTIPATION AND DIFF URINATING				
09/27/12	REF	V023977127	MIL	FREUEDMIL			
		1	LAB				
09/27/12	PPR	M000000001	CC.MIL	FREUEDMIL			
		34	Hosp F/U Est Pt/MUST DOUBLE BOOK				
09/05/12	IN	V023912512	4S	SHIBEI		09/09/12	HOME
		2	HTN EMERGENCY, CHF EXAC, CELLULITIS, POSS SEPSIS, CKD,				
07/02/12	PPR	M000000001	CC.MIL	FREUEDMIL			
		34	Hosp F/U Est Pt, OK PER LAURA				
06/19/12	REF	V023685951	DI	SANTNA			
		1	TRANSIENT CONFUSION				
05/11/12	IN	V023586118	3S	FELBRO		05/22/12	DELTA
		2	RT LEG CELLULITIS/DM/LEG EDEMA/CHF/CAD/HTN				

RUN DATE: 06/04/13
 RUN TIME: 1415
 RUN USER: MAXOTE

Lodi Memorial Hospital ** MRI **
 PATIENT'S DATA (SUMMARY)

PAGE 2

PATIENT: M053082

DATE	TYPE	ACCOUNT # # VISITS	CON LOCATION REASON FOR VISIT	DOCTOR	RES TAKEN DISCH DT DISCH DISP
02/28/12	PPR	M000000001 34	CC.MIL Follow Up//2 months labs	FREUEDMIL	
12/27/11	PPR	M000000001 34	CC.MIL Follow Up//DIABETES	FREUEDMIL	
07/15/11	REF	V022674345 1	DI TIA	FREUEDMIL	
07/05/11	PPR	M000000001 34	CC.MIL Sameday/HEADACHE	FREUEDMIL	
06/14/11	PPR	M000000001 34	CC.MIL Follow Up//DM	FREUEDMIL	
03/07/11	PPR	M000000001 34	CC.MIL Follow Up 3 MONTHS	FREUEDMIL	
12/13/10	PPR	M000000001 34	CC.MIL Sameday/SOB,DIARRHEA OK PER TIFFANY	FREUEDMIL	
12/01/10	PPR	M000000001 34	CC.VIN 2 WEEK Follow Up	HUANFRVIN	
11/12/10	PPR	M000000001 34	CC.VIN F/U Endo 1 MONTH FU SCOTEV	HUANFRVIN	
11/11/10	PPR	M000000001 34	CC.VIN Follow Up	BONAJA	
10/25/10	PPR	M000000001 34	CC.MIL Hosp F/U Est Pt/OK PER TIFFANY	FREUEDMIL	
10/19/10	IN	V021869524 2	OBSERV DIARRHEA,DEHYDRATION,ARI,IDDM	MANNCH	10/19/10 HOME
10/05/10	PPR	M000000001 34	CC.VIN Follow Up	BONAJA	
09/29/10	PPR	M000000001 34	CC.VIN Follow Up	HUANFRVIN	
09/14/10	PPR	M000000001 34	CC.VIN Follow Up 2 WEEK FU	BONAJA	
08/25/10	PPR	M000000001 34	CC.MIL Follow Up//DM	FREUEDMIL	
08/24/10	PPR	M000000001 34	CC.VIN REF BY DR FREUND FOR DIAB MELL WO COMP TYPE I	BONAJA	
08/04/10	PPR	M000000001 34	CC.MIL Follow Up	FREUEDMIL	
05/04/10	PPR	M000000001 34	CC.MIL Follow Up-POST DISCHARGE FROM ARBOR	FREUEDMIL	
03/29/10	IN	V021242789 2	2S CP POSS ACS, H/O CVA, DM2	MAHAJA	04/02/10 ARBOR
03/22/10	IN	V021223581 2	3S L ISCHEMIC CVA AMS	NGUYBAHOSP	03/26/10 ARBOR
02/03/10	PPR	M000000001 34	CC.MIL Follow Up-LABS	FREUEDMIL	
01/26/10	REF	V020982914 1	DI TIA 435.9	FREUEDMIL	01/26/10 HOME
01/04/10	REF	V020974093 1	MIL LAB/250.01 272.2	FREUEDMIL	01/04/10 HOME
01/04/10	PPR	M000000001 34	CC.MIL Sameday-POSS STROKE	FREUEDMIL	
10/27/09	IN	V020779344 3RD	SHIBEI		10/29/09 HOME

RUN DATE: 06/04/13
 RUN TIME: 1415
 RUN USER: MAXOTE

Lodi Memorial Hospital ** MRI **
 PATIENT'S DATA (SUMMARY)

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PATIENT: M053082

DATE	TYPE	ACCOUNT #	CON LOCATION	DOCTOR	RES TAKEN	DISCH DT	DISCH DISP
		# VISITS	REASON FOR VISIT				
10/19/09	REF	2	CHF				
			MIL	FREUEDMIL		10/19/09	HOME
10/19/09	PPR	1	LAB/599.0				
			CC.MIL	FREUEDMIL			
10/07/09	REF	34	Sameday/VAGINAL BLEEDING, PT HAS HAD HYSTERECTOMY				
			MIL	FREUEDMIL		10/07/09	HOME
10/07/09	PPR	1	LAB/250.01				
			CC.MIL	FREUEDMIL			
06/25/09	PPR	34	Follow Up VISIT				
			CC.VIN	HUANFRVIN			
06/16/09	PPR	34	Consult Endocrinology NEW PT. DR. FREUND				
			CC.MIL	FREUEDMIL			
05/19/09	PPR	34	Sameday/POSS KIDNEY INFECTION/DIABETIC PT				
			CC.MIL	FREUEDMIL			
05/05/09	PPR	34	Follow Up				
			CC.MIL	FREUEDMIL			
04/13/09	IN	34	New Well 30 Min				
			MACU HOLD	NGUYBAHOSP		04/14/09	HOME
01/23/09	PPR	2	CHEST PAIN				
			CC.IRI	VACCTEIRI			
01/08/09	PPR	34	Sick Adult				
			CC.IRI	VACCTEIRI			
11/25/08	IN	34	Follow Up - 3 MONTH - WITH LABS				
			2C	HOROJA		11/26/08	HOME
11/17/08	PPR	2	HYPOGLYCEMIA				
			CC.IRI	HASHHAIRI			
07/23/08	REF	34	Follow Up				
			DI	HASHHA			
07/21/08	REF	1	ABD PAIN 789.00				
			DI	HASHHA			
06/10/08	SDC	1	ABD PAIN 789.00				
			OPS	STENLE		06/11/08	HOME
05/13/08	REF	1	STATIS POST AICD				
			DI	HASHHA			
02/15/08	IN	1	POST FALL POSS SUBDURAL HEMATOMA 959.01				
			2C	HASHHA		02/28/08	HHS
02/15/08	ER	2	FEVER, POSS SEPSIS, WIDE COMPLEX TACKY, POSS VTACK				
			ER	PHYSER		02/15/08	LWBS
02/11/08	REF	1	SOB				
			DI	HASHHA			
12/14/07	RCR	1	XRAY R 2ND TOE DX OSTEOMYELITIS				
			HH	HASHHA		01/28/08	HOME
12/14/07	IN	1	OSTEOMYELITIS				
			3RD	HASHHA		12/18/07	HHS
12/12/07	REF	1	OSTEOMYELITIS RT 2ND TOE				
			DI	HASHHA			
11/21/07	IN	1	OSTEOMYELITIS RT FOOT 2ND DIGIT				
			2W	HASHHA		11/25/07	HOME
11/03/07	REF	1	DIABETIC FOOT INFECTION				
			UC	BLAWCE			
		1	SCRAPED BOTTOM OF FOOT/XRAY				

RUN DATE: 06/04/13
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 RUN USER: MAXOTE

Lodi Memorial Hospital ** MRI **
 PATIENT'S DATA (SUMMARY)

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PATIENT: M053082

DATE	TYPE	ACCOUNT #	CON LOCATION	DOCTOR	RES TAKEN	DISCH DT	DISCH DISP
# VISITS			REASON FOR VISIT				
11/03/07	PPR	W000010988	CL.UCC	BLAWCE			
2			SCRAPED BOTTOM OF FOOT				
09/13/07	RCR	V018380311	PT	DHALHAR		09/13/07	HOME
6			DDD				
08/08/07	RCR	V018380311	PT	DHALHAR			
6			DDD				
04/29/07	IN	V018099176	2W	HASHHA		04/30/07	HOME
2			CHEST PAIN/UNSTABLE ANGINA/HYPERGLYCEMIA				
04/06/07	IN	V018030916	2C	HASHHA		04/09/07	HOME
2			DEHYDRATION/UTI				
03/31/07	IN	V018011015	2C	HASHHA		04/04/07	HOME
2			FALL/BACK PAIN/DM				
03/05/07	REF	V017921560	UC	STEERU			
1			FOOT PAIN				
03/05/07	PPR	W000010988	CL.UCC	STEEUCC			
2			FOOT PAIN				
11/02/04	IN	V009198144	3RD	CHANPA		11/05/04	HOME
2			HYPOKALEMIA/RENAL FAILURE				
09/11/04	IN	V008359259	3RD	STENLE		09/20/04	DAMERON
2			CP,R/O MI				
03/26/04	ER	V005456504	ER	TALKTH		03/26/04	HOME
1			GLF/HEAD LAC				
05/21/03	REF	V017087719	OP	HASHHA		05/21/03	01
1							
04/27/03	IN	V016963175	MED	HASHHA		04/30/03	01
1			CHEST PAIN NOS				
04/30/02	REF	V015652357	OP	STENLE		04/30/02	01
1			COUGH				
02/27/02	REF	V015405848	OP	HASHHA		02/27/02	01
1							
01/23/02	IN	V015271059	MED	HASHHA		01/26/02	01
1			CHEST PAIN NOS				
01/22/01	IN	V013870795	MED	HASHHA		01/26/01	01
1			CHEST PAIN NOS				
10/26/00	ER	V013552856	ER	KRUEKY		10/26/00	01
1			OTHER ALTER CONSCIOUSNES				
07/08/00	ER	V013077383	ER	MCNETH		07/08/00	01
1			DIZZINESS AND GIDDINESS				
01/06/00	ER	V012019592	ER	HASHHA		01/06/00	01
1							
11/09/96	ER	V006039382	ER	MCNETH		11/09/96	01
1							
11/06/96	ER	V006026355	ER	ABBOAB		11/06/96	01
1							
08/24/96	ER	V005728571	ER	PADIRO		08/24/96	01
1							
08/07/96	REF	V005662846	OP	STENLE		08/07/96	01
1							
07/29/96	REF	V005628979	OP	STENLE		07/29/96	01
1							
07/22/96	REF	V005605142	OP	STENLE		07/22/96	01

RUN DATE: 06/04/13

Lodi Memorial Hospital ** MRI **

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RUN TIME: 1415

PATIENT'S DATA (SUMMARY)

RUN USER: MAXOTE

PATIENT: M053082

DATE	TYPE	ACCOUNT #	CON LOCATION	DOCTOR	RES TAKEN	DISCH DT	DISCH DISP
		# VISITS	REASON FOR VISIT				
07/17/96	REF	1 V005589809	OP	STENLE		07/17/96	01
		1					

9-5-12

Living with MRSA

*This is really serious.
I need to do something
about this now!*



Learning how to control the spread of
Methicillin-Resistant Staphylococcus Aureus (MRSA)

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

SAN JOAQUIN COUNTY

PUBLIC HEALTH SERVICES

STOCKTON, CALIFORNIA

CERTIFICATE OF DEATH

3201239001207

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS (S-1 REV. 3/09)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (Given) SHIRLEY		2. MIDDLE H		3. LAST (Family) JOHNSON	
4. AKA, ALSO KNOWN AS—Include full AKA (FIRST, MIDDLE, LAST) HAZEL SHIRLEY JOHNSON		5. DATE OF BIRTH mm/dd/yyyy 09/05/1932		6. AGE Yrs. 79	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER 552-40-2494		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SROP (at Time of Death) WIDOWED		13. DATE OF DEATH mm/dd/yyyy 03/28/2012		14. HOUR (24 Hours) 0927	
15. EDUCATION—Highest Level/Degree (see worksheet on back) HS GRADUATE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		16. DECEDENT'S RACE—Up to 3 races may be listed (see worksheet on back) WHITE			
17. USUAL OCCUPATION—Type of work for most of life. DO NOT USE RETIRED CREDIT MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) COLLECTION AGENCY		19. YEARS IN OCCUPATION 14	
20. DECEDENT'S RESIDENCE (Street and number, or location) 341 E LOCUST ST					
21. CITY LODI		22. COUNTY/PROVINCE SAN JOAQUIN		23. ZIP CODE 95240	
24. YEARS IN COUNTY 74		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP MARY JEAN PARVIN, SISTER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 2 N. AVENUE AVE, LODI, CA 95240			
28. NAME OF SURVIVING SPOUSE/SROP—FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT—FIRST JACK		32. MIDDLE DELWIN		33. LAST HUGHES	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT—FIRST RUBY		36. MIDDLE LORRAINE	
37. LAST (BIRTH NAME) AMBURN		38. BIRTH STATE TX			
39. DISPOSITION DATE mm/dd/yyyy 04/04/2012		40. PLACE OF FINAL DISPOSITION CHEROKEE MEMORIAL PARK HWY 99 AND HARNEY LANE, LODI, CA 95240			
41. TYPE OF DISPOSITION BU		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT LODI FUNERAL HOME INC		45. LICENSE NUMBER FD627		46. SIGNATURE OF LOCAL REGISTRAR KAREN FURST, MD	
47. DATE mm/dd/yyyy 03/29/2012					
101. PLACE OF DEATH RESIDENCE - OWN		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY SAN JOAQUIN		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 341 LOCUST STREET		106. CITY LODI	
107. CAUSE OF DEATH Enter the chain of events—diseases, injuries, or complications—that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or venous thrombosis without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) ASPIRATION PNEUMONIA (B) CLOSTRIDIUM DIFFICILE COLITIS Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. (C) (D) 112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		Time Interval Between Onset and Death (AT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DYS (BT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DYS (CT) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		108. DEATH REPORTED TO CORONER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 109. BIOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 110. AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 111. USED IN DETERMINING CAUSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) NO		114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER EDMUND ARTHUR FREUND M.D.	
116. LICENSE NUMBER A34171		117. DATE mm/dd/yyyy 03/29/2012			
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		119. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE EDMUND ARTHUR FREUND M.D. 1901 W KETTLEMAN LANE, LODI, CA 95242		120. INJURED AT WORK? YES <input type="checkbox"/> NO <input type="checkbox"/> UNK <input type="checkbox"/>	
121. INJURY DATE mm/dd/yyyy		122. HOUR (24 Hours)			
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip)					
126. SIGNATURE OF CORONER / DEPUTY CORONER					
127. DATE mm/dd/yyyy					
128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER					

STATE REGISTRAR

A

B

C

D

E

010001002028065

FAX AUTH

000612679

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN JOAQUIN

This is a true and exact reproduction of the document officially registered and placed on file with San Joaquin County Public Health Services.

DATE ISSUED: APR 03 2012

KAREN FURST, MD, MPH
LOCAL REGISTRAR

This copy not valid unless prepared on engraved border displaying date and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE