

U.S. DISTRICT COURT
N.D. OF N.Y.
FILED

AUG 29 2012

LAWRENCE K. BAERMAN, CLERK
RBNY

U.S. District Court
Northern Dist. of NY{ss

Jeffrey A Kelly, Plaintiff(*pro se' indigent*)

(File No.: 12 -CV- 1344 (MAD/RFT))

v.

Ulster County, NY:Defendant A
Health Alliance of the Hudson Valley, Inc.:
Defendant B

This is a Civil Rights action under 42 U.S.C.
Sec. 1983 involving involuntary commitment:
Prior filing(status:dismissed):# 1:10-CV-1118
(i.e., "federal qui tam").

WHEREAS:

Def. A., in and through employees Pat
Gilcrest and Joe Ausanio(the latter a former
employee of Def. B in a similar role and a re-

tired member of the NY Yankees baseball organization), effected a pickup order, faxed to Kingston Police Dept. on June 3, 2010;

Def. A failed to adhere to recent case law regarding standards set forth below therein in properly evaluating Plaintiff for such an act;

Def. A. had been confronted, while Plaintiff was a client with its mental health dept., with a family estate issue upon which very recently prior to the effectuation of said commitment order it had reacted in highly negative fashion toward Plaintiff;

Def. A, at no time prior to the issuance of its civil commitment order to the local police dept., effected a personal examination of plaintiff for what it claimed was the basis of effectuation of said civil commitment order, and did so recklessly and without regard to meeting the requirements of state statutes, state case, federal case, statutory, and constitutional law with regard to same;

Def. A, in reviewing one written sentence rendered by the plaintiff to it, in complete disregard of the remainder of the body of the letter thereto attached and the issues of fact

discussed therein, issued the involuntary commitment order, most likely in so doing, answering the apparent call of employment demands in the field according more to the state policy demands as a "mandatory reporter" under state OMH policy (and resultant sanctions or job loss for not doing so) than in adhering to the law with regard to proper effectuation of involuntary commitment; Def. B. had assigned Eric Nies, MD, as the on-call ER mental health physician to evaluate Plaintiff, who failed to properly evaluate Plaintiff on the allegation of an alleged threat made on the life of the

Mayor and who instead referred the matter to the mental health evaluator; Said mental health evaluator, G. M. Smith, held Plaintiff for several hours while he evaluated at least one other patient for admission and twisted the statement given to him about a blog exchange between Plaintiff and the Mayor to mean entirely something other than what was told him and to indicate in deliberate, reckless, and unethical fashion, that Plaintiff presented a clear and present danger to the Mayor;

Said G. M. Smith entered same into the hospital record, and this was repeated down the line in the hospital record in order to substantiate for insurance purposes the basis upon which Plaintiff was being held involuntarily and his Medicaid was billed;

Said G. M. Smith, when informed of the existence of a blog exchange between plaintiff and then-Mayor Sottile of Kingston, demurred on the invitation for him to examine this exchange by stating:"I'm not very familiar with the internet and these things";thus, neither he nor any other hospital staff examined the blog exchange

nor rendered any report if they did at any time in the hospital record with respect to their finding on this point; the attending Psychiatrist, R. Ackerman-Raphael, made statements trying to put forward the notion that either the blog never existed or that the person representing himself to be the Mayor on the blog was in fact, not the Mayor(Dr. Ackerman-Raphael never examined the blog entries to try to render any determination on this point either); Def. B, in and through its employee Psychiatrist Diana Puglisi, MD, then proceeded to effect the commitment through the process of Mr.

Smith(said mental health evaluator at Kingston Hospital campus of the HAHV, Inc.)by contacting her by phone whereupon she approved same having accepted whatever Mr. Smith told her as sufficient to properly effect said commitment;Def. B, in and through its employee Psychiatrist Rebecca Ackerman-Raphael, proceeded to avoid NY MHY 9.39 in that the "two p.c." rule was deliberately avoided by her and she failed to consult with Plaintiff until June 8, 2010; Same Psychiatrist fudged the dates in the record, predating these to make it appear as if such consultation had occurred

earlier; Def. B, in and through its employee Psychiatrist Carlos Valle, in a paper dated on a Sunday (June 6, 2012) on the same day the attending Psychiatrist, Rebecca Ackerman-Raphael, had filed into the record a legal status change of Plaintiff from "involuntary" to "informal", reversed this decision on OMH form falsely (a criminally chargeable act) averring on said OMH form that he had personally examined Plaintiff when in fact he did no such thing, and in doing so only repeated the falsehood of the mental health evaluator, G. M. Smith, in this regard; Def. B, in and through its hospital staff,

notably Nurse Vittarius, prevented Plaintiff from due process of his Constitutional and Civil rights by falsely stating to Plaintiff that Plaintiff was prevented from immediately asking for a court hearing by "the 72-hour hold"; Def. B., in and through its Benedictine hospital staff members Holly Ellison and Beth Howard, falsified the hospital record with respect to the Plaintiff's supposed violence-proneness, by Ms. Ellison falsely stating therein that Plaintiff "lunged" at her while she was questioning Plaintiff about "hospitalization history", and in so doing violated Plaintiff's

(U.S. Constitution, Amend. 5) civil right to protect himself against self-incrimination and and committed professional and criminal fraud in said act, while Beth Howard, as the Social Worker, sat passively while this happened, not once uttering a **single word** to Plaintiff(or having **any interaction with Plaintiff whatsoever**) while he was a patient during the referenced time frame herein;

Def. B, in and through an activities employee, stated about Plaintiff

that he was "not ready for activities"(while the attending Psychiatrist had already stated in

the hospital record directly to the contrary)
,thus revealing a deliberate, reckless, and punitive policy which further disregarded Plaintiff's civil rights in wholesale fashion, while using as a motive for this the reckless and arbitrary efforts employed generally as described herein to bilk public health insurance programs (a subject of significant prior litigation involving Benedictine Hospital started by others);
Def. B., in and through its policy of ordering medications, violated the Plaintiff's rights with respect to be free from same unless he poses a clear and convincing immediate danger to

himself or others (as decided in *Rivers v. Katz*);

Def. B. never related any information to Plaintiff with respect to what Plaintiff was being accused of doing to properly have the authorities effectuate (since he was unaware he had done anything to accomplish this, had to contact a local newspaper reporter to work on this issue, which did go forth and a story in the local newspaper was produced as a result which was published only AFTER Plaintiff was released by the hospital); Neither Def. A. nor Def. B ever properly evaluated Plaintiff toward effecting a

core determination of whether he was in fact a danger to himself or others but instead only used the circumstances to bilk Plaintiff's public health insurance and milk same for all it was worth, falsifying key elements of any fair evaluation toward achieving an evaluation of same; That Plaintiff has no prior history of any violent act or criminal act;

WHEREFORE Defendants A and B are in violation of state statutes under which their employee Psychiatrists have been previously in the federal system deemed state actors under Rubenstein v. Benedictine Hospital(790 F.

Supp. 396:N.D.N.Y., 1992) acting under color of state law (MHY 9.39, effectuated the wholesale abrogation of Plaintiff's Federal civil rights with respect to U.S. Const.: Article 1, Sec. 9; Amendments: 1(speech), 4(search and seizure); 5(self-incrimination); 8(cruel and unusual punishment); 14(due process:substantive) and further did so without regard for making any real attempt to evaluate the Plaintiff in terms of his threat to the public or to Mr. Sottile as an ostensibly "mentally ill individual" or lack thereof, as the state interests, under the legal theory of *parens patriae* ("the state as parent") underpins the philosophical need for involuntary

commitment laws and process at the state level; thus, neither Def. A. nor Def. B. acted to adequately affirmatively protect the public either in the entire process described herein (thus underscoring the fact of this entire involuntary commitment process as a "sham" on every level it is designed to in theory *avoid* being a "sham"), thus committing false imprisonment while denying Plaintiff basic right to know what specifically it was that effectuated the involuntary commitment and thus giving him a fair chance to reply thereto "in adequate and proper specifics related to the specifics of any allegation against him" (either on a therapeutic basis or a legally exculpatory basis);

rather, the entirety of the involuntary commitment process is designed to affirmatively deny anyone who enters thereinto any right to effectively challenge anything placed into the record that is designed to indict his ability to control his own actions upon an allegation of "mental illness" or "history of mental illness" and to argue and affirm that it is necessarily true or valid that prior involuntary commitment is an adequate basis to indict a person for present issues involving involuntary commitment (the inpatient mental health system continues to operate upon this premise even as the federal courts have, to date, increasingly denied the "inpatient mental health system" a legal basis upon which to

do so).[The usual arbitrary, capricious, and bias in process toward financially serving the interests of the hospital specifics of machinations used routinely and carelessly by the involuntary commitment process is on display in the instant complaint]. Also, that as of June 6,2010, since the director's cancellation order violated the criminal fraud statutes with respect to the filing of a false instrument, Plaintiff was legally, as of the order effected by the attending Physician Ackerman-Raphael, under informal status, and thus should have been permitted to leave the hospital at any time(but was denied that opportunity,and in fact was never informed of the existence of

the change to informal status order until he obtained the hospital record following his discharge on June 10, 2010 some weeks thereafter), and thus under state statute,(N.Y.C.R.R. Title 14, Sections 27.8 and 27.9)was entitled to full protections of procedures under said state statute to be taken under objection to treatment, which Plaintiff was denied and patient never informed of such procedures by notice of state statute pertaining to same in any form while under a wholesale curtailment of liberty upon the locked hospital ward.

Jurisdiction and Venue

Both Def. A and Def. B do business in Kingston, NY; Kingston, NY is within the Northern District of NY,

Statutes: Americans With Disabilities Act of 1990

(see *Olmstead v. L.C. below*)

Narrative Legal Basis for Proper Action Before The
Court

The action herein must meet the following standards, per

prior standards regarding legal concepts of federal rules and procedures adopted for like cases under 42 U.S.C. Sec. 1983 (and related through prior experience of Plaintiff in the instant federal district court), to wit:

- 1) state actors acting under color of state law;
- 2) citation of what said state laws are that were acted under/operant by defendants;
- 3) citation of what federal laws were violated.

therefore the correct venue is within the Northern
Dist. of NY.

Causes of Action:"Violation of U.S. Constitution"

1. Article 1, Sec. 9

(right of habeus corpus not to be suspended);

2. Amendment 1(speech: here, political speech)

3. Amendment 5(prohibition against requiring self-
incrimination)

4. Amendment 4(unreasonable search and
seizure);

5. Amendment 8(cruel and unusual punishment);

6. Amendment 14

(substantive due process);

Thus, construction of the complaint herein according to all three said criteria is as follows:

a) State actors (under *Rubenstein v. Benedictine*

Hospital): Psychiatrists: Diana Puglisi, MD;

Rebecca Ackerman-Raphael, MD; and Carlos

Valle, MD; b) state laws under which state actors

acted: MHL 9.39 (standards required for involuntary

commitment and procedures and time frames

governing what is "supposed" to be carried out in

terms of timely and proper evaluation of the patient;

MHL 9.41 (powers and legal immunities of police

related to involuntary commitment orders and pro-

cedures); MHL 33.16 (state version of "habeus cor-

pus"); MHL 33.03(b)(3) ("based on appropriate

examination");and state case law:

Rivers v. Katz/Grassi v. Accrish(495 N.E.

2d 337)(right to refuse medication);*Brown v. NYC*

Health and Hospitals Corp.(225 A.D. 2d 36:2nd

Dept., 1997)(high thresshold required for involunt-

ary commitment to become valid upon an eval-

uation that any person is "mentally ill" alone);In

The Matter of Michelle B.(215 A.D. 2d 475,627

NYS 2d 575(2nd Dept., 1995)(appellate div.vacated

order to administer forced medication via naso-

gastric tubes);

c)Citation of federal laws that were violated:

1)see causes of action above and 2)federal

case law of:

- a) *O'Connor v. Donaldson* (422 U.S. 563, 575-6, 1975);
- b) *Addington v. Texas* (441 U.S. 418, 1979);
- c) *Rubenstein v. Benedictine Hospital* (790 F. Supp. 396: N.D.N.Y., 1992)
- d) *Rennie v. Klein* (462 F. Supp. 1131 [D.N.J., 1978]);
- e) *Foucha v. Louisiana* (504 U.S. 71, 1992);
- f) *Olmstead v. L.C.* (527 U.S. 581, 1999);
- g) *Rodriguez v. City of New York* (72 F. 3d, 1051: 2d Cir. , 1995);
- h) *Bolmer v. Oliveira* (570 F. Supp. 2d, 301, 317 :D.Conn., 2008);
- i) *Olivier v. Robert L. Yeagher Mental Health Center* (F. 3d 183 , 191-92, :2d Cir. 2005);

j) *Johnson v. Glick* (481 F. 2d 1028, 1033:2d Cir., 1973);

k) *Goetz v. Crosson* (967 F. 2d. 29, 2d Cir., 1992; 41 F. 3d. 800 (2d. Cir., 1994), cert. denied, 516 U.S. 821, (1995);

l) *In Re Gault* (387 U.S. 1, 1967);

m) *Lessard v. Schmidt*, (349 F. Supp. 1078, -Dist. Court, ED Wisconsin, 1972):

n) *Project Release v. Prevost* (722 F. 2d, 960-Court of Appeals, 2nd Cir., 1983)

o) *Doremus v. Farrell* (407 F. Supp 509:1975):

p) *Lynch v. Baxley* (396 F. Supp. at 392-4);

q) *Dixon v. Attorney General of Pennsylvania* (325 F. Supp. 966.974 [M.D.Pa., 1971])

Assertion for Status Of Prior Filing To Be Deemed

"Unrelated"

Per (local rule) Gen. Order # 12 (G) (5), due to the fact the prior filing was dismissed for lack of attorney representation as required by then relatively recent federal case law requiring same, the Plaintiff affirmatively, upon a general issue of "apparent practicality," asserts "unrelatedness" of the prior filing to the current complaint; accordingly, in deference to affirmative recognition of the local rule cited hereinabove pertaining to the general issue of "relatedness" (or lack thereof) of the prior complaint to the instant/current complaint. This

assertion is made with the full realization that both such complaints relate to the same event and issues proximately but do not relate "in practice" to each other vis-a-vis the dismissal of the prior complaint upon what can be "reasonably described as a 'technicality'" that appears to have weighted process of same in favor of the respondents, clearly over and above that of the regulator in the practical effectuation of an outcome that was generally against the interests of justice generally (from both the standpoint of public health insurance fraud and revelation and discussion of the issues that would have been relevant to the instant complaint "*if* only these *had* seen the clash of legal

argument and debate"----but because such a scenario never happened under the prior complaint, it is asserted at this juncture that there was never any vital discussion, debate, or legal clash between the opposing positions at either deposition or trial of any issue related to the instant complaint and thus "for all intents and purposes the issue of the prior filing should at this stage, be deemed 'moot' ");and (and "perhaps moreover")that the prior complaint was sufficiently at odds in the legal framework thereof in that the core legal issue under that was whether the respondents had committed Medicaid Fraud pursuant to federal law pertaining to same

under a federal legal concept that first was passed during the Civil War Era when the purchase of war materials were used to defraud the government and the federal government thus deemed it necessary to have a mechanism to address this practice of business transactions that resulted in said defrauding of the federal government; contemporaneously, the general operation of the healthcare system in the nation carries with it a similar general propensity to defraud the government and other insurance entities as well, rendering the current national debate on how to manage this situation a general outcome related to such issues as defrauding the government via

Medicaid and Medicare. However, as a practical legal matter, in terms of the issue of insurance fraud is completely unrelated as a legal concept to that of civil and human rights law, and as such, it is asserted that any possible claim by the opposing side of "relatedness"(of the prior filing to the instant filing) should fail upon this instant legal unrelatedness alone, as it is said in the Latin (adopted in Geography to denote opposite parts of the earth), that the relationship of the two are "*antipodes*"; that is to say, that the legal basis of the prior filing is "so unlike that of the instant filing that there appears to be no sufficient legal basis for af-

firming these two filing under discussion are, in the applicable legal constructions,"related to *each other with any sufficiency within the said legal constructs.*" Thus, any notion that the prior filing should, in any way, shape, or form, carry over to the instant filing, is asserted upon the instantly- aforesaid legal and practical facts and foundations, as "invalid as process." Relatedly in this discussion, while it is lamentable per legal process that the government has taken a passive and somewhat even hostile policy related to assisting in the prosecution of federal complaints under the False Claims Act in any notable effort to combat public health insurance fraud in the contemporaneous

healthcare system mess we experience generally today, it remains a fact that the two legal concepts involved in th prior complaint and the instant complaint "are not even related as to being 'distant cousins'."

Demand For Trial

Plaintiff demands trial by: ***JURY.***

Overview of Legal Framework Of Issues

In the process of Involuntary Commitment, the Federal Courts have formally recognized that such a process represents "a massive curtailment of liberty";the state is given the power of "parens patriae" as a right to protect the interests of, in this case, those deemed, "mentally ill", and those of society

at large from an ostensible threat(albeit a "class-based unproven/disproven one" based on the opinions of the majority of those employed in the mental health field);the media are only interested in reporting the angle of "crazed individual does X" (whether or not there are any other angles of legitimate interest to any story);against this backdrop is a system designed to systematically to abridge civil and many human rights afforded citizens of the United States of America by deliberately, affirmatively,and routinely disregarding those rights contained in the U.S. Constitution, The Declaration of Independence by extension, and the precepts of what constitutes "torture" around the world as

expressed in the Universal Declaration on Human Rights and the Affirmations thereon of The Special Rapporteur of the United Nations, of which the United States is both a member and host state. The motive for accomplishing this behavior on a routine basis is simple and irresistible: financial benefit to the Pharmaceutical, Hospital, and hospital inpatient mental health worker community; the means by which this is accomplished is overwhelmingly statistically upon the fact that the economically disadvantaged are targeted much more so than others, in large part because Medicaid fails to deny insurance payments for repeated involuntary commitments, and hos-

pitals routinely try to effect their legal power, once a patient is so committed, to effect forced drugging and other methods to achieve the substantial financial benefits they now and continually enjoy in this field. Since Plaintiff in this case is financially disadvantaged, he is an easy target for the types of abuse seen in this case and which routinely occurs across the United States of America on a daily basis. Once involuntary commitment is achieved against any individual, for all intents and purposes, all rights of that individual terminate as a member of society as had previously been granted that individual, even though certain provisions in the law dictate otherwise. No patient is

given adequate notice of their rights in the hospital except to a lawyer employed by the state mental hygiene legal services, and that person is generally overburdened by a large case load from the habituation of sham involuntary commitment processes and thus tends to take little interest in any minutiae (legal or otherwise) of the patient's issues with respect to his or her claims, and is only interested and involved in the patient's right to a court hearing. which, if the hospital so designs, can render this very easily yet another sham, and often does, to its own financial benefit. As an interesting overview in International Law--which the lawsuit herein seeks to continue into such realm if necessary--is

that as the United States continues its vociferous refrain in taking other nations to task in both his Hemisphere and in the Eastern Hemisphere, it tends to pay little to no attention to the cries of those illicitly and in sham fashion detained on a routine basis within the United States. This is a situation of obvious hypocrisy; and while it can be argued that the level and type of human rights abuses in other nations tend to be of a more severe nature than what is seen in the United States, generally speaking, this nevertheless remains an hypocrisy of public policy of some note.

Finally, Psychiatry is formally considered a form of "medicine", and individuals who practice same are

required to have education in medicine of the same fundamental type that other physicians acquire; however, while other forms of medicine rely at least in part on science (some indict the "medical model" as being overly simplistic), Psychiatry only relies upon its own definitions, theories, and instincts, and is the only branch of "medicine" which operates wholly contrary to the Hippocratic Oath ("First Do No Harm") by knowing the dangerous of the treatments it prescribes yet engages in them routinely anyway and that forces upon people its "treatments" (under another unproven and harmful theory that "every single patient does not know they are ill" (the term

this branch of Witchcraft conjures up for this assertion is "Agnosia") Further, it is entirely devoid of science by being devoid of the use of the scientific method in adequate measure to properly meet the definition of adhering to the scientific method in diagnosis, treatment, and assessment.

Since it has also engaged the law in the upholding of its witchcraft as a valid part of the legal process, it has also entered thereinto and has inevitably perverted much of the fundamental underpinnings of what the law had theretofore held as valid. Against this level of power, we find no force adequate to meet this "steamroller" with sufficient counterforce of law, and as such this "Witchcraft

continues to enforce a circular reasoning of some magnitude upon the government, the populace, and society as a whole. It is thought the Founders of the United States would have seen such a development as ominous, and those who participate in the extant vigorous campaign to oppose this tyranny, including petitioner herein who will be doing so long after the instant complaint sees disposition, are reasonably described as in the midst of the battle for the civil rights of a labelled, abused, oppressed, discriminated against, and by circular reasoning often "limited for life" in their lives by such a process, that is certainly among the most recent great civil rights battles to

be waged in these United States.

As seen herein, certain federal case law has recognized that very often state laws governing involuntary commitment processes and procedures are, in and of themselves, inadequate to enforce the civil and human rights of those civilly committed; moreover, the routineness of such sham processes of civil commitment continually involve routine abridgements of the provisions of state laws designed to govern and proscribe the rules under which civil commitments occur (as the instant complaint asserts occurred here). Within the context of a generally recognized situation of the United

States being the most densely per capita incarcerated industrialized society on earth, the question is asked herein: "Does anything, in *this* context, '**shock the conscience**'? and, "Is it possible to 'shock the conscience' with anything other than the routinely oppressive processes of sham civil commitments of the poor/disempowered?"

[It is hoped this case will prompt some attempt to, if not answer, these questions, and asserted that the above references to human rights in international law are *necessary* as plaintiff *anticipates* this case *will* see through to the process of referral to the Organization of A-

merican States for Human Rights Violations
Review, to which the United States is a "state
party"]

Litigant Contact List

Plaintiff: Jeffrey A. Kelly
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(845) 853-4963
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Def. A :Ms. Bea Havranek, Ulster County Attorney
Ulster County Office Bldg.,
Main and Fair Streets

Kingston, NY 12401
(845) 340-3000
(Atty.:TBA)

Def. B :1) Mr. David Lundquist, CEO
Health Alliance of the Hudson Valley, Inc.
Kingston Hospital Campus

396 Broadway
Kingston, NY 12401
(845-331-3131)

1)a) Benedictine Hospital campus

105 Mary's Avenue
Kingston, NY 12401

(845) 338-2500
(Atty:TBA)

=====

Prayer for Relief

For the damages of injuries to the plaintiff's psyche with respect to a post traumatic stress syndrome related to his forced incarceration as a reminder of what he encountered in the mental health system first at the age of 11:

Against Def. A and B:52 weeks per year at a cost of \$200 per week for Psychological Counseling to

a Psychologist, times 20 years = \$10,400(times two = \$20,800);

For punitive damages related to the reckless disregard for the plaintiff in his involuntary civil incarceration and affirmative attitude of disempowerment of him by all hospital staff including the obvious collusion with the disempowerment schemata of all other hospital staff of the Social Worker assigned to him during this procedure:\$100,800 for Def. B;

For punitive damages due to the abject and reckless disregard for plaintiff's federal civil rights by law by employees of Def. A.:\$100,

800;bringing a total for all damages sought equal to **\$321,399 ;*declaratory and injunctive relief (under Doremus v. Farrell) barring the application of any similar arbitrary reckless acts by the Defendants in the future against Plaintiff and affirming the issues presented herein represented excessive arbitrary acts in reckless disregard of the facts pertinent to the issues raised by Def. A in effecting the involuntary commitment order and the guidelines already established by recent federal case law cited herein as to the standards of care required prior to the issuance of a legally valid involuntary com-***

mitment order under federal law;

plus all applicable costs to bring the lawsuit

herein by plaintiff. [NB:The punitive damage

upper limits as decided in the benchmark

federal case *State Farm Mutual Auto Ins.*

Co. v. Campbell(538 U.S.C. 408:2003)

has been applied to guide the punitive

damage award request, which applies the

"less than ten times the compensatory

award" standard to what it considered

allowable,*reduced by a single dollar* from the

calculation of ten times the compensatory

award thus rendering the request herein within

the guidelines for limits of same within the stan-

dard of the said benchmark *State Farm* ruling.].

DATED: August 27, _____, 2012

By: Jeffrey A. Kelly

[Plaintiff applying for/ proceeding *IFP*]

Under penalty of perjury, comes the above-signed
Plaintiff, a legal competent and indigent, averring
that all allegations rendered in the complaint herein
are true to the best of his knowledge and belief.

STATE OF NEW YORK

COUNTY OF ULSTER

ON THIS THE 27th DAY OF August, 2012, BEFORE ME, KIMBERLEY A. HARRELL, THE UNDERSIGNED OFFICER, PERSONALLY APPEARED Jeffrey A Heley, KNOWN TO ME (OR SATISFACTORILY PROVEN TO BE THE PERSON(S) WHOSE NAME(S) (IS OR ARE) SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED THAT (HE, SHE OR THEY) EXECUTED THE SAME FOR THE PURPOSES THEREIN CONTAINED.

IN WITNESS WHEREOF I HEREUNTO SET MY HAND.

Kimberley A Harrell

DATE COMMISSION EXPIRES: 10/6/2014

KIMBERLEY A. HARRELL
Notary Public, State of New York
Commission Expires October 6, 2014

Social Security Administration

Date: July 27, 2012
Claim Number: 087-42-1538DI



1BEV010001315 0.345 MB 0.404 T00000006



JEFFREY ALLAN KELLY
164 COLONIAL DR
KINGSTON NY 12401-2212

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Supplemental Security Income Payments

Beginning January 2012, the current Supplemental Security Income payment is \$ 785.00.

This payment amount may change from month to month if income or living situation changes.

Supplemental Security Income Payments are paid the month they are due. (For example, Supplemental Security Income Payments for March are paid in March.)

Type of Supplemental Security Income Payment Information

You are entitled to monthly payments as a disabled individual.

If You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at 866-587-4419. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
809 GRANT AVE
LAKE KATRINE, NY 12449

See Next Page

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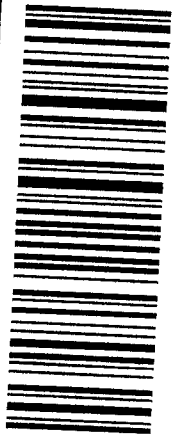
Page 2 of 2

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Social Security Administration

Mr. Jeffrey Kelly
164 Colonial Dr.
Kingston, NY 12401

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
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Albany, NY 12207

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N.D. OF NY.
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AUG 29 2012

LAWRENCE K. BAERTMAN, CLERK
ALBANY