

Heidi M Brush-Feldman
Petitioner / Co-Respondent

Case No. 10 FA 000385

and
Leland C Feldman
Respondent

FINDINGS AND ORDER (767.501/767.805)

Family (A) B C D E F

IV-D / KIDS Case No. 5350953

Type or print all information down to the findings.
Form prepared by _____

- Order - 767.08/767.62
- Income Withholding Only
- Temporary Order
- Other - _____

Date of Hearing _____

Mother Name Heidi M Brush-Feldman SSN _____ DO _____
Address _____

Appeared? Yes / No With Counsel? Yes / No If yes, name of counsel _____
Father ^{by phone} Name Leland C Feldman SSN _____ DO _____
Address _____

Appeared? Yes / No With Counsel? Yes / No If yes, name of counsel Tom Bartell

Other Appearances State of Wis by K Murphy Other _____

Child(ren) - Provide name, date of birth, and social security number, if available
[REDACTED] AAB
[REDACTED] AAB

THE COURT FINDS:

Court-ordered payee (CP): Mother / Father / Other _____ NCP: Mother / Father

NCPs Employer Name PMS Address _____
Street City State Zip Code + 4

Fax No. _____ Telephone No. _____
NCP's Gross Monthly Income \$ 1735 NCP is paid Weekly Biweekly Monthly Semimonthly
 NCP is shirking his/her duty to provide support, and has the capacity to obtain full-time minimum wage earnings.

CP's Gross Monthly Income \$ _____
Other findings: There is divorce pending in PA. Mother is not currently employed but had an earning capacity of approx. \$52,000 as UWM professor. Father lost employment as police officer due to arrest for DV and father returned to Milw. Mother moved to PA. Father's income as police

THE COURT ORDERS: sauged from \$45,000 to \$60,000.

- Custody shall be: Joint. Sole with _____
- Placement shall be: Shared. Primary to _____
- Alternative placement with _____
 - At all reasonable times upon reasonable notice
 - Other: _____

Findings:
Other custody/placement provisions: Father claims moved to CO at mother's request and lost employment there due to mother's allegations (which he does not admit). He has reappplied to MPD. Parties were married for a very short term and have been separated as long as they were married. Parties separated 12/7/08.

employment first 4 months of 2009 so court imputes Min. wa of \$1100/mo. + had income of \$1485.2 as \$2475/mo. fees remain of 2009.

Monthly Payments through WI SCTF (Payable by NCP to CP unless indicated otherwise)

Current Child Support 295 Eff. Date 2/1/10 Per continuing order
Repayment of Debts _____ Eff. Date _____ Per continuing order

All payments shall be made to the Wisconsin Support collections Trust Fund (WI SCTF), Box 74200, Milwaukee, WI 53274-0200. The party ordered to make payments herein shall pay an annual receiving and disbursing fee of \$35 to the State of Wisconsin. Wis. Stat. §767.57(1)(e).

Adjudicated Debts (Debts are payable by NCP unless indicated otherwise)

Birth expenses of \$ _____ Payable to State of Wisconsin Other _____
 Court costs of \$ _____ Payable to Milwaukee County Other _____
 Other \$ Past Support = \$3650

If checked, this order is subject to annual adjustment - Pursuant to Wis. Stat. §767.553, this child support order may be adjusted annually beginning in _____. The adjustment will be made ONLY if the party receiving support files a stipulation of both parties to the adjustment OR files a motion for implementation of annual adjustment because the party paying support refuses to provide income information or refuses to stipulate to the appropriate adjustment. The effective date of the adjustment shall be the first day of the first month following the date the stipulation is signed by the commissioner or the service of the motion. The adjustment shall be based on a change in the payer's "gross income available for child support" as defined in the Wisconsin Administrative Code, as evidenced by the payer's tax returns, supporting documentation, proof of all non-taxed income and any other evidence of "gross income available for child support". The percentage to be applied, until further order of the court, is _____%. Pursuant to Wis. Stat §767.553(1)(c); In the order the court shall specify what information the parties must exchange to determine whether the payer's income has changed, and shall specify the manner and timing of the information exchange.

Additional Orders:

Both parties shall name and maintain the child as a covered dependent under all health care programs or policies, covering the cost of medical and dental care, which are now or may be offered by a present or future employer, and shall provide the custodian of the child and the Child Support Agency with copies of such programs or policy identification, and shall assign any benefits provided by such programs or policies to providers of medical or dental care who render care for the child. Such coverage shall be at a reasonable cost, until the parental duty to support is terminated. The Child Support Agency shall be kept informed regarding any change in employment and the availability of insurance. The parties shall divide equally any uninsured medical and dental expenses.

The parties shall annually exchange financial information, including pay stubs and W-2s. Failure to exchange such information may result in contempt proceedings under Wis. Stat. ch. 785 and payment of costs and attorney fees under Wis. Stat. §767.127. This exchange of information shall be done no later than March 1 of each year, commencing the March following the date of this order. The exchange shall be done in person or by US mail.

Support orders constitute an immediate assignment of all commissions, earnings, salaries, wages, pension benefits, benefits under Chapter 102 or 108, lottery prizes that are payable in installments and other money due or to be due in the future for child support. The assignment shall be for an amount sufficient to ensure payment of the order and to pay any arrears due at a periodic rate not to exceed 50% of the amount of support due under the order, so long as the addition of the amount toward arrearages does not leave the party at an income below the poverty line established under 42 USC 9902(2). A support withholding order has priority over any assignment, garnishment or similar legal process under state laws. No employer may use an assignment under this section as a basis for the denial of employment, the discharge of an employee or any disciplinary action against an employee. Wis. Stat §767.75. An employer shall not withhold more of an employee's disposable income than allowed pursuant to the Federal Consumer Credit Protection Act unless the employee agrees to have the full amount withheld.

A party ordered to pay child support shall pay simple interest at the rate of 1% per month on any amount unpaid, commencing the first day of the second month after the month in which the amount was due. Wis. Stat. §767.511(6). An order for support, past support, birth expenses and any balances due, whether or not there is an order to make periodic payments, will result in the interception of the obligor's income tax refunds, may be reported to the credit bureau, and is subject to the imposition of a charge against real estate. Wis. Stat. §§49.22(11), 49.855, and 767.77.

Disobedience of support orders is punishable under Wis. State. Chapter 785, by commitment to the County Jail or House of Correction until the orders are complied with and costs of the proceedings are paid, or until the committed party is otherwise discharged according to law. Wis. Stat. § 767.78.

Both parties shall, within 10 days of an address change, notify the Child Support Agency of such change. Further, the payer shall notify the Child Support Agency within 10 days of any change of employer and of any substantial change in the amount of his/her income such that his/her ability to pay support is affected. Notification of a substantial change in the amount of the payer's income will not automatically result in a change in the order unless a revision of the order is sought. Wis. Stat. § 767.58. **A court may not retroactively revise the amount of child support previously ordered and due. If a substantial change in circumstances occurs, and an interested party wishes to change the court-ordered payments, it is that party's responsibility to bring immediate legal action to have the court consider a modification in future support payments.** Wis. Stat. §767.59(1)(m).

Under federal law, each party subject to a child support order has the right to request a review of that order at least every third year. The purpose of the review is to determine whether the existing support order is still appropriate under the child support percentage of income standard, or whether an adjustment is needed to bring the order in line with the standard. A parent who requests a review may be charged a fee.

Any person who is awarded physical placement rights, a child of such person, a person with visitation rights or a person with physical custody of a child may notify the Family Court Commissioner of any problem with these matters. The Family Court Commissioner may refer any person involved to the director of family court counseling services for assistance in resolving the matter. Wis. Stat. §767.405(5)(c).

Whoever intentionally causes a child to leave, takes a child away or withholds a child for more than 12 hours beyond the court-approved period of physical placement or visitation period from a legal custodial with intent to deprive the custodian of his or her custody rights without the consent of the custodian is guilty of a Class C felony, which is punishable by a fine not to exceed \$10,000 or imprisonment not to exceed 10 years or both. This paragraph is not applicable if the court has entered an order authorizing the person to so take or withhold the child. The fact that joint legal custody has been awarded to both parents by a court does not preclude a court from finding that one parent has committed a violation of this paragraph. A court may order a violator to pay restitution and to provide reimbursement for any reasonable expenses incurred by any person or governmental entity in locating and returning the child. Wis. Stat. §948.31.

Other orders: Maintenance request is denied.
Matter is adjourned to ~~the~~ 6/21/10 at
3:15 p.m. (FCC 3 - Rm. 707).

Check if orders continue on next page

AFCC Nancy L. Sturm Nancy L. Sturm 3/17/10
Presiding Official's Name, Title Presiding Official's Signature Date

Copy of order received: _____
Name Date Name Date

In re the marriage / paternity of:

Case # 10 FA/PA 000385

Petitioner: Heide Brush-Feldman

Respondent: Leland C. Feldman

FINDINGS AND ORDER
Family (A) B C D E F
IV-D / KIDS Case # 5350953

Type or print all information down to the findings.
Form prepared by Thomas R Napierala (414) 755-8450

DATE OF HEARING: 12-7-2010

- Order Amending Temporary Orders
- Order Amending Judgment
- Income Withholding Only
- Other:
- By Stipulation of the parties

Mother Name Heide M. Brush-Feldman SSN [REDACTED]
 Appeared? YES / (NO)
 Counsel? (YES) / NO Address 207 E. Waring Ave State College PA 16801
 Name Thomas Bartel Street City State ZIP+4
Thomas Napierala

Father Name Leland C. Feldman SSN DOE [REDACTED]
 Appeared? (YES) / NO
 Counsel? (YES) / NO Address _____
 Name Thomas Bartel Street City State ZIP+4

Other Appearances: ___ State/WI by _____ Other _____

Child(ren) - Provide Name, Date of Birth, and Social Security Number, if available
[REDACTED] [REDACTED] [REDACTED]
AAB AAB AAB

THE COURT FINDS:
 Court ordered payee (CP): (Mother) Father / Other: _____
 [circle one] NCP: Mother / (Father)
 [circle one]
 NCP'S Employer Name UC
 Fax # _____
 Phone # _____ Address _____

NCP's Gross Monthly Income \$ 1668.40 NCP is paid [] Weekly [] Biweekly [] Semimonthly [] Monthly

Other findings: Matter here to review support, Father is \$600 on list for MPD and attending school for nursing degree while continuing [] Check if findings continue on next page

THE COURT ORDERS: a job search.

Monthly Payments through WISCONSIN SUPPORT COLLECTIONS TRUST FUND
(Payable by NCP to CP unless indicated otherwise)

Current Child Support 295 Eff. Date _____ Per cont. order
 Current Family Support _____ Eff. Date _____ [] Per cont. order
 Current Maintenance _____ Eff. Date _____ [] Per cont. order
 Repay Arrears _____ Eff. Date _____ [] Per cont. order

Other orders: Matter adjourned to 8/22/11 at 9:15 a.m. (FCC 4). Father shall report any employment to opposing counsel. [] Check if orders continue on next page

[This order is reviewable by either party before the assigned judge pursuant to Sec. 757.69(8) Wis. Stats. and Local Court Rules.]

AFCC Nancy L. Sturm Nancy L. Sturm 12/7/10
 PRESIDING OFFICIAL'S NAME / TITLE PRESIDING OFFICIAL'S SIGNATURE DATE SIGNED
 3830-1 R6 [FCCFO 8/19/05] OFFICE USE ONLY: Date Entry ID _____

Exhibit T

THE GUBINSKY LAW FIRM, P.C.

MAIN OFFICE
CORPORATE ONE WEST, SUITE 325
1195 WASHINGTON PIKE
BRIDGEVILLE, PA 15017

DOWNTOWN OFFICE
ALLEGHENY BUILDING, SUITE 702
429 FORBES AVENUE
PITTSBURGH, PA 15219

TELEPHONE (412) 564-5043
FACSIMILE (412) 226-5107
mark@gubinskylaw.com

Mark K. Gubinsky, Esquire

April 4, 2012

Via facsimile

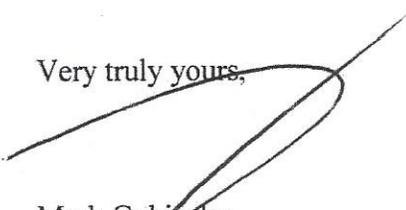
Brian P. Cavanaugh, Esquire
STEWART, MCARDLE, SORICE, WHALEN,
FARRELL, FINOLI & CAVANAUGH, LLC
229 South Maple Avenue
Greensburg, PA 15601

Re: Feldman v. Feldman
No. 1686 of 2009, G.D.

Dear Brian:

Enclosed please find a petition for modification of partial custody order, which has been filed with the court. It is my understanding the order referring the case to mediation will be signed on Monday, April 9, 2012 at 9:00 a.m. by Judge Vernon.

Very truly yours,



Mark Gubinsky

Enclosure

Cc: Leland Feldman (via e-mail)(w/enc.)

Exhibit u

IN THE COURT OF COMMON PLEAS OF FAYETTE COUNTY, PENNSYLVANIA

LELAND FELDMAN,

Petitioner,

vs.

HEIDI BRUSH-FELDMAN,

Defendant.

CIVIL ACTION - LAW

No. 1686 OF 2009 G.D.

**PETITION FOR MODIFICATION OF
PARTIAL CUSTODY ORDER**

FILED ON BEHALF OF PETITIONER,
LELAND FELDMAN

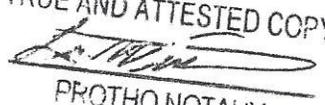
MARK K. GUBINSKY
PA. I.D. NO. 72707

THE GUBINSKY LAW FIRM, P.C.
1195 Washington Pike, Suite 325
Bridgeville, PA 15017
(412) 564-5043

FILED

2012 APR -3 A 11:00

CLERK OF COURT
PROTHO NOTARY

TRUE AND ATTESTED COPY

PROTHO NOTARY

IN THE COURT OF COMMON PLEAS OF FAYETTE COUNTY, PENNSYLVANIA

LELAND FELDMAN,)	CIVIL ACTION - LAW
)	
Petitioner,)	No. 1686 OF 2009 G.D.
)	
vs.)	
)	
HEIDI BRUSH-FELDMAN,)	
)	
Respondent.)	

NOTICE

YOU, HEIDI BRUSH-FELDMAN, RESPONDENT, HAVE BEEN SUED IN COURT TO MODIFY CUSTODY OF THE CHILD, AUDREY-ALEXANDRA FELDMAN.

YOU ARE ORDERED TO APPEAR IN PERSON AT _____ ON _____, AT _____, _____ .M. FOR

- ___ A CONCILIATION OR MEDIATION CONFERENCE.
- ___ A PRETRIAL CONFERENCE.
- ___ A HEARING BEFORE THE COURT.

IF YOU FAIL TO APPEAR AS PROVIDED BY THIS ORDER, AN ORDER FOR CUSTODY, PARTIAL CUSTODY OR VISITATION MAY BE ENTERED AGAINST YOU OR THE COURT MAY ISSUE A WARRANT FOR YOUR ARREST.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER. IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

**PENNSYLVANIA LAWYER REFERRAL SERVICE
PENNSYLVANIA BAR ASSOCIATION
100 SOUTH STREET
P.O. BOX 186
HARRISBURG, PA 17108
TELEPHONE: 1-800-692-7375**

IN THE COURT OF COMMON PLEAS OF FAYETTE COUNTY, PENNSYLVANIA

LELAND FELDMAN,) CIVIL ACTION - LAW
)
Petitioner,) No. 1686 OF 2009 G.D.
)
vs.)
)
HEIDI BRUSH-FELDMAN,)
)
Respondent.)

PETITION FOR MODIFICATION OF CUSTODY

1. Petitioner is Leland Feldman (hereinafter referred to as "Father"), who currently resides at [REDACTED]

2. Respondent is Heidi Brush-Feldman (hereinafter referred to as "Mother"), who currently resides at [REDACTED]

3. The parties are the parents of [REDACTED] AAB, date of birth [REDACTED] AAB

4. On October 15, 2009, an order was entered granting Father partial custody of the Child, a true and correct copy of which is attached.

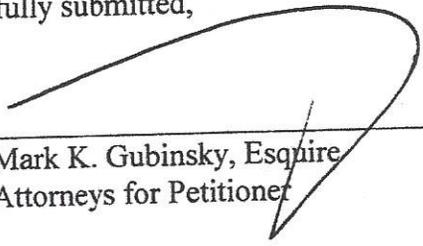
5. Father avers that the October 15, 2009 Order should be modified to provide him with a specific partial custody schedule as Father does not anticipate Mother will cooperate in Father seeing the Child absent a specific schedule set forth in a court order.

6. The best interests and permanent welfare of the Child will be served by granting the Petitioner partial custody so that Father and Child may enjoy a continuing nurturing, caring and loving relationship.

WHEREFORE, the Petitioner, Leland Feldman, respectfully requests that this Court modify the existing Order for Partial Custody because it will be in the best interest of the Child.

Respectfully submitted,

BY



Mark K. Gubinsky, Esquire
Attorneys for Petitioner

Date:

4/3/12

VERIFICATION

I, LELAND FELDMAN, verify that the statements made in the foregoing Petition for Modification of a Partial Custody Order are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.

Dated: 3-18-2012

Leland Feldman
LELAND FELDMAN

IN THE COURT OF COMMON PLEAS OF FAYETTE COUNTY, PENNSYLVANIA

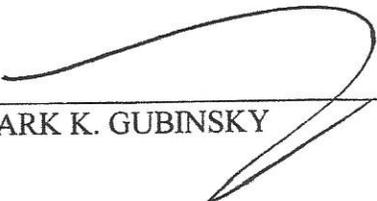
LELAND FELDMAN,)	CIVIL ACTION - LAW
)	
Petitioner,)	No. 1686 OF 2009 G.D.
)	
vs.)	
)	
HEIDI BRUSH-FELDMAN,)	
)	
Respondent.)	

CERTIFICATE OF SERVICE

I, Mark Gubinsky, Esquire, hereby certify that I am this day serving the within document via facsimile upon the person indicated blow.

Brian P. Cavanaugh, Esquire
STEWART, MCARDLE, SORICE, WHALEN,
FARRELL, FINOLI & CAVANAUGH, LLC
229 South Maple Avenue
Greensburg, PA 15601

Date: 4-3-17



MARK K. GUBINSKY

IN THE COURT OF COMMON PLEAS OF FAYETTE COUNTY, PENNSYLVANIA

LELAND FELDMAN,)	CIVIL ACTION - LAW
)	
Petitioner,)	No. 1686 OF 2009 G.D.
)	
vs.)	
)	
HEIDI BRUSH-FELDMAN,)	
)	
Respondent.)	

ORDER OF COURT

AND NOW, this ____ day of _____, 2012, upon consideration of the foregoing Petition, it is hereby ORDERED, ADJUDGED and DECREED that a child custody conference shall be scheduled by the Child Custody Mediator/Hearing Officer. If a party hereto fails to appear, or if the parties otherwise fail to reach an agreement on child custody at the Conference, the Court may enter a Custody Order or issue a Warrant for the arrest of any absent party, upon the recommendation of the Child Custody Mediator/Hearing Officer.

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

**PENNSYLVANIA LAWYER REFERRAL SERVICE
PENNSYLVANIA BAR ASSOCIATION
100 SOUTH STREET, P.O. BOX 186
HARRISBURG, PA 17108
TELEPHONE: 1-800-692-7375**

BY THE COURT:

_____ J.

ATTEST:

CYS / FICS

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

HEIDI BRUSH,
Plaintiff

v.

LELAND FELDMAN,
Defendant

)
)
)
)
)
)
)

No. 2012-3103

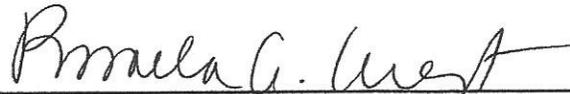
Attorney for Plaintiff:
Attorney for Defendant:

Jennifer P. Bierly, Esq.
Raquel A. Ross, Esq.

ORDER

AND NOW, this 17th day of October, 2012, after conference, it is hereby ORDERED that this case is referred to Children and Youth Services for the parties' participation in the Custody Monitoring Program through Family Intervention Crisis Services.

BY THE COURT:



Pamela A. Ruest, Judge

FILED FOR RECORD
2012 OCT 19 P 3:13
JERRA C. JIMMEL
PROTHONOTARY
CENTRE COUNTY, PA

Exhibit V

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

HEIDI BRUSH-FELDMAN,
Plaintiff

v.

LELAND FELDMAN,
Defendant

No. 2012-3103

Attorney for Plaintiff:
Attorney for Defendant:

Jennifer P. Bierly, Esq.
Raquel A. Ross, Esq.

ORDER

AND NOW, this 12th day of December, 2012, upon agreement of the parties, the Order of Court dated October 17, 2012 is hereby **AMENDED** as follows:

1. The parties shall share legal custody of the minor child [REDACTED] **AA B**
2. Plaintiff Heidi Brush shall have primary physical custody of the minor child [REDACTED]
[REDACTED] **AA B**
3. This matter is referred to Centre County Children and Youth Services for participation in the Custody Monitoring Program through Family Intervention Crisis Services. Specifically, Defendant Leland Feldman shall have visitation with the child as supervised and recommended by the Custody Monitoring Program through Family Intervention Crisis Services or through the Child Access Center.
4. Defendant Leland Feldman is prohibited from having any contact with the minor child, Audrey Alexandra Brush, outside of the visitation as supervised by the Custody Monitoring Program through Family Intervention Crisis Services or the Child Access Center. This shall include, but not be limited to, the fact that he is prohibited from removing Audrey Alexandra Brush from any preschool, school, or other activity/event which she attends.

BY THE COURT:


Pamela A. Ruest, Judge

Exhibit w

ROSS ✓
Bierly
CCCAC
CYS/FICS

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

HEIDI BRUSH-FELDMAN,)
Plaintiff,)
)
v.) No. CP-14-CV-3103-2012
)
LELAND FELDMAN,)
Defendant.)

SUPERVISED VISITATION ORDER

AND NOW, this 12th day of December, 2012, the Court determines that the best interests of the parties and/or the child(ren) will be served through Supervised Visitation, and **ORDERS** the following:

1. The children subject to this Order are:

	<u>NAME</u>	<u>D/O/B</u>	<u>M/F</u>
AAB	[REDACTED]	[REDACTED]	[REDACTED]

2. The visiting parent, Leland Feldman, shall visit with the child(ren) at:

Centre County Child Access Center
310 North Allegheny Street
Bellefonte, PA 16823
814-548-0034
Toll Free 1-877-258-0076
Fax No. 814-548-0046

or

No other visitation is to occur unless specified by Order of this Court.

3. Within 10 days, the parties shall contact the agency above to begin intake procedures, shall pay the intake fee, and shall fully cooperate with that agency. Agency director will provide final approval for acceptance of services at the agency. Current visitation arrangements are TERMINATED until both parties are compliant with this Order.

4. A report of compliance with this Order and the conditions of this Order, shall be made by the agency to this Court.

5. Approved supervised visitation shall take place on the following frequency:

Weekly

Every-Other Week

Monthly

Other _____

The duration of each visitation shall be:

30 minutes

1 Hour

2 Hours

All times for visitations shall be set by the agency.

6. To assure the safety and wellbeing of the parties and the child(ren), no parties shall have, or attempt to have, any contact (direct or indirect) with any other party during these visitations.

7. Failure of any party to comply with this Order, or the procedures of the agency, or failure of the parties to gain approval for the use of the agency, may result in the termination of further periods of custody with the children by the violating party, and loss of the opportunity to use the agency. Failure to comply will result in a Contempt of Court.

8. Other: _____

BY THE COURT:

 Thomas King Kistler, President Judge

Bradley P. Lunsford, Judge

Pamela A. Ruest, Judge

Jonathan D. Grine, Judge

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

AAB Heidi M Brush and on behalf of minor child
[REDACTED] Plaintiff(s),)
)
v.) No. 2012-4656
)
Leland C Feldman)
Defendant(s).)

SCHEDULING REQUEST

- Kindly schedule the attached Petition/Motion for Hearing/Argument/Conference before the Court. It is anticipated that the matter will require approximately _____ minutes/hours/days for resolution.
- The undersigned certifies that good faith efforts were made to resolve this matter without the necessity of Court involvement.
- Opposing counsel/party does not oppose the relief sought, and the attached proposed Order may be signed without appearance.

7/2/14
Date

Douglas Hearn
Name

814-238-4958 x1123
Phone

dhearn@midpenn.org
E-Mail Address

ORDER

AND NOW, this 2^d day of July, 2014,
upon consideration of the Petition/Motion, it is the **ORDER** of this Court that the
hearing/argument/conference is scheduled for the 10th day of July
2014, at 10:00, in Courtroom 2 in the

- Centre County Courthouse, 102 S. Allegheny Street, Bellefonte, Pennsylvania.
- Centre County Courthouse Annex, 108 S. Allegheny Street, Bellefonte, Pennsylvania.

BY THE COURT:

Annula A. West
Judge

Pet. for Extension of the Temporary Order

Exhibit X



AAB

Heidi M Brush and on behalf of minor child,
[REDACTED]

Plaintiff

v.

Leland C Feldman

Defendant

: IN THE COURT OF COMMON
: PLEAS
: CENTRE COUNTY,
: PENNSYLVANIA
:
:
: No. 2012-4656
:
: CIVIL ACTION - LAW
: PROTECTION FROM ABUSE
:

PETITION FOR EXTENSION OF THE TEMPORARY ORDER

Now on the ^{2nd} ~~3rd~~ Day of July, 2014 comes Heidi M Brush, Plaintiff to ask this court for for an extension of the amended temporary PFA Order.

Petitioner is: Heidi M Brush
who currently lives at: CONFIDENTIAL

Respondent is: Leland C Feldman
who currently lives at [REDACTED]

DEENA C. JEWEL
PROthonARY
CENTRE COUNTY, PA
2014 JUL -2 PM 12:33
FOR RECORD

In support of this petition, Petitioner states the following:

1. A amended temporary Protection from Abuse Order was entered in this matter on January 11, 2012, and this order was to last for a period of eighteen months..
2. The amended temporary Protection from Abuse Order was granted as a result of an agreement between parties.
3. Petitioner requests

- an extension period of three years of the protection order entered in this case.
 - The Defendant engaged in a pattern or practice that indicates continuing risk of harm to the plaintiff or minor child.

4. Petitioner states the following in support of the requested relief:

a. Since this order was entered the defendant has tried to circumvent the PFA and harass the plaintiff through other avenues.

b. In April of 2013, the plaintiff received a call from her attorney, Jennifer Bierly, saying that defendant's attorney, Raquel Ross, had called her after receiving a call from the defendant which gave her sufficient alarm to call Ms. Bierly. Ms. Bierly

called the plaintiff to pass along the warning. Raquel Ross then withdraw from representing the defendant.

b. The temporary PFA order was amended on December 31, 2013, to allow the defendant to have contact with his daughter through Skype.

AAB c. After this change was made, the defendant used this contact to harass the plaintiff. After [redacted] hung up the Skype call, he would call back several times within minutes of the call. He has done this multiple times from January through April of this year.

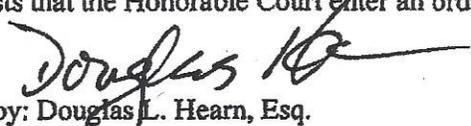
d. When the parties were in Court in April, 2014, the defendant's behavior was out of control to the point that the plaintiff's attorney had to instruct him to stop. He taunted plaintiff's attorney, mocking her and showing his lack of respect for the Court.

e. The defendant has persistently refused to agree to any counselors suggested by the plaintiff and has prevented his daughter from seeing a therapist for almost a year.

f. The plaintiff believes the defendant is using these and other methods to attempt to continue exert control over her.

g. The PFA Act at 23 § 6108(e)(1)(i) provides that the PFA order may be extended when the defendant has "...engaged in a pattern or practice that indicates continued risk of harm to the plaintiff..."

5. Wherefore, Petitioner respectfully requests that the Honorable Court enter an order setting a hearing date on this petition.

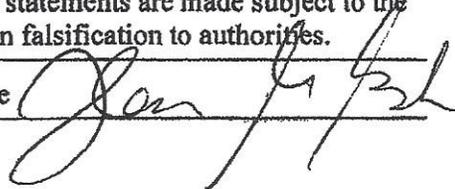


Respectfully Submitted by: Douglas L. Hearn, Esq.
Agency: MidPenn Legal Services
3500 E. College Ave.
Suite 1295
State College, PA 16801
(814)238-4958

VERIFICATION

I verify that I am the petitioner/movant as designated in the present action and that the facts and statements contained in the above Petition/Motion are true and correct to the best of my knowledge. I understand that any false statements are made subject to the Penalties of 18 Pa. C.S. §4904, relating to unsworn falsification to authorities.

Signature



7/13/14

Date

CERTIFICATE OF SERVICE

I hereby certify that the above Petition/Motion was served upon the Defendant in accordance with the Pennsylvania Rules of Civil Procedure:

- Service was made by: placing a true and correct copy of this petition in the mailbox for The Mazza Law Group at the office of the Centre County Prothonotary.

Signature

Douglas Hearn

Date

7/2/14

Distribution to: Douglas Hearn, Esq.
Mark Weaver, Esq.
Jennifer Bierly, Esq.

aetna

Statement date: December 13, 2018

Member: LELAND FELDMAN
Member # [REDACTED]
Group # [REDACTED]
Group name: [REDACTED]

QUESTIONS? Contact us at
1-800-768-6883
Or write to the address shown above.

LELAND FELDMAN

Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$0.00
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	\$0.00
! Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	\$334.00
Deductible:	The amount you pay for covered services before your plan starts to pay.	\$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

Go Green!

Go to your secure member website and turn off your paper EOBs. You'll see them quicker. And thanks, if you're already doing your part to go green!

Your claims up close

Provider: Mount Nittany Medical Cent (In-Network)

Claim ID: E9JB6YZDG00 Received on 12/12/18	Amount billed	Member rate	Pending (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
NEUTRALIZATION TEST, VIRAL 86382 on 10/29/18 Refer to Remarks Section	334.00		334.00 (1) (2)						334.00
Totals:	334.00		334.00						\$334.00

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

Exhibit 4
Open Access POS II

Your Claim Remarks

General Remarks:

- (1) In order to process this claim, we need to find out if there is other insurance that would cover claims for your dependent children. Call or write us (Attn: COBC) to confirm for this and all dependent children. If they have other insurance, please send us:

1. Name, birth date, and member ID number of the insured
2. Group name
3. The date coverage began
4. Name, address, and phone number of the other insurance company
5. Employment status of the insured - actively employed, retired, or on COBRA benefits

This information may be found on the ID card for the other health plan. Since the claim is for one of your children, we need the date of birth of the mother and father or the guardians of the children. If parents are separated or divorced, is there a court order establishing which parent must pay health care expenses for the children? Name of Parent? Who do the children live with? How many months of the year?

We will make our decision within 15 days of receiving the information. Benefits are provided for covered services and supplies that are medically necessary. If you have information, please send it to us for consideration. If we do not get this information within 45 days from the day you receive this form, benefits are not payable at this time until we have received and verified other coverage information.

For claims sent from Texas: Your claim may remain open if we do not get the information. This does not apply to Federal Plans.

For claims sent from North Carolina: you have 90 days to send us the information. If we don't get it, the claim will be denied. This does not apply to Federal Plans.

To ensure proper identification and tracking of this claim, you must include: the complete member name, complete patient name and the Member ID number.

Please attach this information to this document and return to us. [COBC - E88]

- (2) Your provider may have sent diagnosis codes with your claim. You may obtain these codes and their meanings by contacting us at the number listed at the top of the first page. We will also provide your treatment codes and their meanings, if they do not appear on this statement. If you have questions about your diagnosis or your treatment, please contact your provider. [H63]

A complete list of your benefit balances and plan limits can be found on your secure member website.

The accumulated amounts towards your medical plan may have been adjusted due to claims not paid by us.

More Information

Do you have questions? Call us free of charge at the toll-free number on the first page of this statement or on your member ID card.

Appeals

Please send your written appeal along with a copy of this entire EOB to this address:



If you disagree with a claim decision, you can ask us to review it. The process is called an appeal. You or someone you name to act for you, your authorized representative, can ask for this review. Call our Member Services Department using the telephone number displayed on the member ID card or send your written request to the above address.

Your request should include:

- . Name, date of birth, and address
- . Member ID number
- . Group ID and name of your group, usually your employer
- . Any other claim documents or records or other facts you would like us to consider. This could be new details that you did not give us the first time.

You have the right to look at the relevant documents we used to make our decision on your claim. A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You can ask for these (free of charge) by calling or writing us. You have 180 days from the time you get this explanation to appeal. You might even have more time if your plan brochure or Summary Plan Description says so.

When to expect a decision

- . If your plan allows for one appeal we'll let you know our decision 60 days after we get your appeal request. Some states might require a different time period.
- . Your plan may allow two appeals. In that case, we will let you know our first decision 30 days from the date we receive your appeal request, unless your state gives us a different amount of time. If you don't agree with that first decision, you have a second chance to appeal.

What happens next

If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Employer sponsored plans

If you don't agree with our final decision, you may have the right to bring a lawsuit under Section 502(a) of a law called ERISA. Check with your employee benefits coordinator to see which appeals process your plan allows and if your plan is governed by ERISA.

Coordination of benefits

If you are covered by more than one health benefit plan, you should file all your claims with each plan.

Your privacy

Your health information is confidential. Any information you give us will be kept private. When contacting us about this notice or for help with other questions, please be prepared to provide your member name, member ID, and date of birth.

Prevent fraud

If you suspect fraud or abuse involving these services or would like to report other healthcare fraud-related issues, please call the toll-free hotline at 1-800-338-6361 or e-mail us at aetnasiu@aetna.com.

Resources available to help you

Need help understanding this notice or our decision? **Call us free of charge at the toll-free number on your medical ID card.**

There are also other resources available to help you. Most plans are now subject to health care reform law. Call us or ask your employer if your plan is subject to the law. If it is, you can also contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272) for help, if your health plan is provided by your employer.

Statement date: January 12, 2019

Member: LELAND FELDMAN

Explanation of Benefits (EOB) - This is not a bill

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A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	\$0.00
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	\$0.00
! Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	\$900.00
Deductible:	The amount you pay for covered services before your plan starts to pay.	\$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	\$0.00
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	\$0.00

Did you know?

If you think the ER is the only place that can handle your health issues, think again! Urgent care centers can sometimes offer care for other serious, non-life threatening medical matters and also plenty of other services.

Your claims up close

Provider: Mount Nittany Medical Cent (In-Network)

Claim ID: E3357MT2X00 Received on 1/11/19	Amount billed	Member rate	Pending (Remarks) !	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	A	B	C	D	E	F	G	H	I
EMERGENCY SERVICES 99283 on 12/27/18 Refer to Remarks Section	900.00		900.00 (1) (2)						900.00
Totals:	900.00		900.00						\$900.00

! You can find all numbered claim remarks in 'Your Claim Remarks' section.

Exhibit Z

Your Claim Remarks

General Remarks:

- (1) In order to process this claim, we need to find out if there is other insurance that would cover claims for your dependent children. Call or write us (Attn: COBC) to confirm for this and all dependent children. If they have other insurance, please send us:
1. Name, birth date, and member ID number of the insured
 2. Group name
 3. The date coverage began
 4. Name, address, and phone number of the other insurance company
 5. Employment status of the insured - actively employed, retired, or on COBRA benefits

This information may be found on the ID card for the other health plan. Since the claim is for one of your children, we need the date of birth of the mother and father or the guardians of the children. If parents are separated or divorced, is there a court order establishing which parent must pay health care expenses for the children? Name of Parent? Who do the children live with? How many months of the year?

We will make our decision within 15 days of receiving the information. Benefits are provided for covered services and supplies that are medically necessary. If you have information, please send it to us for consideration. If we do not get this information within 45 days from the day you receive this form, benefits are not payable at this time until we have received and verified other coverage information.

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Appeals Resolution Team
PO Box 14464
Lexington, KY 40512

If you disagree with a claim decision, you can ask us to review it. The process is called an appeal. You or someone you name to act for you, your authorized representative, can ask for this review. Call our Member Services Department using the telephone number displayed on the member ID card or send your written request to the above address.

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- . Name, date of birth, and address
- . Member ID number
- . Group ID and name of your group, usually your employer
- . Any other claim documents or records or other facts you would like us to consider. This could be new details that you did not give us the first time.

You have the right to look at the relevant documents we used to make our decision on your claim. A copy of the specific rule, guideline, or protocol relied upon in the adverse benefit determination will be provided free of charge upon request by you or your authorized representative. You can ask for these (free of charge) by calling or writing us. You have 180 days from the time you get this explanation to appeal. You might even have more time if your plan brochure or Summary Plan Description says so.

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