

**UNITED STATES DISTRICT COURT FOR THE
EASTERN DISTRICT OF VIRGINIA
RICHMOND DIVISION**

-----	X	
ASHLEY TURNER	:	
	:	
Plaintiff,	:	
	:	
v.	:	Civil No. 3:21cv30 (DJN)
FABER & BRAND, LLC, <i>et al.</i>,	:	
	:	
Defendant.	:	
-----	X	

**DEFENDANTS FABER & BRAND, LLC, JARED L. BUCHANAN AND JEREMY
FORREST’S MEMORANDUM IN SUPPORT OF THEIR MOTION TO DISMISS THE
AMENDED CLASS ACTION COMPLAINT UNDER FEDERAL RULE 12(b)(6)**

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INTRODUCTION

In filing her initial Complaint, Plaintiff Ashley Turner (“Turner” or “Plaintiff”) leapt to the conclusion that the Faber & Brand Defendants¹ had engaged in a nefarious scheme of falsely telling her that she was being sued when she was not in an apparent effort to extract payment for her outstanding debts in violation of the Fair Debt Collections Practices Act, 15 U.S.C. § 1692e (“FDCPA”). Plaintiff based her conclusion on the mere fact that after receiving a mailed copy of a Warrant in Debt that had not been issued by the Clerk nor served by the Sheriff, her counsel appeared at the Dinwiddie General District Court on June 2, 2021, but her case was not called and it was not on the docket.

In response to Plaintiff’s initial Complaint, the Faber & Brand Defendants filed their Motion to Dismiss, and in so doing, they attached the letter from the Clerk of the Dinwiddie General District Court that proved the old adage: “things aren’t often what they seem... and absolutely not what you think.” <https://www.pinterest.com>. In that letter,² the Clerk returned the Warrant in Debt and filing fee that the Faber & Brand Defendants had attempted to file with the Court with a letter stating that “[d]ue to the recent outbreak of the coronavirus,” the clerk’s office “has had to continue several cases to another docket. At this time all dockets for the month of June, 2020 is closed. Please select another Tuesday at 1:00 p.m. beyond the month listed above.” Exhibit 1. (Exhibit 1 includes the letter and its enclosures.)

Rather than acknowledge the folly of her original Complaint, Plaintiff doubles down by continuing to insist on asserting the same legally flawed claims that she asserted in the original

¹ The “Faber & Brand Defendants” are Faber & Brand, LLC (“Faber & Brand”), Jared L. Buchanan (“Buchanan”), and Jeremy Forrest (“Forrest”).

² Plaintiff attaches the letter without its enclosures as an exhibit to her Amended Complaint. ECF 32-1.

Complaint, but now Plaintiff assumes that the Clerk's letter was delivered by the mail to Faber & Brand before the June 2, 2020 return date (it was not), and asserts a legal duty that does not exist under the FDCPA – a debt collector must inform a consumer that its initial communication that was true when made has been rendered untrue by subsequent events. That duty is not found anywhere in the FDCPA, or the common law. Accordingly, even accepting Plaintiff's flawed assumption, her amendment adds nothing to save her claims.

The gist of Plaintiff's FDCPA claim is Plaintiff's purported belief that after receiving the Warrant in Debt that had been mailed to her she believed she had been summoned to appear in court. That purported belief fails the objective, least sophisticated consumer test because the face of the Warrant in Debt attached to the Amended Complaint reveals that the summons had not been issued. The Warrant in Debt was not signed and dated by the Clerk. Instead, the Warrant in Debt reveals that Jared Buchanan, who is the Hospital's³ counsel, certified that he was simply mailing Plaintiff a copy of the Warrant in Debt. This is accepted practice under Virginia law.

Virginia law provides that a plaintiff may obtain a default judgment against a defendant that received substituted process, if the plaintiff, or its agent, mails a copy of the Warrant in Debt to the defendant and files with the court a certificate of such filing at least 10 days before obtaining the default judgment. Va. Code § 8.01-296(b). That section of the Code provides: "In any civil action brought in a general district court, the mailing of the application for a warrant in debt . . . , whether yet issued by the court or not, which contains the date, time and place of the return, prior to or after filing such pleading in the general district court, shall satisfy the mailing requirements of this section." *Id.* (emphasis added). Accordingly, under Virginia law, the Warrant in Debt may

³ Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center ("Hospital").

be mailed to the defendant before it is issued by the Clerk of the Court. That way, if the defendant does not appear in court on the return date, the plaintiff may obtain a default judgment.

Here, Faber & Brand mailed the Warrant in Debt with the appropriate filing fee to the Clerk's office. Exhibit 2. Under Virginia law, "[a] civil action on a warrant in a district court shall be deemed brought when the memorandum required by § 8.01-290⁴ is filed with the clerk, magistrate, or other officer authorized to issue warrants and the required fee is paid." Va. Code § 16.1-86. However, after receiving the Warrant in Debt from Faber & Brand that properly identified Turner as the defendant to that action and after receiving the appropriate filing fee, the Clerk of the Dinwiddie General District Court did not treat the action as "filed," but instead she returned the Warrant in Debt and filing fee to Faber & Brand. Exhibit 1; *see also* ECF 32-1. The Clerk apparently returned the Warrant in Debt to Faber & Brand because Virginia law requires that the Warrant in Debt that is to be served on a defendant must "require the person against whom the claim is asserted to appear before the court on a certain date, not exceeding sixty days from the date of service thereof, to answer the complaint of the plaintiff set out in the warrant," and those requirements could not be met due to the exigencies of the pandemic. *See* Va. Code § 16.1-79. However, by statute, the action had been brought when the Clerk received the Warrant in Debt. Thus, through no fault of Faber & Brand, the Dinwiddie General District Court Clerk did not issue the requested Warrant in Debt, nor did the Clerk's office treat the action as being "filed," when by law the action had been "brought" under Va. Code § 16.1-86.

Accordingly, contrary to the assumptions and unsupported conclusions made by Plaintiff and her counsel, the Faber & Brand Defendants followed Virginia law by transmitting the Warrant

⁴ Va. Code § 8.01-290 requires plaintiffs to furnish "in writing to the clerk or other issuing officer the full name and last known address of each defendant..."

in Debt to the Clerk with the appropriate filing fee and mailing a copy of the Warrant in Debt to Turner before it was issued by the Clerk. Only the extraordinary circumstances created by the coronavirus pandemic thwarted issuance of the Warrant in Debt by the Clerk's office. In following Virginia law, the Faber & Brand Defendants also complied with the FDCPA, because they made no false, misleading or deceptive statement to Plaintiff.

Subsequently, the Hospital, through its counsel Faber & Brand, has sought and obtained from the Dinwiddie General District Court Clerk's office issuance of a Warrant in Debt against Turner for the same debt that is at issue in the original Warrant in Debt. Exhibit 3. Thus, as represented by the mailing of the Warrant in Debt, Faber & Brand is pursuing an action in General District Court on behalf of its client to collect the debt owed it by Plaintiff.

Accordingly, this Court should dismiss Plaintiff's Complaint, with prejudice, under Rule 12(b)(6).

ALLEGATIONS

The following allegations are pertinent to the claims Plaintiff asserts against the Faber & Brand Defendants:

Faber & Brand is a law firm located in Missouri that represents creditors, including hospitals, credit card companies, insurance companies, banks, and collection agencies. ECF 32 at ¶ 7. The Hospital retained Professional Account Services, Inc. ("PASI") to collect medical debts for the Hospital, and PASI retained Faber & Brand. *Id.* at ¶¶ 10-12.

Plaintiff received a Warrant In Debt, dated April 3, 2020, signed by Buchanan, who is a lawyer associated with Faber & Brand. *Id.* at ¶ 28. The Warrant in Debt identifies the Hospital as the Plaintiff, and that the return date for the Warrant in Debt is June 2, 2020. ECF 32-1. The

Warrant in Debt contain a block where Buchanan certified that he had mailed the Warrant in Debt to the “defendant[],” who is the Plaintiff in this case. *Id.*

Upon receipt of the Warrant in Debt, Plaintiff retained counsel, who purportedly appeared on her behalf in Dinwiddie General District Court on June 2, 2020. ECF 32 at ¶¶ 28-29. The General District Court called certain cases for the Hospital that were on the docket that day, but did not call the Plaintiff’s case. *Id.* at ¶¶ 33-35. Forrest appeared at the June 2, 2020 return date on behalf of the Hospital. *Id.* at ¶ 32.

Plaintiff asserts that the Faber & Brand Defendants knew that the Dinwiddie General District Court had rejected the Warrant in Debt naming Plaintiff as a defendant because the court sent it back with a cover letter in the form attached as Exhibit B to the Amended Complaint. *Id.* at ¶ 56, ECF 32-2. Plaintiff asserts that the defendants did not notify Plaintiff that “no court case had been filed against them.” *Id.* at ¶ 66.

Plaintiff asserts two Counts against the Faber & Brand Defendants. In Count I, Plaintiff asserts a claim for alleged violation of the FDPCA. In Count Four, Plaintiff also asserts a fraud claim against all defendants.

LEGAL STANDARD

To survive a motion under Rule 12(b)(6), the Complaint must state sufficient “facts to state a claim for relief that is plausible on its face.” *Bell Atl. Corp. v. Twombly*, 550 U.S. 544, 570 (2007). “Facial ‘plausibility’ lies on a spectrum between possibility and probability, and it is established when the court is able to draw a reasonable inference that the defendant may be liable for the conduct alleged.” *Barish-Stern Ltd. v. Town of Buchanan, Va.*, No. 7:14cv00181, 2014 WL 6680692, at *3 (W.D. Va. Nov. 25, 2014). “Threadbare recitals of the elements of a cause of action, supported by mere conclusory statements, do not suffice.” *Ashcroft v. Iqbal*, 556 U.S. 662,

678 (2009); *see also Jesse v. Wells Fargo Home Mortg.*, 882 F.Supp.2d 877, 879–80 (E.D. Va. 2012) (dismissing an FDCPA claim on a 12(b)(6) motion where the complaint merely “recites the law with a bald assertion that the defendants violated it.”). Rather, the “[f]actual allegations must be enough to raise a right to relief above the speculative level.” *Twombly*, 550 U.S. at 555. While the Court must accept as true Plaintiff’s well-pled factual allegations when assessing a motion to dismiss, such deference is “inapplicable to legal conclusions” contained in the Complaint. *Iqbal*, 556 U.S. at 678. Similarly, the Court “need not accept as true unwarranted inferences, unreasonable conclusions, or arguments.” *Eastern Shore Markets, Inc. v. J.D. Assoc. Ltd. P’ship*, 213 F.3d 175, 180 (4th Cir. 2000).

In addition, Rule 9(b) requires that fraud claims must be pled with particularity. Fed. R. Civ. P. 9(b). “Mere allegations of ‘fraud by hindsight’ will not satisfy the requirements.” *Harrison v. Westinghouse Savannah River Co.*, 176 F.3d 776, 784 (4th Cir. 1999).

In considering a Rule 12(b)(6) motion, the district court may “properly take judicial notice of matters of public record.” *Philips v. Pitt County Mem. Hosp.*, 572 F.3d 176, 180 (4th Cir. 2009)(citing *Hall v. Virginia*, 385 F.3d 421, 424 (4th Cir. 2004) (noting it was proper during Rule 12(b)(6) review to consider “publicly available [statistics] on the official redistricting website of the Virginia Division of Legislative Services.”) (citing *Papasan v. Allain*, 478 U.S. 265, 268 n. 1 (1986) (“Although this case come to us on a motion to dismiss..., we are not precluded in our review of the complaint from taking notice of items in the public record...”). The court may also consider documents attached to the complaint and those “attached to the motion to dismiss, so long as they are integral to the complaint and authentic.” *Id.* (citing *Blankenship v. Manchin*, 471 F. 3d 523, 526 n. 1 (4th Cir. 2006)).

ARGUMENT

The “FDCPA provides consumers with a private right of action where ‘(1) the plaintiff has been the object of collection activity arising from consumer debt; (2) the defendant is a debt collector as defined by the FDCPA; and (3) the defendant has engaged in an act or omission prohibited by the FDCPA.’” *Penn v. Cumberland*, 883 F. Supp.2d 581, 587 (E.D. Va. 2012). The FDCPA under section 1692(e) prohibits a “debt collector” from using “any false, deceptive, or misleading representation or means in connection with the collection of any debt.” 15 U.S.C. § 1692(e). Section 1692(e) provides a “non-exhaustive list of ‘conduct’ that falls within the general prohibition.” *Laporte v. Midland Funding, LLC*, No. 5:19-cv-000073, 2020 WL 2814184, * 3 (W.D. Va. May 28, 2020)(citing § 1692e(1)-(16)). In considering whether a violation has occurred, courts apply the objective “least sophisticated consumer” standard. *United States v. Nat’l Servs., Inc.*, 98 F.3d 131, 135-36, 138-139 (4th Cir. 1996).

With respect to its FDCPA claim, Plaintiff asserts violations of four specific subparts of § 1692e. Plaintiff alleges the Faber & Brand Defendants violated the FDCPA by:

1. the use of allegedly false representations as to the character, amount, or legal status of the purported debt in violation of § 1692e(2)(A);
2. the use or distribution of any written communication which simulates or is falsely represented to be a document authorized or issued by a Virginia General District Court, or which creates a false impression as to its source, authorization or approval in violation of § 1692e(9);
3. the false representation or implication that documents are legal process in violation of § 1692e(13); and

4. generally, the use of false or misleading representations or deceptive means to collect or attempt to collect the alleged medical services debt in violation of § 1692e(10). *Id.* at ¶ 53.

Plaintiff's Amended Complaint fails to establish that the Faber & Brand Defendants violated any of these provisions of the FDCPA.

A. Plaintiff Fails to Allege Any Act or Omission by Forrest That Can Give Rise to an FDCPA violation.

Plaintiff fails to identify any act that Forrest committed or any statement he made to Plaintiff in connection with the collection of any debt. Forrest did not sign the Warrant in Debt at issue in this case. ECF 32-1. Plaintiff does not allege that she communicated with Forrest at any time regarding her debt. Forrest is merely alleged to have appeared on behalf of the Hospital on June 2, 2020 at the return date for the Dinwiddie General District Court. Accordingly, Plaintiff has failed to state a claim against Forrest. This Court should therefore dismiss the Complaint against him with prejudice.

B. Plaintiff Fails to Allege a Violation of the FDCPA by Buchanan and Faber & Brand.

1. Plaintiff Fails to Allege a Plausible Claim for Violation of § 1692e(2)(A).

FDCPA § 1692e(2)(A) prohibits the false representation of “the character, amount, or legal status of any debt.” 15 U.S.C. § 1692e(2)(A). Plaintiff's Complaint does not allege facts suggesting that the character or amount of the debt at issue in the Warrant in Debt is false or incorrect. Apparently, Plaintiff asserts that because the Warrant in Debt was not issued by the General District Court Clerk, then the Warrant in Debt she received in the mail falsely stated the “status of the debt.” Plaintiff's claim is meritless.

A misrepresentation as to the “status of the debt” occurs when the debt collector represents that the debt had not been satisfied, and thus was “legally due and owing,” when it was not because the debtor had paid her debt. *Russell v. Absolute Collection Services, Inc.*, 763 F.3d 385, 395 (4th Cir. 2014). Likewise, attempts to settle a debt that has been settled have been found to violate § 1692e(2)(A). *Yarney v. Ocwen Loan Servicing, LLC*, 929 F. Supp. 2d 569, 576 (W.D. Va. 2013) (citing *Ross v. RJM Acquisitions Funding, LLC*, 480 F.3d 493, 495 (7th Cir. 2007) (holding that a debt collector who demands payment from a debtor whose debts are discharged in bankruptcy makes a false claim and violates the statute); *Vitullo v. Mancini*, 684 F.Supp.2d 747, 758 (E.D.Va. 2010) (finding debt collector's attempt to collect from a non-debtor spouse constituted a false statement actionable under the FDCPA)). *See also McCollough v. Johnson, Rodenburg & Lauinger, LLC*, 637 F.3d 939, 949–50 (9th Cir.2011) (holding a debt collector violated FDCPA by seeking attorney's fees to which it was not entitled); *Fetters v. Paragon Way, Inc.*, 2010 WL 5174989, at *3–*4 (M.D.Pa. Dec. 15, 2010) (“[W]hen a debt collector asserts that there is an obligation to be paid, whether true or not, the protections of the FDCPA are triggered.”) (citations omitted).

Plaintiff does not allege facts demonstrating that Buchanan or anyone else acting on behalf of Faber & Brand falsely asserted that a debt existed when it did not in the Warrant in Debt. Plaintiff does not allege that she had paid the debt when she received the Warrant in Debt, nor does she allege that the debt had been settled. Indeed, she does not allege that the debt is not owed. Accordingly, Plaintiff fails to state a claim for violation of § 1692e(2)(A).

2. Plaintiff Fails to Allege a Plausible Claim for Violation of § 1692e(9).

Section 1692e(9) prohibits debt collectors from using a “written communication which simulates or is falsely represented to be a document authorized, issued, or approved by any court,

official, or agency of the United States or any State, or which creates a false impression as to its source, authorization, or approval.” 15 U.S.C § 1692e(9).

The four corners of the Warrant in Debt attached to the Complaint defeats this claim.

The Warrant in Debt form is approved by the Court. The mailing of the document is authorized by law. The Warrant in Debt mailed to Plaintiff did not falsely state that it had been issued by the Clerk.

While Plaintiff selectively quotes from portions of the Warrant in Debt that she received in the mail, Plaintiff omits any reference to the first block in the Warrant in Debt, which has a block for the signature of the Court’s Clerk, Deputy Clerk or Magistrate, indicating that the Warrant in Debt has actually been issued by the Court. ECF 32-1. That signature block is blank, thereby plainly indicating that the Warrant in Debt mailed to Plaintiff had not been issued by the Court. *Id.* The second page of the Warrant in Debt contains blocks where the manner of service of process would be indicated. Those blocks are blank, plainly indicating that service has not been made. *Id.* Finally, the Warrant in Debt plainly indicates that it is being mailed to Plaintiff by the Hospital’s attorney – not the court.

Thus, there was no false representation that the Warrant in Debt had been issued by the General District Court Clerk. While the FDCPA “protects uninformed consumers, the standard employed,” i.e., the least sophisticated consumer, “nevertheless protects creditors from ‘liability for bizarre or idiosyncratic interpretations of collection notices by preserving a quotient of reasonableness and presuming a basic level of understanding and *willingness to read with care.*’” *Ramsay v. Sawyer Property Management of Maryland, LLC*, 593 Fed. Appx. 204, 208 (4th Cir. 2014)(quoting *Ellis v. Solomon & Solomon, P.C.*, 591 F.3d 130, 135 (2d Cir. 2010)).

The “least sophisticated consumer” test requires a court to evaluate a communication “as a whole, not sentence-by-sentence, because the least sophisticated consumer standard ‘does not go so far as to provide solace to the willfully blind or non-observant. Even the least sophisticated debtor is bound to read collection notices in their entirety.’” *Vitullo v. Mancini*, 684 F. Supp. 2d 747, 756 (E.D.VA. 2010) (quoting *Campuzano-Burgos v. Midland Credit Mgmt.*, 550 F.3d 294, 298-99 (3d Cir. 2008)). In considering the entirety of the document, as is required, no consumer who read the Warrant in Debt with “care” would have been misled into believing the Clerk’s office had issued the Warrant in Debt when it was not signed by the Clerk and had not been served by the Sheriff’s office or a private process server. *See Ramsay*, 593 Fed. Appx. At 209 (considering the context of the documents in their entirety).

Moreover, the Warrant in Debt form is approved by the Court and Virginia law permits the plaintiff in the action to mail the defendant a copy of the Warrant in Debt before it is issued by General District Court Clerk. Va. Code § 8.01-296(2)(b). As the Dinwiddie General District Court Clerk’s letter makes clear, Buchanan attempted to have the Clerk issue the subject Warrant in Debt, but the Clerk improperly rejected the filing not because of any defect or the failure to pay the appropriate filing fee and service fees, but due to the exigencies of the pandemic. Ex. 1.

Accordingly, the Warrant in Debt did not “simulate[]” or “falsely represent[]” that it is authorized or issued by a court. The mailed copy of the Warrant in Debt clearly indicated that it had *not* been issued by the court, and the mailing of the Warrant in Debt prior to its issuance by the Clerk and service by the Sheriff’s office is permitted by Virginia law. Therefore, neither Buchanan nor Faber & Brand violated § 1692e(9), and this claim must be dismissed with prejudice.

3. Plaintiff Fails to Allege a Plausible Claim for Violation of § 1692e(13).

For the same reasons, Plaintiff's claim that mailing the Warrant in Debt to her "falsely represented and implied that the Warrant in Debt was legal process ... in violation of 15 U.S.C. 1692e(13)" fails as a matter of law.

As noted by the Court in *Biber v. Pioneer Credit Recovery, Inc.*, 229 F.Supp.3d 457, 470 (E.D.Va. 2017), "most cases where courts have sustained a potential §1692e(13) claim involved allegations – not present in the instant case – (i) that the debt collectors' correspondence was accompanied by actual service of process, (ii) that the debt collectors held out the correspondence as if it were a summons or complaint, or (iii) that the debt collectors' correspondence carried the official imprimatur of a court or government agency." (citations omitted). Typically, a §1692e(13) violation involves a debt collector's "attempt to dress up an ordinary collection letter in the trappings of a judicial summons or complaint." *Id.* at 471 n. 20.

Here, the Warrant in Debt was mailed to Plaintiff, in accordance with Virginia law, with no other correspondence. There is no allegation that Buchanan or Faber & Brand did anything to falsely state or imply that the mailing of the Warrant in Debt to Plaintiff constituted actual service of the Warrant in Debt. The letter was not "served" by the Sheriff or any other purportedly official party. To the contrary, the back portion of the Warrant in Debt, where the manner of service is to be designated, was left blank, as was the place for the Clerk's signature on the front of the document. Accordingly, Plaintiff has failed to state a claim for violation of § 1692e(13), and this claim must be dismissed with prejudice.

4. Plaintiff Fails to Allege a Plausible Claim for Violation of § 1692e(10).

Likewise, Plaintiff has failed to state a claim against Buchanan and Faber & Brand for violation of § 1692e(10), which prohibits "the use of any false representation or deceptive means

to collect or attempt to collect any debt.” 15 U.S.C. § 1692e(10). The mailing of the Warrant in Debt did not falsely represent that the Hospital had retained Buchanan and Faber & Brand to collect the debt. It had retained them to pursue a legal action, which they did. Nor did its mailing falsely indicate that the Hospital intended to initiate a civil action in General District Court to collect the debt, because it had attempted to do so. Under Virginia law, the Warrant in Debt was “filed” in the clerk’s office – notwithstanding the Clerk’s decision to return it to Faber & Brand. *See* 16.1-86. Moreover, a Warrant in Debt against Turner for the same debt was subsequently issued by the General District Court. Ex. 3.

As noted by the Fourth Circuit, courts have found a violation of § 1692e(10) when debt collectors falsely represent that “unpaid debts would be referred to an attorney for immediate legal action.” *United States v. National Financial Services, Inc.*, 98 F.3d 131, 138-39 (4th Cir. 1996)(citing *Jeter v. Credit Bureau, Inc.*, 760 F.2d 1168, 1175 (11th Cir. 1985)). Likewise, false threats that legal action would be taken violates § 1692e(10). *Id.*; *see also Talbott v. GC Servs. Ltd. P’ship*, 53 F.Supp.2d 846, 852 n. 2 (W.D.Va.1999) (“[c]ases where the courts have found §1692e(10) in addition to § 1692g violations have generally been where the letter issued falsely threatened legal action or threatened to make immediate credit reports).

Here, there was no empty threat of filing. Buchanan attempted to have the Clerk issue the Warrant in Debt, which attempt was thwarted as a result of the extraordinary circumstances of the pandemic. Ex. 1 and 2. A subsequent filing of the Warrant in Debt against the Plaintiff, however, was accepted by the Dinwiddie General District Court. Ex. 3. Thus, there is no false representation that the Hospital intended to pursue legal action to collect its debt, which it did pursue.

Accordingly, Plaintiff has failed to state a claim for violation of the FDCPA, and Count One should be dismissed with prejudice.

5. The Faber and Brand Defendants Had No Duty to Tell Plaintiff that the Dinwiddie General District Court Clerk had Returned the Warrant in Debt.

Even if it can be assumed that before June 2, 2020, the Faber & Brand Defendants had received the Clerk's letter, and thus, had knowledge that the Clerk for the Dinwiddie General District Court had returned the Warrant in Debt naming Turner as a Defendant (notwithstanding the impact the pandemic had on mail delivery, the fact that people were working from home, and the fact that the court had certain of the Hospital's cases on its docket), the FDCPA does not impose any duty on debt collectors to correct statements that were true when made.

As discussed above, when Plaintiff received the Warrant in Debt through the mail, the Faber & Brand Defendants had attempted to file the Warrant in Debt with the General District Court Clerk, and had set a return date for June 2, 2020. The Warrant in Debt mailed to Plaintiff did not purport to be issued by the Clerk, nor did it purport to have been served by proper process. Moreover, the Warrant in Debt properly evidenced the debt that Plaintiff owed. In short, there was no misrepresentation in the communication.

Section 1692e proscribes false or deceptive communications with debtors *when* the communication is made. As explained by one court, "[t]he gist of § 1692e is that 'where some aspect of a debt collector's communication – whether explicit or implied – has the purpose or effect of making a debtor more likely to respond, the FDCPA requires it to be true.'" *Sparks v. Phillips & Cohen Assoc., Ltd.*, 641 F. Supp.2d 1234, 1248 (S.D. Ala. 2008)(quoting *Campuzano-Burgos v. Midland Credit Management*, 497 F.Supp.2d 660, 665 (E.D.Pa. 2007)).

Thus, the Warrant in Debt stated true facts as the Faber & Brand Defendants knew them to be when it was mailed to Plaintiff. Accordingly, the FDCPA was not violated.

C. Plaintiff's Fraud Claim Fails as a Matter of Law.

In Count Four, Plaintiff cites to *Norris v Mitchell*, 255 Va. 235, 240 (1998) for the proposition that a “party’s willful nondisclosure of a material fact that he knows is unknown to the other party may evince an intent to practice actual fraud.” ECF 32, at ¶ 94. Plaintiff then attempts to construct her allegations to fit that legal principle, asserting in conclusory fashion that “[b]e [sic] sending the Warrants in Debt and then concealing that no such action were actually filed[,] Defendants falsely represented that Plaintiff ... had been sued, when in fact no such legal actions had been instituted.” *Id.* at ¶ 95. Plaintiff asserts that the Faber & Brand Defendants mailed the Warrant in Debt to Plaintiff and then “did not inform Plaintiff ... that [it] had been rejected with the intent that Plaintiff ... would rely on [it], intending that they would think that an action had been filed against [her], and then be concerned about that action.” *Id.* at ¶ 98.

Plaintiff’s fraud claim fails as a matter of law. Under Virginia law, consistent with Fed. R. Civ. P. 9, “[f]raud, since it must be clearly proved, must be distinctly alleged.” *Sweely Holdings, LLC v. SunTrust Bank*, 296 Va. 367, 382, 820 S.E.2d 596, 603 (2018)(quoting *Welfley v. Shenandoah Iron, Lumber, Mining & Mfg. Co.*, 83 Va. 768, 771, 3 S.E. 376 (1887) (citation omitted)). “‘It will not do to state it argumentatively. The charge must be direct as the proof must be clear.’” *Id.* (quoting *Alsop, Mosby & Co. v. Catlett & Jenkins*, 97 Va. 364, 370, 34 S.E. 48 (1899)). “For these reasons, allegations of fraud in a complaint ‘must show, specifically and in detail,’ all elements of the cause of action at a level which, if believed, would qualify as clear and convincing proof. ‘Generalized, nonspecific allegations ... are insufficient to state a valid claim of fraud.’” *Id.* (citations omitted).

The elements of a fraud claim are well established. To state a claim for fraud, Plaintiff must allege and prove a “false representation, of a material fact, made intentionally and knowingly,

with intent to mislead, reliance by the party misled, and resulting damage.” *Yuzefovsky v. St. John’s Wood Apartments*, 261 Va. 97, 111, 540 S.E.2d 134, 143 (2001).

Plaintiff’s fraud claim fails because there was no “false representation of fact.” The Faber & Brand Defendants did not falsely represent that an action had been or was to be commenced against Plaintiff. As shown above, when Faber & Brand transmitted the Warrant in Debt to the clerk, it was “brought” under Virginia law, and thus, the whole basis for the fraud claim fails. Va. Code § 16.1-86. Even though the Clerk improperly returned the Warrant in Debt to Faber & Brand, a subsequent Warrant in Debt was accepted by the Clerk and that action is proceeding against the Plaintiff.

Moreover, the face of the Warrant in Debt does not make any assertion that in fact the Clerk had issued the Warrant in Debt. To the contrary, the Warrant in Debt reveals only that Plaintiff’s counsel was mailing her a copy of the Warrant in Debt that counsel intended to file with the General District Court, which of course is permitted by Virginia law. This intent is made evident by the fact that the Warrant in Debt had not been signed by the General District Court Clerk, and there was no service of the Warrant in Debt.

At most, the mailing of the Warrant in Debt evidences an intent to obtain issuance of the Warrant in Debt by the Clerk’s office and to have it served. Thus, to properly allege fraud, Plaintiff must allege specific facts establishing that when Buchanan mailed the Warrant in Debt to Plaintiff, he did not have the present intent to have the Warrant in Debt issued by the Dinwiddie General District Court.

To be actionable, fraud “must involve a misrepresentation of a present or a pre-existing fact, fraud ordinarily cannot be predicated on unfulfilled promises or statements regarding future events.” *Supervalu, Inc. v. Johnson*, 276 Va. 356, 367, 666 S.E.2d 335, 342 (2008)(citations

omitted). It is well-established that a “‘promisor’s intention – his state of mind – is a matter of fact.’” *Radian Capital Receivables Fourteen, LLC v. Foster*, 298 Va. 14, 24, 833 S.E.2d 867, 871 (2019) (quoting *Colonial Ford Truck Sales, Inc. v. Schneider*, 228 Va. 671, 677, 325 S.E.2d 91 (1985)).

Plaintiff has not, and indeed, cannot allege that Buchanan did not have the present intention to file the Warrant in Debt with the General District Court when he mailed Plaintiff a copy of the Warrant in Debt. To the contrary, at approximately the same time Buchanan mailed Plaintiff the Warrant in Debt, Buchanan also made an attempt to have the Clerk issue the Warrant in Debt, but the Clerk returned it due to the restrictions placed on the General District Court due to the Covid-19 pandemic. ECF 32-1.

In the face of these insurmountable hurdles to her fraud claim, Plaintiff asserts a concealment theory that has no application to this case. Concealment, as a species of fraud, arises when one party to a transaction conceals a material fact from the other party to the transaction. As explained by the Supreme Court of Virginia in *Van Deusen v. Snead*, 247 Va. 324, 328, 247 S.E.2d at 209 (1994): “‘For purposes of an action for fraud, concealment, whether accomplished by words or conduct, may be the equivalent of a false representation, because concealment always involves deliberate nondisclosure designed to prevent another from learning the truth. A *contracting party’s* willful nondisclosure of a material fact that he knows is unknown to the other party may evince an intent to practice actual fraud.’” (quoting *Spence v. Griffin*, 236 Va. 21, 372 S.E.2d 595, 598-599 (1988)(citations omitted))(emphasis added). “‘Concealment is an *affirmative* act intended to be likely to keep another from learning a fact of which he would otherwise have learned. Such affirmative act is always the equivalent to a misrepresentation....’” *Id.* (quoting Restatement (Second) of Contracts § 160 (1979)(emphasis added)); *Devine v. Buki*, 289 Va. 162, 176, 767

S.E.2d 459, 466 (2015)(“If a party conceals a fact that is material to the transaction, knowing that the other party is acting on the assumption that no such fact exists, the concealment is as much a fraud as if the existence of the fact were expressly denied, or the reverse of it expressly stated.”)(citations omitted).

Plaintiff has not alleged that she entered into a “transaction” with the Faber & Brand Defendants. She did not settle or pay her debt, much less communicate with the Faber & Brand Defendants. Moreover, Plaintiff has failed to plead any “active concealment or any other affirmative action intending to deceive them.” *Modern Oil v. Cannady*, No. 141839, 2015 WL 10990113, at * 5 (Va. Dec. 30, 2015)(unpublished). Thus, there was no concealment, much less one of a material fact.

Furthermore, “silence alone, absent a duty to speak, is generally not treated as an affirmative representation of anything.” *Wooten v. Bank of America, N.A.*, 290 Va. 306, 311, 777 S.E.2d 848, 851 (2015)(citation omitted); see *Commonwealth, Dept. of Labor and Industry v. E.A. Clore Sons, Inc.*, 281 S.E.2d 901, 904, 281 S.E.2d 901, 904 (1981)(“Silence, however, cannot constitute fraud or misrepresentation unless ‘there is a legal or moral duty to speak or where an inquiry left unanswered would be intentionally misleading.’”)(citations omitted).

It is also well-settled that “to establish fraud, it is essential that the defrauded party demonstrates the right to reasonably rely upon the misrepresentation,” which is an element of fraud sometimes labeled “justifiable reliance.” *Sweely Holdings, LLC v. SunTrust Bank*, 296 Va. 367, 383, 820 S.E.2d 596, 605 (2018)(citing *Murayma 1997 Tr. v. NISC Holdings, LLC*, 284 Va. 234, 246, 727 S.E.2d 80 (2012) (emphasis and citation omitted). Without such justifiable reliance, “no fraud is established.” *Id.* Furthermore, reliance will not be justified, when the complaining party “undertakes an investigation regarding the matter at issue. Upon undertaking such an investigation,

the buyer is charged with the knowledge the investigation reveals, or, if the investigation was incomplete, the knowledge that would have been revealed had the investigation been pursued diligently to the end.” *Beck v. Smith*, 260 Va. 452, 457, 538 S.E.2d 312, 315 (2000)(citations omitted).

Here, Plaintiff retained counsel. Notwithstanding that even under a least sophisticated consumer standard, a person reading the Warrant in Debt would know that it had not been issued by the Court, a lawyer licensed in Virginia would know that the mere mailing of a Warrant in Debt that has not been issued by the Court does not compel a party to appear in court much less evidence that in fact a legal proceeding had been filed or instituted in the court.

Accordingly, the Court should dismiss the Fraud claim with prejudice.

CONCLUSION

For the reasons stated above, this Court should dismiss the Amended Complaint against the Faber & Brand Defendants with prejudice.

Dated: April 28, 2021

Respectfully submitted,

**FABER & BRAND LLC,
JARED L. BUCHANAN
AND JEREMY FORREST**

/s/ Charles M. Sims

Charles M. Sims (VSB No. 35845)

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*Counsel for Faber & Brand. LLC,
Jared L. Buchanan and Jeremy Forrest*

CERTIFICATE OF SERVICE

I hereby certify that on the 28th day of April 2021, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system, which will then send a notification of such filing (NEF) to counsel of record.

/s/ Charles M. Sims

Charles M. Sims (VSB No. 35845)

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*Counsel for Faber & Brand, LLC,
Jared L. Buchanan and Jeremy Forrest*

EXHIBIT 2



COMMONWEALTH of VIRGINIA

Dinwiddie Combined District Court

11th JUDICIAL DISTRICT

P.O. BOX 280

DINWIDDIE, VIRGINIA 23841

Tel. (804) 469-4533

Fax (804) 469-5363

LISA G. COLEMAN
CLERK

RAY P. LUPOLD, III, JUDGE
GENERAL DISTRICT COURT

THOMAS STARK, IV, JUDGE
GENERAL DISTRICT COURT

VALENTINE W. SOUTHALL, JR., JUDGE
JUVENILE AND DOMESTIC RELATIONS
DISTRICT COURT

Date: 4-20-2020

To Whom it May Concern:

Due to the recent outbreak of the coronavirus this office has had to continue several cases to another docket. At this time all dockets for the month of June, 2020 is closed. Please select another Tuesday at 1:00 pm beyond the month listed above. It may be in your best interest to contact the court to see what date cases are being schedule for before submitting to the Court

Sincerely,

Dinwiddie Combined District Court

ORIGINAL CHECK HAS A COLORED BACKGROUND PRINTED ON CHEMICAL REACTIVE PAPER - SEE BACK FOR DETAILS

FABER AND BRAND LLC

COST ACCOUNT

P.O. BOX 10110

COLUMBIA, MO 65205

HAWTHORN BANK

COLUMBIA, MO 65203

606475

Date

04/15/2020

Pay to the
Order Of

DINWIDDIE GENERAL DISTRICT COURT

\$56.00

FIFTY-SIX AND 00/100 DOLLARS

Dollars

DINWIDDIE GENERAL DISTRICT COURT

P.O. BOX 280 - DINWIDDIE COURTHOUSE

DINWIDDIE, VA 23841-0280

Void after 90 days



Memo: FILING FEE Ourfile: 351025

⑈606475⑈ ⑆066500605⑆

⑈1085000004226⑈

Check #...: 606475 Check date: 04/15/2020

Amount....: 56.00

Paid to...: DINWIDDIE GENERAL DISTRICT COURT

Memo.....: FILING FEE Ourfile: 351025

Your ref #:

Re Ourfile: 351025

Client....: Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center

Re matter.: MLF33120

Re name...: TURNER, ASHLEY

FOR: .

CHECK HERE FOR MOBILE OR REMOTE DEPOSIT DATE ..
DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USAGE ONLY



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Fibers and Chemical Reactive Agents. Absence of these features
may indicate alteration.

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April 2, 2020

DINWIDDIE GENERAL DISTRICT COURT
P.O. BOX 280
DINWIDDIE COURTHOUSE
DINWIDDIE, VA 23841-0280

RE: PETERSBURG HOSPITAL COMPANY, LLC D/B/A SOUTHSIDE REGIONAL MEDICAL
CENTER v. ASHLEY TURNER
Case No.
F&B Acct. No: 351025

Dear Clerk:

Enclosed, please find a Warrant in Debt and check for \$ 56.00. Please file the same and return a file stamped copy in the provided self-addressed stamped envelope.

Further, I request that a summons be issued to the Defendant(s) and that the Summons, with a copy of the Complaint with attached Exhibit be forwarded to the Sheriff for service on the Defendant(s).

If you have any questions or concerns, feel free to contact my office at 573-777-8143. Thank you for your attention to this matter.

FABER AND BRAND L.L.C.

Jared Buchanan

Jared L. Buchanan VA #95100
Attorney at Law
573-777-8143
573-777-8142 (fax)
jyb@faberandbrand.com

THIS IS A COMMUNICATION FROM A DEBT COLLECTOR
IN AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED
WILL BE USED FOR THAT PURPOSE.

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA CODE § 16.1-79

DINWIDDIE General District Court
CITY OR COUNTY
P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23041-0280
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s)

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

06/02/2020 01:00PM

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

DATE USED ☐ CLERK ☐ DEPUTY CLERK ☐ MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid,

\$ 36.00 costs and \$ 0.00 attorney's fees with the basis of this claim being

☒ Open Account ☐ Contract ☐ Note ☐ Other (EXPLAIN)HOMESTEAD EXEMPTION WAIVED? ☐ YES ☒ NO ☐ cannot be demanded

DATE 4/7/20

☐ PLAINTIFF ☒ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**JUDGMENT against ☐ named Defendant(s) ☐

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

☐ and \$ costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ CAN NOT BE DEMANDED☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐☐ NON-SUIT ☐ DISMISSEDDefendant(s) Present: ☐ NO ☐ YES

DATE

JUDGE

FORM (DC-417) (FRONT) REVISED 10/18

HEARING DATE AND TIME

06/02/2020

01:00PM

PLAINTIFF (LAST NAME, FIRST NAME, MIDDLE INITIAL)
PETERSBURG HOSPITAL COMPANY, LLC

D/B/A SOUTHSIDE REGIONAL MEDICAL

CENTER

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

ASHLEY TURNER

11813 PRUSTY RIDGE, CT, DINWIDDIE, VA 23041

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

☐ To dispute this claim, you must appear on the return date to try this case.☒ To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DATE

DATE

CLERK

DISABILITY ACCOMMODATIONS

for loss of hearing, vision, mobility, etc., contact the court ahead of time.

ATTORNEY FOR PLAINTIFF(S)
Jared Lee Buchanan, VA#95100, Jeremy Fortney, VA#89170

Faber and Brand, LLC, PO Box 10110 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

351025

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary spouse or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SEEKING OFFICER
DATE	for

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of this judge's decision.

FORM DC-13, DC-14, DC-15 (REVISED) REVISED 8/78

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary spouse or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SEEKING OFFICER
DATE	for

I certify that I mailed a copy of this document to the defendants named herein at the address shown therein on 4/16/20 DATE

☐ Plaintiff
☐ Plaintiff's Agent
☐ Plaintiff's Agent

Fi. Pa. issued on

Interrogatories issued on

Interrogatories issued on

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

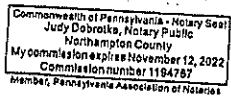
Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center

BY: [Signature]
Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobson

My commission expires on: November 12, 2022



351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL	PAT. BGP	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT	6271.13CR
	93.60
	819.50
	511.50
	327.75
	69.25
	6555.00
	5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	1

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89CR	
1/16			2		18.50	37.00	J1885
1/16			1		18.50	18.50	J2765
1/16			1		377.75	377.75	85027
1/16			1		69.25	69.25	36415
1/16			1-		69.25	69.25CR	36415
1/16			1		490.00	490.00	80048
1/16			1		2282.25	2282.25	99283
1/16			1		446.50	446.50	96374
1/16			1		243.25	243.25	96361
1/16			1		353.75	353.75	96375

AMOUNT FOR THIS BILL	4249.00
PAYMENT AMOUNT	3798.89CR
TOTAL PATIENT BALANCE	450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
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SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)
Commonwealth of Virginia VA CODE § 16.1-79

DINWIDDIE General District Court
CITY OF COUNTY
P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23841-0280
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summon the Defendant(s).
TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on
06/02/2020 01:00PM to answer the Plaintiff(s)' civil claim (see below)
RETURN DATE AND TIME

DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE
CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of
\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid,
\$ 56.00 costs and \$ 0.00 attorney's fees with the basis of this claim being
[X] Open Account [] Contract [] Note [] Other (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [] YES [X] NO [] cannot be demanded

DATE 4/3/20 [] PLAINTIFF [X] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYER/AGENT
Is/Jared L. Buchanan

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []
for \$ net of any credits, with interest at % from date until paid, \$ costs and \$ attorney's fees
[] and \$ costs for Servicemember Civil Relief Act counsel fees
HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED
[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE JUDGE

FORM DC-121 (FRONT) REVISED 1/14

HEARING DATE AND TIME

06/02/2020
01:00PM

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
PETERSBURG HOSPITAL COMPANY, LLC
D/B/A SOUTHSIDE REGIONAL MEDICAL
CENTER
V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
ASHLEY TURNER
11813 FROSTY RIDGE, CT, DINWIDDIE, VA 23841

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[X] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)
Jared Lee Buchanan, VA#95100, Jeremy Forrest, VA#95170

Faber and Brand, LLC, PO Box 10110 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR
SATISFIED PURSUANT
TO PAYMENT NOTICE
OR SATISFACTION.

DATE

CLERK

DISABILITY
ACCOMMODATIONS
for loss of hearing,
vision, mobility, etc.,
contact the court ahead
of time.

351025

NAME.....

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Tel. No.	Being unable to make personal service, a copy was delivered in the following manner:
<input type="checkbox"/> Delivered to family member (and temporary spouse or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> Served on Secretary of the Commonwealth.	
RETURN OFFICE for _____	
DATE _____	

NAME.....

ADDRESS.....

PERSONAL SERVICE

Being unable to make personal service, a copy was delivered in the following manner:

1. Delivered to family member (not temporary lodger or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.

2. Posted on front door or each other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

3. Served on Secretary of the Commonwealth

NOT FOUND

SEVEN OFFICES

for _____

DATED: _____

NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE Tel. _____ No. _____	
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary spouse or parent) age 16 or older at usual place of abode of party named above after giving information of its receipt. List name, age of recipient, and relation of recipient to party named above.	<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	
SENDING OFFICE _____ for _____	
DATE _____	

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a writt'n request (which contains: (a) the court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) & Defendant(s) name(s), (d) the phrase "I now wish to remove this case from this court because..." and state the reasons for your objection and also state in which city or county the case should be tried, and your signature and mailing address)
2. File the written request in the clerk's office, before the trial date, and pay your court fee or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE 4/6/10
Place it! /s/ Jared L. Buchanan

☒ Plaintiff's Atty.
[] Plaintiff's Sec.

1. **Исходные данные:**

Fl. 12 based on
Infructs based on

Crash! The car rolled on a/ b/ c/ d/

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

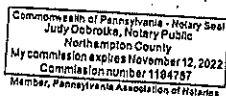
Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: [Signature]
Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobos

My commission expires on: November 12, 2022



351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. P/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT 1/1/18 TO NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
 93.60
 819.50
 511.50
 327.75
 69.25
 6665.00
 5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 1/16/19 1/16/19 1

GUARANTOR NAME/ADDR. P/C PAYORS BILLING DATE
TURNER ASHLEY N 1/18/19

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89CR	
1/16			2		18.50	37.00	J1885
1/16			1		18.50	18.50	J2765
1/16			1		377.75	377.75	85027
1/16			1		69.25	69.25	36415
1/16			1-		69.25	69.25	36415
1/16			1		490.00	490.00	80048
1/16			1		2282.25	2282.25	99283
1/16			1		446.50	446.50	96374
1/16			1		243.25	243.25	96361
1/16			1		353.75	353.75	96375

AMOUNT FOR THIS BILL 4249.00
PAYMENT AMOUNT 3798.89CR
TOTAL PATIENT BALANCE 450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA CODE § 16.1-79

DINWIDDIE General District Court
CITY OR COUNTY
P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23841-0280
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

06/02/2020 01:00PM

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid.

\$ 56.00 costs and \$ 0.00 attorney's fees with the basis of this claim being

[X] Open Account [] Contract [] Note [] Other (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [] YES [X] NO [] cannot be demanded

DATE 5/17/20 /s/ Jared L. Buchanan

[] PLAINTIFF [X] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

FUDGE

FOR JUDC-412 (FRONT) REVISED 12/18

CASE NO.

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

PETERSBURG HOSPITAL COMPANY, LLC

D/B/A SOUTHSIDE REGIONAL MEDICAL

CENTER

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

ASHLEY TURNER

11813 FROSTY RIDGE, CT, DINWIDDIE, VA 23841

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear, however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[X] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

ORDERED

DATE

Grounds of Defense

ORDERED

DATE

ATTORNEY FOR PLAINTIFF(S)

Jared Lee Buchanan VAF95100, Jeremy Forrest VAF83170

Fiber and Brand, LLC, PO Box 10110 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

06/02/2020

01:00PM

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION

DATE

CLERK

DISABILITY

ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

351025

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	PERSONAL SERVICE Tel. No. Being unable to make personal service, a copy was delivered in the following manner:
ADDRESS	<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found). <input type="checkbox"/> Served on Secretary of the Commonwealth <input type="checkbox"/> NOT FOUND SERVICE OFFICER _____ DATE _____ for _____

NAME	PERSONAL SERVICE Tel. No. Being unable to make personal service, a copy was delivered in the following manner:
ADDRESS	<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found). <input type="checkbox"/> Served on Secretary of the Commonwealth <input type="checkbox"/> NOT FOUND SERVICE OFFICER _____ DATE _____ for _____

NAME	PERSONAL SERVICE Tel. No. Being unable to make personal service, a copy was delivered in the following manner:
ADDRESS	<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above. <input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found). <input type="checkbox"/> Served on Secretary of the Commonwealth <input type="checkbox"/> NOT FOUND SERVICE OFFICER _____ DATE _____ for _____

OBJECTION TO VERDICT.
To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial in the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) the court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue in this case in this court because..." and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendant
 4/6/20
 at the address shown therein on
 DATE
 [] Plaintiff
 [] Plaintiff's Agent
 [] Plaintiff's Agent

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of \$025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: [Signature]
Authorized Agent/Custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobrotka

My commission expires on: November 12, 2022

Commonwealth of Pennsylvania - Notary Seal
Judy Dobrotka, Notary Public
Northampton County
My commission expires November 12, 2022
Commission number 1184787
Member, Pennsylvania Association of Notaries

351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT AGE DO NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
93.60
819.50
511.50
327.75
69.25
6665.00
5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 1/16/19 1/16/19 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 1/18/19

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1	3798.89	3798.89	CR
1/16			2	18.50	37.00	J1885
1/16			1	18.50	18.50	J2765
1/16			1	377.75	377.75	85027
1/16			1	69.25	69.25	36415
1/16			1	69.25	69.25	CR36415
1/16			1	490.00	490.00	80048
1/16			1	2282.25	2282.25	99283
1/16			1	446.50	446.50	96374
1/16			1	243.25	243.25	96361
1/16			1	353.75	353.75	96375

AMOUNT FOR THIS BILL
PAYMENT AMOUNT
TOTAL PATIENT BALANCE

4249.00
3798.89
450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA CODE § 16.1-79

DINWIDDIE General District Court
CITY OR COUNTY
P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23841-0280
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on
06/02/2020 01:00PM to answer the Plaintiff(s)' civil claim (see below)
RETURN DATE AND TIME

DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of
\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid,
\$ 56.00 costs and \$ 0.00 attorney's fees with the basis of this claim being
[X] Open Account [] Contract [] Note [] Other (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [] YES [X] NO [] cannot be demanded

DATE 4/3/20 [] PLAINTIFF [X] PLAINTIFF & ATTORNEY [] PLAINTIFF'S EMPLOYER/AGENT
s/ Jared L. Buchanan

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE JUDGE

FORM DC-412 (FRONT) REVISED 10/18

HEARING DATE AND TIME

06/02/2020

01:00PM

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

PETERSBURG HOSPITAL COMPANY, LLC

D/B/A SOUTHSIDE REGIONAL MEDICAL

CENTER

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

ASHLEY TURNER

11815 FROSTY RIDGE, CT, DINWIDDIE, VA 23841

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear, however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[X] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

OCCURRED

DUE

Grounds of Defense

OCCURRED

DUE

ATTORNEY FOR PLAINTIFF(S)

Jared Lee Buchanan VA#95100, Jeremy Forrest VA#89170

Faber and Brand, LLC, PO Box 10119 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION

DATE

CLERK

DISABILITY

ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

351025

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> NOT FOUND Served on Secretary of the Commonwealth	
DATE	for _____

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> NOT FOUND Served on Secretary of the Commonwealth	
DATE	for _____

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> NOT FOUND Served on Secretary of the Commonwealth	
DATE	for _____

OBJECTION TO VENUE:
 To the Defendant(s). If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) the court's name, (b) the case number and the "return date" as shown on the other side of this form in this right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the place "I" move to object to venue of this case in this court because and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendant named herein at the address shown herein on
 4/6/20
 DATE
 Is/ Jared L. Buchanan
 Plaintiff
 D0 Plaintiff Any
 Plaintiff's Agent

Fi. Fi. issued on _____
 Interrogatories issued on _____
 Garnishment issued on _____

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	9623168	7664.72
	01/16/19	361.05
4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

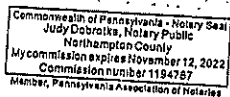
Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: [Signature]
Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobrofski

My commission expires on: November 12, 2022



351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1	2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1	2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1	6271.13	6271.13CR	
6/23			4	4.90	19.60	
6/23			1	37.00	37.00	
6/23			1	37.00	37.00	
6/23			1	329.50	329.50	
6/23			1	511.50	511.50	
6/23			1	327.75	327.75	
6/23			1	69.25	69.25	
6/23			1	490.00	490.00	
6/23			1	6665.00	6665.00	
6/23			1	3477.25	3477.25	
6/23			1	442.00	442.00	
6/23			1	446.50	446.50	
6/23			3	243.25	729.75	
6/23			1	353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT. AGE TP NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
93.60
819.50
511.50
327.75
69.25
6665.00
5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 1/16/19 1/16/19 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 1/18/19

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89CR	
1/16			2		18.50	37.00	J1885
1/16			1		18.50	18.50	J2765
1/16			1		377.75	377.75	85027
1/16			1		69.25	69.25	36415
1/16			1-		69.25	69.25CR36415	
1/16			1		490.00	490.00	80048
1/16			1		2282.25	2282.25	99283
1/16			1		446.50	446.50	96374
1/16			1		243.25	243.25	96361
1/16			1		353.75	353.75	96375

AMOUNT FOR THIS BILL 4249.00
PAYMENT AMOUNT 3798.89CR
TOTAL PATIENT BALANCE 450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL

PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
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SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

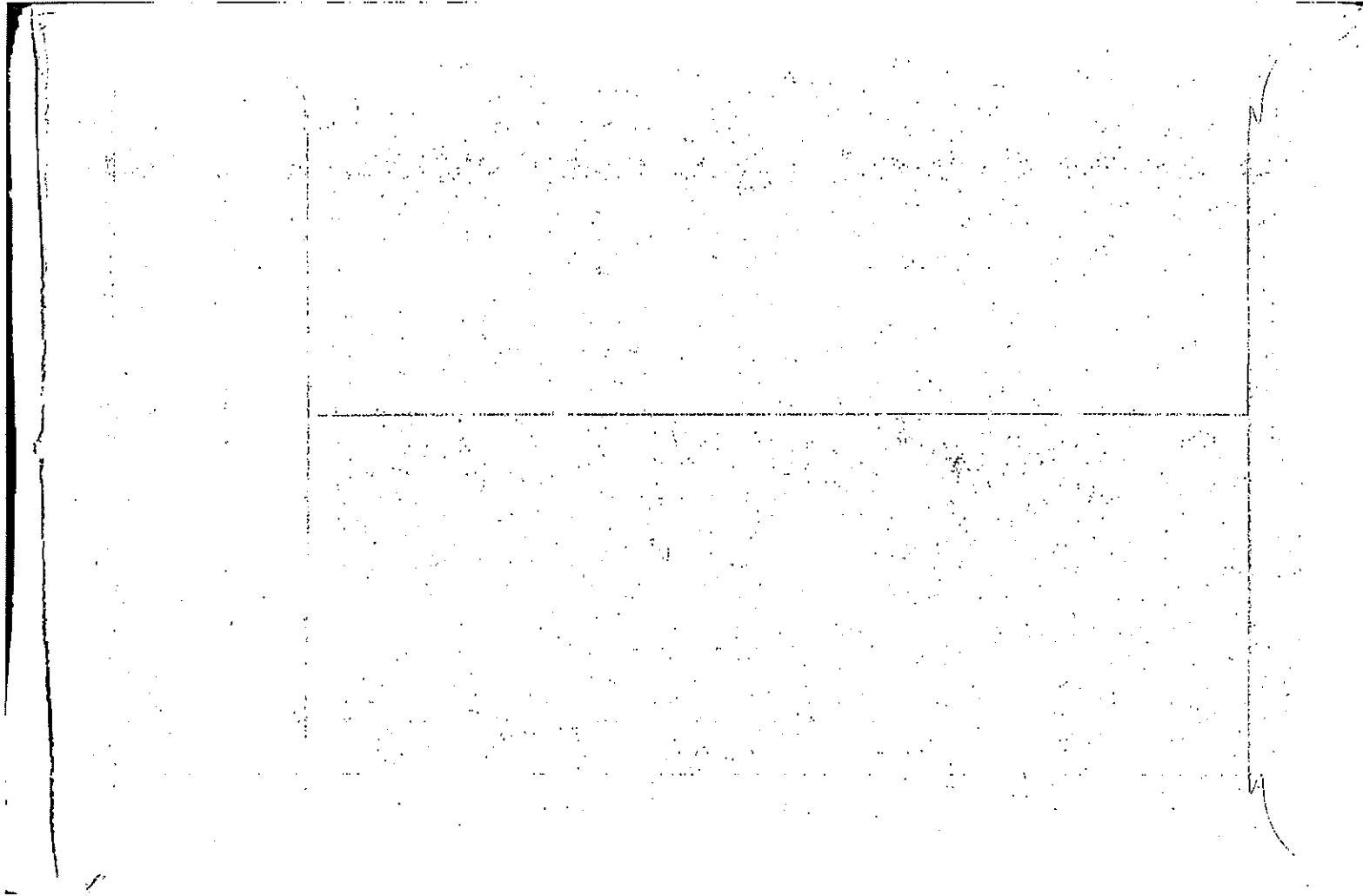


EXHIBIT 1

Faber and Brand L.L.C. ATTORNEYS AT LAW

Michael L. Foster (MO, AR, KY, OK)
Joy N. Jackson (MO, AR, IL)
Jason P. Dobbins (MO, OK, IL, NM)
Jonathan L. Shoener (MO, NV, NM)
James J. Eufinger (MO, AR, AZ, NM, AL)
Jason C. Comstock (MO, KY, AR)
Jared L. Buchanan (MO, AZ, VA)

P.O. Box 10110
Columbia, MO 65205-4000
www.payfando.com
Phone: (588) 233-3141
Fax: (573) 442-1072

Matthew R. McCormick (MO, AL)
Trisha M. Green (MO, KY, AL)
Justin M. Ferrie (MO)
Jeremy D. Forrest (VA, Of Counsel)
Cameron M. Brown Britt (MO)
Steven E. Faber (Of Counsel)
Bart S. Brand (Of Counsel)

April 2, 2020

DINWIDDIE GENERAL DISTRICT COURT
P.O. BOX 280
DINWIDDIE COURTHOUSE
DINWIDDIE, VA 23841-0280

RE: PETERSBURG HOSPITAL COMPANY, LLC D/B/A SOUTHSIDE REGIONAL MEDICAL
CENTER v. ASHLEY TURNER
Case No.
F&B Acct. No: 351025

Dear Clerk:

Enclosed, please find a Warrant in Debt and check for \$ 56.00. Please file the same and return a file stamped copy in the provided self-addressed stamped envelope.

Further, I request that a summons be issued to the Defendant(s) and that the Summons, with a copy of the Complaint with attached Exhibit be forwarded to the Sheriff for service on the Defendant(s).

If you have any questions or concerns, feel free to contact my office at 573-777-8143. Thank you for your attention to this matter.

FABER AND BRAND L.L.C.

Jared Buchanan

Jared L. Buchanan VA #95100
Attorney at Law
573-777-8143
573-777-8142 (fax)
jyb@faberandbrand.com

THIS IS A COMMUNICATION FROM A DEBT COLLECTOR
IN AN ATTEMPT TO COLLECT A DEBT. ANY INFORMATION OBTAINED
WILL BE USED FOR THAT PURPOSE.

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)
 Commonwealth of Virginia VA-CODE § 16.1-79

 DINWIDDIE General District Court
 CITY OR COUNTY
 P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23041-0280
 STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s)

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

 06/02/2020 01:00PM to answer the Plaintiff(s)' civil claim (see below)
 RETURN DATE AND TIME

DATE USED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

 CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of
 \$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid,
 \$ 36.00 costs and \$ 0.00 attorney's fees with the basis of this claim being
 [X] Open Account [] Contract [] Note [] Other (EXPLAIN)

 HOMESTEAD EXEMPTION WAIVED? [] YES [X] NO [] cannot be demanded
 4/7/20 DATE

CASE DISPOSITION [] PLAINTIFF [X] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYEE/AGENT

JUDGMENT against [] named Defendant(s) []

 for \$ _____ net of any credits, with interest at _____ % from date
 of _____ until paid, \$ _____ costs and \$ _____ attorney's fees
 [] and \$ _____ costs for Servicemember Civil Relief Act counsel fees

 HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED
 [] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE JUDGE

FORM DC-417 (FRONT) REVISED 10/18

HEARING DATE AND TIME

 06/02/2020
 01:00PM

 PLAINTIFF (LAST NAME, FIRST NAME, MIDDLE INITIAL)
 PETERSBURG HOSPITAL COMPANY, LLC
 D/B/A SOUTHSIDE REGIONAL MEDICAL
 CENTER
 V.

 DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)
 ASHLEY TURNER
 11813 PRUSTY RIDGE, CT, DINWIDDIE, VA 23041

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear, however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[X] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DATE

Grounds of Defense ORDERED DATE

 ATTORNEY FOR PLAINTIFF(S)
 Urged Lee Buchanan VAA95100, Jeremy Fortney VAA89170
 Faber and Brand, LLC, PO Box 10110 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

 DISABILITY
 ACCOMMODATIONS
 for loss of hearing,
 vision, mobility, etc.,
 contact the court ahead
 of time.

351025

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary spouse or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SEEKING OFFICER
DATE	for

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of this judge's decision.

FORM DC-13, DC-14, DC-15 (REVISED) REVISED 8/78

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary spouse or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SEEKING OFFICER
DATE	for

I certify that I mailed a copy of this document to the defendants named herein at the address shown therein on 4/16/20 DATE

☐ Plaintiff
☐ Plaintiff's Agent
☐ Plaintiff's Agent

Fi. Pa. issued on

Interrogatories issued on

Garnishment issued on

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

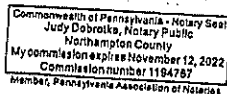
Petersburg Hospital Company, LLC d/b/a Southside Regional Medical Center

BY: [Signature]
Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobson

My commission expires on: November 12, 2022



351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL	PAT. BGP	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
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SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
93.60
819.50
511.50
327.75
69.25
6555.00
5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	1

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89CR	
1/16			2		18.50	37.00	J1885
1/16			1		18.50	18.50	J2765
1/16			1		377.75	377.75	85027
1/16			1		69.25	69.25	36415
1/16			1-		69.25	69.25CR	36415
1/16			1		490.00	490.00	80048
1/16			1		2282.25	2282.25	99283
1/16			1		446.50	446.50	96374
1/16			1		243.25	243.25	96361
1/16			1		353.75	353.75	96375

AMOUNT FOR THIS BILL	4249.00
PAYMENT AMOUNT	3798.89CR
TOTAL PATIENT BALANCE	450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

NAME.....

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Tel. No.	Being unable to make personal service, a copy was delivered in the following manner:
<input type="checkbox"/> Delivered to family member (and temporary spouse or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	
RETURN OFFICE for _____	

NAME.....

ADDRESS.....

PERSONAL SERVICE

Being unable to make personal service, a copy was delivered in the following manner:

1. Delivered to family member (not temporary lodger or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.

2. Posted on front door or each other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)

3. Served on Secretary of the Commonwealth

NOT FOUND

SEVEN OFFICES

DATE _____ for _____

NAME _____	
ADDRESS _____	
<input type="checkbox"/> PERSONAL SERVICE To: _____ No. _____	
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> [] [] Placed on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	<input type="checkbox"/> [] [] Delivered to family member (not temporary residence or guest) age 16 or older at usual place of abode, address listed above after giving information of its purpose. (List name, age of recipient, and relation of recipient to party named above.)
<input type="checkbox"/> [] [] Served on Secretary of the Commonwealth	
<input type="checkbox"/> [] [] NOT FOUND	
ISSUED OFFICE _____ DATE _____ for _____	

1.

1. **Plaintiff's written request** (which contains (a) this court's name, (b) the case number and the return date, as appears on the other side of this form) in the right corner; (c) Plaintiff's name(s) and Defendant(s) name(s), (d) the phrase "I have an object to waive of this case in this court because..." and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
 2. **File the written request** in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
- If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on

DATE 4/10/20

☒ Plaintiff's Agent.
☐ Plaintiff's Agent.

Fl. is based on

Crashworthiness rated on...

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian of the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set off the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

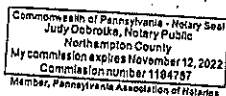
Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: [Signature]
Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobos

My commission expires on: November 12, 2022



351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. P/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT 1/1/18 TO NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
 93.60
 819.50
 511.50
 327.75
 69.25
 6665.00
 5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 1/16/19 1/16/19 1

GUARANTOR NAME/ADDR. P/C PAYORS BILLING DATE
TURNER ASHLEY N 1/18/19

FINAL BILL

PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89CR	
1/16			2		18.50	37.00	J1885
1/16			1		18.50	18.50	J2765
1/16			1		377.75	377.75	85027
1/16			1		69.25	69.25	36415
1/16			1-		69.25	69.25CR	36415
1/16			1		490.00	490.00	80048
1/16			1		2282.25	2282.25	99283
1/16			1		446.50	446.50	96374
1/16			1		243.25	243.25	96361
1/16			1		353.75	353.75	96375

AMOUNT FOR THIS BILL
PAYMENT AMOUNT
TOTAL PATIENT BALANCE

4249.00
3798.89CR
450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA CODE § 16.1-79

DINWIDDIE General District Court
CITY OR COUNTY
P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23841-0280
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

06/02/2020 01:00PM

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid,

\$ 56.00 costs and \$ 0.00 attorney's fees with the basis of this claim being

[X] Open Account [] Contract [] Note [] Other (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [] YES [X] NO [] cannot be demanded

DATE 5/17/20 [] PLAINTIFF [X] PLAINTIFF'S ATTORNEY [] PLAINTIFF'S EMPLOYER/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

FUDGE

FOR JUDC-412 (FRONT) REVISED 12/14

CASE NO.

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

PETERSBURG HOSPITAL COMPANY, LLC

D/B/A SOUTHSIDE REGIONAL MEDICAL

CENTER

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

ASHLEY TURNER

11813 FROSTY RIDGE, CT, DINWIDDIE, VA 23841

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear, however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

[] To dispute this claim, you must appear on the return date to try this case.

[X] To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars

ORDERED

DATE

Grounds of Defense

ORDERED

DATE

ATTORNEY FOR PLAINTIFF(S)

Jared Lee Buchanan VAF95100, Jeremy Forrest VAF83170

Fiber and Brand, LLC, PO Box 10110 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

DISABILITY

ACCOMMODATIONS for loss of hearing, vision, mobility, etc., contact the court ahead of time.

HEARING DATE AND TIME

06/02/2020

01:00PM

JUDGMENT PAID OR SATISFIED PURSUANT TO ATTACHED NOTICE OF SATISFACTION

DATE

CLERK

351025

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME
ADDRESS
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner: Tel. No. No.
<input type="checkbox"/> DELIVERED TO FAMILY MEMBER (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.
<input type="checkbox"/> POSTED ON FRONT DOOR OR SUCH OTHER DOOR AS APPEARS TO BE THE MAIN ENTRANCE OF USUAL PLACE OF ABODE, ADDRESS LISTED ABOVE. (Other authorized recipient not found)
<input type="checkbox"/> NOT FOUND Served on Secretary of the Commonwealth JUDGE OFFICER DATE for

NAME
ADDRESS
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner: Tel. No. No.
<input type="checkbox"/> DELIVERED TO FAMILY MEMBER (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.
<input type="checkbox"/> POSTED ON FRONT DOOR OR SUCH OTHER DOOR AS APPEARS TO BE THE MAIN ENTRANCE OF USUAL PLACE OF ABODE, ADDRESS LISTED ABOVE. (Other authorized recipient not found)
<input type="checkbox"/> NOT FOUND Served on Secretary of the Commonwealth JUDGE OFFICER DATE for

NAME
ADDRESS
<input type="checkbox"/> PERSONAL SERVICE Being unable to make personal service, a copy was delivered in the following manner: Tel. No. No.
<input type="checkbox"/> DELIVERED TO FAMILY MEMBER (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.
<input type="checkbox"/> POSTED ON FRONT DOOR OR SUCH OTHER DOOR AS APPEARS TO BE THE MAIN ENTRANCE OF USUAL PLACE OF ABODE, ADDRESS LISTED ABOVE. (Other authorized recipient not found)
<input type="checkbox"/> NOT FOUND Served on Secretary of the Commonwealth JUDGE OFFICER DATE for

OBJECTION TO VERDICT.
 To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial in the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) the court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendant
 at the address shown therein on

4/6/20
 Is/Barry L. Buchanan

DATE
☐ Plaintiff
☐ Plaintiff's Agent

Fi. Ex. issued on
 Interrogatories issued on
 Continuance issued on

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of \$025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: [Signature]
Authorized Agent/Custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May 2019

[Signature]
Notary Public Judy Dobrotka

My commission expires on: November 12, 2022

Commonwealth of Pennsylvania - Notary Seal
Judy Dobrotka, Notary Public
Northampton County
My commission expires November 12, 2022
Commission number 1184787
Member, Pennsylvania Association of Notaries

351025

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT AGE DO NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
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SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
93.60
819.50
511.50
327.75
69.25
6665.00
5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 1/16/19 1/16/19 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 1/18/19

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1	3798.89	3798.89	CR
1/16			2	18.50	37.00	J1885
1/16			1	18.50	18.50	J2765
1/16			1	377.75	377.75	85027
1/16			1	69.25	69.25	36415
1/16			1	69.25	69.25	CR36415
1/16			1	490.00	490.00	80048
1/16			1	2282.25	2282.25	99283
1/16			1	446.50	446.50	96374
1/16			1	243.25	243.25	96361
1/16			1	353.75	353.75	96375

AMOUNT FOR THIS BILL 4249.00
PAYMENT AMOUNT 3798.89
TOTAL PATIENT BALANCE 450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL	PAT. AGE	DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------	-------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA CODE § 16.1-79

DINWIDDIE General District Court
CITY OR COUNTY
P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23841-0280
STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

06/02/2020 01:00PM
RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED [] CLERK [] DEPUTY CLERK [] MAGISTRATE

CLAIM: Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid.

\$ 56.00 costs and \$ 0.00 attorney's fees with the basis of this claim being

[X] Open Account [] Contract [] Note [] Other (EXPLAIN)

HOMESTEAD EXEMPTION WAIVED? [] YES [X] NO [] cannot be demanded

DATE 4/3/20 s/ Jared L. Buchanan

[] PLAINTIFF [X] PLAINTIFF & ATTORNEY [] PLAINTIFF'S EMPLOYER/AGENT

CASE DISPOSITION

JUDGMENT against [] named Defendant(s) []

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

[] and \$ costs for Servicemember Civil Relief Act counsel fees

HOMESTEAD EXEMPTION WAIVED? [] YES [] NO [] CAN NOT BE DEMANDED

[] JUDGMENT FOR [] NAMED DEFENDANT(S) []

[] NON-SUIT [] DISMISSED

Defendant(s) Present: [] NO [] YES

DATE

JUDGE

FORM DC-412 (FRONT) REVISED 10/18

HEARING DATE AND TIME

06/02/2020

01:00PM

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

PETERSBURG HOSPITAL COMPANY, LLC

D/B/A SOUTHSIDE REGIONAL MEDICAL

CENTER

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

ASHLEY TURNER

11815 FROSTY RIDGE, CT, DINWIDDIE, VA 23841

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear,

however, if you fail to appear, judgment may be entered

against you. See the additional notice of the reverse

about requesting a change of trial location.

[] To dispute this claim, you must appear on the return

date to try this case.

[X] To dispute this claim, you must appear on the return

date for the judge to set another date for trial.

Bill of Particulars

OCCURRED

DUE

OCCURRED

DUE

ATTORNEY FOR PLAINTIFF(S)

Jared Lee Buchanan VA#95100, Jeremy Forrest VA#89170

Faber and Brand, LLC, PO Box 10119 Columbia, MO 65205

ATTORNEY FOR DEFENDANT(S)

JUDGMENT PAID OR
SATISFIED PURSUANT
TO ATTACHED NOTICE
OF SATISFACTION

DATE

CLERK

DISABILITY

ACCOMMODATIONS

for loss of hearing,

vision, mobility, etc.,

contact the court ahead

of time.

351025

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Tel. No. Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> Not Found Served on Secretary of the Commonwealth _____ DATE _____ for _____	

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Tel. No. Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> Not Found Served on Secretary of the Commonwealth _____ DATE _____ for _____	

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE Tel. No. Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purpose. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found)	
<input type="checkbox"/> Not Found Served on Secretary of the Commonwealth _____ DATE _____ for _____	

OBJECTION TO VENUE:
 To the Defendant(s). If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) the court's name, (b) the case number and the "return date" as shown on the other side of this form in this right corner, (c) Plaintiff(s) name(s) and Defendant(s) name(s), (d) the place "I" move to object to venue of this case in this court because and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

I certify that I mailed a copy of this document to the defendant named herein at the address shown herein on 4/6/20 DATE by Jared L. Buchanan Plaintiff Defendant's Agent <input type="checkbox"/> Plaintiff's Agent	
If Fee issued on _____ Interrogatories issued on _____ Subpoena issued on _____	_____ _____ _____

351025

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	9623168 01/16/19	7664.72 361.05
--	---------------------	-------------------
4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

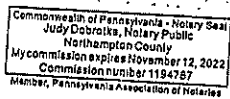
Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: [Signature]
Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May, 2019

[Signature]
Notary Public Judy Dobrofski

My commission expires on: November 12, 2022



351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

* REPRINT *

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1	2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1	2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1	6271.13	6271.13CR	
6/23			4	4.90	19.60	
6/23			1	37.00	37.00	
6/23			1	37.00	37.00	
6/23			1	329.50	329.50	
6/23			1	511.50	511.50	
6/23			1	327.75	327.75	
6/23			1	69.25	69.25	
6/23			1	490.00	490.00	
6/23			1	6665.00	6665.00	
6/23			1	3477.25	3477.25	
6/23			1	442.00	442.00	
6/23			1	446.50	446.50	
6/23			3	243.25	729.75	
6/23			1	353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT. AGE TP NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT PRICE	AMOUNT	CPT CODE
-----------	-----	-------------	-----	------------	--------	----------

SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
93.60
819.50
511.50
327.75
69.25
6665.00
5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

* REPRINT *

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 1/16/19 1/16/19 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 1/18/19

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89CR	
1/16			2		18.50	37.00	J1885
1/16			1		18.50	18.50	J2765
1/16			1		377.75	377.75	85027
1/16			1		69.25	69.25	36415
1/16			1-		69.25	69.25CR36415	
1/16			1		490.00	490.00	80048
1/16			1		2282.25	2282.25	99283
1/16			1		446.50	446.50	96374
1/16			1		243.25	243.25	96361
1/16			1		353.75	353.75	96375

AMOUNT FOR THIS BILL 4249.00
PAYMENT AMOUNT 3798.89CR
TOTAL PATIENT BALANCE 450.11

* REPRINT *

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			1/18/19

FINAL BILL		PAT. AGE	DR. NAME
CHRG CODE	REV	DESCRIPTION	QTY UNIT PRICE AMOUNT CPT CODE

SUMMARY OF CHARGES

ADJUSTMENT	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES	\$4249.00
TOTAL PAYMENTS	\$3798.89CR
TOTAL PATIENT BALANCE	\$450.11

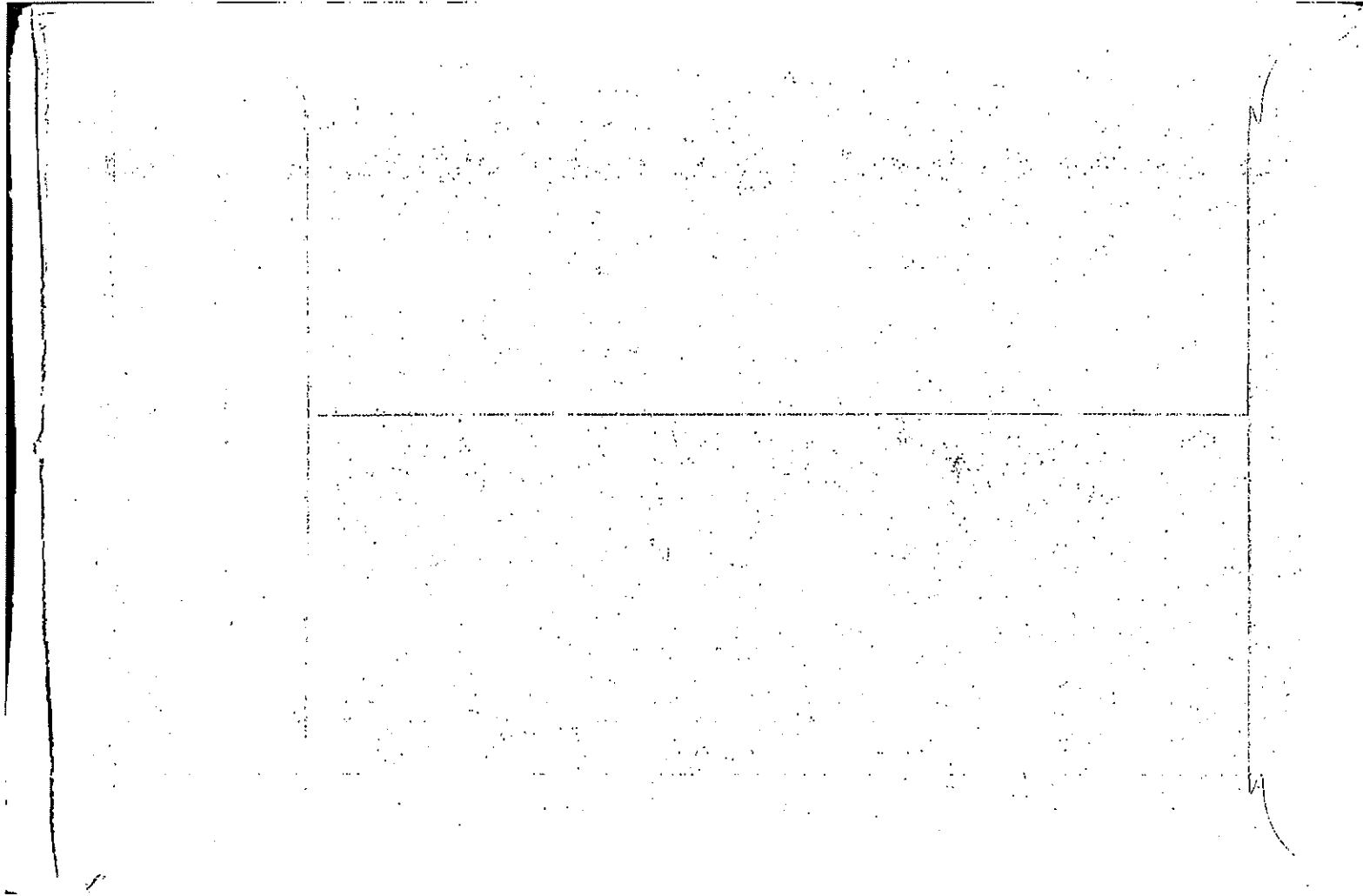


EXHIBIT 3

WARRANT IN DEBT (CIVIL CLAIM FOR MONEY)

Commonwealth of Virginia VA. CODE § 16.1-79

DINWIDDIE

General District Court

CITY OR COUNTY

P.O. BOX 280, DINWIDDIE COURTHOUSE, DINWIDDIE, VA 23841-0280

STREET ADDRESS OF COURT

TO ANY AUTHORIZED OFFICER: You are hereby commanded to summons the Defendant(s).

TO THE DEFENDANT(S): You are summoned to appear before this Court at the above address on

02/02/2021 01:00PM

RETURN DATE AND TIME

to answer the Plaintiff(s)' civil claim (see below)

DATE ISSUED

☒ CLERK☐ DEPUTY CLERK☐ MAGISTRATE**CLAIM:** Plaintiff(s) claim that Defendant(s) owe Plaintiff(s) a debt in the sum of

\$ 8025.77 net of any credits, with interest at 6.000 % from date of 02/16/2019 until paid,

\$ 62.00 costs and \$ 0.00 attorney's fees with the basis of this claim being

☒ Open Account ☐ Contract ☐ Note ☐ Other (EXPLAIN)HOMESTEAD EXEMPTION WAIVED? ☐ YES ☒ NO ☐ cannot be demanded

JAN 04 2021

DATE

/s/ Jared L. Buchanan

☐ PLAINTIFF ☒ PLAINTIFF'S ATTORNEY ☐ PLAINTIFF'S EMPLOYEE/AGENT**CASE DISPOSITION**JUDGMENT against ☐ named Defendant(s) ☐

for \$ net of any credits, with interest at % from date

of until paid, \$ costs and \$ attorney's fees

☐ and \$ costs for Servicemember Civil Relief Act counsel feesHOMESTEAD EXEMPTION WAIVED? ☐ YES ☐ NO ☐ CAN NOT BE DEMANDED☐ JUDGMENT FOR ☐ NAMED DEFENDANT(S) ☐☐ NON-SUIT ☐ DISMISSEDDefendant(s) Present: ☐ NO ☐ YES

DATE

JUDGE

CASE NO.

PLAINTIFF(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

PETERSBURG HOSPITAL COMPANY, LLC

D/B/A SOUTHSIDE REGIONAL MEDICAL

CENTER

V.

DEFENDANT(S) (LAST NAME, FIRST NAME, MIDDLE INITIAL)

ASHLEY TURNER

11813 FROSTY RIDGE, CT, DINWIDDIE, VA 23841

WARRANT IN DEBT

TO DEFENDANT: You are not required to appear; however, if you fail to appear, judgment may be entered against you. See the additional notice of the reverse about requesting a change of trial location.

☐ To dispute this claim, you must appear on the return date to try this case.☒ To dispute this claim, you must appear on the return date for the judge to set another date for trial.

Bill of Particulars ORDERED DUE

Grounds of Defense ORDERED DUE

ATTORNEY FOR PLAINTIFF(S)
Jared Lee Buchanan VA#95100, Jeremy Forrest VA#89170

Faber and Brand, LLC, PO Box 10110 Columbia, MO 65205

888-233-3141

ATTORNEY FOR DEFENDANT(S)

HEARING DATE AND TIME

02/02/2021

01:00PM

JUDGMENT PAID OR
SATISFIED PURSUANT
TO ATTACHED NOTICE
OF SATISFACTION.

DATE

CLERK

**DISABILITY
ACCOMMODATIONS**for loss of hearing,
vision, mobility, etc.,
contact the court ahead
of time.

RETURNS: Each defendant was served according to law, as indicated below, unless not found.

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE	for _____

OBJECTION TO VENUE:

To the Defendant(s): If you believe that Plaintiff(s) should have filed this suit in a different city or county, you may file a written request to have the case moved for trial to the general district court of that city or county. To do so, you must do the following:

1. Prepare a written request which contains (a) this court's name, (b) the case number and the "return date" as shown on the other side of this form in the right corner; (c) Plaintiff(s) name(s) and Defendant(s) name(s); (d) the phrase "I move to object to venue of this case in this court because" and state the reasons for your objection and also state in which city or county the case should be tried, and (e) your signature and mailing address.
2. File the written request in the clerk's office before the trial date (use the mail at your own risk) or give it to the judge when your case is called on the return date. Also send or deliver a copy to plaintiff.
3. If you mail this request to the court, you will be notified of the judge's decision.

FORM DC-412, DC-414, DC-428 (REVERSE) REVISED 07/04

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE	for _____

NAME	
ADDRESS	
<input type="checkbox"/> PERSONAL SERVICE	Tel. No.
Being unable to make personal service, a copy was delivered in the following manner:	
<input type="checkbox"/> Delivered to family member (not temporary sojourner or guest) age 16 or older at usual place of abode of party named above after giving information of its purport. List name, age of recipient, and relation of recipient to party named above.	
<input type="checkbox"/> Posted on front door or such other door as appears to be the main entrance of usual place of abode, address listed above. (Other authorized recipient not found.)	
<input type="checkbox"/> Served on Secretary of the Commonwealth	
<input type="checkbox"/> NOT FOUND	SERVING OFFICER _____
DATE	for _____
I certify that I mailed a copy of this document to the defendants named therein at the address shown therein on JAN 04 2021 DATE <input type="checkbox"/> Plaintiff <input checked="" type="checkbox"/> Plaintiff's Atty. <input type="checkbox"/> Plaintiff's Agent Fi. Fa. issued on Interrogatories issued on Garnishment issued on	

**AFFIDAVIT – DEFAULT JUDGMENT
SERVICEMEMBERS CIVIL RELIEF ACT**
Commonwealth of Virginia VA. CODE § 8.01-15.2

Case No.

02/02/2021 01:00PM

Return Date and Time

☐ Circuit Court ☒ General District Court
☐ Juvenile and Domestic Relations District Court

DINWIDDIE
CITY OR COUNTY

PETERSBURG HOSPITAL COMPANY, LLC D/B/A SOUTHSIDE REGIONAL MEDICAL CENTER v./In re:
ASHLEY TURNER

I, Jared L. Buchanan, the undersigned affiant, states the following under oath:

PRINT NAME

☒ The defendant/respondent ☐ is in military service ☒ is not in military service.

☐ The affiant is unable to determine whether or not the defendant/respondent is in military service.

The following facts support the statement above:

Affiant states that he is the attorney for the Plaintiff, PETERSBURG HOSPITAL COMPANY, LLC D/B/A SOUTHSIDE REGIONAL MEDICAL CENTER, in this action and that the Defendant(s), ASHLEY TURNER, is/are not in the Armed Forces for the United States nor any branch thereof. Defendant's military status was verified on 12/30/2020 via the United States Department of Defense website, please see the attached report

Pursuant to 50 U.S.C. § 3931, if the court is unable to determine whether the defendant/respondent is in military service based upon the affiant's statement, the court, before entering judgment, may require the plaintiff/petitioner to file a bond in an amount approved by the court.

JAN 04 2021

DATE

/s/ Jared L. Buchanan
AFFIANT'S SIGNATURE

ORIGINAL AFFIDAVIT HAS BEEN NOTARIZED AND IS ON FILE WITH THE COURT

NOTICE REGARDING APPOINTMENT OF COUNSEL TO REPRESENT ABSENT SERVICEMEMBER:

Where appointment of counsel is required pursuant to 50 U.S.C. § 3931 or § 3932 or another section of the Servicemembers Civil Relief Act, the court may assess reasonable attorney fees and costs against any party as the court deems appropriate, including a party aggrieved by a violation of the Act, and shall direct in its order which of the parties to the case shall pay such fees and costs, except the Commonwealth unless it is the party that obtains the judgment. Further, counsel appointed pursuant to the Servicemembers Civil Relief Act shall not be selected by the plaintiff or have any affiliation with the plaintiff.

FOR COURT USE ONLY:

☐ ORDER OF APPOINTMENT OF COUNSEL

I find that appointment of counsel is required pursuant to 50 U.S.C. § 3931 or § 3932 or another section of the Servicemembers Civil Relief Act and therefore, I appoint the lawyer indicated below to represent the absent servicemember named as defendant/respondent above.

☐ The lawyer shall be paid a fee of \$ for serving as counsel for the absent servicemember.

NAME, ADDRESS
OF COURT
APPOINTED
LAWYER

NEXT HEARING DATE AND TIME

DATE

JUDGE

☐ STAY OF PROCEEDINGS

I find that a stay of proceedings is required pursuant to 50 U.S.C. § 3931 and, therefore, such a stay, for a minimum period of 90 days, is ordered until

NEXT HEARING DATE AND TIME

DATE

JUDGE

**Status Report
Pursuant to Servicemembers Civil Relief Act**

SSN: XXX-XX-6462
Birth Date: Apr-XX-1991
Last Name: TURNER
First Name: ASHLEY
Middle Name:
Status As Of: Dec-29-2020
Certificate ID: 8SGHTH6DQGT8YZL

On Active Duty On Active Duty Status Date			
Active Duty Start Date	Active Duty End Date	Status	Service Component
NA	NA	No	NA
This response reflects the individuals' active duty status based on the Active Duty Status Date			

Left Active Duty Within 367 Days of Active Duty Status Date			
Active Duty Start Date	Active Duty End Date	Status	Service Component
NA	NA	No	NA
This response reflects where the individual left active duty status within 367 days preceding the Active Duty Status Date			

The Member or His/Her Unit Was Notified of a Future Call-Up to Active Duty on Active Duty Status Date			
Order Notification Start Date	Order Notification End Date	Status	Service Component
NA	NA	No	NA
This response reflects whether the individual or his/her unit has received early notification to report for active duty			

Upon searching the data banks of the Department of Defense Manpower Data Center, based on the information that you provided, the above is the status of the individual on the active duty status date as to all branches of the Uniformed Services (Army, Navy, Marine Corps, Air Force, NOAA, Public Health, and Coast Guard). This status includes information on a Servicemember or his/her unit receiving notification of future orders to report for Active Duty.

Michael V. Sorrento, Director
Department of Defense - Manpower Data Center
400 Gigling Rd.
Seaside, CA 93955

The DoD strongly supports the enforcement of the Servicemembers Civil Relief Act (50 USC App. § 3901 et seq, as amended) (SCRA) (formerly known as the Soldiers' and Sailors' Civil Relief Act of 1940). DMDC has issued hundreds of thousands of "does not possess any information indicating that the individual is currently on active duty" responses, and has experienced only a small error rate. In the event the individual referenced above, or any family member, friend, or representative asserts in any manner that the individual was on active duty for the active duty status date, or is otherwise entitled to the protections of the SCRA, you are strongly encouraged to obtain further verification of the person's status by contacting that person's Service. Service contact information can be found on the SCRA website's FAQ page (Q35) via this URL: <https://scra.dmdc.osd.mil/scra/#/faqs>. If you have evidence the person was on active duty for the active duty status date and you fail to obtain this additional Service verification, punitive provisions of the SCRA may be invoked against you. See 50 USC App. § 3921(c).

This response reflects the following information: (1) The individual's Active Duty status on the Active Duty Status Date (2) Whether the individual left Active Duty status within 367 days preceding the Active Duty Status Date (3) Whether the individual or his/her unit received early notification to report for active duty on the Active Duty Status Date.

More information on "Active Duty Status"

Active duty status as reported in this certificate is defined in accordance with 10 USC § 101(d) (1). Prior to 2010 only some of the active duty periods less than 30 consecutive days in length were available. In the case of a member of the National Guard, this includes service under a call to active service authorized by the President or the Secretary of Defense under 32 USC § 502(f) for purposes of responding to a national emergency declared by the President and supported by Federal funds. All Active Guard Reserve (AGR) members must be assigned against an authorized mobilization position in the unit they support. This includes Navy Training and Administration of the Reserves (TARs), Marine Corps Active Reserve (ARs) and Coast Guard Reserve Program Administrator (RPAs). Active Duty status also applies to a Uniformed Service member who is an active duty commissioned officer of the U.S. Public Health Service or the National Oceanic and Atmospheric Administration (NOAA Commissioned Corps).

Coverage Under the SCRA is Broader in Some Cases

Coverage under the SCRA is broader in some cases and includes some categories of persons on active duty for purposes of the SCRA who would not be reported as on Active Duty under this certificate. SCRA protections are for Title 10 and Title 14 active duty records for all the Uniformed Services periods. Title 32 periods of Active Duty are not covered by SCRA, as defined in accordance with 10 USC § 101(d)(1).

Many times orders are amended to extend the period of active duty, which would extend SCRA protections. Persons seeking to rely on this website certification should check to make sure the orders on which SCRA protections are based have not been amended to extend the inclusive dates of service. Furthermore, some protections of the SCRA may extend to persons who have received orders to report for active duty or to be inducted, but who have not actually begun active duty or actually reported for induction. The Last Date on Active Duty entry is important because a number of protections of the SCRA extend beyond the last dates of active duty.

Those who could rely on this certificate are urged to seek qualified legal counsel to ensure that all rights guaranteed to Service members under the SCRA are protected.

WARNING: This certificate was provided based on a last name, SSN/date of birth, and active duty status date provided by the requester. Providing erroneous information will cause an erroneous certificate to be provided.

AFFIDAVIT

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center
Plaintiff

ASHLEY TURNER
Defendant(s)

State of PA
County of Northampton

The undersigned, being an adult of sound mind duly sworn, states the following:

1. I am a custodian or the agent for the custodian of the books and records of Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center (Hospital herein).
2. I am familiar with the books and records of the said Hospital to which I have authorized access and which are controlled by me, or the custodian to whom I report, and are produced and kept in the ordinary course of business.
3. The books and records (including electronic records) indicate that after application of any and all credits, adjustments and lawful set offs the Defendant(s) noted above is/are justly indebted to the Hospital in the amount of 8025.77 as of May 28, 2019 for the below listed account(s).

	06/23/18	7664.72
	01/16/19	361.05

4. That to the best of my knowledge and belief the above listed Defendant is a resident(s) of VA and is neither an infant nor incompetent, and is not a member of the active armed forces of the United States of America.
5. That the charges were reasonable and the services rendered were necessary.

The foregoing matters are, to the best of my knowledge and belief, true and correct.

Petersburg Hospital Company, LLC d/b/a Southside Regional, Medical Center

BY: *[Signature]*

Authorized agent/custodian of Patient Accounts

Subscribed and sworn to before me this 29th day of May 2019

Judy Dobrotka
Notary Public *Judy Dobrotka*

My commission expires on :

November 12, 2022

Commonwealth of Pennsylvania - Notary Seal
Judy Dobrotka, Notary Public
Northampton County
My commission expires November 12, 2022
Commission number 1194787
Member, Pennsylvania Association of Notaries

351025

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME ACCOUNT NO. ROOM/BED ADMIT DATE DIS. DATE PAGE
TURNER ASHLEY N 6/23/18 6/23/18 1

GUARANTOR NAME/ADDR. F/C PAYORS BILLING DATE
TURNER ASHLEY N 12/18/18

FINAL BILL PAT. AGE DR. NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32CR	
6/26	0000001	0005 ADJUSTMENT	1		2536.32	2536.32	
12/18	0000001	0005 ADJUSTMENT	1		6271.13	6271.13CR	
6/23			4		4.90	19.60	
6/23			1		37.00	37.00	
6/23			1		37.00	37.00	
6/23			1		329.50	329.50	
6/23			1		511.50	511.50	
6/23			1		327.75	327.75	
6/23			1		69.25	69.25	
6/23			1		490.00	490.00	
6/23			1		6665.00	6665.00	
6/23			1		3477.25	3477.25	
6/23			1		442.00	442.00	
6/23			1		446.50	446.50	
6/23			3		243.25	729.75	
6/23			1		353.75	353.75	

AMOUNT FOR THIS BILL 13935.85
PAYMENT AMOUNT 6271.13CR
TOTAL PATIENT BALANCE 7664.72

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N			6/23/18	6/23/18	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N			12/18/18

FINAL BILL

PAT	AGE	DR	NAME

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
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SUMMARY OF CHARGES

ADJUSTMENT

6271.13CR
 93.60
 819.50
 511.50
 327.75
 69.25
 6665.00
 5449.25

TOTAL CHARGES	\$13935.85
TOTAL PAYMENTS	\$6271.13CR
TOTAL PATIENT BALANCE	\$7664.72

SOUTHSIDE REGIONAL MED CT
 200 MEDICAL PARK BLVD
 PETERSBURG VA 23805-9274
 804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N	[REDACTED]		1/16/19	1/16/19	1

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N	[REDACTED]	[REDACTED]	1/18/19

FINAL BILL	PAT. AGE	DR. NAME
	[REDACTED]	[REDACTED]

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
1/18	0000001	0005 ADJUSTMENT	1		3798.89	3798.89	CR
1/16		[REDACTED]	2		18.50	37.00	J1885
1/16		[REDACTED]	1		18.50	18.50	J2765
1/16		[REDACTED]	1		377.75	377.75	85027
1/16		[REDACTED]	1		69.25	69.25	36415
1/16		[REDACTED]	1-		69.25	69.25	CR36415
1/16		[REDACTED]	1		490.00	490.00	80048
1/16		[REDACTED]	1		2282.25	2282.25	99283
1/16		[REDACTED]	1		446.50	446.50	96374
1/16		[REDACTED]	1		243.25	243.25	96361
1/16		[REDACTED]	1		353.75	353.75	96375

AMOUNT FOR THIS BILL	4249.00
PAYMENT AMOUNT	3798.89
TOTAL PATIENT BALANCE	450.11

SOUTHSIDE REGIONAL MED CT
200 MEDICAL PARK BLVD
PETERSBURG VA 23805-9274
804-765-5000

PATIENT NAME	ACCOUNT NO.	ROOM/BED	ADMIT DATE	DIS. DATE	PAGE
TURNER ASHLEY N	[REDACTED]		1/16/19	1/16/19	2

GUARANTOR NAME/ADDR.	F/C	PAYORS	BILLING DATE
TURNER ASHLEY N [REDACTED]	[REDACTED]	[REDACTED]	1/18/19

FINAL BILL	PAT. AGE	DR. NAME
	[REDACTED]	[REDACTED]

CHRG CODE	REV	DESCRIPTION	QTY	UNIT	PRICE	AMOUNT	CPT CODE
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SUMMARY OF CHARGES

ADJUSTMENT

[REDACTED]	3798.89CR
	55.50
	377.75
	.00
	490.00
	3325.75

TOTAL CHARGES
TOTAL PAYMENTS
TOTAL PATIENT BALANCE

\$4249.00
\$3798.89CR
\$450.11



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IN THE
UNITED STATES



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PO BOX 10110
COLUMBIA MO 65205-9851



