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2 EDRLINGTON, SCHIRMER & MURPHY LLP  
3 The Terraces  
4 2300 Contra Costa Blvd., Suite 450  
5 Pleasant Hill, CA 94523  
6 Telephone: (925) 827-3300

[G.C. 6103]

7 Attorney for Defendant  
8 WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

9 UNITED STATES DISTRICT COURT  
10 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO BRANCH

11 FERNANDO YATES,

Case No. 3:16-CV-01077 MEJ

12 Plaintiff,

SPECIAL INTERROGATORIES,  
SET ONE

13 v.

14 WEST CONTRA COSTA UNIFIED  
15 SCHOOL DISTRICT,

16 Defendant.

17  
18 PROPOUNDING PARTY: Defendant WEST CONTRA COSTA UNIFIED SCHOOL  
19 DISTRICT

20 RESPONDING PARTY: Plaintiff FERNANDO YATES

21 SET NO.: ONE

22 PLEASE TAKE NOTICE that pursuant to the provisions of FRCP 33, defendant WEST  
23 CONTRA COSTA UNIFIED SCHOOL DISTRICT hereby requests that plaintiff FERNANDO  
24 YATES submit written responses to the following special interrogatories.

25 **DEFINITIONS**

26 1. For the purpose of these interrogatories, when asked to "IDENTIFY" or for the  
27 "IDENTITY" of a person or persons, please provide the following information: person's name,  
28 address, (work and home), phone number (work and home).

1 2. For the purpose of these interrogatories, when asked to "IDENTIFY" or provide  
2 the "IDENTITY" of a document, this shall mean, its date, its author or party's signatory, its  
3 addressee or recipient, number of pages, subject matter, name and address of each person  
4 having possession of the original or any copy.

5 3. "DESCRIBE" means to specify in detail and with particularity the  
6 information requested in the interrogatory and not just to provide a summary of the  
7 information. It requires, among other things: the inclusion of each date, fact and event that  
8 is in anyway relevant to the answer to the Individual Interrogatory; the identification of  
9 each DOCUMENT that contains information that is relevant to the answer to Individual  
10 Interrogatory and the identification of each individual who personal knowledge of  
11 information requested in the Individual Interrogatory.

12 SPECIAL INTERROGATORIES

13 1. Itemize all economic damages that you claim to have resulted from your  
14 separation from employment with the West Contra Costa Unified School District including, but  
15 not limited to, lost wages, medical or mental health care expenses, out-of-pocket expenses and  
16 any other financial losses. *BENEFITS*

17 2. IDENTIFY all witnesses who can corroborate each element of economic damages  
18 that you allegedly suffered as a result of your separation from employment with the West Contra  
19 Costa Unified School District. *BENEFITS DOCUMENTS*

20 3. IDENTIFY each employer you have had in the ten (10) years preceding your  
21 Answers to these Interrogatories, including the employer's name, address, telephone number, the  
22 name(s) of each position you held with that employer and the inclusive dates of your  
23 employment. *ROSA LOZAN ACISSA WILKINSON*  
*DENY, PRIVATE INFORMATION*

24 4. DESCRIBE each and every document that supports your claimed economic  
25 damages resulting from your separation from employment with the West Contra Costa Unified  
26 School District. *BENEFITS DOCUMENTS*

27 5. If you contend that you required the services of any medical or mental healthcare  
28 provider as a result of your separation from employment with the West Contra Costa Unified

1 School District, state all facts in support of your contention. *NOT APPLICABLE*

2 6. If you contend that you required the services of any medical or mental healthcare  
3 provider as a result of your separation from employment with the West Contra Costa Unified  
4 School District, IDENTIFY each healthcare provider you consulted or who provided services to  
5 you. *NOT APPLICABLE*

6 7. If you contend that you required the services of any medical or mental healthcare  
7 provider as a result of your separation from employment with the West Contra Costa Unified  
8 School District, DESCRIBE each and every document that supports your contention.

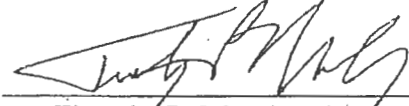
9 8. With regard to each medical or mental health treatment expense that you claim  
10 resulted from your separation from employment with the West Contra Costa Unified School  
11 District, state the amount actually accepted as full payment by each such provider for the  
12 expenses you incurred. *NOT APPLICABLE*

13 9. Please identify any and all entities or insurers (i.e., Blue Cross, Kaiser, Medicare,  
14 Medi-Cal) that made payments on account of medical or mental health care treatment expenses  
15 that you claim to have incurred as a result of your separation from employment with the West  
16 Contra Costa Unified School District. *NOT APPLICABLE*

17 10. Itemize any and all Medicare benefits that you received or that were paid on your  
18 behalf for any injuries that you claim resulted from your separation from employment with the  
19 West Contra Costa Unified School District. *NOT APPLICABLE*

20 DATED: February 6, 2017

EDRINGTON, SCHIRMER & MURPHY LLP

21 By   
22 Timothy P. Murphy, Esq.  
23 Attorney for Defendant  
24 WEST CONTRA COSTA UNIFIED  
SCHOOL DISTRICT

25 *Fernando Yata*  
26 *MAR 10, 2017*

SPECIAL IN TEMOBOTAPAS 1°

MONTHS X 12  
177.27  
2127.24  
WEST GRM COST USD

11,141.28 VALLEJO USD

STANISLAVS USD 16635.96

27777.24  
- 2127.24

TOTAL 25,650.00 BENEFITS

Q All Fernando, search your mailbox

Search Mail Search Web Home

Compose

Archive Move Delete Spam More

↑ ↓ ×

- Inbox
- Drafts
- Sent
- Archive
- Spam
- Trash
- Smart Views
- Folders
  - Unwanted
- Recent

RE: Yates v. WCCUSD

Timothy Murphy <TMurphy@esmlawfirm.com>  
 To fernandoyates  
 CC Cherie Bray

Feb 13 at 3:02 PM

Mr. Yates,

Pursuant to your request, I have attached a document reflecting payments made by the district towards your health benefits. The district paid \$15.00 towards vision coverage, \$102.00 towards dental coverage and \$1545.00 towards health benefits each month; you paid \$177.00 towards your benefits each month, as shown below. Benefits were paid through August 2015. I trust that this will satisfy your needs.

Timothy P. Murphy

Timothy P. Murphy, Esq.  
 Edrington, Schirmer & Murphy LLP  
 2300 Contra Costa Blvd., Suite 450  
 Pleasant Hill, CA 94523  
 T: (925) 827-3300  
 F: (925) 827-3320

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WCCUSD  
 Accounting Department  
 1400 Marina Way South  
 Richmond, CA 94804  
 (510) 231-1117  
 Fax: (510) 870-2282

Statement

Page 1

Statement Date	Customer Number
02/13/2017	320
Statement Total	
\$0.00	

YATES, FERNANDO  
 3200 TRUXEL ROAD, APT 324  
 SACRAMENTO, CA 95833



Statement

Description	Bill Number	Delo	Bill Amount	Bill Adjusted	Amount Paid	Balance Due
BENEFITS	268	01/20/2015				
1 MEDICAL EE SHARE PREMIUM - DEC 2014		01/20/2015	\$164.08	\$0.00	\$164.08	\$0.00
2 MEDICAL EE SHARE PREMIUM - JAN 2015		01/20/2015	\$0.00	\$177.27	\$177.27	\$0.00
	Bill Summary		\$164.08	\$177.27	\$341.35	\$0.00
BENEFITS	306	02/24/2015				
1 MEDICAL EE SHARE PREMIUM		02/24/2015	\$177.27	\$0.00	\$177.27	\$0.00
	Bill Summary		\$177.27	\$0.00	\$177.27	\$0.00
BENEFITS	327	03/27/2015				
1 MEDICAL EE SHARE PREMIUM		03/27/2015	\$354.64	\$0.00	\$354.64	\$0.00
	Bill Summary		\$354.64	\$0.00	\$354.64	\$0.00
BENEFITS	333	04/08/2015				
1 MEDICAL EE SHARE PREMIUM		04/08/2015	\$164.08	\$0.00	\$164.08	\$0.00
	Bill Summary		\$164.08	\$0.00	\$164.08	\$0.00
BENEFITS	362	05/18/2015				
1 MEDICAL EE SHARE PREMIUM		05/18/2015	\$177.27	\$0.00	\$177.27	\$0.00
	Bill Summary		\$177.27	\$0.00	\$177.27	\$0.00
BENEFITS	377	06/08/2015				
1 MEDICAL EE SHARE PREMIUM		06/08/2015	\$177.27	\$0.00	\$177.27	\$0.00
	Bill Summary		\$177.27	\$0.00	\$177.27	\$0.00
BENEFITS	503	07/15/2015				
1 MEDICAL EE SHARE PREMIUM		07/15/2015	\$117.27	\$0.00	\$117.27	\$0.00
	Bill Summary		\$117.27	\$0.00	\$117.27	\$0.00
BENEFITS	32001	07/03/2015				
1 MEDICAL EE SHARE PREMIUM		07/03/2015	\$177.27	\$0.00	\$177.27	\$0.00
	Bill Summary		\$177.27	\$0.00	\$177.27	\$0.00

30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Interest	Other Fees	Total Due
\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00

**Subject:** RE: Health insurance  
**From:** Akemi Lund - Payroll (AJLund@vallejo.k12.ca.us)  
**To:** fernandoyates@yahoo.com;  
**Date:** Thursday, February 16, 2017 8:13 AM

Good morning Mr. Yates,

The total amount you paid for Health, Dental and Vision in 2015/2016 was \$11,141.28. Please let me know if I can be of further assistance. Thank you.

*Akemi Lund*

*Benefits Specialist, Business Services Division*  
Vallejo City Unified School District  
665 Walnut Avenue  
Vallejo, CA 94592  
Office (707) 556-8921 ext 50016  
Fax (707) 638-0316  
[ajlund@vallejo.k12.ca.us](mailto:ajlund@vallejo.k12.ca.us)



**VALLEJO CITY**  
UNIFIED SCHOOL DISTRICT

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**From:** Rosa Loza - Payroll  
**Sent:** Wednesday, February 15, 2017 6:15 PM  
**To:** Akemi Lund - Payroll  
**Subject:** FW: Health insurance

Akemi,

Please help, thanks.

Rosa Ma Loza

*Accounting/Business Services Division*  
Vallejo City Unified School District  
665 Walnut Avenue  
Vallejo, CA 94592  
Office (707) 556-8921, ext. 50152  
Fax (707) 638-0316  
[rloza@vallejo.k12.ca.us](mailto:rloza@vallejo.k12.ca.us)

**Subject:** Fwd: Health insurance, delta dental and VSP  
**From:** Fernando Yates (fyates@stanunion.k12.ca.us)  
**To:** fernandoyates@yahoo.com;  
**Date:** Thursday, February 16, 2017 1:53 PM

----- Forwarded message -----

**From:** Alissa Wilkinson <awilkinson@stanunion.k12.ca.us>  
**Date:** Thu, Feb 16, 2017 at 1:44 PM  
**Subject:** Re: Health insurance, delta dental and VSP  
**To:** Fernando Yates <fyates@stanunion.k12.ca.us>

Hi Fernando,

If I understand what you are asking, your total portion paid, per month, for VSP, Delta Dental, and Blue Shield altogether is \$1,386.33 per month. This will be the same amount through September, as the new open enrollment plan begins in August and the amount could change.

Please let me know if you have any questions or if this did not answer your question.

Thank you,

**Alissa Wilkinson**  
Payroll Technician  
Stanislaus Union School District  
2410 Janna Avenue  
Modesto, CA 95350  
(209) 529-9546

On Thu, Feb 16, 2017 at 1:19 PM, Fernando Yates <fyates@stanunion.k12.ca.us> wrote:

Hi Alissa:

Please let me know my projected amount paid for the employee contribution, for the year 2016-2017, for my health insurance, delta dental and VSP?

Thank you,

Fernando Yates

This is a staff email account managed by Stanislaus Union Elementary School District. This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the sender.

**Subject:** Response to your letter dated MArch 15, 2017  
**From:** Fernando Yates (fernandoyates@yahoo.com)  
**To:** tmurphy@esmlawfirm.com; jly@esmlawfirm.com;  
**Date:** Wednesday, March 22, 2017 12:30 PM

Dear Mr. Murphy and Mr. Ly:

In response to your letter dated March 15, 2017:

Special Interrogatory No. 1: I paid \$ 11,141.28 of health benefits to Vallejo City Unified School District, \$ 16,635.96 for 12 months to Stanislaus Union Unified School District, and \$ 2127.24 for West Contra Costa Unified School District, if you add \$16,635.96 and \$11,141.28 will give a total of \$ 27,777.24, if you subtract that amount from \$ 2,127.24, will give a total of \$ 25, 650 in lost benefits. In other words I am claiming from West Contra Costa Unified School District \$ 25,650 for lost benefits.

Special Interrogatory No. 2: I sent you the name of the witnesses in the letter, and all their information, Alemi Lund, Vallejo City Unified School District ,Benefits Specialist, and Alissa Wilkinson, Stanislaus Union Payroll Technician.

Special Interrogatory No. 3: I deny, I am only claiming lost benefits for \$ 25,650, plus emotional distress, and that information was sent to your office already. I sent a letter, from VCUSD, and SUSD.

Inspection Demand No. 5:WCCUSD has that information already, and included in your pleadings several times.

Inspection Demand No. 6: I am not claiming loss of earnings, for that reason, I DENY.

If you disagree with my answers, please let me know to file a joint letter to the court.

Very Truly Yours,

Fernando Yates



**Melissa Phung**

---

**From:** Cotton, Cheryl <CCotton@wccusd.net>  
**Sent:** Friday, March 13, 2015 4:48 PM  
**To:** Melissa Phung  
**Subject:** FW: RE: SLMS  
**Attachments:** image001.gif; image002.jpg

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

-----Original Message-----

From: Fernando Yates [<mailto:fernandoyates@yahoo.com>]  
Sent: Thursday, October 16, 2014 9:47 PM  
To: Cotton, Cheryl  
Subject: Fw: RE: SLMS

-- On Thu, 10/16/14, SLMS <[SLMS@ctc.ca.gov](mailto:SLMS@ctc.ca.gov)> wrote:

> From: SLMS <[SLMS@ctc.ca.gov](mailto:SLMS@ctc.ca.gov)>  
> Subject: RE: SLMS  
> To: "[fernandoyates@yahoo.com](mailto:fernandoyates@yahoo.com)" <[fernandoyates@yahoo.com](mailto:fernandoyates@yahoo.com)>  
> Date: Thursday, October 16, 2014, 4:39 PM

>  
>  
>  
>  
>  
>  
>  
>  
>  
> Dear Mr. Yates,  
>  
> Thank you for contacting the  
> Commission on Teacher Credentialing. You were identified as a person  
> out of compliance with your child support agreement. This resulted in  
> the suspension of one or more of your teaching credentials. This  
> matter has not been resolved. You will need to contact San Diego  
> County, Department of Child Support Services (DCSS) to initiate a  
> State License Match Release. Once the issue has been resolved, DCSS  
> will submit a release directly to the Commission by fax or mail.  
> The Commission has 5 business  
> days to process the release. After this action the Commission will  
> mail a release to you indicating the action has been cleared. You may  
> continue to visit the website at [1](http://protect-</a></p></div><div data-bbox=)