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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA
MIAMI DIVISION

Howard Adelman and Judith Sclawy,
as Co-Personal Representatives of
The Estate of Michael Sclawy-Adelman,

Plaintiffs,

vs.

CASE NO: 1:10-CV-22236-ASG
Magistrate: ALAN S. GOLD

Boy Scouts of America, a Foreign
Corporation;
The South Florida Council Inc.,
Boy Scouts of America;
Plantation United Methodist Church;
Howard K. Crompton, individually; and
Andrew L. Schmidt, individually,

Defendants.

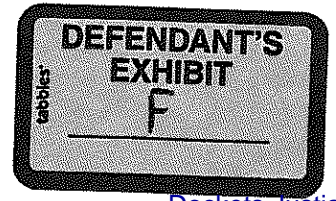
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**AFFIDAVIT OF HOWARD ADELMAN AUTHORIZING
RELEASE OF MICHAEL SCLAWY-ADELMAN'S BLOOD SAMPLE**

STATE OF FLORIDA)
)ss
COUNTY OF _____)

BEFORE ME, the undersigned authority, on this day personally appeared, HOWARD ADELMAN, who after being first duly sworn, under oath, certify that the statements set forth in this Affidavit are true to the best of his information and belief and upon personal knowledge and says:

- 1. My name is HOWARD ADELMAN and I am the father of Michael Sclawy-Adelman.



I am over eighteen years of age, and I am competent to testify in matters contained in this Affidavit.

2. As Michael Sclawy-Adelman's father, I have full authority to authorize the release of the blood sample to NMS Labs currently in the custody and control of the Miami-Dade County Medical Examiner Department.
3. I hereby authorize the Miami-Dade County Medical Examiner Department to release Michael Sclawy-Adelman's blood sample to NMS Labs located at 3701 Welsh Road - PO Box 433A, Willow Grove, Pennsylvania, 19090-0437.
4. Attached to this Affidavit is the NMS Labs Sample Submission Form, which indicates that blood was drawn from Michael Sclawy-Adelman on approximately May 10, 2009 and indicates the Test Name as amphetamines panel.
5. I understand that this information is confidential and will only be released as specified in this authorization. This authorization is valid from one year from the date of signature, or until the sample has been furnished as requested.

FURTHER AFFIANT SAYETH NAUGHT

HOWARD ADELMAN

STATE OF FLORIDA

COUNTY OF _____

)
SS.
)

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,
by _____, who is personally known to me, or who has produced
_____ as identification, and who did take an oath.

(Seal)

Signature of person taking acknowledgment

Name of officer taking acknowledgment

Title or rank

Serial number

over eighteen years of age, and I am competent to testify in matters contained in this Affidavit.

2. As Michael Sclawy-Adelman's mother, I have full authority to authorize the release of the blood sample to NMS Labs currently in the custody and control of the Miami-Dade County Medical Examiner Department.
3. I hereby authorize the Miami-Dade County Medical Examiner Department to release Michael Sclawy-Adelman's blood sample to NMS Labs located at 3701 Welsh Road - PO Box 433A, Willow Grove, Pennsylvania, 19090-0437.
4. Attached to this Affidavit is the NMS Labs Sample Submission Form, which indicates that blood was drawn from Michael Sclawy-Adelman on approximately May 10, 2009 and indicates the Test Name as amphetamines panel.
5. I understand that this information is confidential and will only be released as specified in this authorization. This authorization is valid from one year from the date of signature, or until the sample has been furnished as requested.

FURTHER AFFIANT SAYETH NAUGHT

JUDITH SCLAWY

STATE OF FLORIDA

COUNTY OF _____

)
} SS.
)

The foregoing instrument was acknowledged before me this _____ day of _____, 2011,
by _____, who is personally known to me, or who has produced
_____ as identification, and who did take an oath.

(Seal)

Signature of person taking acknowledgment

Name of officer taking acknowledgment

Title or rank

Serial number