

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No. 11-CV-23341-UNGARO/TORRES

**The attached hand-written
document
has been scanned and is
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(1" from top of page, and centered, begin title of Court)

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF FLORIDA

Case No.

LEE SILBER

(Full Name of Plaintiff/s),

Plaintiff (s)

REQUEST FOR ATTORNEY
MOTION OF LIMINE

vs.

JACKSON CRISIS HOSPITAL

(Full Name of Defendant/s),

Defendant(s).

TITLE OF DOCUMENT

I, LEE SILBER [plaintiff or defendant], in the above styled
cause, SOE JACKSON CRISIS HOSPITAL FOR ASSAULTING
ME WITH THEIR PERSONAL IN THE EMERGENCY
ROOM, SHOOTING ME UP WITH DRUGS, THAT I CAN
PROVE TO YOUR HONOR KILL PEOPLE. I WILL
GO UNDER OATH, PERJURY SWORN AFFADAVITS,
FULL-PROOF LIE DETECTOR MACHINES, DEPOSITIONS,
INTEGRATORIES, SUBPOENAS THAT JACKSON CRISIS HOSPITAL
EMPLOYEES IN THE EMERGENCY ROOM ASSAULTED
ME, SHOT ME UP WITH DRUGS THAT I CAN PROVE WITH

MEDICAL BOOKS KILL PEOPLE!!! I HAD A TALL,
MALE, CAUCASEN MALE ORDERLY LIE SAY I WAS
TOTALLY OUT OF CONTROL - SHOT ME UP WITH A
DRUG THAT I KNOW FOR A FACT KILLS PEOPLE!!!
THIS HAPPENED WITH A ~~TOOL~~ MALE, JAPENESSE
LOOKING NURSE (WHO HATED MY GUTS), IN THE
EMERGENCY ROOM, A BLACK FEMALE HAITIAN
NURSE IN THE GERIATRICS UNIT WHERE I
WAS PUT ALSO GAVE ME DRUGS THAT I CAN
PROVE TO YOUR HONOR KILLS PEOPLE!!! I
CAN GIVE YOU YOUR HONOR MEDICAL REPORTS
WHICH I WILL TESTIFY: UNDER OATH, PERJURY,
SWORN AFFADAVITS, FULL-PROOF LIE DETECTOR
TESTS, DEPOSITIONS, INTEGRATORIES, SUPOEANAS
ALL LIEING ABOUT MYSELF: SAYING I SMOKE,
I AM PARONOID, DELUSSIONAL, I AM INSANE!!!
YOUR HONOR I DONT SMOKE, I GRADUATED FROM
HIGH SCHOOL SCHOOL, WENT TO COLLEGE AND WORK
IN MY OWN BUISNESSES SINGLE HANDDILY! I
REQUEST YOUR HONOR FOR A MOTION OF LIMINE
TO SUPPRESS THEIR FALSE EVIDENCE, AND LET
ME PRESENT MY ABSOLUTE EVIDENCE WITH
AN ATTORNEY.

SERVICE LIST

LEE SILBER
Party or Attorney Name

leesilber@hotmail.com
Attorney E-mail Address (if applicable)

LEE SILBER
Firm Name (if applicable)

4700 NW 32 AVE APT. 606
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Attorneys for Plaintiff/Defendant
[Party's Name(s)] (if applicable)

Party or Attorney Name

Attorney E-mail Address (if applicable)

Firm Name (if applicable)

Street Address

City, State, Zip Code

Telephone: _____

Facsimile: _____

Attorneys for Plaintiff/Defendant
[Party's Name(s)] (if applicable)

9/14/11
Dated: Month, day, year

Respectfully submitted,

LEE SILBER
Name of Filer

Attorney Bar Number (if applicable)

leesilber@hotmail.com
Attorney E-mail Address (if applicable)

LEE SILBER
Firm Name (if applicable)

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Attorneys for Plaintiff/Defendant [Party Name(s)]
(if applicable)

Certificate of Service

I hereby certify that a true and correct copy of the foregoing was served by _____

_____ [specify method of service] on _____ [date]

on all counsel or parties of record on the Service List below.

Lee Silber
Signature of Filer