

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

**Case No. 11-CV-23350-GRAHAM/GOODMAN**

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**The attached hand-written  
document  
has been scanned and is  
also available in the  
SUPPLEMENTAL  
PAPER FILE**

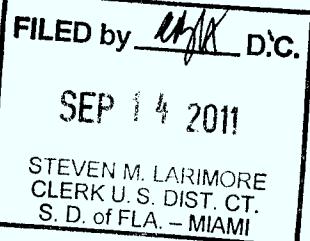
(1" from top of page, and centered, begin title of Court)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA

Case No.

LEE SILBER

11-CV-23350-GRAHAM/GOODMAN



(Full Name of Plaintiff/s),

Plaintiff(s)

REQUEST FOR ATTORNEY

vs.

WESTCHESTER GENERAL HOSPITAL MOTION OF LIMINE

(Full Name of Defendant/s),

Defendant(s).

TITLE OF DOCUMENT

I, LEE SILBER [plaintiff or defendant], in the above styled cause, SUE WESTCHESTER GENERAL HOSPITAL FOR CRIMINAL CHARGES OF: "ASSAULTS, ATTEMPTED MURDER. I WILL GO UNDER OATH, PERJURY, SIGNED AFFADAVITS, FULL-PROOF LIE DETECTOR TESTS, DEPOSITIONS, INTEGRATORIES, SPOEANTS TO PROVE TO YOUR HONOR WHEN I WAS HAVING MY SHOULDER CLEANED OUT, THAT A FAT, BALD, LATIN EMERGENCY ROOM EMPLOYEE OF WESTCHESTER GENERAL HOSPITAL

A MALE, WITH FELLOW EMPLOYEES ASSAULTED ME,  
SHOT ME UP WITH A DRUG THAT INCAPACITATED  
MYSELF FOR ONE WEEK. "I ALMOST DIED."  
NOBODY, METRO-DADE POLICE DID  
ANYTHING TO ARREST THESE PEOPLE FOR ASSAULT,  
ATTEMPTED MURDER AS I WILL PROVE TO YOUR  
HONOR WITH EYE WITNESS TESTIMONIES."

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

Respectfully submitted,

LEE SILBER

Name of Filer

Attorney Bar Number (if applicable)

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LEE SILBER

Firm Name (if applicable)

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Facsimile: \_\_\_\_\_

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