

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF KENTUCKY
CENTRAL DIVISION at LEXINGTON

BARBARA OLINGER, as Mother and)
Next Friend of "A", a Minor)
Child Under the Age of 18 Years,)

Civil Action No. 5:07-29-JMH

Plaintiff,)

V.)

THE CHURCH OF JESUS CHRIST OF)
LATTER-DAY SAINTS, and)
JASON STARKS,)

Defendants.)

** * * * *

DEFENDANT CORPORATION OF THE PRESIDENT OF THE CHURCH
OF LATTER-DAY SAINTS' FIRST SET OF INTERROGATORIES
AND REQUESTS FOR PRODUCTION OF DOCUMENTS
PROPOUNDED UPON PLAINTIFF

Defendant Corporation of the President of The Church of Jesus Christ of Latter-day Saints ("COP"), by and through counsel, and pursuant to the Federal Rules of Civil Procedure, hereby propounds to Plaintiff the following interrogatories and requests for production of documents:

INTERROGATORIES

INTERROGATORY NO. 1: Please describe in detail the "sexual misconduct" and "deviate sexual intercourse" alleged in the Complaint including, without limitation, the events immediately preceding or leading up to it, the specific manner of sexual misconduct or deviate intercourse, the location of the conduct, the time of the conduct, who was present, and what was said.

ANSWER:



INTERROGATORY NO. 2: Please list the names, ages, and addresses of all witnesses to the alleged sexual misconduct.

ANSWER:

INTERROGATORY NO. 3: Please identify by court and by case name and number all litigation in which Plaintiff, "A", or any member of his immediate family have been a plaintiff, defendant or witness, and provide a description of the subject matter and disposition of each such litigation.

ANSWER:

INTERROGATORY NO. 4: Please identify by name and address all individuals who have spoken to "A", or to whom "A" has spoken, about the alleged sexual misconduct, and set forth in detail what was said in each such conversation.

ANSWER:

INTERROGATORY NO. 5: Please describe all acts or omissions of The Church of Jesus Christ of Latter-day Saints (the "Church") or of COP that you allege caused harm to "A".

ANSWER:

INTERROGATORY NO. 6: For each category of damages that you claim, including past and future medical expenses, please set forth how such damage was sustained and how it was calculated.

ANSWER:

INTERROGATORY NO. 7: Please list the names and addresses of all health care providers (including mental health care providers such as psychologists, psychiatrists, and counselors) who have ever treated "A."

ANSWER:

INTERROGATORY NO. 8: Please provide the name and address of all schools that "A" has attended.

ANSWER:

INTERROGATORY NO. 9: If you or any member of your family has, within the last 10 years, applied for any type of government assistance program, please set forth the name of the government benefit or assistance program, when the application was made, why it was made, and whether it was granted or denied, and the reasons that it was granted or denied. This request is intended to include, without limitation, Social Security, Medicare, Medicaid, AFDC, and all similar state, federal and local programs.

ANSWER:

INTERROGATORY NO. 10: Other than Defendant Stark, has anyone (including family members) ever been investigated for allegedly abusing, assaulting, neglecting or otherwise harming "A," any of "A's" siblings, or any member of "A's" extended family? If so, please state the name and address of the individual, the name and address of the individual who was allegedly abused, assaulted, neglected or otherwise harmed, the name and address of the individual(s) and agency(ies) that investigated, and the outcome of the investigation.

ANSWER:

INTERROGATORY NO. 11: Please set forth all facts supporting the allegation in the Complaint that "A" has been subjected to public scorn, public ridicule and public embarrassment as a result of the alleged sexual misconduct.

ANSWER:

INTERROGATORY NO. 12: Have you or any member of your family given any written statement regarding the "sexual misconduct" or "deviant sexual intercourse" alleged in the

Complaint? If so, please identify the person who interviewed or took a statement from you or your family member, the date of the statement or interview, the reason for the statement or interview, the person(s) or entity(ies) that is(are) in possession of said statement, and whether you have a copy of the statement or interview notes.

ANSWER:

INTERROGATORY NO. 13: Identify by name and date all conversations or interviews with any employee, agent or representative of The Church of Jesus Christ of Latter-day Saints or associated entities regarding Defendant Stark or the alleged misconduct.

ANSWER:

VERIFICATION

The answers set forth above are within my personal knowledge and are true and correct.

STATE OF _____)
) SS:
COUNTY OF _____)

Subscribed and sworn to before me by , this _____ day of _____, 2007.

My Commission expires: _____.

NOTARY PUBLIC

REQUESTS FOR PRODUCTION OF DOCUMENTS

REQUEST NO. 1: Please provide copies of all documents referred to in, relied upon for, or reflective of, your Answers to the above Interrogatories.

RESPONSE:

REQUEST NO. 2: Please provide copies of all documents in your possession, custody or control that in any way relate to any complaint made about the alleged abuse to Church or COP officials, law enforcement agencies, or others. This request is intended to include, without limitation, all documents relating to the criminal investigation and prosecution involving Defendant Stark.

RESPONSE:

REQUEST NO. 3: Please provide all medical records, including mental health or counseling records, relating to the minor referred to as "A". This request is intended to include both medical records and medical bills.

RESPONSE:

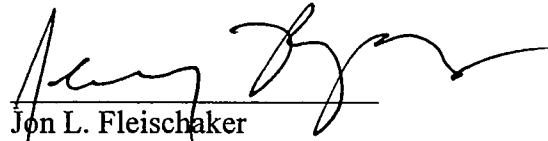
REQUEST NO. 4: Please provide all documents in your possession, custody or control that in any way relate to or refer to Defendant Stark.

RESPONSE:

REQUEST NO. 5: Please execute the attached medical authorization for release of all medical information of "A."

RESPONSE:

Respectfully submitted,



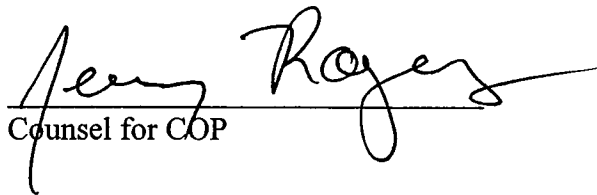
Jon L. Fleischaker
Jeremy S. Rogers
DINSMORE & SHOHL LLP
1400 PNC Plaza
500 West Jefferson Street
Louisville, KY 40202
(502) 540-2344 (Telephone)
(502) 585-2207 (Fax)
Counsel for COP

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing was this 1st day of May, 2007 mailed, via first class U.S. Mail, to:

Michael Stidham
Bruce Francisky
P.O. Box 732
Jackson, Kentucky 41339
Counsel for Plaintiff

Bernard Pafunda
Pafunda Law Office
175 E. Main Street
Suite 600
Lexington, KY 40507
Counsel for Defendant Jason Stark



Counsel for COP

AUTHORIZATION FOR RELEASE OF MEDICAL RECORDS

TO:

Attn: Records Custodian

Pursuant to the Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations, 45 CFR § 164.508, your medical facility is hereby authorized to release to **Jon L. Fleischaker and Jeremy S. Rogers, Attorneys, Dinsmore & Shohl, LLP, 500 W. Jefferson Street, 1400 PNC Plaza, Louisville, KY 40202** all records in your possession, including *but not limited to* progress notes, emergency room records, operative records, inpatient records, outpatient records and films of x-rays, MRI scans, CT scans or PET scans, counseling records, mental health records, and psychological or psychiatric records, in your possession concerning John Curtis Olinger. This authorization covers his entire chart maintained by your office, including any and all records, correspondence and other materials received from other medical professionals, hospitals and health care facilities. It also expressly covers any and all psychiatric, HIV/AIDS and substance abuse records. The records requested are for the period of birth through the present.

John Curtis Olinger's social security number is _____ and his date of birth is _____.

A photostatic copy of this authorization shall be as valid as the original. I have the right to revoke this authorization in writing by providing a signed, written notice of revocation to your medical facility. Your medical facility may not condition treatment or payment on whether the above-listed patient executes this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by the privacy regulations promulgated pursuant to HIPAA.

BARBARA OLINGER, Mother and Next Friend of
JOHN CURTIS OLINGER, a minor

Date of Signature: _____

STATE OF KENTUCKY)
) SS:
COUNTY OF _____)

SUBSCRIBED AND SWORN to before me by Barbara Olinger this _____ day of _____, 2007.

My commission expires: _____.

Notary Public