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**UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA**

* * *

CLIFFORD J. SCHUETTS,)	Case No.: 2:13-cv-001265-APG-NJK
)	
Plaintiff,)	ORDER
)	
vs.)	
)	
MS. COLLINS <i>et al.</i> ,)	
)	
Defendant(s).)	

On July 23, 2013, the Court received the attached hand-written correspondence from Defendant Clifford J. Schuetts. *Ex parte* contact with the Court is not permitted. To the extent any party wishes some action to be taken based upon the contents of the letters, the appropriate motion should be filed.

DATED this 24th day of July, 2013.



ANDREW P. GORDON
UNITED STATES DISTRICT JUDGE

Clifford J. Schultz #10193006
DETENTION CENTER
2190 E. MUSAQUITA AVE
POHAUMP, NV 89060

EMERGENCY LETTER OR
COMMUNICATION

RE: 212-0-1265-APG-NJK

20 July 2013

Judge Gordon / U.S. Attorney

SIR, I would send a copy of this letter to the U.S. Attorney and the defendant or their counsel, but I have no funds or money to purchase copies or the postage. Where I am incarcerated the defendant's jail facility will not provide copies. To have to use the backs of court forms to write my letters or motions, the jail facility only provides four sheets of writing paper per week.

SIR, I would bring to your attention that currently I have filed for a TRO in this case. Currently at this date of this letter I am bleeding and leaking yellow fluid (infection) from wounds or skin tears or rips that are on my bottom or rear. Sir, I am a paraplegic paralyzed from the waist down, confined to a wheelchair. I am forced to sleep upon a metal bunk bed by the defendants at their jail facility. I have trouble turning myself at night or when I am on this metal bunk bed, I am denied a medical device (cradle) that can be attached to the bed so I could turn myself. I have a shoulder injury (right), (rotator cup and bone spurs) which has caused weakness in my right arm, it will not support any weight, so I am unable to turn myself. Pressure sores have developed on my

Bottom or Rear. So I have had to force myself to turn, by flopping or to force my body to turn over. THIS FLOPPING HAS CAUSED SKIN TEARS OR RIPS IN MY SKIN OR MY REAR OR BOTTOM. I HAVE BROUGHT THIS TO THE ATTENTION OF THE DEFENDANTS SO-CALLED MEDICAL STAFF, THEY HAVE DONE NOTHING IN TREATMENT OF THE MOST RECENT SKIN TEARS OR RIPS. I HAVE WRITTEN COMPLAINTS IN THE DEFENDANTS COMPLAINT SYSTEM, WHICH HAVE BEEN DENIED OR NOT EVEN HEARD. I HAVE HAD SEVERAL OTHER INJURIES AT THE NEGLECTFUL ACTIONS OF THE DEFENDANTS.

I WAS PLACED AT THE DEFENDANTS JAIL FACILITY ON MAY 10, 2013. I HAVE TO SELF CATHETERIZE TO URINATE. MY FIRST 20 DAYS IN THE CUSTODY OF THE DEFENDANTS I HAD TO INSERT AND WITHDRAW A CATHETER WITHOUT (KY-DOLLY OR LUBRICATION) FIVE (5) TIMES PER DAY. THIS INCIDENT TORE SOMETHING IN MY PENIS CAUSING BLEEDING WHEN I WITHDREW A CATHETER FROM MY PENIS. I HAVE BEEN TO THIS DATE 20 JULY 2013 IN THE CUSTODY OF THE DEFENDANTS JAIL FACILITY 20 DAYS. I AM STILL BLEEDING WHEN URINATING. I HAVE CONSTANT PAIN IN MY BLADDER AND ABDOMINAL AREAS. I HAVE BROUGHT THIS PROBLEM TO THE ATTENTION OF THE DEFENDANTS SO-CALLED MEDICAL STAFF. THEY HAVE DONE LITTLE OF NOTHING, THEY CHANGED THE SIZE OF CATHETERS FROM 16 FR TO 14 FR, I AM STILL BLEEDING AND STILL HAVE PAIN. SIR, I HAVE SENT COPIES OF MEDICAL REQUEST SLIPS WITH

SOME MOTIONS TO HAVE FILED WITH YOUR COURT AS EVIDENCE.

SURE IF YOU WOULD GRANT ME A HEARING IN YOUR COURT, THAT I COULD BE PRESENT, I COULD BRING THE EVIDENCE (me). I CAN SHOW YOU THE SKIN RIPS OR TEARS THAT BLEED AND WILL NOT HEAL. ALSO I WOULD REQUEST THAT A HARD COPY OF MY TOTAL MEDICAL RECORD AT THE COR-DAIL FACILITY BE SUBMITTED AS EVIDENCE BY YOUR COURTS IF A PICTURE OR PHOTOGRAPH COULD BE TAKEN OF THE METAL BUNK I AM FORCED TO SLEEP UPON AS EVIDENCE.

THE DEFENDANTS NEVER ADMITTED ON A REQUEST FOR SIER CALL THAT THE DAIL FACILITY IS NOT SET UP AS A HOSPITAL SETTING. THE DAIL FACILITY CAN NOT HANDLE MY MEDICAL CONDITION, SO THE DEFENDANTS ALLOW THE PLAINTIFF TO BE ABUSED AND INJURED BY THEIR CONTINUED NEGLIGENCE ACTIONS.

THE PLAINTIFF (me) IS FORCED BY THE DEFENDANTS TO LIVE IN A COMMUNAL STYLE QUARTERS. I HAVE TO SHARE TOILET AND SHOWER FACILITIES WITH 90 OTHER PEOPLE. I HAVE OPEN WOUNDS THAT ARE BLEEDING AND LEAKING INFECTIOUS BODY FLUID TOILET AND SHOWER SEATS. I AM NOT GIVEN ANY CLEANING MATERIALS TO CLEAN UP THE BLOOD AND PATHOGENS BY THE DEFENDANTS. THE DEFENDANTS ARE ALLOWING INFECTIOUS BLOOD TO SPREAD TO OTHER PEOPLE. MY LIFE AND OTHERS ARE BEING PHASED OUT DUE TO THESE NEGLIGENT OBSTACLES ACTIONS OF THE DEFENDANTS.

(11)

THE DEFENDANTS ARE VIOLATING OCEA STANDARDS AND FEDERAL LAW.

SIR, I AM CURRENTLY WAITING TO BE MOVED TO A B.O.P. HOSPITAL TO SERVE OUT SEVEN MONTHS FOR PROBE VIOLATION. BUT BEING ABUSED AND FURTHER INJURED BY THE ACTIONS OF THE CIA DEFENDANTS WAS NOT PART OF MY SENTENCE. THE MARSHALS ARE LEAVING ME AT THE DEFENDANTS DIAL FACILITY TO SERVE OUT MY 7 MONTH SENTENCE. SIR I AM A U.S. CITIZEN. I EVEN PAY TAXES. WHY DO I HAVE TO BE ABUSED AND INJURED??

CJ Schutt

30.B

Sick Call Request

9 JUL 13 23:56

Part A: (To be completed by patient inmate/resident)

Name (Print): CLIFFORD SCHUTT

Date: 8 July 2013

Number: 01930-046

Date of Birth: 96-54

Work Assignment: _____

Work Hours: _____ Housing Assignment: FB

Reason for requesting Health Services Appointment (BE SPECIFIC): I still have the abdominal pain, and I am still doing well with catheters. The fiber pills work, but the pain is

How long have you had this problem? NOT FROM 8/13 '10 the abdominal

Patient Inmate/Resident Signature: [Signature]

(name already listed at top of page) _____

↓ DO NOT WRITE BELOW THIS LINE ↓

Part B: (To be completed by Health Services Staff)

Health Services Reply: This issue has resolved with the smaller catheters.

Health Services Signature: Betty Taylor RN

Date: 07/18/2013

White Copy: To Medical Records

Yellow Copy: To Patient Inmate/Resident



Sick Call Request

Part A: (To be completed by patient inmate/resident)

Name (Print): Alfred Schmitt

Date: 13 May 13

Number: 0430-044

Date of Birth: 9-6-33

Work Assignment: _____

Work Hours: _____ Housing Assignment: F3-73A

Reason for requesting Health Services Appointment (BE SPECIFIC): I HAVE CATARACT
IN MY LEFT EYE. I WOULD REQUEST THAT IT BE
REMOVED TO COME OUT OF LEFT EYE

How long have you had this problem? 8 MONTHS

Patient Inmate/Resident Signature: [Signature]

(name already listed at top of page) _____

↓ DO NOT WRITE BELOW THIS LINE ↓

Part B: (To be completed by Health Services Staff)

Health Services Reply: _____

Health Services Signature: _____

Date: _____

White Copy: To Medical Records

Yellow Copy: To Patient Inmate/Resident



UNITED STATES MARSHALS SERVICE
RECEIVED
2190 S. MOUNTAIN VIEW
PHOENIX, AZ 85004

Stamps

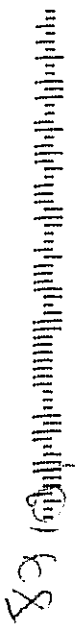
This correspondence originates from a detention facility. The person(s) and responsible for the contents herein.

Leslie M...

X-RAVED U.S. MARSHALS SERVICE

Andrew P. Gordon
U.S. District Court
U.S. Courthouse
800 S. Las Vegas Blvd
Las Vegas, Nevada

89101707472



RECEIVED

JUL 23 2013

APG

INDIGENT