

JUDGE COPY

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION

FILED  
U.S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

Form To Be Used By A Prisoner in Filing a Complaint  
Under the Civil Rights Act, 42 U.S.C. § 1983

JAN 30 2015

ERVIN LEE, McFERRIN #1607758

Plaintiff's name and ID Number

DAVID J MALAND, CLERK  
BY  
DEPUTY \_\_\_\_\_

MARK W. STILES-3060 FM 3514.

Place of Confinement

BEAUMONT, TX.  
77705-7635.

CASE NO:

1:15CV47

(Clerk will assign the number)

v.

PATEL PINKEE MARK W. STILES-3060 FM 3514.  
BEAUMONT, TX. 77705-7635.

Defendant's name and address

LAURA MIDKIFF MARK W. STILES-3060 FM 3514.  
BEAUMONT, TX. 77705-7635

Defendant's name and address

MICHELLE LASTRAPES 301 UNIVERSITY BLVD.  
GALVESTON, TX. 77555

Defendant's name and address

(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

**FILING FEE AND IN FORMA PAUPERIS**

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

**CHANGE OF ADDRESS**

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

**I. PREVIOUS LAWSUITS:**

A. Have you filed any other lawsuits in the state or federal court relating to imprisonment?       ✓       YES        NO

B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: 1-15-14, 9-9-13, 4-3-14, 12-11-14, 12-29-14, 12-29-14
2. Parties to previous lawsuit:  
 Plaintiff(s): ERVIN LEE MOFFERIN  
 Defendant(s): TERRY OAKES ET AL, KELLI WARD, ROBERT BEHRNS, PATEL PINKEE
3. Court (If federal, name the district; if state, name the county) EASTERN DIS. TEX. JEFFERSON
4. Docket Number: 1:13-CV-565, 1:14-CV-486, 1:14-CV-214, 1:14-CV-664, 1:14-CV-682, 1:14-CV-683
5. Name of judge to whom case was assigned: RON CLARK, KEITH GIBLIN, ZACK HAWTHORN
6. Disposition: (Was the case dismissed, appealed, still pending?) 1:14-CV-682, 1:14-CV-683 DISMISSED-1:13-CV-565 AND PENDING-1:14-CV-486, 1:14-CV-664, 1:14-CV-214
7. Approximate date of disposition: 5-23-14

II. PLACE OF PRESENT CONFINEMENT: MARK W. STILES - 3060 FM 3514  
BEAUMONT, TX. 77705-7635.

III. EXHAUSTION OF GRIEVANCE PROCEDURES:  
Have you exhausted both steps of the grievance procedure in this institution?  YES  NO  
Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff: ERVIN LEE McFERRIN - MARK W. STILES  
UNIT - 3060 FM 3514 - BEAUMONT, TX. 77705-7635.

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: PATEL PINKEE - SR PRACTICE MANAGER - MARK W. STILES  
UNIT - 3060 FM 3514 - BEAUMONT, TX. 77705-7635.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you. DELIBERATE CONSPIRACY ORDERED METYLENOL KNOWING I HAVE LIVER DISEASE.

Defendant #2: LAURA MIDKIFF - RN NURSE - MARK W. STILES UNIT  
3060 FM 3514 - BEAUMONT, TX. 77705-7635.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you. DELIBERATE CONSPIRACY ORDERED METYLENOL KNOWING I HAVE LIVER DISEASE.

Defendant #3: MICHELLE LASTRAPES - PA-C, 301 UNIVERSITY -  
BLVD. GALVESTON, TX. 77755.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you. DELIBERATE CONSPIRACY ORDERED METYLENOL KNOWING I HAVE LIVER DISEASE.

Defendant #4: MICHAEL C. BOYARS - MD, 301 UNIVERSITY,  
BLVD. GALVESTON, TX. 77755.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you. DELIBERATE CONSPIRACY ORDERED METYLENOL KNOWING I HAVE LIVER DISEASE.

Defendant #5: MARK T. STEPHENS - MD, 301 UNIVERSITY  
BLVD. GALVESTON, TX 77755.

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you. DELIBERATE CONSPIRACY ORDERED METYLENOL KNOWING I HAVE LIVER DISEASE.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

① ON 12-31-14 PLAINTIFF WROTE A COMPLAINT TO GRIEVANCE DEPARTMENT ABOUT MARK W. STILES UNIT-3060 FM 3514 BEAUMONT, TX 77705-7635 AND 301 UNIVERSITY BLVD - GALVESTON, TX. 77555. THEIR MEDICAL DEPARTMENT STAFF MEMBERS ARE PAET PINKEE/SR PRACTICE MANAGER, MICHELLE LASTRAPES - PA-C, LAURA MIDKIFF RN NURSE, MICHAEL C. BOYARS - MD AND MARK T. STEPHENS. DELIBERATE CONSPIRACY ORDERED ME TYLENOL (#3) 2 TABS KNOWING I HAVE LIVER DISEASE. ② CRUEL AND UNUSUAL PUNISHMENT.

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes.

PLAINTIFF SEEKS MANDATORY SUPERVISTION RELEASE AND 150,000.00 FROM EACH DEFENDANT ETC...

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

N/A

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

N/A

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): N/A

2. Case Number: N/A

3. Approximate date sanctions were imposed: N/A

4. Have the sanctions been lifted or otherwise satisfied? YES NO

C. Has any court ever warned or notified you that sanctions could be imposed? \_\_\_ YES  NO

D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): N/A
2. Case number: N/A
3. Approximate date warning were imposed: N/A

Executed on: 1/14/15  
(Date)

ERVIN LEE McFERRIN  
(Printed Name)  
Ervin Lee McFerrin  
(Signature of Plaintiff)

**PLAINTIFF'S DECLARATIONS**

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire **\$350** filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this 14 day of JANUARY, 20 15.  
(Day) (Month) (Year)

ERVIN LEE McFERRIN  
(Printed Name)  
Ervin Lee McFerrin  
(Signature of Plaintiff)

**WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.**

KNOWING I HAVE LIVER DISEASE

UTMB CORRECTIONAL MANAGED CARE CYB-R CARE PCP VISIT RECORD  
DATE OF VISIT: 09/16/2013 06:13

PATIENT NAME: MCFERRIN, ERVIN L  
MRN: 1607758 FACILITY: STILES (ST)  
GENDER: male DOB: 07/03/1965 AGE: 48 year  
Race: B Sex: male  
TYPED: 09/16/2013 06:13  
BY: LASTRAPES, MICHELLE PA-C

Patient Language: ENGLISH Name of interpreter, if required:

**CASE SUMMARY**

Problems:  
ARTHRITIS [716] first observed 01/24/2012 (Active)  
BACKACHE [724.5] first observed 12/08/2011 (Active)  
CONTUSION OF EYELIDS AND PERIOCLAR AREA [921.1] first observed 11/29/2012 (Active)  
DYSTHYMIC DISORDER [300.4] first observed 09/17/2012 (Active)  
GINGIVAL/PERIODONTAL [523] first observed 03/07/2012 (Active)  
HEADACHE [784.0] first observed 01/08/2013 (Active)  
HEPATITIS C (HEP C) - CCC [070.51] first observed 12/09/2009 (Active)  
HYPERTENSION (HTN) [401.1] first observed 05/01/2013 (Active)  
MENTAL HEALTH BEHAVIORAL OBSERVATIONS [MHBO] first observed 11/30/2012 (Active)  
BORDERLINE INTELLECTUAL FUNCTIONING [V62.89] first observed 03/01/2010 (Inactive)  
CID ASSESSMENT [CID ASMT] first observed 01/14/2010 (Inactive)  
DENTAL EXAMINATION [V72.2] first observed 12/14/2011 (Inactive)  
DEPRESSIVE DISORDER NOS [311] first observed 05/04/2012 (Inactive)  
DIAGNOSIS DEFERRED ON AXIS II [799.9] first observed 01/14/2010 (Inactive)  
MALINGERING [V65.2] first observed 03/01/2010 (Inactive)  
NO DIAGNOSIS OR CONDITION ON AXIS I [V71.09] first observed 05/01/2012 (Inactive)  
PSYCHOTIC DISORDER NOS [298.9] first observed 12/04/2009 (Inactive)

**Current Medications:**

CITALOPRAM 40MG TABLET  
1 TABS ORAL EVERY EVENING for 30 Days

ORDERING FACILITY: STILES (ST)  
ORDERING PROVIDER: WANG, JOHN Q

COMPLIANCE: 97.78 %  
REFILLS: 6 / 11  
EXPIRATION DATE: 3/16/2014 10:31:00AM

hydroCHLOROthiazide 25MG TAB  
1 TABS ORAL DAILY for 30 Days KOP

ORDERING FACILITY: STILES (ST)  
ORDERING PROVIDER: DUNLAP, BRENDAN A

LAST DATE GIVEN KOP: 09/13/2013 10:47:09AM  
REFILLS: 4 / 11  
EXPIRATION DATE: 5/11/2014 07:36:00AM

NAPROXEN 500MG TABLET  
1 TABS ORAL TWICE DAILY for 30 Days KOP  
As Needed (PRN)

ORDERING FACILITY: STILES (ST)  
ORDERING PROVIDER: DANIEL, GIDEON A

LAST DATE GIVEN KOP: 09/13/2013 10:46:16AM  
REFILLS: 1 / 1  
EXPIRATION DATE: 10/14/2013 08:15:00AM

NORTRIPTYLINE HCL 50MG CAPSULE  
1 CAPS ORAL DAILY for 30 Days

ORDERING FACILITY: STILES (ST)  
ORDERING PROVIDER: SENTHA VISOUK, TIM C

COMPLIANCE: 93.72 %  
REFILLS: 7 / 11  
EXPIRATION DATE: 1/16/2014 09:57:00AM

Allergies: NO KNOWN ALLERGIES

Most recent vitals from 9/16/2013: BP: 110 / 68 (Sitting) Wt. 194 Lbs. Height 67 In. Pulse: 93 (Sitting) Resp.: 18 / min  
Temp: 97.5 (Oral) BMI: 30

EXHIBIT: B

GIVING ME TYLENOL KNOWING I HAVE LIVER DISEASE.

UTMB CORRECTIONAL MANAGED CARE CYB-R CARE PCP VISIT RECORD  
DATE OF VISIT: 09/16/2013 06:13

PATIENT NAME: MCFERRIN, ERVIN L  
MRN: 1607758 FACILITY: STILES (ST)  
GENDER: male DOB: 07/03/1965 AGE: 48 year  
CHIEF COMPLAINT: ankles swollen

S: c/o naprosyn being ordered for "migraine headaches"- secondary to old injury- orbital fx. States is not taking naprosyn b/c "I told the doctor here it didn't work and I wasn't taking it." c/o HCV.  
O: (B)LE no edema; AROM  
General alert; NAD

CHEMISTRY	02/02/2013 06:16	02/01/2013 18:37
CREATININE	1.10	1.20

Date Time	BP	Pulse	Resp	Wgt	Hgt	BMI	Temp	FI02	O2 Flow	O2 Sat	PF1	PF2	PF3	PL
9/16/2013 05:55AM	110/68 (SI)	93 (SI)	18	194 LB			97.5 (OR)		0.00	RA				
9/12/2013 09:37AM				204 LB					0.00	RA				
8/15/2013 08:12AM	134/96 (SI)	80 (SI)	20	205 LB			97.7 (OR)		0.00	RA				
8/7/2013 09:26AM	126/79 (SI)	74 (SI)	18	203 LB			97 (OR)		0.00	RA				
8/1/2013 05:37AM	136/85 (SI)	76 (SI)	18	208 LB			97 (OR)		0.00	RA				
7/9/2013 10:21AM	163/101 (SI)	64 (SI)	18	210 LB			97.3 (OR)		0.00	RA				
6/25/2013 08:47AM	139/84 (SI)	76 (SI)	18	205 LB			97.5 (OR)		0.00	RA				
6/6/2013 08:14AM	134/89 (SI)	72 (SI)	18	200 LB			97.3 (OR)		0.00	RA				
5/30/2013 10:04AM	127/78 (SI)	81 (SI)	18	200 LB			97.1 (OR)		0.00	RA				
5/16/2013 05:50AM	119/89 (SI)	74 (SI)	18	203 LB			97.5 (OR)		0.00	RA				

A: HTN- stable  
Headaches / Arthritis  
HCV- followed by unit providers via CCC  
P: elevate le qhs

Continue with meds, including pamelor for pain and prophylaxis- headache  
Keep upcoming clinics and labs already scheduled - HCV labs will be done soon per reminder  
Obtain tylenol prn for arthritic pain and or onset of headache  
Issue handouts - exercise for back and ankles

Stopped Meds:  
NAPROXEN 500MG TABLET 16059025 08/15/2013 08:15  
1 TABS ORAL BID PRN KOP  
FINAL EXP. DATE: 10/14/2013 08:15:00AM REFILLS: 1 DURATION: 30 Days

Electronically Signed by LASTRAPES, MICHELLE PA-C on 09/16/2013.  
##And No Others##

UTMB AT GALVESTON, 301 University Blvd, Galveston TX 77555 Ph:409-772-1011

THE DOCTORS GIVING ME TYLENOL KNOWING, I HAVE LIVER DISEASE

Current Medications

Current Medications Report (as of 02/05/13)

Discharge Medication List as of 2/4/2013 10:29 AM

START taking these medications

	Details	AM	Noon	PM	Bedtime
docusate (COLACE) 100 mg capsule	100 mg, DAILY Starting 2/4/2013, Until Discontinued, CMC, Disp-30 Cap, R-1, Oral, Take 1 Cap by mouth daily.	[ ]	[ ]	[ ]	[ ]

CONTINUE these medications which have CHANGED

	Details	AM	Noon	PM	Bedtime
acetaminophen-codeine (TYLENOL #3) 300-30 mg tablet	2 Tab, BID Starting 2/4/2013, Until Discontinued, CMC, Disp-60 Tab, R-0, Oral, Take 2 Tabs by mouth 2 (two) times daily.	[ ]	[ ]	[ ]	[ ]
nortriptyline (PAMELOR) 25 mg capsule	50 mg, QHS Starting 2/4/2013, Until Discontinued, CMC, Disp-60 Cap, R-1, Oral, Take 2 Caps by mouth at bedtime.	[ ]	[ ]	[ ]	[ ]

Order Detail

Orders Report Results Report Mar Report

Discharge Summary Notes

D/C Summaries signed by Boyars, Michael C, MD at 02/04/13 1146

Author: Boyars, Michael C, MD Service: (none) Author Type: STAFF

Filed: 02/04/13 1146 Note Time: 02/04/13 0847

Related Notes: Related Note by: Stephens, Mark T, MD filed at 02/04/13 1001

I personally examined the patient on 2/4/2013 and agree with Dr. Stephens's resident note as written. I actively participated in the decision-making process. Please see the resident's note for additional details.

MICHAEL C BOYARS, MD 2/4/2013 11:36 AM

D/C Summaries signed by Stephens, Mark T, MD at 02/04/13 1001

Author: Stephens, Mark T, MD Service: (none) Author Type: RESIDENT

Filed: 02/04/13 1001 Note Time: 02/04/13 0847

Related Notes: Cosigned by: Boyars, Michael C, MD filed at 02/04/13 1146

Original Note by: Stephens, Mark T, MD filed at 02/04/13 0852

EXHIBIT

Texas Department of Criminal Justice



STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY
Grievance #: 2014130734
Date Received: APR 21 2014
Date Due: 5-31-14
Grievance Code: 602
Investigator ID #: I2104
Extension Date: 7-10-14
Date Retd to Offender: JUL 1 2014

Offender Name: ERVIN LEE MEFERRIN TDCJ # 160775B
Unit: MARK STILES Housing Assignment: 4E B 53B
Unit where incident occurred: MARK STILES UNIT

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? MS. JENNIFER DORCHUCK/NURSE PRATITIONER When? 4/17/14
What was their response? I ORDERED YOUR MEDICINES TYLENOL # 32 TABS
What action was taken? Absolutely NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

EMERGENCY MEDICAL GRIEVANCE COMPLAINT
ON 4/17/14 I WENT TO MY DOCTOR MS. DORCHUCK/NURSE PRATITIONER AND MARK STILES UNIT MEDICAL DEPARTMENT ABOUT MY ARTHRITIS IN BACK AND RIGHT KNEE CHRONIC CARE ILLNESS CONDITION. MS. DORCHUCK/NURSE PRATITIONER PUT ME BACK ON NORTRIPTYLINE IT IS BAD FOR MY LIVER IT HURTS ALL THE TIME. DENIED ME THE RIGHT TYPE OF MEDICATION AND TREATMENT. DUE TO MY ARTHRITIS IN BACK AND RIGHT KNEE CHRONIC CARE ILLNESS CONDITION. HOWEVER THERE HAS BEEN A VERY SUBSTANTIAL AMOUNT OF TIME THAT HAS ELAPSED AND I'VE YET TO RECEIVE MY RIGHT TYPE MEDICINES DELIBERATE INDIFFERENCE TO A SERIOUS, VERY CHRONIC CARE MEDICAL CONDITION FOR A GREAT LENGTH OF TIME. I EXPECT THAT A PROFESSIONAL/LICENSED PHYSICIAN WOULD BE SO BLATANTLY UNETHICAL AND DETACHED FROM HER OATH OF SERVICE. THIS AMOUNTS TO A CLEAR VIOLATION OF MY CONSTITUTIONALLY PROTECTED RIGHTS. AND PATEL PINKEE, JEANETTE BELLANGER AND ROBERT BEHRNS. ALSO APRIL 2014 MEL C BOYARS, KATE LAURA MIDDLETON, RN NURSE MICHELLE LASTRAPES, MD. DELIBERATE CONSPIRACY GIVING ME TYLENOL NOTHING. I HAVE LIVER DISEASE. A HARASSMENT AND INTIMIDATION STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

**THIS IS CLEAR CRUEL AND UNUSUAL PUNISHMENT. ON MARK W. STILES UNIT MEDICAL AND GRIEVANCE DEPARTMENT.**

APR 21 2014

APR 21 2014

APR 21 2014

Action Requested to resolve your Complaint. **PLEASE CONDUCT AN FULL INVESTIGATION THANK YOU.**

Offender Signature: Mr. Emilee McFerrin Date: 4/17/14

**Grievance Response:**

Mr. McFerrin, Ms. Dorchuck is no longer employed with UTMB. Per her note from your visit with her on 4/17/14 she stated: Benadryl denied, will put back on non-form nasalide, you were also prescribed acetaminophen as well. Although you do not agree with the provider's plan, those clinical decisions are based on the provider's professional judgment and within his license. If you have additional issues, please submit a sick call per policy to be evaluated.

JUL 11 2014  
JUL 11 2014  
Date: 7-9-14

Signature Authority: P. Roberts, M.D. Date: \_\_\_\_\_

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: \*Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. \*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments. \*
- 5. No documented attempt at informal resolution. \*
- 6. No requested relief is stated. \*
- 7. Malicious use of vulgar, indecent, or physically threatening language. \*
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # \_\_\_\_\_
- 10. Illegible/Incomprehensible. \*
- 11. Inappropriate. \*

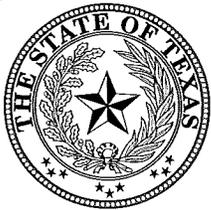
UGI Printed Name/Signature: \_\_\_\_\_

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: \_\_\_\_\_

**OFFICE USE ONLY**

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<b>2<sup>nd</sup> Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
<b>3<sup>rd</sup> Submission</b>	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	



Texas Department of Criminal Justice  
**STEP 2** OFFENDER  
GRIEVANCE FORM

OFFICE USE ONLY	
Grievance #:	2014130734
UGI Recd Date:	7-15-14
HQ Recd Date:	JUL 17 2014
Date Due:	8-29
Grievance Code:	602
Investigator ID#:	352
Extension Date:	10-13

Offender Name: ERVIN LEE McFERRIN TDCJ # 1607758  
 Unit: MARK STILES Housing Assignment: 4E53B  
 Unit where incident occurred: MARK STILES UNIT

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

THE REPLY TO MY GRIEVANCE STEP (1) IS BLATANTLY FLAWED AND SHOW AS MY STEP 1 STATES A REPETITIVE DENIAL AND/OR DISREGARD FOR THIS CONCERN OF MY MEDICAL CONDITION. AS I HAVE STATED, I HAVE MANY I-60'S AND HAD THE MEDICAL PERSONNEL WHO SIGNED OFF ON THE STEP 1. IS PATEL PINKEE/SR PRACTICE MANAGER, DORCHUCK JENNIFER/NURSE PRATITIONER, JEANETTE BELL-ANGER/RN NURSE MANAGER AND ROBERT BEHRNS/MD MEDICAL DIRECTOR AND MARK STILES UNIT MEDICAL DEPARTMENT ADMINISTRATOR DONE ANY RESEARCH ON THE ISSUE. PATEL PINKEE WOULD HAVE COME ACROSS THESE MANY I-60'S THAT ON REQUEST, I WILL GLADLY PRODUCE, SHOULD THE PERSONNEL STILL FEEL, MARK STILES UNIT MEDICAL DEPARTMENT IS NOTE OBLIGATED TO DO WHAT IS NORALLY AND LEGALLY REQUIRED UNDER MEDICAL AND CONSTITUTIONAL LAW TO DO, ADDRESS MY MEDICAL NEEDS CONCERNS AND ISSUES, AS, I DO HAVE A RIGHT UNDER LAWS AND ADMENDMENTS TO BE 100% INFORMED OF MY MEDICAL TREATMENT AND MEDICAL CONDITION. YOU PEOPLE AT U.T.M.B. ARE BLATANTLY SIDE STOPING OR EVADING THIS EASY TO UNDERSTAND QUESTION IN CONCERT WITH T.D.C.J. TO ADDRESS THIS SERIOUS

SITUATION REGARDING MY HEALTH AND WELL BEING REGARDING MY \*ARTHRITIS IN BACK AND RIGHT KNEE \* AND DENIED ME THE RIGHT TYPE OF MEDICATION AND TREATMENT. ALSO THE NORTRIPTYLINE DAMAGER MY LIVER BADLY/IN VIOLATION OF MY EIGHTH AMENDMENT. ALL BE HELIABLE.

Offender Signature: Ernie Lee McFerrin

Date: 7/14/14

Grievance Response:

A review of the Step 1 medical grievance, the response and the enclosed documentation has been completed regarding your report that you are being denied the correct medication for your arthritis.

According to the documentation, you were evaluated on 04-17-2014 for allergies and back pain. You requested Benadryl and to have your Nortriptylene renewed. The provider did renew the Nortriptylene but denied the Benadryl and kept your allergy medications the same.

The appellate review of the medical grievance supports the response provided at the Step 1 level. Should you feel that your condition requires further evaluation you may submit a Sick Call Request to the medical department.

STEP II MEDICAL GRIEVANCE PROGRAM  
OFFICE OF PROFESSIONAL STANDARDS  
TDCJ HEALTH SERVICES DIVISION

Signature Authority: \_\_\_\_\_

Date: 9-26-14

Returned because: \*Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.\*
- 3. Originals not submitted. \*
- 4. Inappropriate/Excessive attachments.\*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.\*

CGO Staff Signature: \_\_\_\_\_

OFFICE USE ONLY

Initial Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

2<sup>nd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

3<sup>rd</sup> Submission CGO Initials: \_\_\_\_\_

Date UGI Recd: \_\_\_\_\_

Date CGO Recd: \_\_\_\_\_

(check one)  Screened  Improperly Submitted

Comments: \_\_\_\_\_

Date Returned to Offender: \_\_\_\_\_

STATEMENT OF CLAIM / FACTS ADDITIONAL

① PLAINTIFF WROTE A COMPLAINT TO GRIEVANCE DEPARTMENT.  
② AND OVERDUE VIOLATIONS ABOUT MARK W. STILES UNIT -  
3060 FM 3514 BEAUMONT, TX. 77705-7635 AND 301 UNIVERSITY  
BLVD - GALVESTON, TX. 77555. ③ THEIR MEDICAL DEPARTMENT  
STAFF MEMBERS ARE PATEL PINKEE / SR PRACTICE MANAGER  
MICHAEL C, LASTRAPES - PA-C, LAURA MIDKIFF - RN NURSE,  
MICHAEL C, BOYARS - MD AND MARK T, STEPHENS. ④ DELIB-  
-ERATE CONSPIRACY ORDERED ME TYLENOL #3) 2 TABS  
KNOWING, I HAVE LIVER DISEASE. ⑤ CRUEL AND UNUS-  
-UAL PUNISHMENT.

LEGAL CLATMS:

DEFENDANT(S) (1-5) VIOLATED PLAINTIFF'S RIGHTS, AND  
CONSTITUED PLAINTIFF IN LIBERTY INTEREST TO SOCIE-  
-TY WITH CONFLICT ABUSE. VIOLATION UNDER THE FIRST  
① AMENDMENT OF THE UNITED STATES CONSTITUTION.  
OVERMORE VIOLATIONS OF PLAINTIFF'S LIBERTY  
(FREEDOM) WITH DISCRIMINATE

1 OF

RETALIATE ACTS TOWARD PLAINTIFF'S RIGHTS UNDER  
THE FOURTHTEENTH (14TH) AMENDMENT OF THE UNITED  
STATES CONSTITUTION DEFENDANT(S) HAS DEPRIVED  
PLAINTIFF OF THESE A BRIDGED PRIVILEGE AND  
IMMUNITIES AS A UNITED STATES UNIT MEDICAL  
DEPARTMENT AND UTMB AT GALVESTON TEXAS AND  
BEAUMONT TEXAS. IN SAID COMPLAINT 42 U.S.C. 1983  
SUITE, DEFENDANT(S) USED A PANEL OF SELF POLICIES  
/ RULES AND REGULATIONS TO RETROACTIVELY VIOLATE  
PLAINTIFF'S FOURTH, FIFTH, AND SIXTH (4TH 5TH AND 6TH)  
AMENDMENT RIGHTS TO COURTS, TRIALS, SENTENCINGS,  
AND PROCEEDINGS. PLAINTIFF HAS NO PAIN, ADEQUATE  
OR COMPLETE REMEDY AT LAW TO ADDRESS THE  
WRONG(S) DESCRIBED HEREIN.

PLAINTIFF HAS BEEN AND WILL CONTINUE TO BE IRREPARABLY INJURED BY CONDUCT OF THE DEFENDANT(S) UNLESS THIS COURT GRANTS THE DECLARATORY AND INJUNCTIVE RELIEF WHICH PLAINTIFF SEEKS.

PRAY FOR RELIEF:

WHEREFORE PLAINTIFF RESPECTFULLY PRAYS THAT THIS COURT ENTER JUDGEMENT GRANTING THE PLAINTIFF'S:

A DECLARATION THAT THE ACTS AND OMISSIONS, 2 OF DESCRIBED HERE IN VIOLATED PLAINTIFF'S RIGHTS UNDER THE CONSTITUTION AND LAWS OF THE UNITED STATES.

A PRELIMINARY AND PERMANENT INJUNCTION ORDERING DEFENDANT(S): ① PATEL, PINKEE ② LAURA, MIDKIFF ③ MICHELLE, LASTRAPES ④ MICHAEL C, BOYARS ⑤ MARK T, STEPHENS TO STOP RETROACTIVELY USES OF DISCRETION REVIEWING PLAINTIFF AS DELIBERATE CONSPIRACY ORDERED ME TYLENOL #3) 2 TABS KNOWING, I HAVE LIVER DISEASE. CRUEL AND UNUSUAL PUNISHMENT. VIOLATE THE LAW.

COMPENSATORY DAMAGES IN THE AMOUNT OF \$150,000.00 AGAINST EACH DEFENDANT.

PUNITIVE DAMAGES IN THE AMOUNT OF \$25,000.00 AGAINST EACH DEFENDANT.

A JURY TRIAL ON ALL ISSUES TRIABLE BY JURY PLAINTIFF'S COSTS IN THIS SUIT. ANY ADDITIONAL RELIEF THIS COURT DEEMS JUST PROPER, - AND EQUITABLE.

RESPECTFULLY SUBMITTED

X Ervin Lee McFerrin  
ERVIN LEE McFERRIN #1607758

3 OF

MARK W. STILES  
3060 FM 3514  
BEAUMONT, TX. 77705-7635

PLAINTIFF-PRO SE

VERIFICATION:

THERE BY READ THE FOREGOING COMPLAINT AND HERE  
BY VERIFY THAT THE MATTERS ALLEEGED THEREIN ARE  
TRUE BELIEF AND AS TO THOSE, I BELIEVE THEM TO  
BE TRUE. I CERTIFY UNDER PENALTY OF PREJURY THAT  
THE FOREGOING IS TRUE AND CORRECT.

EXECUTED AT: BEAUMONT, TEXAS ON DATE OF: 1/14/15

STGNATURE X Ervin Lee McFerrin #1607758  
ERVIN LEE McFERRIN #1607758  
MARK W. STILES - 3060 FM 3514  
BEAUMONT, TX. 77705-7635

I ERVIN LEE McFERRIN #1607758 PLAINTIFF, CERTIFY  
THAT A TRUE COPY OF THE FOREGOING HAS BEEN SERVED  
BY PLACING SAME IN THE UNITED STATES MAIL, POSTAGE  
PREPAID ON JANUARY 14, 2015 ADDRESS TO:  
DEFENDANT(S) PATEL PINKEE AND LAURA MIDKIFF.  
MARK W. STILES - 3060 FM 3514 - BEAUMONT, TX. 77705-7635  
ARE MICHELLE LASTRAPES, MICHAEL C. BOYARS AND  
MARK T. STEPHENS. 301 UNIVERSITY BLVD - GALVESTON  
TX. 77555.

4 OF 4

**EXHIBIT: D**

**SUBJECT:** State briefly the problem on which you desire assistance.

I NEED TO BE SCHEDULE SEE A DOCTOR. ALSO PATEL, PINKEE/SR PRACTICE MANAGER, BOUARS, MICHAEL C/M.D. STEPHENS, MARK/ M.D. LASTRAPES, MICHELLE/PA-C. LAURA MIDKIFF/RN NURSE. DELIBERATE CONSPIRACY GIVING ME TYLENOL NOINS, I HAVE LIVER DISEASE. A HARASSMENT AND RETALIATION STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION. CRUEL AND UNUSUAL PUNISHMENT.

Name: MR. ERVIN LEE McFERRIN No: 160775B Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

Sold ABC  
W/Dr 12/31/14

RECEIVED  
DEC 31 2014

**EXHIBIT: E**

**SUBJECT:** State briefly the problem on which you desire assistance.

PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANETTE BELLANGER, REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \* ARTHITIS IN BACK AND RIGHT KNEE \* THE NORTRIT-VLINE DAMAGE MY LIVER. WHEN TERRY OAKS LAURA MIDKIFF, CAROL NICHOLS BRENDAN DUNLAP AND DANIEL GIDEON? THE NADROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES.

Name: MR. ERVIN LEE McFERRIN No: 160775B Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 14 2014  
BY: \_\_\_\_\_

EXHIBIT: F

SUBJECT: State briefly the problem on which you desire assistance.

JEANETTE BELLANGER, PATEL PINKEE, JENNIFER DORCHUCK AND ROBERT BEHRN REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. DUE TO MY ALLERGY PAIN, HEARTBURN PAIN, FOOT FUNGALS PAIN, HIGH BLOOD PRESSURE, SWELLED & PAINFUL ANKLES WITHOUT HAVING MY MEDICINES WORSEN MY CHRONIC ILLNESS CONDITION. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 14 2014  
BY:

EXHIBIT: G

SUBJECT: State briefly the problem on which you desire assistance.

ROBERT BEHRNS, PATEL PINKEE JEANETTE BELLANGER AND JENNIFER DORCHUCK REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JUL 2014. MY \*ARTHRITIS IN BACK AND RIGHT KNEE \* THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF, CAROLS NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSME AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment:

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 14 2014  
BY:

# EXHIBIT: H

SUBJECT: State briefly the problem on which you desire assistance.

PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANETTE BELLANGER, REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \* ARTHRITIS IN BACK AND RIGHT KNEE \* THE NORTH RYTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF, CAROL NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. THE NADROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR

THEIR ACTION? MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES.  
Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
NOV 25 2014  
BY: \_\_\_\_\_

# EXHIBIT: I

SUBJECT: State briefly the problem on which you desire assistance.

JEANETTE BELLANGER, PATEL PINKEE, JENNIFER DORCHUCK AND ROBERT BEHRNS. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \* ARTHRITIS IN BACK AND RIGHT KNEE \*. THE NORTH RYTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF, CAROL NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES. THE NADROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
NOV 25 2014  
BY: \_\_\_\_\_

EXHIBIT: J

SUBJECT: State briefly the problem on which you desire assistance.

ROBERT BEHRNS, PATEL PINKEE, JEANETTE BELLANGER AND JENNIFER DORCHUCK. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THRU JULY 2014. MY \*ARTHRITIS IN BACK AND RIGHT KNEE. THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MICKIFF, CAROL NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. MY RIGHT ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE MCFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

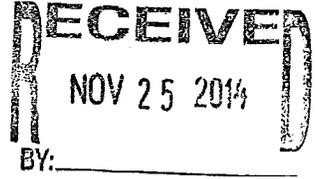


EXHIBIT: K

SUBJECT: State briefly the problem on which you desire assistance.

PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANETTE BELLANGER. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THRU JULY 2014. MY \*ARTHRITIS IN BACK AND RIGHT KNEE. \*THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MICKIFF, CAROL NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION, CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE MCFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

Medical does not keep my I-60's

PPAUSTSPM 11/7/15

**EXHIBIT: L**  
 SUBJECT: State briefly the problem on which you desire assistance.

JEANETTE BELLANGER PATEL PINKEE, JENNIFER DORCHUCK AND ROBERT BEHER REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \* ARTHRITIS IN BACK AND RIGHT KNEE \*. THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF, CAROL NICHOLS, BRENDAN DUNNAP AND DANIEL GIDEON. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAINE HEAD ACHES. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
 Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

**EXHIBIT: M**

SUBJECT: State briefly the problem on which you desire assistance.

ROBERT BEHERUS, PATEL PINKEE JEANETTE BELLANGER AND JENNIFER DORCHUCK. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \* ARTHRITIS IN BACK AND RIGHT KNEE \*. THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF CAROL NICHOLS, BRENDAN DUNNAP AND DANIEL GIDEON. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAINE HEAD ACHES. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
 Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

**EXHIBIT: N**

SUBJECT: State briefly the problem on which you desire assistance.

PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANETTE BELLANGER. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. ~~THIS IS CLEAR A HARASSMENT AND RETALIATION, CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.~~

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: "God Bless" MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

**EXHIBIT: O**

SUBJECT: State briefly the problem on which you desire assistance.

JEANETTE BELLANGER, PATEL PINKEE, ROBERT BEHRNS AND JENNIFER DORCHUCK. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: "God Bless" MARK STILES  
Living Quarters: Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 23 2014  
BY:

# EXHIBIT: P

SUBJECT: State briefly the problem on which you desire assistance.

ROBERT BEHRNS, PATEL PINKEE, JEANETTE BELLANGER AND JENNIFER DORCHUCK, REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: Work Assignment: UNASIGN MEDICAL

"God Bless"

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 23 2014

# EXHIBIT: Q

SUBJECT: State briefly the problem on which you desire assistance.

PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANETTE BELLANGER, REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. DUE TO MY ALLERGY PAIN, HEARTBURN PAIN, FOOT FUNGUS PAIN, HIGH BLOOD PRESSURE, SWELLED & PAINFUL ANKLES WITHOUT HAVING MY MEDICINES WORSEN MY CHRONIC ILLNESS CONDITION. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53R Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 30 2014  
BY: \_\_\_\_\_

**EXHIBIT: R**

**SUBJECT:** State briefly the problem on which you desire assistance.  
ROBERT BEHRNS, PATEL PINKEE, JEANNETTE BELLANGER AND JENNIFER DORCHUCK. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY T-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. ~~THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.~~

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

**RECEIVED**  
DEC 30 2014

**EXHIBIT: S**

**SUBJECT:** State briefly the problem on which you desire assistance.  
PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANNETTE BELLANGER. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY T-60'S FROM MARCH THUR JULY 2014. MY \*ARTHRITIS IN BACK AND RIGHT KNEE\*. THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF, CAROL NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION. MY RIGHT EYE ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

**EXHIBIT: T**

SUBJECT: State briefly the problem on which you desire assistance.

ROBERT BEHRNS, PATEL PINKEE, JEANNETTE BELLANGER AND JENNIFER DORCHUCK REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \*ARTHRITIS IN BACK AND RIGHT KNEE\*. THE NORTRIPTYLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MID KIFF, CAROLS NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON, MY RIGHT ORBITAL FLOOR FRACTURE AND MIGRAIN HEAD ACHES. THE NAPROXEN DAMAGE MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 02 2014  
BY: \_\_\_\_\_

**EXHIBIT: U**

SUBJECT: State briefly the problem on which you desire assistance.

ROBERT BEHRNS, PATEL PINKEE, JEANNETTE BELLANGER AND JENNIFER DORCHUCK. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. DUE TO MY ALLERGY PAIN, HEARTBURN PAIN, FOOT FUNGALS PAIN, HIGH BLOOD PRESSURE, SWELLED & PAINFUL ANKLES WITHOUT HAVING MY MEDICINES WORSEN MY CHRONIC ILLNESS CONDITION. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION, CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

Medical does not keep I-60s.  
P. Paterson  
1/7/15

RECEIVED  
JAN 05 2015  
BY: \_\_\_\_\_

**EXHIBIT: V**

SUBJECT: State briefly the problem on which you desire assistance.

JEANETTE BELLANGER, PATEL PINKEE, JENNIFER DORCHUCK AND ROBERT BEHRNS REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH THUR JULY 2014. MY \*ARTHRITIS IN BACK AND RIGHT KNEE\*. THE NORTH IDTVLINE DAMAGE MY LIVER. WHEN TERRY OAKS, LAURA MIDKIFF, CAROL NICHOLS, BRENDAN DUNLAP AND DANIEL GIDEON. MY RIGHT EYE ORBITA FLOOR FRACTURE AND MISRAIN HEAD ACHES. THE NAPROXEN DAMAGES MY LIVER. THEY ALL DENIED ME MEDICAL TREATMENT. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: MARK STILES  
Living Quarters: 4-E-53B Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
DEC 02 2014  
BY: \_\_\_\_\_

**EXHIBIT: W**

SUBJECT: State briefly the problem on which you desire assistance.

PATEL PINKEE, ROBERT BEHRNS, JENNIFER DORCHUCK AND JEANETTE BELLANGER. REFUSE TO SCHEDULE ME AND GIVE ME BACK MY I-60'S FROM MARCH 1, 2014 THUR JULY 31, 2014. THIS IS CLEAR A HARASSMENT AND RETALIATION CONSPIRACY ON MARK STILES UNIT MEDICAL DEPARTMENT STAFF MEMBERS MUST BE HELD LIABLE FOR THEIR ACTION.

Name: MR. ERVIN LEE McFERRIN No: 1607758 Unit: \_\_\_\_\_  
Living Quarters: \_\_\_\_\_ Work Assignment: UNASIGN MEDICAL

DISPOSITION: (Inmate will not write in this space)

RECEIVED  
JAN 05 2015  
BY: \_\_\_\_\_

SAS-DA  
1:15CV47  
MC/ZH

IFP COVER SHEET

DATE CASE FILED: 1-30-15

NAME OF PLAINTIFF/ MOVANT: Ervin Lee McFerrin

IDENTIFICATION NUMBER: 1607758

BASIS OF JURISDICTION:

- 1 US PLAINTIFF
- 2 US DEFENDANT
- 3 FEDERAL QUESTION
- 4 DIVERSITY

NATURE OF SUIT:

- 510 MOTION TO VACATE
- 530 HABEAS CORPUS
- 540 MANDAMUS & OTHER
- 550 CIVIL RIGHTS
- 863 SOCIAL SECURITY

COUNTY OF FIRST NAMED PLAINTIFF Jefferson

- CAUSE OF ACTION (STATUTE)  42:1983
- 28:2241-STATE
- 28:2241 - FEDERAL
- 28:2254
- 28:2255
- 28:1331
- 42:405(g)
- 28:1651

RELIEF REQUESTED:  DECLARATORY  INJUNCTIVE  MONETARY AMOUNT REQUESTED \$ 175,000

JURY DEMAND:  YES  NO

IFP MOTION FILED:  YES  NO

VENUE IN EASTERN DISTRICT: (circle one) BEAUMONT, TYLER, LUFKIN, SHERMAN, MARSHALL, TEXARKANA

pb  
PRO-SE WRIT CLERK

ERVIN LEE M<sup>SR</sup> PERKIN #160 1756  
MARK STILES UNIT  
3060 FM 3514  
BEAUMONT, TX. 77705

4E3-53



UNITED STATES DISTRICT CLERK  
300 WILLOW STREET, SUITE 104  
BEAUMONT, TEXAS 77701-2211

(LEGAL MAIL)