

IN THE UNITED STATES DISTRICT COURT
OF WISCONSIN WESTERN DISTRICT

Matthew C. Steचाuner,
Plaintiff,

DOC NO
REC'D/FILED

V.

Case No: 2017 MAR 21 AM 9:12

Edward F. Wall, Jon Litscher,
Cathy Jess, James Greer, Paul
Kemper, Judy P. Smith, Jason
Aldana, Kristen Vasquez, Danielle
Foster, Sgt. Jamison, Sgt. Brown,
Officer Dismuke, Lora Blasius,
Doctor Krembs, Doctor Patrick
Murphy, Doctor Wheatley, Doctor
Sheide, Doctor Adams, Sgt. Neal, DAWN
Fofana Health Service Assistant
Manager, John Does, Jane Does,
Defendants.

PETER OPPENEER
CLERK US DIST COURT
WD OF WI

17 E 221-jdp

ORDER TO SHOW CAUSE FOR AN PRELIMINARY
INJUNCTION AND A TEMPORARY RESTRAINING ORDER
MOTION

Upon the complaint, the supporting declaration, evidence of plaintiff, and the Memorandum of Law submitted here with, it is:

Ordered that defendants Doctor Wheatley, Danielle Foster show cause in room _____ of the United States District Court of Wisconsin Western District, 120 North Henry Street, P.O. Box 432, Madison, WI 53701. On the _____ day of _____, 2017, at _____ O'clock, why a preliminary injunction should not issue pursuant to Rule 65(a) of the Federal Rules of Civil Procedure enjoining the defendants, their successors in office, agents and employees and all other persons acting in concert and participation with them, from subjecting plaintiff Steचाuner to continue to suffer on-going pain and irreparable harm such as serious chest and back pains, chronic cough, dizziness issues daily, red eyes, eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis. These medical issues are everyday and I ask this Court to have Doctor Wheatley give Steचाuner medical treatment to help relieve my medical issues and have me sent to an outside hospital for a check up to see what is wrong with Steचाuner medically. I ask this Court to have Danielle Foster Health Service Unit Manager at Oshkosh Correctional Institution make sure Doctor Wheatley medically treats Steचाuner at Oshkosh Correctional Institution where he is a Doctor at and make sure Steचाuner gets sent to an outside hospital to see what is medically wrong with Steचाuner and not make Steचाuner wait

to get test ran on him to see what is medically wrong with Stechauner since ms. Foster is the HSU Manager who make\$sure I'm getting proper medical care.

It is further ordered that effective immediately, and pending the hearing and determination of this order to show cause, the defendants Doctor Wheatley, Danielle Foster and each of their officers, agents, employers, and all persons acting in concert or participation with them, are restrained from allowing Stechauner to continue to suffer serious chest and back pains, chronic cough, dizziness issues daily, red eyes and eye pains, damage throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis. These two defendants Doctor Wheatley and Danielle Foster need to stop denying Stechauner proper medical care for his serious medical issues and stop having Stechauner wait months to be sent to a outside hospital to have him tested to see why I continue to have serious medical issues daily.

Four things to show to get a preliminary injunction in this matter,

- (1) You are likely to show at trial that the defendants violated your Rights;
- (2) You are likely to suffer irreparable harm if you do not receive a preliminary injunction, "Irreparable Harm," means "an injury that can never be fixed."
- (3) The threat of harm that you face is greater than the harm the prison officials will face if you get a preliminary injunction; and
- (4) A preliminary injunction will serve the public interest.

Temporary Restraining Order (TRO) standard is to show you will suffer "Immediate and irreparable injury, loss or damage" if the court doesn't help you before the other side has a chance to respond.

1. At trial I'll show all defendants in Stechauner suit subjected Stechauner to inadequate medical care and allowed him to suffer from a lot of medical issues such as, serious chest and back pains, chronic cough, dizziness issues daily, red eyes and eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis. Everyday I suffer from these medical issues and defendants know about it and don't treat Stechauner medical wise to prevent them in violation of Stechauner's 8th and 14th Amendment Rights of the U.S. Consitution and display deliberate indifference to Stechauner's medical care and safety. I'll prove the above facts at trial.

2. I'm likely to continue to suffer irreparable harm of serious chest and back pains, chronic cough, dizziness issues daily, red eyes and eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis and my chest and back pains and chronic cough can't ever be fixed because it never goes away and chronic cough damages my throat from coughing so much from a medical issue I don't know what it

1. and Doctor Wheatley don't know what it is and this is reasons to grant Stechauner preliminary injunction because Stechauner been having these medical issues for a while and see my 1983 complaint on how long I been having medical issues.

3. The threat of harm that Stechauner faces daily of medical issues such as, serious chest and back pains, chronic cough, dizziness issues daily, red eyes and eye pains, damage throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis is greater than the harm the prison officials will face because only harm Doctor Wheatley and Danielle Foster would face is schedule an appointment with an outside hospital to see what is medically wrong with Stechauner and give Stechauner proper medication to relieve his medical conditions if you grant Stechauner a preliminary injunction.

4. A preliminary injunction will serve the public interest because protecting Stechauner's 8th Amendment Right of the U.S. Constitution to receive proper medical care while I'm incarcerated and Doctor Wheatley and Danielle Foster are officials responsible for the medical care of Stechauner, in itself a matter of the highest public interest because they are ones who are suppose to medically treat me. The public at large is not served by the willful or wanton infliction of pain and suffering. Duran v. Angya, 642 F. Supp. 510, 527 (D.N.M. 1986).

TEMPORARY RESTRAINING ORDER STANDARDS:

1. Stechauner shows I will continue to suffer "immediate and irreparable injury, loss or damage" if the Court doesn't help me before the other side has a chance to respond because everyday Stechauner suffers serious chest and back pains, chronic cough, dizziness issues daily, red eyes and eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis and this is immediate and irreparable injury because I'm going through on-going pains and they don't go away. Also I lose my voice on and off and Stechauner's throat is damaged from coughing from the chronic cough.

2. This Court should stop defendants Doctor Wheatley and Danielle Foster from denying Stechauner proper medical care and stop preventing Stechauner and continuing to stop him from going to an outside hospital to see a specialist Doctor to see what is medically wrong with Stechauner.

It is further ordered that the order to Show Cause, and all other papers attached to this application, be served on the afore said plaintiff Stecauner by _____ date.

Dated: _____

Signed: _____

U.S. DISTRICT JUDGE

IN THE UNITED STATES DISTRICT COURT
OF WISCONSIN WESTERN DISTRICT
DOE NOT
REC'D/FILED

2017 MAR 21 AM 9:12

MATTHEW C. STECHAUNER, PETER OPPENEER
Plaintiff, CLERK US DIST COURT
WD OF WI

CASE NO: 221 Jdp

v.

EDWARD F. WALL, JON E. LITSCHER,
CATHY JESS, JAMES GREER, PAUL
KEMPER, JUDY P. SMITH, JASON
ALDANA, KRISTEN VASQUEZ,
DANIELLE FOSTER, SGT. JAMISON,
SGT. BROWN, OFFICER DISMUKE,
LORA BLASIUS, DOCTOR KREMBS,
DOCTOR PATRICK MURPHY, DOCTOR
WHEATLEY, DOCTOR SHEIDE, DOCTOR
ADAMS, SGT. NEAL, FOFANA HEALTH
SERVICE ASSISTANT MANAGER,
JOHN DOES, JANE DOES,
defendants,

MEMORANDUM OF LAW IN SUPPORT OF
ORDER TO SHOW CAUSE FOR AN PRELIMINARY
INJUNCTION AND A TEMPORARY RESTRAINING
ORDER MOTION

COMES NOW Plaintiff, Matthew C. Stechauner
prose with his memorandum of law in support
of order to show cause for an preliminary

injunction and a temporary restraining order motion,

STATEMENT OF CASE

This is an 1983 civil suit case dealing with defendants' deliberate indifference to plaintiff Stechauner's medical care and safety and mental health care and safety, cruel and unusual conditions of confinement and violated plaintiff Stechauner's due process rights, retaliatory conduct, HIPAA and PHI violations all in violation of Stechauner's 1st, 8th and 14th Amendment right to the U.S. Constitution.

STATEMENT OF FACTS

Plaintiff Stechauner has been subjected to and continues to suffer on-going pain and irreparable harm such as, chronic cough, dizziness issues daily, serious chest and back pains, red eyes and eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, Bronchitis do to defendants' deliberate indifference to plaintiff Stechauner's medical care and safety and other violations of my rights and matters above in statement of case in this

Memorandum of LAW.

ARGUMENTS

1. The Supreme Court in Lewis v. Casey, 518 U.S. 343 (1996), stated that in order to get an injunction, a prisoner must show "actual or imminent injury." In this context, "injury" does not have to mean physical damage to your body, it just means that you are, or will be worse off because of the illegal acts of the prison staff.
2. Courts usually agree that a prisoner can show a serious medical need if the "failure to treat a prisoner's condition could result in further significant injury or the unnecessary and wanton infliction of pain." Estelle, 429 U.S. at 104.
3. A prison doctor fails to respond appropriately or does not respond at all to your serious medical needs. Scott v. Ambani, 577 F.3d 642 (6th Cir. 2009).
4. The supervisor learned of the violations of your rights and failed to do anything to

fix the situation. Colon v. Coughlin, 58 F.3d 865 (2nd Cir. 1995), Jones El v. Burge, 164 F.Supp.2d 1096 (W.D. Wisc. 2001),

5. These cases compare to plaintiff Stechauner's serious medical issues of serious pain that Stechauner goes through daily such as, serious chest and back pains, chronic cough, dizziness issues, red eyes and eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, bronchitis, that doctor wheatley don't treat and order Stechauner to see a outside doctor or specialist to see why I experience these medical issues and Health service unit Manager Danielle Foster allows doctor wheatley to not treat me and don't schedule a appointment with a outside doctor or specialist to see why I experience these medical issues,

6. Cases that compare to Stechauner's situation are as follows: Greeho v. Daley, 414 F.3d 645, 655-57 (7th Circuit. 2005) (finding that a doctor could be deliberately indifferent for refusing to send a prisoner to a specialist or order an endoscopy despite the prisoner's

Complaints of severe pain and that doctor could not rely on lack of "objective evidence" since often there is no objective evidence of pain). *McElligott v. Foley*, 182 F.3d 1248, 1256-57 (11th Cir. 1999) (finding that repeated delays in doctor's seeing a patient with constant severe pain, continuing of ineffective medications and failure to order diagnostic tests, could constitute deliberate indifference), citing *Flynn v. Doyle*, 2007 U.S. Dist. Lexis 22059.

7. Plaintiff Stechauner set out the test to get a preliminary injunction and TRO for temporary relief in his order to Show Cause for an preliminary injunction and a TRO Motion pages 2-8 on this matter.

WHEREFORE: Grant plaintiff his preliminary injunction and TRO as this court deems just and proper.

Dated: 3-12-17

Signed: Matthew C. Stechauner
Matthew C. Stechauner
#378235 Oshkosh
Correctional Institution
P.O. Box 3310
Oshkosh, WI 54903

IN THE UNITED STATES DISTRICT COURT
OF WISCONSIN WESTERN DISTRICT

REC'D/FILED
2017 MAR 21 AM 9:12
PETER OPPENHEER
CLERK US DIST COURT
WD OF WI

MATTHEW C. STECHAUNER,
Plaintiff,

Case No. _____

V.

17 P 221-jdp

EDWARD F. WALL, et. al.
Defendants,

PLAINTIFF MATTHEW C. STECHAUNER'S
STATEMENT OF PROPOSED FINDINGS
OF FACT IN SUPPORT OF PRELIMINARY
INJUNCTION AND TRO MOTION

Plaintiff Matthew C. Stechauner prose,
and with help of a jailhouse lawyer propose
the following findings of fact in support
of his preliminary injunction and TRO motion,

1. Plaintiff Matthew C. Stechauner has serious
medical issues he suffers from everyday such
as, serious chest and back pains, chronic
cough, dizziness issues daily, red eyes and
eye pains, damaged throat, coughing up blood
every morning and coughing up mucus, asthma
breathing problems, Bronchitis and defendants

Doctor Wheatley and Danielle Foster subject Stechauner to these above medical issues without providing me proper medical care and medications to relieve above medical issues and are not having Stechauner sent to a outside hospital for a check up to see what is wrong with Stechauner medically,

2, Stechauner has Health service Requests as evidence he'll attach to this declaration to show he complains of above medical issues and asks for help and to see the doctor and not being seen in almost two months by doctor Wheatley.

3, Stechauner states everything stated in his order to show cause for an preliminary injunction and a TRO motion and memorandum of law is true and correct.

4, Stechauner shouldn't have to and hasn't served or notified defendants of his preliminary injunction and TRO because they are well aware of his Inmate complaints he filed against

them on his medical issues and denying him proper treatment medically and I'm in imminent danger and in full denied a legal loan by prison to even make copies to serve parties any of my filings, I'm granted a legal loan in part and have only \$1.27 left on my \$100 for the 2017 year per doc Business office and was told after I did my first legal loan that on my second legal loan not to excess \$100 for all cases for 2017, Stechauer don't understand legal loan rules prison gives him and that is a true fact,

S. If this court don't grant Stechauer his preliminary injunction and TRO Stechauer will continue to suffer immediate and irreparable injury loss and damage will continue to result do to Stechauer's medical issues, medically not being treated by Doctor Wheatley and sent out to a outside hospital doctor or specialist to see why Stechauer has serious medical issues mentioned in paragraph 1 of this declaration and Danielle Foster is aware of these medical issues and don't order Doctor Wheatley to medically treat

Me and have Stechauner sent to a outside hospital to see a doctor or specialist to see why Stechauner suffers with his serious medical issues and she is his supervisor and has authority to enforce it,

b. Stechauner's medical issues been getting worse daily and been going on constantly and see my 1983 complaint on this matter,
Respectfully Submitted,

Dated: 3-12-17

Signed, ~~Matthew Stechauner~~
Matthew C. Stechauner
#378235 O.S.C.I.
P.O. Box 3310
OSHKOSH, WI 54903

IN THE UNITED STATES DISTRICT COURT
OF WISCONSIN WESTERN DISTRICT

MATTHEW C. STECHAUNER,
Plaintiff,

v.

Case No. 21-jdp

EDWARD F. WALL, JON E. LITSCHER,
CATHY JESS, JAMES GREER, PAUL
KEMPER, JUDY P. SMITH, JASON
ALDANA, KRISTEN VASQUEZ,
DANIELLE FOSTER, SGT. JAMISON,
SGT. BROWN, OFFICER DISMUKÉ,
LORA BLASIUS, DOCTOR KREMBS,
DOCTOR PATRICK MURPHY, DOCTOR
WHEATLEY, DOCTOR SHEIDE, DOCTOR
ADAMS, SGT. NEAL, FOFANA HEALTH
SERVICE ASSISTANT MANAGER,
JOHN DOES, JANE DOES,
Defendants.

DECLARATION OF MATTHEW C. STECHAUNER
IN SUPPORT OF ORDER TO SHOW CAUSE FOR
AN PRELIMINARY INJUNCTION AND
A TRO MOTION AND MEMORANDUM OF LAW

I declare the following statements to be
true to the best of my knowledge.

1. plaintiff Stechauner has serious medical
1

issues he suffers from everyday such as, serious Chest and back pains, chronic cough, dizziness issues daily, red eyes and eye pains, damaged throat, coughing up blood every morning and coughing up mucus, asthma breathing problems, Bronchitis and defendants doctor wheatley and Danielle Foster subject Stechauner to these above medical issues without providing me proper medical care and medications to relieve above medical issues and are not having Stechauner sent to a outside hospital for a check up to see what is wrong with Stechauner medically.

2. Stechauner has Health Service Requests as evidence he'll attach to this declaration to show he complains of above medical issues and asks for help and to see the doctor and not being seen in almost two months by doctor wheatley.

3. Stechauner states everything stated in his order to show cause for an preliminary injunction and a TRO motion and memorandum of law is true and correct.

4. Stechauner shouldn't have to and hasn't served or notified defendants of his preliminary injunction and TRO because they are well aware of his Inmate Complaints he filed against them on

his medical issues and denying him proper medical care treatment and I'm in imminent danger and denied a full legal loan and only given a part legal loan with only \$ 1.27 left to spend out of a \$ 100 and can't make copies to serve parties. Stechauner had extraordinary circumstances and is denied a full legal loan, 5. If this court don't grant Stechauner his preliminary injunction and TRO Stechauner will continue to suffer immediate and irreparable injury, loss and damage will continue to result do to Stechauner's medical issues not being treated properly by Doctor Wheatley and sent to a outside hospital to see a doctor or specialist to see or diagnosis Stechauner for all his medical issues mentioned in paragraph 1 of this declaration and Danielle Foster is aware of these medical issues and don't order Doctor Wheatley to have me medically treated properly and have Stechauner sent to a outside hospital to see a doctor or specialists for my medical issues,

6. Stechauner's medical issues getting worse daily and been going on constantly and see my 1983 complaint on this matter, 3

I declare under penalty of perjury
that the above declaration is true and
correct to the best of my knowledge,

Dated, 3-12-17

signed, ~~Matthew Stechauner~~
Matthew C. Stechauner
#378235 O.S.C.I.,
P.O. Box 3310
oshkosh, WI 54903

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3035 (Rev. 12/2009)

HEALTH SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN
Adm. Code
Ch. DOC 316

⇒ NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA)

☐ DENTAL

☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

HEALTH SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- ☒ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)
- ☐ PSYCHIATRIST ☐ INFORMATION

☒ OTHER: ATTN: To see Doctor Wheatley right away,

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

My chest and back pains and cough is getting worse and my chest and back hurt really bad and is excruciating pain. My throat is sore bad from the cough. I can't continue to take this pain. I can't take it anymore dealing with these pains and it's hard to sleep and it bothers me mentally.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

RESPONSE Check appropriate box below.

- ☒ Scheduled to be seen in HSU: ☐ MD/DO ☐ NP/PA ☒ RN/LPN ☐ Refer to Special Needs Nurse/Committee
- ☐ Treated Today ☐ Refer to Psychiatrist ☐ Refer to PSU ☐ Place on Optometric Waiting List
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)
- ☐ Non-Medical Problem ☐ Other:

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF HSU RESPONSE

COPY - PATIENT AFTER RESPONSE BY HSU

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3035 (Rev. 12/2009)

HEALTH SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN
Adm. Code
Ch. DOC 316

⇒ NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA)

☐ DENTAL

☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

HEALTH SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- ☒ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)
- ☐ PSYCHIATRIST ☐ INFORMATION
- ☒ OTHER: See Doctor Wheatley right away.

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I am having really bad pain in my chest and back. I coughed up some blood and everytime I cough all day long it hurts bad and my throat hurts and makes me feel like I'm choking on my own throat when I cough. I need help and need to see the doctor. I'm scared.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

RESPONSE Check appropriate box below.

- ☒ Scheduled to be seen in HSU: ☐ MD/DO ☐ NP/PA ☒ RN/LPN ☐ Refer to Special Needs Nurse/Committee
- ☐ Treated Today ☐ Refer to Psychiatrist ☐ Refer to PSU ☐ Place on Optometric Waiting List
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)
- ☐ Non-Medical Problem ☐ Other:

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF HSU RESPONSE

COPY - PATIENT AFTER RESPONSE BY HSU

HEALTH SERVICE REQUEST
AND COPAYMENT DISBURSEMENT AUTHORIZATION

⇒ NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇐

PRINT LAST NAME

PRINT FIRST NAME

DOC NUMBER

Stechauer

Matthew

378235

FACILITY NAME

HOUSING UNIT

TODAY'S DATE

OSC =

K-unit

3-7-17

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of \$7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE (Indicates request for disbursement of your funds to pay the \$7.50 copayment at the time of the requested visit when a copayment is required.)

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA)

☐ DENTAL

☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE

DATE OF SERVICE

HEALTH SERVICE REQUEST SECTION

INSTRUCTIONS TO PATIENT: Be sure to include today's date on top of form. Check the appropriate box and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

- ☒ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)
- ☐ PSYCHIATRIST ☐ INFORMATION
- ☐ OTHER:

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I'm having a lot of family problems and mental health problems and can't sleep and am being sexual harassed on K-unit. I got chest pains and back pains constantly and throat pains. I need to see doctor Wheatley right away. I feel I'm choking on my own throat. It's bad and I cough.

DATE RECEIVED:
TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE - TO BE COMPLETED BY HSU ONLY

RESPONSE Check appropriate box below.

- ☐ Scheduled to be seen in HSU: ☐ MD/DO ☐ NP/PA ☐ RN/LPN ☐ Refer to Special Needs Nurse/Committee
- ☐ Treated Today ☐ Refer to Psychiatrist ☐ Refer to PSU ☐ Place on Optometric Waiting List
- ☐ Refer to MPAA for record review appointment or for copies only. (Must be within 30 days of request.)
- ☐ Non-Medical Problem ☐ Other: Security made aware 0350 3/8/17

WRITTEN RESPONSE

PRINT STAFF NAME

DATE OF HSU RESPONSE

DeHansen RD

3/8/17

COPY - PATIENT AFTER RESPONSE BY HSU

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-1290 (Rev. 10/2011)

LOAN APPLICATION
&
REPAYMENT AGREEMENT

2017

WISCONSIN
Wisconsin Statute
§ 301.328 (1m)

PRINT OFFENDER NAME

STECHAUNER, MATTHEW

DOC NUMBER

378235

Received

FEB - 2017

Is this loan requested for the purpose of accessing the inmate complaint review system under DOC 310 or administrative review of a classification decision under DOC 302.18? ☐ Yes ☒ No If yes sign, date and obtain witness signature. If no, complete form.

Is this for a case that has not yet been filed? ☒ Yes ☐ No If no, state the case number: _____

Where is the case venued, or for new cases, where will it be venued? Western District Court in Federal

U.S. of Wisconsin.

Who is the plaintiff? Matthew Stechauner

Who are the defendants? Edward F. Wall Secretary of DOC old secretary, etc

What is the type of case (i.e. criminal appeal, habeas, termination of parental rights, etc.)? 1983 Civil Suit Complaint

What court deadlines currently exist? None at this time.

What is the dollar amount of the loan requested for this specific case? \$100.

Does this case allege that you are in imminent danger of death or serious bodily injury? ☒ Yes ☐ No If yes, complete the Imminent Danger Addendum on the bottom portion of this form by describing specifically the nature of the alleged imminent danger.

- I understand my legal loan balance may not exceed \$100 per year and this amount must cover all my litigation expenses for all of my cases for the year except for extraordinary circumstances as set forth in DAI policy.
- I understand any charges to my account under this procedure are loans.
- I understand this document and hereby agree to all of its terms.
- I also agree to repay any and all outstanding loans provided me under this policy.
- I understand that upon my release I remain obligated to repay this loan in full. No coercion, threat or duress was used to induce me to enter into or sign this agreement.

COPY

Received
JAN 17 2017

Per DAI 309.51.01 Legal Loan Policy the legal loan application will not be processed and the loan will not be provided until the inmate fully completes the form in its entirety, signs and submits this form.

OFFENDER SIGNATURE

DATE SIGNED

STAFF WITNESS NAME (I Have Witnessed the Offender's Signature)

DATE SIGNED

Matthew Stechauner 1-13-17

611 Jura

1/13/17

☐ Approved in full ☒ Approved in part ☐ Denied

COMMENTS

Not to exceed \$100 for ALL cases for 2017.

PRINT STAFF NAME

DATE

Colleen Janikowski

2-8-17

DISTRIBUTION: Original - Business Office; Copy - Offender

IMMINENT DANGER ADDENDUM (Describe Specifically the Nature of the Alleged Imminent Danger)

OSCIHSU Nurses, Doctors aren't properly treating my chronic cough
serious chest and back pains and every time I cough it hurts
bad and I'm scared for my medical safety at this time do to on
going wanton infliction of pain and suffering by HSW not giving me care
properly

OFFENDER SIGNATURE

Matthew Stechauner

2-2-17

SUBSCRIBED AND SWORN TO BEFORE ME THIS

02 day of February

2017

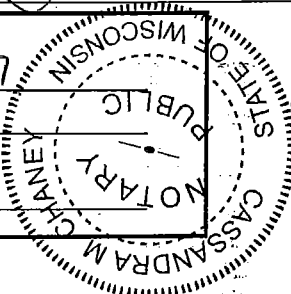
Cassandra Chang

NOTARY PUBLIC: STATE OF WISCONSIN

My commission expires:

02-02-2017

Month, Day & Year



Past due legal loans:

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-1290 (Rev. 10/2011)

**LOAN APPLICATION
&
REPAYMENT AGREEMENT**

WISCONSIN
Wisconsin Statute
§ 301.328 (1m)

PRINT OFFENDER NAME
STECHAUNER, MATTHEW

DOC NUMBER
378235

Is this loan requested for the purpose of accessing the inmate complaint review system under DOC 310 or administrative review of a classification decision under DOC 302.18? ☐ Yes ☒ No If yes sign, date and obtain witness signature. If no, complete form.

Is this for a case that has not yet been filed? ☐ Yes ☒ No If no, state the case number: 16-3857

Where is the case venued, or for new cases, where will it be venued? United States Court of Appeals for the 7th circuit.

Who is the plaintiff? Appellant Matthew C. Stechauner

Who are the defendants? Respondent Judy P. Smith

What is the type of case (i.e. criminal appeal, habeas, termination of parental rights, etc.)? Supreme Court of U.S.

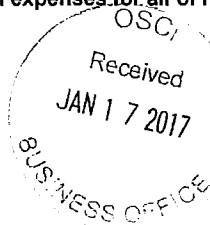
What court deadlines currently exist? on 11-7-16 certiorari for 7th circuit court denying my motion to do a second collateral review
11-7-16 until 2-5-16, 7th circuit denied my second collateral review motion on 11-7-16

What is the dollar amount of the loan requested for this specific case? \$100

Does this case allege that you are in imminent danger of death or serious bodily injury? ☐ Yes ☒ No If yes, complete the Imminent Danger Addendum on the bottom portion of this form by describing specifically the nature of the alleged imminent danger.

- I understand my legal loan balance may not exceed \$100 per year and this amount must cover all my litigation expenses for all of my cases for the year except for extraordinary circumstances as set forth in DAL policy.
- I understand any charges to my account under this procedure are loans.
- I understand this document and hereby agree to all of its terms.
- I also agree to repay any and all outstanding loans provided me under this policy.
- I understand that upon my release I remain obligated to repay this loan in full. No coercion, threat or duress was used to induce me to enter into or sign this agreement.

COPY



Per DAI 309.51.01 Legal Loan Policy the legal loan application will not be processed and the loan will not be provided until the inmate fully completes the form in its entirety, signs and submits this form.

OFFENDER SIGNATURE	DATE SIGNED	STAFF WITNESS NAME (I Have Witnessed the Offender's Signature)	DATE SIGNED
<u>Matthew Stechauner</u>	<u>1/13/17</u>	<u>C/H</u>	<u>1/13/17</u>

☒ Approved in full ☐ Approved in part ☐ Denied

COMMENTS

PRINT STAFF NAME

Colleen Janikowski

DATE

1-20-17

DISTRIBUTION: Original - Business Office; Copy - Offender

IMMINENT DANGER ADDENDUM (Describe Specifically the Nature of the Alleged Imminent Danger)

OFFENDER SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS

day of

NOTARY PUBLIC: STATE OF WISCONSIN

My commission expires:

Month, Day & Year

Past due legal loans

— 0 —