

12-194
PHILIP MICHELS, ESQ. (Bar No. 57802)
SHIRLEY K. WATKINS, ESQ. (Bar No. 106462)
STEVEN B. STEVENS, ESQ. (Bar No. 106907)
LAW OFFICES OF MICHELS & WATKINS
11755 Wilshire Boulevard, Suite 1300
Los Angeles, California 90025-1540
(310) 444-1200

FILED
 SUPERIOR COURT
 COUNTY OF SAN BERNARDINO
 RANCHO GUCAMANGA DISTRICT
APR 24 2013

BY *[Signature]*
 KARIM BENAVIDES, DEPUTY

Attorneys for Plaintiffs

SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SAN BERNARDINO

Rosa Sanchez, as guardian ad litem for Juan
 Cintora, an incapacitated adult,

Petitioner

versus

Kaiser Foundation Hospitals,

Respondent.

CASE NO.

CIVR91302904

Judge

**Petition to Enforce Access to Medical
 Records (Evidence Code section 1158)**

Declaration of R. Sanchez in Support;

Declaration of E. Mora in Support;

Declaration of Dr. B. Davis in Support;

Declaration of J. Galit in Support;

Declaration of K. Agustin in Support;

Declaration of R. Abeto in Support;

Declaration of S. B. Stevens in Support;

Memorandum of Points and Authorities;

**Request for Attorneys Fees and Costs in
 the Amount of \$3,725**

1 **Petition For Enforcement of Access to Medical Records**

2
3 Petitioner, Rosa Sanchez, as guardian ad litem for Juan Cintora, alleges:

4
5 1. The Petitioner is the guardian ad litem of Juan Cintora, her husband, who is an
6 incapacitated adult. (See Decl. of Petitioner R. Sanchez, ¶¶ 1, 2, 4.)

7 2. The Petitioner is files this petition to obtain the medical records about Juan
8 Cintora,, which are in the possession of Respondent Kaiser Foundation Hospitals.

9 3. The nature of this proceeding is to enforce the Petitioner's right to inspect and
10 copy patient records pursuant to Evidence Code section 1158.

11 4. Respondent Kaiser Foundation Hospitals has in its custody and control records
12 about its care and treatment of Juan Cintora. (See Decl. of R. Sanchez, ¶ 3; Decl. of Dr. B.
13 Davis, ¶ 3.)

14 5. Juan Cintora was a patient of Respondent on or about August and September,
15 2012. (See Decl. of Petitioner R. Sanchez, ¶ 3.)

16 6. It is the usual and customary practice of hospitals to document the care and
17 treatment they provide to a patient. (Decl. of Dr. B. Davis, ¶ 3.)

18 7. On January 3, 2013, the petitioner, through her counsel and representatives,
19 presented to the Custodian of Records at Kaiser Foundation Hospitals, at its Release of
20 Information Department at 10740 Fourth Street, Second Floor, Rancho Cucamonga, California,
21 an authorization to obtain Juan Cintora's medical records. (See Decl. of Petitioner R. Sanchez,
22 ¶ 6; Decl. of Dr. B. Davis, ¶ 4; Decl. of K. Agustin, ¶ 3; Ex. 1.)

23 8. The authorization required respondent to make all records about Juan Cintora that
24 are under its custody and control available to the Law Offices of Michels & Watkins, through
25 its representative, Titan Legal Services, for inspection and copying.

26 9. By January 10, 2013, the respondent had not provided any records in compliance
27 with the authorization. (Decl. of J. Galit, ¶ 4.)

28 ///

1 10. Despite several contacts between Titan Legal Services and the respondent, as of
2 the date of this petition, the respondent still had not provided any records in compliance with the
3 authorization. (Decl. of K. Agustin, ¶¶ 3-6; Decl. of J. Galit, ¶¶ 3-6; Decl. of R. L. Abeto, ¶¶
4 3, 4; Decl. of Dr. B. Davis, ¶¶ 5, 6.)

5 12. The respondent has failed to make the requested records available, during business
6 hours, for five full days after presentation of written authorization to do so.

7 13. The Petitioner has incurred expenses in the amount \$435.00 for the filing of this
8 petition, \$60.00 to set the hearing, approximately \$80.00 for service of the petition, and an
9 amount for reasonable attorney's fees according to proof, estimated at \$3,150.00, in this
10 proceeding to enforce the provisions of Evidence Code section 1158. (Decl. of S. B. Stevens,
11 ¶¶ 1-5.)

12 14. The Petitioner is contemplating filing an action for damages in the Superior Court,
13 for the injuries that Mr. Cintora suffered. The Petitioner and her counsel need the respondent's
14 records in order to evaluate and pursue the case. (Decl. of R. Sanchez, ¶ 5; Decl. of Dr. B.
15 Davis, ¶ 3.)

16 Therefore, the Petitioner requests this Court to issue an order to respondent Kaiser
17 Foundation Hospitals to:


18 1. Produce all records within its custody and control about or concerning Juan
19 Cintora, for inspection and copying by the Law Offices of Michels & Watkins or by its
20 photocopy representatives, within five days of the date of hearing on this petition;

21 2. Pay reasonable expenses, including attorney's fees, incurred in this proceeding,
22 in the amount of \$3,725, in favor of the petitioner and her counsel;

23 3. Provide all other relief deemed just and proper by the Court.

24 Respectfully submitted,

25 Law Offices of Michels & Watkins

26 
27 Philip Michels
28 Shirley K. Watkins
Steven B. Stevens, Of Counsel to the Firm
Counsel for Petitioner

1 **Declaration of Evelyn Mora in Support of Petition**

2

3 I, Evelyn Mora, declare:

4

5 1. I am an employee of the Law Offices of Michels & Watkins, counsel for the

6 petitioner in this matter.

7

8 2. I am fluent in reading, writing and speaking Spanish. I have reviewed the Spanish

9 language declaration of Rosa Sanchez. A true and accurate translation of the declaration

10 follows:

11 (Translation begins:)

12 **Declaration of Petitioner Rosa Sanchez**

13 1. I am the wife of Juan Cintora.

14 2. Kaiser Foundation Hospital has in its custody and control records

15 of my husband's care and treatment.

16 3. Juan Cintora was a patient at Kaiser Foundation Hospital starting on

17 or about the late evening or early morning of August 29-August 30, 2012.

18 4. Juan is severely brain damaged. He is unable to walk, talk, sit up,

19 eat or do any daily living activities. He is completely dependent upon others for

20 his care and he will never be able to be independent or work again.

21 5. I am contemplating filing an action for damages in the Superior

22 Court, for the injuries to my husband Juan arising out of medical care and

23 treatment that Juan received. My attorney and I need these records in order to

24 evaluate and pursue the case.

25 6. On November 5, 2012, I signed authorizations to authorize Kaiser

26 Foundation Hospital to make its records about my husband, which are under its

27 custody and control, available to the Law Offices of Michels & Watkins (or its

28 representative), for inspection and copying. True and correct copy of the

1 authorization is attached to this declaration as Exhibit 1.

2 I declare under penalty of perjury that the foregoing is true and correct.

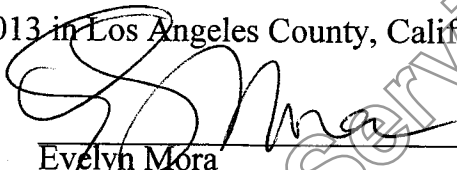
3 Executed on April 17, 2013 in Los Angeles County, California.

4
5 Rosa Sanchez

6 (Translation ends)

7 I declare under penalty of perjury that the foregoing is true and correct.

8 Executed on April 17, 2013 in Los Angeles County, California.

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10 
11 Evelyn Mora

1 **Declaración de la Peticionaria Rosa Sánchez**

2 Yo, Rosa Sánchez, declaro:

3 1. Yo soy la esposa de Juan Cintora.

4 2. Kaiser Foundation Hospital tiene en su custodia y control los records de la
5 atención y el tratamiento de mi esposo.

6 3. Juan Cintora era un paciente en el Kaiser Foundation Hospital a partir de tarde la
7 noche del 29 de Agosto o muy temprano de la mañana del 30 de Agosto.

8 4. Juan tiene grave daño cerebral. Él es incapaz de caminar, hablar, sentarse, comer
9 o hacer cualquier actividad de vida diaria. Él es completamente dependiente a otros para su
10 cuidado y nunca podrá ser independiente o trabajo otra vez.

11 5. Estoy considerando la posibilidad de presentar una acción por daños y perjuicios
12 en la Corte Superior para las lesiones a mi esposo Juan que surgieron de la atención médica y
13 el tratamiento que recibió de Juan. Mi abogado y necesito estos récords médicos con el fin de
14 evaluar y seguir el caso.

15 6. El 5 de Noviembre de 2012, firmé autorizaciones para autorizar Kaiser Foundation
16 Hospital para hacer sus registros sobre mi esposo, que están bajo su custodia y control, para las
17 oficinas de la ley de Michels & Watkins (o su representante) para la inspección y copia. Se
18 adjunta copia verdadera y correcta de la autorización a esta declaración como anexo 1.

19 Declaro bajo pena de perjurio que lo anterior es verdadera y correcto.

20 Ejecutado el 17 de Abril de 2013 en el Condado de Los Ángeles, California.

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23 Rosa Sánchez

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Declaration of Bradford S. Davis, M.D.

I, Bradford S. Davis, M.D., declare:

1. This declaration is being made in support of Petitioner's Petition for Access of Medical Records.

2. I am a physician, licensed to practice medicine in California, consulting for Petitioner's attorney, the Law Offices of Michels & Watkins. If called as a witness I could and would competently testify to the following matters which are within my personal knowledge and expertise.

3. It is the usual and customary practice of hospitals in this community to document the care and treatment of a patient for each day of a patient's stay in the hospital. This is usually done by generating physician order sheets, progress notes, nurses notes, laboratory reports, and consultations. Those records also include histories and physicals, operative reports, admission reports, and discharge summaries. It is necessary to review these records as part of an investigation of a patient's care.

4. At my direction, the Law Offices of Michels & Watkins, whose members are licensed attorneys in California, presented a written authorizations signed by Ms. Rosa Sanchez to the Custodian of Records of Kaiser Foundation Hospitals. The authorizations were presented through Titan Legal Services, the firm's representative for photocopying medical records. The authorizations required the hospital to make all records of Mr. Juan Cintora that are under its custody and control, available to the firm and its representative for inspection and copying. A true and correct copy of the authorization is attached to this declaration as Exhibit 1. Mr. Cintora's address and telephone number, and his medical record number, have been redacted from Exhibit 1 to protect his and his family's privacy.

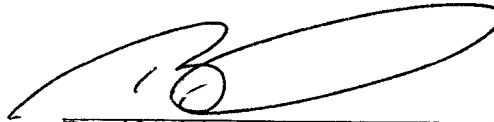
5. Kaiser Foundation Hospitals did not make the requested records available, during business hours, for five full days after presentation of written authorization to do so.

///

1 6. As of this date, Kaiser Foundation Hospitals has not provided any records in
2 compliance with the authorization.

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4 I declare under penalty of perjury that the foregoing is true and correct.

5 Executed on April 17, 2013, in Los Angeles County, California.

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8 Bradford S. Davis, M.D.

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Courthouse News Service

**Declaration of Jianna Galit of Titan Legal Services
In Support of Petition**

I, Jianna Galit, declare:

1. This declaration is being made in support of Petitioner's Petition for Access to Medical Records.

2. I am an employee of Titan Legal Services, a litigation support service that photocopies medical records on behalf of attorneys.

3. On January 4, 2013, I spoke with a person who identified herself as being from Kaiser's Release of Information Department. That person told me that Kaiser is working on requests for records from October 12 through October 16, 2012.


4. On January 11, 2013, I sent an email to Kaiser requesting an update about the records request. A true and correct print out of that email is attached to this declaration as Exhibit 2. I did not get a response to that email.

5. On February 8, 2013, I tried telephoning the Release of Information Department to obtain an update about the records request. After being placed on hold for over five minutes, no one in the Release of Information Department came back on line.

6. As of this date, the Release of Information Department has not released the requested records.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 18, 2013, in Los Angeles County, California.


Jianna Galit

**Declaration of Kristine Agustin of Titan Legal Services
In Support of Petition**

I, Kristine Agustin, declare:

1. This declaration is being made in support of Petitioner's Petition for Access to Medical Records.

2. I am an employee of Titan Legal Services, a litigation support service that photocopies medical records on behalf of attorneys.

3. On January 3, 2013, I presented to the Custodian of Records at Kaiser Foundation Hospitals, at its Release of Information Department at 10740 Fourth Street, Second Floor, Rancho Cucamonga, California, an authorization to obtain Juan Cintora's medical records. A true and correct copy of the authorization that I presented to Kaiser Foundation Hospitals is attached to this declaration as Exhibit 1.

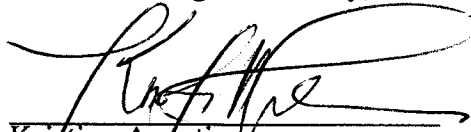
4. A copy of the check that Kaiser Foundation Hospitals received for the records (with the account number redacted), and the reverse showing that Kaiser deposited the check, is attached to this declaration as Exhibit 2. The check is dated November 30, 2012, because an authorization was presented to Kaiser in December 2012, but there was no medical record number on it and Mr. Cintora's name was misspelled. The medical record number was provided and the misspelling corrected, and an authorization was presented on January 3, 2012, as explained in paragraph 3, above.

5. On January 21, 2013, I spoke with a person who identified herself as being from Kaiser's Release of Information Department. That person told me that Kaiser is working on requests for records from November and early December 2012.

1 6. As of this date, the Release of Information Department has not released the
2 requested records.

3 I declare under penalty of perjury that the foregoing is true and correct.

4 Executed on April 15, 2013, in Los Angeles County, California.

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6 
7 Kristine Agustin

Courthouse News Service

**Declaration of Rhea Lett Abeto of Titan Legal Services
In Support of Petition**

I, Rhea Lett Abeto, declare:

1. This declaration is being made in support of Petitioner's Petition for Access to Medical Records.

2. I am an employee of Titan Legal Services, a litigation support service that photocopies medical records on behalf of attorneys.

3. On February 15, 2013, I spoke by telephone with a person who identified herself as being from Kaiser's Release of Information Department. That person told me that Kaiser is working on requests for records from November through early December, 2012.

4. As of this date, the Release of Information Department has not released the requested records.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on April 18, 2013, in Los Angeles County, California.



Rhea Lett Abeto

Declaration of Steven B. Stevens
In Support of Petition for Access to Medical Records

I, Steven B. Stevens, declare:

1. I am an attorney at law, licensed to practice in California, and Of Counsel to the Law Offices of Michels & Watkins, counsel for the petitioner in this action.

2. To prepare this petition, I had to review the file, including correspondence and the authorization exchanged between my office, its photocopy representatives, and the respondent's insurance carrier's representative. I also had to confer with and develop declarations for each of the witnesses whose declarations are attached to this petition and draft the petition.

3. It took about two hours to draft this petition. I estimate that the travel and appearance time for the petition will take another five hours, for a total of seven hours.

4. I was graduated by the University of Illinois College of Law in 1981. I was a judicial law clerk for an appellate justice for two years, and moved to private practice in 1983. I am a specialist in Appellate Law, certified by the State Bar of California Board of Legal Specialization. I am certified as a specialist in medical negligence law by the American Board of Professional Liability Attorneys. The reasonable value of my time, for an attorney with over 30 years experience in these areas of law, in Southern California, is \$450.00 per hour.

5. The filing fee for this petition is \$435.00. The filing fee for setting the hearing is \$60.00. I estimate that the fee for service of process will be \$80.00 (I should have the exact amount at the time of hearing on the petition).

I declare under penalty of perjury that the foregoing is true and correct.

Executed this April 17, 2013, in Los Angeles, California.


Steven B. Stevens

1 **Memorandum of Points & Authorities in**
2 **Support of Petition**

3 **I.**

4 **The Court is Authorized to Enforce**
5 **A Request for Access to Medical Records for Inspection and Copying**
6

7 Evidence Code section 1158 permits a party or her counsel to obtain copies of medical
8 records upon presentation of an authorization to a health care provider. Evid.C. § 1158 [¶ 1].
9 Section 1158 gives patients a private right of action to enforce its provisions. *Thornburg v. El*
10 *Centro Regional Medical Center*, 48 Cal.Rptr.3d 840, 845, 143 Cal.App.4th 198, 204-205 (2006).

11 If the health care provider fails to make the records available for inspection and copying
12 within five days of presentation of the authorization, the party seeking the records can obtain
13 orders from the court to enforce his rights:

14 Failure to make the records available, during business hours,
15 within five days after the presentation of the written authorization,
16 may subject the person or entity having custody or control of the
17 records to *liability for all reasonable expenses, including attorney's*
18 *fees, incurred in any proceeding to enforce this section.*

19 Evid.C. § 1158 [¶ 3].

20 Evidence Code section 1158 states a clear public policy of
21 permitting a patient, before filing any action, to inspect and to copy
22 any medical records concerning the patient. The legislative purpose
23 behind the enactment is not stated, but *its apparent goal is to permit*
24 *a patient to evaluate the treatment he or she received before*
25 *determining whether to bring an action against the medical*
26 *provider.* Section 1158 also enables the patient to seek freely
27 advice concerning the adequacy of medical care and to create a
28 medical history file for the patient's information or subsequent use.



KAISER PERMANENTE.

Kaiser Foundation Hospitals
Southern California Permanente Medical Group

**AUTHORIZATION FOR RELEASE AND / OR
DISCLOSURE OF MEDICAL INFORMATION**

PRINT KAISER PERMANENTE ID CARD HERE

Treatment, payment, enrollment or eligibility for benefits will not be conditioned on my providing or refusing to provide this authorization.

Please REQUEST Medical Information FROM:

Please SEND Medical Information TO:

Name of Health Care Provider

Kaiser Foundation Hospital

Name of Medical Office/Hospital

10740 Fourth Street, 2nd Floor

Street Address

Rancho Cucamonga, CA 91730

City, State and Zip Code

Titan Legal Services

Name of Person or Entity to Receive Information

LAW OFFICES OF

Title (Physician, Nurse, etc.) WATKINS

11755 WILSHIRE BLVD, SUITE 1300

Street Address LOS ANGELES, CA 90025

City, State and Zip Code

I hereby authorize Kaiser Foundation Hospital to release and / or disclose the medical information as indicated below to the health care provider, entity, or person I have indicated above.

Release and / or disclose records and information regarding:

JUAN MANUEL CINTORA

Member Record Number 33

Date of Birth 10/9/53

Address

City CA

State 9

Zip Code 301

Telephone Number 9

DURATION: This authorization shall become effective immediately and shall remain in effect until 11/5/12 (enter date) or for one year from the date of signature if no date entered.

REVOCATION: This authorization may be revoked in writing by the undersigned at any time prior to the release of information from the disclosing party. Written revocation will not affect any action taken in reliance on this authorization before the written revocation was received.

REDIS-CLOSURE: I understand that the requester may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless disclosure is specifically required or permitted by law.

SPECIFY RECORDS TO BE RELEASED AND / OR DISCLOSED: Check the box and initial which type of information is to be released and / or disclosed:

☒ General Medical Information (from AM to AM)

☒ Information Regarding Specific Injury or Treatment (from AM to AM)

☒ X-Ray (check one or both): ☐ Films ☐ Reports

☒ Laboratory Results

☒ Mental Health (from AM to AM)

☒ Alcohol / Drug (from AM to AM)

☒ HIV Test Results (from AM to AM)

☐ Other (specify):

Signature of Patient or Patient's Representative [Signature] Date 11-5-12

Signature of Patient or Patient's Representative [Signature] Date 11-5-12

Signature of Patient or Patient's Representative [Signature] Date 11-5-12

I request that the health information released and / or disclosed pursuant to this authorization be used for the following purposes only: AT THE REQUEST OF PATIENT

A copy of this authorization is valid as an original.

I have the right to receive a copy of this authorization. The copy is for me to keep.

Date 11-5-12 Signature of Patient or Patient's Representative Rosa Sanchez Indicate Relationship (if Signed by Other than Patient) SPOUSE-WIFE

Titan Legal Services, Inc.
19700 Vermont Avenue, Suite 225
Torrance CA, 90502
Phone: (310) 464-8655 Fax: (310) 464-8654

Facility Name: Kaiser Foundation Hospital/SCPMG

Patient Name: Juan Manuel Cintora

AUTHORIZATION ATTACHMENT

The records to be produced are described as follows:

Any and all Discharge summaries All dates & All admission H&P (History and Physical) All Dates, pertaining to Juan Manuel Cintora; DOB: 10/09/1953;

Courthouse News Service

DECLARATION OF PROFESSIONAL PERSON COPIER

(California Evidence Codes 1400, 1560; Code of Civil Procedure 1985.3, 2020(e) and Business and Professions Code 22462)
As a representative of "Titan Legal Services, Inc.", I hereby declare that the attached are true and complete copies of all records which were provided to me on this date.

Said records will be delivered only to the party or entity issuing this request.

Executed on _____ at _____, California

Print Name _____ Signed _____

DECLARATION OF CUSTODIAN OF RECORDS

Records pertain to: **Juan Manuel Cintora**

Description of Records: Any and all Discharge summaries All dates & All admission H&P (History and Physical) All Dates, pertaining to Juan Manuel Cintora; DOB: 10/09/1953;

I, the undersigned, am duly authorized custodian of records for Kaiser Foundation Hospital/SCPMG, whose business address is 10740 Fourth Street, 2nd. Floor, Rancho Cucamonga, CA, 91730, and have authority to certify records. I am qualified to testify as to the preparation and maintenance of the records sought by the subpoena or authorization attached hereto and, if called as a witness, could testify competently thereto. Further, I hereby certify to the following (check appropriate boxes):

☐ CERTIFICATION OF RECORDS COPIED

1. The accompanying copies are true copies of all records in my custody or control described in the subpoena or authorization.

☐ If applicable, When Only Partial Records are Produced The following records described in the subpoena or authorization are not in my custody for the following reasons.

2. The records were prepared or received by the personnel of the responding business in the ordinary and regular course of business at or near the act, condition or event related in such records.
3. The accompanying records were prepared in the following manner. (check all applicable boxes) ☐ from microfilm/microfiche; ☐ from computer stored data; ☐ by photocopying the original paper record; ☐ by electronic duplication process; ☐ by photographic duplication process; ☐ other (describe): _____

☐ CERTIFICATION OF NO RECORDS (Custodian's initials _____)

☐ CERTIFICATION OF NO RADIOLOGICAL FILMS ☐ CERTIFICATION OF NO BILLING RECORDS

1. A thorough search has been made for the documents, records and things called for in the subpoena or authorization and, based upon the information provided, no such items were found.
2. No copies or records are transmitted because we do not have said records.
3. Explanation or reason why you have NO RECORDS: _____

I DECLARE under penalty of perjury under the laws of California that the foregoing is true and correct.

Executed on _____ at _____, California

Print Name _____ Signed _____

Phone _____

[illegible]

Jianna Galit

From: Jianna Galit
Sent: Friday, January 11, 2013 10:39 AM
To: centralroiunit@kp.org
Subject: SU240224-02 records request

To Whom It May Concern,

Please provide status of authorization request for medical records. The Mr # is : 3 and the patient name is Juan Manuel Cintora, DOB 10/09/1953. Thank you.

Jianna

Jianna Galit
Titan Legal Services, Inc.
Expeditor

800 441 4107
310 464 8654 - Fax

jgalit@titanlegalservices.com
19700 S. Vermont Avenue, Suite 250
Torrance, CA 90502

www.titanlegalservices.com

This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to which they are addressed. This communication may contain material protected by the attorney-client privilege. If you are not the intended recipient or the person responsible for delivering the e-mail to the intended recipient, be advised that you have received this e-mail in error and that any use, dissemination, forwarding, printing or copying of this email is strictly prohibited. If you have received this e-mail, please immediately notify Jim Ayer by telephone at (310) 464-8655. You will be reimbursed for reasonable costs incurred in notifying us.

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FILED
SUPERIOR COURT
COUNTY OF SAN BERNARDINO
RANCHO CUCAMONGA DISTRICT
APR 24 2013

BY *Y. Benavides*
KARIM BENAVIDES, *SECURITY*

STATE OF CALIFORNIA
IN BERNARDINO
CASE NO. CIVRS130
Office of Hearing on Petitions
Access to Medical Records
(section 1158)

CASE NO.

Judge

CIVR01302904

**Notice of Hearing on Petition to Enforce
Access to Medical Records (Evidence
Code section 1158)**

Respondent

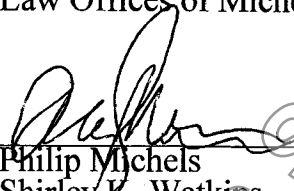
PLEASE TAKE NOTICE that on 6/21/13, at 8:30 a.m. or as soon thereafter as the matter may be heard, in Department RB, of the Superior Court located at _____, the Court will call for hearing the Petitioner's Petition to Enforce Access to Medical Records, and the petitioner will seek an order to enforce that access, to the medical records of Juan Cintora in the possession, custody and control of the respondent, in accordance with the provisions of Evidence Code section 1158.

This petition will be based upon this notice, the Petition to Enforce Access to Medical Records (Evidence Code section 1158); Declaration of R. Sanchez in Support; Declaration of

1 Dr. B. Davis in Support; Declaration of J. Galit in Support; Declaration of K. Agustin in
2 Support; Declaration of R. Abeto in Support; Declaration of S. B. Stevens in Support;
3 Memorandum of Points and Authorities; the entire clerk's record and file in this matter, and
4 upon such oral and documentary evidence and argument as may be permitted at the time of the
5 hearing of this petition.

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7 Respectfully submitted,

8 Law Offices of Michels & Watkins

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11 Philip Michels
12 Shirley K. Watkins
13 Steven B. Stevens, Of Counsel to the Firm
14 Counsel for Petitioner
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ATTORNEY (Name, State Bar number, and address): STEVEN B. STEVENS, ESQ. (Bar No. 106907) Michels & Watkins 11755 Wilshire Boulevard, Suite 1300 Los Angeles, CA 90025 TELEPHONE NO.: 310-444-1200 FAX NO. (Optional): 310-444-1211 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		FOR COURT USE ONLY FILED SUPERIOR COURT COUNTY OF SAN BERNARDINO RANCHO CUCAMONGA DISTRICT APR 29 2013 BY <u>L. Kimm</u> LORRAINE KIHM, DEPUTY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 8303 Haven Avenue MAILING ADDRESS: CITY AND ZIP CODE: Rancho Cucamonga, CA 91730 BRANCH NAME: Rancho Cucamonga		CASE NUMBER: CIVRS1302904
PLAINTIFF/PETITIONER: Rosa Sanchez, as guardian ad litem for Juan Cintora, an incapacitated DEFENDANT/RESPONDENT: Kaiser Foundation Hospitals,		
APPLICATION AND ORDER FOR APPOINTMENT OF GUARDIAN AD LITEM—CIVIL <input type="checkbox"/> EX PARTE		
NOTE: This form is for use in civil proceedings in which a party is a minor, an incapacitated person, or a person for whom a conservator has been appointed. A party who seeks the appointment of a guardian ad litem in a family law or juvenile proceeding should use form FL-935. A party who seeks the appointment of a guardian ad litem in a probate proceeding should use form DE-350/GC-100. An individual cannot act as a guardian ad litem unless he or she is represented by an attorney or is an attorney.		

1. Applicant (name): ROSA SANCHEZ is
- a. ☐ the parent of (name):
- b. ☐ the guardian of (name):
- c. ☐ the conservator of (name):
- d. ☐ a party to the suit.
- e. ☐ the minor to be represented (if the minor is 14 years of age or older).
- f. ☒ another interested person (specify capacity): wife
2. This application seeks the appointment of the following person as guardian ad litem (state name, address, and telephone number):
 Sra. Rosa Sanchez
 366 E. 228th Street
 Carson, CA, 90745
 (424) 224-2964
3. The guardian ad litem is to represent the interests of the following person (state name, address, and telephone number):
4. The person to be represented is:
- a. ☐ a minor (date of birth):
- b. ☒ an incompetent person.
- c. ☐ a person for whom a conservator has been appointed.
5. The court should appoint a guardian ad litem because:
- a. ☒ the person named in item 3 has a cause or causes of action on which suit should be brought (describe):
 Medical malpractice action.

☐ Continued on Attachment 5a.

PLAINTIFF/PETITIONER: Rosa Sanchez, as guardian ad litem for Juan Cintora, an incapacitated DEFENDANT/RESPONDENT: Kaiser Foundation Hospitals,	CASE NUMBER:
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5. b. ☐ more than 10 days have elapsed since the summons in the above-entitled matter was served on the person named in item 3, and no application for the appointment of a guardian ad litem has been made by the person identified in item 3 or any other person.
- c. ☐ the person named in item 3 has no guardian or conservator of his or her estate.
- d. ☐ the appointment of a guardian ad litem is necessary for the following reasons (*specify*):

☐ Continued on Attachment 5d.

6. The proposed guardian ad litem's relationship to the person he or she will be representing is:

- a. ☒ related (*state relationship*): wife
- b. ☐ not related (*specify capacity*):

7. The proposed guardian ad litem is fully competent and qualified to understand and protect the rights of the person he or she will represent and has no interests adverse to the interests of that person. (*If there are any issues of competency or qualification or any possible adverse interests, describe and explain why the proposed guardian should nevertheless be appointed*):

☐ Continued on Attachment 7.

STEVEN B. STEVENS

(TYPE OR PRINT NAME)



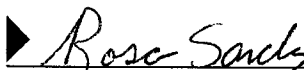
(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 4-17-13

ROSA SANCHEZ

(TYPE OR PRINT NAME)



(SIGNATURE OF APPLICANT)


CONSENT TO ACT AS GUARDIAN AD LITEM

I consent to the appointment as guardian ad litem under the above petition.

Date: 4-17-13

ROSA SANCHEZ

(TYPE OR PRINT NAME)



(SIGNATURE OF PROPOSED GUARDIAN AD LITEM)

ORDER ☐ EX PARTE

THE COURT FINDS that it is reasonable and necessary to appoint a guardian ad litem for the person named in item 3 of the application, as requested.

THE COURT ORDERS that (*name*): ROSA SANCHEZ
is hereby appointed as the guardian ad litem for (*name*): JUAN CINTORA
for the reasons set forth in item 5 of the application.

Date:

4-29-17



JUDICIAL OFFICER

GILBERT G. OCHOA

☐ SIGNATURE FOLLOWS LAST ATTACHMENT