

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

United States Courts
Southern District of Texas
FILED

JUL 17 2025

In re:)
TEHUM CARE SERVICES, INC.,) Chapter 11
Debtor) Case No 23-90086 (CML)

Nathan Ochsner, Clerk of Court

PROOF OF SERVICE

I certify that I mailed by US Postal Service, one original printing of the
Holder/Creditor, Euril B Nobles #191533, pleadings of:

- (a). Cover letter to Claims Administrator regarding Trust Claim Submission form for Tehum Care Services, Inc., Personal Injury Trust, Dated: July 7, 2025, 3 pages total;
- (b). Tehum Care Services, Inc. Personal Injury Trust Expedited Distribution Trust Claim Submission Form, 8 pages total;
- (c). 2023 Proof of Service and Proof of Claim, pages total;
- (d). Michigan Department of Corrections Biographical Information Sheet, 2 pages total;
- (e). Letter to the Clerk of the Court, for the United States Bankruptcy Court, requesting a Registry of Actions, dated: June 18, 2025, 1 page total; and
- (f). Letter to Attorney Michael W. Zimmerman, regarding my ability to file my claim and to have access to the Court;

to: **Tehum Care Services Settlement**
P.O. Box 89
Wilmington DE 19899
Atten: Claims Administrator
Attorneys of Record

Clerk of the Court
UNITED STATES BANKRUPTCY COURT
David J. Bradley, Bankruptcy Court
Bob Casey U.S. Courthouse
515 Rusk (zip: 77002-2603)
P.O. Box 61010
Houston, TX 77208-1010



BERRY | RIDDELL LLC
6750 E Camelback Rd., Suite 100
Scottsdale, AZ 85251
Phone: (480) 385-2727
berryriddell.com
Atten: Michael W Zimmerman
Attorney
mz@berryriddell.com
Phone: (480) 682-3914

DECLARATION

Pursuant to 28 USC § 1746, I declare under penalty of perjury that the above is true to the best of my knowledge, information and belief.

Respectfully submitted,

Date: 7-7-2025



Euril Bradgor Nobles #191533
Holder/Creditor in Pro Se
Kinross Correctional Facility
4533 W Industrial Park Drive
Kincheloe, MI 49788

THESE PLEADINGS WERE MAILED PURSUANT TO THE MAIL BOX RULE.

Euril B. Nobles #191533
Kinross Correctional Facility
4533 W Industrial Park Drive
Kincheloe, MI 49788

Office of the Court Clerk
UNITED STATES BANKRUPTCY COURT
David J. Bradley, Bankruptcy Court
Bob Casey U S Courthouse
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P O Box 61010
Houston, TX 77208-1010

Date: 7-7-2025

United States Courts
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Nathan Ochsenr. Clerk of Court

RE: In re TEHUM CARE SERVICES, INC.
Debtor
Chapter 11
Case No. 23-90086 (CML)
Christopher Lopez, Judge

SUB: TRUST CLAIM SUBMISSION FORM FOR
TEHUM CARE SERVICES, INC. PERSONAL INJURY TRUST


Dear Clerk:

Enclosed, please find for filing with this Court:

- (a) Proof of Service, 2 pages total;
- (b). Cover letter to Claims Administrator regarding Trust Claim Submission form for Tehum Care Services, Inc., Personal Injury Trust, Dated: July 7, 2025, 3 pages total;
- (c). Tehum Care Services, Inc. Personal Injury Trust Expedited Distribution Trust Claim Submission Form, 8 pages total;
- (d). 2023 Proof of Service and Proof of Claim, 4 pages total;
- (e). Michigan Department of Corrections Biographical Information Sheet, 2 pages total;
- (f) Letter to the Clerk of the Court, for the United States Bankruptcy Court, requesting a Registry of Actions, dated: June 18, 2025, 1 page total; and
- (g). Letter to Attorney Michael W. Zimmerman, regarding my ability to file my claim and to have access to the Court, 2 pages total;

In closing, thank you for your time and assistance in this matter.

Respectfully submitted,


Euril Bradgor Nobles #191533

CC: ebn/file

Euril Bradgor Nobles #191533
Kinross Correctional Facility
4533 W Industrial Park Drive
Kincheloe, MI 49788

Tehum Care Services Settlement
P.O. Box 89
Wilmington DE 19899

Date: 7-7-2025

Atten: Claims Administrator/
Attorneys of Record

RE: In re TEHUM CARE SERVICES, INC.
Debtor
Chapter 11
Case No. 23-90086 (CML)
Christopher Lopez, Judge

SUB: TRUST CLAIM SUBMISSION FORM FOR
TEHUM CARE SERVICES, INC. PERSONAL INJURY TRUST

To whom this may concern:

I am writing you in an attempt to comply with the rules of the Tehum Personal Injury Settlement Agreement (the "Trust").

Enclosed, please find the following for filing in this matter:

(a). A true copy of the Expedited Distribution Trust Claim Submission Form, filled out to the best of my ability and understanding;

(b). My original true copy of my **Proof of Service** and **Proof of Claim**, were stolen from me at the time I was transferred from the E.C. Brooks Correctional Facility, to this facility, Kinross Correctional Facility, on November 7, 2024. However, a duplicate of both, **Proof of Service** and **Proof of Claim**, are included herein;

(c). A true copy of the Michigan Department of Corrections **Biographical Information Sheet**, which provides a true copy of my MDOC picture and all of my personal identification information. This will stand as a true copy of my MDOC picture Id.; and

(d). Because my original documents [**Proof of Claim, etc.**], were previously stolen, on June 18, 2025, I wrote the Clerk of the Bankruptcy Court requesting a printout of the Registry of Actions for the above captioned case, because at this point, it is the only way I can prove that I did timely filed my Proof of Claim with the Bankruptcy Court and In re Tehum Care Services, Inc. Therefore, I have included herein, a true copy of the

letter that I sent to the **Clerk of the Court**, Bankruptcy Court, requesting a printout of the Registry of Action for this case.

In July of 2023, I mailed a true copy of my Proof of Claim, to both:

In re Tehum Care Services, Inc. 129808
c/o KCC
222 N Pacific Coast Hwy., Ste. 300
El Segundo, CA 90245
Atten: President or Legal Department

Clerk of the Court
UNITED STATES BANKRUPTCY COURT
David J. Bradley, Bankruptcy Court
Bob Casey U.S. Courthouse
515 Rusk (zip: 77002-2603)
P.O. Box 61010
Houston, TX 77208-1010.

I am now currently waiting to receive the requested Registry of Action, so that I can forward it to your office at the Wilmington address.

In the alternative and unlike me, you have the ability and option, should you choose, to log on and access the Registry of Actions section of the Bankruptcy Court's website; where I am sure that you will find a listing, showing that, I did file my Proof of Claim with that Court.

As I have previously explained to the Bankruptcy Court and other party members involved in this case, the staff at this prison facility is tampering with prisoners' legal mail as it arrives or leaves this facility. The staff at this facility have been opening and withholding prisoners' legal mail unlawfully. They have been withholding our legal mail for as much as two (2) weeks, etc., causing all kinds of delay in us filing claims with various courts.

The Michigan Department of Corrections has an up-dated Policy Directive: **PD 05.03.118 section KK**, which states:

"When mail requiring special handling is received at a facility, mailroom staff shall confirm the mailing with the identified sender at a verified telephone number (e.g., Michigan Bar Journal). If confirmed, the mail shall then be processed with special handling. If the identified sender did not send the mail, an e-mail shall be sent to the identified sender confirming this information. A copy of the e-mail shall be retained with the log identified in Paragraph MM. In such cases, the mail shall not be opened, and it shall be turned over to the Inspector or other designated staff to determine whether the mail is contraband. Mailroom staff shall complete a Notice of Package/Mail Rejection (CSJ-316), however, the only allowable disposition of the mail shall be to have it destroyed or the prisoner may request a hearing. Prisoners shall not be allowed to choose to return the mail to sender or to another party. The mail shall not be destroyed until the Inspector, or other designated staff, have completed all necessary evidence handling steps. If the identified sender cannot be reached at the verified telephone number to confirm that the mail requiring special handling was sent by them, staff shall hold the mail for 15 business days. During the 15-business day period, staff shall call the verified telephone number at least twice a week (not on the same day) to try to verify that the mail was sent from the identified sender. The staff member making the call shall leave a message if the sender has an answering machine/voicemail. Staff shall also attempt to contact the identified sender via e-mail at least once a week during the 15-business day period if

their e-mail address is available. Staff shall check www.michbar.org to attempt to find the e-mail address of the identified sender. All attempts to contact the identified sender shall be documented. If the identified sender does not respond within 15-business days, mailroom staff shall return the mail to the sender." MDOC Policy Directive, PD 05 03 118(KK), page 7 of 13, effective date: 11/06/2023

MDOC staff are abusing this policy, by using only one part of this policy, the part that states: ("**legal mail is subject to a fifteen day waiting period for verification,**") to cause us prisoners to be late in filing our claims in various courts.

Because of the delays caused by prison staff withholding all prisoners' legal mail, I am compelled, in an attempt to meet the **August 8, 2025, filing deadline** in this matter, to submit my Expedited Distribution Trust Claim Submission Form and Proof of Claim today, without the requested Registry of Actions

When and if, I receive the requested Registry of Actions from the Bankruptcy Court, I will forward it to your office, regarding these matters. I have filed all documents in this matter, under the mailbox rule.

In closing, please allow me to thank you in advance, for your time, patience, consideration and whatever assistance you may be able to offer me in this matter.

Sincerely yours,


Euril Bradgo Nobles #191533

CC: Michael W. Zimmerman, Attorney
BERRY | RIDDELL LLC
6750 E. Camelback Rd , Suite 100
Scottsdale, AZ 85251
Phone: (480) 385-2727
berryriddell.com
mz@berryriddell.com
Phone: (480) 682 3914

Clerk of the Court
UNITED STATES BANKRUPTCY COURT
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P O. Box 61010
Houston, TX 77208-1010

ebn/file.

Eunil B. Nobles

TEHUM CARE SERVICES, INC. PERSONAL INJURY TRUST

Expedited Distribution Trust Claim Submission Form

This Trust Claim Submission Form must be submitted and received by August 8, 2025. Carefully read the following instructions included with this Trust Claim Submission Form and complete all applicable questions to the extent of your knowledge or recollection. If this Trust Claim Submission Form is being completed in hard copy, please write or type clearly using blue or black ink.

The Trust Claim Submission Form must be delivered to NextClaim Solutions, the "Claims Administrator" for the Tehum Personal Injury Settlement Trust Agreement (the "Trust") by August 8, 2025 at 11:59 p.m. (ET). The Trust Claim Submission Form can be submitted by either:

- a) First class mail or courier to:

**Tehum Care Services Settlement
PO Box 89
Wilmington DE 19899**

Note: This is the exclusive address for correspondence. Do not send mail directly to the Trustee.

- b) Electronically, using the claim submission portal at:

www.tehumcareservicessettlement.com

Trust Claim Submission Forms sent by email or facsimile transmission will not be accepted.

Claimants may not be able to access supporting documentation uploaded to their Trust Claim Submission Form following claim submission. Claimants should maintain copies of supporting documentation for their records.

Capitalized terms not otherwise defined herein shall have the same meaning as provided in the Joint Chapter 11 Plan of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor filed as Dkt. # 1739, in Case No. 23-90086 in the United States Bankruptcy Court for the Southern District of Texas Houston Division.

A complete list of terms can be found on the Tehum Care Services Settlement Trust website here:
www.tehumcareservicessettlement.com

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

CONFIDENTIALITY

Documents submitted to the Trust by a PI/WD Claimant ("Trust Claim Submission") are for the sole benefit of the Trust and not third parties or defendants. Trust Claim Submissions and any documents submitted to the Trust, shall be treated as made during settlement discussions between the PI/WD Claimant and the Trust and are intended by the parties to be confidential and to be protected by all

applicable state and federal privileges, including those directly applicable to settlement discussions. The Trust will preserve the confidentiality of Trust Claim Submissions and shall disclose the contents thereof only to such persons as authorized by the PI/WD Claimant, the Order Confirming the First Modified Joint Chapter 11 Plan of Reorganization of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor, the Trust Distribution Procedures for Personal Injury Claims ("TDPs"), or in response to a valid subpoena of such materials, seeking non-privileged, non-mediation protected materials, issued by the United States Bankruptcy Court for the Southern District of Texas, or any other court of competent jurisdiction. The Trust shall on its own initiative or upon request of the PI/WD Claimant(s) take all necessary and appropriate steps to preserve all privileges. However, the Trust may disclose information, documents, or other materials reasonably necessary in the Trust's judgment to: (i) one or more consultants and professionals (including a third party claims processing firm) retained by the Trust to assist in the administration of the PI/WD Claims; and (ii) preserve, obtain, litigate, resolve, or settle insurance coverage, or pursue any other claims transferred or assigned to the Trust by a PI/WD Claimant or by operation of the Plan; provided, however, that the Trust shall take all steps reasonably feasible to preserve the further confidentiality of such information, documents, and materials.

CLAIM ELIGIBILITY

Only an Allowed Claim Amount can be paid by the Trust. To be eligible to receive compensation from the Tehum Personal Injury Settlement Trust, the following Threshold Criteria must be met:

- (1) Filed a timely Proof of Claim with the Bankruptcy Court;
- (2) Personally signed a Proof of Claim attesting to the truth of its contents under penalty of perjury, or supplements the filed Proof of Claim to provide such verification;
- (3) Filed a Proof of Claim that is complete and free of material defect and valid under applicable law; and
- (4) Have not previously had his or her Trust Claim dismissed on the merits or have received payments on his or her Trust Claim so that no recovery would be permissible under the TDP.

Note: Claimants who elected an *Expedited Distribution* are still required to submit a Trust Claim Submission Form, however they will not be required to submit proof of injury data or documentation.

CLAIMANT SUPPORT SERVICES

Additional information on completing this Trust Claim Submission Form can be found by visiting the settlement website www.tehumcareservicessettlement.com, emailing support@tehumcareservicessettlement.com, or calling (866) 372-2884 / (913) 382-2673.

The Claims Administrator and the Trustee of the Trust cannot provide legal advice.

IDENTIFYING INFORMATION

A. Identity of Claimant

Claimant's Unique Token: _____

First Name	Euril
Middle Initial	B
Last Name	Nobles
Suffix	N/A
Aliases	N/A
Social Security Number	377-80-9065
Birthdate	November 1, 1967
Gender	Male

Is the PI/WD Claimant living or deceased? ☒ Currently Living ☐ Deceased

If deceased, Claimant Date of Death: ____ / ____ / ____

Please include death certificate.

If the Claimant is living, submit one form of acceptable identification.

Current Contact Info

If PI/WD Claimant is deceased, please provide the address of the Personal Representative

Street Address	4533 W. Industrial Park Drive
Apartment/Suite	Kinross Correctional Facility
City	Kincheloe
State	Michigan
Zip Code	49788
Country	United States of America
Email Address*	N/A
Best phone number	N/A
Alternative phone number:	N/A

*Only provide an email address that is currently accessible for the Claimant or Personal Representative for deceased Claimants

If PI/WD Claimant is currently incarcerated, please provide the name of the facility:

Kinross Correctional Facility

If the PI/WD Claimant is incarcerated, provide the Claimant's prison identification number (if known):

#191533

B. Attorney

If the PI/WD Claimant is represented by counsel, please provide the following information:

Law Firm Name	N/A
Attorney's Name	
Street Address	
Suite	
City	
State	
Zip Code	
Country	
Email Address	
Phone number	
Fax Number	

If you are not represented by an attorney, please indicate how you would like to receive correspondence (check the appropriate boxes):

☐ Email ☒ ~~XXX~~ US Mail ☐ Telephone

C. Personal Representative

Would you like to designate another individual with whom we can discuss your claim? If yes, please:

- Complete Personal Representative fields below
- Submit relevant legal documentation (Power of Attorney)
- Submit one form of acceptable identification for the Personal Representative

If a Personal Representative is submitting on behalf of a **deceased** PI/WD Claimant, please:

- Complete Personal Representative fields below
- Submit Claimant's death certificate
- Submit relevant legal documentation (Certificate of Official Capacity, Letters Testamentary)
- Submit one form of acceptable identification for the Personal Representative

If Personal Representative is submitting on behalf of an **incapacitated** PI/WD Claimant, please:

- Complete Personal Representative fields below
- Submit relevant legal documentation (Power of Attorney, Living Will)
- Submit one form of acceptable identification for the Personal Representative

Personal Representative Information

First Name	N/A
Middle Initial	
Last Name	
Suffix	

Aliases	
Social Security Number	
Birthdate	
Street Address	
Apartment / Suite	
City	
State	
Zip Code	
Country	
Email Address*	
Best phone number	
Alternative phone number:	

*Only provide an email address that is currently accessible for the Claimant's Personal Representative

CLAIM PROCESS

You selected your claim process option when submitting your ballot. You elected to receive an Expedited Distribution.

Expedited Distribution. A PI/WD Claimant with an Allowed Claim may elect to receive an Expedited Distribution of \$5,000. A PI/WD Claimant who elects to receive the Expedited Distribution shall have no other remedies with respect to his or her Allowed Claim against the Trust and will not be eligible to receive any further distributions from the Trust. The Expedited Distribution amount may be reduced if the PI/WD Claimant with an Allowed Claim has outstanding governmental lien liability.

Important: The election by a PI/WD Claimant to receive an Expedited Distribution on his or her Claim Ballot is controlling, and that such election cannot be modified through the Trust Claim Submission. The Expedited Distribution amount may be reduced if the PI/WD Claimant with an Allowed Claim has outstanding governmental lien liability.

LIEN RESOLUTION

Health Insurance Questionnaire

Federal and state laws, plus nearly all health insurance contracts require that we check with your health insurers for any "liens" they might have relating to your injur(y)(ies). We are committed to resolving these liens and maximizing your settlement take-home while also protecting your future medical benefits. Please provide the requested information so that we can contact any of those health insurance companies.

Injured Person's Name (as it appears on your insurance card(s))	I am a MDOC prisoner. I am not allowed access to this information.
Insured Person's Date of Birth	
Street Address	
Apartment / Suite	
City	
State	

Zip Code	
Country	

In this section, please list any relevant Medicare and/or Medicaid coverage since your date of injury. Attach additional pages if necessary.

Medicare	Medicare #	
Medicaid	Medicaid #	
	Medicaid Provider	
	Medicaid State	
Other Medicaid (if applicable)	Medicaid #	
	List all States where you have lived since your injury	Michigan

I hereby acknowledge that I am solely and ultimately responsible for the satisfaction and discharge of all liens. A lien is legal claim or charge assets to secure payment or a debt or obligation ("Lien"). I shall use my best efforts to resolve all known Liens.

Notwithstanding my responsibilities to resolve all known Liens, I hereby authorize the Claims Administrator to act as the Lien Resolution Administrator to resolve all Medicare Program liens, Medicaid Program liens, and Medicare Part C Program liens, as set forth in the definition of Lien Resolution Administrator above. The Lien Resolution Administrator shall use best efforts to resolve the Medicare Program liens, Medicaid Program liens, and Medicare Part C or Part D Program liens on my behalf.

In further consideration of the payment from the Trust, I do hereby release, forever discharge, hold harmless, and covenant not to sue the Claims Administrator, its members, managers, agents or employees, and the Trustee, its agents, attorneys, or employees (the "Released Parties") from all claims arising from, relating to, resulting from or in any way connected to, in whole or in part, any act, or failure to act, of the Lien Resolution Administrator. I covenant and agree that I will honor the release as set forth in the preceding sentence and, further, that I will not (i) institute a lawsuit or other action based upon, arising out of, or relating to any Claim released hereby, (ii) participate, assist, or cooperate in any such action, or (iii) encourage, assist and/or solicit any third party to institute any such action.

I hereby acknowledge and agree that to the extent my information is incorrect or incomplete to any substantial degree, after reasonable diligence by the Lien Resolution Administrator, which results in the Lien Resolution Administrator being unable to properly verify coverage or identify Liens for which the Lien Resolution Administrator is responsible, then the Lien Resolution Administrator shall have no further responsibility for such unknown/unresolved Liens.

I acknowledge that the Trust and the Released Parties are not providing any tax advice with respect to the receipt of the payment from the Trust or any component thereof, and I understand and agree that I shall be solely responsible for compliance with all tax laws with respect to all Trust payments, to the extent applicable.

Claimant or Legal Representative Printed Name:

Euril Bradgor Nobles

Claimant or Legal Representative Signature:

Euril Bradgor Nobles

Date:

7-7-2025

LITIGATION

Was a claim filed against *Tehum Care Services, Inc / Corizon Health Services Inc.* in the tort system before February 13, 2023?

☒ Yes☐ NoState where initially filed MichiganCourt where initially filed UNITED STATES DISTRICT COURT, FOR THE WESTERN DISTRICT OF MICHIGANCase number 1:21-cv-199Complaint Filing date 2/22/2021

Liquidated Judgments

- Before the Effective Date 03/31/2025, was your PI/WD Claim liquidated by judgment of a court of competent jurisdiction? ☐ Yes ☒ No
 - was the judgment reversed or vacated on appeal? ☐ Yes ☒ No
 - is the judgment secured by a bond or other collateral which allows it to be satisfied by a source other than the Trust? ☐ Yes ☐ No
 - did the PI/WD Claimant elect to be treated as an Opt-Out Insured PI/WD Claim under the Plan? ☐ Yes ☒ No
 - what was the date of the liquidated judgment? _____
 - what was the amount of the liquidated judgment? _____
 - Has any amount of the liquidated judgment been paid? ☐ Yes ☒ No
 - If so, how much has been paid? _____
- Please include documentation regarding any liquidated judgments.

Was the PI/WD Claim previously dismissed?

☐ Yes☒ No

If YES, provide dismissal date _____

If a PI/WD Claim was not filed in the tort system against *Tehum Care Services, Inc / Corizon Health Inc. Services* before the Petition Date:

Which state/jurisdiction would the PI/WD Claimant have elected to file suit against *Tehum Care Services, Inc / Corizon Health Services Inc.*? N/A

SIGNATURE

To be valid, this Trust Claim Submission Form must be signed by the PI/WD Claimant. If the PI/WD Claimant is deceased or incapacitated, this form must be signed by the PI/WD Claimant's representative or the attorney for the PI/WD Claimant's estate. If the PI/WD Claimant is a minor, the form must be signed by the PI/WD Claimant's parent or legal guardian, or the PI/WD Claimant's attorney. (Any form signed by a representative or legal guardian must attach documentation establishing such person's authority to sign this form for the PI/WD Claimant.)

Penalty for presenting a fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

Check the appropriate box:

☒ I am the PI/WD Claimant

☐ I am the PI/WD Claimant's Personal Representative

☐ I am the PI/WD Claimant's Attorney

I have examined the information in this Trust Claim Submission Form and have a reasonable belief that the information is true and correct.

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

Date: 7-7-2025

Signature: Euril Bradgor Nobles

Print Name: Euril Bradgor Nobles

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

In re:

TEHUM CARE SERVICES, INC.,

Debtor.

) Chapter 11

) Case No. 23-90086 (CML)

PROOF OF SERVICE

On July _____, 2023, Euril Bradgor Nobles, [creditor], mailed by first class mail upon,

In re Tehum Care Services, Inc. 129808
c/o KCC
222 N. Pacific Coast Hwy. Ste. 300
El Segundo, CA 90245

*** ATTEN: President or Legal Department ***


a true copy of the, Proof of Claim, dated: 6/5/23, in the above captioned case,
for the amount of \$250,000.00.

VERIFICATION

I, Euril Bradgor Nobles, pursuant to, 28 USC 1246, declare under the penalty of perjury that the above stated facts are true and correct.

Respectfully submitted by,

Dated: _____,


Euril Nobles #191533
Plaintiff In Pro Se
E.C. Brooks Correctional Facility
2500 S Sheridan Dr.
Muskegon Heights, Michigan 49444

Your claim can be filed electronically on KCC's website at <https://epoc.kccllc.net/Tehum>.

ID: 25840323

PIN: kDv9HsSZ

Fill in this information to identify the case:

Debtor Tehum Care Services, Inc.
 United States Bankruptcy Court for the Southern District of Texas
 Case number 23-90086

**Official Form 410
Proof of Claim**

04/22

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies or any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed.

Part 1: Identify the Claim

NameID: 15193389

1. Who is the current creditor?	<u>Euril Nobles</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Euril Nobles</u> <u>Euril Nobles #191533</u> <u>Earnest C. Brooks Correctional Facility</u> <u>2500 S. Sheridan Drive</u> <u>Muskegon Heights, MI 49444</u> Address _____ Contact phone _____ Contact email _____ Uniform claim identifier for electronic payments in chapter 13 (if you use one): _____	Where should payments to the creditor be sent? (if different) Name _____ Number _____ Street _____ City _____ State _____ ZIP Code ¹ _____ Country _____ Contact phone _____ Contact email _____
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on <u>MM / DD / YYYY</u>	
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	



6. Do you have any number you use to identify the debtor?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: _____

7. How much is the claim?

\$ 250,000.00

Does this amount include interest or other charges?

No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

Personal Injury

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ **Real estate:** If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe:

Basis for perfection:

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property:

\$_____

Amount of the claim that is secured:

\$_____

Amount of the claim that is unsecured: \$_____ (The sum of the secured and unsecured amount should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed)_____%

☐ Fixed

Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition.

5 _____

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: _____



12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

☒ No

☐ Yes. Check all that apply:

Amount entitled to priority

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

\$ _____

☐ Up to \$3,350* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

\$ _____

☐ Wages, salaries, or commissions (up to \$15,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

\$ _____

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

\$ _____

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

\$ _____

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

\$ _____

* Amounts are subject to adjustment on 4/01/25 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☒ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgement that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have reasonable belief that the information is true and correct.

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

Executed on date 6/5/23
MM / DD / YYYY

E. C. Brooks Nobles
Signature

Print the name of the person who is completing and signing this claim:

Name Euril Bradgor Nobles #191533
First name Middle name Last name

Title _____

Company

Earnest C. Brooks Correctional Facility

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

2500 S. Sheridan Drive

Number Street State ZIP Code Country
Muskegon Heights, MI 49444, USA
City State ZIP Code Country

Contact phone _____

Email _____





MDOC
Department of Corrections

MICHIGAN.GOV

Michigan's
Official
Web Site

[Michigan.gov Home](#)

[Contact MDOC](#)

[OTIS Help](#)

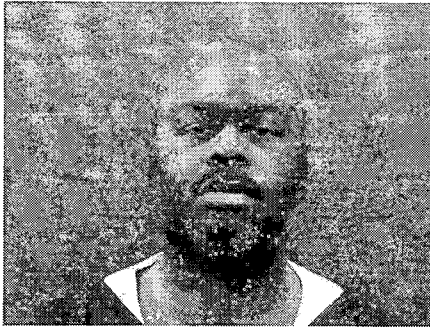
[MDOC's Most Wanted](#)

[Glossary](#)

[Disclaimer](#)

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BIOGRAPHICAL INFORMATION



MDOC Number:
191533

SID Number:
1405395M

Name:
EURIL NOBLES

Racial Identification:
Black

Gender:
Male

Hair:
Brown

Eyes:
Brown

Height:
5' 11"

Weight:
224 lbs.

Date of Birth:
11/01/1967 (57)

EURIL NOBLES

Image Date:
4/17/2023

MDOC STATUS

Current Status:
Prisoner

Earliest Release Date:
LIFE

Assigned Location:
Kinross Correctional Facility

Maximum Discharge Date:
LIFE

Security Level:
II

ALIASES

None

MARKS, SCARS & TATTOOS

Scar- Left Bicep - scar, left bicep.

PRISON SENTENCES

ACTIVE

Sentence 1

Offense:
Murder, First Degree

Minimum Sentence:
LIFE

MCL#:
750.316

Maximum Sentence:
LIFE

Court File#:
87 5239

Date of Offense:

County:
Wayne

Date of Sentence:
01/05/1988

Conviction Type:
Jury

Sentence 2

Offense:
Weapons - Felony Firearms

Minimum Sentence:
2 years 0 months 0 days

MCL#:
750.227BA

Maximum Sentence:
2 years 0 months

Court File#:
87 5239

Date of Offense:
05/31/1987

County:
Wayne

Date of Sentence:
01/05/1988

Conviction Type:
Jury

INACTIVE

None

PROBATION SENTENCES

ACTIVE

None

INACTIVE

None

SUPERVISION CONDITIONS

None

Euril B Nobles #191533
Kinross Correctional Facility
4533 W Industrial Park Drive
Kincheloe, MI 49788

Office of the Court Clerk
UNITED STATES BANKRUPTCY COURT
David J Bradley, Bankruptcy Court
Bob Casey U S Courthouse
515 Rusk (zip: 77002-2603)
P O Box 61010
Houston, TX 77208-1010

June 18, 2025

RE In re TEHUM CARE SERVICES, INC
Debtor
Chapter 11
Case No 23-90086 (CML)
Christopher Lopez Judge

SUB: REQUEST FOR REGISTRY OF ACTIONS

Dear Clerk:

I am writing you because I have been requested to prove that I did file my Proof of Claim with this Court, regarding the above captioned case. In order to prove that my Proof of Claim has been filed in this Court, I need a print out of the Registry of Actions.

I mailed an original printout of my Proof of Claim in this matter, to this Court on June 5, 2023. Therefore, my Proof of Claim in this matter, should have been received and filed in this Court, during that time period.

I am requesting that you please expedite me, as soon as possible, a print out the Registry of Actions for the above captioned case, which shows when this Court received and filed my Proof of Claim in this matter.

In closing, please allow me to thank you in advance, for your time and assistance in this matter.

Respectfully submitted

Date

6-18-2025


Euril Bradgor Nobles #191533

Euril Bradgor Nobles #191533
Kinross Correctional Facility
4533 W Industrial Park Drive
Kincheloe, MI 49788

BERRY | RIDDELL LLC
6750 E. Camelback Rd , Suite 100
Scottsdale, AZ 85251

Atten: Michael W. Zimmerman/
Attorney

RE: In re TEHUM CARE SERVICES, INC
Debtor
Chapter 11
Case No. 23-90086 (CML)
Christopher Lopez, Judge

SUB: TRUST CLAIM SUBMISSION FORM FOR
TEHUM CARE SERVICES, INC. PERSONAL INJURY TRUST

Mr Zimmerman, Sir:

I am writing to you for two reasons: (a) to provide you with a copy of everything that I am submitting in support of my Expedited Personal Injury Claim; (b) to also inform you of my concerns, that my access to you, the Bankruptcy Court and the Claims Administrator in this matter, may be impeded.

I have these concerns, because, I have written to the Bankruptcy Court for a Registry of Actions and have not heard anything from that Court. It was the same with everything that I have sent to the Court. I never have received any kind of response from that Court.

It is also the same with all of the correspondence that I have sent to you. I never got any kind of a response from you.

For these reasons, I am greatly concerned as to whether any of my correspondence has reached any of the destinations that I have been sending them to.

I have good reason to feel this way, considering, that the prison staff here, are mishandling and interfering with prisoners' legal mail as it arrives or leaves this facility.

I have filed grievances at this facility about how the staff here has mishandled my legal mail. Outside of that, I do not know what I have to do to protect my claim in this matter. I do not know what you can do or are allowed to do in this matter. At the very least, I hope that you can ensure that I do

not loose my claim

In closing, please allow me to thank you in advance, for your time, patience, consideration and whatever assistance you may be able to offer me in this matter.

Sincerely yours,

7-7-2025



Euril Bradgor Nobles #191533

CC: Tehum Care Services Settlement
P O Box 89
Wilmington DE 19899

Atten: Claims Administrator
Attorneys of Record

Clerk of the Court
UNITED STATES BANKRUPTCY COURT
David J. Bradley, Bankruptcy Court
Bob Casey U.S. Courthouse
515 Rusk (zip: 77002-2603)
P.O. Box 61010
Houston, TX 77208-1010

ebn/file

Euril Bradgor Nobles #191533
Kinross Correctional Facility
4533 W. Industrial Park Drive
Kincheloe, MI 49788

United States Courts
Southern District of Texas
FILED

JUL 17 2025

Nathan Ochener, Clerk of Court

Office of the Court Clerk
UNITED STATES BANKRUPTCY COURT
Bob Casey Courthouse
515 Rusk (zip: 77002-2603)
P.O. Box 61010
Houston, TX 77208-1010

LEGAL MAIL

LEGAL