Docket #2422 Date Filed: 08/26/2025
Southern District of Texas
FILED
AUG 26 2025

U.S. Bankruptcy Court
Southern District Of Texas
Houston Division

In Re Tehum Care Services, Inc.,
Debtor

Case No. 23-90086
Chapter: 11

Verified Motion For Order Granting Out Of Time Trust Claim Submission Form Filing Due To Prison Officials Intentional Obstructions And Request For Zoom Evidentiary Hearing To Impose Criminal Contempt of Court & Other Serious Sanctions

Now Before This Court comes the pro se Claimant Patrick C. Lynn respectfully motioning the Court as styled above & pursuant to the All Writs Act/28 USCS §1651(a), and such other authorities at the Court's discretion & duty to prevent an ongoing compounded manifest injustice perversely practiced against Claimant who is the intended victim suffering irreparable actionable injuries.

And pursuant to 28 USCS §1746, Claimant declares under the penalty of perjury that the following is true & correct:

1.) Documents #30-1 & #30-2 filed in the above captioned cause show he is a valid claimant by virtue of suing the defendant Corizon in U.S. District Court of Kansas, Lynn v. Willnaver, etal./Case No. 19-CV-3117-HLT. See also 10th Cir. reversal on 8-12-20 in same case.

2.) That on 11-21-23, Claimant was transferred from the ICU @ the Hutchinson Regional Medical Center directly to LCF, & on 12-2-23 he discovered that corrupt LCF Property Room Staff (CSI Shaw & CO2 Gable) had maliciously destroyed & decimated all of Claimant's personal & legal property w/devastating & irreparably injurous effect to this & other pending cases; & was transferred back to EDCF on 3-18-24; & on 4-29-25 Claimant was transferred to WCF for 4 days & returned back to EDCF on 5-2-25 & placed into segregation; Claimant was tranferred back to LCF on 7-14-25 & discovered on 7-21-25 that CSI Shaw & another corrupt coworker yet again decimated Claimant's legal & personal property w/ corrupt impunity again.

3.) Claimant's legal documents in this case are so decimated that its taken several weeks just to find the settlement claim form herewith & as seen by Exhibit B, he was given del

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contacting the the Settlement Claims Administrator's staff via the toll free phone number cited in documents provided him by the Berry-Riddell law firm & Michael Zimmerman (Exhibit's # C & D attached), and prison officials (acting Warden Gloria Geither, Deputy Warden Nick Ball, Major Dan East, KDOC EAI Director Doug Woods, LCF EAI Special Agent Daniel Bryan, LCF Classif. Supervisor Dani Wagner, LCF UTM Andrew Parks, U/T Christian Besheers, LCF Librarian Johnnie Stiffin, & LCF prison staff Atty. Victoria Waters) each, actively & maliciously w/intent to criminally obstruct & interfere w/the administration of justice, refused to efile/transmit electronically this Claimant's Settlement Form (Exhibit A) to the instructed Tehum settlement claims website.

4.) Furthermore, as seen by Exhibit #B attached, LCF prison staff atty. Waters issued a stupendous response thereon dated 8-7-25, which in fact blatantly defies her job duties (see Exhibit #E at Pg. 2 attached) & violated Claimant's 1st & 14th Amendment rights, & 18 USC §§ 241, 242, 371, as well as KSA 21-5905, 21-5416, 21-6102, 21-5909 /Accord KSA 21-5105, and by any reasonable measure constitutes legal malpractice.

5.) Wherefore, by virtue of no fault of Claimant, he is the victim of prison officials intentional obstructions & denials of fundamental court access rights & is entitled to the relief he seeks & as well-established law provides for to hold these corruptly arrogant wrongdoers fully accountable & given an out-of-time exemption to the settlement claim form deadline & prays the Court to recognize that LCF prison atty. Waters could have & should have returned the Claimant's settlement form back to him on the afternoon of 8-7-25 & Claimant could have & would have then caused the document to be postmarked & mailed out on 8-7-25 or 8-8-25, but instead she consciously waited until 8-11-25 to have LCF officials deliver it to Claimant on 8-12-25 (see Exhibit #F attached).

8-13-25
Date

Respectfully Submitted,
S/ Patrick C. Lynn
Patrick C. Lynn

Certificate of Service

I, Patrick C. Lynn, certify mailing this pleading w/exhibits, by U.S. Mail, postage prepaid, to the Clerk's Ofc., U.S. Bankruptcy Court, So. Dist. of Texas - Houston Div., & to Jason Brookner - Debtor's Counsel, 1601 Elm St., Ste. 4600, Dallas, TX, 75201, and Settlement Claims Administrator Atty. Michael Zimmerman, @ 6750 Camelback Rd., Ste. 100, Scottsdale, AZ 85251, & Tehum Care Svcs. Settlement Ofc. @ P.O. Box 89, Wilmington, DE, 19899, on this 13th day of August, 2025,

S/ Patrick C. Lynn
Patrick C. Lynn, KDOC # 64377
LCF, P.O. Box 2, Lansing, KS 66043

TEHUM CARE SERVICES, INC. PERSONAL INJURY TRUST

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: deadline

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.

SECTION 1: IDENTIFYING INFORMATION

A. Identity of Claimant Claimant's Unique Token: 7VNXPFT9

First Name	Patrick
Middle Initial	C.
Last Name	Lynn
Suffix	
Aliases	N/A
Social Security Number	263-19-4038
Birthdate	5-22-56
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. Photocopy of KDOC Identification Card attached

Current Contact Info

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

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 or Personal Representative for deceased Claimants

If PI/WD Claimant is currently incarcerated, please provide the name of the facility:
Lansing Correctional Facility (LCF)
P.O. Box 2, Lansing, KS 66043

If the PI/WD Claimant is incarcerated, provide the Claimant's prison identification number (if known):
0064377

B. Attorney

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

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

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

☐Email ☒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	
Middle Initial	
Last Name	
Suffix	

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

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

SECTION 2: CLAIM PROCESS ELECTION

PI/WD Claim Process Options

A. **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 and Allowed Claim has outstanding governmental lien liability.

B. **Trust Claim Submissions.** To properly make a Trust Claim Submission, each submitting PI/WD Claimant, in addition to satisfying the Threshold Criteria for eligibility above, completing and filing the Trust Claim Submission, must also provide:
   - Medical Records: Medical records or other medical evidence that contain information sufficient to support a diagnosis or treatment of any alleged injury for which the PI/WD Claimant seeks compensation.
   - Description of Injury: A written narrative or an audio or video recording detailing the PI/WD Claimant's injury or treatment, including a timeline of such injury or treatment. This may be provided by an attorney, personal representative, or family member of the PI/WD Claimant.
   - Location and Date of Incarceration: Evidence sufficient to show that the PI/WD Claimant was incarcerated at one or more facilities which the Debtor (or its predecessor) operated and provided medical services and the approximate starting and ending dates, where applicable, of incarceration at each facility.
   - Wrongful Death: To the extent that the submission involves a PI/WD Claimant who is deceased, the decedent's death certificate or a medical record providing proof of death.

You selected your claim process option when submitting your ballot. If you did not submit a ballot, your claim will be processed as a Trust Claim Submission.

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 and Allowed Claim has outstanding governmental lien liability.

Disclaimer: All Trust Claim Submissions are subject to review. Submitting a Trust Claim Submission does not mean the PI/WD Claimant will be entitled to an Allowed Claim. Only an Allowed Claim Amount can be paid by the Trust.

SECTION 3: INJURY AND DESCRIPTION OF CARE

Please answer each of the following questions to your best ability. If you do not know or recall, please indicate as such. Please submit all supporting medical documentation when possible, including medical services provided by facilities other than *Tehum Care Services, Inc / Corizon Health Services, Inc.*

Was medical care received while incarcerated? ☒ Yes ☐ No

Please describe all personal injuries resulting from treatment:

Check Box	Injury	Specify Injury and provide relevant details
	Wrongful Death	
	Amputation *E.g. Loss of limb, loss of testicle*	
	Complete or significant loss of mobility *E.g. Paralysis of Arms & Legs, Quadriplegia, Untreated Bone Breaks*	
	Neurological and cognitive issues *E.g. Stroke, Parkinson's*	
	Cancer *E.g. Failure to treat or diagnose*	
	Organ Rupture / Failure *E.g. Colon Rupture, Renal Failure*	
	Sexual Abuse or Assault	
	Infections and immunological issues *E.g. Failure to treat resulting in fibrosis, meningitis, other*	
X	Cardiac or vascular problems *E.g. Heart attack, heart damage*	I suffered a heart attack & Nurses took a Traponin sample twice over 2 plus dzys & despite extremely high Traponin levels & Nurses wanting to call EMS to get me to hospital, Dr. Willnaurer denied their requests & I suffered for weeks & suffered heart muscle damage & reduced life expectancy therefrom & extreme pain & suffering & still traumatized. See Lynn v. Willnaurer, et al., Dkt. #43-3 → → case #19-CV-3117 & (3) 10th Cir. Rulings
X	Extreme pain and suffering	

	E.g. Untreated bowel incontinence, untreated withdrawal	
X	Pain and suffering *E.g. Untreated pain, emotional distress*	See above/preceding Pg. 6
	Digestive and abdominal issues *E.g. Untreated Crohn's Disease, hernia, enlarged prostate*	
	Sensory impairment *E.g. Complete or incomplete loss of vision, hearing*	
	Injuries and trauma *E.g. Bone break, joint injuries*	
	Other Injuries *E.g. COVID-19*	

Nature and Circumstances of Personal Injury

Please describe any severe personal injury or aggravating circumstances. Please submit any supporting documentation including medical documentation whenever possible.

Supporting documentation includes: Prison Medical Records on file in Court litigation cited above. Also Doc. #43-3/Case #19-CV-3117 D. Ct. Kan.

- All medical documentation related to injury
- Death Certificate (if applicable)
- Personal Narrative
- Family Member/2nd party Narrative
- Pre-trial statements, initial disclosure statements

Please provide the following information regarding medical services provided while incarcerated. Attach additional pages for multiple facilities:

Facility where medical services were provided	
Name of Facilities	LCF, HCF, EDCF, WCF 2019 to present & ongoing
Cities	Lansing, Hutchinson, El Dorado, Winfield
State	Kansas
Dates when medical services were provided	
Date care was initiated	Middle June 2019
Date care ended (if applicable)	Ongoing

If medical services for the injury were received from an **outside provider**, please provide the following information. Attach additional pages for multiple facilities:

	Facility where medical services were provided
Name of ~~Facility~~ Hospitals	Providence/KC-KS; St. John's/Leavenworth, KS; St. Francis/Wichita, KS.
City	
State	Kansas
Dates when medical services were provided	2019 & Ongoing
Date care was initiated	Mid-December 2019
Date care ended (if applicable)	Ongoing

Please provide a detailed description of the nature and circumstances of your injury, including injury timeline/progression, treatment, outcome, and any other relevant details. Attach additional pages if necessary.

I humbly reiterate all of my pro se sworn pleadings filed in KS D. Ct. Case #19-cv-3117 & in the 3 separate 10th Circuit Appeals & soon to be filed SCOTUS cas Note all of my legal files & materials were CRIMINALLY decimated &/or destroyed by corrupt prison officials since 2019 & ongoing in retaliation for my legal activities.

I had a Quad By-Pass Operation on 23-24... & in mid-June 2019 had a severe heart attack while confined at LCF. Prison Nurses struggled w/ Corizon Dr. Willnaver to get permission just to take troponin blood samples over several days & I was on the floor tapping out in agony. Several samples were taken & registered #16 & #35. LCF Corizon Dr. Willnaver (he had a history of inhumane abuses denying required medical care & attention...) repeatedly refused Nurses requests to call EMS to take me to local hospital & he also re-fused Nurses requests to put me in the prison infirmary. I suffered in agony for weeks thereafter & undoubtedly suffered severe heart muscle damag & a reduced life expectancy. And I am still traumatized. Please see the litigation ongoing & events in Dec. 2020 at LCF...

See also 10th Cir. ruling on 8-12-20 in Lynn v. Willnaver, et al reversing KS Chief Fed. Ct. Judge Julie Robinson.

SECTION 4: IMPACT OF PERSONAL INJURY

Please describe how PI/WD Claimant was impacted resulting from the treatment described above. Please submit any supporting documentation including medical records, counselor's treatment records, employment records, educational records, financial records, etc. Attach additional pages if necessary.

☒ Physical Health

Narrative: see above.

☒ Psychological/ Mental Health

Narrative: See above - self evident symptoms

☒ Inter-personal Relationships

Narrative: Extreme distrust of Corizon Doctors & Nurses, & fear I was maliciously targeted to cause my untimely demise, & the resulting heart muscle damage is devastating.

☐ Vocational Capacity or Success

Narrative:

SECTION 5: EXIGENT CLAIMS

PI/WD Claimants may elect to submit their claim as either an *Exigent Health Claim* or an *Exigent Hardship Claim* if they meet the criteria outlined below. An Exigent Claim will be moved to the front of the FIFO Processing Queue.

Exigent Hardship Claim

A Personal Injury Claim that is compensable hereunder, for which the Trustee, in his or her sole discretion, determines that the PI/WD Claimant needs immediate financial assistance based on the PI/WD Claimant's expenses and all sources of available income.

Exigent Health Claim

A PI/WD Claim for which the PI/WD Claimant has provided a declaration or affidavit made under penalty of perjury by a physician who has examined the PI/WD Claimant within one hundred and twenty (120) days of the declaration or affidavit in which the physician states that there is substantial medical doubt that the PI/WD Claimant will survive beyond six (6) months from the date of the declaration or affidavit.

Are you submitting an Exigent Hardship Claim?

☐Yes ☒No

Please submit any supporting documentation, including medical records, medical bills, financial records, tax records, etc.

Are you submitting an Exigent Health Claim?

☐Yes ☒No

Please submit any supporting documentation, including medical records, financial records, physician's affidavit, etc.

SECTION 6: 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))	N/A I was/am incarcerated & dont have any health insurance
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 #	Unknown & alleged believe Medicare Paid for health treatments
Medicaid	Medicaid #	
	Medicaid Provider	
	Medicaid State	
Other Medicaid (if applicable)	Medicaid #	
	List all States where you have lived since your injury	

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: Patrick C. Lynn

Claimant or Legal Representative Signature: Patrick C. Lynn

Date: 8-4-25

SECTION 7: BANKRUPTCY

Prior Bankruptcy: Does Claimant have any prior bankruptcies?

☐Yes ☒No

(If "Yes," Claimant is required to attach a copy of records)

Additional Bankruptcies: Does Claimant have any additional bankruptcies?

☐Yes ☒No

Current Bankruptcy Case: Is Claimant currently a debtor in a bankruptcy case?

☐Yes ☒No

If yes, please provide the following information:

Name of Case:	
Court	
Date Filed	
Case No.	
Chapter	☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13
Name of Trustee	

Attach additional pages if necessary.

SECTION 8: LITIGATION

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

☒Yes ☐No

State where initially filed Kansas

Court where initially filed U.S. Dist. Ct. of KS

Case number 19-CV-3117

Complaint Filing date Unknown

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? N/A
  - what was the amount of the liquidated judgment? N/A
  - 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 10th Cir. dismissed/Falsely granted defendants' claims of failing to exhaust administrative

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: And SCOTUS Appeal being file

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

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.

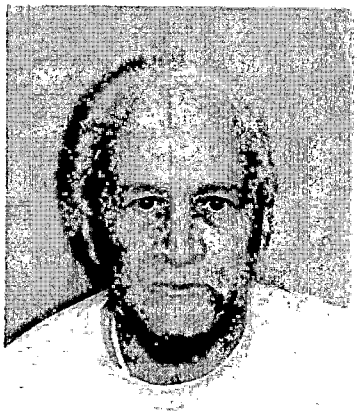
I declare under penalty of perjury that the foregoing statements are true and correct.

Date: 8-4-25

Signature: Patrick C. Lynn

Print Name: Patrick C. Lynn

KANSAS



DEPARTMENT OF CORRECTIONS

INMATE

LYNN
PATRICK

KDOC Number: **0064377**

Renal Dialysis (Increase Protien) Diet

To: Berry & Riddell Lawfirm — Michael W. Zimmerman-Atty.
From: Patrick C. Lynn - KDOC #0064377
Re: TEHUM Care Services, Inc. / Personal Injury Trust Claim.
Token #7VNXPFT9, Case #23-90086 (CML)
Date: 8-4-25

To Whom It May Concern,

I am a claimant in the above caption bankruptcy case, please see Dkt. #30-1 & #30-2.

Please be advised & notify the Court that prison officials at LCF/ where I am confined (maliciously) refuse to allow me legal calls to your 800 # to address any of the subject matters & I request you folks to contact the KDOC Chief Counsel at KDOC HQ in Topeka, KS to protest this deliberate interference w/the administration of justice in these matters. My Unit Mngr. Parks is a real [redacted] infamous for his abuses of authority & he told me the LCF Classification Supervisor/ Dani Wagner told him he cannot facilitate my telephoning you folks & these "yahoo's" need to be held in criminal contempt of court, Kindly pursue these matters on our behalf.

I thank you in advance & w/highest regards,

I am, Sincerely,

Patrick C. Lynn

Also note the LCF Staff Atty. is Victoria Waters #913-727-3235

INMATE REQUEST TO STAFF MEMBER

To: Priority Attn. Date: _____
(Name and Title of Officer or Department)

Unit Team, Detail, or Cellhouse Officer's Signature

To be retained by inmate

Exhibit #B

Pat Lynn
~~Last~~ Name ~~Only~~

Form 9
For Cellhouse Transfer
Work Assignment _____
Interview Requests

Pg. 1 of 2

KANSAS DEPARTMENT OF CORRECTIONS

64377
Number

INMATE REQUEST TO STAFF MEMBER

To: Victoria Waters - LCF Staff Atty. **Date:** 8-5-25 / Tues. 230pm
(Name and Title of Officer or Department)

State completely but briefly the problem on which you desire assistance. (Be specific.)

(1) On 7-14-25, I transferred here from EDCF; & on 7-17-25 I spoke at length w/DWO Nick Ball about actionable criminal abuses I was subjected to here between 11-21-23 & 3-18-24, & he requested I send him a Memo recapping those events to re-open & act on. On 7-21-25 I sent a 9pg. sworn Memo addressed to him & DSOC Gloria Geither, via Major Dan East & he assured me he'd deliver it to them & later that date I gave A-1 U/T Beshears an AWR for $1.00 to place in DWO Ball's mailroom box to pay for 2 copies of that Memo for 2 ltys, & the Court.
On 7-31-25 I spoke to Major East & he said the Memo was still on his desk undelivered!!! I requested he send me a copy & he said he'd send me such the next day & he still hasn't & I fear he trashed it to obstruct & interfere w/admin. of justice/KSA 21-5905, accord KSA 21-5105... I request you to please weigh in on this as I am on the verge on filing a new § 1983 suit & 1501 habeas along w/D.O.J. Complaints... I bid you & Natasha Carter/KDOC Chief Counsel to read the 9pg. Memo too & act on such.

Work Assignment: _____ Living Unit Assignment: _____
Comments: _____ Detail or C.H. Officer: _____

(2) On 7-30-25 I spoke w/EAI Director Doug Waters for nearly 45 mins & he wanted a quid pro quo for info on ongoing drug & trafficking activities at LCF as a condition to investigate/act on the criminal acts committed by LCF staff upon me & I will meet that burden... Nonetheless, I've got serious trust issues & recognize that acting on what was done to me cannot be conditioned by my complying w/his requests.

Disposition: _____

(3) See Pg. 2.

To: _____ Date: 8/7/2025
(Name & Number)

Disposition: Received 8/7/25. Unfortunately, I cannot assist you on filing as I represent KDOC/LCF. The Kansas Prisoners Legal Services may be better suited to assist you. Thank you.

Victoria J. Waters
Employee's Signature LCF Attorney.

Rec'd 8-12-25 / Tues.
PCL

To be returned to inmate.

P-0009

Pg. 2 / 8-5-25 Form 9 To LCF Staff Atty. Victoria Waters & KDOC Chief Counsel Natasha Carter

(3.) FYI, I am a claimant in the Corizon (now renamed Tehum Care Services) Bankruptcy case filed in the So. D. of Texas/Houston, see Doc.'s #30-1 & #30-2 / Case #23-90086 (CML).

I was recently instructed to complete the "Trust Claim Submission Form" (13pgs.) & have it electronically filed to the "Claim submission portal at: www.tehumcareservicessettlement.com" site & which automatically gets filed w/the Court, & there is a deadline set for such filing to be had by 8-8-25 @ 11:59pm.

I am unable to mail it to get to the Settlement Committee in Wilmington, DE in time required because your Property Room Nazi's yet again maliciously decimated all of my legal & personal property... a routine insidious event that's been done to me at LCF since 2011... Kindly consult DWO Ball & CM 2 Andrew Lucht for validation.

For past 3 wks I've repeatedly requested UTM Parks to assist me in calling the Trustee of the Trust/Claims Administrator's Toll Free 866-372-2884 ph. # & visiting the Trust's website — both this Parks character & his lackey U/T Beshears told me that they'd facilitate such & also calling the KCOA Clerk's Ofc. as I have 3 LVCO habeas cases pending in #25-128,586 & they just gave me their rote lipservice bullshit, & Parks told me today that his boss/ Dani Wagner, told he cannot do either which defies her role... she cannot give them any legal advice or issue any legal edicts." These courtesies are in fact routinely provided by other U/T's here, & at HCF, EDCF, & WCF, so, wtf eh?

And today I attempted to have my claim form electronically filed as instructed, via the law library & that corrupt cretin Stiphen librarian refused!!

Note also in Jan. or Feb. 2024 he confiscated my $1983 for Fed. Ct. copying & my LVCO "1501" & he illegally & criminally mailed out my confidential legal documents to another corrupt fellow evil pig named Stephen Kessler w/LSP's w/out my knowledge & w/out my consent & I never got them back... that's a vividly clear termination offense & multiple State/Federal criminal offenses, WTF will you & Ms. Carter do to hold these assholes accountable?

So, I request you & Ms. Carter's timely intervention & if you both refuse, I will add you both as defendants & file atty. misconduct complaints... & vigorously pursue every available option. God forgives & forgets, I do not. I enclose the documents I request a copy of this Form 9 & return of my documents w/confirmation of being timely filed electronically. I would welcome a meeting w/you & Gloria Geither to resolve this bullshit.

Word of the day · Today

of·fi·cious

[ə'fiSHəs]

adjective

assertive of authority in an annoyingly domineering way, especially with regard to petty or trivial matters:

"the security people were very officious"

W/ Kind Regards, I am,

Youbetcha,

2 of 2

Pat Lynn
A-1-114

8-8-25 Fed. Ct.
Deadline Documents
Enclosed — Please
Do Not Delay !!!

Priority
Legal Mail
8-5-25

~~Victoria Waters~~
~~LCF Staff Atty.~~

Please return to Mr. Lynn
Thank you,
LCF Attorney

Exhibit #C

KSD.Ct.#19-CV-3117-HLT
10th Cir.#23-3111
SCOTUS#

BERRY | RIDDELL LLC

6750 E. Camelback Rd., Suite 100
Scottsdale, AZ 85251
480.385.2727
berryriddell.com

mz@berryriddell.com
Direct: (480) 682-3914

Doc#30-1/Pg.2of2
Doc#30-2/Pg.6of6

Rec'd 6-3-25

Token #7VNXPFT9

May 28, 2025

LEGAL MAIL

To Whom It May Concern:

Case#23-90086 (CML)

Re: Tehum Personal Injury Settlement Trust | Introducing NextClaim Solutions, LLC Trust Claim Submissions |

As you may know, I am Trustee of the Tehum Personal Injury Settlement Trust ("Trust") that was formed as part of the Order Confirming the First Modified Joint Chapter 11 Plan of Reorganization of the Tort Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor in the Bankruptcy Court for the Southern District of Texas in Houston, Case No. 23-90086 (CML).

As Trustee of the Trust, I am implementing the Trust Distribution Procedures. I have hired NextClaim Solutions, LLC as a "Claims Administrator" to help the Trust process Trust Claim Submissions. The Claims Administrator will collect Trust Claim Submissions from personal injury and wrongful death claimants so the Trust can process those claims in accordance with the Plan.

I am working closely with the Claims Administrator to ensure Trust Claimants' claims are efficiently processed. The Claims Administrator will host the Trust's website, www.tehumcareservicessettlement.com, and it will assist me in responding in inquiries using this email address: support@tehumcareservicessettlement.com, and the toll-free telephone line, (866) 372-2884, available Monday through Friday, from 9 a.m. until 5 p.m. (EST), except on holidays.
or 913-382-2673

I am continuing to push to expedite the process as quickly and efficiently as possible in accordance with the confirmed Plan.

Thank you.

Sincerely,

BERRY RIDDELL LLC

Michael W. Zimmerman

Victoria Waters
LCF Atty.

MWZ/mz

224923-1

Exhibit #D

Tehum Personal Injury Settlement Trust

Administered by NextClaim Solutions

PO Box 89 Wilmington DE, 19899
(866) 372-2884
support@tehumcareservicessettlement.com

May 28, 2025

Patrick Lynn
Patrick Lynn #0064377
El Dorado Correctional Facility
El Dorado, KS 67042

RE: Patrick Lynn

Dear Patrick Lynn,

The Tehum Personal Injury Settlement Trust ("Trust") will begin accepting Trust Claim Submission in support of Personal Injury Claimants' Claims on **June 9, 2025.** The deadline for submitting your claim is 11:59pm EST on **August 8, 2025 (the "Trust Claim Submission Deadline").** Instructions for how and where to provide your supporting information are attached to this notice.

Please complete and submit the Trust Claim Submission form by August 8, 2025 along with documents to support your claim.

You can also access these documents on the Tehum website, www.tehumcareservicessettlement.com.

You can contact the Trust by e-mailing support@tehumcareservicessettlement.com or by calling 1-866-372-2884. The Trust website and call center are available immediately.

You can submit your supporting documentation electronically on the filing portal, www.tehumcareservicessettlement.com.

When submitting your supporting documentation electronically, you must enter your unique token and last name to gain access. Your token is provided below:

Last Name: Lynn
Token: 7VNXPFT9
Processing Option: Trust Claim Submission

If you do not have access to a computer you may submit a hardcopy of your supporting documentation by mail:

Tehum Care Services Settlement
PO Box 89
Wilmington, DE 19899

If you have any questions regarding your submission please contact the support center for assistance. You can call the support center by calling 1-913-382-2673, or toll free 1-866-372-2884.

Tehum Personal Injury Settlement Trust

Administered by NextClaim Solutions

PO Box 89 Wilmington DE, 19899
(866) 372-2884
support@tehumcareservicessettlement.com

Please note that you must meet the Threshold Eligibility criteria set forth in the Trust Distribution Procedures for Personal Injury Claims. To be eligible to potentially receive compensation from the Trust on account of a Trust Claim, each Claimant must:

1. have timely filed, or have been deemed to have timely filed, a Proof of Claim with the Bankruptcy Court;
2. have personally signed his or her Proof of Claim attesting to the truth of its contents under penalty of perjury, or supplements his or her Proof of Claim to so provide such verification;
3. have filed a Proof of Claim that is free of material defect such that the Trustee is able to determine from the Proof of Claim that Trust Claim is *prima facie* valid and is not barred by any applicable federal or state statute of limitations or repose; 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 from the Trust would be permissible under the TDP.

Please reach out to the Tehum Care Services Settlement Trust with all questions.

Thank you,

Tehum Personal Injury Settlement Trust Claims Administrator

Exhibit #E
Pg. 1 of 4

State of Kansas – Department of Corrections
(Rev. 09-17)

Position Description

Read each heading carefully before proceeding. Make statements simple, brief and complete. Be certain the form is signed. Send the original to the Human Resources Office.

CHECK AS APPROPRIATE: ■ Unclassified ☐ Classified ☐ Regular ☐ Temporary

PART I – To be completed by department head or human resources office.

1. Agency Name Lansing Correctional Facility (LCF)	**8. Position Number** K0155234
2. Division Legal Services	**9. Current Title (if existing position)** Attorney A
3. Unit/Office EDCF - Central Unit	**10. Proposed Title**
4. Name of Incumbent	**11. Working Title** Legal Counsel
5. Work Station Location (Subject to Change) City: El Dorado County: Butler	**12. Allocation**
6. Check appropriate time: ■ Full Time ☐ Part Time _____%	**13. Effective Date** / **14. FLSA Status** Exempt
7. Regular Hours of Work FROM: 7:30 ■ AM ☐ PM TO: 4:00 ☐ AM ■ PM ☐ Su ■ M ■ Tu ■ W ■ Th ■ F ☐ Sa OTHER: _____	**15. By:** / **Approved:**
For use by Human Resources Department	**16. KPERS Designation** ☐ Corrections A ☐ Corrections B ☐ Regular

PART II – To be completed by department head or human resources office or supervisor of the position.

17. Describe the mission, goal, and/or purpose of this position. Why does it exist?

The position of facility-based Legal Counsel is intended to furnish a ready, convenient resource of legal knowledge and skills coupled with an intimate knowledge of daily operations of the assigned facility in order to render timely, well-informed and helpful advice to facility staff, with a view toward furthering the operation of the facility in a manner that respects legal rights of inmates, reduces liability exposure, and also preserves management prerogatives to the maximum extent possible.

18. Who is the supervisor of this positon (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
~~Jeff Cowger~~ Natasha Carter	KDOC Chief Legal Counsel	K0041330

19a. Check the statement that best describes the leadership, supervisory or management responsibilities of this position.

☐ **None.**

☐ **Lead Worker.** Plans and coordinates the work of co-workers, guiding and training them while performing the same kind and level of work a majority of the time.

☐ **Supervisor.** Assigns, directs, reviews and evaluates the job performance; has significant input into decisions related to hires, transfers, promotions, demotions, dismissals, and discipline of employees under his or her supervision. The majority of the work is different from that of subordinates.

■ **Manager.** Integrates and coordinates the activities of several organizational functions or programs and initiates changes through subordinate supervisors or integrates and coordinates the activities of one or more programs having department-wide impact.

b. List all persons who are supervised directly by employee in this position:

Exhibit #E
Pg. 2 of 4

20. Describe the work of this position using this page or one additional page only. Also note, Essential Function Form is attached.

Use the following format for describing job duties. What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). Number each task and indicate percent of time an incumbent spends or would spend performing each task:

No.	%	Job Duties
		This legal counsel is primarily responsible for the following facilities : EDCF. OCF. On occasion may be given an assignment by the Chief Legal Counsel of an issue at a facility other than the one which the legal counsel is primarily responsible.
	40%	Renders timely, reliable, and accurate legal opinions to the Warden and staff in language and terms that are understandable to the layman. Provides advice and explanation of how the legal requirements may be applied to administrative operations. Interprets and explains applications of statutes, regulations, and court decisions as the situation requires in order to keep staff informed on current trends and requirements of law, both procedural and substantive. Prepares, analyzes and interprets in a timely and accurate manner, legally sufficient documents, instruments, and correspondence as required. Analyzes and interprets general orders. Prepares and reviews legal documents, including contracts, licenses, deeds, and conviction records. Correspondence with courts and attorneys on legal issues involving facilities of the Department or incarcerated inmates. Assists, when requested, in the preparation of materials to proposed legislation affecting KDOC.
	40%	Represents the Warden, staff, the agency and the State in civil litigations and administrative proceedings in a competent manner sufficient to obtain a result that entails the least possible loss to or intrusion into agency operations, including: filing pleadings in a timely manner; negotiating, preparing, and presenting cases; keeping all interested parties advised concerning cases status; and, preparing monthly litigation reports to the Attorney General and the Chief Legal Counsel.
	10%	Coordinates with the Chief Legal Counsel and other staff and officials throughout the Department to assure reasonable and necessary consistency and uniformity in the interpretation and application of legal principles and legal services within the correctional system.
	5%	Instructs corrections staff on issues of procedural and substantive law relating to inmate rights, Tort Claims Act, supervisory liability and criminal justice systems. Prepares and utilizes lesson plans in giving oral lectures in order to fulfill a required portion of the statutorily mandated training program for correctional staff.
	5%	Provides reasonable and accurate information and assistance to the public and other officials in the criminal justice system regarding laws related to sentencing and corrections. Facilitates a positive working relationship with the Kansas Department of Corrections, the public, and other elements of the criminal justice system. Performs other duties as directed by the Chief legal Counsel.

Exhibit #E pg. 3 of 4

21a. How much latitude is allowed the employee in completing the work? b.) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c.) State how and in what detail assignments are made:

The legal counsel, as a licensed professional, is expected and allowed to determine his/her own work schedule in order of priorities in completing assigned work. From time to time, as circumstances demand, the legal counsel may be directed to give priority to a given task and may additionally be given a deadline for completion of said task. The legal counsel is expected to coordinate closely with Chief Legal Counsel of the Department of Corrections for instructions, methods, and guidelines on specific cases or factual circumstances which call for the rendering of a legal opinion. Said instructions, methods, and guidelines are largely case-specific due to the nature of legal work, but some instructions, etc., are general in nature. These instructions, etc., are mostly oral in form, with an occasional letter or memorandum from the Chief Legal Counsel. Due to the nature of legal work, it is somewhat difficult to generalize in this area. The Chief Legal Counsel is largely responsible for making the majority of assignments to the legal counsel, subject to the needs of the facility, as perceived by the Warden. Due to the nature of legal work, any given assignment may range from a very simple task where the details are self-evident, to more complex ones, such as preparing and litigating legal actions.

22. What hazards, risks or discomforts exist on the job or in the work environment? Frequency of exposure?

The work is predominantly sedentary and requires minimal or negligible physical exertion. Direct contact is made daily with adult felons who have been convicted of all classes of felony crimes. Some of these inmates may be psychotic or hostile to any type of authority placing the incumbent in a situation of possible assault, hostage situation, subjecting him to a high level of daily stress. The incumbent may be called back to duty on days off and at night when emergency situations such as escapes, assaults of staff members or fires occur, placing restrictions on his off duty time. The incumbent is also exposed to hazards associated with occasional travel.

Attachment A, IMPP 12-139D
Effective 04-30-23

KANSAS DEPARTMENT OF CORRECTIONS
LEGAL, OFFICIAL, PRIVILEGED MAIL DELIVERY FORM

Exhibit F

SECTION A: This section is to be filled out by mail room staff (please print):

Staff Name: B. Hart Signature: B Hart Date: 8/11/2025

Resident Name: Lynn, P A1-114 KDOC Number: 64377 Athena Number: 2*34116

Sender's Name: K.D.O.C. Lansing Correctional Facility, Staff Attorney Victoria Waters

Sender's Address: P.O. Box 2 Lansing, KS 66043

SECTION B: Inspection and clearance by designated staff (please print):

Clear for processing: YES_____ NO_____

Staff Name:_____ Signature:_____ Date:/Time 8/12 7:30 am

SECTION C: To be filled out by Delivering Staff (please print):

Staff Name:_____ Rank/Position:_____

Staff Signature:_____ Date: /Time

SECTION D: Resident Acknowledgement (please print):

Please respond "Yes"or "No" to the statement below:

✓ Quality of photocopy is acceptable. ✓ I am accepting my legal, official, privileged mail.

Resident Signature: Pat Lynn Date: 8-12-25

SECTION E: To be filled out by Witnessing Staff if Resident refuses to sign Section D (please print):

Staff Name as Witness (please print):_____

Staff Signature as Witness:_____

Noted Concerns:_____

Exhibit E
Pg. 4 of 4

PART III – To be completed by department head or human resources office.

23. **List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position:**

Required Minimum Qualifications:

Certificate of admission to the Bar of the Supreme Court of Kansas or temporary permit to practice law issued by the Supreme Court of Kansas.

Preferred Skills and/or Qualifications:

Independent work experience in licensed law practice.

Possession of considerable knowledge of criminal law of conviction, sentencing, correctional incarceration, and release of prisoners, as well as the general administrative and regulatory function of state government.

Possession of considerable knowledge of the methods and practices of pleading civil and criminal cases relating to corrections.

Ability to apply effective techniques for presentation of cases in court, and the ability to analyze legal documents and instruments, to appraise and organize facts and legal principles and to present evidence or other materials in effective written and oral forms.

Necessary Special Qualifications, Licenses, Certifications, and/or Registrations:

None

Signature of Employee	Date	Signature of Human Resources Official	Date
Signature of Supervisor	Date	Signature of Agency Head or Appointing Authority	Date