

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

United States Courts
Southern District of Texas
FILED

SEP 12 2025

IN RE

TEHUM CARE SERVICES, INC.,

*

*

CASE NO.: 23-90086

Nathan Ochsner, Clerk of Court

Debtor.

*

* * * * *

**EMERGENCY MOTION TO ENFORCE AN INJUNCTION AGAINST
INTERFERENCE WITH BRUMAN ALVAREZ'S OPT-OUT RIGHTS**

I, Bruman Alvarez, *pro-se*, respectfully pray for this Honorable Court to issue an Order granting this Motion for the reasons stated below:

DECLARATION

I, Bruman Alvarez, being competent to testify, hereby declare on my personal knowledge and information as follows:

1. I am a person with interest and a holder of a Personal Injury Claim against Tehum Care Services, Inc., in *Bruman Alvarez v. Corizon Health, Inc., et al.*, 22-cv-02382-MJM (USDC D. Md).
2. My understanding from the Official Committee of Tort Claimant's recommendations was that "Holders of Opt-Out PI/WD Claims will not have their recoveries capped by the TDPs. Instead, they will have to litigate their claims on the merits and prevail in the civil justice system and then seek to collect" from insurance recoveries, "because it may present the fastest path to pursue claims in tort system."
3. Based on the above information, on December 8, 2024, Claimant Alvarez ELECTED to OPT-OUT after receiving a Ballot and an Opt-Out Release Form. I have enclosed a copy of the Ballot witnessing my signature as **Exhibit A**, included.
4. On or about August 27, 2025, I was informed that I was "restrained and enjoined from taking any action to prosecute any causes of action for the purpose of directly, indirectly, or derivatively collecting, recovering, or receiving payment, satisfaction, or recovery from any Release Party based on released Causes of Action" pursuant to a Court Order, dated



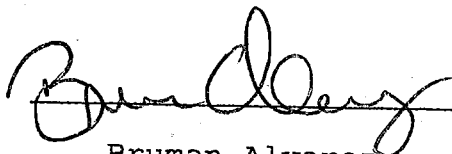
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August 7, 2025.

5. I truly believe the Debtor is interfering with Claimant's Opt-Out rights because it omitted Mr. Alvarez's election to Opt-Out and test the waters in the civil justice system to pursue insurance recoveries.

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

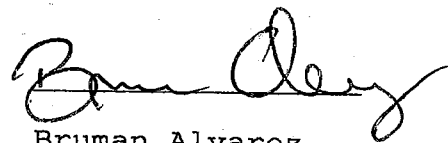
WHEREFORE, Claimant Bruman Alvarez, pray for this Court to issue an Order Granting this Emergency Motion to Enforce the Injunction Against Interference with Opt-Out Rights.


Bruman Alvarez

9-3-25
Date

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on SEPTEMBER 3, 2025, a copy of the foregoing motion was mailed first class, postage prepaid, to the Nathan Ochsner, Clerk of United States Bankruptcy Court, for the Southern District of Texas, 515 Rusk Street, Houston, TX 77002


Bruman Alvarez
WCI No. 1651300
13800 McMullen Hwy SW
Cumberland, Md 21502

Pro-se Claimant

**Claim Ballot for Class 6, Class 7, or Class 8 for
Voting on Joint Chapter 11 Plan of the Tort
Claimants' Committee, Official Committee of Unsecured Creditors, and Debtor**

Please read the instructions that accompany this Ballot before completing. Print clearly.

ITEM 1 — Claimant's Name and Address:

Bruman Alvarez

Name

Bruman Alvarez #257455
WCI
13800 McMullen Hwy SW
Cumberland, MD 21502

Address

Telephone Number

Last Four Digits of Social Security Number (U.S. claimants only)

-- -- / -- -- / 1017

ITEM 2 — Vote on the Plan:

The undersigned, as Holder of (or representative of a Holder of) a PI/WD Claim, votes (fill in ONE box only):

☒ to ACCEPT / in Favor of the Plan.

☐ to REJECT / Against the Plan.

Amount of Your Claim for voting purposes only: \$1.00.

ITEM 3 — Insurance Election

If the Plan is confirmed, the Holder of a PI/WD Claim ELECTS to:

☒ Be treated as the Holder of an Opt-Out Insured PI/WD Claim assigned to Class 8.

ITEM 4 — Expedited PI/WD Distribution.

If You have elected to seek relief from the PI/WD Trust, the Holder of a PI/WD Claim ELECTS for:

☐ an Expedited PI/WD Distribution

EXHIBIT A (page 1-5)



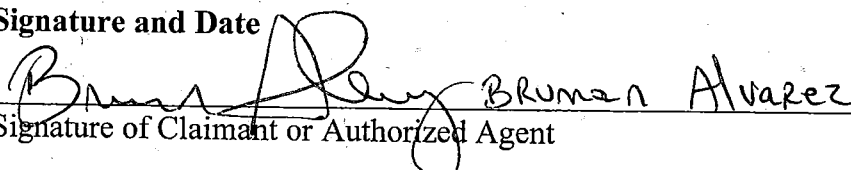
Please read the instructions that accompany this Ballot before completing. Print clearly.

ITEM 5 — Certifications, Acknowledgment, Signature and Date:

By signing this Ballot, the signatory certifies, on information and belief, that:

- (i) I have / The claimant or his / her personal representative or attorney has been provided with a copy of the Confirmation Hearing Notice, the Disclosure Statement (with the Plan attached as an exhibit), the Solicitation Procedures Order, the Solicitation Procedures, and a letter from the TCC urging Claimants to vote to ACCEPT / vote in favor of the Plan;
- (ii) I am / The claimant is the Holder of a PI/WD Claim in Class 6, Class 7, or Class 8; and
- (iii) I have full power and authority to vote to ACCEPT / in favor of or to REJECT / against the Plan on behalf of, or in my capacity as, the claimant.

Signature and Date


Signature of Claimant or Authorized Agent

12-8-24

Date

YOU MUST COMPLETE ITEM 5 IN ORDER FOR YOUR VOTE ON THE PLAN TO BE COUNTED.

DO NOT INCLUDE MEDICAL RECORDS WITH THIS BALLOT. MEDICAL RECORDS CANNOT BE RETURNED BY THE SOLICITATION AGENT.

IF THIS BALLOT IS NOT RECEIVED BY THE SOLICITATION AGENT BY FEBRUARY 21, 2025, AT 5:00 P.M. (PREVAILING CENTRAL TIME), YOUR VOTE MAY NOT BE COUNTED.



OPT-OUT RELEASE FORM

Please read the instructions that accompany this Opt-Out Release Form before completing. Print clearly.

ITEM 1 — Name and Address:

Bruman Alvarez

Name

Bruman Alvarez #257455
WCI
13800 McMullen Hwy SW
Cumberland, MD 21502

Address

Telephone Number

Last Four Digits of Social Security Number (U.S. claimants only)

-- -- / -- -- / 1017

ITEM 2 — Claim or Interest

The undersigned, as Holder of (or representative of a Holder of) a Claim, certifies that the undersigned (check all that apply):

- ☐ Holds a **Class 1 (Other Priority Claim)** against the Debtor
- ☐ Holds a **Class 2 (Other Secured Claim)** against the Debtor
- ☐ Holds a **Class 3 (Convenience Claim)** against the Debtor
- ☐ Holds a **Class 4 or Class 5 (General Unsecured Claim)** against the Debtor
- ☒ Holds a **Class 6, Class 7, or Class 8 (PI/WD Claim)** against the Debtor
- ☐ Holds a **Class 9 or Class 10 (Indirect Claim)** against the Debtor
- ☐ Holds a **Class 11 (Interest)** in the Debtor
- ☐ Holds an **Unclassified Claim** against the Debtor



Please read the instructions that accompany this Opt-Out Release Form before completing. Print clearly.

ITEM 3 — CONSENSUAL CLAIMANT RELEASE ELECTION.

BY CHECKING THIS BOX, THE UNDERSIGNED HOLDER:

- ☐ ELECTS NOT TO GRANT THE CONSENSUAL CLAIMANT RELEASE CONTAINED IN ARTICLE IX.D OF THE PLAN.
- ☒ ELECTS TO GRANT THE CONSENSUAL CLAIMANT RELEASE CONTAINED IN ARTICLE IX.D OF THE PLAN.

IN MAKING THIS ELECTION, YOU ARE HEREBY ADVISED, AND ARE URGED TO KEEP THE FOLLOWING IN MIND:

- **TO AVOID GRANTING THE CONSENSUAL CLAIMANT RELEASE AGAINST THE “RELEASED PARTIES” AS THAT TERM IS DEFINED IN THE PLAN, YOU MUST AFFIRMATIVELY CHECK THE FIRST BOX ABOVE AND INDICATE THAT YOU ARE ELECTING NOT TO GRANT THE CONSENSUAL CLAIMANT RELEASE CONTAINED IN ARTICLE IX.D OF THE PLAN.**
- **IF YOU AFFIRMATIVELY ELECT TO GRANT THE CONSENSUAL CLAIMANT RELEASE, IF YOU MAKE NO ELECTION AT ALL, OR IF YOU DO NOT COMPLETE THIS FORM, THEN YOU WILL BE DEEMED TO HAVE CONSENTED TO THE CONSENSUAL CLAIMANT RELEASE.**
- **THE CONSENSUAL CLAIMANT RELEASE TO WHICH THIS OPT-OUT RELEASE FORM APPLIES IS SEPARATE FROM AND INDEPENDENT OF THE OTHER RELEASES CONTAINED IN ARTICLES IX.C AND IX.E AND THE EXCULPATION, RECOUPMENT, AND INJUNCTION PROVISIONS IN ARTICLES IX.F-K, AMONG OTHER PROVISIONS. IF YOU OBJECT TO ANY ASPECT OF ARTICLE IX BESIDES THE CONSENSUAL CLAIMANT RELEASE, YOU MUST FILE A SEPARATE OBJECTION WITH THE COURT IN ACCORDANCE WITH THE PROCEDURES DESCRIBED IN THE SOLICITATION PROCEDURES ORDER.**



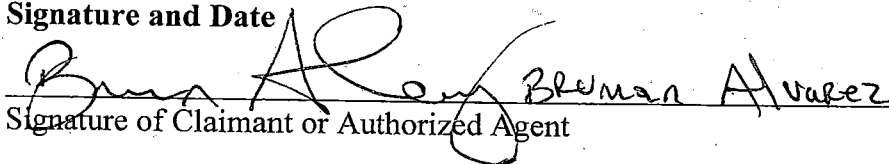
Please read the instructions that accompany this Opt-Out Release Form before completing. Print clearly.

ITEM 4 — Certifications, Acknowledgment, Signature and Date:

By signing this Opt-Out Release Form, the signatory certifies, on information and belief, that:

- (i) I am/ The Claimant is (i) the Holder of Claims or Interests set forth in Item 2, or (ii) an authorized signatory for an entity that is the Holder of the Claims or Interests set forth in Item 2;
- (ii) I / The Claimant received this Opt-Out Release Form and am submitting it pursuant to the terms and conditions set forth therein; and
- (iii) No other Opt-Out Release Form with respect to the Holder's Claims or Interests identified in Item 2 has been completed or, if any other Opt-Out Release Forms have been submitted with respect to such Claims, then any such Opt-Out Release Forms are hereby revoked.

Signature and Date


Signature of Claimant or Authorized Agent

12-8-24
Date

YOU MUST COMPLETE ITEM 4 IN ORDER FOR THIS OPT-OUT RELEASE FORM TO BE EFFECTIVE.

YOUR RECEIPT OF THIS OPT-OUT RELEASE FORM DOES NOT SIGNIFY THAT YOUR CLAIM OR INTEREST HAS BEEN OR WILL BE ALLOWED.



Bruman Alvarez
WCI No.: 1651300
13800 McMullen Hwy SW
Cumberland, MD 21502

Sept. 3, 2025

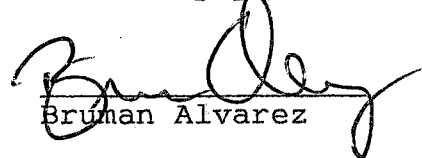
Nathan Ochsner,
Clerk of Court for
United States Bankruptcy Court
for the Southern District Texas
515 Rusk Street.
Dallas, TX 77002

RE: IN RE TEHUM CARE SERVICE, INC. Case No. 23-90086
FILING MOTION

Dear Mr. Ochsner,

Enclosed, please find the forgoing motion to be immediately filed in the above case number. Your assistance in this matter is greatly appreciated.

Sincerely yours,


Bruman Alvarez