

**UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF WISCONSIN  
MILWAUKEE DIVISION**

AUDREY MACHNIK, Individually and on  
Behalf of All Others Similarly Situated,

Plaintiff,

vs.

DCM SERVICES, LLC,

Defendant.

---

) Case No.: 17-cv-1409

)  
) **AMENDED CLASS ACTION**  
) **COMPLAINT**

)  
) **Jury Trial Demanded**  
)  
)  
)

**INTRODUCTION**

1. This class action seeks redress for collection practices that violate the Fair Debt Collection Practices Act, 15 U.S.C. § 1692 *et seq.* (the “FDCPA”) and the Wisconsin Consumer Act, chs. 421-427, Wis. Stats. (the “WCA”), and state common law.

**JURISDICTION AND VENUE**

2. The court has jurisdiction to grant the relief sought by the Plaintiff pursuant to 15 U.S.C. § 1692k and 28 U.S.C. §§ 1331, 1337 and 1367. Venue in this District is proper in that Defendants directed their collection efforts into the District.

**PARTIES**

3. Plaintiff Audrey Machnik (“Machnik”) is an individual who resides in the Eastern District of Wisconsin (Milwaukee County). She is the widow of Michael Machnik, an individual who resided in the Eastern District of Wisconsin (Milwaukee County) until his death on August 19, 2017.

4. Plaintiff is a “consumer” as defined in the FDCPA, 15 U.S.C. § 1692a(3), in that Defendant sought to collect from her debts allegedly incurred for personal, family or household purposes.

5. Plaintiff is also a “customer” as defined in the Wisconsin Consumer Act, § 421.301(17), Wis. Stats., in that she engaged in a consumer transaction.

6. Defendant DCM Services, LLC (“Defendant”) is a foreign Limited Liability Company with its principal offices located at 7601 Penn Ave So., Suite A600, Richfield, Minnesota 55423 and with Wisconsin registered agent Corporation Service Company, 8040 Excelsior Drive, Suite 400, Madison, Wisconsin 53717.

7. Defendant is engaged in the business of a collection agency, using the mails and telephone to collect consumer debts originally owed to others.

8. Defendant is engaged in the business of collecting debts owed to others and incurred for personal, family or household purposes. Defendant is a debt collector as defined in 15 U.S.C. § 1692a and § 427.103(3), Wis. Stats.

### **FACTS**

9. Plaintiff’s husband passed away on August 19, 2017.

10. Approximately three weeks later, on or about September 11, 2017, Defendant mailed three debt collection letters, addressed to “The Estate of MICHAEL J MACHNIK,” to Plaintiff, attempting to collect alleged debts. Copies of these letters are attached to this Complaint, collectively, as Exhibit A.

11. Also on or about September 11, 2017, Defendant mailed two debt collection letters, addressed to “Audrey Machnik” to Plaintiff, attempting to collect alleged debts that were allegedly owed to “LAKESHORE MEDICAL CLINIC LTD.,” “AURORA MEDICAL GROUP INC.,” and “AURORA HEALTH CARE METRO INC.” (collectively, “Aurora”). Copies of these letters are attached to this Complaint, collectively, as Exhibit B.

12. On or about September 12, 2017, Defendant mailed an additional debt collection letter, addressed to “Audrey Machnik” to Plaintiff, attempting to collect an alleged debt that was

allegedly owed to “AURORA HEALTH CARE METRO INC.” (also, “Aurora”). A copy of this letter is attached to this Complaint as Exhibit C.

13. Upon information and belief, the letters in Exhibits A, B, and C are form letters, generated by computer, and with the information specific to the recipient inserted by computer.

14. Upon information and belief, the letters in Exhibits A, B, and C are form debt collection letters, generated by computer, and with the information specific to the recipient inserted by computer.

15. Upon information and belief, Exhibits A, B, and C were the first letters Plaintiff was sent by DCM Services regarding these alleged debts.

16. Exhibits B and C contain the following:

You have the right to dispute the validity of this debt or any portion of it (including any portion of any listed account). We will assume this debt to be valid unless you do so within 30 days after receipt of this letter. If you do so in writing within that time frame, we will obtain verification and mail it to you. If you send a written request within the same time frame, we will provide you with the name and address of the original creditor(s), if different from the current creditor(s).

17. The alleged debts that Defendant was collecting were incurred for medical services provided to Plaintiff’s husband, Michael Machnik.

18. With respect to the medical debt listed in Exhibits A, B, and C, Plaintiff’s husband was not required to pay for the medical services at the time services were rendered. Instead, Aurora mailed a bill several days or weeks after the dates of service. Thus, payment was deferred by agreement. *See Tylke v. Advanced Pain Mgmt., S.C.*, Case No. 14-cv-5354 (Milwaukee Co. Cir. Ct., Dec. 11, 2014) (“Any time a merchant sends a bill for goods or services after a consumer transaction has taken place, there is an ‘agreement to defer payment.’”). Copies of such bills are attached to this Complaint as Exhibits D-F.

19. Exhibits B and C contain the following:

**FOR WISCONSIN RESIDENTS**

This Collection Agency is licensed by the Division of Banking, in the Wisconsin Department of Financial Institutions, www.wdfi.org.

20. Exhibits B and C also contain the following:

We are contacting you about the debt for services provided to your spouse because it is our understanding that you may have liability for these medical expenses.

21. Exhibits B and C falsely represent that Plaintiff is responsible for the alleged debts referenced in Exhibits B and C, when the liability of Plaintiff had not been established as of the dates of Exhibits B and C.

22. Wisconsin's common law doctrine of necessities imposes on a spouse a personal liability to creditors who provided necessities for the support of the family. *St. Marys Hosp. Med. Ctr. v. Brody*, 186 Wis. 2d 100, 108 (Ct. App. 1994). Additionally, Wis. Stat. § 765.001(2), part of Wisconsin's marital property law, has modified Wisconsin's doctrine of necessities, so that it now imposes personal liability on each spouse for the other's necessities. *Id.* at 109. Wis. Stat. § 766.55 addresses spouses' obligations, and the Wisconsin courts have held that a spouse's obligation for the other spouse's necessary medical treatment, according to one's ability, falls into the support category, Wis. Stat. § 766.55(2)(a), as an "obligation to satisfy a duty of support owed to the other spouse." *St. Mary's Hosp.*, 186 Wis. 2d at 109-10.

23. "The significance of the holding in *St. Marys Hospital*, 186 Wis. 2d 100, 519 N.W.2d 706 (Ct. App. 1994), is that the healthcare provider may then satisfy a judgment against the spouse who did not receive medical care from all marital property and all other property of the obligated spouse." *Mercy Health Sys. Corp. v. Gauss*, No. 01-2421, 2001 Wisc. App. LEXIS 1309, at \*9 n.4 (Ct. App. Dec. 20, 2001).

24. The alleged debt listed in Exhibits B-F had not been reduced to judgment as of the date of Exhibits B and C.

25. The creditor listed in Exhibits B and C, Aurora, had not sued Plaintiff to establish Plaintiff's liability on the alleged debt listed in Exhibits B-F as of the date of Exhibits B and C.

26. Defendant had not sued Plaintiff to establish Plaintiff's liability on the alleged debt listed in Exhibits B-F as of the date of Exhibits B and C.

27. The unsophisticated consumer would assume Defendant, a "Collection Agency [that] is licensed by the Division of Banking, in the Wisconsin Department of Financial Institutions," would be familiar with the law governing collection of medical debts.

28. The unsophisticated consumer, still reeling from grief after the loss of a loved one and preparing to move forward in life without that loved one, would not be able to research complex issues like liability for medical debts incurred as a result of a spouse's treatment.

29. Upon information and belief, it is Defendant's pattern and practice to send letters similar to those in Exhibits A, B, and C to the spouse and immediate family members of recently deceased persons, attempting to capitalize on the death in the family to collect debts that the spouse and immediate family members may not be obligated to pay.

30. The sole purpose of sending Exhibits A-C to Plaintiff is to unduly harass Plaintiff into paying the alleged debt, potentially before paying other debts. *See* 15 U.S.C. § 1692(e) (it is part of the purpose of the FDCPA "to insure that those debt collectors who refrain from using abusive debt collection practices are not competitively disadvantaged").

31. The unsophisticated consumer, stricken with grief and overwhelmed with communications from debt collectors, would be pressured into paying a debt for which his or her liability had not been established, potentially out of personal assets that he or she would never be legally required to draw on to satisfy a duty of support owed to the other spouse, and even if the creditor has no intention of ever suing to collect the debt.

32. Exhibits B and C also contain the following, “KEY” which identifies specific features of the alleged debts Defendant was attempting to collect:

<b>KEY:</b>
Line 1 - Reference No.
Line 2 - Creditor Name
Line 3 - Creditor Name continued
Line 4 - Service Date
Line 5 - Creditor Invoice No.
Line 6 - Balance

33. Exhibit B contains the following:

Account details are as follows (See above key for line description):

[REDACTED] 2111  
 LAKESHORE MEDICAL CLINIC LTD.  
  
 02/13/2017  
 \*\*\*\*\*6322  
 \$71.25

34. Based on the “KEY,” it appears that one of the alleged debts Defendant was collecting with Exhibit B, had a “Reference No.” ending in the last four digits 2111, was owed to “LAKESHORE MEDICAL CLINIC LTD.,” had a “Service Date” of 02/13/2017, had a “Creditor Invoice No.” ending in the last four digits 6322, and had a “Balance” of \$71.25.

35. Exhibit F contains the following:

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
Patient Name: MACHNIK, MICHAEL J		Provider: SYED, ATHER H		
02/13/17 to 02/19/17 [REDACTED] 6322		Location: AURORA ST LUKES SOUTH SHORE - IP		
02/13/17	[REDACTED]	250.00		
02/13/17	[REDACTED]	76.00		
02/13/17	[REDACTED]	654.00		
02/13/17	[REDACTED]	278.00		
02/13/17	[REDACTED]	457.00		
02/14/17	[REDACTED]	76.00		
02/14/17	[REDACTED]	278.00		
02/14/17	[REDACTED]	380.00		
02/14/17	[REDACTED]	585.00		
02/15/17	[REDACTED]	364.00		
02/15/17	[REDACTED]	278.00		
02/15/17	[REDACTED]	380.00		
02/16/17	[REDACTED]	76.00		
02/16/17	[REDACTED]	760.00		
02/17/17	[REDACTED]	556.00		
02/17/17	[REDACTED]	760.00		
02/17/17	[REDACTED]	457.00		
02/18/17	[REDACTED]	364.00		
02/18/17	[REDACTED]	760.00		
02/19/17	[REDACTED]	363.00		
02/19/17	[REDACTED]	380.00		
02/19/17	[REDACTED]	585.00		
04/26/17	Payments		-199.45	
04/26/17	Adjustments		-697.67	
05/17/17	Payments		-1,924.60	
05/17/17	Adjustments		-5,864.40	
03/19/17	Payments		-79.86	
05/27/17	Adjustments		-279.77	
	Patient Balance			\$71.25

36. Based upon Exhibit F, the alleged debt, allegedly owed to Aurora with an account number ending in the last four digits 6322, and with a balance of \$71.25 was incurred for various medical services performed between February 13, 2017 and February 19, 2017.

37. Upon information and belief, Defendant knew or should have known that the accounts it was trying to collect were medical accounts and that inpatient medical services may be incurred throughout several days.

38. Plaintiff's husband's estate lacks sufficient assets to satisfy any of his alleged medical debts.

39. Plaintiff is uncollectible. All of her assets and income are exempt from attachment under federal and state law.

40. Plaintiff was confused by Exhibits A-C.

41. Defendant's misrepresentations are likely to cause emotional distress to the average customer. *See* Wis. Stat. § 427.105(1) ("actual damages shall include damages caused by emotional distress or mental anguish with or without accompanying physical injury proximately caused by a violation of this chapter"); *see also Brunton v. Nuwell Credit Corp.*, 325 Wis. 2d 135, 161 n.12, 785 N.W.2d 302, 314 n.12 (2010) (in WCA actions relating to debt collection, Wisconsin courts employ the FDCPA's objective "unsophisticated consumer" standard).

42. Plaintiff had to spend time and money investigating Exhibits A-C, and the consequences of any potential responses to Exhibits A-C.

43. Plaintiff had to take time to obtain and meet with counsel, including traveling to counsel's office by car and its related expenses, including but not limited to the cost of gasoline and mileage, to advise Plaintiff on the consequences of Exhibits A-C.

## THE FDCPA

44. The FDCPA creates substantive rights for consumers; violations cause injury to consumers, and such injuries are concrete and particularized. *Bock v. Pressler & Pressler, LLP*, No. 11-7593, 2017 U.S. Dist. LEXIS 81058 \*21 (D.N.J. May 25, 2017) (“through [s]ection 1692e of the FDCPA, Congress established ‘an enforceable right to truthful information concerning’ debt collection practices, a decision that ‘was undoubtedly influenced by congressional awareness that the intentional provision of misinformation’ related to such practices, ‘contribute[s] to the number of personal bankruptcies, to marital instability, to the loss of jobs, and to invasions of individual privacy,’”); *Quinn v. Specialized Loan Servicing, LLC*, No. 16 C 2021, 2016 U.S. Dist. LEXIS 107299 \*8-13 (N.D. Ill. Aug. 11, 2016) (rejecting challenge to Plaintiff’s standing based upon alleged FDCPA statutory violation); *Lane v. Bayview Loan Servicing, LLC*, No. 15 C 10446, 2016 U.S. Dist. LEXIS 89258 \*9-10 (N.D. Ill. July 11, 2016) (“When a federal statute is violated, and especially when Congress has created a cause of action for its violation, by definition Congress has created a legally protected interest that it deems important enough for a lawsuit.”); *Church v. Accretive Health, Inc.*, No. 15-15708, 2016 U.S. App. LEXIS 12414 \*7-11 (11th Cir. July 6, 2016) (same); *see also Mogg v. Jacobs*, No. 15-CV-1142-JPG-DGW, 2016 U.S. Dist. LEXIS 33229, 2016 WL 1029396, at \*5 (S.D. Ill. Mar. 15, 2016) (“Congress does have the power to enact statutes creating legal rights, the invasion of which creates standing, even though no injury would exist without the statute,” (quoting *Sterk v. Redbox Automated Retail, LLC*, 770 F.3d 618, 623 (7th Cir. 2014))). For this reason, and to encourage consumers to bring FDCPA actions, Congress authorized an award of statutory damages for violations. 15 U.S.C. § 1692k(a).



45. Moreover, Congress has explicitly described the FDCPA as regulating “abusive practices” in debt collection. 15 U.S.C. §§ 1692(a) – 1692(e). Any person who receives a debt collection letter containing a violation of the FDCPA is a victim of abusive practices. *See* 15 U.S.C. §§ 1692(e) (“It is the purpose of this subchapter to eliminate abusive debt collection practices by debt collectors, to insure that those debt collectors who refrain from using abusive debt collection practices are not competitively disadvantaged, and to promote consistent State action to protect consumers against debt collection abuses”).

46. 15 U.S.C. § 1692e generally prohibits “any false, deceptive, or misleading representation or means in connection with the collection of any debt.”

47. 15 U.S.C. § 1692e(2) specifically prohibits the “false representation of the character, amount, or legal status” of an alleged debt, or the “false representation of...compensation which may be lawfully received by any debt collector for the collection” of an alleged debt.

48. 15 U.S.C. § 1692e(5) specifically prohibits threatening “to take any action that cannot legally be taken or that is not intended to be taken.”

49. 15 U.S.C. § 1692e(10) specifically prohibits the “use of any false representation or deceptive means to collect or attempt to collect any debt.”

50. 15 U.S.C. § 1692f generally prohibits a debt collector from using “unfair or unconscionable means to collect or attempt to collect any debt.”

51. 15 U.S.C. § 1692f(1) specifically prohibits: “the collection of any amount (including any interest, fee, charge, or expense incidental to the principal obligation) unless such amount is expressly authorized by the agreement creating the debt or permitted by law.”

52. 15 U.S.C. § 1692g states:

(a) **Notice of debt; contents**

Within five days after the initial communication with a consumer in connection with the collection of any debt, a debt collector shall, unless the following information is contained in the initial communication or the consumer has paid the debt, send the consumer a written notice containing—

(4) a statement that if the consumer notifies the debt collector in writing within the thirty-day period that the debt, or any portion thereof, is disputed, the debt collector will obtain verification of the debt **or a copy of a judgment against the consumer** and a copy of such verification **or judgment** will be mailed to the consumer by the debt collector.

15 U.S.C. § 1692g (emphasis added).

53. 15 U.S.C. § 1692g(b) states, in part:

(b) **Disputed debts**

...

Any collection activities and communication during the 30-day period may not overshadow or be inconsistent with the disclosure of the consumer's right to dispute the debt or request the name and address of the original creditor.

**THE WCA**

54. The Wisconsin Consumer Act (“WCA”) was enacted to protect consumers against unfair, deceptive, and unconscionable business practices and to encourage development of fair and economically sound practices in consumer transactions. Wis. Stat. § 421.102(2).

55. The Wisconsin Supreme Court has favorably cited authority finding that the WCA “goes further to protect consumer interests than any other such legislation in the country,” and is “probably the most sweeping consumer credit legislation yet enacted in any state.” *Kett v. Community Credit Plan, Inc.*, 228 Wis. 2d 1, 18 n.15, 596 N.W.2d 786 (1999) (citations omitted).

56. To further these goals, the Act’s protections must be “liberally construed and applied.” Wis. Stat. § 421.102(1); *see also* § 425.301.

57. “The basic purpose of the remedies set forth in Chapter 425, Stats., is to induce compliance with the WCA and thereby promote its underlying objectives.” *First Wisconsin Nat’l Bank v. Nicolaou*, 113 Wis. 2d 524, 533, 335 N.W.2d 390 (1983). Thus, private actions under the WCA are designed to both benefit consumers whose rights have been violated and also competitors of the violators, whose competitive advantage should not be diminished because of their compliance with the law.

58. To carry out this intent, the WCA provides Wisconsin consumers with an array of protections and legal remedies. The Act contains significant and sweeping restrictions on the activities of those attempting to collect debts. *See* Wis. Stats. § 427.104.

59. The Act limits the amounts and types of additional fees that may be charged to consumers in conjunction with transactions. Wis. Stats. § 422.202(1). The Act also provides injured consumers with causes of action for class-wide statutory and actual damages and injunctive remedies against defendants on behalf of all customers who suffer similar injuries. *See* Wis. Stats. §§ 426.110(1); § 426.110(4)(e). Finally, “a customer may not waive or agree to forego rights or benefits under [the Act].” Wis. Stat. § 421.106(1).

60. Consumers’ WCA claims under Wis. Stat. § 427.104(1) are analyzed using the same methods as claims under the FDCPA. Indeed, the WCA itself requires that the court analyze the WCA “in accordance with the policies underlying a federal consumer credit protection act,” including the FDCPA. Wis. Stat. § 421.102(1).

61. Further, the Wisconsin Supreme Court has held that WCA claims relating to debt collection are to be analyzed under the “unsophisticated consumer” standard. *Brunton v. Nuwell Credit Corp.*, 785 N.W.2d 302, 314-15. In *Brunton*, the Wisconsin Supreme Court explicitly

adopted and followed the “unsophisticated consumer” standard, citing and discussing *Gammon v. GC Servs. Ltd. P'ship*, 27 F.3d 1254, 1257 (7th Cir. 1994). *Id.*

62. Wis. Stat. § 427.104(1)(h) specifically prohibits a debt collector from: “Engag[ing] in other conduct which can reasonably be expected to threaten or harass the customer or a person related to the customer.”

63. Wis. Stat. § 427.104(1)(j) specifically prohibits a debt collector from “[c]laim[ing], or attempt[ing] or threaten[ing] to enforce a right with knowledge or reason to know that the right does not exist.”

### **COUNT I -- FDCPA**

64. Plaintiff incorporates by reference as if fully set forth herein the allegations contained in the preceding paragraphs of this Complaint.

65. Defendant attempted to collect a debt from Plaintiff, who is the spouse of the recipient of the medical services listed in Exhibits A-F, and whose liability had not been established as of the dates of Exhibits B and C.

66. At the time Defendant mailed Exhibits B and C, informing the non-incurring spouse that “it is our understanding that you may have liability for these medical expenses” was a false, deceptive, and/or misleading representation to the unsophisticated consumer recipient.

67. Exhibits B and C also falsely represent that Defendant has lawfully established entitlement to collect the debt from Plaintiff.

68. Exhibits B and C create a false impression as to its authorization or approval for collecting the debts listed in Exhibits B and C from Plaintiff.

69. Defendant violated 15 U.S.C. § 1692e, 1692e(2), 1692e(5), 1692e(10), 1692f, and 1692f(1).

## **COUNT II -- FDCPA**

70. Plaintiff incorporates by reference as if fully set forth herein the allegations contained in the preceding paragraphs of this Complaint.

71. Defendant's false statement that the alleged debt it was attempting to collect was incurred for services on 2/13/2017 is a material false statement because it would confuse the unsophisticated consumer as to whether the balance of the debt covered the entire account or just the portion of the debt arising from services incurred on February 13, 2017.

72. Defendant violated 15 U.S.C. §§ 1692e, 1692e(2), and 1692e(10).

## **COUNT III – FDCPA**

73. Plaintiff incorporates by reference as if fully set forth herein the allegations contained in the preceding paragraphs of this Complaint.

74. Defendant did not specify that it would obtain a copy of a judgment against Plaintiff and mail the copy of the judgment as part of the verification process.

75. Defendant's failure to provide the correct validation notice is especially misleading and confusing because the alleged debts referenced in Defendant's letters cannot be properly verified without a judgment.

76. Defendant violated 15 U.S.C. §§ 1692e, 1692e(10), 1692f, 1692g(a)(4), and 1692g(b).

## **COUNT IV – WCA**

77. Plaintiff incorporates by reference as if fully set forth herein the allegations contained in the preceding paragraphs of this Complaint.

78. Defendant attempted to collect alleged debts that Plaintiff had not personally incurred and for which Plaintiff's liability had not been established.

79. Defendant violated Wis. Stat. §§ 427.104(1)(h) and 427.104(1)(j).

80. Section 895.043(3), Wis. Stats. provides for an award of punitive damages in cases in which the defendant acts maliciously towards the plaintiff, or acts in intentional disregard of the rights of the plaintiff.

81. Hounding Plaintiff just days after her husband's death for payment on accounts that Defendants knew she was not yet liable for was malicious conduct or intentional disregard of Plaintiff's rights, entitling Plaintiff to punitive damages.

### **CLASS ALLEGATIONS**

82. Plaintiff brings this action on behalf of two Classes.

83. Class I ("Liability" Class") consists of (a) all natural persons in the State of Wisconsin (b) who were sent a collection letter by Defendant, (c) seeking to collect a debt incurred for medical services (d) which debt had not been reduced to judgment on the day that Defendant mailed the letter (e) and which letter was addressed to the spouse of the recipient of the medical services, (f) and which non-incurring spouse did not sign a contract agreeing to be billed for the medical debt (g) between October 13, 2016 and October 13, 2017, inclusive, (h) that was not returned by the postal service.

84. Class II ("Service Date Class") consists of (a) all natural persons in Wisconsin (b) who were sent a collection letter by Defendant, (c) seeking to collect a debt incurred for medical services, (d) which services were incurred as inpatient services, (e) between October 13, 2016 and October 13, 2017, (f) that was not returned by the postal service.

85. The Classes are so numerous that joinder is impracticable. On information and belief, there are more than 50 members of each Class.

86. There are questions of law and fact common to the members of each class, which common questions predominate over any questions that affect only individual class members. The predominant common questions are whether Exhibits B and C violate the FDCPA and the WCA.

87. Plaintiff's claims are typical of the claims of the members of each Class. All are based on the same factual and legal theories.

88. Plaintiff will fairly and adequately represent the interests of the members of each Class. Plaintiff has retained counsel experienced in consumer credit and debt collection abuse cases.

89. A class action is superior to other alternative methods of adjudicating this dispute. Individual cases are not economically feasible.

#### **JURY DEMAND**

90. Plaintiff hereby demands a trial by jury.

#### **PRAYER FOR RELIEF**

WHEREFORE, Plaintiff requests that the Court enter judgment in favor of Plaintiff and the Class and against Defendant for:

- (a) actual damages;
- (b) statutory damages;
- (c) injunctive relief;
- (d) punitive damages;
- (e) attorneys' fees, litigation expenses and costs of suit; and
- (f) such other or further relief as the Court deems proper.

Dated: October 13, 2017

**ADEMI & O'REILLY, LLP**

By: s/ John D. Blythin  
John D. Blythin (SBN 1046105)  
Mark A. Eldridge (SBN 1089944)  
Jesse Fruchter (SBN 1097673)  
Ben J. Slatky (SBN 1106892)  
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meldridge@ademilaw.com  
jfruchter@ademilaw.com  
bslatky@ademilaw.com



# **EXHIBIT A**



7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MINNESOTA 55423-5004

TELEPHONE 612-243-8717 Hours (CT): 7:00 am - 7:00 pm M - TH  
FAX 877-326-8784 7:00 am - 5:00 pm F  
TOLL-FREE 877-326-5674

September 11, 2017

The Estate of MICHAEL J MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

Dear Sir or Madam:

We have learned that MICHAEL J MACHNIK has passed away. We are sorry for your loss, and we understand this is a difficult time for you.

We are seeking to identify and locate the person who has the authority to pay any outstanding bills out of MICHAEL J MACHNIK's Estate.

If you know the identity of this person, please provide it in one of the following ways:

- Fill out the form located on the back of this letter and return in the enclosed postage paid envelope, or
- Call our toll-free number above to speak with one of our representatives.

If you have any questions please call our office toll-free at 1-877-326-5674.

Cordially,  
DCM Services, LLC

\*\*\*Fill out the reverse side, detach lower portion and return in the enclosed postage paid envelope\*\*\*



DCM SERVICES, LLC  
7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MN 55423-5004



September 11, 2017



The Estate of MICHAEL J MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

DCM Services, LLC  
7601 Penn Ave S, Suite A600  
Minneapolis, MN 55423-5004



Contact Information for the person who has the authority to pay  
any outstanding bills of the decedent out of the decedent's Estate:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Thank you very much for your assistance!



7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MINNESOTA 55423-5004

TELEPHONE 612-243-8717 Hours (CT): 7:00 am - 7:00 pm M - TH  
FAX 877-326-8784 7:00 am - 5:00 pm F  
TOLL-FREE 877-326-5674

September 11, 2017

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September 11, 2017



The Estate of MICHAEL J MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167



DCM Services, LLC  
7601 Penn Ave S, Suite A600  
Minneapolis, MN 55423-5004



Contact Information for the person who has the authority to pay  
any outstanding bills of the decedent out of the decedent's Estate:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Thank you very much for your assistance!



**7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MINNESOTA 55423-5004**

TELEPHONE 612-243-8717 Hours (CT): 7:00 am - 7:00 pm M - TH  
FAX 877-326-8784 7:00 am - 5:00 pm F  
**TOLL-FREE 877-326-5674**

September 11, 2017

The Estate of MICHAEL J MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

Dear Sir or Madam:

We have learned that MICHAEL J MACHNIK has passed away. We are sorry for your loss, and we understand this is a difficult time for you.

We are seeking to identify and locate the person who has the authority to pay any outstanding bills out of MICHAEL J MACHNIK's Estate.

If you know the identity of this person, please provide it in one of the following ways:

- Fill out the form located on the back of this letter and return in the enclosed postage paid envelope, or
- Call our toll-free number above to speak with one of our representatives.

If you have any questions please call our office toll-free at 1-877-326-5674.

Cordially,  
DCM Services, LLC

\*\*\*Fill out the reverse side, detach lower portion and return in the enclosed postage paid envelope\*\*\*



DCM SERVICES, LLC  
7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MN 55423-5004

September 11, 2017



The Estate of MICHAEL J MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

DCM Services, LLC  
7601 Penn Ave S, Suite A600  
Minneapolis, MN 55423-5004



Contact Information for the person who has the authority to pay  
any outstanding bills of the decedent out of the decedent's Estate:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relation: \_\_\_\_\_

Thank you very much for your assistance!

# Exhibit B





7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MINNESOTA 55423-5004

September 11, 2017

DCM Reference #:  
[REDACTED] 1770

Total Unpaid Balance:  
\$7394.13

Our client(s):  
Listed on account detail

Dear Sir or Madam:

Please accept our condolences for the loss of your spouse, MICHAEL J MACHNIK.

We are attempting to collect the total unpaid balance for the account(s) listed on the attached account detail page on behalf of the creditor(s) listed on that page. Any information we obtain will be used for that purpose. Please note that the current unpaid balance may change based on insurance payments or adjustments, or other invoices not yet billed. We will inform you of any balance adjustments.

We are contacting you about the debt for services provided to your spouse because it is our understanding that you may have liability for these medical expenses.

If there will be sufficient assets in the estate to pay the account(s), let us know and we will follow up with the personal representative for the estate. If you are the personal representative for your spouse's estate, we may already have contacted you in that capacity or we may do so in the future.

You have the right to dispute the validity of this debt or any portion of it (including any portion of any listed account). We will assume this debt to be valid unless you do so within 30 days after receipt of this letter. If you do so in writing within that time frame, we will obtain verification and mail it to you. If you send a written request within the same time frame, we will provide you with the name and address of the original creditor(s), if different from the current creditor(s).

A payment slip (below) and an envelope are provided for making payment. Please call us at 1-877-326-5674 to discuss payment options available. Calls may be monitored or recorded for quality assurance purposes.

Respectfully,  
DCM Services, LLC  
Enclosures

Hours (CT): 7 am - 7 pm M-TH  
7 am - 5 pm F

Telephone: 612-243-8717  
Toll-Free: 877-326-5674  
Fax: 877-326-8784

**NOTICE: SEE THE REVERSE SIDE FOR IMPORTANT INFORMATION**  
**NOTICE: SEE ATTACHED PAGE(S) FOR ACCOUNT DETAIL**

\*\*\*Detach Lower Portion and Return with Payment\*\*\*



DCM SERVICES, LLC  
7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MN 55423-5004



Reference #: [REDACTED] 1770 Client ID: [REDACTED]  
Total Unpaid Balance: \$7394.13  
Checks Payable to: DCM Services LLC

Amount Enclosed: \$

September 11, 2017



AUDREY MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

DCM Services - Payment Processing  
PO Box 9317  
Minneapolis MN 55440-9317



**\*IMPORTANT INFORMATION\***

Under the law we are required to notify you of the following information.

This list does not include a complete list of rights consumers have under State and Federal Laws.

**NOTICE ABOUT ELECTRONIC CHECK CONVERSION**

When you provide a check as payment, you authorize us to either use the information from the check to make a one-time electronic funds transfer from that bank account, or to process the payment as a check transaction. When we use information from the check to make an electronic funds transfer, funds may be withdrawn from that bank account as soon as the same day we receive payment, and you will not receive the check back.

**FOR CALIFORNIA RESIDENTS**

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8:00 a.m. or after 9:00 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or your spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgement. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov). Nonprofit credit counseling services may be available in the area.

**FOR COLORADO RESIDENTS**

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [WWW.COAG.GOV/CAR](http://WWW.COAG.GOV/CAR). A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Colorado Office Information: George E. Meziere, Esq., 3025 South Parker Road, Suite 705, Aurora, CO 80014, (303) 614-9999.

**FOR MASSACHUSETTS RESIDENTS**

**NOTICE OF IMPORTANT RIGHTS**

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector.

**FOR NEVADA RESIDENTS REGARDING HOSPITAL DEBT**

If you pay or agree to pay the debt or any portion of the debt, such payment or agreement to pay may be construed as an acknowledgment of the debt and a waiver of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt. If you do not understand or have questions concerning your legal rights or obligations relating to the debt, you should seek legal advice.

**FOR NEW YORK CITY RESIDENTS**

New York City Department of Consumer Affairs License Number: 1239504

To discuss this account, please call our toll free number to speak with Amanda Kodelka. A representative will be able to assist you during our normal business hours.

**FOR NORTH CAROLINA RESIDENTS**

North Carolina Permit Number: 4440

**FOR TENNESSEE RESIDENTS**

This Collection Agency is licensed by the Collection Service Board of the Department of Commerce and Insurance.

**FOR WISCONSIN RESIDENTS**

This Collection Agency is licensed by the Division of Banking, in the Wisconsin Department of Financial Institutions, [www.wdfi.org](http://www.wdfi.org).

**MINNESOTA LICENSING INFORMATION**

This Collection Agency is licensed by MN Commerce Dept., 85 7th Pl. E., #500, St. Paul, MN 55101, License No. 20598440.

**KEY:**  
 Line 1 - Reference No.  
 Line 2 - Creditor Name  
 Line 3 - Creditor Name continued  
 Line 4 - Service Date  
 Line 5 - Creditor Invoice No.  
 Line 6 - Balance



**ACCOUNT DETAIL**

September 11, 2017

Account details are as follows (See above key for line description):

█1770  
 AURORA HEALTH CARE METRO INC.  
  
 02/13/2017  
 \*\*\*\*\*4652  
 \$1670.85

█1775  
 AURORA HEALTH CARE METRO INC.  
  
 01/05/2017  
 \*\*\*\*\*4075  
 \$1557.29

█1779  
 AURORA HEALTH CARE METRO INC.  
  
 09/21/2016  
 \*\*\*\*\*8994  
 \$1475.00

█1857  
 AURORA HEALTH CARE METRO INC.  
  
 09/01/2016  
 \*\*\*\*\*4311  
 \$545.69

█1860  
 AURORA HEALTH CARE METRO INC.  
  
 05/10/2016  
 \*\*\*\*\*2675  
 \$519.30

█1871  
 AURORA HEALTH CARE METRO INC.  
  
 08/10/2016  
 \*\*\*\*\*5936  
 \$442.91

█1877  
 AURORA HEALTH CARE METRO INC.  
  
 06/09/2016  
 \*\*\*\*\*7206  
 \$407.85

█1878  
 AURORA HEALTH CARE METRO INC.  
  
 08/04/2016  
 \*\*\*\*\*7521  
 \$404.85

█1924  
 AURORA HEALTH CARE METRO INC.  
  
 08/11/2016  
 \*\*\*\*\*5647  
 \$274.83

█2121  
 AURORA HEALTH CARE METRO INC.  
  
 07/01/2016  
 \*\*\*\*\*7002  
 \$65.56

█2252  
 AURORA HEALTH CARE METRO INC.  
  
 07/07/2016  
 \*\*\*\*\*6456  
 \$30.00

**Total Unpaid Balance: \$7394.13**





7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MINNESOTA 55423-5004

September 11, 2017

DCM Reference #:  
[REDACTED] 2111

Total Unpaid Balance:  
\$202.75

Our client(s):  
Listed on account detail

Dear Sir or Madam:

Please accept our condolences for the loss of your spouse, MICHAEL J MACHNIK.

We are attempting to collect the total unpaid balance for the account(s) listed on the attached account detail page on behalf of the creditor(s) listed on that page. Any information we obtain will be used for that purpose. Please note that the current unpaid balance may change based on insurance payments or adjustments, or other invoices not yet billed. We will inform you of any balance adjustments.

We are contacting you about the debt for services provided to your spouse because it is our understanding that you may have liability for these medical expenses.

If there will be sufficient assets in the estate to pay the account(s), let us know and we will follow up with the personal representative for the estate. If you are the personal representative for your spouse's estate, we may already have contacted you in that capacity or we may do so in the future.

You have the right to dispute the validity of this debt or any portion of it (including any portion of any listed account). We will assume this debt to be valid unless you do so within 30 days after receipt of this letter. If you do so in writing within that time frame, we will obtain verification and mail it to you. If you send a written request within the same time frame, we will provide you with the name and address of the original creditor(s), if different from the current creditor(s).

A payment slip (below) and an envelope are provided for making payment. Please call us at 1-877-326-5674 to discuss payment options available. Calls may be monitored or recorded for quality assurance purposes.

Respectfully,  
DCM Services, LLC  
Enclosures

Hours (CT): 7 am - 7 pm M-TH  
7 am - 5 pm F

Telephone: 612-243-8717  
Toll-Free: 877-326-5674  
Fax: 877-326-8784

**NOTICE: SEE THE REVERSE SIDE FOR IMPORTANT INFORMATION  
NOTICE: SEE ATTACHED PAGE(S) FOR ACCOUNT DETAIL**

\*\*\*Detach Lower Portion and Return with Payment\*\*\*



DCM SERVICES, LLC  
7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MN 55423-5004



Reference #: [REDACTED] 2111 Client ID: [REDACTED]  
Total Unpaid Balance: \$202.75  
Checks Payable to: DCM Services LLC

Amount Enclosed: \$

September 11, 2017



AUDREY MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

DCM Services - Payment Processing  
P0 Box 9317  
Minneapolis MN 55440-9317



**\*IMPORTANT INFORMATION\***

Under the law we are required to notify you of the following information.

This list does not include a complete list of rights consumers have under State and Federal Laws.

**NOTICE ABOUT ELECTRONIC CHECK CONVERSION**

When you provide a check as payment, you authorize us to either use the information from the check to make a one-time electronic funds transfer from that bank account, or to process the payment as a check transaction. When we use information from the check to make an electronic funds transfer, funds may be withdrawn from that bank account as soon as the same day we receive payment, and you will not receive the check back.

**FOR CALIFORNIA RESIDENTS**

The state Rosenthal Fair Debt Collection Practices Act and the federal Fair Debt Collection Practices Act require that, except under unusual circumstances, collectors may not contact you before 8:00 a.m. or after 9:00 p.m. They may not harass you by using threats of violence or arrest or by using obscene language. Collectors may not use false or misleading statements or call you at work if they know or have reason to know that you may not receive personal calls at work. For the most part, collectors may not tell another person, other than your attorney or your spouse, about your debt. Collectors may contact another person to confirm your location or enforce a judgement. For more information about debt collection activities, you may contact the Federal Trade Commission at 1-877-FTC-HELP or [www.ftc.gov](http://www.ftc.gov). Nonprofit credit counseling services may be available in the area.

**FOR COLORADO RESIDENTS**

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [WWW.COAG.GOV/CAR](http://WWW.COAG.GOV/CAR). A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Colorado Office Information: George E. Meziere, Esq., 3025 South Parker Road, Suite 705, Aurora, CO 80014, (303) 614-9999.

**FOR MASSACHUSETTS RESIDENTS**

**NOTICE OF IMPORTANT RIGHTS**

You have the right to make a written or oral request that telephone calls regarding your debt not be made to you at your place of employment. Any such oral request will be valid for only ten days unless you provide written confirmation of the request postmarked or delivered within seven days of such request. You may terminate this request by writing to the debt collector.

**FOR NEVADA RESIDENTS REGARDING HOSPITAL DEBT**

If you pay or agree to pay the debt or any portion of the debt, such payment or agreement to pay may be construed as an acknowledgment of the debt and a waiver of any applicable statute of limitations set forth in NRS 11.190 that otherwise precludes the collection of the debt. If you do not understand or have questions concerning your legal rights or obligations relating to the debt, you should seek legal advice.

**FOR NEW YORK CITY RESIDENTS**

New York City Department of Consumer Affairs License Number: 1239504

To discuss this account, please call our toll free number to speak with Amanda Kodelka. A representative will be able to assist you during our normal business hours.

**FOR NORTH CAROLINA RESIDENTS**

North Carolina Permit Number: 4440

**FOR TENNESSEE RESIDENTS**

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**FOR WISCONSIN RESIDENTS**

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**MINNESOTA LICENSING INFORMATION**

This Collection Agency is licensed by MN Commerce Dept., 85 7th Pl. E., #500, St. Paul, MN 55101, License No. 20598440.

**KEY:**

Line 1 - Reference No.  
Line 2 - Creditor Name  
Line 3 - Creditor Name continued  
Line 4 - Service Date  
Line 5 - Creditor Invoice No.  
Line 6 - Balance

**ACCOUNT DETAIL**

September 11, 2017

Account details are as follows (See above key for line description):

██████2111  
LAKESHORE MEDICAL CLINIC LTD.

02/13/2017  
\*\*\*\*\*6322  
\$71.25

██████2117  
AURORA MEDICAL GROUP INC.

08/10/2016  
\*\*\*\*\*6263  
\$69.36

██████2168  
AURORA MEDICAL GROUP INC.

02/19/2017  
\*\*\*\*\*5943  
\$47.14

██████2411  
LAKESHORE MEDICAL CLINIC LTD.

08/08/2016  
\*\*\*\*\*0750  
\$15.00

**Total Unpaid Balance: \$202.75**





# Exhibit C



7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MINNESOTA 55423-5004

September 12, 2017

DCM Reference #:  
[REDACTED] 7773

Total Unpaid Balance:  
\$1316.00

Our client(s):  
Listed on account detail

Dear Sir or Madam:

Please accept our condolences for the loss of your spouse, MICHAEL J MACHNIK.

We are attempting to collect the total unpaid balance for the account(s) listed on the attached account detail page on behalf of the creditor(s) listed on that page. Any information we obtain will be used for that purpose. Please note that the current unpaid balance may change based on insurance payments or adjustments, or other invoices not yet billed. We will inform you of any balance adjustments.

We are contacting you about the debt for services provided to your spouse because it is our understanding that you may have liability for these medical expenses.

If there will be sufficient assets in the estate to pay the account(s), let us know and we will follow up with the personal representative for the estate. If you are the personal representative for your spouse's estate, we may already have contacted you in that capacity or we may do so in the future.

You have the right to dispute the validity of this debt or any portion of it (including any portion of any listed account). We will assume this debt to be valid unless you do so within 30 days after receipt of this letter. If you do so in writing within that time frame, we will obtain verification and mail it to you. If you send a written request within the same time frame, we will provide you with the name and address of the original creditor(s), if different from the current creditor(s).

A payment slip (below) and an envelope are provided for making payment. Please call us at 1-877-326-5674 to discuss payment options available. Calls may be monitored or recorded for quality assurance purposes.

Respectfully,  
DCM Services, LLC  
Enclosures

Hours (CT): 7 am - 7 pm M-TH  
7 am - 5 pm F

Telephone: 612-243-8717  
Toll-Free: 877-326-5674  
Fax: 877-326-8784

**NOTICE: SEE THE REVERSE SIDE FOR IMPORTANT INFORMATION**  
**NOTICE: SEE ATTACHED PAGE(S) FOR ACCOUNT DETAIL**

\*\*\*Detach Lower Portion and Return with Payment\*\*\*



DCM SERVICES, LLC  
7601 PENN AVE S, SUITE A600  
MINNEAPOLIS, MN 55423-5004



Reference #: [REDACTED] 7773 Client ID: [REDACTED]  
Total Unpaid Balance: \$1316.00  
Checks Payable to: DCM Services LLC

Amount Enclosed: \$

September 12, 2017



AUDREY MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

DCM Services - Payment Processing  
PO Box 9317  
Minneapolis MN 55440-9317



**\*IMPORTANT INFORMATION\***

Under the law we are required to notify you of the following information.

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**FOR COLORADO RESIDENTS**

FOR INFORMATION ABOUT THE COLORADO FAIR DEBT COLLECTION PRACTICES ACT, SEE [WWW.COAG.GOV/CAR](http://WWW.COAG.GOV/CAR). A consumer has the right to request in writing that a debt collector or collection agency cease further communication with the consumer. A written request to cease communication will not prohibit the debt collector or collection agency from taking any other action authorized by law to collect the debt. Colorado Office Information: George E. Meziere, Esq., 3025 South Parker Road, Suite 705, Aurora, CO 80014, (303) 614-9999.

**FOR MASSACHUSETTS RESIDENTS**

**NOTICE OF IMPORTANT RIGHTS**

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**FOR NEVADA RESIDENTS REGARDING HOSPITAL DEBT**

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**FOR NEW YORK CITY RESIDENTS**

New York City Department of Consumer Affairs License Number: 1239504

To discuss this account, please call our toll free number to speak with Amanda Kodelka. A representative will be able to assist you during our normal business hours.

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North Carolina Permit Number: 4440

**FOR TENNESSEE RESIDENTS**

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**FOR WISCONSIN RESIDENTS**

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**MINNESOTA LICENSING INFORMATION**

This Collection Agency is licensed by MN Commerce Dept., 85 7th Pl. E., #500, St. Paul, MN 55101, License No. 20598440.

**KEY:**

Line 1 - Reference No.  
Line 2 - Creditor Name  
Line 3 - Creditor Name continued  
Line 4 - Service Date  
Line 5 - Creditor Invoice No.  
Line 6 - Balance



**ACCOUNT DETAIL**

September 12, 2017

Account details are as follows (See above key for line description):

██████████7773  
AURORA HEALTH CARE METRO INC.

02/22/2017  
\*\*\*\*\*7855  
\$1316.00

**Total Unpaid Balance: \$1316.00**





# Exhibit D



# Aurora Health Care®

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
Our email address is: customerservice@aurora.org  
En Español por favor llamar al 866-629-6033

If paying by credit card, fill out below

Check credit card using for payment

Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name \_\_\_\_\_

Bill Date 12/20/2016	Account Number ██████████8845	Pay This Amount \$2,889.37	Amount Paid
-------------------------	----------------------------------	-------------------------------	-------------

You can pay your bill online at [my.aurorahealthcare.org](http://my.aurorahealthcare.org)

### Addressee

██████████  
  
 MICHAEL J MACHNIK  
 2970 S 60TH ST  
 MILWAUKEE WI 53219-3167

### Please make checks payable and remit to:

██████████  
  
 Aurora Health Care Inc  
 PO BOX 809418  
 Chicago IL 60680-9418

Page 1 of 1

000001509607 122016 0000948845 0000288937 4

Document Code: P-XVLM-D-36828-TKHNSQ

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
██████████8845	MICHAEL J MACHNIK	12/20/2016	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
<b>Previous Visit Balance - Visit # ██████████57521 - Date of Service - 8/4/2016 to 8/31/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$404.85</b>
<b>Previous Visit Balance - Visit # ██████████45647 - Date of Service - 8/11/2016 to 8/31/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$274.83</b>
<b>Previous Visit Balance - Visit # ██████████54311 - Date of Service - 9/1/2016 to 9/30/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$545.69</b>
<b>Previous Visit Balance - Visit # ██████████3994 - Date of Service - 9/21/2016 to 10/3/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$1,475.00</b>

Visits on a Payment Plan		CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
05/10/16	Visit # ██████████2675 - MICHAEL J MACHNIK				
06/09/16	Visit # ██████████7206 - MICHAEL J MACHNIK				
07/01/16	Visit # ██████████7002 - MICHAEL J MACHNIK				
07/07/16	Visit # ██████████6456 - MICHAEL J MACHNIK				
08/08/16	Visit # ██████████0750 - MICHAEL J MACHNIK				
08/10/16	Visit # ██████████5936 - MICHAEL J MACHNIK				
08/10/16	Visit # ██████████6263 - MICHAEL J MACHNIK				
					<b>\$189.00</b>

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

### Message:

Please review your statement details carefully. You currently have a payment plan with Aurora. If you see new charges summarized on this statement that are not included in the payment plan summary section or you are past due on your payment plan, you need to contact us immediately. If these matters are not resolved it may result in referral of your account to an outside collection agency. Please call us at 800-326-2250 or 262-217-1100.

### Summary of Payment Plans

Amount Due	\$189.00
# of Payments Remaining	26
Beginning Amount	\$1,594.98
Remaining Balance	\$1,594.98

### Please Pay This Amount

**\$2,889.37**

Document 1-4

If you have any questions, or updates to your information, please call the Patient Contact Center at 800-326-2250.  
Or contact us via email at [customerservice@aurora.org](mailto:customerservice@aurora.org). Se Habla Español 866-629-6033

If you are having difficulty paying your bill, call 1-800-326-2250 as soon as you receive your statement to discuss options available.  
Information about Aurora's Financial Assistance Programs:

- Patients who do not have health insurance will receive a 45% discount on their medically necessary services.
- Patients who do not have health insurance and their family income is below 250% of the Federal Poverty Level (FPL)\* may be eligible for our Helping Hand financial assistance program. Eligibility requirements include:
  - ◆ Patients must permanently reside in Wisconsin or be a permanent resident within the Aurora Health Care geographical locations where Aurora provides services. All other financial assistance options from other sources (i.e., federal, state or local programs or grants, as well as private sources) must be explored prior to receiving financial assistance.
- If, after reviewing the income guidelines listed below, you feel you might qualify for *Helping Hand*, we ask that you call 262-532-6944 to discuss program eligibility with a financial advocate. Financial advocates are also located in all of our hospitals and many of our clinics.

\*A measure of income level issued annually by the Department of Health and Human Services.

Family Size	1	2	3	4	5	6	7	8	9	10
If income level below	\$29,700	\$40,050	\$50,400	\$60,750	\$71,100	\$81,450	\$91,825	\$102,225	\$112,625	\$123,024

This is not a health insurance program, and there are limitations to the services that are eligible. Elective, preventive or routine services are not covered under our financial assistance program.

You must apply for financial assistance within 240 days of your first billing statement. *If you apply for but do not qualify for the Helping Hand assistance, you will be notified as to why you are not eligible. Payment arrangements will need to be made for any outstanding bills or charges.*

Additional information about Aurora's Financial Assistance Programs can be obtained at [www.aurorahealthcare.org/helpinghand](http://www.aurorahealthcare.org/helpinghand).

Or by calling 262-532-6944 or by mailing a request to, Financial Assistance, P.O. Box 51116, New Berlin, WI 53151.

Our financial assistance policy and applications are available in English, Spanish, Hmong, Arabic and Russian.

Information about Aurora's Collection Policy:

- Aurora Health Care policy prohibits deferring, denying or requiring a payment before providing medically necessary care because of your nonpayment of one or more bills for previously provided care that was covered under Aurora's Helping Hand Program (more information below).
- If your account becomes past due, Aurora Health Care may take actions to try to resolve the debt. This may include collection calls to you or the guarantor, face to face appointment requests with an Aurora representative, collection letters, e-mails, and other electronic communications. It may also include the deferral or denial of care while Aurora makes a reasonable effort to determine whether you are eligible for Aurora's Helping Hand Program or were eligible at the time the services were rendered.
- Also, Aurora Health Care could authorize the sale of the debt or refer a past due account to a collection agency. The agency could pursue the extraordinary collection actions (ECA) of credit bureau reporting, money judgments, wage garnishment, and lien attachments to assets in timelines that are permissible by federal law. No ECA will take place until at least 240 days after the date of your first post-discharge billing statement and never while you have a financial assistance application in a pending review status.



# Exhibit E



# Aurora Health Care®

PO Box 091700  
Milwaukee, WI 53209-8700

If you have a question on your statement, please call:  
Toll Free 800-326-2250 Mon - Fri, 8:30 am - 5:00 pm  
Our email address is: customerservice@aurora.org  
En Español por favor llamar al 866-629-6033

If paying by credit card, fill out below

Check credit card using for payment  DISC. VER  VISA

Card Number \_\_\_\_\_

Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name \_\_\_\_\_

Bill Date 01/22/2017	Account Number ██████████3845	Pay This Amount \$2,952.37	Amount Paid _____
-------------------------	----------------------------------	-------------------------------	----------------------

You can pay your bill online at [my.aurorahealthcare.org](http://my.aurorahealthcare.org)

### Addressee



MICHAEL J MACHNIK  
2970 S 60TH ST  
MILWAUKEE WI 53219-3167

Page 1 of 1

### Please make checks payable and remit to:



Aurora Health Care Inc  
PO BOX 809418  
Chicago IL 60680-9418

000001803104 012217 0000948845 0000295237 8

Document Code: P-QWPTJ-15453-TYPMDZ

Please detach and return top portion with payment.

Account Number	Account Name	Bill Date	Due Date
██████████3845	MICHAEL J MACHNIK	01/22/2017	Upon Receipt

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE PENDING	PATIENT BALANCE
<b>Previous Visit Balance - Visit # ██████████57521 - Date of Service - 8/4/2016 to 8/31/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$404.85</b>
<b>Previous Visit Balance - Visit # ██████████45647 - Date of Service - 8/11/2016 to 8/31/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$274.83</b>
<b>Previous Visit Balance - Visit # ██████████54311 - Date of Service - 9/1/2016 to 9/30/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$545.69</b>
<b>Previous Visit Balance - Visit # ██████████8994 - Date of Service - 9/21/2016 to 10/3/2016 - MICHAEL J MACHNIK</b>					
	<b>CURRENT TOTAL VISIT BALANCE</b>			\$0.00	<b>\$1,475.00</b>
<b>Visits on a Payment Plan</b>					
05/10/16	Visit # ██████████2675 - MICHAEL J MACHNIK				
06/09/16	Visit # ██████████7206 - MICHAEL J MACHNIK				
07/01/16	Visit # ██████████7002 - MICHAEL J MACHNIK				
07/07/16	Visit # ██████████6456 - MICHAEL J MACHNIK				
08/08/16	Visit # ██████████0750 - MICHAEL J MACHNIK				
08/10/16	Visit # ██████████5936 - MICHAEL J MACHNIK				
08/10/16	Visit # ██████████6263 - MICHAEL J MACHNIK				
					<b>\$252.00</b>

If you are experiencing financial hardship or are looking for help in determining if you qualify for any Aurora Health Care financial assistance programs, please contact 1-800-326-2250. Program eligibility is based on income and family size. You may be asked to complete an application and supply additional documents to determine which program best suits your needs.

### Message:

Please review your statement details carefully. You currently have a payment plan with Aurora. If you see new charges summarized on this statement that are not included in the payment plan summary section or you are past due on your payment plan, you need to contact us immediately. If these matters are not resolved it may result in referral of your account to an outside collection agency. Please call us at 800-326-2250.

### Summary of Payment Plans

Amount Due	\$252.00
# of Payments Remaining	26
Beginning Amount	\$1,594.98
Remaining Balance	\$1,594.98

### Please Pay This Amount

**\$2,952.37**

If you have any questions, or updates to your information, please call the Patient Contact Center at 800-326-2250.  
Or contact us via email at [customerservice@aurora.org](mailto:customerservice@aurora.org). Se Habla Español! 866-629-6033

If you are having difficulty paying your bill, call 1-800-326-2250 as soon as you receive your statement to discuss options available.  
**Information about Aurora's Financial Assistance Programs:**

- Patients who do not have health insurance will receive a 45% discount on their medically necessary services.
- Patients who do not have health insurance and their family income is below 250% of the Federal Poverty Level (FPL)\* may be eligible for our Helping Hand financial assistance program. Eligibility requirements include:
  - ◆ Patients must permanently reside in Wisconsin or be a permanent resident within the Aurora Health Care geographical locations where Aurora provides services. All other financial assistance options from other sources (i.e., federal, state or local programs or grants, as well as private sources) must be explored prior to receiving financial assistance.
- If, after reviewing the income guidelines listed below, you feel you might qualify for *Helping Hand*, we ask that you call 262-532-6944 to discuss program eligibility with a financial advocate. Financial advocates are also located in all of our hospitals and many of our clinics.

\*A measure of income level issued annually by the Department of Health and Human Services.

Family Size	1	2	3	4	5	6	7	8	9	10
If income level below	\$29,700	\$40,050	\$50,400	\$60,750	\$71,100	\$81,450	\$91,825	\$102,225	\$112,625	\$123,024

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You must apply for financial assistance within 240 days of your first billing statement. If you apply for but do not qualify for the Helping Hand assistance, you will be notified as to why you are not eligible. Payment arrangements will need to be made for any outstanding bills or charges.

Additional information about Aurora's Financial Assistance Programs can be obtained at [www.aurorahealthcare.org/helpinghand](http://www.aurorahealthcare.org/helpinghand).

Or by calling 262-532-6944 or by mailing a request to, Financial Assistance, P.O. Box 51116, New Berlin, WI 53151.

Our financial assistance policy and applications are available in English, Spanish, Hmong, Arabic and Russian.

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# EXHIBIT F



# Aurora Health Care<sup>TM</sup>

PO Box 091700  
Milwaukee, WI 53209-8700

## Statement of Hospital and Physician Services

Statement Date: 07/10/17

Page 1 of 4

### Payment Options:

Pay Online: [aurora.org/billing](http://aurora.org/billing)

Phone: 800-326-2250

Mail: PO Box 809418 Chicago, IL 60680-9418

### Account Information

Guarantor Name: MACHNIK, MICHAEL J

Guarantor Account Number: 8845

0082800  
95256

AUR12A 705109 403099456

Michael J Machnik

2970 S 60th St

Milwaukee WI 53219-3167



### Guarantor Account Summary

**Total Amount Owed \$1,434.39**

Charge, payment, and adjustment detail can be found starting on Page 3

#### Payment Plan Information

Monthly Amount: \$0.00  
Payment Plan Balance: \$0.00  
Overdue: \$0.00

Payment Plan Amount Due Now \$0.00  
Amount Due not on Payment Plan \$1,434.39

**Amount Due Now \$1,434.39**

Thank you for choosing  
**Aurora Health Care**  
for your health care needs!

Your Aurora bill has a new look!  
It's been re-designed  
because of your feedback.  
Have questions? View a sample bill at  
**aurora.org/billing**  
to see what common terms mean and  
learn how your bill is organized.

### Customer Care

Hours: Monday - Thursday 7:30am - 6:00pm, Friday 7:30am - 5:00pm

- Please contact us for questions, or to discuss a possible payment plan or financial assistance based on need.
- Para español favor llámara a (866) 629-6033

Contact us: **(800) 326-2250**  
[customerservice@aurora.org](mailto:customerservice@aurora.org)



# Aurora Health Care<sup>TM</sup>

Statement Date  
07/10/17

Account	Acct #	Date Due
MACHNIK, MICHAEL J	8845	Upon Receipt
<b>Amount Due Now</b>	<b>Amount I am Paying</b>	
<b>\$1,434.39</b>	<b>\$</b>	

Make check payable to **Aurora Health Care**

AURORA HEALTH CARE  
PO Box 809418  
Chicago IL 60680-9418



Select One:  Payment Enclosed or Choose Card Below:

Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

Print Cardholder's Name \_\_\_\_\_

Signature \_\_\_\_\_

If you are having difficulty paying your bill, call 1-800-326-2250 as soon as you receive your statement to discuss your options.

Information about Aurora's Financial Assistance Program (*Helping Hand*):

- Patients eligible for *Helping Hand* will not be charged more than amounts generally billed for emergency and other medically necessary care.
- Patients who do not have health insurance will receive a 45% discount on medically necessary services.
- Patients who do not have health insurance and their family income is below 250% of the Federal Poverty Level may be eligible for our *Helping Hand* financial assistance program. To be eligible, you must have permanent residence in Wisconsin and meet the income guidelines:

Family Size	1	2	3	4	5	6
If income level below	\$30,150	\$40,600	\$51,050	\$61,500	\$71,950	\$82,400

- This is not a health insurance program, and there are limitations to the services that are eligible. Medically necessary services will be covered at 100%.
- You must apply for financial assistance within 240 days of your first billing statement.
- Financial advocates are located in all of our hospitals and many of our clinics to assist you.
- Our financial assistance policy and applications are available in multiple languages.

For additional information about Aurora's Financial Assistance Programs:

- Visit: [aurora.org/billing](http://aurora.org/billing)
- Call: 1-800-326-2250 to speak to a financial advocate
- Mail a request: Financial Assistance, PO Box 51116, New Berlin, WI 53151

Information about Aurora's Collection Policy:

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- If your account becomes past due, Aurora Health Care may take actions to try to resolve the debt. This may include collection calls to you or the guarantor, appointment requests with an Aurora representative, collection letters, e-mails, and other electronic communications. Care may be deferred or denied while Aurora makes a reasonable effort to determine whether you are eligible for Aurora's *Helping Hand* Program, or were eligible at the time the services were rendered.
- Aurora Health Care may authorize the sale of the debt or refer a past due account to a collection agency. The agency could pursue the extraordinary collection actions (ECA) of credit bureau reporting, money judgments, wage garnishment, and lien attachments to assets in timelines that are permissible by federal law. No ECA will take place until at least 240 days after the date of your first post-discharge billing statement and never when you have a financial assistance application in pending status.

Visit [aurora.org/billing](http://aurora.org/billing) for additional information about Aurora's collection policy.

**Detail of Previous Services**

These charges remain past due. If you are unable to pay your balance in full please contact us today (800) 326-2250 to discuss payment options.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
<b>Patient Name: MACHNIK, MICHAEL J</b>		<b>Provider: SYED, ATHER H</b>		
02/13/17 to 02/19/17 [REDACTED] 6322		Location: AURORA ST LUKES SOUTH SHORE - IP		
02/13/17	[REDACTED]	250.00		
02/13/17	[REDACTED]	76.00		
02/13/17	[REDACTED]	654.00		
02/13/17	[REDACTED]	278.00		
02/13/17	[REDACTED]	457.00		
02/14/17	[REDACTED]	76.00		
02/14/17	[REDACTED]	278.00		
02/14/17	[REDACTED]	380.00		
02/14/17	[REDACTED]	585.00		
02/15/17	[REDACTED]	364.00		
02/15/17	[REDACTED]	278.00		
02/15/17	[REDACTED]	380.00		
02/16/17	[REDACTED]	76.00		
02/16/17	[REDACTED]	760.00		
02/17/17	[REDACTED]	556.00		
02/17/17	[REDACTED]	760.00		
02/17/17	[REDACTED]	457.00		
02/18/17	[REDACTED]	364.00		
02/18/17	[REDACTED]	760.00		
02/19/17	[REDACTED]	363.00		
02/19/17	[REDACTED]	380.00		
02/19/17	[REDACTED]	585.00		
04/26/17	Payments		-199.45	
04/26/17	Adjustments		-697.67	
05/17/17	Payments		-1,924.60	
05/17/17	Adjustments		-5,864.40	
03/19/17	Payments		-79.86	
05/27/17	Adjustments		-279.77	
	<b>Patient Balance</b>			<b>\$71.25</b>

<b>Patient Name: MACHNIK, MICHAEL J</b>		<b>Provider: CHERAYIL, GEORGE D</b>		
02/19/17 to 02/22/17 150115943		Location: AURORA ST LUKES SOUTH SHORE - IP		
	Balance Forward	851.00	-803.86	\$47.14
	<b>Patient Balance</b>			<b>\$47.14</b>
	<b>Previous Services Balance Due</b>			<b>\$118.39</b>

**Detail of New Activity**

Thank you for choosing Aurora Health Care. The full balance owed is due upon receipt. We appreciate your prompt payment.

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
<b>Patient Name: MACHNIK, MICHAEL J</b>		<b>Location: AHCM South Shore 3rd floor Inpatient Medical Surgical</b>		
02/22/17 to 02/28/17	[REDACTED] 7855	15,420.00		
		4,048.84		
		2,707.00		

Date of Service	Description	Charges	Payments/ Adjustments	Balance Due
	[REDACTED]	733.00		
	[REDACTED]	1,225.00		
	[REDACTED]	570.00		
06/28/17	Payments		-10,926.44	
06/28/17	Adjustments		-12,461.40	
04/04/17	Payments		0.00	
	<b>Patient Balance</b>			<b>\$1,316.00</b>
	<b>New Activity Balance Due</b>			<b>\$1,316.00</b>

**Total Amount Owed to Aurora (As of this Statement) \$1,434.39**



# CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

Place an X in the appropriate Box:  Green Bay Division  Milwaukee Division

**I. (a) PLAINTIFFS**  
**Audrey Machnick**

**(b) County of Residence of First Listed Plaintiff** Milwaukee  
 (EXCEPT IN U.S. PLAINTIFF CASES)

**(c) Attorney's (Firm Name, Address, and Telephone Number)**  
 Ademi & O'Reilly, LLP, 3620 E. Layton Ave., Cudahy, WI 53110  
 (414) 482-8000-Telephone (414) 482-8001-Facsimile

**DEFENDANTS**  
**DCM Services, LLC**

County of Residence of First Listed Defendant \_\_\_\_\_  
 (IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

1 U.S. Government Plaintiff  3 Federal Question (U.S. Government Not a Party)

2 U.S. Government Defendant  4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

	<b>PTF</b>	<b>DEF</b>		<b>PTF</b>	<b>DEF</b>
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated <i>or</i> Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated <i>and</i> Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	<b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input checked="" type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition	<b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	

**V. ORIGIN** (Place an "X" in One Box Only)

1 Original Proceeding  2 Removed from State Court  3 Remanded from Appellate Court  4 Reinstated or Reopened  5 Transferred from another district (specify)  6 Multidistrict Litigation  7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
 15 U.S.C. 1692 et seq

Brief description of cause:  
 Violation of Fair Debt Collection Practices Act

**VII. REQUESTED IN COMPLAINT:**  CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23 **DEMAND \$** \_\_\_\_\_ **CHECK YES only if demanded in complaint:**  
**JURY DEMAND:**  Yes  No

**VIII. RELATED CASE(S) IF ANY** (See instructions): JUDGE \_\_\_\_\_ DOCKET NUMBER \_\_\_\_\_

DATE: October 13, 2017 SIGNATURE OF ATTORNEY OF RECORD: s/ John D. Blythin

## INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44

### Authority For Civil Cover Sheet

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

**I. (a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.

(b) County of Residence. For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)

(c) Attorneys. Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

**II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.C.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.

United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.

United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.

Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.

Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; federal question actions take precedence over diversity cases.)

**III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

**IV. Nature of Suit.** Place an "X" in the appropriate box. If the nature of suit cannot be determined, be sure the cause of action, in Section VI below, is sufficient to enable the deputy clerk or the statistical clerks in the Administrative Office to determine the nature of suit. If the cause fits more than one nature of suit, select the most definitive.

**V. Origin.** Place an "X" in one of the seven boxes.

Original Proceedings. (1) Cases which originate in the United States district courts.

Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.

Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.

Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.

Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.

Multidistrict Litigation. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407. When this box is checked, do not check (5) above.

Appeal to District Judge from Magistrate Judgment. (7) Check this box for an appeal from a magistrate judge's decision.

**VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553

Brief Description: Unauthorized reception of cable service

**VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.

Demand. In this space enter the dollar amount (in thousands of dollars) being demanded or indicate other demand such as a preliminary injunction.

Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

**VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

**Date and Attorney Signature.** Date and sign the civil cover sheet.

UNITED STATES DISTRICT COURT
for the
Eastern District of Wisconsin

AUDREY MACHNIK

Plaintiff(s)

v.

DCM SERVICES, LLC

Defendant(s)

Civil Action No. 17-cv-1409

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address)
AUDREY MACHNIK
c/o CORPORATION SERVICE COMPANY
8040 EXCELSIOR DRIVE, SUITE 400
MADISON, WI 53717

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you receive it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

John D. Blythin
Ademi & O'Reilly, LLP
3620 East Layton Avenue
Cudahy, WI 53110

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

STEPHEN C. DRIES, CLERK OF COURT

Date: \_\_\_\_\_

Signature of Clerk or Deputy Clerk

**PROOF OF SERVICE**

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))*

This summons and the attached complaint for *(name of individual and title, if any)*:

\_\_\_\_\_ were received by me on *(date)* \_\_\_\_\_.

I personally served the summons and the attached complaint on the individual at *(place)*:

\_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I left the summons and the attached complaint at the individual's residence or usual place of abode with *(name)*

\_\_\_\_\_, a person of suitable age and discretion who resides there, on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

I served the summons and the attached complaint on *(name of individual)* \_\_\_\_\_

who is designated by law to accept service of process on behalf of *(name of organization)* \_\_\_\_\_ on *(date)* \_\_\_\_\_ ; or

I returned the summons unexecuted because \_\_\_\_\_ ; or

Other *(specify)*: \_\_\_\_\_

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_ 0.00

I declare under penalty of perjury that this information is true.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Server's signature*

\_\_\_\_\_  
*Printed name and title*

\_\_\_\_\_  
*Server's address*

Additional information regarding attempted service, etc.:

# ClassAction.org

This complaint is part of ClassAction.org's searchable class action lawsuit database and can be found in this post: [Lawsuit: DCM Unlawfully Demands Payment from Woman for Late Husband's Medical Expenses](#)

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