

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

~~Sage-El non-corp Empire Washitaw Muur National~~  
~~non-corp Empire Washitaw Muur National~~  
Holder in due course

(In the space above enter the full name(s) of the plaintiff(s).)

15 CV 9869

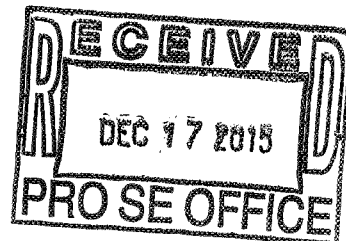
COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

-against-

POWER d/b/a NYPD  
LAM d/b/a NYPD  
MC CLEAN d/b/a NYPD  
EL-MAADWAY d/b/a NYPD  
ALVARES d/b/a NYPD  
SANCHEZ d/b/a NYPD  
OSPINA 4611 d/b/a NYPD SGT  
VICTORIA d/b/a CJS  
See attached ex A

Jury Trial:  Yes  No  
(check one)



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Sage-El non-corp Empire Washitaw Muur National  
ID # \_\_\_\_\_  
Current Institution \_\_\_\_\_  
Address 40388 E 49 Street  
Brooklyn N.Y. near L1203

B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name POWER Shield # \_\_\_\_\_  
Where Currently Employed 71 PRECINCT  
Address 421 Empire Blvd, Brooklyn N.Y. 11225

Attached Defendants

TULLS, JANE C d/b/a JUDGE

CAMPANELLI, J d/b/a JUDGE

QUINONES, JORC d/b/a JUDGE

JOHNSON, LAURAB d/b/a JUDGE

HENRY DeCHALUS d/b/a ATT

CHELSEA TODER d/b/a ADA

ZARO, S d/b/a JUDGE

HART, E d/b/a JUDGE

ZOLL, J d/b/a JUDGE

ARMSTRONG, M d/b/a JUDGE

GOLIA, DONNAM d/b/a JUDGE

HAWKINS, D d/b/a JUDGE

Tax ID# 3262 d/b/a NYPD

Tax ID# 10563 d/b/a NYPD

Tax ID# 21086 d/b/a NYPD

Defendant No. 2 Name LAM Shield # \_\_\_\_\_  
Where Currently Employed 71 PRECINCT  
Address 421 Empire Blvd, Brooklyn, N.Y. 11225

Defendant No. 3 Name MC CLEAN Shield # \_\_\_\_\_  
Where Currently Employed 71 PRECINCT  
Address 421 Empire Blvd, Brooklyn N.Y. 11225

Defendant No. 4 Name CRUZ Shield # \_\_\_\_\_  
Where Currently Employed 71 PRECINCT  
Address 421 Empire Blvd, Brooklyn, N.Y. 11225

Defendant No. 5 Name EL-MAADWAY Shield # \_\_\_\_\_  
Where Currently Employed 71 PRECINCT  
Address 421 Empire Blvd Brooklyn, N.Y. 11225

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
71 PRECINCT, CENTRAL BOOKING, CRIMINAL COURT OF KINGS COUNTY, CRIMINAL COURT OF QUEENS COUNTY & OBCC RIVERS ISLAND

B. Where in the institution did the events giving rise to your claim(s) occur?  
71 PRECINCT holding cell, Central Booking and OBCC RIVERS ISLAND

C. What date and approximate time did the events giving rise to your claim(s) occur?  
The time was approximat 7 pm 10-21-2015

D. Facts: My right to travel was violated when I came off the 4 train on Utica ave & Eastern Pkwy. I used my free metro card transfer to go on the B46 bus. POWER from the 71 Precinct unlawfully accused me for not paying the bus fare. He was on the sidewalk looking in the bus with other public impersonating officials. He ordered me to come off the bus, then I held up my metro card and told them I just payed my fare. POWER then threaten to drag me off the bus, I was in fear for my life then I came off the bus. He then told me to walk around the corner to Union St & Utica ave. Public impersonating official POWER then ask me for identification (rape) I gave him my Empire Washitaw National card & Tribal Passport, he stated it is not a state I.D. then arrested me unlawfully.  
There were 5 other public impersonating officials there 3 female 2 male. One of the male name was LAM. The others was at the precinct and at central Booking in Brooklyn. Name are (a) EL-MAADWAY (b) ALVAREZ, (c) CRUZ (d) SANCHEZ (e) McCLEAN (f) OSPINA # 4611 (g) VICTORIA (male) (h) TULL, JANEK (i) CAMPANELLI, J (j) tax ID# 3262 (k) tax ID# 10563  
There was a man passing by recording with his cell phone and the public impersonating officials was telling him he must turn his phone camera off or they will arrest him, I then yelled "he have the right to record anything in the public. Then they continue telling him step back.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I was locked in a cell for 3 3/4 days without any food no water and no bed to sleep on. I was deprive of getting medical attention after an EMT worker orderd me to go to the hospital. Ospina 4611 and every other impersonating public official that were on duty for deliberately let me suffer from neck pain, back pain, risk pain, headache, hunger, high blood pressure & dehydration. On Saturday night the 4<sup>th</sup> night after being arrested I was taken to New York Methodist where I was admitted for my EKG changes showing LVH with J points strain pattern. see exhibit B

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?  
 Yes  No

Exhibit B



506 6<sup>th</sup> Street, Brooklyn, NY 11215  
718-780-3000 | www.nym.org

**Transition of Care Document for your Provider**

**Name:** HALL, WINSTON **MRN:** 00005130328 **Date of Birth:** 02/02/1981

**Sex:** Male **Race:** Patient declined **Ethnicity:** Patient declined

**Preferred Language:** English

**Smoking Status:** Never smoker

**Advance Directive:** No

**Discharge Diagnosis:**

**Problems**

No Problems Documented

**Care Team**

**Attending Physician:** Hakimzada (MD), Ahmad

**Admitting Physician:** Hakimzada (MD), Ahmad

**Primary Care Physician:**

**Primary Nurse:** Lavaughn

**Referring Physician:** Hakimzada (MD), Ahmad

**Medications:**

No Known Home Medications

**Allergies**

NKA

**Vital Signs:**

- Height : 69 INCH
- Weight : 77.10 KG
- Temperature: 98.3 DegF
- Pulse Rate: 80 BPM
- Blood Pressure: 137 mmHg/



- Body Mass Index: 25.10 kg/m<sup>2</sup>

**Laboratory or Other Results This Visit** (last charted value for your 10/25/2015 visit)

**Hematology**

10/25/15 09:26:00

**Basophils %:** 0.5 % -- Normal range between ( 0.0 and 2.4 )  
**Eosinophils %:** 2.4 % -- Normal range between ( 0.0 and 7.5 )  
**Hematocrit:** 43.2 % -- Normal range between ( 38.3 and 48.5 )  
**Hemoglobin:** 13.6 g/dL -- Normal range between ( 12.5 and 16.9 )  
**Lymphocytes %:** 38.6 % -- Normal range between ( 15.5 and 47.1 )  
**MCH:** 26.0 pg -- Normal range between ( 26.1 and 33.7 )  
**MCHC:** 31.5 g/dL -- Normal range between ( 32.2 and 35.1 )  
**MCV:** 82.6 fL -- Normal range between ( 79.5 and 98.0 )  
**Monocytes %:** 15.4 % -- Normal range between ( 3.2 and 11.7 )  
**MPV:** 9.4 fL -- Normal range between ( 7.1 and 10.5 )  
**Neutrophils %:** 43.1 % -- Normal range between ( 40.7 and 75.6 )  
**Platelets:** 189 K/uL -- Normal range between ( 117 and 361 )  
**RBC:** 5.23 M/uL -- Normal range between ( 4.07 and 5.74 )  
**RDW:** 13.8 % -- Normal range between ( 11.9 and 15.0 )  
**Neutrophils #:** 2.00 K/uL -- Normal range between ( 1.40 and 7.00 )  
**Lymphocytes #:** 1.80 K/uL -- Normal range between ( 0.90 and 3.50 )  
**Monocytes #:** 0.70 K/uL -- Normal range between ( 0.20 and 0.90 )  
**Eosinophils #:** 0.10 K/uL -- Normal range between ( 0.00 and 0.50 )  
**Basophils #:** 0.00 K/uL -- Normal range between ( 0.00 and 0.10 )  
**WBC:** 4.7 K/uL -- Normal range between ( 4.0 and 10.3 )  
**Uncorrected WBC:** 4.7 K/uL -- Normal range between ( 4.0 and 10.3 )

10/25/15 01:59:00

**Hypochromia:** 1+

**Coagulation**

10/25/15 01:59:00

**INR:** 1.29

**PROTIME:** 13.8 sec -- Normal range between ( 10.9 and 13.0 )

**APTT:** 37.4 sec -- Normal range between ( 24.1 and 34.1 )

**Chemistry**

10/25/15 09:26:00

**Albumin:** 3.9 g/dL -- Normal range between ( 3.4 and 5.0 )  
**Alkaline Phosphatase:** 46 -- Normal range between ( 45 and 117 )  
**ALT:** 40 unit/L -- Normal range between ( 8 and 62 )  
**AST:** 27 unit/L -- Normal range between ( 15 and 37 )  
**Bilirubin, Total:** 0.9 mg/dL -- Normal range between ( 0.2 and 1.0 )  
**BUN:** 27 mg/dL -- Normal range between ( 7 and 18 )  
**Calcium:** 8.5 mg/dL -- Normal range between ( 8.5 and 10.1 )  
**Chloride:** 104 mmol/L -- Normal range between ( 100 and 108 )  
**CO<sub>2</sub>:** 27 mmol/L -- Normal range between ( 21 and 32 )  
**Creatinine:** 1.21 mg/dL -- Normal range between ( 0.67 and 1.17 )

**Glucose:** 81 mg/dL -- Normal range between ( 55 and 100 )

**Lactate Dehydrogenase (LD):** 144.0 unit/L -- Normal range between ( 87.0 and 241.0 )

**Creatine Kinase, MB:** 1.4 ng/mL -- Normal range between ( 0.5 and 3.6 )

**Phosphorus:** 4.4 mg/dL -- Normal range between ( 2.5 and 4.9 )

**Potassium:** 4.2 mmol/L -- Normal range between ( 3.5 and 5.1 )

**Sodium:** 140 mmol/L -- Normal range between ( 136 and 145 )

**Total Protein:** 6.8 g/dL -- Normal range between ( 6.4 and 8.2 )

**Uric Acid:** 4.4 mg/dL -- Normal range between ( 3.5 and 7.2 )

**Anion Gap:** 09 mmol/L -- Normal range between ( 08 and 16 )

**Icteric Index:** Not Icteric

**Hemolysis Index:** Not Hemolyzed

**Lipemic Index:** Not Lipemic

**eGFR if African American:** >90.0 mL/min/1.73m<sup>2</sup>

**eGFR if non-African American:** 78.0 mL/min/1.73m<sup>2</sup>

**CrCl (est) - CG:** 86.39 mL/min

**Troponin I:** <.015 ng/mL

10/25/15 02:05:00

**Magnesium:** 2.0 mg/dL -- Normal range between ( 1.8 and 2.4 )

**Pro B Type Natriuretic Peptide:** 17.0 pg/mL

### Molecular Tests

10/25/15 08:17:00

**Race:** Patient declined

### Diagnostic Radiology

10/25/15 06:21:16

**XR Wrists:** XR Wrists

10/25/15 01:55:50

**XR Chest - Portable:** XR Chest - Portable

### **Immunizations**

influenza virus vaccine, inactivated (Not Given)

### **Procedures**

No Procedures Documented

### **Functional Status**

**Level of Consciousness:** Alert

**Ability to Communicate:** Easily

**Extremity Movement:** Equal

**Assistance Device:** None

**Living Arrangement:** Alone

**Orientation:** Alert and Responsive, Oriented x 3

### **Instructions/Educations given to the Patient:**



**Activity:** You may resume your normal activities

**Diet:** Regular / Normal Diet consisting of 2000 calories per day

**Call Doctor if you Experience:** shortness of breath  
any limb swelling  
chest pain  
fever  
nausea/vomitting

**Discharge Weight:** 77.10 kg

**Reason for Visit:** 36 yo M with PMHx of Migraine Headachse presents with Neck pain and Back pain likely secondary to dehydration. Patient was admitted due to EKG changed showing LVH with J point strain pattern. Patient's CE were negative x 2. Patient was observed, treated with Tramadol for Pain and IVFs.

**Hospital Course:** You were admitted because of dehydration and changes seen in your EKG. You were observed and given IVFs. 1) Pleasc follow up with your PMD in 1 week. 2) Please continue to take medications as directed.

**Patient Condition at Discharge:** Improved

**Education Materials Given:** Migraine Headache



**PATIENT PROPERTY CHECKLIST**



415943021 CP7N 34 02/02/1981  
 HALL, WINSTON M  
 HAKIMZADA, AHMAD FORO MR 5130328

**TO BE COMPLETED UPON ADMISSION OR TRANSFER TO PA**

Today's Date 10-25-15		Name of Patient	
Patient's Street Address		City	State
			Zip Code

CLOTHING	DISPOSITION			BELONGINGS	DISPOSITION		
	Bedside	Sent Home	Security		Bedside	Sent Home	Security
<input checked="" type="checkbox"/> Coat/Jacket/Sweater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Valuables Envelope must be sent to Cashier <input type="checkbox"/> <input type="checkbox"/> Eyeglasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dentures - Lower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Undergarments:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dentures - Upper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Socks/Stockings/Pantyhose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prosthesis (type): →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Blouse/Shirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pocketbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Canes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Pants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Walker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shorts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wheel Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skirt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Wallet (place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Nightgown/pajamas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Keys (place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bathrobe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Credit Cards/ID Cards (place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Slippers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Jewelry (describe)(place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Money \$ (place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Bank Books (place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> *Watch (place in valuables envelope)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of person completing form <i>Shanita Scott</i>	Title <i>RN</i>	Unit <i>7W</i>
---	--------------------	-------------------

I acknowledge that the hospital is not responsible for any personal property kept with me. I also acknowledge that the hospital is not responsible for any property not claimed within 30 days after discharge. →	Signature of Patient/S.O. (Significant Other) <i>[Signature]</i>	
---	---	--

If patient arrives without any belongings or valuables →	Previous Unit Contacted/Date	Name of Staff Member Contacted

DISPOSITION →  Returned to patient  Remain in Security  Remain with Cashier  No belongings

FOR TRANSFERS			
ACCEPTING UNIT: →	I verify that the above information is correct	Name <i>Said Robinson</i>	Title <i>Unit</i>
SECURITY DEPARTMENT: →	I verify that the above information is correct	Name <i>[Signature]</i>	Title

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Yes, central Booking, OBCC Rikers Island

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes  No  Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes  No  Do Not Know

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes  No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes  No

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

OBCC 1600 Hazen st 5 upper, 1 lower, 2 upper East Elhurst N.Y. 11370

1. Which claim(s) in this complaint did you grieve? I was locked I a cell for 3 3/4 days without food/water, no bed to sleep & deprivation of my Indigenous rights

2. What was the result, if any? I spoke to social services at OBCC Rikers Island

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but informed any officials of your claim, state who you informed,



when and how, and their response, if any: \_\_\_\_\_

N/A

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. I am exhausted with all remedies.
- (a) Brooklyn & Queens Criminal Courts falsified records
  - (b) Both Brooklyn & Queens Criminal Courts Issuing unlawful warrant under color of law.
  - (c) Violation of full faith and credit law with an authenticated Birth Certificate
  - (d) I am a Empire Washitaw National with Holder in due course for the name HALL, WINSTON and a Vessel Lien for 1 trillion USD in Gold and silver on Kings County Clerk of Court Record index #13227/2014

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). The relief I am requesting to be on the do not detain list from the USA Marshall, in support of Maurbarry vs. Madison case. And protection of the Sundry act of 1790.

I am seeking justice to be served for impersonating public officials to do jail time allotted by the constitution for Treason, Rico act & violation to the UN Declaration of Indigenous People 6-29-2006 and Indian Laws.

Monetary compensation 100,000,000 million, stated in my injunction that was mailed to Joseph Fucito d/b/a Sheriff, Andrew Cuomo d/b/a Governor for New York State & Eric. T Scheidlerman d/b/a Attorney General for New York State on May 4, 2015 notary presentment see exhibit C

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes  No

On these claims

Exhibit C

# Product Tracking & Reporting

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July 11, 2015

## USPS Tracking Intranet

### Delivery Signature and Address

Tracking Number: 7014 2870 0000 4235 1310

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Signature	
Address	

Enter up to 35 items separated by commas.

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ALBANY NY 12224

Postage	\$ 1.40	0343 24 Postmark Here 05/04/2015
Contract Post	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 7.40</b>	

Sent to: Eric T. Schneiderman NY State Att General  
 Street & Apt. No. or PO Box No. THE CAPITAL  
 City, State, ZIP+4 Albany NY 12224

(25) Form 3800, July 2014 See Reverse for Instructions



# Product Tracking & Reporting



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## USPS Tracking Intranet Delivery Signature and Address

Tracking Number: 7014 2870 0000 4235 1501

This item was delivered on 05/12/2015 at 12:09:00

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Signature	WAS
Address	210

Enter up to 35 items separated by commas.

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Version: 4.1.1.1

7014 2870 0000 4235 1501

1051 5221 0000 4235 1501

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**BROOKLYN NY 11201**

Postage (\$)	\$1.19	0343 24 Postmark Here 05/04/2015
Contract Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<b>Total Postage &amp; Fees</b>	<b>\$7.19</b>	

Sent to: **Joseph Fucito dba Kings County Sheriff**  
Street & Apt. No. or PO Box No. **210 Jerusalem St 9th floor**  
City, State, Zip: **Brooklyn NY 11201**

PS Form 3800, July 2011      See Reverse for Instructions

# Product Tracking & Reporting



Home Search Reports Manual Entry Rates/Commitments PTR / EDW USPS Corporate Accounts July 11, 2015

## USPS Tracking Intranet Delivery Signature and Address

Tracking Number: 7014 2870 0000 4235 1495

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Return Receipt Fee (Endorsement Required)	\$ 2.70
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
<b>Total Postage &amp; Fees</b>	<b>\$ 7.40</b>

Postmark: 0343 24 05/04/2015

Sent To: Andrew M. Cuomo, Gov. of N.Y.  
New York State Capitol Building  
Albany N.Y. 12224

PS Form 3800, July 2014

United States of America

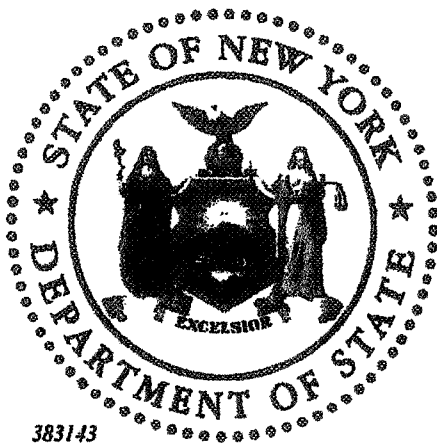
*State of New York*  
*Department of State*

*It is hereby certified, that Nancy T. Sunshine was Clerk of County of Kings in the State of New York, and Clerk of the Supreme Court therein, being a Court of Record, on the day of the date of the annexed certificate, and duly authorized to grant same; that the seal affixed to said certificate is the seal of said County and Court; that the attestation thereof of said Clerk is in due form and executed by the proper officer; and that full faith and credit may and ought to be given to said Clerk's official acts.*

*In Testimony Whereof, the Department of State Seal is hereunto affixed.*

*Witness my hand at the city of New York*

*this 4th day of May Two Thousand and Fifteen*



*Sandra J. Tallman*

---

*Sandra J. Tallman*  
*Special Deputy Secretary of State*

383143

310CC (REV. 09 25 12)

**STATE OF NEW YORK  
COUNTY OF KINGS  
COUNTY CLERK'S OFFICE**

**SS:**

**I, Nancy T. Sunshine, County Clerk of the County of Kings, State of New York and also Clerk of the Supreme Court in and for said County and State, the same being a Court of Record and having a seal;**

**DO HEREBY CERTIFY THAT COPE, ALTHEA 01CO6078134  
Term 7/22/2014 to 7/22/2018**

**Whose name is subscribed to the annexed affidavit, deposition, certificate of acknowledgment or proof, was at the time of taking the same a NOTARY PUBLIC in and for the State of New York, duly commissioned and sworn and qualified to act as such throughout the State of New York; that pursuant to law a commission, or a certificate of their official character, and autograph signature, have been filed in my office; that as such the Notary Public was duly authorized by the laws of the State of New York to administer oaths and affirmations, to receive and certify the acknowledgment or proof of deeds, mortgages, powers of attorney and other written instruments for lands, tenements and hereditaments to be read in evidence or recorded in this State, to protest notes and to take and certify affidavits and depositions; and that I am well acquainted with the handwriting of such Notary Public or have compared the signature on the annexed instrument with their autograph signature deposited in my office,**

**IN WITNESS WHERE OF, I have hereunto set my hand and affixed my official seal at Brooklyn, Kings County, New York on May 4, 2015**



**NANCY T. SUNSHINE  
KINGS COUNTY CLERK**

# AFFIDAVIT OF NOTARY'S PRESENTMENT CERTIFICATION OF MAILING

STATE OF NEW YORK

COUNTY OF KINGS

Be it known that I, Althea Cope, a duly empowered Notary Public, in and for the STATE OF NEW YORK, COUNTY OF KINGS, a third party and not a party to the matter, for the sole purpose of certifying a response or want thereof, at the request of Sage Elab Hall, Winston G. present on this 4 Day of May, 2015.

It is hereby certified that on the date noted below that the undersigned Notary Public Mailed to:

ERIC T. SCHNEIDERMAN  
DBA. NEW YORK STATE ATTORNEY GENERAL  
THE CAPITAOL  
ALBANY, NY 12224  
Certified Mail: 70142870000042351310

ANDREW M. CUOMO  
DBA. GOVERNOR OF NEW YORK STATE  
CAPITOL BUILDING  
ALBANY, NY 12224  
Certified Mail: 70142870000042351495

JOSEPH FUCITO  
DBA.KINGS COUNTY SHERIFF  
210 JERALEMON STREET 9<sup>TH</sup> fl  
BROOKLYN, NY 11201  
Certified Mail: 70142870000042351501

Hereinafter, "Recipient", the document and sundry papers which include the following:

Return Receipt attached by placing the same in postpaid envelope, properly addressed to Recipient at the said address and depositing the same at an official depository under the exclusive face and custody of the U.S. Postal Service within the STATE OF NEW YORK

Your Signature here

Sage Elab Hall, Winston G.

I have hereunto set my hand and seal of office

On this, 4 Day of May, 2015

Althea Cope

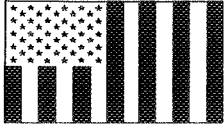
, Notary Public

Althea Cope  
Notary Public, State of New York  
No. 01006078174  
Qualified in Kings County  
Commission Expires July 22, 2018

### LEGAL NOTICE

The undersigned Notary is an independent contractor and not a party to this claim. In fact the Certifying Notary is a Federal Witness Pursuant to TITLE 18, PART 1, CHAPTER 73, SEC. 1512. The undersigned Notary is not an agent, or an informant. The Certifying Notary also performs the functions of a quasi-Postal Inspector under the Homeland Security Act by being compelled to perform the functions of the U.S. Postal regulations as an Officer of the Executive Department. Intimidating a Notary Public under the Color of Law is a violation of Title 18, U.S. Code, Section 1424 entitled "Derivation of Rights under Color of Law," which primarily governs police misconduct investigations. This Statute makes it a crime for any person acting under the Color of Law to deprive any individual residing in the United States and/or United States of America those right protected by the Constitution and U.S. laws. Use of a Notary or references to U.S. laws, regulations, statutes and the like does not constitute a granting of jurisdiction, waiving of any rights or an acceptance of any benefits or privileges, real or imagined.





**1777 New York Constitution (as ratified without subsequent amendments) ARTICLE I. BILL OF RIGHTS. SECTION I. The civil authority shall be superior to the military**

**Notice of Special Restricted Appearance: Sage El Beneficial Owner 1st Lien Holder of HALL, WINSTON GREGORY Estate d/b/a WINSTON GREGORY HALL®™**

**HALL WINSTON GREGORY corp sole §  
Db. WINSTON GREGORY HALL §**

**Case Number: 2014QN024725  
Case Number: 2014KN079263  
Case Number: 2014KN082519**

**v. §  
PUBLIC OFFICER §  
Db. ERIC T SCHNEIDERMAN §  
db. ATTORNEY GENERAL §**

**NOTICE OF MOTION AND  
MOTION TO INTERVENE  
WITH AN INJUNCTION**

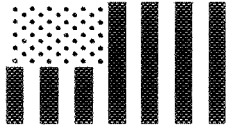
**NOTICE OF ESTOPPEL AND STIPULATION OF CONSTITUTIONAL CHALLENGE TO ALL NEW YORK STATE STATUTES WHERE No general law affecting private rights, shall be varied in any particular case, by special legislation, except with the free consent, in writing of all persons to be affected thereby; AND MOTION TO INTERVENE WITH AN INJUNCTION FOR NAME HALL WINSTON GREGORY dba WINSTON GREGORY HALL & NOTICE THAT HALL WINSTON GREGORY dba WINSTON GREGORY HALL registered agent for entity is Secretary of State of the State of New York as its agent upon whom a Notice of Claim against the public corporation may be served.**

***TAKE NOTICE THAT pursuant to 1777 New York Constitution (as ratified without subsequent amendments) ARTICLE I. BILL OF RIGHTS. SECTION I.***

No member of this state shall be disfranchised, or deprived of any of the rights or privileges secured to any citizen thereof, unless by the law of the land, or the judgment of his or her peers, except that the legislature may provide that there shall be no primary election held to nominate candidates for public office or to elect persons to party positions for any political party or parties in any unit of representation of the state from which such candidates or persons are nominated or elected whenever there is no contest or contests for such nominations or election as may be prescribed by general law

Legislative acts in violation of this Constitution, or the Constitution of the United States, are void, and the Judiciary shall so declare them.





**1777 New York Constitution (as ratified without subsequent amendments) ARTICLE I. BILL OF RIGHTS. SECTION XI. The civil authority shall be superior to the military**

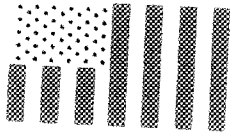
**Notice of Special Restricted Appearance: Sage El Beneficial Owner 1st Lien Holder of HALL, WINSTON GREGORY Estate d/b/a WINSTON GREGORY HALL©®™**

**AND TAKE FURTHER NOTICE THAT** I, Sage El 1<sup>st</sup> lien holder of the 14<sup>th</sup> amendment person HALL WINSTON GREGORY corp. sole dba WINSTON GREGORY HALL did not consent for me or my private property to being a 14<sup>th</sup> amendment citizen of the U.S. OR state of NEW YORK OR any other state in writing or any other consent, especially since this was done when I was a baby, when contracts like, the birth certificate was done and social security number was issued in the above mention names, which would have put me under legal disability to contract, and not capable of such a contract, as the above mention 1777 New York Constitution said.

**AND TAKE FURTHER NOTICE THAT** I “Sage El” Reserve my right to sue you and all your agency and contracts for using my name or my property HALL WINSTON GREGORY dba WINSTON GREGORY HALL ens legis.

**AND TAKE FURTHER NOTICE THAT** the material facts giving rise to the constitutional question are as follows:

- 1. Unalienable rights, protected by 1777 New York Constitution (as ratified without subsequent amendments) and 1777 BILL OF RIGHTS, right of travel has been violated; in the past.*
- 2. Unalienable rights were violated; protected by 1777 New York Constitution (as ratified without subsequent amendments) and 1777 BILL OF RIGHTS, Par. 12. The right of the people to be secure in their persons, houses, papers, and effects against unreasonable searches and seizures, shall not be violated; and no warrant shall issue except upon probable cause: supported by oath, or affirmation, particularly describing the place, or places, to be searched, and the persons or things to be seized. violated; in the past.*



**1777 New York Constitution (as ratified without subsequent amendments) ARTICLE I. BILL OF RIGHTS. SECTION XI. The civil authority shall be superior to the military**

**Notice of Special Restricted Appearance: Sage El Beneficial Owner 1st Lien Holder of HALL, WINSTON GREGORY Estate d/b/a WINSTON GREGORY HALL®™**

**AND TAKE FURTHER NOTICE THAT I DEMAND, for you to put the name HALL WINSTON GREGORY d/b/a WINSTON GREGORY HALL ON THE DO NOT STOP, DO NOT DETAIN LIST FOR NEW YORK and all the OTHER STATES. I reserve all my rights protected by above said New York Constitution I do not waive any part of my rights. I am requesting that you abide by your constitutional oaths. I also have a one trillion dollar lien on the names that are my property and there will be a charge of \$ 100,000,000. lawful dollars and up against you and your agencies or contractors, which this is your contract where you agree to pay this amount to me Sage EL in the Name WINSTON GREGORY HALL FOR THE TRESPASS of my *unalienable rights, protected by 1777 New York Constitution.***

**AND TAKE FURTHER NOTICE THAT THIS IS A CONTRACT, your failure to answer and rebut this affidavit is acquiescence, you have 72 hrs. to answer, then this contract is law.**

May 4, 2015 Sage-El  
UCC1-207 UCC 1-308 UCC 1-103.6 droit droit

State of New York )

)ss.

County of Kings )

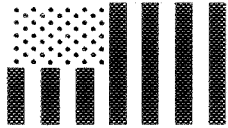
I have hereunto set my hand seal of office On this, 4<sup>th</sup> Day of May, 2015

Notary Public

Althea Cope  
Notary Public, State of New York  
No. 01CO6078134  
Qualified in Kings County  
Commission Expires July 22, 2018

Sage El, Registered Owner Of HALL, WINSTON GREGORY

Seal:



**1777 New York Constitution (as ratified without subsequent amendments) ARTICLE I. BILL OF RIGHTS. SECTION XI. The civil authority shall be superior to the military**

**Notice of Special Restricted Appearance: Sage El Beneficial Owner 1st Lien Holder of HALL, WINSTON GREGORY Estate d/b/a WINSTON GREGORY HALL®™**

Dba WINSTON GREGORY HALL  
c/o [388] East 49<sup>th</sup> St.  
Brooklyn [New York] state Republic  
Near; [11203]

**CERTIFICATE OF SERVICE**

I hereby certify that on Monday May 4, 2015, a true and correct copy of the foregoing document or pleading entitled ADMINISTRATIVE NOTICE AND DEMAND AND JUDICIAL NOTICE OF: NOTICE OF MOTION AND MOTION TO INTERVENE WITH AN INJUNCTION.

TO:

**Eric T. Schneiderman**  
dba New York Attorney General  
The Capitol  
Albany, NY 12224-0341  
Phone: 1-800-771-7755

**Andrew M. Cuomo**  
dba Governor of New York State  
NYS State Capitol Building  
Albany, NY 12224

**Joseph Fucito**  
dba Kings County Sheriff's  
210 Joralemon St 9<sup>th</sup> floor  
Brooklyn, NY 11201

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Hall, Winston

Defendants PEOPLE OF THE STATE OF NEW YORK

2. Court (if federal court, name the district; if state court, name the county) KINGS COUNTY SUPREME COURT

3. Docket or Index number 13227/14

4. Name of Judge assigned to your case Knipel

5. Approximate date of filing lawsuit March 16, 2015

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition Oct 14, 2014

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) The case dismissed

On other claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes  No

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff Sage-El non-corp Empire Washitaw Muur

Defendants FINO, BEERS, WEINSTEIN, BINO, VIGILANCE

2. Court (if federal court, name the district; if state court, name the county) Eastern District

3. Docket or Index number 15-CV-04895-JG-LB

4. Name of Judge assigned to your case Judge

5. Approximate date of filing lawsuit Aug 1, 2015

6. Is the case still pending? Yes  No

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

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

Signed this \_\_\_ day of Dec, 2015.

Signature of Plaintiff

Sage-El

Inmate Number

Institution Address

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this \_\_\_ day of Dec, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Sage-El ucc1-207, ucc1-308

I care of three eighty eight east forty nine street  
Brooklyn New York near one one two zero  
three