

United States District Court  
Southern District New York  
ANGEL HERNANDEZ

RECEIVED  
SDNY PRO SE OFFICE  
2015 JUN -4 A 9 28

SCANNED

PLAINTIFF

AMENDED

AGAINST

COMPLAINT

N.Y.C./

13 CV 9162 (SPA) (LTS)

CORIZON HEALTH INC

DR. Tolulope OSUDON

USDC SDNY  
DOCUMENT  
ELECTRONICALLY FILED  
DOC# 49  
DATE FILED: 6/4/2015

I would like to add N.Y.C. because they are the ones responsible for contracting corizon and health inc. and dr. osudon for not giving me proper medical treatment. and n.y.c. is responsible for proper functioning of it sail facilities on Rikers Island. and its staff and contractors.

THANK YOU  
Angel Hernandez  
14A1308

My name is A. Hernandez, 14A1308. I am writing  
because I was sust granted an Amended  
claim by the court's. 14CV0192.

Angel Hernandez  
US  
N.Y.C. Dept of correction /  
CORIZON HEALTH INC /  
Dr. Tolulope Osudun

Defendants

THINK I MADE A MISTAKE I WANTED IT TO BE  
Angel Hernandez

US  
N.Y.C. / ~~N.Y.C. Dept of correction~~  
/ CORIZON HEALTH INC /  
Dr. Tolulope Osudun

THE REASON I AM DOING IT THIS WAY BECAUSE N.Y.C.  
HIRES THESE DOCTORS OR CONTRACTS CORIZON HEALTH INC  
AND THEY ARE RESPONSIBLE FOR MAINTENANCE OF THE  
SAIL FACILITIES ON RIVERS ISLAND WHERE MY ACCIDENT  
HAPPENED AND I WAS NEGLECTED PROPER MEDICAL  
CARE.

(P.S.) I DO NOT REMEMBER  
IF I FILED 1983 COMPLAINT  
PLEASE DISREGARD IF I  
THU PUT ONE IN. THIS  
IS THE ONE I WANT TO  
PUT IN. (P.S.) HOW CAN  
I SERVE A SUMMONS IF  
I DONT KNOW DEFENDANTS  
ADDRESSES

THANK YOU  
Angel Hernandez

~~I AM NOT SURE IF  
I FILED COMPLAINT  
ALREADY THE ONE I'M~~

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

ANGEL Hernandez

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

-against-

New York City &  
~~NEW YORK STATE DEPT OF CORRECTIONS AND~~  
CORIZON HEALTH INC  
AND DR. Tolulope O Sudan

**COMPLAINT**

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

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 ANGEL Hernandez  
ID # 14A1308  
Current Institution Attica con Facility  
Address P.O. 149  
Attica N.Y. 14011

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 Dr Tolulope OSUDUN Shield #  
Where Currently Employed CORIZON HEALTH INC (Rikers Island)  
Address 18-18 HAZEN ST C Rikers ISLAND  
QNS NY

Defendant No. 2 Name N.Y.C. Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

Defendant No. 3 Name Corizon HEALTH NET Shield # \_\_\_\_\_  
Where Currently Employed RIKERS ISLAND  
Address 13-13-HAZEN ST  
QNS NY

Defendant No. 4 Name NYC DEPT OF CORRECTION Shield # \_\_\_\_\_  
Where Currently Employed RIKERS ISLAND  
Address \_\_\_\_\_

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
Where Currently Employed \_\_\_\_\_  
Address \_\_\_\_\_

**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?  
C-73 RIKERS ISLAND

B. Where in the institution did the events giving rise to your claim(s) occur?  
I WAS BURNED BY SCALDING HOT WATER IN SHOWER, WHEN TEMPERATURE CONTROL VALVES MISFUNCTIONED (S SHOWER)

C. What date and approximate time did the events giving rise to your claim(s) occur?  
IT HAPPENED AROUND 11:30 AM AFTER I FED THE INMATES, I HAD SUB AS FEED UP MAN

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: I WAS BURNED BY SCALDING HOT WATER WHILE I WAS TAKING A SHOWER BECAUSE OF TEMPERATURE VALVES WHICH CONTROL WATER MISFUNCTIONED. I REPORTED IT TO C.O. WHO INFORMED CAPTAIN AFTER SUFFERING A LOT OF PAIN ON 10/16/13 FROM BLISTERS I HAD ON MY BACK SHOULDERS LEGS. I WENT TO SICK CALL THEY GAVE ME HYDROCORTIZONE CREAM FOR RASH CUTS, THE BLISTERS STARTED TO BLEED I WENT BACK TO SICK CALL TOLD THEM ABOUT THE BLEEDING AGAIN THEY GAVE ME THE CREAM THEN IT SPREAD (BLISTERS & BUMPS STARTING SPREADING ALL OVER MY BODY CAUSING ME EXCRUCIATING PAIN AND SUFFERING ALL DAY EVERY DAY COULDN'T TAKE SHOWER. I WENT BACK TO SICK CALL SAW NURSES AGAIN. SAME THING SAME CREAM WHICH DIDN'T HELP AT ALL. THEY JUST SEE YOU FOR ABOUT A MINUTE AND SEND YOU BACK TO HOUSING AREA. BECAUSE THERE ARE SO MANY INMATES AND WE ALL DON'T FIT IN CAGES WHERE WE WAITED TO BE CALLED I KEPT GOING TO SICK TO NO AVAIL NOTHING CHANGED AND MY CONDITION JUST GOT WORSE I WAS SENT TO WEST FACILITY WHERE PICTURES WERE TAKEN BY PHYSICIAN WHO SENT THEM TEST RESULTS AND TOLD THEM MY CONDITION WAS GETTING WORSE AFTER THE FIRST TIME I SAW HIM. AND STILL NO KIND OF HELP. SAME CREAM. ETC ETC. THEY MEDICALLY NEGLECTED MY NEED MEDICALLY. MEDICAL NEGLIGENCE. TERRIBLE MEDICAL ATTENTION AND DEPARTMENT. LET ME GO THROUGH PAIN AND SUFFERING ALL DAY EVERY DAY

III. Injuries: AND DEPARTMENT. LET ME GO THROUGH PAIN AND SUFFERING ALL DAY EVERY DAY

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. I RECEIVED BLISTERS ON SHOULDERS BACK LEGS FOOT FROM BURN. THEY GAVE ME HYDROCORTIZONE CREAM WHICH IS FOR CUTS RASHES ETC ETC. THEY I CAUGHT SOME KINDS OF INFECTION WHICH CAUSED MORE BLISTERS AND BUMPS ALL OVER MY BODY THAT BLED AND CAUSED ME EXTREME PAIN SUFFERING BECAUSE OF INAPPROPRIATE MEDICAL ATTENTION AND NEGLIGENCE. AND UNSKILLED OR UNTRAINED MEDICAL STAFF (HORRIBLE TREATMENT) I HAVE SCARS ALL OVER MY BODY BECAUSE OF THEIR MEDICAL NEGLIGENCE AND DENIAL OF MY MEDICAL NEEDS.

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

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).

C-74 RIVERS ISLAND (Accident Happened)  
C-73 RIVERS 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?

C-73 C-74

1. Which claim(s) in this complaint did you grieve? Medical negligence

INSURy Report - being burned by SCALDING HOT WATER

2. What was the result, if any? They wrote to medical Dept

TO NO AVAIL

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.

I wrote 2ND OPION  
NIKE ADMINISTRATOR, WARDEN DEP AND I

SUST KEPT WRITING GRIEVANCES OVER AND OVER  
AND OVER TO NO AVAIL

F. If you did not file a grievance:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. They have horrible medical staff AND Dept who every day deny inmates of their proper medical needs AND Attention. New York city needs to send people in there AND see the conditions of these so called MEDICAL STAFF AND DEPARTMENT

**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).

I THINK New York City, NYC Dept of Corr. should have people investigate these doctors from Citizen Health Inc. AND the medical department in which they work in (Horrible doctors or people that show some kind of care. Instead of sending us back to our housing area after seeing us for a minute after we wait hours to see them they should investigate all the medical dept and employees in all the buildings (corr. facility bldgs) especially New York city who rents the SALS AND hires these so called doctors RN. I HAVE TO spend the rest of my life with these SCARS AND burn marks. Because Dr Tololope denied me proper medical needs AND Attention. I think 100,000 should cover all my pain AND suffering AND medical negligence I received at Rikers C-24 CH,

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

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 \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

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?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

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 26 day of MAY, 2015

Signature of Plaintiff Angel Henry  
Inmate Number 14A1308  
Institution Address ATICA CORC FACILITY  
P.O. BOX 149  
ATICA NY 14011  
E-54-8

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 26 day of MAY, 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: Angel Henry

COURT OF CLAIMS: STATE OF NEW YORK

Angel Hernandez

Claimant,

-against-

THE STATE OF NEW YORK,

Defendant.

AFFIDAVIT IN SUPPORT  
OF APPLICATION FOR  
WAIVER OF FILING AND  
SERVICE FEES AND COSTS  
AND TO PROCEED AS A  
POOR PERSON

Claim No. 14cv192

\_\_\_\_\_  
Name of Assigned Judge

STATE OF NEW YORK)  
COUNTY OF WYOMING) ss.:

The undersigned, being duly sworn, says:

1. I am the Claimant in this case. This statement is made in support of my request (a) for waiver of the Claim Number fee and/or any other filing and service fees and costs, and (b) to proceed in this case as a poor person.

2. I support my-self and no others in my household.

3. My only source of income is as an inmate, earning prison wages. I do not receive any Public Assistance or Social Security.

4. The amount of income I receive each month from my prison program is \$ 28#.

5. I do not have a Bank Account.

6. I own the following property which has an estimated value as indicated (if none, write "NONE"):

<u>LIST PROPERTY</u>	<u>VALUE</u>
_____	_____
_____	_____
_____	_____

7. I have no other savings, property or assets.

8. I am unable to pay the costs, fees and expenses necessary to assert my rights in this case.

9. No one else who is able to pay any required costs and fees has a beneficial interest in the results of this case.

10. The facts of my case are described in my Court papers, which are attached. My financial contentions can be confirmed from records maintained by the Superintendent of the Attica Correctional Facility.

11. I have made no prior request for this relief in this case.

WHEREFORE, I request (a) that all fees relating to the filing and service of this action or proceeding be waived, and (b) that I be permitted to proceed in this case in all respects as a poor person.

Angel Hernandez  
Claimant, Pro Se, #  
Attica Correctional Facility  
Post Office Box 149  
Attica, New York 14011-0149

*Angel Hernandez*

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

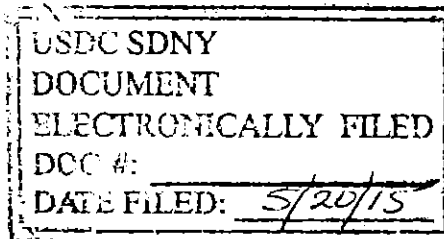
ANGEL HERNANDEZ,

Plaintiff,

-against-

N.Y.C. DEPT OF CORRECTIONS;  
CORIZON HEALTH INC.; DR. TOLULOPE  
OJUDON.

Defendants.



14-cv-0192-JPO-FM

ORDER OF SERVICE

FRANK MAAS, Chief United States Magistrate Judge:

By order dated January 21, 2014, the Court granted Plaintiff's request to proceed without prepayment of fees, that is, *in forma pauperis*.<sup>1</sup> To allow Plaintiff, who is proceeding *in forma pauperis*, to effect service on the currently identified defendants, Corizon Health, Inc., and Dr. Tolulope Ojudon, through the U.S. Marshals Service, the Clerk of Court is instructed to send Plaintiff one U.S. Marshals Service Process Receipt and Return form ("USM-285 form") for each Defendant. Within thirty days of the date of this order, Plaintiff must complete a USM-285 form for each Defendant and return those forms to the Court.

If Plaintiff does not wish to use the Marshals Service to effect service, Plaintiff must notify the Court in writing within thirty days of the date of this order and request that a summons be issued directly to Plaintiff. If within thirty days, Plaintiff has not returned the USM-285 forms or requested a summons, under Rule 41(b) of the Federal Rules of Civil Procedure, the Court may dismiss this action for failure to prosecute.

<sup>1</sup> Under 28 U.S.C. § 1915(b)(1), prisoners must pay the full amount of the \$350.00 filing fee even when they have been granted permission to proceed *in forma pauperis*.

Upon receipt of each completed USM-285 form, the Clerk of Court shall issue a summons and deliver to the Marshals Service all of the paperwork necessary for the Marshals Service to effect service upon each Defendant.


No matter what method of service Plaintiff chooses, Plaintiff must effect service within 120 days of the date the summons is issued. It is Plaintiff's responsibility to inquire of the Marshals Service as to whether service has been made and, if necessary, to request an extension of time for service. *See Meilleur v. Strong*, 682 F.3d 56, 63 (2d Cir. 2012). If within 120 days of issuance of the summons, Plaintiff has not made service or requested an extension of time in which to do so, under Rules 4(m) and 41(b) of the Federal Rules of Civil Procedure, the Court may dismiss this action for failure to prosecute. Finally, it is Plaintiff's obligation to promptly submit a written notification to the Court if Plaintiff's address changes, and the Court may dismiss the action if Plaintiff fails to do so.

The Clerk of Court is directed to notify the New York City Department of Correction and the New York City Law Department of this order. The Court requests that Defendant New York City Department of Correction waive service of summons.

Finally, my Order dated May 12, 2015, (ECF no. 44), is withdrawn.

SO ORDERED.

Dated: May 20, 2015  
New York, New York

  
FRANK MAAS  
Chief United States Magistrate Judge

ATTICA CORRECTIONAL FACILITY  
BOX 149  
ATTICA, NEW YORK 14011-0149

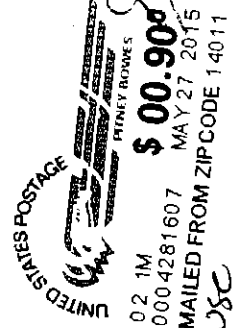
NAME: Al Herndon  
ESY-8

DIN \_\_\_\_\_

ATTICA



CORRECTIONAL FACILITY



U.S. Courthouse  
Southern District of NY

Pro-se office  
300 Pearl St  
New York, NY 10038

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GENERAL PRO SE OFFICE  
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Legal mail