Court's Address and Phone Number:
BURLINGTON Special Civil Part
49 RANCOCAS ROAD
MOUNT HOLLY, NJ 08060-0000
609-288-9500

Superior Court of New Jersey
Law Division, Special Civil Part
BURLINGTON County
Docket No: **BUR-DC-004043-19**

Civil Action
TORT-OTHER

YOU ARE BEING SUED!

Person or Business Suing You (*Plaintiff*)
Kent Marilyn

Plaintiff's Attorney Information

Person or Business Being Sued (*Defendant*)
Patrolman Walker

The Person or Business Suing You Claims You Owe the Following:

Demand Amount	$5000.00
Filing Fee	$.00
Service Fee	$.00
Attorney's Fees	$0.00
TOTAL	**$5000.00**

FOR JUDICIARY USE ONLY

In the attached complaint, the person or business suing you briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. **If you do not answer the complaint, you may lose the case automatically and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. You have 35 days from the date of service to file your answer or a signed agreement.** If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment. The judgment is valid for 20 years.

IF YOU DISAGREE WITH THE PLAINTIFF'S CLAIMS, A WRITTEN ANSWER OR SIGNED AGREEMENT MUST BE RECEIVED BY THE COURT ABOVE, ON OR BEFORE 06/27/2019, OR THE COURT MAY RULE AGAINST YOU. IF YOU DISAGREE WITH THE PLAINTIFF, YOU MUST DO ONE OR BOTH OF THE FOLLOWING:

1. ***Answer the complaint.*** An answer form that will explain how to respond to the complaint is available at any of the New Jersey Special Civil Part Offices or on the Judiciary's Internet site njcourts.gov under the section for Forms. If you decide to file an answer to the complaint made against you:
   - Fill out the Answer form AND pay the applicable filing fee by check or money order payable to: ***Treasurer, State of New Jersey.*** Include **BUR-DC-004043-19** (your Docket Number) on the check.
   - Mail or hand deliver the completed Answer form and the check or money order to the court's address listed above.
   - Hand deliver or send by regular mail a copy of the completed Answer form to the plaintiff's attorney. If the plaintiff does not have an attorney, send your completed answer form to the plaintiff by regular and certified mail. This MUST be done at the same time you file your Answer with the court on or before **06/27/2019**.
2. ***Resolve the dispute.*** Contact the plaintiff's attorney, or contact the plaintiff if the plaintiff does not have an attorney, to resolve this dispute. The plaintiff may agree to accept payment arrangements. If you reach an agreement, mail or hand deliver the **SIGNED** agreement to the court's address listed above on or before **06/27/2019**.

Please Note - You may wish to get an attorney to represent you. If you cannot afford to pay for an attorney, free legal advice may be available by contacting Legal Services at 609-261-1088. If you can afford to pay an attorney but do not know one, you may call the Lawyer Referral Services of your local County Bar Association at 609-261-4862. Notify the court now if you need an interpreter or an accommodation for a disability for any future court appearance.

/s/ Michelle M. Smith
Clerk of the Superior Court

Dirección y teléfono del tribunal Parte Civil Especial de BURLINGTON 49 RANCOCAS ROAD MOUNT HOLLY, NJ 08060-0000 609-288-9500	**El Tribunal Superior de Nueva Jersey** **División de Derecho, Parte Civil Especial** Condado de **BURLINGTON** Número del expediente **BUR-DC-004043-19** **Demanda de Acción Civil** **NOTIFICACIÓN DE DEMANDA** **TORT-OTHER**

¡LE ESTÁN DEMANDANDO!

Persona o entidad comercial que le está demandando *(el demandante)* Kent Marilyn **Información sobre el abogado del demandante**	**Persona o comercial ser demandada *(el demandado)*** Patrolman Walker **La persona o comercial que le está demandando afirma que usted le debe lo siguiente:**

Cantidad a la vista	$5000.00
Tasa judicial	$.00
Cargo del emplazamiento	$.00
Honorarios del abogado	$0.00
TOTAL	**$5000.00**

PARA USO EXCLUSIVO DEL PODER JUDICIAL

En la demanda adjunta la persona o entidad comercial que le está demandando le informa brevemente al juez su versión de los hechos de la causa y la suma de dinero que afirma que usted le debe. **Si usted no responde a la demanda puede perder la causa automáticamente y el juez puede dar al demandante lo que está pidiendo más intereses y los costos legales. Usted tiene 35 días a partir de la fecha del emplazamiento para presentar su respuesta o un acuerdo firmado.** Si se dicta un fallo en su contra, un Oficial de la Parte Civil Especial puede embargar su dinero, sueldo o sus bienes muebles (personales) para pagar todo el fallo o una parte del mismo. El fallo es válido por 20 años.

SI USTED NO ESTÁ DE ACUERDO CON LAS ALEGACIONES DEL DEMANDANTE, EL TRIBUNAL TIENE QUE RECIBIR UNA RESPUESTA POR ESCRITO O UN ACUERDO FIRMADO PARA EL 06/27/2019 O ANTES DE ESA FECHA, O EL JUEZ PUEDE EMITIR UN FALLO EN SU CONTRA. SI USTED NO ESTÁ DE ACUERDO CON EL DEMANDANTE, DEBE HACER UNA DE LAS SIGUIENTES COSAS O LAS DOS:

1. ***Responder a la demanda.*** Un formulario de respuesta que le explicará cómo responder a la demanda está disponible en cualquiera de las Oficinas de la Parte Civil Especial de Nueva Jersey o en el sitio Internet del Poder Judicial njcourts.gov bajo la sección de formularios (Forms). Si usted decide presentar una respuesta a la demanda que se hizo en su contra:
   - Llene el formulario de Respuesta Y pague la tasa judicial de presentación que corresponda mediante un cheque o giro bancario o postal acreditable al: "***Treasurer, State of New Jersey***" (Tesorero del Estado de Nueva Jersey). Incluya **BUR-DC-004043-19** (el número de su expediente) en el cheque.
   - Envíe por correo el formulario de Repuesta llenado y el cheque o giro bancario o postal a la dirección del tribunal que figura más arriba, o entréguelos personalmente en dicha dirección.
   - Entregue personalmente o envíe por correo común una copia del formulario de Repuesta llenado al abogado del demandante. Si el demandante no tiene abogado, envíe su formulario de respuesta llenado al demandante por correo común y por correo certificado. Esto SE TIENE que hacer al mismo tiempo que presente su Respuesta al tribunal a más tardar el **06/27/2019**.
2. ***Resolver la disputa.*** Comuníquese con el abogado del demandante, o con el demandante si éste no tiene abogado, para resolver esta disputa. El demandante puede estar de acuerdo con aceptar arreglos de pago. **Si llegara a un acuerdo, envíe por correo o entregar personalmente el acuerdo FIRMADO** a la dirección del tribunal que figura más arriba, o entréguelo personalmente en dicha dirección a más tardar el **06/27/2019**.

Nota - Puede que usted quiera conseguir que un abogado para que lo represente. Si usted no puede pagar a un abogado, podría obtener consejos legales gratuitos si se comunica con Legal Services (Servicios Legales) llamando al 609-261-1088. Si usted puede pagar a un abogado, pero no conoce a ninguno, puede llamar al Lawyer Referral Services (Servicios de Recomendación de Abogados) del Colegio de Abogados (Bar Association) de su condado local al 609-261-4862. Notifique al tribunal ahora si usted necesita un intérprete o un arreglo por una discapacidad para cualquier comparecencia futura en el tribunal.

/s/ Michelle M. Smith

Subsecretario(a) del Tribunal Superior

Form A

MARILYN KENT
Plaintiff's Name (first, middle, last)
P.O. Box 275
Street Address
JOBSTOWN, N.J. 08041
City, State, Zip
[redacted]
Telephone Number
PATROLMAN WALKER
Defendant's Name (first, middle, last)
415 Rancocas Rd.
Street Address
Mt. Holly, N.J. 08041
City, State, Zip
609-723-5103
Telephone Number

Superior Court of New Jersey
Law Division, Special Civil Part
_____ County
Docket Number _____
(to be provided by the court)

RECEIVED
MAY - 8 2019
Superior Court of NJ-Burlington
CIVIL DIVISION

Civil Action

Complaint

Type or print the reasons you, the Plaintiff(s), are suing the Defendant(s): (See instruction B)
Attach additional sheets if necessary.

PATROLMAN WALKER - PULLED MY ARM VICIOUSLY - FORCING MY FRACTURED ARM (OX - VERY LIMITED RANGE OF MOTION) AS I RELATED TO WALKER HE CONTINUED TO PULL MY ARM AS I YELLED IN PAIN. CAUSING RE-DAMAGE TO MY ARM. BACK TO PHYSICAL THERAPY - LAST SEVERE PAIN.

The amount you, the Plaintiff(s) are demanding from the Defendant(s) $ D.N.D.

At the trial Plaintiff will need:
An interpreter ☐ Yes ☐ No Indicate language: _____
An accommodation for disability ☑ Yes ☐ No Indicate accommodation HEARING

I certify that the matter in controversy is not the subject of any other court action or arbitration proceeding, now pending or contemplated, and that no other parties should be joined in this action.

I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with *Rule* 1:38-7(b).

4/26/2019
Date

Marilyn Kent
Your Signature

MARILYN KENT.
Name Typed, Stamped or Printed

Court's Address and Phone Number:
0 Special Civil Part
SUPERIOR
SPECIAL CIVIL
BURLINGTON COUNTY
Telephone No.

Superior Court of New Jersey
Law Division, Special Civil Part
0 County
Docket No: DC

Civil Action
SUMMONS
Check one ☐ Contract ☑ Tort

YOU ARE BEING SUED!

Person or Business Suing You (*Plaintiff*)

MARILYN KENT
P.O. BOX 275
JOBSTOWN N.J. 08041

(See the following page(s) for additional plaintiffs)

Plaintiff's Attorney Information

Person or Business Being Sued (*Defendant*)

PETROL MAJR WALKER
SPRINGFIELD POLICE DEPT.

(See the following page(s) for additional defendants)

The Person or Business Suing You Claims You Owe the Following:

Demand Amount	$ 5,000.00
Filing Fee	$
Service Fee	$
Attorney's Fees	$
TOTAL	$ 5,000.00

FOR JUDICIARY USE ONLY:

In the attached complaint, the person or business suing you briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. **If you do not answer the complaint, you may lose the case automatically and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. You have 35 days from the date of service to file your answer or a signed agreement.** If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment. The judgment is valid for 20 years.

IF YOU DISAGREE WITH THE PLAINTIFF'S CLAIMS, A WRITTEN ANSWER OR SIGNED AGREEMENT MUST BE RECEIVED BY THE COURT ABOVE, ON OR BEFORE _____, OR THE COURT MAY RULE AGAINST YOU. IF YOU DISAGREE WITH THE PLAINTIFF, YOU MUST DO ONE OR BOTH OF THE FOLLOWING:

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   - Mail or hand deliver the completed Answer form and the check or money order to the court's address listed above.
   - Hand deliver or send by regular mail a copy of the completed Answer form to the plaintiff's attorney. If the plaintiff does not have an attorney, send your completed answer form to the plaintiff by regular and certified mail. This MUST be done at the same time you file your Answer with the court on or before _____.

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/s/ Name _____
Clerk of the Superior Court

JAN 30 2019

JAN 29 2019

COMPLAINT INFORMATION FORM

Please complete the following information to the best of your ability. This information will help in the preparation of the complaint.

Defendant's Name: Patrolman Walker

Defendant's Address: Springfield Police Department

Defendant's Phone # (if known): _____

Defendant's Date of Birth (if known): _____

Defendant's Driver's License # (if known): _____ State _____

If this is a motor vehicle complaint, list license plate # of other vehicle: _____ State _____

Description of vehicle (if known): _____

Names and addresses of witnesses (use additional paper if necessary):
Another police person on scene and camera #'s included

Your Name (you are the complainant): Marilyn Ferri

Your Address: 1463 Monmouth Rd.

Your Telephone #: [redacted] E-mail: [redacted]

FOR COURT USE ONLY

Court Administrator/Deputy Initials: _____ Date: _____

Corresponding complaint #'s: _____

(Every request requires the filing of a complaint.)

November 2010

CERTIFICATION IN SUPPORT OF PROBABLE CAUSE

State of New Jersey

County of: BURLINGTON

Court Name Mansfield Municipal

Court Address 3135 Court Rt-206 S. Suite 2

Date of Incident: 1/26/2019

Location of Incident: Springfield Police Station Municipality: Mansfield

I offer the following facts and information to establish probable cause in this complaint against Patrolman Walker
(Defendant's Name)

whom I would like to charge with Physical Abuse, harassment and discrimination
(List Statute(s) or Ordinance(s))

How do you know the identity of the person you are charging? He is a police person that

Describe incident in detail: brutally pulled my fractured arm/shoulder

AGGRESSION/DISCRIMINATION/BRUTALITY.
While fingerprinting me pulled on my left arm fractured with loss of extension and flexibility and caused pain and swelling.
I went to Virtua Hospital and then took X-rays. My fracture is NOT HEALED.
As per Dr. Paz my fracture is HEALED, and go to P.T. Script for hopefully more range of movement.
Patrolman Walker caused Police Brutality.

Certification: I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are wilfully false, I am subject to punishment.

Marilyn Kerl 1/28/2019

Signature of complaining witness Date

Dr. Paz is sending report and an appointment ASAP.

RELEASE
2019174303

For the Consideration of **FIVE HUNDRED DOLLARS AND ZERO CENTS* ($500.00*)**

Payable to: **MARILYN KENT, P.O. Box 275, Jobstown, New Jersey 08041**

the receipt and sufficiency whereof is hereby acknowledged, the undersigned hereby releases and

forever discharges **TOWNSHIP OF SPRINGFIELD, OFFICER MICHAEL WALKER, SPRINGFIELD TOWNSHIP POLICE DEPARTMENT, BURLINGTON COUNTY MUNICIPAL JOINT INSURANCE FUND and QUAL-LYNX**

his/her heirs, executors, administrators, agents and assigns, and all other persons, forms or corporation liable or, who might be claimed to be liable, none of whom admit any liability to the undersigned but all expressly deny any liability , from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from an accident which occurred on or about the

26th day of January, 2019 at or near **Springfield Township Police Department, Springfield, New Jersey**
***This Release and payment to Plaintiff is contingent upon a filed withdraw of the Complaint filed in Superior Court of New Jersey, Law Division, Special Civil Part, Docket No. BUR-DC-004043-19**

The undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making full and final compromise adjustment and settlement of any and all claims, disputed or otherwise, on account of the damages above mentioned, and for the express purpose of precluding forever any further or additional claims relating to this incident. For the consideration mentioned, it is understood and agreed that the acceptance of the said amount is in full accord and satisfaction of all disputed claims and applies to all unknown and unanticipated damages resulting from said accident, casualty or event, as well as to those now disclosed.

The Releasing Party acknowledges that the Medicare, Medicaid and SCHIP Extension Act of 2007, requires the reporting to designated representatives of Medicare any settlement in which all future claims are released and the injured party is either a Medicare beneficiary or has the potential to be eligible for Medicare benefits within 30 months of the settlement. The Releasing Party represents that Medicare has made No Conditional Payments for any medical expenses related to this occurrence.

The undersigned hereby agrees to indemnify and hold harmless the Insured from any and all welfare liens, Medicare, Medicaid, workers' compensation liens, or any other social service agency liens or bills that may have arisen as a result of this injury or been incurred during the course of this injury or be in any way related to payments received by them during the pendency of this claim or themselves or their family members.

Undersigned hereby accepts draft or drafts as final payment of the consideration set forth above.

Any person who knowingly and with intent to defraud any insurance company or other persons, files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact, material thereto, commits a fraudulent insurance act, which is a crime, subject to criminal prosecution and civil penalties.

In presence of,

_____
Witness

_____
Address

Signed Marilyn Kent
Marilyn Kent

Signed _____

(No witness signatures are necessary if this release is acknowledged before a notary public).

STATE OF New Jersey COUNTY OF Ocean ON THIS 24th DAY OF May, 2019

BEFORE ME APPEARED Marilyn Kent (Pennsylvania Driver's License) TO ME PERSONALLY KNOWN, AND WHO ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AS FREE ACT AND DEED, FOR THE CONSIDERATION SET FORTH THEREIN.

MY COMMISSION EXPIRES _____ NOTARY PUBLIC _____

XIOMARA ORTIZ
NOTARY PUBLIC OF NEW JERSEY
I.D. # 2397391
My Commission Expires 6/16/2020

Burlington Superior Court

Kent v. Walker # BUR-DC-004043-19

I, Marilyn Kent am voluntarily withdrawing this case.

Marilyn Kent 5/24/2017