

AUSTIN STIDHAM, a minor,
by and through his Parents and Next Friends,
ERIN STIDHAM and **KEITH STIDHAM**
7818 Daniels Avenue
Baltimore, Maryland 21234

and

ERIN STIDHAM, Individually
7818 Daniels Avenue
Baltimore, Maryland 21234

and

KEITH STIDHAM, Individually
7818 Daniels Avenue
Baltimore, Maryland 21234

Claimants

v.

**GREATER BALTIMORE
MEDICAL CENTER, INC.**
6701 N. Charles Street
Baltimore, Maryland 21204

Serve on:
Robert P. Kowal
6701 N. Charles Street
Baltimore, Maryland 21204

and

PERINATAL ASSOCIATES, LLC
Suite 406
6565 N. Charles Street
Towson, Maryland 21204

Serve on:
Victor A. Khouzami, M.D.
Suite 406
6565 N. Charles Street
Towson, Maryland 21204

* IN THE
*
* CIRCUIT COURT
*
*
* FOR
*
* BALTIMORE COUNTY

Case No.

C-11-2458

RECEIVED AND FILED

2011 MAR 15 PM 12:26

CLERK OF THE CIRCUIT COURT
BALTIMORE COUNTY

EX

1006

and

MARGARET A. CYZESKI, M.D.
6565 N. Charles Street
Suite 406
Towson, Maryland 21204

Defendants

* * * * *

COMPLAINT AND REQUEST FOR JURY TRIAL

Plaintiffs, Austin Stidham, a minor, by and through his Parents and Next Friends, Erin Stidham and Keith Stidham; Erin Stidham, Individually; and Keith Stidham, Individually, by and through their undersigned counsel, hereby sue the Defendants, Greater Baltimore Medical Center, Inc., Perinatal Associates, LLC and Margaret Cyzeski M.D., (hereinafter referred to as "Defendants"), and for their causes of action state as follows:

1. This medical negligence claim is instituted pursuant to Md. Cts. & Jud. Proc. Art. §3-2A-01, §3-2A-10, for the recovery of damages in excess of Thirty Thousand Dollars (\$30,000.00).
2. Venue is proper in Baltimore County, Maryland.
3. Plaintiffs hereby attach, as if fully stated herein, a Certificate of Merit and Expert Report.
4. At all times material hereto, Greater Baltimore Medical Center, Inc., was a corporation engaged in the operation of a hospital, providing obstetric, gynecologic and neonatal care, and other health care services as well as administration, staffing, supervision and operation of a hospital. At all times material hereto, Greater Baltimore Medical Center, Inc. acted directly

and/or by and/or through its actual and/or apparent agents, servants and/or employees, including, but not limited to, Margaret Cyzeski, M.D.

5. At all times material hereto, Perinatal Associates, LLC, was a corporation engaged in the operation of medical practice, providing obstetric and perinatal care, and other health care services. At all times material hereto, Perinatal Associates, LLC acted directly and/or by and/or through its actual and/or apparent agents, servants and/or employees, including, but not limited to Margaret Cyzeski, M.D.

6. At all times material hereto, Margaret Cyzeski, M.D. was a physician licensed to practice medicine in the State of Maryland and specializing in the field of obstetrics. At all times material hereto, Dr. Cyzeski was acting individually and/or as the actual and/or apparent agent, servant and/or employee of Greater Baltimore Medical Center, Inc. and/or Perinatal Associates, LLC.

STATEMENT OF FACTS

7. According to the medical records, Plaintiff, Erin Stidham (whose is referred to by her maiden name of Erin Shanahan in the medical records) became pregnant in late October/early November of 1996. She obtained all of her prenatal care, beginning in February of 2007, from the Defendants.

8. According to the medical records, an obstetrical sonogram was performed on March 4, 1997 that revealed fetal heart motion and no gross fetal abnormalities. Over the ensuing months, Ms. Shanahan's course was unremarkable.

9. According to the medical records, on July 22, 1997, Ms. Shanahan presented to the triage unit of the labor and delivery department at GBMC complaining of back pain. Fetal

monitoring on July 22, 1997 was reactive and indicated that Ms. Shanahan was carrying a healthy fetus. She was discharged home, as it was noted that Ms. Shanahan had a follow-up appointment scheduled for July 24, 1997.

10. According to the medical records, at all of Ms. Shanahan's visits to GBMC from 7/27/97 to 8/7/97 it was noted that the fetal heart rate was reactive, and positive fetal movement was noted at each visit. Again, these visits indicate that Ms. Shanahan was carrying a healthy and viable fetus immediately before presenting to GBMC on 8/8/97 in labor.

11. According to the medical records, Ms. Shanahan experienced artificial rupture of membranes at approximately 8:30 a.m. on 8/8/97. She arrived at GBMC at approximately 10:30 a.m., and was admitted at approximately 10:45 a.m. Electronic fetal monitoring was started at 10:50 a.m. At this time, Ms. Shanahan was being cared for by the labor and delivery nursing staff at GBMC and Dr. Margaret Czyeski.

12. According to the medical records, a vaginal exam was performed by Dr. Czyeski at approximately 11:17 a.m. This examination indicated that Ms. Shanahan's cervix was 2-3 cm dilated, 50 percent effaced, and that the baby was at -3 station. Around this time, pitocin was started at 2 mu. By 12:45 a.m., the pitocin had been increased incrementally to 12 mu.

13. According to the medical records, at 1:30 p.m., another vaginal exam revealed Ms. Shanahan's cervix was 2 cm dilated, she was 70 percent effaced, and the baby remained at -3 station.

14. According to the medical records, at approximately 3:45 p.m., an intrauterine pressure catheter was placed. By this point the pitocin was at 21 mu, and Ms. Shanahan's cervix was now

3 cm dilated and 70 percent effaced. The fetus remained at -3 station.

15. According to the medical records, an epidural was placed at approximately 4:44 p.m., with doses given at 4:48 and 4:52 p.m.

16. According to the medical records, at approximately 5:15 p.m., a deep prolonged variable deceleration down to 90 bpm from a baseline of 150 bpm appeared on the fetal heart tracings. This deceleration lasted several minutes. Ms. Shanahan was given oxygen and fluids and was turned to her right side. Fetal scalp stimulation was performed and the fetal heart rate returned to baseline.

17. Significantly, from 4:20 p.m. through approximately 9:00 p.m. on 8/8/97, Ms. Shanahan's cervix remained 4 cm dilated, which indicated that Ms. Shanahan was experiencing periods of either protracted labor and/or arrests of labor.

18. According to the medical records, Ms. Shanahan reached 9 cm dilatation and 100 percent effacement at some point between 11:50 p.m. on 8/8/97 and 12:40 a.m. on 8/9/97. In the hours leading to this point, the fetal heart tracing had been exhibiting minimal to absent variability, with variable decelerations with late components and/or late decelerations.

19. After becoming 9 cm dilated, Ms. Shanahan went into an arrest of labor, and Austin Stidham was not born until 5:55 a.m. on August 9, 1997. The fetal heart tracing from 12:40 a.m. through delivery also exhibited minimal to absent variability, with variable decelerations with late components and/or late decelerations.

20. Furthermore, Austin's delivery was difficult at the end of delivery. The health care providers attempt to use a vacuum, which did not work. They also encountered a "mild" shoulder

dystocia that required the cutting of Ms. Shanahan's episiotomy, subrapubic pressure and the McRoberts maneuver.

21. When Austin was born he had a blue tone and required oxygen for three minutes. His Apgar scores were 7 and 8 at one minute and five minutes of life. He weighed 3380 grams. He spent three days in the nursery. Austin has since been diagnosed with having sustained a brain injury.

22. The Defendants, acting directly and/or by and/or through their actual and/or apparent agents, servants and/or employees, was required by the applicable standards of care to timely and appropriately deliver Austin Stidham. The Defendants breached the applicable standard of care by not accomplishing the delivery of Austin Stidham until 5:55 a.m. on August 9, 1997.

23. As a result of the Defendants' negligence, Austin Stidham sustained unnecessarily long periods of oxygenation deprivation, resulting in severe neurological injury.

COUNT I

Austin Stidham, a minor, by and through his Parents and Next Friends, Erin Stidham and Keith Stidham, and his undersigned attorneys, hereby sues all of the Defendants, and for his cause of action states as follows:

24. The Plaintiffs incorporate herein by this reference and re-allege the above paragraphs of this Complaint as if fully set forth herein.

25. In their care and treatment of Austin Stidham, the Defendants, acting directly and/or by and/or through their actual and/or apparent agents, servants and/or employees, owed Austin Stidham the duty to exercise that degree of care and skill which a reasonably competent physician, nurse, hospital and/or similar health care provider would have exercised under similar circumstances.

26. The Defendants breached the aforesaid duty of care to Austin Stidham, and were negligent in the following ways among others:

- (A) Failure to take a thorough medical history;
- (B) Failure to conduct appropriate and careful examinations;
- (C) Failure to utilize appropriate ancillary procedures;
- (D) Failure to timely and adequately recognize Erin Stidham's and Austin Stidham's serious medical condition;
- (E) Failure to timely and adequately treat Erin Stidham's and Austin Stidham's condition;
- (F) Failure to appropriately react to symptoms, signs and findings which were illustrative of Erin Stidham's and Austin Stidham's true condition;
- (G) Failure to take appropriate precautions in monitoring and treating Erin Stidham's and Austin Stidham's condition during Erin Stidham's pregnancy;
- (H) Failure to obtain appropriate consultations and/or appropriately utilize the information made available to them;
- (I) Failure to react to positive symptoms, signs, physical findings, and/or other data which were illustrative of Austin Stidham's true condition;
- (J) Failure to react to the positive symptoms, signs, physical findings, and other data which were illustrative of the fetus' true condition;

- (K) Failure to properly and timely monitor and respond to (the fetus') Austin Stidham's condition;
- (L) Failure to timely perform a cesarean section delivery upon Erin Stidham;
- (M) Failure to diagnose and/or appreciate that Erin Stidham was suffering from arrest of labor; and
- (N) Failure to order appropriate and timely fetal assessments.

27. As a direct and proximate result of the above-mentioned deviations from the applicable standard of care by the Defendants, Austin Stidham has suffered and/or will suffer the following permanent injuries, among others:

- (A) Neurobehavioral abnormalities and neurological injuries;
- (B) Reduced cognitive and mental capabilities;
- (C) Receptive language and expressive language delay;
- (D) He has incurred and will continue to incur substantial expenses for medical and other care and treatment of his medical condition for which he and his parents are incapable, unwilling and unable to pay;
- (E) His earning capacity has been severely diminished;
- (F) He has and will continue to suffer great pain and suffering; and
- (G) Significant developmental disabilities and delays.

WHEREFORE, Austin Stidham, a minor, by and through his Parents and Next Friends, Erin Stidham and Keith Stidham, brings this action against the Defendant and seeks damages that will adequately and fairly compensate him, costs, and such other and further relief as may be deemed

appropriate.

COUNT II

Erin Stidham, Individually, and Keith Stidham, Individually, Plaintiffs, by their undersigned counsel, hereby sue all of the Defendants and for their cause of action state as follows:


28. The Plaintiff incorporates herein by this reference and re-alleges paragraphs 1 through 27 of this Complaint.

29. The Defendants owed Erin Stidham and Keith Stidham the duty to exercise that degree of care and skill which a reasonably competent hospital, physician and/or similar Health Care Provider would have exercised under similar circumstances.

30. As a direct and proximate result of the above-mentioned deviations from the applicable standard of care, Erin Stidham and Keith Stidham have suffered and/or will suffer the following injuries among others:

- (A) Great emotional anguish and pain and suffering as a consequence of Austin Stidham's severe medical injuries;
- (B) Substantial expenses for medical treatment and other care of Austin Stidham;
- (C) The loss of services, labor, assistance, etc. from their child, Austin Stidham;
- (D) Great emotional anguish as a consequence of the Health Care Providers negligence as described above.

WHEREFORE, Plaintiffs, Erin Stidham and Keith Stidham, bring this action against the Defendant and seek damages that will adequately and fairly compensate them plus costs and such other and further relief as may be deemed appropriate.



H. Briggs Bedigian
Keith D. Forman
Wais, Vogelstein & Bedigian, LLC
1829 Reisterstown Road, Suite 425
Baltimore, Maryland 21208
(410) 998-3600
(410) 998-3680 (fax)
Attorneys for Plaintiffs

REQUEST FOR JURY TRIAL

Plaintiffs request to have the above matter tried before a jury.



H. Briggs Bedigian

Case: 03-C-11-00245B
CF-Civil File
Appearance Fee \$80.00
NLSC \$10.00
TOTAL \$145.00

COMMENT:
Austin Stidham et al
VS
Greater Baltimore
Medical Center et al

Receipt #201100006376
Cashier: MAB CCBACDX081
03/15/11 1:34pm



IN THE HEALTH CARE ALTERNATIVE DISPUTE
RESOLUTION OFFICE OF MARYLAND

AUSTIN STIDHAM, a minor, et al. *

Claimants, *

v. * HCA No. _____

*
GREATER BALTIMORE MEDICAL
CENTER, INC. d/b/a GREATER
BALTIMORE MEDICAL CENTER, et al. *

Health Care Providers *

* * * * *
* * * * *

CERTIFICATE OF MERIT

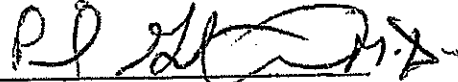
I, Paul Gatewood, M.D., certify that the following statements are true and accurate:

1. I am a physician specializing in Obstetrics and Gynecology and I am licensed to practice medicine in the State of Ohio.
2. I am board certified in the fields of Obstetrics and Gynecology. In addition, I have clinical experience, have provided consultation relating to clinical practice, and taught medicine in the Defendant medical staffs' specialty and/or sub-specialties of medicine that are at issue in this matter, or a related field of health care, within five (5) years of the date of the alleged act or omission giving rise to the underlying cause of action.
3. From my review of the pertinent medical records, I have concluded with reasonable medical probability, that there were deviations from the accepted and applicable standards of care on the part of the Defendant Health Care Providers acting through their medical staff, specifically including Greater Baltimore Medical Center, Inc., its agents, servants, and/or employees, including, but not limited to, Margaret A. Cyzeski, M.D., and that these deviations

were the direct and proximate cause of the Claimants' medical injuries.

4. Attached is a brief statement of my opinions in this matter.

5. Less than twenty percent (20%) annually of my professional activities involves testimony in personal injury claims.

A handwritten signature in black ink, appearing to read "Paul Gatewood, M.D.", written over a horizontal line.

Paul Gatewood, M.D.

H. Briggs Bedigian
Law Offices of Wais & Vogelstein
1829 Reisterstown Road
Suite 425
Baltimore, Maryland 21208

RE: Austin Stidham/Erin Shanahan

Dear Mr. Bedigian:

At your request I have reviewed the medical records of Erin Shanahan and Austin Stidham. These include the following medical records:

Erin Shanahan

Greater Baltimore Medical Center (2/27/97 - 7/27/97)
Greater Baltimore Medical Center (8/8/97 - 8/11/97)

Austin Stidham

Greater Baltimore Medical Center (8/9/97 - 8/11/97)
Maryland Department of Health (1997-1998)
North Parkville Health Center (3/10/03 - 1/25/08)
Kennedy Krieger Institute (3/25/03 - 5/16/05)
JHH Clinic (7/22/03 - 10/7/03)
St. Joseph Medical Center (9/14/03)
Danger Fiergang Vision (10/7/03 - 7/14/05)
Sinai Pediatric Endocrinology (6/6/05 - 10/3/06)
U of MD School of Medicine (7/18/05)
Sinai Hospital Head/Brain MRI (12/2/05)
Gratz & Shafrir, M.D. (2/23/06)
Univ. of Maryland Hosp. for Children (1/19/06)
Various School Records

Based on my review of the medical records, I have determined that there were deviations from the applicable standards of care in the labor and delivery of Ms. Shanahan's baby, Austin Stidham. It is my opinion, to a reasonable degree of medical probability and/or certainty, that the deviations discussed below were the direct and proximate cause of the injuries and damages that Austin Stidham has sustained.

According to the medical records, Ms. Shanahan became pregnant in late October/early November of 1996. She obtained all of her prenatal care, beginning in February of 2007, from the Defendant Health Care Provider, Greater Baltimore Medical Center ("GBMC"). An obstetrical sonogram on March 4, 1997 revealed fetal heart motion and no gross fetal abnormalities. Over the ensuing months, Ms. Shanahan's course was unremarkable. On July 22, 1997, Ms. Shanahan presented to the triage unit

of the labor and delivery department at GBMC complaining of back pain. Fetal monitoring on July 22, 1997 was reactive and indicated that Ms. Shanahan was carrying a healthy fetus. She was discharged home, as it was noted that Ms. Shanahan had a follow-up appointment scheduled for July 24, 1997. At all of Ms. Shanahan's visits to GBMC from 7/27/97 to 8/7/97, it was noted that the fetal heart rate was reactive, and positive fetal movement was noted at each visit. Again, these visits indicate that Ms. Shanahan was carrying a healthy and viable fetus immediately before presenting to GBMC on 8/8/97 in labor.

According to the medical records, Ms. Shanahan experienced artificial rupture of membranes at approximately 8:30 a.m. on 8/8/97. She arrived at GBMC at approximately 10:30 a.m., and was admitted at approximately 10:45 a.m. Electronic fetal monitoring was started at 10:50 a.m. At this time, Ms. Shanahan was being cared for by the labor and delivery nursing staff at GBMC and Dr. Margaret Cyzeski, an obstetrician at GBMC.

According to the medical records, a vaginal exam performed by Dr. Cyzeski at approximately 11:17 a.m. indicated that Ms. Shanahan's cervix was 2-3 cm dilated, 50 percent effaced, and that the baby was at -3 station. Around this time, pitocin was started at 2 mu. By 12:45 a.m., the pitocin had been increased incrementally to 12 mu. At 1:30 p.m., a vaginal exam revealed Ms. Shanahan's cervix was 2 cm dilated, she was 70 percent effaced, and the baby remained at -3 station. At approximately 3:45 p.m., an intrauterine pressure catheter was placed. By this point the pitocin was at 21 mu, and Ms. Shanahan's cervix was now 3 cm dilated and 70 percent effaced. The fetus remained at -3 station.

An epidural was placed at approximately 4:44 p.m., with doses given at 4:48 and 4:52 p.m. At approximately 5:15 p.m., a deep prolonged variable deceleration down to 90 bpm from a baseline of 150 bpm appeared on the fetal heart tracings. This deceleration lasted several minutes. Ms. Shanahan was given oxygen and fluids and was turned to her right side. Fetal scalp stimulation was performed and the fetal heart rate returned to baseline. Significantly, from 4:20 p.m. through approximately 9:00 p.m. on 8/8/97, Ms. Shanahan's cervix remained 4 cm dilated, which indicated that Ms. Shanahan was experiencing periods of either protracted labor and/or an arrest of labor.

According to the medical records, Ms. Shanahan reached 9 cm dilatation and 100 percent effacement at some point between 11:50 a.m. on 8/8/97 and 12:40 a.m. on 8/9/97. In the hours leading to this point, the fetal heart tracing had been exhibiting minimal to absent variability, with variable decelerations with late components and/or late decelerations. After becoming 9 cm dilated, Ms. Shanahan went into an arrest of labor, and Austin Stidham was not born until 5:55 a.m. on August 9, 1997. The fetal heart tracing from 12:40 a.m. through delivery also exhibited minimal to absent variability, with variable decelerations with late components and/or late decelerations. Furthermore, Austin's delivery was difficult at the end of delivery. The health care providers attempt to use a vacuum, which did not work. They also encountered a mild

of the labor and delivery department at GBMC complaining of back pain. Fetal monitoring on July 22, 1997 was reactive and indicated that Ms. Shanahan was carrying a healthy fetus. She was discharged home, as it was noted that Ms. Shanahan had a follow-up appointment scheduled for July 24, 1997. At all of Ms. Shanahan's visits to GBMC from 7/27/97 to 8/7/97, it was noted that the fetal heart rate was reactive, and positive fetal movement was noted at each visit. Again, these visits indicate that Ms. Shanahan was carrying a healthy and viable fetus immediately before presenting to GBMC on 8/8/97 in labor.

According to the medical records, Ms. Shanahan experienced artificial rupture of membranes at approximately 8:30 a.m. on 8/8/97. She arrived at GBMC at approximately 10:30 a.m., and was admitted at approximately 10:45 a.m. Electronic fetal monitoring was started at 10:50 a.m. At this time, Ms. Shanahan was being cared for by the labor and delivery nursing staff at GBMC and Dr. Margaret Cyzeski, an obstetrician at GBMC.

According to the medical records, a vaginal exam performed by Dr. Cyzeski at approximately 11:17 a.m. indicated that Ms. Shanahan's cervix was 2-3 cm dilated, 50 percent effaced, and that the baby was at -3 station. Around this time, pitocin was started at 2 mu. By 12:45 a.m., the pitocin had been increased incrementally to 12 mu. At 1:30 p.m., a vaginal exam revealed Ms. Shanahan's cervix was 2 cm dilated, she was 70 percent effaced, and the baby remained at -3 station. At approximately 3:45 p.m., an intrauterine pressure catheter was placed. By this point the pitocin was at 21 mu, and Ms. Shanahan's cervix was now 3 cm dilated and 70 percent effaced. The fetus remained at -3 station.

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According to the medical records, Ms. Shanahan reached 9 cm dilatation and 100 percent effacement at some point between 11:50 a.m. on 8/8/97 and 12:40 a.m. on 8/9/97. In the hours leading to this point, the fetal heart tracing had been exhibiting minimal to absent variability, with variable decelerations with late components and/or late decelerations. After becoming 9 cm dilated, Ms. Shanahan went into an arrest of labor, and Austin Stidham was not born until 5:55 a.m. on August 9, 1997. The fetal heart tracing from 12:40 a.m. through delivery also exhibited minimal to absent variability, with variable decelerations with late components and/or late decelerations. Furthermore, Austin's delivery was difficult at the end of delivery. The health care providers attempt to use a vacuum, which did not work. They also encountered a mild

shoulder dystocia that required the cutting of Ms. Shanahan's episiotomy, subrapubic pressure and the McRoberts maneuver.

When Austin was born he had a blue tone and required oxygen for three minutes yet, his Apgar scores were recorded at 7 and 8 at one minute and five minutes of life. He weighed 3380 grams. He spent three days in the nursery. Austin has since been diagnosed with having sustained a brain injury.

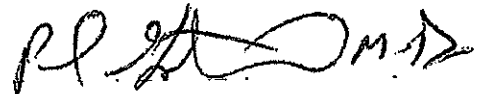
It is my opinion to a reasonable degree of medical probability and/or certainty that the above mentioned health care providers deviated from the applicable standards of care in failing to recognize that there was an obvious arrest of labor and a severe protraction disorder. Furthermore, the health care providers failed to recognize and/or appreciate ominous findings on the fetal heart tracings, which required a cesarean section in light of the arrest of labor and protraction disorder. Accordingly, it is also my opinion to a reasonable degree of medical probability and/or certainty that the health care providers deviated from the applicable standards of care in failing to institute a necessary and timely delivery of Austin Stidham.

It is further my opinion, to a reasonable degree of medical probability, that the above-referenced deviations from the standards of care proximately resulted in Austin Stidham sustaining an unnecessarily long period of oxygen deprivation, which in turn resulted in the neurological and other physical disabilities from which Austin Stidham suffers.

It is also my opinion, to a reasonable degree of medical probability, that had the Defendant Health Care Providers complied with the standard of care, Austin Stidham would have avoided the prolonged and unnecessary period of oxygen deprivation, and would have avoided the injuries and damages from which he currently suffers.

This report is not, nor is it intended to be, an exhaustive description of all my opinions, conclusions and/or their basis. My opinions, stated above, are given with a reasonable degree of medical probability and/or certainty and may be modified and/or supplemented upon review of additional information and/or documents.

Sincerely,

A handwritten signature in black ink, appearing to read "P. Gatewood, M.D.", with a stylized flourish at the end.

Paul Gatewood, M.D.

1425 WALNUT STREET, SUITE 200
PHILADELPHIA, PA. 19102
PHONE: 215.391.4600
FAX: 215.391.4610



♦ ATTORNEYS AT LAW ♦

1829 REISTERSTOWN ROAD, SUITE 425
BALTIMORE, MARYLAND 21208
PHONE: 410.998.3600
FAX: 410.998.3680
WWW.WVBLEGAL.COM

2717 13TH STREET, NW
WASHINGTON, D.C. 20009
PHONE: 1.888.952.9669
FAX: 410.998.3680

March 11, 2011

Civil Clerk
Circuit Court for Baltimore County
County Courts Building
401 Bosley Avenue
Baltimore, MD 21204

Re: Austin Stidham, et al. v. Greater Baltimore Medical Center, et al.

Dear Clerk:

Enclosed please find an original and three (3) copies of the Civil Non-Domestic Case Information Sheet, Complaint and Demand for Jury Trial in addition to a check in the amount of \$145.00 to cover costs of filing the same. Please date stamp the extra copies and return them to this office in the enclosed, self-addressed, stamped envelope.

Kindly return the Summons to this office for service via private process.

Thank you for your assistance in this regard.

Very truly yours,


Maria Arellano
Legal Assistant

/mea

Enclosures