

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

NCP Name: *JESUS MENDOZA*
CP Name: _____
OAG Number: **0013245588**

CAUSE NUMBER F-1591-11-A

IN THE INTEREST OF

CHILDREN

§ IN THE 92ND JUDICIAL DISTRICT COURT

§
§
§

OF

§ HIDALGO COUNTY, TEXAS

ORDER TO APPEAR AND SHOW CAUSE

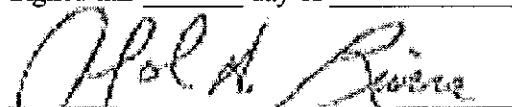
On this date the application for hearing on the matters presented in the pleading on file in this cause was presented to the Court.

This matter has been referred to the Associate Judge appointed pursuant to Texas Family Code Chapter 201, Subchapter B.

JESUS MENDOZA is ORDERED to appear, before this Court MASTER'S COURT # ¹, HIDALGO COUNTY COURTHOUSE, EDINBURG, TX. on the **11TH** day of **MAY**, **2016**, at **8:00** o'clock ^A M., and to respond to the pleading served with this order. **Failure to appear as ordered may result in issuance of a Capias for the arrest of JESUS MENDOZA, entry of a default order, or both.** The clerk of this court is ORDERED to cause a copy of this order and the pleading to be served on *JESUS MENDOZA*.

JESUS MENDOZA has been requested to produce, at or prior to said hearing: (a) his IRS federal tax returns for the past two years with all schedules included with the returns and all W-2s and 1099s attached to such returns, (b) any and all W-2 statements, all 1099s, and all documents showing income received by Respondent from any source for the two tax years preceding the date of filing of this action, (c) all payroll stubs, vouchers, records of commissions and all other written records or evidence of income received by him within the last six months, (d) the most recent Social Security Administration Form SSA-7005, showing his income history, sent to him three months before his last birthday, (e) statements of accounts for all checking or saving accounts in which he has held an interest within the last six months, (f) all evidence (policies, premium schedules, records of premiums paid, etc.) of health insurance available at his place of employment that may provide coverage for dependent children, (g) copies of loan applications made within the last six months, (h) current statement of benefits and account balances for all retirement, pension, or profit-sharing plans in which the respondent has accrued or may accrue benefits, regardless if such benefits have vested, including but not limited to employer- or union-sponsored defined benefit or defined contribution plans and individual retirement accounts (IRAs), and (i) summary plan description of all retirement, pension, or profit-sharing plans in which the respondent has accrued or may accrue benefits, regardless if such benefits have vested.

Signed this **29TH** day of **FEBRUARY**, 20**16**.



ASSOCIATE JUDGE PRESIDING

MAY 22 2007

Texas Department of Aging and Disability Services

In-Home and Family Support Program
Physician Statement of Disability

Fax

Form 2308
April 1997

956-971-1311

Phone Number
4-23-2007

Patient Name
Jesus Mendoza
Address
2202 E 28th St
Mission, TX 78572

Caseworker, Address, Phone
Lina Garcia
4501 W. Business Highway 83
McAllen, TX 78501
956/971-1236

The following medical information is needed to determine this patient's eligibility for the In-Home and Family Support Program. The Program is intended to assist families in maintaining an individual with a physical disability IN THE HOME. PLEASE COMPLETE ALL ITEMS BELOW. If you have questions, please contact the caseworker at the address and phone number above.

I. MEDICAL DIAGNOSIS: highly sensitive to electricity

II. APPROXIMATE DATE OF ONSET OF DISABLING CONDITION

Approx. Date of Onset
1997

III. FUNCTIONAL LIMITATIONS (check all SUBSTANTIAL limitations that apply): When exposed

- Self-Care
- Receptive and Expressive Language +/- Severe
- Learning - Severe
- Mobility
- Self-Direction
- Capacity for Independent Living - Yes, when in crisis
- Economic Self-Sufficiency - Self employed needs to avoid exposure to remain able to work
- Other (specify):

IV. EXPECTED DURATION OF DISABILITY: Unknown

V. PROGNOSIS: poor

VI. RECOMMENDATIONS/OTHER COMMENTS: Do you recommend a monitor to measure radiation around client's Environment? Yes No

These will greatly enhance his ability to prevent exposure increasing quality of life + make him able to work at home.

VII. [Signature] 6/7/07
Signature - Physician Date

Physician's Name (please type or print)
Dr. Alfred R. Johnson, D.O.

Physician's Mailing Address
317 Dal-Rich Village, Richardson, TX 75080

Telephone No.
972-479-0400

PLEASE RETURN THIS DOCUMENT IN THE ADDRESSED, STAMPED ENVELOPE PROVIDED

Rec'd by IHFSP on
JUN 07 2007
[Signature]



November 14, 2014

RE: Jesus Mendoza

To Whom It May Concern:

The above patient is under my care. In case of emergency health care, please do not place this patient in close proximity to sources of electromagnetic radiation.

He is currently suffering from severe hypersensitivities to chemical fumes and odors along with electromagnetic sensitivity. Exposure to sources of radiation including power lines, electric motors, computers, fluorescent lights, and wireless devices, cause Mr. Mendoza severe pain, swelling of vital organs, breathing difficulties, speech impairment, and concentration and memory deficits.

If you have any questions regarding this please contact me.

Sincerely Yours,

Alfred R. Johnson, D.O.
ARJ/smm

Exh. 1D