

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

DB
FILED

NOV 17 2016

THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

Plaintiff

Ms. TASHA BANKS PROSE

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

Defendant

vs.

Case No: 16-cv-4921
(To be supplied by the Clerk of this Court)

Methodist Hospital North Lake E.R.

Doctor

Discrimination
Medical Malpractice

Methodist Hospital North Lake E.R.

Nurse

Methodist Hospital North Lake E.R.

Security

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

_____ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

_____ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

- A. Name: Ms Tasha Banks Pro Se
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: Lake County Jail
- E. Address: 2293 N. Main St Crown Point IN 46307

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: Methodist Hospital North Lake Campus E. R
 Title: Doctor
 Place of Employment: Emergency Room Methodist Hospital North Lake Campus 600 North Grant Street Gary IN 46402
- B. Defendant: Methodist Hospital North Lake Campus E. R.
 Title: Nurse
 Place of Employment: Emergency Room Methodist Hospital North Lake Campus 600 North Grant Street, Gary, IN 46402
- C. Defendant: Methodist Hospital North Lake Campus E. R.
 Title: Security
 Place of Employment: Methodist Hospital North Lake Campus 600 North Lake Street Gary IN 46402

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Loyla Medical University
2:16 CV 152
- B. Approximate date of filing lawsuit: 4-29-2016
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Tasha Banks

- D. List all defendants: Methodist Hospital North Lake ER
Doctors, 2 Nurses, 3 Security, Staff.
Loyla Medical University Maywood IL.
Doctors, 2 Nurses, 3 Security, Staff
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): United States District Court Northern District of Hammond IN.
- F. Name of judge to whom case was assigned: James T. Moody

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Pending see Attached Exhibit 1.

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or 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. (Use as much space as you need. Attach extra sheets if necessary.)

On April 29, 2014, Methodist Hospital North Lake failed at providing Medical Care to my now deceased daughter left eye.

My daughter was operated on with out my consent at Methodist Hospital North E.R. Then Flown to the State of Illinois to Loyla Medical University. Then Dr. John Santanrello laughted in Plaintiff Ms Tasha Banks face, then unplugged my daughters ventailtor with out the concert of the mother Ms Tasha Banks ProSe. Loyla Medical University Staff called Security and had Mother of deceased excoorted out the Hospital. Mother, was informed that she can't stay at Hospital. Dr. Santanrello unplugged the ventailtor when he should not have. Mother of deceased was refused medical care by Loyola Medical University Maywood IL, Doctors and Nurses Staff. Plaintiff Ms. Tasha Banks ProSe Heart was acheing hurting on 4-30-2016 to Current.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Plaintiff pray for any relief this Honorable Court may grant respectfully. A Judgement for 45 Million Dollars.

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 17 day of November 2016

Ms Tasha Banks Pro Se. (Signature of plaintiff or plaintiffs)

Tasha Banks (Print name)

(I.D. Number) 4812 Jefferson St Gary, IN 46408

(Address)

UNITED STATES COURT OF APPEALS FOR THE SECOND CIRCUIT

Thurgood Marshall U.S. Courthouse 40 Foley Square, New York, NY 10007 Telephone: 212-857-8500

MOTION INFORMATION STATEMENT

Docket Number(s): 16-cv-4921

Caption [use short title]

Motion for: Leave to File Amicus Curiae Brief

Motion for Leave to Amend Complaint.

CT. Corporation System
Defendants Doctors staff
Defendants Loyola Medical University Maywood
ILLINOIS
Defendants Loyola Medical University Maywood IL
Nurses Staff
Defendants Loyola Medical University Maywood IL
Security Staff
Defendants
Methodist Hospital North Lake ER.
Defendant Methodist Hospital North Lake ER.
Doctors Staff
Defendant Methodist Hospital North Lake ER.
Nurses Staff
Defendant Methodist Hospital North Lake ER.
Security Staff

Set forth below precise, complete statement of relief sought:

Respectfully prays Honorable Court grant
any relief this court deems necessary
and proper 45 Million Judgement.
Check. 45 Million Dollars

MOVING PARTY: Ms Tasha Banks Pro Se

OPPOSING PARTY: See Addendum

Plaintiff Defendant
 Appellant/Petitioner Appellee/Respondent

MOVING ATTORNEY:

OPPOSING ATTORNEY: See Addendum

[name of attorney, with firm, address, phone number and e-mail]

Court-Judge/Agency appealed from: United States District Court, Northern District of ILLINOIS

Please check appropriate boxes:

Has movant notified opposing counsel (required by Local Rule 27.1):
 Yes No (explain):

FOR EMERGENCY MOTIONS, MOTIONS FOR STAYS AND INJUNCTIONS PENDING APPEAL:

Has request for relief been made below? Yes No
Has this relief been previously sought in this Court? Yes No
Requested return date and explanation of emergency:

Opposing counsel's position on motion:
 Unopposed Opposed Don't Know

Does opposing counsel intend to file a response:
 Yes No Don't Know

Is oral argument on motion requested? Yes No (requests for oral argument will not necessarily be granted)

Has argument date of appeal been set? Yes No If yes, enter date: Dec 5, 2016

Signature of Moving Attorney:

Ms Tasha Banks Pro Se

Date: 11-17-16

Service by: CM/ECF Other [Attach proof of service]

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF INDIANA
HAMMOND DIVISION

TASHA BANKS,)	
)	
Plaintiff,)	
)	
v.)	No. 2:16 CV 152
)	
LOYOLA MEDICAL UNIVERSITY,)	
)	
Defendant.)	

ORDER

On April 29, 2016, plaintiff submitted a complaint and a motion for leave to proceed *in forma pauperis*. (DE ## 1, 2.) The court issued an order denying the motion for leave and granting plaintiff until August 15, 2016, to pay the \$400.00 filing fee. (DE # 3.) Upon inspecting the docket (*see* DE ## 4, 5), it seems plaintiff did not receive a copy of that order in the mail. Plaintiff has now filed a second motion for leave to proceed *in forma pauperis*. (DE # 6.)

Since this is the second such motion for leave to proceed *in forma pauperis*, the court will strike the motion as duplicative.¹ The previous order remains in place and plaintiff is required to pay the filing fee before proceeding with this lawsuit. However,

¹ In her first motion for leave to proceed *in forma pauperis*, plaintiff asserted that she received \$1,200.00 per month from Social Security. (DE # 2 at 1.) In the second motion, plaintiff asserts that she receives \$1,069.00 per month from Social Security (or \$12,828 per year). (DE # 6 at 1.) Although the court does not reach the merits of plaintiff's second motion here, it notes that plaintiff's asserted annual income is still greater than the poverty guideline for a one-person household, which is \$11,880.00 per year. HHS Poverty Guidelines, 81 Fed. Reg. 4036 (Jan. 25, 2016).

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given that plaintiff has not yet received a copy of the prior order in the mail, the court will adjust the deadline for payment of the filing fee.

For the foregoing reasons, the court:

- (1) **STRIKES** the second motion for leave to proceed *in forma pauperis* (DE # 6);
- (2) **INSTRUCTS** the clerk to send this order to plaintiff along with a copy of the prior order in this lawsuit (DE # 3);
- (3) **STRIKES** the previous deadline to pay the \$400.00 filing fee;
- (4) **GRANTS** plaintiff until December 9, 2016, to pay the \$400.00 filing fee; and
- (5) **CAUTIONS** plaintiff that if she does not respond by that date, this case will be dismissed without further notice for non-payment of the filing fee.

SO ORDERED.

Date: November 7, 2016

s/ James T. Moody
JUDGE JAMES T. MOODY
UNITED STATES DISTRICT COURT