

<b>Miele v Ray</b>
2026 NY Slip Op 31240(U)
March 27, 2026
Supreme Court, New York County
Docket Number: Index No. 805317/2020
Judge: Kathy J. King
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SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY

PRESENT: HON. KATHY J. KING PART 06

Justice

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NAZZARENO MIELE and GIULIA AFRUNI,
Plaintiffs,

INDEX NO. 805317/2020

MOTION DATE 05/30/2023

MOTION SEQ. NO. 001

- v -

KEVAL RAY, M.D., FRED KIMMELSTIEL, M.D., SCOTT ELLIS, M.D., JORDAN ECKER, M.D. and MT. SINAI WEST,
Defendants.

DECISION + ORDER ON MOTION

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The following e-filed documents, listed by NYSCEF document number (Motion 001) 33, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77

were read on this motion to/for JUDGMENT - SUMMARY

Upon the foregoing documents, and oral arguments having been heard, Defendants Keval Ray, M.D. ("Dr. Ray"), Fred Kimmelstiel, M.D. ("Dr. Kimmelstiel"), Scott Ellis, M.D. ("Dr. Ellis"), and St. Luke's Roosevelt Hospital Center d/b/a Mount Sinai West and Mount Sinai Morningside ("Mount Sinai Defendants") (collectively "Defendants") move for an order granting summary judgment, pursuant to CPLR 3212, dismissing the Plaintiffs' Complaint with prejudice, and directing the Clerk of the Court to enter judgment in their favor.

Plaintiffs oppose the motion.<sup>1</sup>

BACKGROUND

On July 11, 2019, Plaintiff Miele Nazzareno ("Plaintiff") presented to Mount Sinai West with acute appendicitis. Dr. Kimmelstiel performed a laparoscopic appendectomy, deemed successful, and Plaintiff was discharged on July 12<sup>th</sup> with antibiotics. Prior to the surgery, Plaintiff

<sup>1</sup> The Court notes that the Plaintiff opposes the motion as to the Defendant Dr. Kimmelstiel and the Mount Sinai Defendants only and filed a stipulation of discontinuance with prejudice as to the Defendant Dr. Ray (NYSCEF Document Number 77).

signed a Consent Form attesting that the risks were explained of the procedure were disclosed to him by Dr. Kimmelstiel. Post-discharge, Plaintiff experienced significant pain, vomiting, and urinary retention, prompting his return to the hospital on July 14. A CT scan of the abdomen and pelvis revealed fluid collection, attributable to post-surgical effects, and Plaintiff was discharged on July 18<sup>th</sup>, despite continued pain and breathing difficulties.

Follow-up appointments with Dr. Kimmelstiel showed fluctuating white blood cell counts and persistent right pleuritic pain. While initially improving, Plaintiff later presented to Mount Sinai Morningside on December 21, 2019, with severe pain, night sweats, and a significantly elevated white blood cell count. Subsequent tests revealed hepatic abscesses and a right pleural effusion, requiring interventional radiology drainage and chest tube placement. Thereafter, Plaintiff developed lower right lobe pneumonia, requiring a thoracotomy on June 23, 2020, to drain a right lung empyema. By July 2020, he reported persistent weakness and psychological distress.

On October 19, 2020, Plaintiff and his wife, Giulia Afruni, who sues derivatively for loss of consortium, commenced the instant action alleging medical malpractice and lack of informed consent by the filing of a Summons and Verified Complaint. Plaintiff claims that Defendants failed to properly and timely diagnose an infectious process, specifically a hepatic abscess, resulting in additional hospitalization and treatment, including interventional radiology, drainage of the abscess, the development of an empyema and respiratory difficulties, which ultimately required a video-assisted thoracotomy in June of 2020.

Defendants now move for summary judgment pursuant to CPLR 3212.

### **SUMMARY JUDGMENT AS TO DR. KIMMELSTIEL**

A defendant physician moving for summary judgment must make a prima facie showing of entitlement to judgment as a matter of law by establishing the absence of a triable issue of fact as to his or her alleged departure from accepted standards of medical practice, or by establishing that

the plaintiff was not injured by such treatment (*see Alvarez v Prospect Hosp.*, 68 NY2d 320, 324 [1986]; *Frye v Montefiore Med. Ctr.*, 70 AD3d 15 [1st Dept 2009]; *McGuigan v Centereach Mgt. Group, Inc.*, 94 AD3d 955 [2d Dept 2012]; *Sharp v Weber*, 77 AD3d 812 [2d Dept 2010]; *see generally Stukas v Streiter*, 83 AD3d 18 [2d Dept 2011]). To satisfy this burden, a defendant must present expert opinion testimony that is supported by the facts in the record, addresses the essential allegations in the complaint or the bill of particulars, and is detailed, specific, and factual in nature (*see Roques v Noble*, 73 AD3d 204, 206 [1st Dept 2010]; *Joyner-Pack v. Sykes*, 54 AD3d 727 [2d Dept 2008]; *Koi Hou Chan v Yeung*, 66 AD3d 642 [2d Dept 2009]; *Jones v Ricciardelli*, 40 AD3d 935 [2d Dept 2007]). Furthermore, to satisfy his or her burden on a motion for summary judgment, a defendant must address and rebut specific allegations of malpractice set forth in the plaintiff's bill of particulars (*see Wall v Flushing Hosp. Med. Ctr.*, 78 AD3d 1043 [2d Dept 2010]; *Grant v Hudson Val. Hosp. Ctr.*, 55 AD3d 874 [2d Dept 2008]; *Terranova v Finklea*, 45 AD3d 572 [2d Dept 2007]). When no opposing evidence is submitted, the Court must still deny summary judgment if the moving party does not meet its burden (*Liberty Taxi Mgt., Inc. v Gincherman*, 32 AD3d 572 [2d Dept 2007]).

In support of their motion, the Defendants submit the affirmations of Dan Seth Reiner, M.D. ("Dr. Reiner"), a board-certified physician in Surgery and Surgical Critical Care; (2) Bruce Frederick Farber, M.D. ("Dr. Farber"), a board-certified Internist and Infectious Disease Physician; and (3) Mark Burshteyn, M.D. ("Dr. Burshteyn"), a board-certified Interventional and Diagnostic Radiologist, all of whom opine to a reasonable degree of medical certainty.

Dr. Reiner opines that Dr. Kimmelstiel's decision to perform an appendectomy was proper and that the procedure was performed within the standard of care. According to Dr. Reiner, only acute suppurative appendicitis and peri-appendicitis were found, and there were no complications

and no sign of rupture or peritonitis. Dr. Reiner opines that Dr. Kimmelstiel exceeded the standard of care when he ordered antibiotics despite the fact that there were no complications.

Further, Dr. Reiner opines that Dr. Kimmelstiel's post-laparoscopic appendectomy follow-up with Plaintiff from July 14-18, 2019 was within the standard of care, including Dr. Kimmelstiel's interpretations of CT findings, fluid collections, and thickened peritoneum. Dr. Reiner also asserts that Dr. Kimmelstiel's assessment of the elevated white blood cell count during that period was also within the standard of care and opines that Dr. Kimmelstiel appropriately attributed these findings to normal post-operative responses, rather than hepatic abscesses or other infections.

Dr. Reiner indicates that Plaintiff's presentation to Dr. Kimmelstiel's office in July 24<sup>th</sup> was within the prescribed one-week recommendation, and his evaluation of his right side pleuritic pain and decreased breath sounds was within the standard of care, particularly since the surgery was on the right side. According to Dr. Reiner, Dr. Kimmelstiel performed within the standard of care after the results of a chest x-ray, he ordered on July 27<sup>th</sup> ruled out pneumonia, thus, ruling out the need for a pulmonary consult or infectious disease consult. These results were consistent with Plaintiff's lab work, including a white blood cell count performed on August 9<sup>th</sup>, which was not indicative of any further medical consults. Dr. Reiner opines that Dr. Kimmelstiel did not abandon Plaintiff, since Plaintiff was instructed to present to Dr. Kimmelstiel as needed, after his last visit on August 9<sup>th</sup>.

Dr. Reiner concludes that Plaintiff exhibited no related symptomatology from the time of his follow up visit on August 9 to the time he presented to Mount Sinai in December 21, 2019. He opines that the December 21<sup>st</sup> diagnosis of hepatic abscesses was timely, and the prescribed treatment was appropriate. According to Dr. Reiner, the abscesses were not present during the July and August visits. He reasons that the condition would have manifested with significant symptoms

well before December. Finally, he asserts that Dr. Kimmelstiel properly trained his residents, and they all acted within the standard of care.

Defendants' second expert, Dr. Farber, concurs with Dr. Reiner, and opines, that Dr. Kimmelsteil did not deviate from the applicable standard of care in treating and caring for Plaintiff, and did not cause the injuries alleged by him. Specifically, Dr. Farber indicates that his review of Plaintiff's Mount Sinai West admissions records indicates that there were no clinical or radiological signs suggestive of an infectious process, and that the laboratory studies including the white blood cell counts were further indications of the absence of an infectious process. Further, it is Dr. Farber's opinion that the hepatic abscesses were timely diagnosed and properly treated during the Mount Sinai Morningside admission of December 21 to December 30, 2019. He further opines that such hepatic abscesses were not diagnosable or even present during the admission of July 14 to July 18, 2019, during the office visits of the plaintiff to Dr. Kimmelstiel of July 24, 2019, and August 9, 2019, or at any time appreciably before the plaintiff's presentation to the hospital on December 21, 2019. Dr. Farber opines that it is "inconceivable and beyond cavil" that Plaintiff could have had such abscesses during his July and August 2019 visits, as he would have experienced life-threatening symptoms long before December 21, 2019, when he presented at Mount Sinai Morningside. Instead, Dr. Farber opines that Mr. Miele's condition resulted from gut bacteria migrating to his portal vein and liver, leading to hepatic abscesses through a slow, late-developing process consistent with the absence of severe symptoms until his December 21, 2019, diagnosis.

Lastly, Dr. Farber concludes that the hospital staff of the Mount Sinai Defendants did not depart from the requisite standard of care when it treated Plaintiff in December 2019. Specifically, he opines that the initial antibiotic coverage of Ceftriaxone and Flagyl was appropriate; the clinical and diagnostic imaging diagnosis of the hepatic abscesses was timely; the interventional radiology

drainage of the abscesses was timely and appropriately performed and appropriately identified the previously mentioned infectious organism, and, thereafter, the appropriate antibiotic coverage was instituted; and ultimately the hepatic abscesses, at the time of the plaintiff's discharge, had completely resolved.

The opinion of Defendants' third expert, Dr. Burshteyn, is consistent with Dr. Reiner and Dr. Farber's conclusion that Dr. Kimmelsteil acted within the standard of care. He opines to a reasonable degree of medical certainty that the fluid collection seen in Plaintiff's Abdominal and Pelvic CT scan on July 14<sup>th</sup>, 2019 was insignificant and a common post-surgical finding. As such, he opines that Dr. Kimmelstiel's decision to not refer interventional radiology in July 2019 was consistent with sound medical practice, especially give the risk of damaging surrounding tissues and organs with further examination. Additionally, Dr. Burshteyn notes that there were no overt signs of infection presented.

Based on the medical expert affirmations, the Court finds that Defendants have established their prima facie burden to show that the medical care and treatment provided to Plaintiff was within the standard of care and that there was no failure to diagnose Plaintiff's hepatic abscesses.

Once defendant establishes prima facie entitlement to judgment as a matter of law, the burden shifts to the plaintiff to demonstrate the existence of a triable issue of fact by submitting an expert's affidavit or affirmation attesting to a departure from accepted medical practice and opining that the defendant's acts or omissions were a competent producing cause of the plaintiff's injuries (*see Roques v Noble*, 73 AD3d at 207; *Landry v Jakubowitz*, 68 AD3d 728 [2d Dept 2009]; *Luu v Paskowski*, 57 AD3d 856 [2d Dept 2008]).

Here, the Plaintiff, in opposition, submits the affirmations of a board-certified Radiologist, and a board-certified Surgeon,<sup>2</sup> both of whom opine to a reasonable degree of medical certainty.

Expert A opines that Dr. Kimmelstiel departed from acceptable practice of medical care when treating Mr. Miele and said departures caused the alleged injuries. Expert A contends that the pre-operative CT scan on July 11, 2019 shows an appendix which had the hallmark radiological signs of being inflamed, suppurative or gangrenous, and likely close to rupture, along with peri-appendiceal fat that indicated appendicitis that was complicated and acute. Expert A further opines that the post-appendectomy CT scan on July 14, 2019 indicated peritonitis, not possible peritonitis. In support, Expert A highlights the evidence of mesenteric stranding along with Plaintiff's fever the day before the scan. Expert A further opines that the radiodensity of the fluid observed in Plaintiff's Abdominal and Pelvic CT scans strongly suggests the presence of sepsis at the time of the imaging. Accordingly, Expert A critiques Dr. Burshteyn's report for failing to address the radiodensity and turbidity of fluid in Plaintiff's Morrison's Pouch, as well as peritonitis indicators in the July 14, 2019 CT scan. He indicates that while fluid drainage post-appendectomy carries risks, the Defendants should have presented it as an informed option alongside abscess formation risks. Expert A opines that the Defendants erred by overlooking alternatives such as peritoneal fluid culture or interval follow-up imaging to monitor fluid resorption versus abscess maturation, and ultimately asserts that the lack of follow-up within a week of the July 14<sup>th</sup> CT scan constituted a substantial departure from the applicable standards of medical care.

Plaintiff's Expert B opines that Dr. Kimmelsteil departed from acceptable standards of medical care and caused the injuries alleged by Plaintiff. Expert B concurs with Expert A's opinions about the condition of Plaintiff appendix as shown by the July 11, 2019 scan, and further

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<sup>2</sup> The names of Plaintiffs' experts are redacted pursuant to CPLR 3101(d). The radiologist shall be referred to as Expert A, and the surgeon shall be referred to as Expert B.

notes the post-operative report indicating gangrene. According to Expert B, the statement in the surgical pathology report referring to suppurative appendicitis and peri-appendicitis meant that the infectious process had progressed beyond the appendiceal wall, which can occur even in the absence of frank rupture. In other words, according to Expert B, this condition increased Plaintiff's chance of postoperative complications, including the formation of intraabdominal abscesses. Expert B highlights Dr. Kimmelstiel's prescription of two antibiotics, which according to Expert B, indicated his awareness of the complicated nature of Plaintiff's condition. Further, Expert B notes that Plaintiff's July 12, 2019 chest x-ray suggested the possible atelectasis, or collapse, of the right lower lung, and that this did not exclude the possibility of superimposed pneumonia. According to Expert B, Defendants ignored the above findings and discharged Plaintiff prematurely in derogation of the prevailing standard of care. Expert B contends that at a minimum Defendants should have taken sputum cultures, a follow-up chest x-ray, and, if warranted, a chest CT scan.

Lastly, Expert B opines that Defendants deviated from the standard of care by failing to perform image-guided percutaneous aspiration, fluid culture, and guided IV antibiotic therapy on July 14, 2019, when Plaintiff re-presented with concerning symptoms, instead ignoring the subhepatic collection and prematurely halting IV treatment. Expert B argues that Dr. Kimmelstiel should have investigated the radiodensity of the fluid in Morrison's Pouch and considered peritonitis, mandating fluid drainage and culture or interval CT follow-up, and deemed the July 24 and August 9, 2019 visits inadequate. Further, Expert B opined that these failures directly caused Plaintiff's injuries, specifically the evolving liver abscess and subsequent septic flare-up, rejecting the defense experts' claims of delayed symptom onset by highlighting the abscess's location in the previously noted July 14<sup>th</sup> area and the enteric flora cultures, which align with complicated appendicitis. Expert B also refuted Dr. Kimmelsteil's irrigation fluid explanation, emphasizing the

fluid's radiodensity and the necessity for investigation given peritonitis indicators, regardless of the fluid's origin.

The Court finds that the Plaintiffs' expert raise issues of fact regarding alleged deviations and whether such deviations proximately caused Plaintiffs' injuries, thus, rebutting the Defendants' prima facie entitlement to summary judgment. "Summary judgment is not appropriate . . . [when] the parties [submit] conflicting medical expert opinions because [s]uch conflicting expert opinions will raise credibility issues which can only be resolved by a jury" (*Cummings v Brooklyn Hosp. Ctr.*, 147 AD3d 902, 904 [2d Dept 2017], quoting *DiGeronimo v Fuchs*, 101 AD3d 933 [2d Dept 2012] [internal quotation marks omitted]; see *Elmes v Yelon*, 140 AD3d 1009 [2d Dept 2016]; *Leto v Feld*, 131 AD3d 590 [2d Dept 2015]). Similarly, since Plaintiffs' cause of action for loss of consortium are derivative of the injured spouse's right to recover damages for any injuries sustained as a result of the Defendants' alleged malpractice, dismissal is precluded (see *Liff v Schildkrout*, 49 NY2d 622 [1980]).

#### **SUMMARY JUDGMENT AS TO THE MOUNT SINAI DEFENDANTS**

Given that triable issues of fact exist as to the care and treatment by Dr. Kimmelsteil, an employee of St. Luke's Roosevelt Hospital Center d/b/a Mount Sinai West and Mount Sinai Morningside, and whether such treatment proximately caused Plaintiff's alleged injuries, dismissal is not warranted against St. Luke's Roosevelt Hospital Center d/b/a Mount Sinai West and Mount Sinai Morningside, under the doctrine of respondeat superior (see *Sessa v Peconic Bay Medical Center*, 200 AD3d 1085 [2d Dept 2021]; *Klippel v Rubinstein*, 300 AD2d 448 [2d Dept 2002]; *Rivera v County of Suffolk*, 290 AD2d 430 [2d Dept 2002]; *Mduba v Benedictine Hosp.*, 52 AD2d 450 [3d Dept 1976]).

#### **SUMMARY JUDGMENT AS TO DR. ELLIS AND DR. ECKER**

Summary judgment is warranted as to the residents since it is well settled that where supervised medical personnel are not exercising independent medical judgment, they cannot be held liable for medical malpractice unless the directions from the supervising doctor so greatly deviate from normal medical practice that they should be held liable for failing to intervene (*see, e.g., Bellafiore v. Ricotta*, 83 AD3d 632, 633 [2d Dept 2011]; *Muniz v. Katlowitz*, 49 AD3d 511, 513 [2d Dept 2008] (a resident who assists a doctor during a medical procedure, and who does not exercise any independent medical judgment, cannot be held liable for malpractice so long as the doctor's directions did not so greatly deviate from normal practice that the resident should be held liable for failing to intervene); *see also Cunningham v. St. Barnabas Hospital*, 36 AD3d 567 [1st Dept 2007]). This is so even where the hospital staff plays an active role in physically examining a patient and participating in a patient's care, as this does not, in itself, demonstrate the exercise of independent medical judgment (*see France v Packy*, 121 A.D.3d 836 [2d Dept 2014]).

Here, Dr. Reiner, opines that the resident Defendants, Dr. Ellis and Dr. Ecker, did not make any independent medical judgments regarding Plaintiff's care and treatment, thus there was no obligation on the part of the resident Defendants to question the decisions of the attending physician, Dr. Kimmelsteil. Specifically, Dr. Reiner points to Dr. Ecker's testimony that he acted as a first-year intern, did not make any decisions with respect to the care of Plaintiff, and deferred all patient care decisions to senior residents or attending physicians. Dr. Reiner further points to Dr. Kimmelsteil's affidavit, which attests that all treatment interactions by Drs. Ellis and Ecker were performed under his supervision and were appropriate, as were the overall interactions of the hospital staff.

Plaintiffs submit no opposition as to Drs. Ellis and Ecker, therefore, no triable issues of fact are raised regarding Defendants prima facie showing on whether the resident Defendants exercised independent medical judgment and/or failed to intervene when physically examining the

Plaintiff and participating in his care. As a result, that branch of Defendants' motion to dismiss Plaintiffs' complaint against the resident Defendants, Drs. Ellis and Ecker, is granted.

### **SUMMARY JUDGMENT AS TO LACK OF INFORMED CONSENT**

A defendant moving for summary judgment on a lack of informed consent claim must demonstrate that the plaintiff was informed of the alternatives to and the reasonably foreseeable risks and benefits of the treatment (*Henry v Bezael Rehabilitation & Nursing Ctr.*, 2020 NY Slip Op30369(U) [Sup Ct, NY County 2020]; *Koi Hou Chan v. Yeung*, 66 AD3d 642, 643 [2d Dept 2009]; *see also Smith v. Cattani*, 2 AD3d 259, 260 [1st Dept 2003] [holding that a defendant is entitled to summary judgment where “documentary evidence establishes that before each of plaintiff’s seven surgeries, defendant notified him of the reasonably foreseeable risks and benefits of the surgery, as well as alternatives to the proposed treatment]; *Johnson v. Staten Is. Med. Group*, 82 AD3d 708, 709 [2d Dept 2011] [holding that where the plaintiff signed an informed consent form, the form itself was sufficient to carry the defendants’ prima facie burden on summary judgment]). A defendant may satisfy his or her burden of demonstrating a prima facie entitlement to judgment as a matter of law in connection with such a cause of action where a patient signs a consent form indicating his or her understanding of the possible risks of the procedure along with corroborating medical records (*see Bamberg-Taylor v Strauch*, 192 AD3d 401, 401-402 [1st Dept 2021]).

Here, Defendants’ experts assert that Dr. Kimmelsteil appropriately informed Plaintiff about the risks of infection and abscess formation that could occur as a result of the surgery, even in the rarest occurrences. Defendants’ highlight Plaintiff’s allegation against Dr. Kimmelstiel regarding an alleged failure to disclose to Plaintiff the risks of a hepatic abscess. However, Dr. Reiner opines that it was appropriate for Dr. Kimmelstiel to not disclose the risks of an infection and abscesses associate with a laparoscopic appendectomy because there were no hepatic

abscesses to be diagnosed at any time pertinent to Dr. Kimmelstiel's treatment tenure of the Plaintiff. Accordingly, based on the evidence provided, the Court finds that the Defendants have met their burden as to Plaintiffs' lack of informed consent claim.

In opposition, Plaintiff contends that issues of material fact exist as to whether Dr. Kimmelsteil obtained the Plaintiff's informed consent before performing the percutaneous drainage of fluid in Mr. Miele's Morrison's pouch. Specifically, the Plaintiffs' radiology expert, Expert A, agreed that percutaneous drainage of fluid in Morrison's pouch, while risky, required informed patient consent regarding procedure risks versus abscess formation. However, crucially, the Plaintiffs' expert identified a less risky alternative, which defense experts overlooked: obtaining peritoneal fluid for culture from a readily accessible peritoneal cavity space, given the radiological evidence suggesting potential peritonitis. Accordingly, the Court determines that the Plaintiffs' experts present evidence sufficient to raise triable issues of fact concerning the adequacy of informed consent obtained by Dr. Kimmelstein when rendering care and treatment to Mr. Miele (*see Acevedo by Rodriguez v. New York City Health & Hosps. Corp.*, 251 AD2d 21, 22 [1st Dept 1998]; *Guido v. Fielding*, 190 A.D.3d 49, 53 [1st Dept 2020]).

Accordingly, it is hereby

**ORDERED** that Defendants' motion for summary judgment is granted to the extent of severing and dismissing the claims against the Defendants Keval Ray, M.D., Scott Ellis, M.D., and Jordan Ecker, M.D., with prejudice, and in all other respects the motion is denied; and it is further

**ORDERED** that the Defendants are directed to serve a copy of this order upon the Plaintiff by first class regular mail at his last known address within twenty (20) days of entry of this order; and it is further

**ORDERED** that within twenty (20) days of entry of this order, counsel for Defendants shall serve a copy of this order with notice of entry upon all parties and the Clerk of the Court (60 Centre Street, Room 141B) and the Clerk of the General Clerk's Office (60 Centre Street, Room 119), who are directed to enter judgment in accordance with this order; and it is further

**ORDERED** that service upon the Clerk of the Court and the Clerk of the General Clerk's Office shall be made in accordance with the procedures set forth in the Protocol on Courthouse and County Clerk Procedures for Electronically Filed Cases (accessible a the "E-Filing" page on the court's website); and it is further

**ORDERED** that the parties shall appear for a virtual settlement/pre-trial conference on December 2, 2026, at 10:00am, after consultation with the Court's Alternative Dispute Resolution (ADR) department. The ADR Order and specific date, time, and appearance link for the virtual conference shall be set forth in subsequent correspondence by the Court.

This constitutes the Decision and Order of the Court.

3/27/2026  
DATE

*Kathy J. King*  
KATHY J. KING, J.S.C.

CHECK ONE:	<input type="checkbox"/> CASE DISPOSED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> NON-FINAL DISPOSITION	<input type="checkbox"/> OTHER
APPLICATION:	<input type="checkbox"/> GRANTED		<input checked="" type="checkbox"/> GRANTED IN PART	
CHECK IF APPROPRIATE:	<input type="checkbox"/> SETTLE ORDER		<input type="checkbox"/> SUBMIT ORDER	
	<input type="checkbox"/> INCLUDES TRANSFER/REASSIGN		<input type="checkbox"/> FIDUCIARY APPOINTMENT	<input type="checkbox"/> REFERENCE