

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1223253-0

Total Deleted Page(s) = 8

Page 3 ~ b6; b7C;
Page 52 ~ b6; b7C;
Page 75 ~ b6; b7C;
Page 76 ~ b6; b7C;
Page 77 ~ b6; b7C;
Page 126 ~ b6; b7C;
Page 127 ~ b6; b7C;
Page 128 ~ b6; b7C;

```
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
X   Deleted Page(s)         X
X   No Duplication Fee      X
X   For this Page           X
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
```

(Title)

(File No.)

209B-TP-28810

Item	Date Filed	To be returned		Disposition
		Yes	No	
1A66	6/6/94		✓	Orig notes re
67	"		✓	" " "
68	"		✓	" " "
69	"		✓	" " "
70	"		✓	" " "
71	"		✓	" " "
72	"		✓	" " "
73	"		✓	" " "
74	8/3/94	X		papers from Trash
75	"	"		receipt evidence
76	"	"		papers from trash
77	"	"		papers w/ak from Straight Trash

b6
b7C

209B-TP-28810-1A's

SEARCHED	INDEXED
SERIALIZED	FILED
JUN - 6 1994	
FBI - TAMPA	

Universal File Case Number 209B-TP-28810-1A[#]66

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 11/26/94

From

By SA

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;
FBW - INSURANCE;
OO: TAMPA

Reference: _____
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

b6
b7C

b6
b7C

-1-

b6
b7C

Quoted in
press (LA &
NY Times)
Spoke to
LA re.
STR

Tough Love - parents support group

parents got together & tried to figure out other options - they had heard of Stratford ^{started program @ 16 yoa} ^{stayed on top 2 months} ^{drinking & pot etc.}

- 2 meetings a wk. - ^{FINITE} / Fund raisers
- Volunteer to Speak a STR @ other org.
- had to do so many things to fulfill or wouldn't ^{be allowed to} ^{see} their daughter had to earn rights.

did most of speaking as STR forums.
had bad feeling re: program

b6
b7C

daughter went to DL

under the older kids control -

(She ran away twice)
three times after 3rd time they cancelled the contract

2. feel
what
must

[] threw away
a box of docs
re. STR.

b6
b7c

Frances explained in ~~the~~ DL.

for { pers. to money
always needed \$
disorgan.



STR. billed INSUR. directly

Chubb Life America

b6
b7c

When [] went in
① physical by Dr.

[] never met Dr.)

She was never admitted to a hospital.

← pd so much a mo for host homes - pd to STR
& put in STR acct & ÷ up between him.

— bought groceries - Sporadic - to meetings
never visited host hm. - didn't make it to host level. ^{not host home.}

She wanted him something - questionnaires & card

— not provided a copy of psy test didn't ask.

3-

- no dealing w/ ^{admin} people in FLA.

Schol.
 sent funds } NO

- never rec. bills ~~directly~~ from Dr. to []

[] interview

[] set up finan. w/ STR.

STR would ~~pay~~ bill insur directly

" w/ your man, it should cover and if any xtra -
they had ways to cover the ^{xtra} costs of STR. "

spoke

- man - name unk.

Cover the cost of host hm. ~~600-800 a mo~~

STR wanted it made out to parents - [] made out
to parents

later ^{host hm.} ~~hus~~ went to a fund @ STR.

after Bayard deal the finances @ STR was great.

STR would bill for group therapy ~~dealing~~ too.

Chem Coast
(marine inspections)

Byes
4-

Spoke w/ therapist

[redacted] on phone in person w/ [redacted]
progress.

b6
b7C

— insur. pd more than what was quoted
@ HK from STR.

[redacted] didn't pursue the refund of what
was one.

([redacted] had that all his insur benefits
had been exhausted before going to STR.
but insur pd.

never saw STR. bills w/ daughter

physician bills were sent to insur.
copies of same " " [redacted]

b6
b7C

[redacted]

son -

[redacted]

[redacted] were billed & paid even when she
ran away. (cause they held a spot for her) -

-5-

[] made a flat fee deal w/ STR.
18,000 a yr (1500 a mo).

When msur. was over paying STR
[] stopped paying the overcharge to STR.

b6
b7c

STR. said they were trying to collect
more in a shorter period of time so []
wouldn't owe @ end of yr.

a lot of other parents broke their contracts
@ same time.

They were closing the DC office soon
anyway.

never talked to same person twice
& if kid wasn't doing good couldn't talk w/
anyone unless went thru chain of command
w/ request forms etc.

Went to hsq once for supplies but not
sent bill as end.

Universal File Case Number 209B-TP-28810-1A⁹² 67

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 3-8-94

From [Redacted]
(Name of Contributor)

[Redacted]
(Address of Contributor)

[Redacted]
(City and State)

By SA [Redacted]

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

[Redacted]

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;
FBW - INSURANCE;

Reference: _____
OO: TAMPA
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

[Redacted]

b6
b7C

b6
b7C

[redacted]

①

3-8-94

[redacted]

~~8/~~ (protect I.D.)

due to non OAS-

b6
b7C

[redacted]

[redacted]

[redacted]

[redacted]

Benefits Dept -

[redacted]

[redacted]

in

[redacted]

pulled out

[redacted]

(needed to pull him out due to death in family etc. stress)

Ste. billed direct to mem.

except lost him

planning

> She sent claims forms to mem.

took \$ out of IRA to pay ~~off~~ open acct @ Ste

Lic. Voc. Nurse
LVN

②

pers. turnover high
fund raisers

always wanted more \$
Parents who really hard &
made \$.

on her bill
over \$3000 left owed

She
refused to pay

[redacted] (LW)

> counselors

↓
she felt they
had maxed out
her insurance.

b6
b7c

She felt they overcharged for med.

@ that time she'd done anything to
save [redacted] life.

chronic runaway, started using
pot -

↓
biggest prob.

[redacted]

went in @
40A

Str. told her she needed to say he had
drug prob. to have insur. cover.

could
have
been

[redacted]

(loss)

in DC.

b6
b7c

any peer pressure

3

when entered Dr. didn't get a break down
of fees.

(when she called & got info. they said depends
on whether in test the or not. diff prices.
[redacted] had son M
and out re: [redacted] son [redacted])

- no oral / written re: tests

- thinks did physical & B.A.

no knowl. re Drs.

couldn't (not allowed) talk w/ other parents
re: program.

(spoke w/ [redacted] re: program)

in [redacted] things started getting worse
[redacted] they really pushed for more &
Dr.

went every wk to Dr. for meetings

if missed meeting - stood them up & chastised
them.

very peer pressure

(4)

fel 500 a mo.

med service fee - \$600 - STR didn't explain
what it was - she didn't ask.

not sure what final care - 2850
Special care 2850

had group Counsel Sessions - kids non
program.

2-3 adults - mostly older kids.

didn't have nurse -

host-hm, parents gave out needs

they'd leave in vials w/ labels (no prescrip
label on it)

think STR gave med to sleep @ rest

b6
b7c

STR. was going under when they left
she ripped up bills - lasted 2-3 mo.

- no scholarship.

got funding mentioned

- no interaction w/ Fla.

did commencement program

in boat
Camp - Army -

b6
b7c

Universal File Case Number 209B-TP-28810 - 1A[#] 68

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 3-1-94

From _____
(Name of Contributor)

(Address)

(City and State)

By SA _____
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;
FBW - INSURANCE;
OO: TAMPA

Reference: _____
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

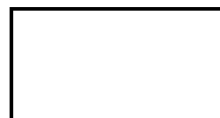
b6
b7C

b6
b7C

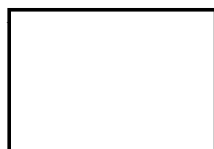
2013

①

b6
b7C



in 2 prog. before



entered straight
commenced:



learned re: str. - don't remember

telcalls to hb. personnel

think got fee schedule from DL. ^{female}



FR - like a cult

- every wkend in DL. other parents seemed brainwashed.

adm / assessm. x 2 mo 6800

mo pers. 500 mo. 5000

host hm. 3600

after care host hm fee 1800

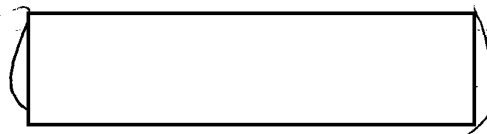
17200.00

wrote cks
~~sent~~ to FR for host hm. & later

made direct to parents (parents of interest
to do).

2


current



h.
w

b6
b7c

parents
host him. took in 2-3 kids in program.
Kids took care of hse.

 Suppose to approve any medical procedures to be done.

— impression was that a lot of staff had gone thru program & became gr. leaders

~~staff~~
teacher/coach

parents weren't allowed @ group meetings thru WK.

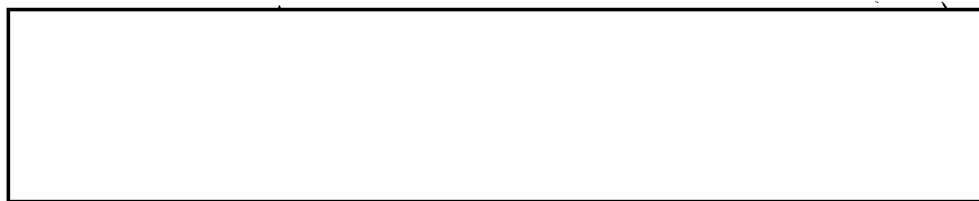
When kid reached certain level parents could meet w/ kids @ meeting during WK end

Suppose to raise \$ for Str.

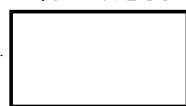
- fund raisers
- donations fr. friends

(3)

When went she told person she couldn't
afford - they asked if she owned car free & clear
- yes they said then sell it - she said no -



b6
b7C



letter fr. Str. re son's on condition

Stopped paying DTR when they closed

~ 2000

because they said they were going to
provide aftercare & didn't.

came about even.

disorganized
high turnover pressure

didn't deal w/ TP stuff

govt funding -
scholarship

she wanted parent's group to
call write govt entities
try to get info & get

← never materialized that'd be

hot
in
8/94

④

b6
b7c

told if Son completed course - he ^{stayed drug free} could get ^{would be eligible} trade school funding from (govt) source
or college State

TX Rehabilitation Commission

([] never checked into it)

- want doc what he ~~do~~ do -

[]

all staff fired in DC @ one time.
cause of disagreement w/ FLA.

Universal File Case Number 209B-TP 28810-1A69

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 3-2-94

From _____
(Contributor)

(Address of Contributor)

(City and State)

By SA _____
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;
FBW - INSURANCE;

Reference: _____
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

b6
b7C

b6
b7C

[redacted]

didn't find receipts

find papers
that went to TP.
& then supposed to
go b/c. court.

~~at~~ Dates & amounts of money

list [redacted] in
made up '97

5 payments

[redacted]

to

one payment

[redacted]

(couldn't find actual EOB)

11/14/90

500

600

2850

@ initial claim

(paying
500 a mo.)

papers

personal in TP.

took

trips to

NY

Special Office in
Guatemala

Universal File Case Number 209 B-TP-28810-1A 70

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 1-25-94

From _____
(Name of Contributor)

(Address of Contributor)

(City and State)

By SA _____
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;
FBW - INSURANCE;
OO: TAMPA

Reference: _____
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

b6
b7C

b6
b7C

DOB-

[redacted]

41

[redacted]

[redacted]

COA

b6
b7C

[redacted]

[redacted]

hm. unlis

[redacted]

[redacted]

COA

[redacted]

- commenced. →

[redacted]

brother
[redacted]

[redacted]

[redacted]

facting

30⁺ days - no sd.

drug rehab.

[redacted]

wife asked around a pd. out ~ Str

went to DL & visited STR introduced to some
staff & kids-

b6
b7C

pd. dir. to

[redacted]

some payments re:

asthma / bronchitis -

[redacted]

filed out

insom but didn't pay in to

[redacted]

golf fund raiser

[redacted]

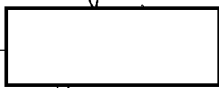
involved in putting on

1 hr. \$10-15,000
2 guys fr. Str. Eda. Cone & g/v ck. & left.

2 women

-2-

Couple for. He went to DL signed a Host m.



supported this host m.

donations

took fd. to h.m. where David (sm) was.

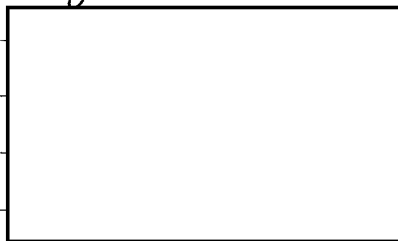
~~st~~

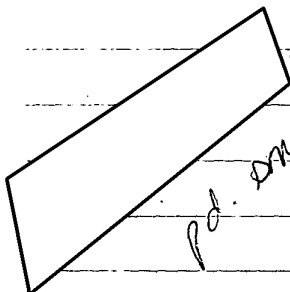
~~didn't~~ ^{did} pay Son's host m. a mo. fee.
expected \$25 a mo. per couple

2 ways to do

① Initially pd. a fee per mo. (10-15 a day) pd to State parent group.

When assigned to perman. host m., try pd. the host m. directly.



 - wife's mom.
pd. some of the bills.

b6
b7c

b6
b7c

25-9-14

phy. Counsel not discussed
never met [redacted]

STR. never refunded \$ to [redacted]

scholar. govt funding -

think
was
STR staff

should [redacted] passed the STR. commencement
his coll. would be pd for by state
funds.

no interaction w/ FLA. person.

thinks that [redacted] billed them directly.

unorgan.
always need \$

parents wondered if chaos^{by STR} was by
design.

Universal File Case Number 209B-TP-28810/A⁷¹

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 12-22-93

From [Redacted]
(Name of Contributor)

[Redacted]
(Address of Contributor)

By SA [Redacted]
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title: [Redacted]

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;

Reference: FBW - INSURANCE;
OO: TAMPA

(Material)

Description: ☒ Original notes re interview of

[Redacted]

b6
b7C

b6
b7C

①

wait
n Straight

12/22/93

[redacted]

Straight was last resort

[redacted]

[redacted]

policy

[redacted]

didn't have to pay for drugs + rehab.

1st rehab. her son was in - trust mom wouldn't pay

Straight got the money to pay \$300 a mo.

A lot of the parents when they came to
Straight they were @ end of insurance.

fel from str. was 500 a mo.

hard gone thru ~100,000 for 3 mo. w/ another
rehab. [redacted]

when [redacted] ran away went to rehab - [redacted]

[redacted]

@ [redacted] hr2

charged w/ 2 fel. ct. dealing drugs -
talked ct. into sending him to rehab. for 3 mo.

↓
Straight

referred to Straight fr. a friend. fr. said str. got some result.

pay out plan

went in abt \$500 a mo.

by really costs = 1200 mo.

Hos + home fees (\$310 a mo.)

for 2 wks had to bring in fd. for 8-10 bops

Str. Always ^{had the parents} doing fund raisers.

[] was going to do a really large fund raiser wanted a finan. statement of str. to see exactly where \$ was going - They wouldn't release the info.

personnel in Fla changed all the time always in financial trouble.

Constantly wanted \$.
They were secretive.

③

Str. ran out of Dallas.
I feel true staff person in Gto.

problems i.e. holding kids against their will.

parents thought Str. was totally unorganized
plu debts from other facilities they closed
(a lot) other parents weren't paying their bills.

~ [] was there
[] mo.

b6
b7c

Str. was run on peer pressure
kids went thru phases - (beginning to turn around
to end)

most of staff ~~was~~ kids that commenced the
program. (JR. staff).
most of the staff didn't have BSW

to her knowledge no psych or psychol. on
staff - don't think he was ever seen by
a pgs or psych.

once ask for a short time (~ mo.)
to see kids - thinks m.D.

think the kids that needed ^{medical} mental
help were taken to private Drs.

④

Str. in DC.

up & running ~ 300 kids
@ end only 100B " "

- Str. run out of fear

lot of parents were frightened of staff - that
staff would take it out on kids.

other choices were prison or death

months statements from Straight
showed her insur. paying Str a certain amt.

She contacted insur. co. to get yr end
statement - it was accurate.

1400 ^{admission} mitral charge for psych testing
no results given - she didn't ask for any
(she had no faith in any psych etc. he'd
been tested a lot before).

Several parents ^{insur. co.} were billed after kid commu^{b6}
some were due \$ & they never got. ^{b7c}

☐ didn't pay the last 3 mo. cause she wasn't paying
case &.

[redacted]

⑤

[redacted] Fund raising

b6
b7C

Ste. [redacted] said really hard to get
never told her re: 3 scholarships or govt funding
really

componted [redacted] re: TX. no. article

hd. of parent group in Dallas -
[redacted]

b6
b7C

Step- [redacted]
counselor [redacted]

(w/F) [redacted] LNU head of staff DC for awhile.

(Closed Dallas fac. 11/91)

* Ste. made them pay the host homes + donations ^{to} parents
rec. made chs out to Cash.

for paid entire staff in Dallas
[redacted] began to question
fragments

Universal File Case Number 209B-TP-28810-1A⁷²

Field Office Acquiring Evidence Houston

Serial # of Originating Document _____

Date Received 1-25-94

From _____
(Name of Contributor)

(Address of Contributor)

(City and State)

By SA _____
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

STRAIGHT, INCORPORATED,
GANDY BOULEVARD,
ST. PETERSBURG, FLORIDA;

Reference: FBW - INSURANCE;
OO: TAMPA (rial)

Description: ☒ Original notes re interview of

b6
b7C

b6
b7C

-1-

1-23-94

[redacted]

[redacted]

[redacted]

Son -

[redacted]

b6
b7C

[redacted]

friend ref.

[redacted]

to STR.

friend's DM
had good
results.

24 trouble

@ 17 went into STR.

[redacted]

in Ho. (administrator).

parents had to go ea. wk end to DL.

(before STR, went to a counselor & couns. paid son prob.
on drugs).

4x Mex. to DL. - STR.

Ho. admin. explained finances.

2 parents — treatment
— host homes

[redacted]

paid the host m fees

b6
b7C

5 phases of program

1-25-94

(in Str.)
14 mo.
parents took before
him out commitment

-2-

no written confirmation of psych. exam.
(told by counsel that he was a certain level of drug add.)

always underfunded
" always asking for \$ (to paint walls
etc).
parents did fundraisers
sell tickets & fibrous etc.

high turn around re: employ.

never met admin in TP.

every wk end helped host him. & bought gallery.
(out of [] pocket)

b6
b7c

425 a mo.
later went up

[] Str. billed Pat she pd. rec'd the rec then
sent to insur. co for reimburse.
later, female in DC. submitted bills directly to DTR.



b6
b7C

↓ ^{from} STR. pd. 1 or 2 payments to STR. - [redacted] informed
STR. don't bill directly to insur. STR agreed & changed.



was on that and came of kids pch.

STR. had [redacted] come in of kids sick -



DL of STR.

b6
b7C



increased 11/90 to 500

1/91 > direct billing to STR
2/91

took pay
out in



billings can't be same

[(7/91 insur number. [redacted]) re they had left the 1100]

-H

Scholarship - don't funding - NO

don't know if phy. was @ therapy

phy. bill outside of Str - ~~NO~~ 1 time
contacted Dr. thru Str.

STR. sent bill
mail 1 p^{er}son to Dr.

Str. kept business secretive -
parents were scolded by other parents

[] adapted sm by []

b6
b7C

~~~~~  
[ ] to [ ] [ ]

Universal File Case Number 209B-TP-28810-1A<sup>73</sup>

Field Office Acquiring Evidence Houston

Serial # of Originating Document \_\_\_\_\_

Date Received 3-1-94

From \_\_\_\_\_  
(Name of Contributor)

\_\_\_\_\_  
(Address of Contributor)

\_\_\_\_\_

By SA \_\_\_\_\_

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure  
☐ Yes ☒ No

Title:

\_\_\_\_\_

STRAIGHT, INCORPORATED,  
GANDY BOULEVARD,  
ST. PETERSBURG, FLORIDA;  
FBW - INSURANCE;  
OO: TAMPA

Reference: \_\_\_\_\_  
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

\_\_\_\_\_

b6  
b7C

b6  
b7C

3-1-94



b6  
b7C

- [redacted] - big on stuff don't think Dr.

- Staff members - other kids ran it

no finances talked about -

no dealing w/ pers.

- heard rumors re: scholarship after curm

a couple  
of days  
later had  
M.D. had  
only  
two by  
himself

1<sup>st</sup> got there had Dr. on site @ STR.  
blood tests, physical -

{ 1 or 2 ask a ? psys. w/m 50's to talk  
to kids

- had blood test every 30 or 60 days -  
because on Acutane meds - need rock levels

Sometimes staff members wd. go + get med  
out of office.

→ staff members took all other bl. tests lady

b6  
b7C

→ 2 other kids came in & asked ques. when 1<sup>st</sup> got  
there (oral) = couple hrs.

(was w/ [redacted] on [redacted])

commenced  
[redacted] effort

IR. kids asked staff for meds (prozac) +  
got next day  
prozac

209B-TP-28810  
1A73

Universal File Case Number 909 B. TP 28812-1A74

Field Office Acquiring Evidence \_\_\_\_\_

Serial # of Originating Document \_\_\_\_\_

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(Name of Contributor)

(Address of Contributor)

(City and State)

By \_\_\_\_\_  
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title: \_\_\_\_\_

*Straight Inc*  
*FBW Inc*  
*OO:TV*

Reference: \_\_\_\_\_  
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

*Memos from Jase*

b6  
b7C  
b7D

progress reports by  
clients not trained  
professionals

- Thrown into trash  
after these entered  
in records  
Bill is

---

Turn trash

Father wrote letter  
yellow <sup>sheet</sup> <sub>res pass</sub> straight



1-31-a2

# PROGRESS \* REPORT \*

D/F  
T/D  
A/E Nothing  
old corner votes

[redacted] is not really doing a whole lot ever since he has got here. Wednesday night he was closing off really bad and he had all of the feelings inside of him, and he just didn't let out his feelings, and he was basically misbehaving last night because of the attitude.

I see [redacted] being a very dishonest person, in essence with lying, and just ~~being~~ being very fake with every one.

I think [redacted] has a very low self opinion, and self confidence because on his mt he was telling me about all kinds of stuff to make me feel good about him, and I wrote Nothing for him because of his attitude, and he didn't know his program till the last minute.  
love [redacted]

b6  
b7C

b6  
b7C

\*PROGRESS

REPORT\*

Days on 1<sup>st</sup>

Total Days

Asking For nothing  
off votes

nothing

nothing

b6  
b7c

[ ] had a really bad night last night. He didn't want to write his M.I. or whatever and he had all these attitudes and he refused to speak most of the night, but he would bust out bawling and crying. He has so many feelings inside and he just broke, but he tried so hard to push them down. He really doesn't believe he needs to be here and he doesn't even think he has a drug problem and he is in a lot of denial and he was glot inside. He didn't know any of his chain of command until last night, but he supposedly knows it now. He is compliant and he does what he's told basically in group and at home (except for when he won't talk). He has potential, but for right now, I vote nothing [ ]

b6  
b7c

CLIENT NAME

DAYS IN  
PROGRAM

DESERVING ☒

DAYS TOTAL

b6  
b7C

(To Earn)

TALK

- ☒ Comply with rules
- ☒ Get called on in raps
- ☒ Memorize Steps, Signs, Serenity Prayer & Criteria
- ☒ Write acceptable M.I.'s
- ☒ Talk about past honestly
- ☒ Have a clean and self respectful appearance

CONTINUED TALK

- ☐ Talk about past with increased honesty
- ☐ Talk about past with feeling
- ☐ Evidence of Tools in use with M.I.'s
- ☐ Let go of "drugie"

TALK AND RESPONSIBILITY

- ☐ Accept his/her drug problems
- ☐ Relate to others in Group
- ☐ Be making consistent changes
- ☐ Have positive outlook

- ☐ Show consistency in all areas
- ☐ Demonstrate a positive example to the group
- ☐ Handle responsibility
- ☐ Inspire a sense of trustability
- ☐ Demonstrate a willingness to help others in group
- ☐ Wanting to go home

b6  
b7C

- ① Praying more.
- ② Trying to think about self.
- ③ Done more this week than ever done before.

Nothing 100 % TALK \_\_\_\_\_ % T&R \_\_\_\_\_ % HOME \_\_\_\_\_ %

## Control Codes

Although most of the ASCII codes tell the printer to print a letter or a number, there are other numbers or groups of numbers that tell the printer to print in a certain way, such as italics, boldface, and underlining. These numbers, which are sometimes referred to as 'control codes' or 'printer codes', usually vary from printer to printer. For example, to print Double Width (expanded) on a Star or Epson printer, you must enter three codes.

Expanded on 27, 87, 1  
Expanded off 27, 87, 0

On an Okidata printer, the codes are 27, 31 and 27, 30. Printers, as you can see, are far from standardized.

Where can you find these numbers? In your printer manual! Somewhere in your printer manual, you should find a chart containing control codes for all of the special functions (underlining, expanded print, boldface, etc.) that your printer can perform.

## The ESCAPE Code

One very important code that you should become familiar with is the ESCAPE code, which is often abbreviated ESC. The ESC code is ASCII code 27. This code tells the printer that the number(s) that will follow represent a control code, not a printable character. For example, to use boldface on a Star or Epson printer, you must enter the codes

Boldface on 27, 71  
Boldface off 27, 72

Printer manuals sometimes show these codes as characters. If your manual used this method, you would see the following codes for boldface type.

Boldface on ESC G  
Boldface off ESC H

When the ESC code appears in your manual next to a character, you will know that you must enter the control code for G, not the letter itself.

All well and good, you say, but how am I supposed to find the code for letters like G and H when I see them in my printer manual? Very simple. You can either look for the ASCII table which should be provided in your manual, or you can ask your computer to convert the character to its corresponding code. Just load BASIC into your computer and type

```
?asc("G") ENTER
```

The computer will respond 71. You can, of course, enter any character you wish in place of "g" and the computer will dutifully tell you its ASCII code.

## ■ How to Read Your Printer Manual

By now we've piqued your interest in control codes and we hope you have gone to your printer manual to learn more about them. You're ready to get to work, but as you look at the page of code you may become totally confused because you're faced with something like this:

|               | Character | Hex   | Decimal |
|---------------|-----------|-------|---------|
| Underline on  | ESC '-' 1 | 2D,01 | 45,1    |
| Underline off | ESC '-' 0 | 2D,00 | 45,0    |

On 2/4/92 I was asked by [redacted] to speak with [redacted] in reference to his step-son, [redacted]. She informed me that [redacted] was planning to withdraw [redacted] from Straight.

I spoke with [redacted] at this time, first asking him to discuss with me some of the reasons for his decision. He stated that he did not wish to talk about anything and told me he would be faxing a letter. I explained to [redacted] that his step-son has a serious substance abuse problem and that it would continue in the absence of treatment. I explained the psych diagnosis and evidence leading to this diagnosis, asking if would discuss this decision to withdraw from treatment. He stated that he did not like the parent therapy sessions, he did not like the idea of the post homes, and that some of the people in the program were unfit to be parents. I told him that I was hearing feelings of anger, and would like to discuss his feelings with him, he refused, and I asked if I could speak with [redacted] mother and [redacted] but he did not want to speak with [redacted].

DEAR [REDACTED]

b6  
b7c

I AM WRITING THIS LETTER IN  
RESPONSE TO YOUR LETTER DATED  
~~THE~~ 11 FEB 92 TO OUR NATIONAL  
EXECUTIVE DIRECTOR AS REQUESTED -

ENCLOSED YOU WILL FIND A ITEMIZED  
STATEMENT FOR SERVICES ~~RENDERED~~  
RENDERED, WHICH I HOPE WILL  
BE HELPFUL -

I APOLOGIZE FOR THE DELAY IN YOUR  
FAMILY WITHDRAWAL PROCESS AND  
CAN CERTAINLY APPRECIATE YOUR CONCERNS -

UNFORTUNATELY DUE TO THE UNUSUAL  
ECONOMY & BUDGETARY CUTS WE  
HAVE TO RUN THE MAJORITY OF OUR  
STAFF ON OUR CLINICAL SCHEDULE TO  
ACCOMMODATE YOUR LEAK OPERATING  
HOURS WHICH ARE 9:30 AM TO 6:30 PM.  
WE DO THIS TO INSURE WE CAN  
PROVIDE A BETTER SERVICE TO ALL  
OUR FAMILIES & YOUNG ADULTS IN  
OUR PROGRAM -

STRAIGHT'S  
PART OF ~~THE~~ WITHDRAWAL PROCESS  
IS TO TALK TO THE FAMILY IN AN  
ATTEMPT TO IDENTIFY ~~THE~~ ALL AREAS  
OF CONCERN TO EVALUATE OUR FACILITY -  
IN AN ATTEMPT TO PROVIDE ENHANCED  
SERVICES TO FUTURE FAMILIES IN  
CRISIS -

b6  
b7c

[REDACTED] WAS PROFESSIONAL WELL IN THE  
PROGRAM AND ALL ~~THE~~ ~~OF~~ STAFF, KIDS,  
& ~~THE~~ PATIENT GROUP HAVE ~~STAYED~~ CONTINUES  
TO RESPOND TO TREATMENT & LEARN  
TO LIVE A DRUG FREE LIFE STYLE  
OUT -

I CAN I APOLOGISE FOR  
MY INCONVENIENCE CAUSED TO U

b6  
b7C



I APOLOGIZE FOR THE DELAY IN  
YOUR PAROUT WITHDRAWAL PROCESS  
AND CAN CERTAINLY APPRECIATE  
YOUR CONCERNS - UNFORTUNATELY  
DUE TO THE CURRENT ECONOMY ~~WE~~  
~~STRAIGHT TINC~~ <sup>WE DO</sup> ~~HAS BEEN FORCED~~

~~TO~~ WE ~~THE~~ HAVE TO PLACE  
THE MAJORITY OF OUR STAFF ON  
OUR CLINICAL ~~STAFF~~ SCHEDULE TO  
~~BE~~ OUR PEAK OPERATING HOURS -  
~~10:00 - 6:30 PM DURING THE~~  
~~TIME PERIOD OF 9:00 -~~

WHICH ARE 9:30 - 6:30 - <sup>WE DO THIS</sup> TO  
PROVIDE A BETTER SERVICE TO ALL OUR  
PATIENTS + YOURS AHEAD IN STRAIGHT -  
DUE TO THESE CONSTRAINTS WE WERE  
UNABLE TO EXPIRIT THE WITHDRAWAL PROCESS.



med

[redacted] - has ins coverage OK  
Bal paying @ \$433.33 a month

✓ [redacted] - Ins.

[redacted] Regular agreement

[redacted] - Ins coverage Bal paying  
@ 83.00 a month

[redacted] 100% Ins coverage

[redacted] - 100% Ins cov.

b6  
b7c

[redacted] - 100% Ins cov.

✓ [redacted] - Ins.

✓ [redacted] - Ins.

[redacted] 100% Ins coverage

[redacted] 100% Ins coverage

[redacted] - F10/6/91

[redacted] \$ Ins coverage Bal - working on

[redacted] - 300 a month

[redacted] regular agreement

[redacted] (regular agreement)

[redacted] regular agreement

[redacted] - no charge

[redacted] HRS - has Ins. bal. to be pd  
by HRS.

[redacted] \$5000 Ins coverage Bal pay by Dad I'm  
working on

[redacted] - Pd \$5000 - Bal @ \$1500 a month

[redacted] 100% Ins coverage

[redacted] \$8300 Ins coverage \$100 a month Bal.

[redacted] will accept Ins payment  
as full fee.

b6  
b7c

[Redacted]

- 10/6 - Ins coverage

\$ rec. \$4000 ? Ins.

[Redacted]

10/25 \$700 - bal @ 300 a month

[Redacted]

\$3700

[Redacted]

\$3700

[Redacted]

3700

no charge

[Redacted]

HRS -

[Redacted]

\$2000

[Redacted]

\$5000

[Redacted]

100%

\$8300 - Ins coverage 100 @ month

accept Ins payment

\$18,800

b6  
b7c

Universal File Case Number 204 B. TP - 28810 - 1A75

Field Office Acquiring Evidence \_\_\_\_\_

Serial # of Originating Document \_\_\_\_\_

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(Name of Contributor)

\_\_\_\_\_  
(Address of Contributor)

\_\_\_\_\_  
(City and State)

By \_\_\_\_\_  
[Redacted] (Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title: [Redacted] et al.

*Straight Inc.*

*W7 Ins*

*as TP*

Reference: \_\_\_\_\_  
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

Receipt return evidence

b6  
b7C

FD-597 (Rev. 3-29-84)

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
Receipt for Property Received/Returned/Released/Seized

Page 1 of 1

On (date) 7-21-94

item(s) listed below were:

- ☐ Received From  
☒ Returned To  
☐ Released To  
☐ Seized

(Name)

(Street Address)

(City)

Description of  
item(s):

4 boxes of documents from Straight Inc

Received

Received from

(Signature)

b6  
b7C

b6  
b7C

Universal File Case Number 2098.TP 28810-1A76

Field Office Acquiring Evidence \_\_\_\_\_

Serial # of Originating Document \_\_\_\_\_

Date Received \_\_\_\_\_

From  \_\_\_\_\_  
(Name of Contributor)

\_\_\_\_\_  
(Address of Contributor)

\_\_\_\_\_  
(City and State)

By \_\_\_\_\_  
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title:

*Straight Inc*  
*70W Inc*  
*00: TP*

Reference: \_\_\_\_\_  
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

pages from Truck

b6  
b7C  
b7D

## PHASER GUIDELINES FOR ADMISSION

### THE DON'T'S

1. DO NOT touch the client during the entire admission.
2. Let the parents control the client, NOT YOU.
3. If client wishes to go to the bathroom, he/she DOES NOT get taken by the beltloop, nor does anyone watch him/her use the bathroom. A staff member can go in the bathroom with them.
4. DO NOT call the client names.
5. DO NOT reveal extreme, explicit situations concerning your sexual past.
6. DO NOT tell them that they have to be at STRAIGHT, that they have no choice, that they have to be here at least 3 to 14 days before they can withdraw, that they will go to JDC, jail, a mental institution, or will be court ordered to the program if they do not sign themselves into the program.

### THE DO'S

1. Be aware of approaches the staff take so as not to interrupt their strategy. At the same time become involved when it is appropriate.
2. You are in the admission to be a friend to that person.
3. Relate yourself to the parents and client.
4. You are to set the best example for the client and the family so that they get a better feel of how coming into the program will help them.
5. You are to ask appropriate questions that will help to gather information for the admission packet.
6. You are to explain the Rules and the Tools of Personal Change to the client so that they understand what the program is and how it works.
7. Demonstrate empathy and sensitivity to what the client is going through.
8. After the client is signed into treatment, finish the paperwork first and then spend time talking until he/she is searched and brought into group.

REV: 10/85

*Just*  
Client No.:

[Redacted]

40

ADDENDUM TO AGREEMENT FOR FAMILY TREATMENT  
FINANCIAL AGREEMENT (OUT OF TOWN FAMILIES)

b6  
b7C  
b7D

Straight's fees are as follows:

The admission processing fee is \$500.00. This fee covers pre-intervention counseling, drug and alcohol diagnostic evaluation, intervention counseling and initial treatment planning. This fee is due and payable on the day of admission.

The medical services fee is \$600.00. This fee includes physical examination, psychiatric evaluation, psychosocial assessment and drug use assessment. This fee is due and payable on the day of admission.

A surcharge of \$1,000.00 is charged to out-of-town families. This fee is due and payable on the day of admission.

Special Care Day charges are \$84.00 per day. These charges are for ongoing group therapy and individual therapy. The maximum number of days charged is sixty (60) days. Special Care Day charges for the initial thirty (30) days of treatment (\$2,520.00) are due and payable on the day of admission.

The monthly services and treatment fee is \$450.00. This fee covers ongoing group therapy, individual therapy, and services including food. This fee is charged until completion of the program. There are no additional fees for aftercare or for whatever additional time the client requires for his/her individual program. This fee is charged after the initial sixty (60) days of treatment. (Amount of fee subject to change with 30-day notice.)

The pro-rata share of the monthly services fee, based on the number of days remaining in the month after the 60th day of treatment, is \$332.26.

Refunds of certain fees will be granted based on the attached schedule. *8/16/88*

Parents/Guardians are responsible for payment of any medical or other incidental expenses incurred while the client is in the program. These may include prescription medication, laboratory tests, doctor's appointments, emergency room treatment or hospitalization, psychological or psychiatric consultation.

Straight will be responsible for arrangement of housing for clients during the first phase of the program.

|                                   |            |                                 |
|-----------------------------------|------------|---------------------------------|
| [Redacted]                        |            | Total Due                       |
| Parent/Guardian/Father/Stepfather |            | At Admission \$ <u>4,620.00</u> |
| [Redacted]                        |            | Date <u>6/17/88</u>             |
| Parent/Guardian/Mother/Stepmother |            |                                 |
| Client's Name                     | [Redacted] | Admission date: <u>6/17/88</u>  |
| [Redacted]                        | [Redacted] | [Redacted]                      |
| Last Name-Parent/Guardian         | Husband's  | Wife's                          |
| [Redacted]                        |            |                                 |

b6  
b7C



# AGREEMENT FOR FAMILY TREATMENT

File #                      b6  
b7C  
b7D

AGREEMENT made this 21 day of February, 1988, between STRAIGHT, INC. a not-for-profit corporation organized under the laws of the State of Florida and licensed to do business in the State of Florida (hereinafter referred to as "Straight") and                     , the person having legal responsibility for determining the participation in the Straight program of the Straight client ("Program Participant").

## WITNESSETH

WHEREAS, Straight is a nonprofit, privately funded, family-oriented drug treatment program for young persons including minors and adults, who have a dependency or are in imminent danger of becoming dependent on mood altering drugs; and

WHEREAS, Program Participant desires to engage Straight for the purposes of the care and treatment of the client to assist the client in dealing with his/her dependency on mood altering drugs.

NOW, THEREFORE, in mutual consideration of the promises hereinafter contained, the parties agree as follows:

1. **DEFINITIONS** - For the purpose of this Agreement, words used herein shall be defined in accordance with the following:
  - (a) "Straight" shall mean Straight, Inc. a Florida corporation and all employees, agents, volunteers and host-home parents.
  - (b) "Program Participant" shall mean that person having legal responsibility to enter into this Agreement and to authorize the treatment in the Straight program including parents, legal guardians, or sponsors of a client who are under the legal age of majority and such client, himself or herself, if such client has achieved the legal age of majority. For the purposes of this Agreement, the "legal age of majority" shall be that age as determined in accordance with state law of the state in which the Client is entering the Straight program.
  - (c) "Client" shall mean that person receiving treatment in the Straight program.
  - (d) "Support" shall mean the participation by the Program Participant and other family members of the Client in Straight program activities and adherence to Straight program rules.
  - (e) "Court Ordered" means a referral to the Straight program of a client pursuant to the order of a court of competent jurisdiction.
  - (f) "Old Tie" means clothing or other personal property which in the opinion of Straight is a psychological or physical link to the Client's drug dependency condition.
  - (g) "On-Refresher" means that the Straight Client has been required by Straight to engage in a review of prior phases of the Straight program because of difficulty in the Client's progress at his/her present phase level.
  - (h) "Set Back" means that the Straight Client has been required to return to an earlier phase because of lack of progress.
  - (i) "Host-Home" means that home to which the Straight Client will be assigned for purposes of everyday living during the Client's participation in the first phase of the Straight therapeutic process.
  - (j) "Host Parent" means that parent or parents of another Straight Client to whose home the Client has been assigned for everyday living purposes during the first phase of the Straight therapeutic process.
2. **PROGRAM RULES AND REGULATIONS** - Program Rules and Regulations ("Rules") are provided to all Program Participants at the time the Client enters the Program. Program Participant agrees that adherence to these Rules is an integral and important part of the therapeutic process. Program Participant hereby acknowledges and agrees that he/she has received a copy of the Rules and has read and understands same. Program Participant and/or Client hereby acknowledges and agrees to be governed by and to abide by such Rules.
3. **CONSENT TO TREATMENT** - Program Participant and/or Client hereby represents to Straight that Client has an indicated condition of drug abuse and/or dependency on mood altering drugs and that admission to the Straight program is appropriate and desirable. Program Participant and/or Client hereby consents and agrees to such treatment. In so consenting, Program Participant and/or Client does hereby voluntarily consent to receive all treatments, therapy and other programs and procedures described in the Straight program. The Rules contain a detailed and comprehensive description and explanation of the Straight program and its policies and procedures. Program Participant and/or Client hereby acknowledges that he/she has read and understands the principles, rules, procedures, and obligations of the Straight program and further, that the phases, rules, and basic therapeutic practices of the Straight program have been explained to said Program Participant and/or Client and Program Participant and/or Client hereby acknowledges that such program treatments and procedures will be performed by program counselors, senior staff, junior staff, staff physicians, and host parents, and Program Participant and/or Client hereby acknowledges, and understands the extent of participation in such program by the aforementioned persons. Program Participant and/or Client is aware that treatment for dependency on mood altering drugs is not an exact science and the undersigned acknowledges that no guarantees of a cure of such condition have been made by Straight or by any employees, staff members, agents, officers, host parents, or volunteers with respect thereto. The undersigned hereby certifies that as such Program Participant and/or Client, the undersigned has read and understands this consent to treatment. In the event Client is "Court Ordered" into the Straight program under a court referral system, Program Participant and/or Client also gives his/her consent to so participate in the program and acknowledges and agrees to abide by the program structure rules and therapeutic practices as outlined by the Rules.
4. **TERMINATION OF CLIENT BY STRAIGHT** - Straight may terminate Client from participation in the program for any of the following:
  - (a) If Straight determines, after a reasonable time for assessment, that treatment is not appropriate;
  - (b) If the Straight Client commits or engages in acts of violence while in the Straight program;
  - (c) If the Straight Client commits or engages in sexual misconduct while in the Straight program;
  - (d) If during participation in the Straight program, the Straight Client is in possession of mood altering drugs, drug paraphernalia, or other substances, including prescription drugs, without permission;
  - (e) If the Straight Client is convicted of a felony or misdemeanor under federal law or the laws of any state during the Client's participation in the Straight program;
  - (f) If the Straight Client does not demonstrate to the satisfaction of Straight a significant degree of progress over a reasonable amount of time and after attempts have been made to correct the situation.
  - (g) If Straight has determined that a serious medical, psychological, and/or social condition exists that precludes further, responsible treatment;
  - (h) For such other reasons, including but not limited to nonpayment of fees, that Straight determines as being in the best interest of the Client and/or other Straight clients engaged in the program at the time.

In the event the Client is terminated in accordance with the provisions of this paragraph, any part of the fee paid pursuant to this Agreement to Straight will only be refunded in accordance with Straight's policy regarding refunds as set forth in the Rules.

### 5. VOLUNTARY WITHDRAWAL OF CLIENT FROM PROGRAM -

- (a) Voluntary withdrawal of a minor from the program shall be made through the "chain of command" established pursuant to the Straight Rules. A private conference will be held between program counselors and senior staff members of Straight and the Program Participant and/or Client. Such conference shall be held within a reasonable time period after notice of intent to withdraw has been given by the Client in order to give serious consideration to the desire and to avoid impulses and/or transitory desires on the part of the Client. In the event such minor Client shall proceed to full withdrawal from the Straight program, such Client shall only be released to the parents or legal guardians of such Client. In the event such parent or legal guardian refuses to accept the Client, such Client shall be released to the appropriate state agency.

EXHIBIT "A"

- (c) Voluntary withdrawal of a Client who has reached his/her majority under appropriate law shall give notice of his/her intention to so withdraw through the "chain of command" as described in the Rules. Such withdrawal procedures shall include a conference between the Client and a designated official of Straight, and should the Client, following such conference, still desire to withdraw, such withdrawal shall be accomplished within a reasonable and appropriate time following such conference. In the event such adult Client refuses to participate in Straight's normal termination procedure as outlined herein and as outlined in the Rules, such Client shall be released from the Program immediately.

In all events, the determination of a reasonable time and appropriateness of withdrawal procedures shall be governed by the laws of the state in which the program is located. In the event Program Participant and/or Client fails to comply with the above-described procedure with respect to voluntary withdrawal, Straight shall not be held responsible for any actions, causes of action or damages relating to or arising out of such withdrawal from the Straight program.

6. **CONFIDENTIALITY** - The parties to the Agreement acknowledge that regulations promulgated under federal laws, as well as the laws of various states, protect the interests of the Client as a citizen, particularly with regard to protecting such Client's right of privacy or engagement in a drug or alcohol treatment program. Such federal and state laws provide severe penalties for violation. Straight agrees that it will comply with all requirements of federal and state law with regard to confidential disclosure of the identity, participation, and treatment of such Client and will only release such information in accordance with the provisions of the aforementioned federal and state laws.
7. **STAFF DECISIONS** - Program Participant and/or Client agrees to adhere to the decision of staff during Client's participation in the Straight program. Program Participant and/or Client acknowledges and agrees that such adherence is necessary for the successful treatment of Client's drug dependency problem.
8. **MEDICAL CONSENT** - All Clients entering the program are required to undergo a physical examination and may also be required to submit to a psychological examination at the discretion of Straight. Such examination shall be performed by such physician, psychiatrist, and/or psychologist as Straight, in its sole and absolute discretion, shall determine. All diagnoses, tests results or other records as a result of such examinations shall be the property of Straight. Nothing herein shall be construed to create a physician/patient relationship between such physician and/or psychiatrist and the Client. Additional diagnostic tests or procedures may be performed on the Client as recommended by such physician and/or psychiatrist and at the sole discretion of Straight. Program Participant and/or Client will provide full medical history of Client as well as a completed immunization record on forms to be supplied by Straight to include information concerning immunizations for:  
Diphtheria, Tetanus, Pertussis (DPT);  
Trivalent (OPV);  
Measles;  
Mumps;  
Rubella;  
Smallpox, and,  
Tuberculosis.
9. **MEDICAL CARE** - Program Participant shall also complete an "Authorization for Treatment of Minors" form to permit medical care, attention and treatment of Client.
10. **FINANCIAL COMMITMENT** - In consideration of the services to be rendered to Client by Straight, Program Participant and/or Client agrees to pay the following current fees and expenses for services rendered and to be rendered while Client is participating in the Straight program:

Treatment Fee: \$ \_\_\_\_\_

Medical Exam.: \$ \_\_\_\_\_

Maintenance Svc.: \$ \_\_\_\_\_ (Monthly)

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Program Participant and/or Client agrees that all arrangements for payment of fees must be made in advance if the full fee as set forth herein is not paid at the time Client enters the program. All payments made other than in full at the time Client enters the program shall be in accordance with a schedule as determined in the sole and absolute discretion of Straight. Failure to make any installment payments of such fees within ten (10) days of the due date thereof may result in the imposition of a late charge of ten percent (10%) and/or dismissal from the Straight program. Program Participant and/or Client shall also be responsible for incidental expenses including but not limited to medical care, prescriptions, eyeglasses, dental care, and legal fees. At the election of Straight under certain circumstances, Straight may advance such amounts on behalf of the Program Participant and/or Client for these items.

11. **INSURANCE CLAIMS** - Reimbursement from medical insurance cannot be guaranteed by Straight. Straight staff will provide to Program Participant and/or Client information and assistance to enable Program Participant and/or Client to prepare and process a claim in response to an insurance company's inquiries.
12. **CLIENT PROPERTY POLICY** -
- (a) **Stash.** For the purposes of this Agreement, "Stash" shall mean any articles which are in the opinion of Straight evidence of, or related to, drug usage or articles that in the opinion of Straight are related to or used in any criminal activity. Program Participant and/or Client agrees that such articles may be retained by Straight or may be released by Straight to appropriate law enforcement authorities as Straight shall in its sole and absolute discretion determine.
- (b) **Non-Stash.** Any item brought by a Client to the Straight program which is in the opinion of Straight staff an "old tie" will be confiscated and not returned to the Straight Client. Articles of value (jewelry, vehicles, etc.) will be released to the Program Participant in the case of a minor Client and in the case of an adult Client to such responsible person as authorized by the adult Client.
- (c) **Articles of Clothing.** Program Participant and/or Client understands and agrees to have adequate clothing to enable Client to dress in a comfortable, neat and clean manner. The appropriateness of such clothing is more fully described in the Rules. All such articles of clothing are to be labeled. Straight shall not be responsible for any lost or misplaced clothing.
- (d) **Refresher.** When a Client is "on-refresher" or is "set-back" articles of personal ornament or use including but not limited to pocket-books, wallets, jewelry, etc., will be returned to the Program Participant in the case of a minor Client, or will be held for return to an adult Client at such time as the Straight staff shall determine or at the time of the completion of or withdrawal from the program.
13. **PARENTAL PARTICIPATION** - Straight is a family-oriented treatment program and as such parents or parent surrogates are required to participate in meetings and group sessions as well as other aspects of the Program. An exception to full participation on the part of the parent or parent surrogate may be arranged by Straight on an individual basis taking into consideration the family circumstances.
14. **CLIENT LIVING ARRANGEMENTS** - Program Participant and/or Client acknowledges and agrees that living accommodations in a host home for a Client in the first phase of treatment is an integral and necessary part of the Straight treatment program. Straight shall determine such host home in which the Client will be living on first phase and Straight assigns Client and/or changes host home assignments as Straight shall in its sole and exclusive discretion determine. Program Participant shall be responsible for providing housing for the Straight Client beyond the first phase. Straight reserves the right to disallow any living arrangement which is not conducive to the continued therapeutic progress of the Client. Living arrangements other than the family's primary residence may be approved by Straight as set forth in the Rules.

15. **INDEMNIFICATION** – Straight undertakes with the consent of Program Participant and the parents and/or legal guardians of the Straight Client, to love, discipline and treat the Client for his/her drug dependency problem in accordance with generally accepted clinical treatment standards. It is understood that under certain circumstances in an effort to prevent physical harm to Client or others, it may be necessary for Straight or its staff members, employees, host parents, agents, or volunteers to restrain, hold or otherwise use acceptable means of physical restraint. Program Participant and/or Client agree that such methods of restraint may be employed within the sole discretion of Straight, its staff, employees, agents, host parents, or volunteers. The Program Participant and/or Client do hereby indemnify and hold Straight, its directors, officers, employees, agents, host parents, and volunteers, harmless for any and all liability, loss or damage as a result of claims, demands, costs, and/or judgments (including reasonable attorney's fees incurred in the defense of such claim or action) against it or them arising out of the care or treatment of Client by or on behalf of Straight or the use of acceptable methods of physical restraint whether the liability, loss or damage so claimed is caused by or arises out of the sole, primary or concurring negligence of Straight or its directors, officers, employees, agents, host parents, and volunteers.
16. **GENERAL RELEASE** – Program Participant and/or Client who has attained their majority are fully aware that during the course of treatment, Client may accidentally or intentionally cause himself/herself to be injured and as an integral part of the treatment program, such Client will be placed in a host home supervised by host parents and other volunteer workers in the Straight program. In consideration of the services to be rendered by Straight, Program Participant and/or Client hereby releases Straight, its employees, officers, agents, host parents, staff, and volunteers from any and all liability in connection with any occurrence that transpires during the course of treatment arising out of or relating to such treatment in the Straight program. It is further agreed to release, indemnify and hold Straight and any of its employees, agents, servants, volunteer workers, or host parents harmless from any and all actions, causes of action, liability and costs of every kind or nature including attorney's fees and court costs in connection with the treatment and supervision of the Client or other family member.
17. **RELEASE OF STRAIGHT WHEN TREATMENT NOT COMPLETED** – In the event that Program Participant and/or Client desires to withdraw from the Straight program against the advice of Straight or its staff or employees, Program Participant and/or Client hereby releases Straight, its staff, agents, employees, volunteers, host parents, or other persons connected with the Straight program, jointly and individually, from any and all liability of any nature for any reason whatsoever including any injury or harm of any kind which may result directly or indirectly by reason of such withdrawal, and hereby waives any and all such rights of action which may now exist or later be obtained as a result of such withdrawal as well as any rights of action or claims which may have arisen while Client was a participant in the program. Program Participant and/or Client understands the medical, psychological, and emotional complications and the possible results of such complications as a result of any such withdrawal. This release is made with full knowledge of the danger that may result from the withdrawal from the program.
18. **ARBITRATION** – In further consideration of the Agreement to render services to Client, Straight and Program Participant and/or Client do hereby agree as follows:
- (a) It is understood and agreed that all complaints, disputes, or grievances arising between Straight and the Program Participant and/or Client involving questions of the meaning, interpretation, or application of any clause of this Agreement, or any breach of threatened breach of this Agreement, or any acts, conduct or relations of whatever nature between Straight, its staff, employees, host parents, agents, and volunteers and Program Participant and/or Client, may, if unadjusted, at the sole option of Straight, be referred to and submitted to arbitration before a panel of three arbitrators. Such arbitration panel shall be composed of an arbitrator selected by Straight, an arbitrator selected by the Program Participant and/or Client, and such two arbitrators shall select a third arbitrator. Such arbitration will be conducted in accordance with the rules and regulations designated by the American Arbitration Association. The parties hereto acknowledge and agree that by agreeing to the arbitration as set forth in this Agreement they waive their right to have such dispute initially decided in a court of law. The arbitration as provided under this paragraph shall be subject to the laws of the State of \_\_\_\_\_ as they relate to judicial review of arbitration proceedings.
- (b) This paragraph shall not limit Straight's right under this Agreement to exercise its professional judgment to refer Client to other drug rehabilitation programs or to decline further treatment of Client.  
In the event any court action is undertaken to review, set aside or otherwise challenge the arbitration agreement or award as set forth in this paragraph, the prevailing party in such court action shall be entitled to all costs of such action including reasonable attorney's fees as may be fixed by the court.
- (c) This provision may be rescinded by written notice to Straight within thirty (30) days after execution of this Agreement; provided, however, that any dispute arising out of services for treatment rendered up to the date of such written notice shall be subject to the terms of this arbitration agreement.
- BY SIGNING THIS AGREEMENT, YOU ARE AGREEING TO HAVE ANY ISSUE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO HAVE SUCH ISSUES DECIDED BY A COURT OF LAW.
19. **BOOSTER CLUB** – The parents of Straight Clients have or may organize a booster club to promote the awareness of the program in the community and to raise funds necessary to assist Straight to continue as a privately funded program. Such booster club may also assist Straight in certain helpful operations of the program including but not limited to answering the telephone, manning concession stands at open meetings, manning parking lots, and serving at such other events as shall be needed from time to time.  
The undersigned hereby agrees and consents to Straight providing the name and telephone number of the undersigned to such booster club for solicitation of services by the booster club.
20. **GOVERNING LAW** – This Agreement shall be governed by and construed in accordance with the laws of the State of \_\_\_\_\_.
21. **AMENDMENTS** – No amendment, modification, or alteration of any of the terms, provisions, or conditions of this Agreement shall be effective unless made in writing and signed by all of the parties hereto.
22. **HEADINGS AND CAPTIONS** – The titles or captions of paragraphs or subparagraphs contained in this Agreement are provided for convenience or reference only and shall not be considered a part hereof for purposes of interpreting or applying this Agreement, and therefore such titles or captions do not define, limit, extend, explain, or describe the scope or extent of this Agreement or any of its terms, provisions, presentations, warranties, conditions, etc. in any manner or any way whatsoever.
23. **GENDER AND NUMBER** – All pronouns and variations thereof shall be deemed to refer to the masculine, feminine or neuter, and to the singular or plural, as the identity of the persons or entities may require.
24. **SEVERABILITY** – The invalidity of any provision of this Agreement as determined by a court of common jurisdiction shall in no way affect the validity of any other provision hereof.
25. **ENTIRE AGREEMENT** – This Agreement and all of the documents as referenced herein including the Rules and Regulations, constitute the entire agreement of the parties hereto pertaining to the subject matter and supersede all negotiations, preliminary agreements and all other prior and contemporaneous discussions and understandings of the parties in connection with the subject matter of this Agreement. Except as provided herein, no covenant, representation or condition not expressed in this Agreement or in an amendment hereto made and executed in accordance with this Agreement, shall be binding upon the parties hereto or shall effect or be effective to interpret, change or restrict the provisions of this Agreement.

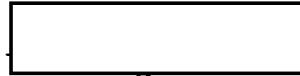
26. **BINDING EFFECT** - The provisions of this Agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, heirs, and legal representatives.

IN WITNESS WHEREOF, the parties have hereunto executed this Agreement this 21 day of February, 1988.



STRAIGHT, INC.

By: \_\_\_\_\_



Program Participant



b6  
b7C



Client

2/24

ADDENDUM TO AGREEMENT FOR FAMILY TREATMENT  
FINANCIAL AGREEMENT (OUT-OF-TOWN FAMILIES)

Client No.

b6  
b7C

Straight's fees are as follows:

The Admission processing fee is \$500.00. This fee covers pre-intervention counseling, drug and alcohol diagnostic evaluation, intervention counseling and initial treatment planning. This fee is due and payable on the day of admission.

The medical services fee is \$600.00. This fee includes physical examination, psychiatric evaluation, psychosocial assessment and drug use assessment. This fee is due and payable on the day of admission.

A surcharge of \$1,000.00 is charged to out-of-town families. This fee is due and payable on the day of admission.

Special care day charges are \$84.00 per day. These charges are for ongoing group therapy and individual therapy. The maximum number of days charged is sixty (60) days. Special care day charges for the initial thirty (30) days of treatment (\$2,520.00) are due and payable on the day of admission.

The monthly services and treatment fee is \$385.00. This fee covers ongoing group therapy, individual therapy, and services including food. This fee is charged until completion of the program. There are no additional fees for aftercare or for whatever additional time the client requires for his/her individual program. This fee is charged after the initial sixty (60) days of treatment. (Amount of fee subject to change with 30-day notice.)

The pro-rata share of the monthly services fee, based on the number of days remaining in the month after the 60th day of treatment, is \$128.33.

Refunds of certain fees will be granted based on the attached schedule.

Parents/Guardians are responsible for payment of any medical or other incidental expenses incurred while the client is in the program. These may include prescription medication, laboratory tests, doctor's appointments, emergency room treatment or hospitalization, psychological or psychiatric consultation.

Straight will be responsible for arrangement of housing for clients during the first phase of the program.

|                                                                                                                                                                                                                                    |                                                                                                                     |                                                                                                                             |                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <p>Parent/Guardian/Father/Stepfather</p> |                                                                                                                     | Total Due<br>At Admission \$ 4,620.00                                                                                       |                                                                                                            |
| <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <p>Parent/Guardian/Mother/Stepmother</p> |                                                                                                                     | <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>2/20/88<br/>Date</p>        |                                                                                                            |
| <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>Client's Name</p>                                                                                                                  |                                                                                                                     | <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>Admission Date: 2/21/88</p> |                                                                                                            |
| <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Last Name</p>                                                                                                                      | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Parent/Guardian</p> | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p><del>Husband's</del></p>    | <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Wife's</p> |
| <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>Social Security #</p>                                                                                                              |                                                                                                                     | <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>Social Security #</p>       |                                                                                                            |
| <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <p>Street Address</p>                                                                                                                 |                                                                                                                     | <div style="border: 1px solid black; width: 200px; height: 20px; margin-bottom: 5px;"></div> <p>City State ZIP</p>          |                                                                                                            |

Trust in Orlando  
A from thought  
to Sapi

ZIP

<http://survivingstraightinc.com>

4 TYPE  
OF BILLb6  
b7C

9

ZIP

N  
ROUGH

34

## CONDITION CODES

## BLOOD RECORD (PINTS)

44 SP.  
PROG.

45

35

36

37

38

39

40 FURN

41 REPL

42 NOT RP

43 DED.

46

VALUE

CD

AMT

47

VALUE

CD

AMT

48

VALUE

CD

AMT

49

VALUE

CD

AMT

50 DESCRIPTION

51 R. CODE

52 S. UNITS

53 TOTAL CHARGES

54

55

56

57 PAYER

58 REL  
INFO59 ASG  
BEN

60 DEDUCTIBLE

61 CO-INSURANCE

62 EST. RESPONSIBILITY

63 PRIOR PAYMENTS

64 EST. AMOUNT DUE

## DUE FROM PATIENT ▶

65 INSURED'S NAME

66 SEX

67 P. REL.

68 CERY-SSN-HIC-ID.NO.

69 GROUP NAME

70 INSURANCE GROUP NO.

71 EID 72 ESC 73 EMPLOYER NAME

74 EMPLOYEE ID

75 EMPLOYER LOCATION

76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS

77 PRIN. CODE

OTHER DIAGNOSES CODES

78

79

80

81

82 P.C. 83 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS

84 PRINCIPAL PROCEDURE

85 OTHER PROCEDURE

86 OTHER PROCEDURE

CD

DATE

CD

DATE

CD

DATE

PSRO UR DATA

91 TREATMENT AUTH.

92 ATTENDING PHYSICIAN ID.

93 OTHER PHYSICIAN ID.

87 CD 88 APP. FROM

89 APP. THROUGH

90 GRC.

94 REMARKS

VERIFIED N-C STAY DATES  
FROM A THROUGH B

FOR INTERMEDIARY USE ONLY

PR. PSC. D.

C

D

E

95 I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF



|               |      |                          |           |                |           |
|---------------|------|--------------------------|-----------|----------------|-----------|
|               |      | 3 PATIENT CONTROL NUMBER |           | 4 TYPE OF BILL |           |
|               |      | 7 MEDICARE NO.           |           | 8 MEDICAID NO. |           |
|               |      | CITY                     |           | STATE          |           |
|               |      | ZIP                      |           |                |           |
| 19 PERIOD     |      | 23 COV.D.                | 24 N-C.D. | 25 C-I.D.      | 26 L-R.D. |
| ROUGH         |      |                          |           |                | 27        |
| 28 OCCURRENCE |      | 29 OCCURRENCE            |           | 30 OCCURRENCE  |           |
| CD            | DATE | CD                       | DATE      | CD             | DATE      |
| 31 OCCURRENCE |      | 32 OCCURRENCE            |           | 33 OCCURRENCE  |           |
| CD            | DATE | CD                       | DATE      | CD             | DATE      |
| 34            |      | 35                       |           | 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                       |           | 78             |           |
|               |      | 79                       |           | 80             |           |
|               |      | 81                       |           | 82             |           |
|               |      | 83                       |           | 84             |           |
|               |      | 85                       |           | 86             |           |
|               |      | 87                       |           | 88             |           |
|               |      | 89                       |           | 90             |           |
|               |      | 91                       |           | 92             |           |
|               |      | 93                       |           | 94             |           |
|               |      | 95                       |           | 96             |           |
|               |      | 97                       |           | 98             |           |
|               |      | 99                       |           | 100            |           |

**DUE FROM PATIENT****NOTICE TO THE PATIENT**

The hospital is acting solely as an agent for the patient in filing for insurance benefits assigned to it, however, the hospital can assume no responsibility for guaranteeing payment of covered charges as shown on the face of the bill. Credit is shown only when the hospital has actually received payment. Should an overpayment be made, a refund check will be sent to the authorized party that is due the overpayment.

|                                                                                                   |  |                       |  |                       |  |                       |  |                       |  |                                                |  |                                |  |                            |  |                            |  |                        |  |                   |  |                    |  |
|---------------------------------------------------------------------------------------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|-----------------------|--|------------------------------------------------|--|--------------------------------|--|----------------------------|--|----------------------------|--|------------------------|--|-------------------|--|--------------------|--|
|                                                                                                   |  |                       |  |                       |  |                       |  |                       |  | 3 PATIENT CONTROL NUMBER                       |  | 4 TYPE OF BILL                 |  | b6<br>b7C                  |  |                            |  |                        |  |                   |  |                    |  |
|                                                                                                   |  |                       |  |                       |  |                       |  |                       |  | 7 MEDICARE NO.                                 |  | 8 MEDICAID NO.                 |  | 9                          |  |                            |  |                        |  |                   |  |                    |  |
|                                                                                                   |  |                       |  |                       |  |                       |  |                       |  | CITY                                           |  | STATE                          |  | ZIP                        |  |                            |  |                        |  |                   |  |                    |  |
|                                                                                                   |  |                       |  |                       |  |                       |  |                       |  | 15 PERIOD THROUGH                              |  | 23 COV.D.                      |  | 24 N-C.D.                  |  | 25 C-I.D.                  |  | 26 L-R.D.              |  | 27                |  |                    |  |
| 28 OCCURRENCE CD DATE                                                                             |  | 29 OCCURRENCE CD DATE |  | 30 OCCURRENCE CD DATE |  | 31 OCCURRENCE CD DATE |  | 32 OCCURRENCE CD DATE |  | 33 OCCURRENCE CD FROM                          |  | 34 OCCURRENCE CD THROUGH       |  |                            |  |                            |  |                        |  |                   |  |                    |  |
| 35                                                                                                |  | 36                    |  | 37                    |  | 38                    |  | 39                    |  | 40 FURN                                        |  | 41 REPL                        |  | 42 NOT RP.                 |  | 43 DED.                    |  | 44 SP. PROG.           |  | 45                |  |                    |  |
| 46 VALUE CD AMT                                                                                   |  | 47 VALUE CD AMT       |  | 48 VALUE CD AMT       |  | 49 VALUE CD AMT       |  | 50 VALUE CD AMT       |  | 51                                             |  | 52                             |  | 53                         |  | 54                         |  | 55                     |  | 56                |  |                    |  |
| 50 DESCRIPTION                                                                                    |  |                       |  |                       |  |                       |  |                       |  | 51 R. CODE                                     |  | 52 S. UNITS                    |  | 53 TOTAL CHARGES           |  | 54                         |  | 55                     |  | 56                |  |                    |  |
| 57 PAYER                                                                                          |  |                       |  |                       |  |                       |  |                       |  | 58 REL INFO                                    |  | 59 ASG BEN                     |  | 60 DEDUCTIBLE              |  | 61 CO-INSURANCE            |  | 62 EST. RESPONSIBILITY |  | 63 PRIOR PAYMENTS |  | 64 EST. AMOUNT DUE |  |
| A                                                                                                 |  |                       |  |                       |  |                       |  |                       |  | B                                              |  | C                              |  | D                          |  | E                          |  | F                      |  | G                 |  |                    |  |
| 65 INSURED'S NAME                                                                                 |  |                       |  |                       |  |                       |  |                       |  | 66 SEX                                         |  | 67 P. REL.                     |  | 68 CERT.-SSN-HIC-ID.NO.    |  | 69 GROUP NAME              |  | 70 INSURANCE GROUP NO. |  |                   |  |                    |  |
| A                                                                                                 |  |                       |  |                       |  |                       |  |                       |  | B                                              |  | C                              |  | D                          |  | E                          |  | F                      |  | G                 |  |                    |  |
| 71 EID                                                                                            |  |                       |  |                       |  |                       |  |                       |  | 72 ESC                                         |  | 73 EMPLOYER NAME               |  | 74 EMPLOYEE ID.            |  | 75 EMPLOYER LOCATION       |  |                        |  |                   |  |                    |  |
| 76 PRINCIPAL AND OTHER DIAGNOSES DESCRIPTIONS                                                     |  |                       |  |                       |  |                       |  |                       |  | 77 PRIN. CODE                                  |  | 78                             |  | 79                         |  | 80                         |  | 81                     |  |                   |  |                    |  |
| 82 P.C.                                                                                           |  |                       |  |                       |  |                       |  |                       |  | 83 PRINCIPAL AND OTHER PROCEDURES DESCRIPTIONS |  | 84 PRINCIPAL PROCEDURE CD DATE |  | 85 OTHER PROCEDURE CD DATE |  | 86 OTHER PROCEDURE CD DATE |  |                        |  |                   |  |                    |  |
| PSRO UR DATA                                                                                      |  |                       |  |                       |  |                       |  |                       |  | 91 TREATMENT AUTH.                             |  | 92 ATTENDING PHYSICIAN ID.     |  | 93 OTHER PHYSICIAN ID.     |  |                            |  |                        |  |                   |  |                    |  |
| 94 REMARKS                                                                                        |  |                       |  |                       |  |                       |  |                       |  | 95                                             |  | 96                             |  | 97                         |  | 98                         |  | 99                     |  |                   |  |                    |  |
| VERIFIED N-C STAY DATES                                                                           |  |                       |  |                       |  |                       |  |                       |  | FOR INTERMEDIARY USE ONLY                      |  | PR. PSC. D.                    |  | D                          |  | E                          |  |                        |  |                   |  |                    |  |
| FROM                                                                                              |  |                       |  |                       |  |                       |  |                       |  | THROUGH                                        |  | AMT. REIMBURSED                |  | N-PYM. CD                  |  | APPROV. BY                 |  | DATE APPROV.           |  |                   |  |                    |  |
| F                                                                                                 |  |                       |  |                       |  |                       |  |                       |  | G                                              |  | H                              |  | I                          |  | J                          |  | K                      |  |                   |  |                    |  |
| 95 I CERTIFY THAT THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF |  |                       |  |                       |  |                       |  |                       |  | 96                                             |  | 97                             |  | 98                         |  | 99                         |  |                        |  |                   |  |                    |  |

STRAIGHT, INC.

PARENT/STAFF COMMUNICATION

TO:

[Redacted]

DATE:

5/30/90

FROM:

TIME:

7:45 AM

CHECK:

☐ Travel Request

☒ Please Reply

☐ See Attached

☐ Meeting Request

☐ For Your Information

☐ Client Information

Please Call Me At:

Other:

COMMENT:

I'm wondering what has happened to the host home money for [Redacted]. I have several host homes in dire need for this money. You have had the old money now for at least 3 months and should have the more recent money by now!

Thanks

[Redacted]

REPLY

[Redacted]

I have \$508.00 for host home fees paid by HRS for [Redacted] an adjust is being made to your account in June for \$508.00. Please make this payment to the host home.

[Redacted]

Staff Signature

6582

Date and Time

6/5/90

MARCH 1991

| DALLAS        |               | SO CAL IF     |        | \\\\\\ | TOTALS.....    | DESCRIPTION            |
|---------------|---------------|---------------|--------|--------|----------------|------------------------|
| =====         |               |               |        |        |                |                        |
| AX            | RD            | \\\\\\        |        |        | \$0.00         |                        |
| (\$1,587.88)  | \$1,783.05    | \\\\\\        |        |        | \$81,656.49    | BALANCE FORWARD        |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
| \$85,487.63   | \$0.00        | \\\\\\        |        |        | \$458,354.16   | TRANSFER TOTAL         |
|               |               | \\\\\\        |        |        | \$247,105.47   | DIRECT DEPOSIT TOTALS  |
| \$1,074.00    | \$5,548.30    | \\\\\\        |        |        | \$78,412.72    | " " "                  |
| \$1,000.00    | \$0.00        | \\\\\\        |        |        | \$14,707.86    | CREDIT CARD DEPOSITS   |
|               |               | \\\\\\        |        |        | \$482.41       | INTEREST EARNED        |
|               |               |               |        |        | \$0.00         |                        |
| =====         |               |               |        |        |                |                        |
| \$85,973.75   | \$7,331.35    | \$0.00        | \\\\\\ |        | \$830,719.11   | SUBTOTAL               |
|               |               |               | \\\\\\ |        | \$830,719.11   |                        |
| =====         |               |               |        |        |                |                        |
| RR            | RH            | \\\\\\        |        |        | \$0.00         |                        |
| (\$58,411.08) | (\$13,349.47) | \\\\\\        |        |        | (\$403,742.35) | DISBURSEMENTS          |
| (\$69,550.00) | (\$3,100.00)  | \\\\\\        |        |        | (\$560,000.00) | PAYROLL TRANSFERS      |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
| \$76,000.00   | (\$5,000.00)  | \\\\\\        |        |        | \$0.00         | INTERCOMPANY TRANSFERS |
|               |               | \\\\\\        |        |        | \$150.00       |                        |
|               |               | \\\\\\        |        |        | \$1,000.00     | VOIDED CHECKS          |
|               |               | \\\\\\        |        |        | \$418.50       |                        |
|               | (\$1,111.60)  | \\\\\\        |        |        | (\$3,816.19)   |                        |
|               |               | \\\\\\        |        |        | (\$718.58)     | REFURNS                |
| (\$51.90)     | \$0.00        | \\\\\\        |        |        | (\$806.10)     | CREDIT CARD FEES       |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
|               |               | \\\\\\        |        |        | \$745.69       | ADJUSTMENTS (DESCRIBE) |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
| =====         |               |               |        |        |                |                        |
| (\$16,039.23) | (\$15,229.72) | \$0.00        | \\\\\\ |        | (\$135,549.92) | TOTALS                 |
|               |               |               | \\\\\\ |        | (\$135,549.92) |                        |
| =====         |               |               |        |        |                |                        |
| DALLAS        |               | SO CAL IF     |        | \\\\\\ |                |                        |
|               |               |               |        | \\\\\\ |                |                        |
|               |               | \$7,490.44    | \\\\\\ |        | \$7,490.44     | BALANCE PER BANK       |
|               |               | \$77,000.00   | \\\\\\ |        | \$77,000.00    | OVERNIGHT              |
| (\$40,780.78) | (\$7,664.96)  | (\$10,000.00) | \\\\\\ |        | (\$215,293.71) | O/S CHECKS             |
|               |               | (\$50,000.00) | \\\\\\ |        | (\$50,000.00)  |                        |
|               |               | \\\\\\        |        |        | \$0.00         | O/S CHARGEBACKS        |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
|               |               | \\\\\\        |        |        | \$0.00         | DEPOSITS IN TRANSIT    |
| \$5,071.04    |               | \\\\\\        |        |        | \$71,607.46    |                        |
|               |               | \\\\\\        |        |        | \$7,322.00     |                        |
|               |               | \\\\\\        |        |        | \$4,450.00     |                        |
| \$274.00      |               | \\\\\\        |        |        | \$260.07       |                        |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
|               |               | \\\\\\        |        |        | \$179.00       |                        |
|               |               | \\\\\\        |        |        | \$0.00         |                        |
| =====         |               |               |        |        |                |                        |
| (\$35,435.74) | (\$7,664.96)  | \$74,490.44   | \\\\\\ |        | (\$146,984.74) |                        |
|               |               |               | \\\\\\ |        | (\$146,984.74) |                        |
| =====         |               |               |        |        |                |                        |

**Straight, Inc.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]  
Corporate Collections Manager

FROM: [REDACTED]  
Business Manager

RE: Outstanding Inactive Accounts

DATE: January 16, 1992

b6  
b7C

As per our telephone conversation of January 15, 1992, enclosed is financial information on several inactive accounts. In addition, below is some personal information on these accounts:

[REDACTED] - Was unsuccessful in obtaining loan; Family member turned down for loan as well; Limited income and was unable to obtain assistance from current and ex-husband. (I found that her plans for raising needed funds were unrealistic with poor follow through.)

[REDACTED] Mother on very good terms with the program. Husband [REDACTED] Discharge currently unable to work due to illness.

b6  
b7C

[REDACTED] - Parents on good terms with the program. They have had some success with personal fundraising. Have had financial and health problems in the past year.

[REDACTED] - Single parent with limited income. On good terms with the program. We received check for \$2,000 from a member of her extended family, which was returned by the bank. [REDACTED] stated family member would not replace it. Perhaps this is an avenue that could be further pursued.

I hope this information will be helpful to you. If I can be of further help, please call me.

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

**memorandum**

TO: [REDACTED]

FROM: [REDACTED]

DATE: July 18, 1991

# of Attempts 4

# of Attempts & Contacts 3

# of Incoming 0

Total 7

Account #

Descriptions

|                                                                                    |                                                                                           |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| [REDACTED]                                                                         | Active acct - waiting on ins. pymts.                                                      |
|                                                                                    | [REDACTED] & 0 balance                                                                    |
|                                                                                    | [REDACTED] & 0 balance after \$200.00 refund                                              |
|                                                                                    | eloped 7/8/91 & credit balance of \$4592.50 waiting refund                                |
|                                                                                    | [REDACTED] was waiting on ins., but denied, left message 7/16, & 7/17                     |
|                                                                                    | will send pymt in full of \$125.00 on 7/31, will call to remind                           |
|                                                                                    | searching for file                                                                        |
|                                                                                    | processed credit report, no contact yet                                                   |
|                                                                                    | processed credit report, no contact yet                                                   |
|                                                                                    | wants to pay \$200.00 as bal. in full, need to confirm didn't think acceptable, ins never |
| billed, will send assignment of benefits in order to submit claim, ins states they |                                                                                           |
| should pay 80%                                                                     |                                                                                           |

b6  
b7C

b6  
b7C

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: July 19,1991

# of Attempts 40

# of Attempts & Contacts 4

# of Incoming

Total 44

Account #

Descriptions

[REDACTED] - mo. in court to get father to pay, waiting on divorce agrmt that states father is suppose to pay all medical, getting fathers info from mother, demand letter to mother, need to run cr. rep on mother, she's not willing to pay, mother signed only, bal 3895.00

[REDACTED] - have left mess. @ 5 correct numbers, address correct, spoke to mother she doesn't speak good english, need to speak to father, cr. rep. different name, not much info, unfamiliar acct on rep. searching for phone # to search fathers employment, no ans at employment bal 2080.00, get bal in full/credit card pymt

[REDACTED] - only home #, searched thru cr. rep with car loan co for place of employ, need to order a file to get employ-takes aprox 2 days, have new address, & phone number- no response yet, have called all numbers avail incl. emergency #'s bal 15298.38

[REDACTED] collections acct on cr rep, on general relief, no employment, no response with home #, left mess. at all emergency #'s, to attach checks long court process, attorney needed, mother only signed contract, try to contact ex for add info bal 8054.84, knock on door?

[REDACTED] working on  
- working on  
- working on

all other accounts given previously are on credit acct, active, or 0 bal please see yesterdays fax

b6  
b7C

b6  
b7C

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

m e m o r a n d u m

TO: [REDACTED]  
 FROM: [REDACTED]  
 DATE: July 22, 1991

b6  
 b7C

# of Attempts 59  
 # of Attempts & Contacts 10  
 # of Incoming 7  
 Total 76

Account #

Descriptions

[REDACTED] - collection agency  
 [REDACTED] collection agency  
 [REDACTED] - collection agency  
 [REDACTED] - filing chapter 13, contact & get filing number, lawyer's name, date of  
 filing & contact atty. for 200 - 250 payoff  
 [REDACTED] bal \$41.50 mailing on the 2nd of Aug.-put on calendar to remind  
 [REDACTED] - bal 1020.00, only have home #, need to ck clinical emery. #'s, - 800 sett/credit  
 contact creditor for info on employment, left messages at home #  
 [REDACTED] bal 3471.44, no concern over collections/rep cr. bureau, business in debt,  
 can't borrow, advised to accept mo. pymts, will call to confirm  
 [REDACTED] - no concern, doesn't care about bal, can't call at work, sending legal letter  
 bal 5160.59  
 [REDACTED] - states child was abused after i spoke to her & upset her twice, adv. to investigate  
 clinical file, etc, her atty. called & stated for us not to call, will ck clinical & see  
 if there is a case of abuse, etc, if not any letter will go out.

b6  
 b7C



**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: July 23, 1991

# of Attempts 54

# of Attempts & Contacts 5

# of Incoming 5

Total 64

Account #

Descriptions

|            |                                                                                                                                                                                                        |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [REDACTED] | - dispute on amt. due, waiting on adj to be made                                                                                                                                                       |
| [REDACTED] | - also has active acct that is being FWACA [REDACTED] spoke to her waiting to talk to [REDACTED]                                                                                                       |
| [REDACTED] | - we're on her credit report, credit is not good - collections, charge offs no home # published, have employ. # she wasn't in yesterday. bal \$790 in program one day                                  |
| [REDACTED] | - bal 215.00, here one day, we're on their credit report, she's not paying anymore \$ on the account, credit rep or legal fees don't bother her, credit is current was 30, or satisfactory             |
| [REDACTED] | - we're on credit report, address incorrect, skip tracing thru local bank on report, bal 220.00                                                                                                        |
| [REDACTED] | - collection agency                                                                                                                                                                                    |
| [REDACTED] | - bal 2729.52, one credit card maxed, if pay off figure a benefit to him he'll try to borrow \$, collection doesn't bother him, credit report good                                                     |
| [REDACTED] | - Active acct/bal 0                                                                                                                                                                                    |
| [REDACTED] | - bal 952.48, possible foreclosing of home, story after story, try to borrow, pay off figure                                                                                                           |
| [REDACTED] | - collections agency                                                                                                                                                                                   |
| [REDACTED] | - collections agency                                                                                                                                                                                   |
| [REDACTED] | - credit satisfactory, states can't get loan and credit maxed, thinking about declaring bkrcty., laid off, bal 4826.10, give pay off & try to borrow?                                                  |
| [REDACTED] | - in legal action with husband, can't get dates on court, husband suppose to pay, she's refusing to pay, i need to call bak she had someone on other line & hung up won't consider payoff, bal 2311.29 |

b6  
b7C

b6  
b7C

 both parents out on vacation this wk.

some other accts, called but no ans, or not in work yesterday, to follow on today

b6  
b7C

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: July 25, 1991

# of Attempts 60

# of Attempts & Contacts 6

# of Incoming 3

Total 69

Account #

Descriptions

[REDACTED] - \$800.00 cr.card pymt to pay acct off in full YAHOO!  
rec'd 1500.00 check to pay acct off in full YAHOO!!!  
on vacation until 8/2, bal 2810.00  
has made faithfull pymts since 2/90 of 25.00 per month and hasn't missed  
a month, unable to pay \$219.05 in full, continue pymts or payoff?  
not in at either #, pending, bal 4054.77, update cr. rep.  
- no ans at home, traced work # & not in, ex. credit, will be in work to  
contact tomorrow, bal 600.00  
no credit, business under, payoff of 1600.00 they will get back to me on  
Monday at latest, orig bal =3471.44  
mother no \$, warrants out for other nonpymts, father suppose to pay 300.00 a  
mo., she gave me his number - trying to contact no ans, bal - 3380.00 he  
has good credit  
[REDACTED] - bal 150.00 will send 25.00 today and next mo. 25.00, doesn't matter  
if it goes to collection, credit rep., won't pay anymore, very adamant  
offer pay off?  
[REDACTED] bal212.45, have home # only, checking on emergency #'s to caontact & credit  
[REDACTED] - bal. 3541.09, called 2x's @ work & not in  
[REDACTED] bal 374.61, called at work , left message  
[REDACTED] - away for a few days  
[REDACTED] - works nights, sleeping have to call back  
[REDACTED] bal is 0, pd in full on 7/16/91 of 193.55  
Collection agency - [REDACTED]

b6  
b7C

b6  
b7C

STRAIGHT, INC.  
53 Evans Drive  
Stoughton, Ma. 02072

## memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: July 26, 1991

# of Attempts 65

# of Attempts &amp; Contacts 6

# of Incoming 4

Total 75

## Account #

## Descriptions

[REDACTED] will call be back today, payoff of 3500, trying to get 500 - 1000 now  
[REDACTED] - bal is 300, will offer 200-175 to pay off, will call today  
[REDACTED] - bal 6451.77, pay 100 mo can't do anything else or borrow, payoff  
figure she won't be able to due but i didn't quote an amt with her  
[REDACTED] - mentioned media, if we close he thinks he won't have to pay, credit ok,  
offer pay off figure, need amt  
[REDACTED] - doesn't care about credit report, can only do 150 month, bal 3541.09,  
offered apy off but didn't quote amt doesn't feel she can do that either, no one to borrow  
from  
[REDACTED] - bal 600, offer 400?, no \$, child suppose to pay half, will offer payoff figure  
today  
[REDACTED] - left message at home, suppose to receive 75.00 from court each mo.,  
left message at court house regarding pymts, bal 1354.29 - offer pay off if needed?  
[REDACTED] left messages  
[REDACTED] - left messages  
[REDACTED] left messages

collection agency [REDACTED]

still working on other accts trying to contact, &amp; trace

b6  
b7Cb6  
b7C

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [ ]

FROM: [ ]

DATE: July 31, 1991

b6  
b7C

# of Attempts 50

# of Attempts & Contacts 5

# of Incoming 6

Total 61

Account #

Descriptions

2-1-91  
advised  
20 NT wait

|     |                                                                                                                           |
|-----|---------------------------------------------------------------------------------------------------------------------------|
| [ ] | waiting to hear from bank re loan for 2500.00, will know next week                                                        |
| [ ] | will call me today re pay off of 2000, has 1500 but trying to get other 500                                               |
| [ ] | has no intention of paying, states child had bruises, scars, etc that he<br>he didn't have prior to entering, bal 4286.15 |
| [ ] | no family to borrow from, offered pay off of 1700                                                                         |
| [ ] | will call me back, doesn't sound promising, in debt                                                                       |
| [ ] | - bal 690, pay off 350, she'll call late today with response                                                              |
| [ ] | has been ordered to pay 1400.00 bal, attorney's have been involved                                                        |
| [ ] | hasn't been working offered pay off, he'll call back, doesn't look good                                                   |
| [ ] | he sent letter in past stating not employed and wanted to send \$5.00 mo.                                                 |
| [ ] | - rec'd 750 on american express from [ ] spoke to [ ]                                                                     |
| [ ] | for 250.00 to pay pay off in full of 1000.00, called her at                                                               |
| [ ] | work she said she'd get back to me & hung up                                                                              |
| [ ] | will have 1000.00 next week, pay off was 1600.00, trying to get 600.00                                                    |
| [ ] | but doesn't look good & if she can't get full 600 she can only pay 10 - 25                                                |
| [ ] | per week                                                                                                                  |
| [ ] | - spoke to courts, waiting to hear from them, ordered to pay 75.00 per                                                    |
| [ ] | week to courts and they pay us., spoke to [ ] regarding pay off he'll                                                     |
| [ ] | get bak to me                                                                                                             |
| [ ] | - sending 1200.00 in mail today, & make pymts for the bal of                                                              |
| [ ] | 300.00 due for payoff, transaction at 4:45 pm unable to                                                                   |
| [ ] | reach you, will advise tomorrow                                                                                           |
| [ ] | - we receive 187 mo which is 93.50 for ea acct monthly from                                                               |
| [ ] | consumer credit card counseling, trying to get a hold of                                                                  |
| [ ] | credit cd. couns. for info re payoff figure                                                                               |

b6  
b7C

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: August 6, 1991

# of Attempts 66

# of Attempts & Contacts 6

# of Incoming 2

Total 74

Account #

Descriptions

[REDACTED]

still waiting on loan that he has applied for , pay off is 1400.00 should know by next wed.

was suppose to bring 200.00 in on last Fri evening, he didn't and I put calls into him this am, other 200.00 by 8/7, still cking status

[REDACTED]

states he hasn't worked for 14 mos., called today and son said he was sleeping & gets up at 5 or 6 pm for work, gave pay off of 500.00, waiting for response

- won't pay & won't consider pay off figure, child was 18 & he stated he's not responsible, he was here one day, will try to talk to wife

pymt of 1000.00 received, pay off was 1100.00, trying to contact for bal of 100.00

- on welfare when in program, trying to skip trace, haven't spent alot of time on, credit not good

all exception forms state Dept of Social Services is suppose to pay bill, contacted parent states she's still waiting on DSS, I called DSS & waiting to hear back, this has been going on since 1989.

[REDACTED]

offered 400, then 300 to pay acct in full, bal 600.00, said she's not able to do it, said she'll send 25 today, please advise

- we're on her credit report, pay off of 800 to start, only go as low as 600 bal 1310.80 after fin cgs adj., she will call back

[REDACTED]

offered 1400.00 pay off, unable to do it, has paid 50.00 mo. faithfully bal 3280.62

- need to check clinical info & with counsleors, she states abuse, no further contact until reviewed

[REDACTED]

has paid 25.00 faithfully for 17 mos., will not put on cr. card

b6  
b7C

b6  
b7C

[redacted] - credit not good, left message at hospital wouldn't put call through  
bal 790, left message at emergency #

[redacted] - bal 220., has been making 20 pymts since April, have left messages,  
no response yet

[redacted] - have rec'd 1200.00, will pay 200.00 by 8/16 to pay off acct

[redacted] bal 215, doesn't care about cr report, won't pay, offered 100 *Credit report* b6  
b7c

Follow ups & left messages on accounts still pending

STRAIGHT, INC.  
53 Evans Drive  
Stoughton, Ma. 02072

## memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: August 7, 1991

# of Attempts 58

# of Attempts &amp; Contacts 5

# of Incoming 4

Total 67

Account #

Descriptions

[REDACTED] ?  
spoke to DSS, they said she hasn't had an open claim since 3/89, and never had any intention of providing \$ for Straight [REDACTED] states she has \$ coming from DSS and that she's been fighting with, states she should have money within six weeks, she doesn't have any other income, & she won't give me a contact at DSS, I will call DSS again

[REDACTED] has paid payoff in full  
- will call ASAP, waiting on loan, pay off amt 1300.00  
[REDACTED] - bal 490.00, left message at work, won't put calls through at work  
no home #, left message at grand mo.

[REDACTED] home # disconnected, wife out of work on sick leave, unable to locate father's employment, have tried to trace work thru credit info, credit not good, charge offs & a foreclosure, we are on credit report, bal 2122.58

please advise

[REDACTED] - we receive 187 mo towards both accts from credit card counseling spoke to cr. cd. couns. offered pay off of 1700.00, they contacted Barrows and they stated they were unable to do pay off, cr.cd. couns. receives 15% of whatever we get, please advise

[REDACTED] client was 28 yrs old, wife stated she was desperate and she said we stated we could provide a prog for a 28 yr old and we didn't, here from 7/25 - 7/26 bal is 805, she doesn't care if we take her to court - she feels she would win  
[REDACTED] parents are both laid off & unemployment running out, all intentions of paying she's still fighting ins co but at this time can not afford an attorney, has no \$ and has used all resources to borrow money, she wants to make payment

b6  
b7cb6  
b7c



[redacted] arrangements as soon as they have a stable income, unable to do a payoff  
[redacted] - states no \$ discussed with her until the next day , here from 11/13-  
11/14, she signed contract on 11/13, son was 18 and she won't pay  
she states her cr. cards are maxed, please advise possible pay off amt  
[redacted] bal is 840, don't think she'll consider pay off but will give it my best shot  
[redacted] father pd 750 in July on cr. cd., bal on pay off was 250.00  
received 100.00 on 8/1 from mother & she'll send 250 on  
8/8 and 100 on 8/16. we'll end up with a pay off of 1200  
rather than a 1000.00!!  
[redacted] I spoke to [redacted] on 5/17/91 & she stated that one of her  
children should have been in an psych. institution and that  
we deliberately kept her here, child had a nervous breakdown  
2 wks after she left here, she would consider a malpractice suit,  
& won't pay anything on account - I haven't contacted her since  
5/17  
[redacted] bal 150, states a money order for 25 not posted in june - checking on it  
unable to send more than 25 mo, rec'd pymt 7/12/91, demand letters were  
sent, having financial problems  
[redacted] - has been making faithfull payments for 17 mos., laid off and not putting on cr.  
cd, bal 194.05  
[redacted] - has paid 10.00 faithfully for a long period, on social security & unable to  
more, bal 212.45

b6  
b7c

left messages on other accts, and follow ups, typed letters to confirm agreements and  
payment in full letters as requested

STRAIGHT, INC.  
53 Evans Drive  
Stoughton, Ma. 02072

## memorandum

TO: [redacted]  
FROM: [redacted]

DATE: August 26, 1991

# of Attempts 51

# of Attempts & Contacts 8

# of Incoming 2

Total - 61

[redacted] - unable to get loan, not at present employment long enough, checking other sources still, doesn't look promising, pay off was 2500.00  
[redacted] - bal 2365.00, here 15 days, med & psych done, credit no good, only have home #, need to contact in eve.  
[redacted] Home # non published, f(w) - not in call in a wk.  
[redacted] 2400.00 check will be cut this weekend, and then forwarded to [redacted] and then we will receive it  
[redacted] - we are accepting pymts of 10.00 per mo., have been faithful, bal 202.45  
[redacted] - 400 down pymt, 1300.00 should be here before the 30th, too long to get home equity loan, should know regarding personal loan this week  
[redacted] - pd 1200, bal of 200 mailed on 8/23  
[redacted] bal 698.51, father states child sexually abused, parents seperated have not spoken to mother, need to ck clinical info  
[redacted] - states abuse need to check clinical file  
[redacted] - we accept 25.00 mo, pd faithfully, bal 194.05  
[redacted] - rec'd 1200.00 wrote off 735.01  
[redacted] cr card counseling pays 93.50 per mo on ea acct  
[redacted] bal s/b 855.00 after fin adj., as far as she's concerned doesn't owe, no fees discussed until after we took child, child abused & humiliated, tramitized in shower, mislead on finance, thinking of pressing charges especially if we persist, need to ck clinical file, no further contact  
[redacted] spoke to mo., Parent weekend almost caused a divorce, fa accused of having a legal addiction, wife was a supporter in being, has story after story, husb unemployed if further action is taken they will get a lawyer, we're on credit report, & they'd like it taken care of  
[redacted] - bal 493145, we're on credit report, she's seeking legal action through legal aid, hasn't spoken to anyone - waiting list, will not tell me why she's seeking legal action

b6  
b7C

b6  
b7C

STRAIGHT, INC-GR BALTIMORE/WAS  
Accounts Receivable Detail Ledger  
12-02-91

Page 311

b6  
b7c

| Entry | Date | Document | Terms | Product | Product Description | Account # | Quantity | Unit Price | Amount |
|-------|------|----------|-------|---------|---------------------|-----------|----------|------------|--------|
|-------|------|----------|-------|---------|---------------------|-----------|----------|------------|--------|

Balance Forward 11-30-91

0.00

Customer Total \$0.00

(01651 )

|      |          |      |   |          |                              |           |   |          |          |
|------|----------|------|---|----------|------------------------------|-----------|---|----------|----------|
| Hist | 09-20-88 | 962  | A | 304      |                              | 602.02    | 1 | -25.00   | -25.00   |
| Hist | 10-15-88 | NOV. | A | MO FEE   | MONTHLY SERVICES FEE         | 1100.0303 | 1 | 500.00   | 500.00   |
| Hist | 10-16-88 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 126.34   | 126.34   |
| Hist | 10-17-88 | 982  | A | INSCK    | PAYMENT BY INSURANCE         | 602.0002  | 1 | -25.00   | -25.00   |
| Hist | 11-15-88 | DEC. | A | MO FEE   | MONTHLY SERVICES FEE         | 1100.0303 | 1 | 500.00   | 500.00   |
| Hist | 11-16-88 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 135.36   | 135.36   |
| Hist | 11-08-88 |      | A | RE/ENTRY | RE-ENTRY PHYSICAL            | 1100.0405 |   | 55.00    | 55.00    |
| Hist | 11-29-88 |      | A | RE/ENTRY | RE-ENTRY PHYSICAL            | 1100.0405 |   | 55.00    | 55.00    |
| Hist | 12-15-88 | JAN. | A | MO FEE   | MONTHLY SERVICES FEE         | 1100.0303 | 1 | 500.00   | 500.00   |
| Hist | 12-16-88 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 144.89   | 144.89   |
| Hist | 01-15-89 | FEB. | A | MO FEE   | MONTHLY SERVICES FEE         | 1100.0303 | 1 | 500.00   | 500.00   |
| Hist | 01-16-89 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 156.21   | 156.21   |
| Hist | 02-16-89 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 166.06   | 166.06   |
| Hist | 03-16-89 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 168.55   | 168.55   |
| Hist | 04-17-89 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 171.07   | 171.07   |
| Hist | 05-16-89 |      | A | FINCHG   | FINANCE CHARGE               | 1100.0304 | 1 | 173.64   | 173.64   |
| Hist | 06-15-89 | ADJ  | B | CMEMO    | MTHLY SERVICES FEE JAN-FEB89 | 1100.0303 |   | -1000.00 | -1000.00 |
| Hist | 06-15-89 | ADJ  | B | CMEMO    | FINANCE CHARGE               | 1100.0304 |   | -69.32   | -69.32   |
| Hist | 06-15-89 | ADJ  | B | CMEMO    | FINANCE CHARGE               | 614.0004  |   | -1398.09 | -1398.09 |
| Hist | 11-20-89 | 1278 | B | INSCK    | 4117919                      | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 01-26-90 | 1326 | B | MO       | PAYMENT BY MONEY ORDER       | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 03-08-90 | 1357 | B | MO       | PAYMENT BY MONEY ORDER       | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 04-09-90 | 1381 | B | MO       | PAYMENT BY MONEY ORDER       | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 07-10-90 | 1453 | B | MO       | PAYMENT BY MONEY ORDER       | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 10-30-90 | 1547 | Z | MO       | PAYMENT BY MONEY ORDER       | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 12-31-90 | 1594 | Z | CK       | 27206                        | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 03-13-91 | 1646 | Z | CK       | 4825496680                   | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 04-09-91 | 1666 | Z | CK       | MO                           | 602.0002  | 1 | -30.00   | -30.00   |
| Hist | 05-17-91 | 1694 | Z | CK       | 008                          | 602.0000  | 1 | -30.00   | -30.00   |

History Total \$534.71

Balance Forward 11-30-91

8982.26

Customer Total \$8982.26

Orlando

Program  
Cash Receipts Projection  
February 1 - 29, 1992  
Census as of February 1, 1992 Total 69

| Cash Receipts                               | Feb 3-7      | Feb 10-14    | Feb 17-21    | Feb 22-28    | Total        |
|---------------------------------------------|--------------|--------------|--------------|--------------|--------------|
| <u>Receipts:</u>                            |              |              |              |              |              |
| of admissions                               | <u>1</u>     | <u>1</u>     | <u>2</u>     | <u>2</u>     | <u>6</u>     |
| days fees collected                         | <u>6000</u>  | <u>5000</u>  | <u>3000</u>  | <u>1500</u>  | <u>15500</u> |
| care day fees collected<br>(since Dec.1)    | <u>1400</u>  | <u>1600</u>  | <u>2525</u>  | <u>1500</u>  | <u>7025</u>  |
| maintenance fees                            | <u>2000</u>  | <u>2000</u>  | <u>4000</u>  | <u>2000</u>  | <u>10000</u> |
| collections                                 | <u>6000</u>  | <u>5000</u>  | <u>4500</u>  | <u>4500</u>  | <u>20000</u> |
| time account collections<br>(payment plans) | <u>1000</u>  | <u>2000</u>  | <u>1000</u>  | <u>4000</u>  | <u>8000</u>  |
| financing                                   | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>     |
| rent receipts                               | <u>16400</u> | <u>15600</u> | <u>15025</u> | <u>73500</u> | <u>60325</u> |
| <br>Foundation, etc.                        |              |              |              |              |              |
| <u>Individual, civic)</u>                   | <u>0</u>     | <u>10</u>    | <u>0</u>     | <u>0</u>     | <u>0</u>     |
| <u>Found., etc.</u>                         | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>     | <u>0</u>     |
| <u>ties</u>                                 |              |              |              |              |              |
| <u>club activities</u>                      |              |              |              |              |              |
| ster club receipts                          | <u>100</u>   | <u>100</u>   | <u>100</u>   | <u>100</u>   | <u>400</u>   |
| aising receipts                             | <u>200</u>   | <u>500</u>   | <u>500</u>   | <u>1000</u>  | <u>2200</u>  |
| ted<br>s                                    | <u>16700</u> | <u>16200</u> | <u>15625</u> | <u>14600</u> | <u>63125</u> |

Universal File Case Number 809 B TP 28810 - 1A77

Field Office Acquiring Evidence \_\_\_\_\_

Serial # of Originating Document \_\_\_\_\_

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(Name of Contributor)

\_\_\_\_\_  
(Address of Contributor)

\_\_\_\_\_  
(City and State)  
By \_\_\_\_\_  
(Name of Special Agent)

To Be Returned ☐ Yes ☒ No

Receipt Given ☐ Yes ☒ No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title: \_\_\_\_\_

*Straight Inc  
FBW Ins  
OO: TP*

Reference: \_\_\_\_\_  
(Communication Enclosing Material)

Description: ☐ Original notes re interview of

*Paper work from* \_\_\_\_\_ *Trash*

b6  
b7C  
b7D

b6  
b7C  
b7D

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]  
 FROM: [REDACTED]

DATE: August 12, 1991

# of Attempts 65

# of Attempts & Contacts 7

# of Incoming 5

Total 77

Account #

Descriptions

\* [REDACTED] - bal 7294.90, we're on credit rep., advised by mother to call her attorney, spoke to atty., he states they dispute bill, feel they were overcharged, not aware of extra charges to house & feed children on weekend, didn't get services.

\* [REDACTED] - bal pd in full \$2850.00!!!!

[REDACTED] parent feels we didn't file her ins correctly, BC & BS she states will pay for counseling, I have had previous contact with BC & BS and they won't pay for drug & alcohol, need to check again on counseling, bal is 4940.53

[REDACTED] - we accept 50 mo. payments, bal is 2600.00, payments have been faithfull for long period of time

[REDACTED] 41.50 paid bal in full

[REDACTED] - will send 800 on 8/16 to pay acct in full

[REDACTED] mother unable to work for medical reasons, bal is 6168.33 we're on credit report for 300.00?, having fin. problems unable to send any \$ at this time

[REDACTED] - pay off of 700.00 by next week, he's was waiting for letter to confirm bal 5873.06, here for 1 yr., spoke to mother re pay off, please call back Wed., excellent credit, we're on her credit report

[REDACTED] bal 2564.76, , in prog for 6 mos., have called 4 x's, & she hangs up when I say where I'm from, credit is good, as of July balances on major credit cards are 0, we're on credit report, she won't talk to me at all, she lives aprox an 1hr from here.

b6  
b7c

b6  
b7c

- [redacted] - bal 3291.17, credit not good, we're on credit report, pay off of 1900.00, will try to get by Monday 8/19
- [redacted] - husband responsible for medical, she won't give me husband's info, they both have attorney's, asked for atty's name she told me to call back, told her we would put it on her credit report as a bad debt, she thinks that's illegal, she said she's not happy with Straight, bal 2311.29, in prog for 8 mos., please advise
- [redacted] bal 1525.00, in prog for 5 days, took son out sue to media, has no \$ and had none when she came to program, she was suppose to do fundraising need pay off, credit is fair
- states [redacted] assaulted her daughter, daughter states she asked for help before she FWACA and didn't get it, she states she has talked to lawyer need to investigate before any further contact
- [redacted] bal 7406.92 , unemployed, unable to do pay off of 3500.00 , has made faithfull payments of 50.00 for long period of time, came in prog with 50.

left messages, and follow ups on other accounts

b6  
b7c

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]  
 FROM: [REDACTED]  
 DATE: July 24, 1991

b6  
 b7C

# of Attempts 30

# of Attempts & Contacts 7

# of Incoming 5

Total 42

Account #

Descriptions

|            |                                                                                                                                                                                                                                                                                                          |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [REDACTED] | - bal, 1020.00, had to trace, all numbers invalid, credit report good, she had agreement to pay 100.00 mo. but she missed two months i stated no longer an agreement, suprised her at work, she'll call me today, concerned about credit report                                                          |
| [REDACTED] | payoff figure of 2500.00, trying to borrow, call thurs.<br>- pay of of 1400.00 will try to borrow, call thurs.<br>- bal 205, mother refuses to pay, father made last three pymts, and owes bal., left messages for father to call                                                                        |
| [REDACTED] | bal - 8054.84, on disability of 300.00 mo, ex to pay all medical & she lost the court case, no cr. cards, can't borrow, no recourse                                                                                                                                                                      |
| [REDACTED] | bankrupt 1982-chap 7, need to skip trace for numbers, left messages at emergency numbers, bal 7097.58                                                                                                                                                                                                    |
| [REDACTED] | bal 173.78, <u>insurance is pending</u> , claims resubmitted ad acct will probably have credit bal when ins pymts are received<br>- credit is terrible, foreclosure on rep., trying to contact ,we're on credit report, doesn't look promising has refused to pay any \$ at all in the past, bal 2122.58 |
| [REDACTED] | IRS has taken \$ out of her cking acct, bal 65.47, will be received by 7/31 or credit report                                                                                                                                                                                                             |
| [REDACTED] | collection agency                                                                                                                                                                                                                                                                                        |
| [REDACTED] | collection agency                                                                                                                                                                                                                                                                                        |
| [REDACTED] | collection agency                                                                                                                                                                                                                                                                                        |
| [REDACTED] | collection agency                                                                                                                                                                                                                                                                                        |
| [REDACTED] | collection agency                                                                                                                                                                                                                                                                                        |
| [REDACTED] | collection agency                                                                                                                                                                                                                                                                                        |

b6  
 b7C



**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO [REDACTED]

FROM [REDACTED]

DATE: July 29, 1991

# of Attempts 60

# of Attempts & Contacts 7

# of Incoming 9

Total 76

Account #

Descriptions

[REDACTED]

- pays 93.50 thru consolidated credit bureau, bal = credit bal of 171.43 a/o 3/7/91

bal 3962, will talk to today re pay off of 2500, if she couldn't come up with 2500 the lowest we'll go is 2000.00

[REDACTED]

- will here from today re payoff of 1600.00, bal is 3471.44

[REDACTED]

- called me back after refused pay off figure, will here from today re pay off of 1500.00, bal is 3541.09

bal 6451.77, offered her 3000.00, will here from today, trying to borrow, she called me back after she said she couldn't do pay off, need 2500 down & hundred \$ pymts for 5 months, if she can't come up with 3000.00

[REDACTED]

- refuses to pay bal of 5311.39, gave me his attorney's name & address, we are on their credit report, he states he's gotten around the bad debt,

- mailing 200.00 as pay off figure, bal was 374.61

[REDACTED]

bal 600.00, will call today re pay off of 300.00

- bal 6245.99, offered pay off of 3500.00, ins co will have check within two weeks for 2500.00, ins co never paid it was an HMO, parents have to have 1000.00 before wed deposit for pay off to be affective, will contact today

[REDACTED]

father paid 750.00 on credit card!!! mother owes @ least 250.00 for total pay off of 1000.00, father feels he paid his half in full, will contact mother not sure if she's still away, will try to get more than 250.00

bal was 3380.00, rec'd pay off of 1700 on credit card!!!!!!

- bal is 2550.20, 150 pymt rec'd on 7/26/91, offered 1400.00 as pay off, will here from her today

collection agency - [REDACTED]

b6  
b7C

b6  
b7C

STRAIGHT, INC.  
53 Evans Drive  
Stoughton, Ma. 02072

memorandum

TO: [REDACTED]  
FROM: [REDACTED]

DATE: August 1, 1991

# of Attempts 60

# of Attempts & Contacts 5

# of Incoming 6

Total 71

Account #

Descriptions

\* [REDACTED] 2400.00 being sent from ins co by Aug 12th, [REDACTED] should have 500.00 sent out on Friday, and 100.00 a week for 6 consecutive weeks for a pay off figure of 3500.00, they want letter to confirm this

[REDACTED] - is sending 1700.00 pay off figure in mail today

[REDACTED] - is sending 1200.00 in mail today and will have to make 300.00 payment in August to pay off total of 1500.00

[REDACTED] - bal 1354.29, pay off of 1000.00 should be sent on Mon., he has to be sure courts will accept pay off figure and that the courts won't hold him responsible for bal., he was court ordered to pay 75.00 week but nothing has been received since Mar.

COLLECTION AGENCY - [REDACTED]

[REDACTED] - bal 0

[REDACTED] no home #, no calls at work - still trying to get thru, left message at mother's home.

[REDACTED] - on disability, & receives 300.00 mo, lost court case to have ex pay, no one to borrow from, will take 6 months to pay brother back bal 8054.84

[REDACTED] - bal 125.00, were suppose to send last week, i received letter stated that a couple days before they left they sent a check for 125.00 that was suppose to go to fundraising and it did, now they claim we should accept that as payment in full, i argued with her, but not sure if she'll send the 125.00

[REDACTED] state pays bill

[redacted] - haven't spent much time on, laid off, credit not good, she's suppose to call me  
[redacted] - 100.00 was paid on acct, other 100.00 suppose to have been sent on Mon  
[redacted] - put more calls in, pay off was 350.00, waiting to hear from her  
[redacted] - ba 0  
[redacted] - bal 0, they paid pay off figure  
[redacted] can't do anything until we thoroughly check clinical file & with  
counselors, she states abuse to children, her atty has called here  
[redacted] - pay off figure of 400.00 will be sent Fri.  
[redacted] - bal 3471.44 - pay off of 1600.00 needed, she states she'll hace 1000.00  
next week, and can then only due 10-25 per week to pay off 600.00  
told her i don't think we'll accept that to try and get more than a 1000.00  
[redacted] - left a few messages, spoke to mother re pay off and they haven't called back,  
on vacation now until 8/10

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: August 5, 1991

# of Attempts 60

# of Attempts & Contacts 5

# of Incoming 5

Total 70

Account #

Descriptions

|            |                                                                                                                                                                                                                          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [REDACTED] | - on vacation until next week                                                                                                                                                                                            |
| [REDACTED] | - left messages                                                                                                                                                                                                          |
| [REDACTED] | not working for 14 mos., promises to pay, bal 825.00, will offer pay figure 500.00                                                                                                                                       |
| [REDACTED] | bal 1030.00, left messages, have pay off figure if needed of 600.00                                                                                                                                                      |
| [REDACTED] | left messages at home & work, bal 1454.81                                                                                                                                                                                |
| [REDACTED] | contacted at home, will call back                                                                                                                                                                                        |
| [REDACTED] | will send signed calim form for ins. billing, ins should pay 80%, trying to get 20% from him to cover total bal of 940.00                                                                                                |
| [REDACTED] | left message at home for wife, father states he talked to lawyer, states word "minimum" was put on contract after it was signed regarding min. pymts, bal 2355.00, only in program for 15 days                           |
| [REDACTED] | - said son was too old for program(27), he said no physical done, would not consider any pay off figure, won't give a penny, he hung up                                                                                  |
| [REDACTED] | stated child came in late evening at 8pm and left next morning, would only consider 95.00, she doesn't care if we send to attorney, she feels she could win, under pressure and she states she has a witness, bal 595.00 |
| [REDACTED] | left message, need to trace employment will do cr. report                                                                                                                                                                |
| [REDACTED] | she has legal services, states child should not have been here, no drug problem, we have to contact her attorney, she won't pay the bill, here for 8 days, bal 1160.00, has only paid 300 on acct                        |
| [REDACTED] | will have to check clinical files                                                                                                                                                                                        |
| [REDACTED] | - will pay 700.00 pay off if letter is received to confirm, bal was 1410.25                                                                                                                                              |

b6  
b7C

b6  
b7C

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: August 20, 1991

# of Attempts 75

# of Attempts & Contacts 8

# of Incoming 2

Total - 85

[REDACTED] - 750.00 in mail today, bal of 650.00 by 9/13 for payoff of 1400  
no ans @ work, tried in eve @ home no ans, should have something by end of  
week, working on 1400.00 pay off

[REDACTED] - payment of 700.00 was due today, left message at home, will know 8/22  
[REDACTED] \$1200.00 pay off sent in mail today!!!!

[REDACTED] - left messages, 600.00 should be in mail, his confirmation should have  
been received, hasn't gone to PO to pick up mail, he will send ASAP!!!  
tried 4 times, CT lines being checked for trouble - due to hurricane

[REDACTED] - left message at home to be sure 200.00 was sent out

[REDACTED] - 800.00 sent today for pay off  
will send \$3,000.00 overnight mail after letter of confirmation is rec'd!!!

[REDACTED] will send \$1,000.00 today, wanted letter faxed today to confirm, will make  
\$25.00 week payments for six months to pay bal of 600.00 on pay off

[REDACTED] - left messages @ work, no home #, no contact yet, bal 1746.23

[REDACTED] - pay off of 1900 pending, he should know next week, waiting on some \$ to come  
in from contractors job

[REDACTED] bal 1092.00, left messages, will get back to me, doesn't feel he owes,  
states child was beat up & spit on but doesn't know for sure, child in & out of  
jail, told him we could put on credit report if I don't hear back, he was  
pleasant, will check clinical

[REDACTED] IRS took their \$ out of account, pending loan & will pay \$65.47 bal off

7 [REDACTED] - ins. company paid \$10.00, bal now has a credit bal of \$10.00

[REDACTED] paid 200.00 pay off in full, 174.61 written off

[REDACTED] - paid 1200.00 7/31 pd in full, wrote off 1379.73

[REDACTED] need to get police report

[REDACTED] - states staff assaulted child, & no one helped child when asked & having  
problems so she eloped, no further contact until clinical, etc is checked

b6  
b7c

b6  
b7c

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: July 30, 1991

# of Attempts 71

# of Attempts & Contacts 5

# of Incoming 6

Total 82

Account #

Descriptions

|            |                                                                                                                                                                                        |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [REDACTED] | - collections                                                                                                                                                                          |
| [REDACTED] | - collections                                                                                                                                                                          |
| [REDACTED] | pending ins pymts                                                                                                                                                                      |
| [REDACTED] | bal 0                                                                                                                                                                                  |
| [REDACTED] | - 0                                                                                                                                                                                    |
| [REDACTED] | - acct pd in full, pay off of 1500.00 rec'd                                                                                                                                            |
| [REDACTED] | - does not feel her ins was filed correctly, BC & BS states their was no coverage, we are not a provider with them, waiting to talk to [REDACTED]                                      |
| [REDACTED] | pay off of 2000.00 rec'd today!!!!                                                                                                                                                     |
| [REDACTED] | bal 2868.06, pay off of 1400.00, father doesn't want to pay anything feels child was kept too long, spoke to wife re pay off she'll get back to me i'll call today & pressure the wife |
| [REDACTED] | - would not due 1400.00 she said she'll try & get 1200.00 on her credit card, she won't be available until thurs to do it, pushed her for wed. but had no luck                         |
| [REDACTED] | - put in for loan of 1400 but won't know for aprox a week from his resource, Will call me as soon as he knows                                                                          |
| [REDACTED] | can only come up with a 1000.00 by end of week, trying to get other 600.00 not sure is possible but trying all his resources & will get back to me, pay off was 1600.00                |
| [REDACTED] | - bal 2491.37, left message at home only number available, credit reopr comes up with the wrong name, checking clinical file for emergency #'s                                         |
| [REDACTED] | pay off of 3500.00 has been laid off for 6 months, will try to get 3500.00 & will get back to me                                                                                       |
| [REDACTED] | - pd 100.00, other 100.00 was sent out on fri. & acct will be paid in full                                                                                                             |

b6  
b7c

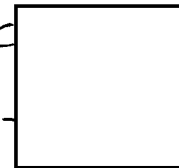
b6  
b7c

- [REDACTED] - could not get \$ on her life ins policy and can not get \$ from any other resource, has made a complaint before against Straight, her contract states she can pay 50.00 per month, bal on acct 2650.00743 -
- [REDACTED] no work #, she's a school teacher, left messages with her mother to call, her hmo # unpublished & unable to get thru credit report, bal 4054.77 left messages, offered pay off of 1200.00 , financial problems , pending, but doesn't sound promising
- [REDACTED] - wife has court order that husband has to pay, have not rec'd 75.00 pymts since March, put call into court house & left messages with father Won't be in work for 2-3 weeks, offered 200.00 pay off, bal 300.00, left message at home #
- [REDACTED] left messages, offered pay off of 2500.00, laid off, doesn't sound promising will call again & waiting response
- [REDACTED] - rec'd 50.00 pymt, no luck with payoff figures, per Ben take pymts

b6  
b7C

07/11/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT



RCV  
7/22/91  
Page: 1

b6  
b7C

STRAIGHT, INC. - CHESAPEAKE

| Account # | Patient Name | Placed    | S T A T U S                                                                                                     |
|-----------|--------------|-----------|-----------------------------------------------------------------------------------------------------------------|
|           |              | 2,434.96  | PER LEGAL DEPARTMENT ON 6/19 RECEIVED LETTER FROM BCBS STATING BENEFITS PAID. BALANCE PATIENT RESPONSIBILITY    |
|           |              | 1,680.00  | 1990 CHARGES IN REVIEW WITH BC. 1991 CHARGES BEING PROCESSED AND PAID BY BOOKE                                  |
|           |              | 3,066.67  | CANCELLED; NOT BC PROVIDER, CLIENT UNABLE TO PRODUCE CONTRACT                                                   |
|           |              | 6,212.67  | PER LEGAL DEPARTMENT ON 6/27 SENT LETTER TO INDEPENDENT LIFE REQUESTING A RESPONSE FROM PREVIOUS CORRESPONDENCE |
|           |              | 5,946.46  | SAME AS ABOVE                                                                                                   |
|           |              | 5,013.58  | CANCELLED; CLIENT NOT BC PROVIDER; UNABLE TO PRODUCE COPY OF CONTRACT                                           |
|           |              | 8,233.33  | CANCELLED; BENEFITS WERE MAX'D OUT                                                                              |
|           |              | 10,000.00 | CANCELLED; CLIENT NOT BC PROVIDER. UNABLE TO PRODUCE COPY OF CONTRACT                                           |
|           |              | 1,488.52  | AWAITING ADDITIONAL INFORMATION FROM CLIENT (PROGRESS NOTES)                                                    |
|           |              | 1,795.40  | 1990 CHARGES IN REVIEW WITH BC. 1991 CHARGES BEING PROCESSED AND PAID BY BOOKE                                  |

b6  
b7C

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 10

45,871.51 \*\*\*\*\*

Collection report



07/18/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page:

STRAIGHT, INC. - DALLAS

| Account #   | Patient Name | Placed   | S T A T U S                                                                                                                               |
|-------------|--------------|----------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <div></div> |              | 1,405.60 | RESUBMITTED BILLS WITH REQUEST TO GIC TO RE-OPEN AND PAY CLAIM                                                                            |
|             |              | 6,280.30 | REQUESTED COMPLETE BILLING ON 6/26                                                                                                        |
|             |              | 6,428.21 | PD \$5775.00, BAL \$653.21, PAID OUT                                                                                                      |
|             |              | 4,977.42 | PER LEGAL DEPARTMENT; PENDING RESPONSE FROM AMP INC                                                                                       |
|             |              | 3,810.97 | PER LEGAL DEPARTMENT; PENDING RESPONSE FROM WASHINGTON NATIONAL                                                                           |
|             |              | 650.00   | PATIENT PART-TIME EMPLOYEE DUE TO THIS FACT THERE IS NO INSURANCE COVERAGE. Awaiting Denial Letter to Cancel Account                      |
|             |              | 2,343.12 | CANCELLED; BENEFITS PAID ACCORDINGLY                                                                                                      |
|             |              | 5,225.98 | SPOKE TO INSURANCE COMPANY ON 6/17 STATED CLAIM SENT TO MEDICLA REVIEW ON 6/6 TAKE APPROXIMATELY 4 WEEKS FOR DOCUMENTATION TO BE RENDERED |
|             |              | 425.00   | CANCELLED; NOT COVERED BY GEHA. APPEALED TO OPM. THEY UPHELD                                                                              |

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 9 31,546.60 \*\*\*\*\*

07/10/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 1

STRAIGHT, INC. - MICHIGAN

| Account #   | Patient Name | Placed   | S T A T U S                                                                                                                |
|-------------|--------------|----------|----------------------------------------------------------------------------------------------------------------------------|
| <div></div> |              | 1,551.77 | STILL ATTEMPTING TO REACH MAIL HANDLERS<br>BENEFITS TO DISCUSS WHEN PAYMENT CAN BE<br>MADE ON CLAIM                        |
|             |              | 1,690.00 | RESUBMITTED CLAIM ON 5/28                                                                                                  |
|             |              | 5,838.41 | INSURED SENDING NECESSARY FORM FOR<br>CLAIM PROCESSING                                                                     |
|             |              | 5,207.16 | CANCELLED; NO ASSISTANCE FROM DEBTOR'S<br>MOTHER                                                                           |
|             |              | 690.00   | CLAIM WENT INTO REVIEW ON 6/25. ALLOW<br>APPROXIMATELY 4 WEEKS                                                             |
|             |              | 627.16   | CANCELLED; PATIENT'S PARENTS DISOWNED<br>HIM AND DISCONTINUED INSURANCE COVERAGE<br>AND ABANDONED FINANCIAL RESPONSIBILITY |
|             |              | 3,800.00 | CANCELLED; PRE-EXISTING                                                                                                    |
|             |              | 2,055.64 | PAID AND VERIFIED \$576.00; ADDITIONAL<br>MONIES TO BE PAID 30-60 DAYS                                                     |

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 8 21,460.14 \*\*\*\*\*

07/10/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 1

STRAIGHT, INC. - NEW ENGLAND

| Account # | Patient Name | Placed    | S T A T U S                                                                                                                                     |
|-----------|--------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|
|           |              | 9,994.25  | SPOKE TO [REDACTED] AT TRAVELERS ON 6/27;<br>STATED TO RESUBMIT ALL CHARGE ON FORM<br>1500. FORM 1500 BEING WORKED UP TO<br>SUBMIT TO TRAVELERS |
|           |              | 8,300.00  | STILL AWAITING COMPLETE BILLING.<br>SUBMITTED SECOND REQUEST ON 7/1                                                                             |
|           |              | 11,300.00 | SAME AS ABOVE                                                                                                                                   |
|           |              | 200.00    | CANCELLED; INSURANCE PAID CORRECTLY.<br>PATIENT PAY                                                                                             |
|           |              | 4,229.80  | SENT LETTER OF INQUIRY WITH ALL BILLS                                                                                                           |
|           |              | 5.00      | INSURED OBTAINING DOCUMENTATION FOR<br>APPEAL                                                                                                   |
|           |              | 8,000.00  | SAME AS ABOVE                                                                                                                                   |
|           |              | 11,800.00 | ON 6/27 REFERRED TO LEGAL DEPARTMENT                                                                                                            |
|           |              | 9,800.00  | STILL AWAITING COMPLETE BILLING.<br>SUBMITTED SECOND REQUEST ON 7/1                                                                             |
|           |              | 11,516.67 | CANCELLED; NO COOPERATION FROM PATIENT'S<br>MOTHER                                                                                              |
|           |              | 12,932.26 | STILL AWAITING COMPLETE BILLING. SENT<br>SECOND REQUEST ON 7/1                                                                                  |
|           |              | 6,800.00  | ON 6/26 SENT LETTER OF INQUIRY TO<br>INSURANCE COMPANY                                                                                          |
|           |              | 11,800.00 | SPOKE WITH [REDACTED] AT AT&T EMPLOYEE<br>ASSOC. PROGRAM STATING CLAIM WILL BE<br>PROCESSED FOR PAYMENT                                         |
|           |              | 1,483.50  | RESUBMITTED CLAIMS. INSURANCE COMPANY<br>CURRENTLY REVIEWING                                                                                    |
|           |              | 12,500.00 | CANCELLED; INSURED DOES NOT HAVE<br>COVERAGE                                                                                                    |
|           |              | 7,300.00  | REQUESTED ALL BILLING ON 6/10                                                                                                                   |
|           |              | 13,887.10 | CANCELLED; PRE-EXISTING. INSURANCE<br>COVERAGE IS FOR IN-PATIENT STAY                                                                           |

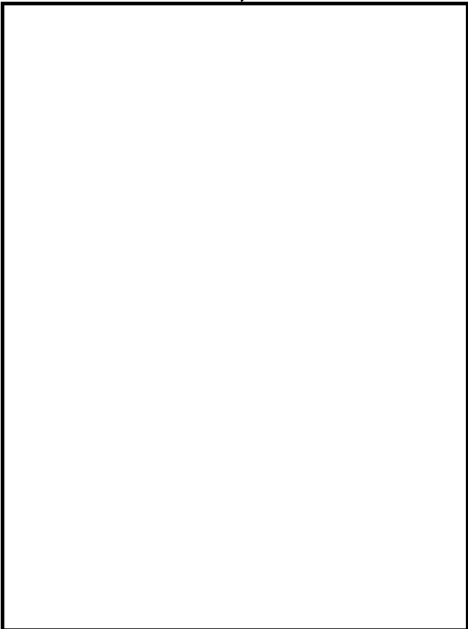
b6  
b7C

07/10/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 2

STRAIGHT, INC. - NEW ENGLAND

| Account #                                                                          | Patient Name | Placed   | S T A T U S                                                                                                                                  |
|------------------------------------------------------------------------------------|--------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------|
|  |              | 1,035.00 | STILL AWAITING COMPLETE BILLING.<br>SUBMITTED SECOND REQUEST ON 7/1                                                                          |
|                                                                                    |              | 600.00   | CANCELLED; CLAIM DENIED CORRECTLY.<br>POLICY WRITER IN CONN STATES<br>PSYCHIATRIST OR LICENSED SOCIAL WORKER<br>MUST DO SERVICE              |
|                                                                                    |              | 516.67   | AS OF 6/17 WENT INTO PROCESSING. TAKES<br>APPROXIMATELY 3-4 WEEKS                                                                            |
|                                                                                    |              | 1,420.00 | SPOKE TO CONTACT AT INSURANCE CARRIER<br>STATED HE PERSONALLY WILL PULL CLAIM AND<br>PROCESS HIMSELF. WILL FOLLOW UP WITH<br>PROCESS ON 7/12 |
|                                                                                    |              | 3,075.00 | FILE RE-COPIED ON 6/13 AND FORWARD TO<br>D&B'S HOME OFFICE. FILE PREVIOUSLY SENT<br>ON 5/16. WILL TAKE APPROXIMATELY 4 WEEKS                 |
|                                                                                    |              | 3,035.48 | PER LEGAL DEPARTMENT; PENDING RESPONSE<br>FROM INSURANCE COMPANY                                                                             |

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 23

151,530.73 \*\*\*\*\*

b6  
b7c

07/18/91

MRD-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 1

STRAIGHT, INC. - ORLANDO

| Account # | Patient Name | Placed    | S T A T U S                                                                                                                                           |
|-----------|--------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |              | 6,237.10  | CANCELLED; UNABLE TO APPEAL, STATE LAWS DON'T APPLY                                                                                                   |
|           |              | 7,187.10  | CANCELLED; UNABLE TO APPEAL SINCE STATE LAWS DON'T APPLY                                                                                              |
|           |              | 8,792.26  | PER LEGAL DEPARTMENT ON 6/21 SENT APPEAL LETTER TO ANTHEM                                                                                             |
|           |              | 6,800.00  | HAVE REQUESTINGED ADDITIONAL INFORMATION FROM CLIENT ON 6/4; HAVE YET TO RECEIVE                                                                      |
|           |              | 6,800.00  | PARTIAL PAYMENT \$1491.40 ON 6/21. ADDITIONAL PAYMENT FOR DIFFERENCE FOR \$2000.00 MAX COVERAGE WILL BE ISSUED IN 4 WEEKS                             |
|           |              | 9,151.67  | LEGAL REVIEWING FILE                                                                                                                                  |
|           |              | 8,801.61  | PER LEGAL DEPARTMENT ON 6/21 SENT LIST OF ALL LICENSED COUNSELOR TO CIGNA. CIGNA DENIED STATING CLIENT'S PATIENT NOT TREATED BY LICENSED PROFESSIONAL |
|           |              | 8,239.52  | CANCELLED; INSURANCE COMPANY WON'T COOPERATE                                                                                                          |
|           |              | 10,226.77 | CANCELLED; NO INSURANCE COVERAGE                                                                                                                      |
|           |              | 9,052.50  | PD \$8102.50, BAL \$950.00, PAID OUT                                                                                                                  |
|           |              | 7,820.00  | PER LEGAL DEPARTMENT; AWAITING MONIES                                                                                                                 |
|           |              | 6,800.00  | PER LEGAL DEPARTMENT ON 6/6 SENT FORMAL DEMAND LETTER TO EQUITABLE                                                                                    |
|           |              | 6,800.00  | PER LEGAL DEPARTMENT; PENDING RESPONSE FROM FL PSY. MANAGEMENT                                                                                        |
|           |              | 6,800.00  | PER LEGAL DEPARTMENT ON 6/25 SENT LETTER TO AMERICAN GENERAL GROUP REQUESTING AN ADEQUATE RESPONSE OR POSSIBLE LITIGATION                             |
|           |              | 9,010.00  | PER LEGAL DEPARTMENT; PENDING RESPONSE FROM PROVIDENT                                                                                                 |

b6  
b7c

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 15 118,518.53 \*\*\*\*\*

07/11/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 1

STRAIGHT, INC. - TAMPA BAY

| Account # | Patient Name | Placed | S T A T U S |
|-----------|--------------|--------|-------------|
|-----------|--------------|--------|-------------|



6,161.49 CANCELLED; NO RESPONSE FROM PATIENT'S  
FATHER FOR ASSISTANCE

4,045.34 LEGAL REVIEWING FILE

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 2 10,206.83 \*\*\*\*\*

b6  
b7C

07/18/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 1

STRAIGHT, INC. - SPRINGFIELD

| Account # | Patient Name | Placed | S T A T U S |
|-----------|--------------|--------|-------------|
|-----------|--------------|--------|-------------|

|           |                                                                                                |
|-----------|------------------------------------------------------------------------------------------------|
| 8,716.67  | ATTEMPTING TO LOCATE PATIENT FOR ASSISTANCE WITH APPEAL                                        |
| 5,500.00  | IN PROCESS OF OBTAINING RETRO-CERTIFICATION                                                    |
| 1,100.00  | ON 6/27 REFERRED TO LEGAL DEPARTMENT                                                           |
| 8,416.67  | REQUESTED COMPLETE BILLING FROM CLIENT ON 5/91. PUT IN SECOND REQUEST ON 7/1                   |
| 8,158.06  | PER LEGAL DEPARTMENT ON 6/7 SENT APPEAL LETTER TO AETNA                                        |
| 6,800.00  | CANCELLED; POLICY COVERS NO O.P. THERAPY ONLY I.P. BENEFITS AND NO PARTIAL HOSPITALIZATION     |
| 1,100.00  | PER LEGAL DEPARTMENT ON 6/3 SENT APPEAL LETTER TO AETNA                                        |
| 9,198.40  | REQUESTED COMPLETE BILLING FROM CLIENT ON 5/91. PUT IN SECOND REQUEST ON 7/1                   |
| 800.00    | REQUESTING COMPLETE BILLING FROM CLIENT TO SUBMIT                                              |
| 7,874.07  | JUST RECEIVED NECESSARY INFORMATION FROM CLIENT TO RESUBMIT                                    |
| 500.00    | SAME AS ABOVE                                                                                  |
| 7,800.00  | SAME AS [REDACTED]                                                                             |
| 583.33    | SAME AS [REDACTED]                                                                             |
| 8,023.23  | RECEIVED DR'S CONTRACT WITH BC. REVIEWING ACCOUNT TO DETERMINE IF WE CAN REBILL BC FOR PAYMENT |
| 2,820.11  | SAME AS [REDACTED]                                                                             |
| 11,567.14 | CANCELLED; CLIENT IS NOT A MEDICARE OR MEDICAID PROVIDER                                       |
| 2,664.60  | CANCELLED; PAID ACCORDING TO POLICY BENEFIT. PATIENT PAY                                       |

b6  
b7c

07/18/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 2

STRAIGHT, INC. - SPRINGFIELD

| Account # | Patient Name | Placed    | S T A T U S                                                                                                |
|-----------|--------------|-----------|------------------------------------------------------------------------------------------------------------|
|           |              | 1,350.00  | CLAIM IN REVIEW WITH INSURANCE                                                                             |
|           |              | 5,000.00  | SAME AS [REDACTED]                                                                                         |
|           |              | 5,000.00  | SAME AS [REDACTED]                                                                                         |
|           |              | 7,208.00  | RECEIVED DR'S CONTRACT WITH BC.<br>REVIEWING ACCOUNT TO DETERMINE IF WE<br>CAN REBILL BC FOR PAYMENT       |
|           |              | 760.00    | PENDING VERIFICATION OF PAYMENT FOR<br>\$408.20                                                            |
|           |              | 300.00    | SAME AS [REDACTED]                                                                                         |
|           |              | 5,270.97  | RECEIVED DR'S CONTRACT WITH BC.<br>REVIEWING ACCOUNT TO DETERMINE IF WE<br>CAN REBILL BC FOR PAYMENT       |
|           |              | 5,983.33  | RECEIVED DR'S CONTRACT WITH BC.<br>REVIEWING ACCOUNT TO DETERMINE IF WE<br>CAN REBILL BC OF PAYMENT        |
|           |              | 10,957.83 | RECEIVED DR'S CONTRACT WITH BC.<br>REVIEWING ACCOUNT TO DETERMINE IF WE<br>CAN REBILL BC FOR PAYMENT       |
|           |              | 1,069.00  | REQUESTING TIMELY FILING OVERRIDE                                                                          |
|           |              | 7,183.00  | CANCELLED; SUBSCRIBER RECEIVED MONEY AND<br>THEY CLAIM THE MONEY IS THEIRS AND THEY<br>DO NOT OWE STRAIGHT |
|           |              | 5,000.00  | RECEIVED DR'S CONTRACT WITH BC.<br>REVIEWING ACCOUNT TO DETERMINE IF WE CAN<br>REBILL BC FOR PAYMENT       |
|           |              | 2,000.00  | PER LEGAL DEPARTMENT ON 6/3 SENT APPEAL<br>LETTER TO TRANSPORT LIFE                                        |
|           |              | 11,307.99 | RECEIVED DR'S CONTRACT WITH BC.<br>REVIEWING ACCOUNT TO DETERMINE IF WE CAN<br>REBILL BC FOR PAYMENT       |
|           |              | 500.00    | REQUESTED COMPLETE BILL, ADMIT AND<br>DISCHARGE SUMMARY FROM CLIENT                                        |
|           |              | 600.00    | SAME AS [REDACTED]                                                                                         |

b6  
b7c



07/18/91

MED-SERVICES, INC.  
CONFIDENTIAL CLIENT ACTIVITY REPORT

Page: 3

STRAIGHT, INC. - SPRINGFIELD

| Account # | Patient Name | Placed | S T A T U S |
|-----------|--------------|--------|-------------|
|-----------|--------------|--------|-------------|



8,415.00 PD \$1000.00, BAL \$7415.00, PAID OUT

600.00 CANCELLED; INSURANCE COMPANY WILL ONLY  
PAY INSURED

8,492.25 RECEIVED DR'S CONTRACT WITH BC.  
REVIEWING ACCOUNT TO DETERMINE IF WE CAN  
REBILL BC FOR PAYMENT

5,883.00 SAME AS

b6  
b7C

\*\*\*\*\* TOTAL NUMBER OF ACCOUNTS 37 184,502.65 \*\*\*\*\*

**STRAIGHT, INC.**  
**53 Evans Drive**  
**Stoughton, Ma. 02072**

memorandum

TO: [REDACTED]

FROM: [REDACTED]

DATE: August 15 & 16, 1991

# of Attempts 140

# of Attempts & Contacts 4

# of Incoming 5

Total 149

Account #

Descriptions

|              |                                                                                                                                                                                                                                                                 |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| [REDACTED]   | have left 4 messages, paid \$7713.28, bal 969.00 after fin. cgs adjusted in program 88-89 for 7 months, still trying to contact                                                                                                                                 |
| [REDACTED]   | - bal 777.23, can't do 550.00 pay off, sending 50.00 month<br>- pending on loan for pay off of 2500.00, BAL 4812.10<br>unable to reach, credit not good, we're on report for 7,000.00, have checked emergency #'s and no response yet, filed bankruptcy in 1982 |
| [REDACTED]   | - received 1100.00 on 8/16, waiting on check for 2400.00 from ins. co., should have by end of month hopefully                                                                                                                                                   |
| * [REDACTED] | pay off of 1200.00, need to call back 8/20, pending loan<br>clinical file doesn't state any problems, waiting to get police report, mother came with police to take child out, <u>ins co. should pay 70%</u> , bal 2360.00                                      |
| [REDACTED]   | - pay off of 400.00 paid in full<br>8/16 will send 200.00 pay off, bal 300.00                                                                                                                                                                                   |
| [REDACTED]   | - pay off of 600.00, will send when confirmation letter is received<br>pay off of 1700.00, will accept 400.00 as down payment, 1300.00 by end of month hopefully, she's either getting a home equity loan or remortgaging received 400.00 on 8/19               |
| [REDACTED]   | - 150.00 pay off should be here by 8/23/91<br>- need to ck clinical, her attorney asked us not to call, nothing done on acct until clinical staff & med records are investigated                                                                                |
| [REDACTED]   | bal 790.00 & we're on credit report, credit not good, left messages at work, home # unpublished, emergency #'s no good, still tracing                                                                                                                           |
| [REDACTED]   | won't pay, due to ins not filed correctly, bal 2583., need to investigate ins<br>- client was 27, no physical done, program not for adult, refuses to pay,                                                                                                      |

b6  
b7c

b6  
b7c



- putting on credit report, unable to pay, bal 840.00, sending letter to demand and will put on credit report

need husband's info - he's responsible for paying health bills, mother won't give me ex-husb info, she states she's in court over bills with ex & she's not happy with us, asked her for her attorney's name & I need to call back to get number



bal was 205, & father paid 385.00

mother home on sick leave or comp, no home # -disconnected, father-can't trace employment - unknown, no contact yet, still tracing

Left messages on other accounts, & follow ups

b6  
b7c

TO: [REDACTED]

From: [REDACTED]

Re: Acct # [REDACTED]  
[REDACTED]

March 13, 1990

STRAIGHT, INC  
53 Evans Drive  
Stoughton, Ma 02072

Dear [REDACTED]

In response to your letter, everytime I see or hear the name Straight it sends a chill through me. You people put both my son and myself through living hell. From the time I stepped through the door at Straight I was pressured & forced into leaving my son there. I knew from the very begining it was not for my son. But your staff being so brainwashed beleive that all kids belong there, regardless.

I was sick to my stomach the night I left there. I cried for days and couldn't work for 3 days. I kept calling from the very first day and telling [REDACTED] I made a mistake and wanted [REDACTED] out of there. She insisted I keep [REDACTED] there to the point we were arguing. I felt I was forced into leaving my son there. I was badgered by staff and other Straight parents the night I was there. I was so distraught I didn't know what I was doing and they let me leave that way. I cried so hard I couldn't see out of my eyes driving home. I tried from the next day on to get my son out of there. I finally had to go to the police to get him out.

Straight misled me to get my son in the program. Had I known the way Straight really operated I never would have allowed them to take my son!

When I got my son out of there he was extremely upset and cried harder than I have ever seen him cry before. He was like a baby all ove again. This is what Straight did in two weeks. He said your program tears them down and makes them admit to things they didn't do. He said he was just gonna give in and say what he had to to make it there. I will never get over the anguish I went through for those two weeks. The way I was treated when I tried to get my son out was totally out of line. I owe you nothing, you owe me and my son. My son was kept there against my wishes.

Feel free to take me to court. I'd love to tell my story to a judge and to the media and anyone else who will listern. I've been in contact with other parents and the Stoughton police about this problem with you. There are several parents who feel the same way I do.

Your program may be for some kids, it's not for all and your staff should be trained to tell the difference. Your program may save some kids, it also destroys others. I thank God I got my son out in time.

I did put my son in another program a few days after Straight, He's been home over 5 months and things couldn't be better. He got the proper treatment for the state he was at.

[REDACTED]

b6  
b7Cb6  
b7Cb6  
b7C