

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

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(Title) \_\_\_\_\_

(File No.)

207B-TP 28810

Item	Date Filed	To be returned		Disposition
		Yes	No	
1A <sup>33</sup>	2-2-94		/	
1A <sup>34</sup>	2-17-94		/	orig notes re
1A <sup>35</sup>	"		"	" " "
1A <sup>36</sup>	"		"	" " "
1A <sup>37</sup>	"		"	" " "
1A <sup>38</sup>	"		"	" " "
1A <sup>39</sup>	"		"	" " "
1A <sup>40</sup>	3-11-94		"	orig documents
1A <sup>41</sup>	"		"	orig notes re
1A <sup>42</sup>	"		"	" " "
1A <sup>43</sup>	"		"	" " "
1A <sup>44</sup>	"		"	" " "
1A <sup>45</sup>	"		"	" " "
1A <sup>46</sup>	3-24-94		"	" " "
1A <sup>47</sup>	"		"	" " "
1A <sup>48</sup>	"		"	TX DL re
1A <sup>49</sup>	"		"	Insurance Claims Review

b3  
b6  
b7C  
b7D

SEARCHED	INDEXED
SERIALIZED	FILED
FEB 2 1994	
FBI - TAMPA	

Universal File Case Number 214B-28810 1A33

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

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

Date Received 12/17/93

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*  
*FBI*  
*06 TP*

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

Description: ☐ Original notes re interview of

\_\_\_\_\_  \_\_\_\_\_

b3  
b6  
b7C  
b7D

# United States District Court

MIDDLE

DISTRICT OF

FLORIDA

TO:

TAMPA DIVISION

93-77609 (8) B

## SUBPOENA TO TESTIFY BEFORE GRAND JURY

b3  
b6  
b7C

SUBPOENA FOR:

☐ PERSON

☒ DOCUMENT(S) OR OBJECT(S)

YOU ARE HEREBY COMMANDED to appear and testify before the Grand Jury of the United States District Court at the place, date, and time specified below.

PLACE

U.S. COURTHOUSE  
611 NORTH FLORIDA AVENUE  
TAMPA, FLORIDA 33602

COURTROOM

GJ 93-3-15

GRAND JURY ROOM

DATE AND TIME

~~NOVEMBER 30~~ <sup>Dec 14</sup>, 1993  
9:30 A.M.

YOU ARE ALSO COMMANDED to bring with you the following document(s) or object(s):\*

If you have any questions, please contact  FBI, at 813-581-9938.

*Please see additional information on reverse*

This subpoena shall remain in effect until you are granted leave to depart by the court or by an officer acting on behalf of the court.

CLERK

DATE

1A34

Universal File Case Number 209BTP28810

Field Office Acquiring Evidence El Paso

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

Date Received 12-14-93

From \_\_\_\_\_

(Name of Contributor)

(Address of Contributor)

By

[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:

Reference: \_\_\_\_\_

(Communication Enclosing Material)

Description: ☒ Original notes re interview of

[Redacted]

TO TAMPA VIA EP AIRTEL  
1/6/94

b6  
b7C

①

12-14-93.



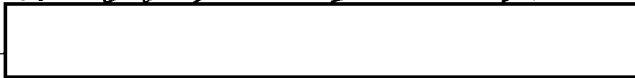
b6  
b7c

①



- dry use

found out Mr. - Dr. at side of El Paso



- real fast. - 3 yrs. ago.

②

11 mos.

On site med person - Bld reg. nurse.

Psycholo - No

Psychic - No

MD - No

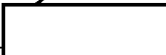
Start h/d signs in counsel degrees

These cases - By or By brought in

On site - make det & then By in By or By.

③ Approx. \$1,000 month.

By approx \$3,000 upfront.

Covered By Ins. -  applied for ins.

b6  
b7c

After 3,000 Sdr. dealt with Ins. Co.

Ins. Co. - Allied.

Does not remember if \$3,000 reimbursed. - Yes finally reimbursed but took several months.

Did not get settled.

Only out debt co-ins. project - no major out of pocket besides costs to host home.

(2)

(4) Allied

- Costs to host home \$175 mo., reimbursed

b6  
b7C

(5) - Yes. Results of Eval upon Admission

- Very well done, [redacted] talked to all (3) & then

- [redacted] separately.

- Impressed by evaluation.

- Does not rem. spec \$600 Am. payment.

(6) - At 5 for 12-14 hrs. a day & then went to host home for the evening.

- Does not rem. how billed.

- Meets to host home - reimbursed.

- Host home, cost \$175 mo., reimbursed by ins. co.  
for meals, nearly all; did this on own, not  
through St.

(7) No - only the 3h, & got this back.

(8) No.

(9) No.

3

- That Shaw out will check.



b6  
b7C

~~James James subject~~

- Shaw does say - would check.

1A35

Universal File Case Number 209BTP28810

Field Office Acquiring Evidence EL PASO

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

Date Received 1-5-94

From \_\_\_\_\_

(Name of Contributor)

(Address of Contributor)

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: \_\_\_\_\_

ETAL;  
OO: TAMPA

Reference: \_\_\_\_\_

(Communication Enclosing Material)

Description: ☒ Original notes re interview of

\_\_\_\_\_

TO TAMPA VIA EP AIRTEL  
1/6/94

b6  
b7C

①

1-5-94



b6  
b7C

①



- ② - 18 mos. - went thru complete program.  
- ~~Psych.~~ staff members - social workers.  
- Possibly Psycho.  
- Psycho - consulted off site.

- All day group therapy - staff & junior staff members.  
- junior staff - grad & chuc to stry & help.

- Dates of straight:

b6  
b7C



- ③ - No upfront fee.  
- Ex. Ins. Cos. Actor.  
- Between Actor & Straight.

2

- Parents pd for host home costs \$10-dy.
- Floor cash - always paid raises.

④ Actua.

⑤ Yes - Did Get tests  
- Did not do intell for [redacted] S.A.

b6  
b7C

⑥ - Skpt C host home - does consider st. To  
- Be an inpatient for due to the level of care  
- kids rec'd Sun aft.

⑦ NA.

⑧ Hard finding but does not know if ever rec'd.

⑨ No.

- Approx 150k in Dallas.

b6  
b7C

[redacted]

- actively inv.

rec. movet. - does not have address.

Universal File Case Number

209B-TP-28810 1A2b

Field Office Acquiring Evidence

Serial # of Originating Document

Date Received

1/24/94

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:

CF 21,  
FBW - Insurance  
OO: TAMPA

Reference:

Dallas Airtel to Tampa dated 1/1/94

(Communication Enclosing Material)

Description: ☒ Original notes re interview of

b6  
b7c

1 enclosure w/ Dallas airtel  
dated 1/30/94 to Tampa  
in file # 2098-TP-28810.

vjd



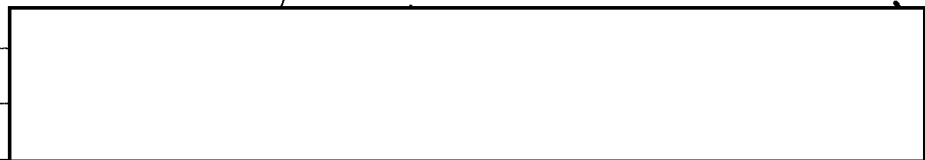
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1.



referred to Straight

Had family worked for Straight  
at a time was co-worked at



2.

Then Approx 6 mos.

no name of doctor ever recalled  
being mentioned; wouldn't accept  
any outside testing although  
several times went ahead with  
testing - standard testing  
other testing done at same time; North

Children stayed in home & moved  
from home to home periodically  
Main facility meeting place during  
day (8-11) & in outside home  
during night. However I recall  
that had been through program  
before & no point was  
asked to have children -  
declined to do it

no specifics of course of treatment explained; only saw orientation film; never introduced to any professional staff (i.e. psychologists).

3. Initially told would only be charged what insurance would pay or else told fee would be and per month & responsible for what insurance didn't cover. Keeping kids in home one way to cover that. Mo. Pay approx \$600 initially & rose to \$2000 quickly.

Told fees went for care & maint of child

Initially told people keeping kids in home voluntarily or later learned people being paid for that. Learned this from sponsor-employee from Bates.

may have  
personnel  
corner

4.

had policy as to existence

No paperwork re matter.

5.

No test result was received  
Billed for testing but never  
shown result despite asking  
for them

\$600 initially not charged since  
daughter coming from other facility;  
only used to make proof of  
insurance so later ~~received~~ the \$600  
fee was put into the large re  
fine bill & no itemized statement  
Bill came from straight & Florida  
when questioned admitted the \$600  
being charged being billed for  
room & board also

6.

Based on info every day  
patient staying in private  
residence & night.

b6  
b7C

7. No money was refunded  
from Straight → no  
money required up front in  
the case. Believes insurance  
pd 50% of actual bill & had to  
be paid for rest.

8. \$600 was allegedly scholarship  
only discussion of scholarship or  
grant program.

9. Only information was a bill  
received from Florida.  
Received via mail. Called  
Irving Facility to discuss bill.  
Didn't look for anyone in Florida



Luv } state in Texas only  
Luv } name recalled: some  
type of counselor.

b6  
b7c

Pulled daughter out after 3 1/2 mos.  
not receiving medical attention  
for cuts to head last straw.



b6  
b7C

Didn't get money until re treatment;  
hidden costs;

Initially led to believe in - school  
actually was in out-patient program.

Initially out-patient programs.  
Building in inpatient ok  
only show meeting room &  
offices.

Universal File Case Number 200 TP 28810 1A37

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

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

Date Received 2/11/94

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*  
*00: TP*

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

Description: ☒ Original notes re interview of

\_\_\_\_\_

b6  
b7C

2/10/94

b6  
b7C

Education -

- Straight Tenure

in '88 - at this time

she had

Thurs A in 3/89.

b6  
b7C

(GJ)

2 kinds credit cards

only for business lunches  
had credit cards. Top part only  
asked authorized credit card

Centralized Acct from programs

checks paid from Cts acct

had signature authority, need 2 signatures

7000

Even in 1989 NST misfunding people

V.P. minutes:

Discussing at this minute refunding  
why not refunding - reaction negative to  
from [redacted]

b6  
b7C

limited  
input

At this time [redacted] focus budget NST acct  
told by [redacted]

- aware / rumor people / vendors etc upset. families  
programs

no interaction w Board

management meetings - no discussion re finance,  
discussion - JCHA

- insurance claims - unclear explanation  
for programs

she was asked to do. [redacted]

not finished because she left

credit cards personal use or [redacted]

- gas allowed - per-  
w corp vehicles

no govt pr

Funding - income separate for foundation  
ensure y acct established

Universal File Case Number 209B-TP-28810 1A<sup>38</sup>

Field Office Acquiring Evidence DL

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

Date Received 12/8/93

From \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

ET AL;  
F&W - INSURANCE;  
OO: TP

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

Description: ☒ Original notes re interview of

\_\_\_\_\_

b6  
b7C  
b7D

b6  
b7C

b6  
b7C  
b7D

12/8/93

b6  
b7C  
b7D

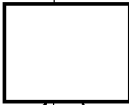
Cong. office in Fla. did not everything - even sent  
noty each - dep. many into local bank & was t/f to the  
local did not acct. filling. Dollar nothing exp. 50K per mo.  
to [redacted] last dr. - was M.D. not ~~on~~ the psych case  
[redacted] - left did not know her was psych  
only 1-2 psych on staff dep on # of children. Office  
would refer to other dr. if what required.

b6  
b7C  
b7D

Straight was only an outpatient clinic. Ins. co. would  
pay as in-patient due to # of hrs. - Est. of about  
8 hrs. in a day. During Phase I - all day 70-80  
Phase II - morning. They <sup>1-4 hrs. total</sup> phase II  
JCAHO - Strict Compliance. Straight was JCAHO approved.  
No room & board charges  
Re: chg to ins. co.

[redacted] was one co. who approved  
of billing for in-patient services. Used "Heart Home".  
Chg was base of \$12,000. Paid office to heart home group  
of Straight collected from ins. co. - was paid to  
heart home. Always refunded money to ins. co. or  
to parent. - Policy did not always require rec-p-2

b6  
b7C  
b7D



(12)

huff

1)



[redacted] and would be billed as though was w/ the physician / pay. Phys. would sign off on therapy report. Report would reflect that there was no bill by the dr. not the therapist. [redacted] came in weekly - saw [redacted] and would sign off on reports.

b6  
b7C  
b7D

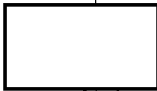
Bear for [redacted] lair - wanted \$ to pay her for a portion of liability because she was signing off on reports.

2) Counselors were for & dr. para-physicists conducting group therapy - not certified - only former graduates. Were billed as above and signed off as above by dr.

3) Opposed to going back to parent & asking for contribution to pay overhead. Treatment was underpaid - could not pay overhead of corp.  
Co knew could bill for 12,000 without trouble.

So months that refund were sent & not paid when left - [redacted] had not been reimbursed. Some cases as much as \$20, typically 20-90 days. Amount of as much as \$5,000.

b6  
b7C  
b7D



(13)

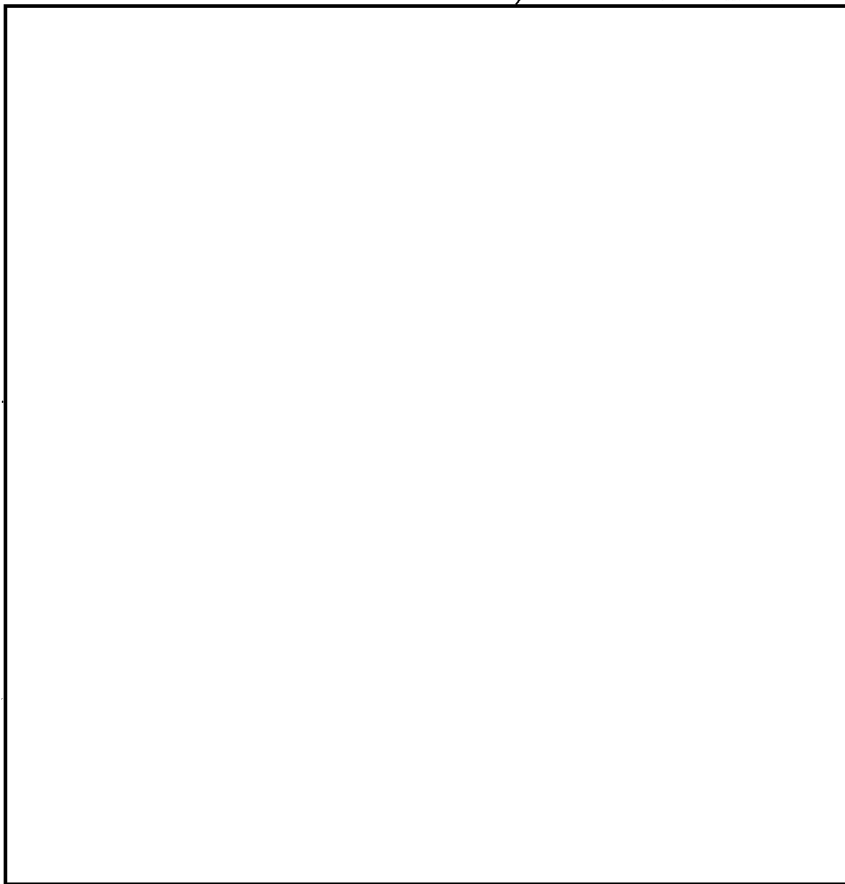
4) bry. Office mishandled funds.

when parent came in - didn't tell them everything  
didn't really know about providing hot home.  
did not inform ins. co. that parents were required  
to provide hot home.

5) Forced to misrepresent operating expenses. Again, going  
back to parent.

Diff ins. co. were ~~not~~ billed different amount - whatever they  
would pay.

Other indic.



b6  
b7C  
b7D

b6  
b7C  
b7D

Re: fees

\*500 - for physical

\*600 - psych work-ups -

Parents were given results

services were  
included.

b6  
b7C  
b7D

Refunds were paid due to financial condition -  
Sometimes would pay parents in installments.

Talked in person / by phone with [redacted] about refund  
Parent had to sign assignment of interest in insurance  
benefit.

[redacted] went to San. to start drug rehab there

While under Admin. - was asked to lie to parents re:  
condition of last home, relieved as last parent, tell that money  
sit would get better when in fact it wasn't.  
Were instances when sent the bill to us to charge paper  
to parent.

will

overnight

[redacted] always provided services.

Universal File Case Number 109B/TP-28810 1A<sup>39</sup>

Field Office Acquiring Evidence DL - LBBRA

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

Date Received 12/13/93

From FBI DL  
(Name of Contributor)

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

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: \_\_\_\_\_

\_\_\_\_\_ ~ et al;

*Straight, Inc.,*

*FBW - Insurance*

Reference: 00 - TP

(Communication Enclosing Material)

Description: ☒ Original notes re interview of

\_\_\_\_\_

b6  
b7C

b6  
b7C

① Read abt in Jakes Mo. Article Summer 90

② [redacted], inpatient @ Straight [redacted]

b6  
b7c

Girl, [redacted]  
[redacted] received drug & also  
treatment, not psychiatric - some counseling, had psychologist &  
[redacted]

③ Asked for \$3500 as entrance deal - supposed 2 cover  
first weeks or more of treatment. Med only abt 500,  
in [redacted] owed \$3000 to [redacted] & which so  
was got to 1000 got back. Still owes 2000.

b6  
b7c

[redacted] Straight never sent one piece of paper -  
insurance <sup>supposedly</sup> 80% of the costs, but Straight's never  
sent a piece of paper, explain costs. Ins Co was

[redacted]  
which no. down carrier that Co. [redacted]

[redacted] never received  
any paper from [redacted]  
Procedure was that [redacted] go out & the 2  
draw on the ins policy.

④ answered abt

⑤ Got copy of 1 med report, got verbal report when they  
will visit - went to DA was other work.

3,500. aforementioned was for incl 600. & but she  
w/ it

01882 11/1602 TP  
12/13/93  
209B-TP 28810

8/2/93

will  
new  
10p#

b6  
b7C

- ⑥ all cost covered, incl run + tel
- ⑦ Nothing other than partial repay of 3,500 initially pd.
- ⑧ Never mentioned.

⑨ [redacted] called them, trying to collect his reward.

Numerous times, during prison

⑩ 1st - just to patient - wld send \$500 per month, sent 2 checks then quit.

⑪ Then the checks we cut but wld wait until \$ to cover.

⑫ Constant chg of personnel, never set of calls, never pd \$

⑬ Talked to one after another, through station protl 28 people. no names remembered.

⑭ Has no paper whatsoever, no other people.

b6  
b7C

[redacted] - not help someone, there's  
but his warmth 100% cure.

209B-TP 28810  
1A39

all the time  
Dis

During conf., sold Xmas paper, party cards, brought home, sold, \$400-500 made.  
Almost mandatory - public embar-  
guilt trip.  
dot pd out of pocket, just to get them off back.

Universal File Case Number 209B-TP-28810 1A<sup>40</sup>

Field Office Acquiring Evidence San Antonio

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

Date Received 12/17/93

From

[Redacted Box]

(Name of Contributor)

(Address of Contributor)

(City and State)

By

SA

[Redacted Box]

(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:

Reference: SA airtel dated 1/19/94

(Communication Enclosing Material)

Description: ☒ Original notes re interview of documents

[Redacted Box]

b6  
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Via Fax To:

Fax #

To:

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Problems with readability; Contact :

[redacted]

[redacted] (patient - [redacted])

[redacted]

[redacted]

[redacted]

[redacted] ran the same day they put him in,  
so I doubt if they will be of much help. They  
were also referred by [redacted]

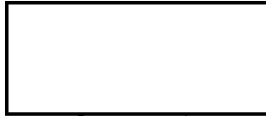
[redacted]

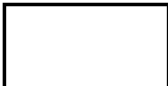
Administrator - [redacted]

[redacted] - Host Home Coordinator

[redacted] - Host Home Coordinator

8-11-93



These are the only insurance statements that I received. Since my ex was required to carry  on his insurance policy, we used Lower Life, his insurance carrier, as primary and Blue Cross as the secondary carrier. Hope they will be of some help.

I will continue to try and collect my credit, would appreciate whatever info you can furnish me with.

I appreciate the concern and time you have devoted to this matter.



P.S. I was taking \$455.00 for monthly dues and \$70.00 per week for host home fees out of my <sup>own</sup> pocket.

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A family oriented treatment  
program for drug using  
young people.

[Redacted]  
Assistant Administrator  
Fiscal Services

[Redacted] H.H. Co

1-800-288-0000


**STRAIGHT**

2900 Gateway, Suite 600 • Irving, Texas 75063  
(214) 550-1177 • (214) 751-0703 (Metro)

[Redacted] Over  
[Redacted] [Redacted]

b6  
b7C

A family oriented treatment  
program for drug using  
young people.

  
ASSISTANT ADMINISTRATOR  
FISCAL SERVICES

FAX #(214) 550-7638

**STRAIGHT**

2900 Gateway, Suite 600 • Irving, Texas 75063  
(214) 550-1177 • (214) 751-0703 (Metro)

b6 |  
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FOR DEPOSIT ONLY  
FIRST BANK/LAS COLINAS  
1110-1280-0  
STRAIGHT, INC.  
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FOR DEPOSIT ONLY  
FIRST BANK/LAS COLINAS

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STRAIGHT, INC.

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FOR DEPOSIT ONLY  
FIRST BANK/LAS COLINAS

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FOR DEPOSIT ONLY  
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FOR DEPOSIT ONLY  
FIRST BANK/LAS COLINAS

1119-1280-8

STRAIGHT, INC.

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STRAIGHT, INC.  
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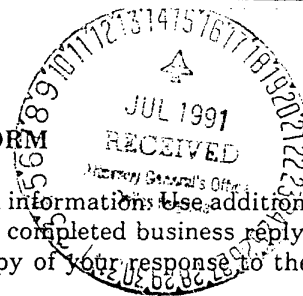
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10 09 50 7 8 4

**BUSINESS REPLY FORM**



7

Please respond to the complaint on this form, providing all requested information. Use additional sheets if necessary. Please TYPE or use BLACK INK. Please enclose two copies of all completed business reply forms and any other documents you wish to submit with your reply. We will send a copy of your response to the consumer.

Complaint of:  File Number D9106-0180 201 V6 b6  
b7c

1. Name of owner of the business: STRAIGHT, Inc.
2. Owner is a (check one): ☒ corporation ☐ partnership ☐ individual (sole proprietor) ☐ other
3. Assumed name (if any) of business: \_\_\_\_\_
4. Name of person responding (Please print):
5. Please state whether you were personally involved in the transaction or whether you conducted an investigation of the complaint. If you do not have personal knowledge of the transaction, please state the sources of your information.

Not Personally Involved - Investigated Complaint

6. Please respond to the enclosed complaint commenting on the specific claims made by the complainant. (Use reverse side of this sheet if necessary).

Complaint is accurate in all significant aspects. Non-profit Healthcare Provider, due to economic downturn, is not presently able to pay this refund, As recession eases we expect to make payment.

7. State whether or not you are willing to settle this complaint by providing the relief requested by the complainant. If not, would you be willing to settle this complaint on other terms? If so, please specify.

Willing - but unable.

**THE ABOVE STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

Signature

2900 Gateway Suite #600

Address

7/9/91

Date

Administrator

Title

Irving, TX. 75063

City State Zip Code

(214) 550-1177

Area Code & Phone Number

Attent:

Please return to:

Attorney General's Office  
714 Jackson Street, Suite 700  
Dallas, Texas 75202-4506

05-011 (1-91)

8  
b6  
b7C

[REDACTED]  
December 6, 1990

[REDACTED]  
Assistant Administrator - Fiscal Service  
Straight, Inc.  
2900 Gateway, Suite 600  
Irving, Texas 75063

Re: My daughter: [REDACTED]

Dear [REDACTED]

This is to acknowledge your last correspondence to me dated August 20, 1990, reference to my daughter, [REDACTED]

Please be advised that I have spoken with several attorneys concerning the credit balance due to me in the amount of [REDACTED]

This letter constitutes my formal notice of complaint and demand for restitution pursuant to the Texas Deceptive Trade Practices - Consumer Protection Act.

The fact that give rise to the notice of complaint are as follows:

On or before [REDACTED] I admitted my daughter, [REDACTED] into your treatment facility. Since that time my insurance companies, Tower Life Insurance, Blue Cross Blue Shield, and myself made monthly payments to Straight, Inc., for treatment rendered to my daughter. After a year I withdrew my daughter and I was advised that Straight, Inc., owed me a credit balance of [REDACTED] for overpayment. I was then advised I would be reimbursed as quickly as possible. I have never received the balance due to me.

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b7C

This letter is precipitated in part, upon the money referred to hereinabove, and to your uncooperative attitude in resolving this simple matter. Accordingly, I have reviewed my options provided to me by law and have decided to proceed with a lawsuit in the event this matter is not settled.

In order to resolve this dispute, please send a cashier's check made payable to [REDACTED] in the amount of [REDACTED] within thirty (30) days from the date of this letter.

b6  
b7C

If I do not receive the said payment within the the above stated time period, I will instruct my attorney to institute a lawsuit against Straight, Inc., for Deceptive Trade Practices to recover the money owed to me. My attorney advises me that under Texas Law that I could be awarded up to three times the amount of money owed to me, plus attorney's fees and court costs.

Your prompt attention in this matter would be appreciated.

Yours truly,

[Redacted Signature]

[Redacted Address]

Certified Mail/  
Return Receipt Requested

b6  
b7C

[REDACTED]  
ATTORNEY AT LAW  
ONE RIVERWALK PLACE, SUITE 650  
700 N. ST. MARY'S STREET  
SAN ANTONIO, TEXAS 78205  
(512) 227-3584  
FAX (512) 227-8248

9  
b6  
b7C

October 2, 1991

[REDACTED]  
Assistant Administrator  
Fiscal Services  
Straight, Inc.  
2900 Gateway, Suite 600  
Irving, Texas 75063

b6  
b7C

Re: [REDACTED]

Dear [REDACTED]

This is to advise you that I have been retained to represent [REDACTED] and her mother, [REDACTED] in action against your corporation. Despite the fact that [REDACTED] has contacted your company on numerous occasions concerning a refund due to them, no refund has been made. I direct your attention to correspondence from you to [REDACTED] dated August 1, 1990 and correspondence from [REDACTED] to you dated December 6, 1990, copies of which are attached to this letter.

b6  
b7C

We have no alternative but to reiterate the notice under the Deceptive Trade Practices-Consumer Protection Act given to you in [REDACTED] letter of December 6, 1990. You have had more than ample time to refund the [REDACTED] due to my clients and your failure to do so has resulted in severe damage to my clients.

b6  
b7C

Your company confirmed that my clients were entitled to the refund and in failing to make such refund has breached its warranty and obviously misrepresented my clients' rights and remedies. This action constitutes an unconscionable action or course of conduct.

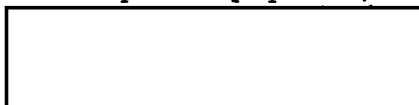
My clients' damages are as follows:

- (1) [REDACTED] which was not refunded;
- (2) [REDACTED] representing lost interest at 5.5%;
- (3) \$250.00 in attorneys fees.

b6  
b7C

Demand is made that your corporation pay the above sums on or before 60 days from the date of this letter. Should payment not be made, a lawsuit will be filed.

Very truly yours,



b6  
b7C

MH/ib  
Encl.

CERTIFIED MAIL #P 583 147 104  
RETURN RECEIPT REQUESTED

P 583 147 104

**RECEIPT FOR CERTIFIED MAIL**

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

*STRAIGHT INC*  
*Assist. Adm.*

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Street and No. <i>2900 Gateway #600</i>	
P.O., State and ZIP Code <i>Irving TX. 75063</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date	

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.  
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check boxes for additional service(s) requested.  
1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

4. Article Number <i>P-583-147-104</i>	
Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD <input checked="" type="checkbox"/> Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.	
8. Addressee's Address (ONLY if requested and fee paid) <i>ASSISTANT ADMINISTRATOR FISCAL SERVICES STRAIGHT INC. 2900 GATEWAY, SUITE 600 IRVING, TEXAS 75063</i>	
5. Signature of Addressee <i>[Signature]</i>	6. <input checked="" type="checkbox"/>
7. Date of Delivery <i>10-4-91</i>	

DOMESTIC RETURN RECEIPT

b6  
b7C

\* U.S.G.P.O. 1989-238-815

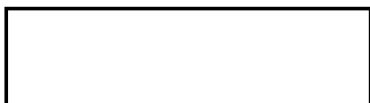
PS Form 3811, Apr. 1989



Office of the Attorney General  
State of Texas

DAN MORALES  
ATTORNEY GENERAL

July 19, 1991



b6  
b7C

Re: Straight, Inc. D9106-0180 111 vb

Dear Consumer:

We have received a response from the above-named party concerning your complaint. The business does not indicate a willingness to settle your complaint in the manner you requested.

Under the circumstances, we regret to say that a settlement agreeable to both parties does not seem possible at this time. Many times, the Consumer Protection Division is able to mediate a dispute to the satisfaction of both the consumer and the merchant. Unfortunately, at other times, such as this, we are unable to do so. As we stated earlier to you, we must rely on the voluntary cooperation of both parties to resolve individual consumer complaints.

You may want to contact a private attorney to discuss your legal remedies and proper course of action in this situation, if you have not already done so.

We appreciate your interest in calling possible consumer law violation to our attention and are sorry we were not of greater assistance to you in this instance.

Sincerely,



b6  
b7C

Investigator  
Consumer Protection Division

**STRAIGHT**

August 1, 1990

b6  
b7C

Dear [REDACTED]

This letter is to advise you of a slight delay in payment of your scheduled refund from Straight, Inc.

As you well know, Straight, Inc. operates as a nonprofit organization, relying heavily on scheduled admission fees, insurance benefit assignments, charitable contributions, fundraising, etc. Naturally, when a delay is experienced from anticipated revenues, a cash flow reduction will occur. During the months of June and July, we experienced a very unseasonal downturn in anticipated funds from our various sources.

Due to this situation, corporate office has mandated that we delay all payments of refunds and vendor payables to the same measure of time as our anticipated receivables. Unfortunately, this means we will be unable to repay your refund within the timeframe as originally planned. We sincerely hope that this does not cause a great inconvenience within your budget.

Please know that this time delay is only temporary and we will forward your monies as quickly as they are released from the corporate offices.

I sincerely apologize for this situation, and I will remain in touch with you until final payment is delivered.

Yours truly, [REDACTED]

[REDACTED] - Fiscal Services

b6  
b7C

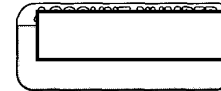
JCAHO Accredited

Straight, Inc. • 2900 Gateway, Suite 600 • Irving, TX 75063 • (214) 550-1177

A family oriented treatment program for drug using young people.

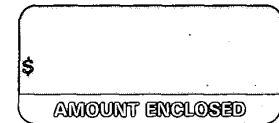
# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177



09-30-90

BILLING DATE



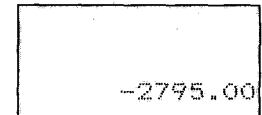
b6  
b7C

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	STATEMENT REFERENCE	DESCRIPTION	PAYMENTS RECEIVED THROUGH 07-31-90.	CHARGES	CREDITS
		BALANCE DUE UPON RECEIPT.			
08-31-90		Balance Forward			-2795.00

0 - 30	31 - 60	61 - 90	91 - >>
Current	Past Due	Past Due	Past Due
-2795.00	0.00	0.00	0.00



# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE  
1

BILLING DATE 07-31-90

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AMOUNT ENCLOSED

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 07-15-90.			
	BALANCE DUE UPON RECEIPT.			
06-30-90	Balance Forward			-961.87
07-15-90	MONTHLY SERVICE FEE	AUGUST	425.00	

0 - 30	31 - 60	61 - 90	91 - >>
Current	Past Due	Past Due	Past Due
-536.87	0.00	0.00	0.00

-536.87

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE

1

BILLING DATE 06-30-90

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AMOUNT ENCLOSED

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ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 06-15-90. BALANCE DUE UPON RECEIPT.			
05-31-90	Balance Forward			-1046.87
05-22-90	225195	1038		-340.00
06-15-90	MONTHLY SERVICE FEE	JULY	425.00	

0 - 30	31 - 60	61 - 90	91 -->>
Current	Past Due	Past Due	Past Due
-961.87	0.00	0.00	0.00

-961.87

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
1

BILLING DATE 05-31-90

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AMOUNT ENCLOSED

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ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 05-15-90. BALANCE DUE UPON RECEIPT.			
04-30-90	Balance Forward		1168.13	
04-23-90	223587	1014		-340.00
04-24-90	3467	1015		-2300.00
05-15-90	MONTHLY SERVICE FEE	JUNE	425.00	

0 - 30	31 - 60	61 - 90	91 -->
Current	Past Due	Past Due	Past Due
-1046.87	0.00	0.00	0.00

-1046.87

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE

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BILLING DATE 04-30-90



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AMOUNT ENCLOSED

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ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 04-15-90.			
	BALANCE DUE UPON RECEIPT.			
03-31-90	Balance Forward		1508.67	
03-31-90	3487	998		-2300.00
04-15-90	RETURNED CHECK FEE	ADJ	15.00	
04-15-90	MONTHLY SERVICE FEE	MAY	425.00	
04-10-90	10251783	1005		-20.00
04-12-90	222978	1007		-360.54
04-12-90	222979	1007		-400.00
04-15-90	RETURNED CHECK	CK #3467	2300.00	

0 - 30	31 - 60	61 - 90	91 - >>
Current	Past Due	Past Due	Past Due
1168.13	0.00	0.00	0.00

1168.13

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
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BILLING DATE 03-31-90

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ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 03-15-90. BALANCE DUE UPON RECEIPT.			
02-28-90	Balance Forward	APRIL	1083.67	
03-15-90	MONTHLY SERVICE FEE		425.00	

0 - 30	31 - 60	61 - 90	91 -->>	
Current	Past Due	Past Due	Past Due	
425.00	425.00	425.00	233.67 Past Due	1083.67
				1508.67

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
1

BILLING DATE 02-28-90

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AMOUNT ENCLOSED

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ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 02-15-90. BALANCE DUE UPON RECEIPT.			
01-31-90	Balance Forward		5329.60	
01-25-90	218038	948		-4670.93
02-15-90	MONTHLY SERVICE FEE	MARCH	425.00	

0 - 30	31 - 60	61 - 90	91 -->	
Current	Past Due	Past Due	Past Due	
425.00	425.00	233.67	0.00	Past Due 658.67 1083.67

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

PAGE  
1

BILLING DATE 01-31-90

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AMOUNT ENCLOSED

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ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 01-15-90.			
	BALANCE DUE UPON RECEIPT.			
12-31-89	Balance Forward		5329.60	
01-09-90	3375	936		-425.00
01-15-90	MONTHLY SERVICE FEE	FEB.	425.00	

0 - 30	31 - 60	61 - 90	91 - >>	
Current	Past Due	Past Due	Past Due	
425.00	425.00	450.67	4028.93	
		Past Due	4904.60	5329.60

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE

1

BILLING DATE 12-31-89

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AMOUNT ENCLOSED

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 12-15-89			
	BALANCE DUE UPON RECEIPT			
11-30-89	Balance Forward		5490.67	
12-07-89	214392	913		161.07
12-11-89	3348	915		425.00
12-15-89	MONTHLY SERVICE FEE	JAN.	425.00	

0 - 30	31 - 60	61 - 90	91 - 120	
Current	Past Due	Past Due	Past Due	
425.00	450.67	4453.93	0.00	Past Due
				4904.60

6900  
- 5329.60  
1571

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
1

BILLING DATE 11-30-89

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\$
AMOUNT ENCLOSED

b6  
b7C

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 11-15-89. BALANCE DUE UPON RECEIPT.			
10-31-89	Balance Forward		5040.00	
11-29-89	PRO RATA		25.67	
11-15-89	MONTHLY SERVICE FEE	DEC.	425.00	

0 - 30	31 - 60	61 - 90	91 -->>	
Current	Past Due	Past Due	Past Due	
450.67	5040.00	0.00	0.00 Past Due	5040.00 5490.67

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
1

BILLING DATE 10-31-89

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\$
AMOUNT ENCLOSED

b6  
b7C

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 10-15-89. BALANCE IS DUE BY 11-15-89.			
09-30-89	ADMISSION FEE		500.00	
09-30-89	MEDICAL SERVICES FEE		600.00	
09-30-89	O/T SURCHARGE		1000.00	
09-30-89	SPECIAL CARE		2520.00	
10-30-89	FINAL CARE		2520.00	
10-02-89	PAYMENT BY MASTERCARD	50		-1100.00
10-06-89	3281	868		-1000.00

0 - 30	31 - 60	61 - 90	91 -->>
Current	Past Due	Past Due	Past Due
5040.00	0.00	0.00	0.00

5040.00
---------

5

# STRAIGHT

August 20, 1990

[Redacted]

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Dear [Redacted]

In response to your letter of August 12, 1990, please be assured that we have processed your entire credit balance of \$2795.00 through our corporate office. This amount includes a credit to your account for the August fee of \$425.00.

Please understand that our corporate office automatically bills each client on a monthly basis and are unaware until month end of client status changes. All paperwork regarding Leigha's account was processed on a timely basis.

We also received a check from your insurance company last week in the amount of \$340.00. This check was returned to them for payment to be made directly to you. A copy of this correspondence was mailed to you on Monday, August 13, 1990.

On August 1, 1990 a letter was mailed to all parents and vendors regarding our end of year cash flow situation. We are processing these requests as quickly as possible. I will request that your refund be expedited immediately.

Thank you for your cooperation.

Sincerely,

[Redacted]

[Redacted]

b6  
b7C

[Redacted] Fiscal Services

JCAHO Accredited

Straight, Inc. • 2900 Gateway, Suite 600 • Irving, TX 75063 • (214) 550-1177

A family oriented treatment program for drug using young people.

TOWER LIFE BUILDING • SAN ANTONIO, TEXAS 78205 • (512)226-7151



January 28, 1991

[Redacted]

Straight, Inc.  
2900 Gateway, Suite 600  
Irving, Texas 75063

b6  
b7C

RE: [Redacted]

Dear [Redacted]

Enclosed please find two (2) checks which we are returning.

These checks must be deposited by you and reissued to [Redacted]  
We cannot reissue these checks to [Redacted] because she is not  
our insured. If we were to reissue these checks, we would need  
to make them payable to [Redacted]

If there are any questions, please let us know.

Sincerely,

[Redacted]

Claim Department

jb

Enclosures

*I never received  
this money.* [Redacted]

HOME OFFICE SAN ANTONIO, TEXAS

TO: WHOEVER IS WILLING TO HELP US WITH INFORMATION  
FROM: [REDACTED]  
SUBJ: FBI INVESTIGATION OF STRAIGHT, INC.  
DATE: 8/5/93

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b7D

Gentlemen:

As you may have heard, Straight, Inc. is no longer operating in the State of Texas, neither is it operating in any other state of the nation. There were literally hundreds of lawsuits against Straight because of it's cruelty to kids as well as parents. However, the FBI is seeking information and records regarding the way in which Straight billed insurance companies. If you still have copies of insurance claims or records, and you would be so kind as to tell this to the FBI, PLEASE CALL [REDACTED] IMMEDIATELY. Examples of things they were interested in were (1) instances of double and triple billing (2) billing for services not rendered (3) false diagnosis (4) billing for services which were illegal for an outpatient facility, such as room and board, living expenses, etc. (5) not issuing refunds to parents, (6) excessive billing, etc.

Let me emphasize that you must contact me by phone no later than next Friday, August 13, 1993 in order to get your information in in time for the FBI investigators from Florida. We hope you will help with factual information which can be documented.

The number to call again is [REDACTED]

Sincerely,

[REDACTED]

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b7C  
b7D

[REDACTED]

STRAIGHT, INC.  
PARENT/STAFF COMMUNICATION

To:

From:

Date:

Time:

6/5

11:40 AM

Check:

☐ Travel Request

☐ For Your Information

☐ Meeting Request

☐ See Attached

☒ Please Reply

☐ Client Information

Please Call Me At: \_\_\_\_\_

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

Comment:

I need to know my present  
Financial Status - Credit / or Debit  
Please put in my book in group + I  
will pick it up this Friday.

Reply:

[Redacted]

You presently have a credit balance  
of 1386.87.

[Redacted]

Staff Signature

6/5/90 12 PM  
Date and Time

REVIEW OF CLAIMS

Our decision concerning the coverage available for the claim you have submitted has been made on the basis of the information submitted with the claim. If you do not feel we have all of the relevant information, or, after reviewing your coverage booklet, do not agree with or do not understand the position we have taken, you should write or call the Customer Service Center (the address and phone numbers are shown on the front of this form) and request that this claim be reviewed. You or your representative may review our claim file at any time during regular business hours at our office. Also, written issues and comments may be submitted for consideration in the review. You will be notified of the results of our review as soon as it is completed.

[Redacted]

*Credit*

[Redacted]

*- Tower Life*

[Redacted]

[Redacted]

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## **AGREEMENT FOR FAMILY TREATMENT**

AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, 198\_\_\_\_\_, 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 \_\_\_\_\_ (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.

- (b) Voluntary withdrawal of a Client who has reached his/her majority under appropriate state 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:
1. Diphtheria, Tetanus, Pertussis (DPT);  
2. Trivalent (OPV);  
3. Measles;  
4. Mumps;  
5. Rubella;  
6. Smallpox, and,  
7. 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:	\$ _____	Other:	_____	\$ _____
Medical Exam.:	\$ _____			
Maintenance Svc.:	\$ _____ (Monthly)			

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 \_\_\_\_\_ day of \_\_\_\_\_, 198 \_\_\_\_\_.

STRAIGHT, INC.

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Program Participant

\_\_\_\_\_  
Client

Client No.

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

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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 \$3500 <sup>425.00 mo in 30 days</sup>. 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 \$3567. (Nov 29, 1989)

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.

Parent/Guardian/Father/Stepfather <div style="border: 1px solid black; width: 250px; height: 20px; margin: 5px 0;"></div> Parent/Guardian/Mother/Stepmother <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div> Client's Name <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> Last Name-Parent/Guardian <div style="border: 1px solid black; width: 200px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 600px; height: 20px; margin: 5px 0;"></div> Street Address <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> HOME # <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> City <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> State <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> Zip <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>	Total Due At Admission \$ <u>4620.00</u> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> Date <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> Admission date: <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> Husband's <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> WORK # <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div>
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b6  
b7C

## ASSIGNMENT OF BENEFITS

In order to keep our costs as low as possible, we require parents to pay Straight's fees in advance of services and receive any insurance reimbursement directly from the insurance company. However, in those cases where the parents have not been able to pay all fees up front, we ask parents to assign any insurance benefits to Straight. In accordance with this policy, please fill in the name of your insurance company and sign the bottom of this form. If you are covered by more than one insurance company, please complete a form for each.

When we receive checks from insurance companies, we automatically deposit them and credit the appropriate account. It is not Straight's policy to sign checks over to anyone. If this causes your account to have a credit balance and you wish to have a refund, please submit a written request to John A. Harris, Assistant Administrator of Fiscal Services.

-----  
I authorize my Insurance Company, Blue Cross + Blue Shield of Texas Inc.,  
to send payment of medical benefits to:

STRAIGHT, INC.  
2900 Gateway Drive., Suite 600  
Irving, TX 75063

b6  
b7c

Name

Identification Number

Signature:

Date:

## REFUND POLICY

Refunds may be granted on the following basis:

1. Admission Processing Fee (\$500) - Non-refundable
2. Medical Services Fee (\$600) - Portions of this fee are refundable based on the services not rendered. The Medical Services Fee is broken out as follows:
  - A. Psychiatric Evaluation - \$300
  - B. Medical and Psychological services including physical examination and drug use assessment - \$300
3. Out-of-town Surcharge (\$1000) - Non-refundable
4. Special care day charges of \$84.00 per day - refundable for those days paid in advance.
5. Monthly Services and Treatment Fee - Returnable on a pro-rata basis only if the separation is initiated by Straight.
6. Pro-rata share of Monthly Services Fee - Returnable on a pro-rata basis only if the separation is initiated by Straight.



b6  
b7c

# STATEMENT

STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
1

BILLING DATE 10-31-89

--

\$
AMOUNT ENCLOSED

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 10-15-89. BALANCE IS DUE BY 11-15-89.			
09-30-89	ADMISSION FEE		500.00	
09-30-89	MEDICAL SERVICES FEE		600.00	
09-30-89	O/T SURCHARGE		1000.00	
09-30-89	SPECIAL CARE		2520.00	
10-30-89	FINAL CARE		2520.00	
10-02-89	PAYMENT BY MASTERCARD	50		-1100.00
10-06-89	3281	868		-1000.00

0 - 30	31 - 60	61 - 90	91 -->
Current	Past Due	Past Due	Past Due
5040.00	0.00	0.00	0.00

5040.00
---------

## STATEMENT

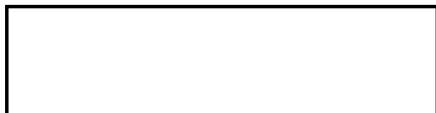
STRAIGHT INC. - DALLAS  
2900 GATEWAY DRIVE - SUITE 600  
IRVING, TEXAS 75063  
(214)550-1177

ACCOUNT NUMBER

PAGE
1

BILLING DATE 08-31-90

b6  
b7C



\$
AMOUNT ENCLOSED

*Refund in Progress*

ALL CHARGES ON THIS STATEMENT DUE ON PRESENTATION PLEASE RETURN  
THIS PORTION OF STATEMENT WITH PAYMENT

PLEASE RETAIN THIS PORTION OF STATEMENT FOR YOUR RECORDS

DATE	DESCRIPTION	REFERENCE	CHARGES	CREDITS
	STATEMENT REFLECTS PAYMENTS RECEIVED THROUGH 08-15-90.			
	BALANCE DUE UPON RECEIPT.			
07-31-90	Balance Forward			-536.
08-15-90	MONTHLY SERVICE FEE AUG	ADJ		-425.
08-02-90	229489	1093		-340.
08-07-90	10272953	1097		-1493.

0 - 30	31 - 60	61 - 90	91 -->
Current	Past Due	Past Due	Past Due
-2795.00	0.00	0.00	0.00

-2795.
--------



Office of the Attorney General  
State of Texas

DAN MORALES  
ATTORNEY GENERAL

July 19, 1991



b6  
b7C

Re: Straight, Inc D9106-0180 111 vb

Dear Consumer.

We have received a response from the above-named party concerning your complaint. The business does not indicate a willingness to settle your complaint in the manner you requested.

Under the circumstances, we regret to say that a settlement agreeable to both parties does not seem possible at this time. Many times, the Consumer Protection Division is able to mediate a dispute to the satisfaction of both the consumer and the merchant. Unfortunately, at other times, such as this, we are unable to do so. As we stated earlier to you, we must rely on the voluntary cooperation of both parties to resolve individual consumer complaints.

You may want to contact a private attorney to discuss your legal remedies and proper course of action in this situation, if you have not already done so.

We appreciate your interest in calling possible consumer law violation to our attention and are sorry we were not of greater assistance to you in this instance.

Sincerely,



Investigator  
Consumer Protection Division

Universal File Case Number 209B-TP-28810 1A<sup>4</sup>Field Office Acquiring Evidence PH

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

Date Received 1/19/94From \_\_\_\_\_  
(Name of Contributor)\_\_\_\_\_  
(City and State)By \_\_\_\_\_  
(Name of Special Agent)To Be Returned ☐ Yes ☒ NoReceipt Given ☐ Yes ☒ No

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

Federal Rules of Criminal Procedure

☐ Yes ☒ No

Title: \_\_\_\_\_ et al;

FBW - Insurance

OO: Tampa.

Reference: \_\_\_\_\_  
(Communication Enclosing Material)Description: ☒ Original notes re interview of\_\_\_\_\_  
\_\_\_\_\_b6  
b7c

2001BTP-28810  
1A41

2. initial admission - [redacted] with dental

3. amt. of fees: Act # [redacted]

intensive drug Rehab 2945

2850

1850

6795

medical psychiatric 600

admission processing 500

Straight, Inc. tried to collect on \$2820 which was unpaid

by [redacted] or their ins.

4. [redacted]

5. no results of testing were rec'd -  
only bills. Don't recall what the  
600 was for - 600 was for initial  
consultation, medical, etc.

6. 95<sup>th</sup> day was for in depth treatment

Nobody had a room at Straight

7. no insurance money was ever reimbursed

8. No. were told that congregation  
~~was~~ could help after bill - told  
by a Straight parent

9. No. Only got their bills

b6  
b7C

b6  
b7C

discussed 1/21/94

1/19/94



b6  
b7C

having trouble w/ [redacted] school, she had  
a friend that we disapproved of - was  
[redacted] year - problems started summer of sophomore  
year - summer at [redacted]

[redacted] - Tough love - dealt with - They recommended  
straight -  
said it was inpatient therapy, <sup>secure setting</sup> ~~unstable~~ of,  
no access to drugs, alcohol  
would be seen by a counselor every  
day, covered by insurance,  
it was a long term treatment program  
(over 6 mos.)

✓

1/21/94  
0888-01-1100

-2-

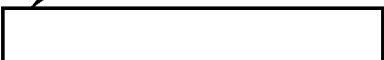

✓ called ins. coverage to see if substance  
abuse - they said she was

✓ doctor was -




✓ - don't believe she saw a psychiatrist the  
whole time she was there

✓ drove her down - she didn't know where  
she was going - when told she became  
withdrawn

✓ went to waiting room and was seen  
by a B/F -  - Program Counselor  
B/M - 

 - evaluated  - interviewed

✓  - attended  
Tough love w/ps. on occasion - was introduced  
to him -

b6  
b7C

b6  
b7C

✓ [ ] said [ ] had a drug problem  
and it was necessary for her to be  
admitted to the program [ ] had  
been interviewed, (S)

b6  
b7C

✓ then interviewed [ ]  
[ ] — what kind of problems,  
grades  
friends

✓ Put Sami in room w/ [ ]  
(a straight parent volunteer) + a [ ] (his rep  
for straight) — explained <sup>which</sup> the various charges  
admittance charges

✓ daughter stayed w/ other straight  
parents — not met by Harkins

✓ Gave straight \$500 the 1st day —  
set up a payment schedule of \$100 wk  
ended up paying ~~\$4800~~ in excess of \$4800

✓ Didn't know they wouldn't be allowed  
any contact

✓ [ ] —  
weekly parents meetings —

b6  
b7C

- 11 -

- ✓ Every Friday - 100 - 300 people the daughter could talk to then for 3 min couldn't



b6  
b7C

what caused the removal - [redacted] said [redacted] needed to be more into the program - be there Tue + Friday

- ✓ said she was getting depressed + sick because the doctors

- ✓ They wouldn't allow the ~~the~~ parents to talk up Angel even after requests were made

- kids were fed 1 meal per day (on occasions)  
rarely saw counselors,

1. wasn't covered - never submitted claim
2. didn't provide the treatment they said they would give.

-5-

### Typical Day

get up - go to straight - put  
kids into a circle to talk w/ a counselor

The indoctrinated or advanced participants  
were the counselors



b6  
b7C

and carried payments to



bring food, money for host family,

Universal File Case Number

209B-TP-28810 1A42

Field Office Acquiring Evidence

PH Div (WBA)

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

Reference: FBW - Insurance

CO: Tampa (Communication Enclosing Material)

Description: ☒ Original notes re interview of

b6  
b7C

b6  
b7C

Replaced Ben.

can't work with corp office - at St. Petersburg  
made <sup>SWH</sup> VP of operations project

1988 strong in stable financially.

1990<sup>291</sup> mismanaged company always a lot of changes -

- [ ] was BOSS till last year now it was [ ]
- sept 91 last day with straight
- 

b6  
b7C

TRAVEL - DID A LOT

- REASON TECHNICAL assist accommodation  
HOW TO START. LICENSING meeting, CRISIS management  
- paid [ ]  
CASH - reimbursement - DID EXPENSE REPORTS keep  
all receipts.

Re: Paul  
- 1989-90 Redund slow getting BACK TO Family  
[redacted] - STRUGGLED TO PG WITH  
BUT FIRST LIGHTS ARE [redacted] WENT THERE

b6  
b7C

→ FEES → \$10,000 a YEAR initial \$1,100 qtr  
\$600 at that medical fee to see psychiatrist, to do  
family history.

→ policy TO have BOTH phys. & psy.  
see chart.

→

b6  
b7C

[redacted] BUT did NOT TRUST  
him not alot of RESPECT for him, knew how to  
make money. could not get along with OTHERS

88-91 120<sup>pts</sup> a month TO 40. patients  
did not cut fast enough TO keep up lost revenue.

89-90 FUND RAISER IN Miami, Fla for straight RECOVER  
very little from them.

b6  
b7C

[redacted]  
Kind, Lying PIRSM, Had fights with people  
a RISK TAKER, GOOD about employees.

Universal File Case Number 209 B-28810 1A43

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

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

Date Received 2/15/94

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: DBA - ST August et al  
FBW - dms  
00 TP

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

Description: ☐ Original notes re interview of

\_\_\_\_\_

b6  
b7c

Universal File Case Number 209B-TP-28810 1A<sup>44</sup>

Field Office Acquiring Evidence SAN ANTONIO

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

Date Received 12/29/93

From \_\_\_\_\_  
(N) \_\_\_\_\_  
(A) \_\_\_\_\_  
(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: \_\_\_\_\_

ETAL  
OO: Tampa

Reference: SA Airtel to Tampa, dated 12/30/93.  
FO-362 12/30/93  
(Communication Enclosing Material)

Description: ☒ Original notes re interview of  
\_\_\_\_\_

b6  
b7c

Reimbursement came from husbands work  
at [REDACTED]

b6  
b7C

\$700 did not get back because fees  
approximately 2 years ago [REDACTED]  
[REDACTED] never told how much fee was  
daughter was [REDACTED] at the time said the  
place was horrible but they didn't  
believe her, straight never called

told by dr no one ever escaped but  
she claims they told her to leave  
Daughter ran off with two other  
Juveniles but [REDACTED] does not recall  
their names because they were 15  
did receive a questionnaire but threw it out  
Daughter was also at [REDACTED] for  
5 weeks

b6  
b7C

was to be one year treatment  
told she would receive a \$700 refund  
but never got it.

On visits only met child in group  
meetings.

Wanted parents to sponsor fundraiser  
but never did

eleven hours of counseling per day  
never said if she got treatment

Stayed at A house-home until  
PARENTS P/V

a law firm sent a letter saying  
she had a refund but threw out

only went into front office

can't recall any dr's being there  
everyone was a counselor

b6  
b7C

[redacted] was a counselor  
[redacted] interviewed her and told  
her she was a candidate for  
Straight and accepted her

signed a form to put Terita in  
but never got any documents  
Just a wrote a check

1. How did the families become involved with STRAIGHT. *friend of [redacted] had a son there felt a lot of concern*
2. How long was their child a patient at STRAIGHT, and what type of care was received, to include psychiatric and psychological counseling, and what physician counselled their child. *daughter 2 weeks told her if she wants to leave, leave she left was*
3. The amount of fees charged, and any explanation of these fees that they may have received from management of STRAIGHT, INCORPORATED. *Insurance paid it 1800 check Dallas Straight never called*
4. Identify the insurance carrier which provided coverage for the treatment at STRAIGHT, INCORPORATED, to include the name of the insurance company and a contact number or a representative of the insurance company. *billed insurance direct [redacted]*
5. Inquire of the parents as to whether or not they obtained any results of testing conducted by STRAIGHT, INCORPORATED, and their understanding of the services provided and the service included in the \$600 medical payment required upon admission. *no results did pay 600 up front*
6. Inquire of the parents as to whether their child was an inpatient at STRAIGHT, INCORPORATED, in view of the fact that their insurance companies were billed for room and board services. *she did live there for six weeks*
7. Inquire of the parents as to whether they were refunded money from STRAIGHT, INCORPORATED from their insurance reimbursements. *no*
8. In addition, inquire in the interview of former clients or parents of clients of STRAIGHT, INCORPORATED as to whether they were informed of any scholarship or government funding programs, and whether or not they received these funds. *had govt insurance*
9. Did these individuals have any interaction with the headquarters facilities in St. Petersburg, Florida, and if so, who was their contact within STRAIGHT? *Dallas, Tx just w/Dr here*

Please obtain any and all documents regarding insurance payments and billing only. During the interviews, it is requested that these individuals be asked if they are aware of any other individuals who experienced similar problems with STRAIGHT, INCORPORATED and if additional individuals are identified, receiving offices are requested to make contact with these individuals in their Divisions.

*Very secretive because they were juveniles*

*said she would have rather killed herself then stay there*

Universal File Case Number 209B-TP-28810 1A<sup>45</sup>

Field Office Acquiring Evidence San Antonio

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

Date Received 12/17/93

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

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

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:

Reference: SA airtel dated 1/19/94  
(Communication Enclosing Material)

Description: ☒ Original notes re interview of

b6  
b7C

1

b6  
b7C

Left

Daughter - emotional problems

- referred to Straight (S)

son went to S, also oldest son  
- highly recommended to

started

During day at S

During night went to host home

\$70 check to ~~host~~ cash (weekly)

- cashed by host

b6  
b7C

host 9 1/2 months

handal(w) - went up every weekend

- wasn't able to contact W

was able to spend weeks at host home, rarely  
no counseling at host home

2) never got copies of evaluation

S - wouldn't provide records

3) 70/week to host

to S

\$1000 down, then \$250, then \$3000 to S

2

Also charged \$1,000 on MasterCard

4) Staterant - [redacted] owed \$2795

Tower Life - primary - ex-husband [redacted]

Blue/Cross - secondary - Warden

b6  
b7C

Contact [redacted]

Finance Dept

Couldn't recall counselors names, will look

8/20

9) Called, wouldn't return calls

Thought it was in Tampa

b6  
b7C

- Bus Card - [redacted] - 2nd Contact when [redacted] checked in  
- left - north later

[redacted] - told h Straight was closed

- lives [redacted]  
[redacted]

Contact see h for 1 1/2 months, 2 months

Very rip in programs

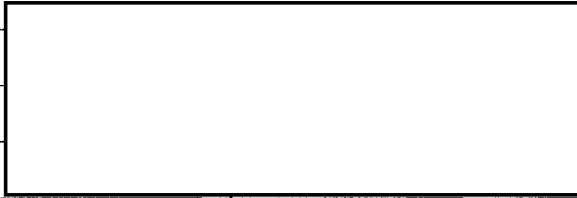
- sat in chairs for many hours

read Counselors

Phone - [redacted]

Letter - Re: fees

3



b6  
b7C

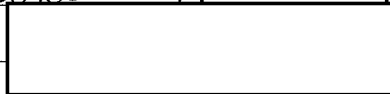
Attorney -



Lampa



spoke w /



Universal File Case Number 209A-~~7P~~-28810 1A46

Field Office Acquiring Evidence DL

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

Date Received 1/20/94

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:

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

Description: ☒ Original notes re interview of

b6  
b7c

enclosures transmitted with  
Dallas letter, airtel, report dated 3-11-94  
from DL # 2098-11-11 to IL # 2098-11-11 28810

1/20/84

12/88 - St. moved from [redacted]  
on 1/89

Met w/ [redacted] - admin of STAMPT

Met w/ person [redacted] resigned due to move

Re at Straight [redacted] Took care of med. concerns  
ie history & physical. Go 2-3 times w/ to take care of medical  
concerns & new admission.

Referred us psychiatric counseling.

[redacted] Would come once per week.

[redacted] 90 per hour. Initially a thin hair. On avg  
spent 8-10 hrs per week. Time performed @ Straight facility.

[redacted] the [redacted] left. This went downhill

More dimin. patient complain. Never input in board  
mngs. No role in mgmt. Would meet w/ admin, nurse  
& counselor once per week.

Oversees group therapy a few times to set feel.

Group therapy session conducted by counselor - 3 or 4  
certified counselors - not MD or psychologist

Not aware of types of reports for psych care to ins co.

No report signed re: psych care of group counseling.

- on few occasions would respond to ins co. declaration

Did physical exam just in 24-48 hrs.

Made referrals to in-patient facility.

Straight - called it interim outpatient. Did not provide 146 further

Used host home concept. Never visited host home. Did use social

Workers to visit host homes

b6  
b7C

01825 ST-5820

Phase I-V.

Did not know re: chg for RCH.  
Adm. rail, and not effective process.  
Kept fine sheet in clinic w/ nurse. Used by mother.  
No billing at the clinic.  
Provided only physical medical services.

Only contact w/ Fla was in 2/89 during grand opening.  
Monthly visit. - met head nurse over organization -

Met one other indiv. - male - met w/

"You make recommendations & we make decisions  
as to more specialized treatment."

Left - 2 reasons - personal

- 1) Sexual instability in family. Husband also ped. - decided to start own practice w/ adol. & young adults
- 2) Anxiety re: Straight's approach. Didn't know what went on at H.H. Met parent - they were sometimes disappointed themselves. No background on their parent.

Many concerns came before patient concerns.

Treatment was not tailored to individual.

Any treatment has 25% success - Straight prob. less.

Straight would have right to ~~stop~~ w/ treatment and  
said needed MD to sign

MD & Pasch did diagnosis

- verified signs & docs

also psych. eval from wanted by Straight

b6  
b7c

1A 47

enclosures transmitted with  
Dallas letter, airtel, report dated 3-11-88  
from DL #4493-71-24502 to 22 #4493-71-24810



Universal File Case Number 209B-TP- 28810 1A<sup>47</sup>

Field Office Acquiring Evidence SL

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

Date Received 1/21/94

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:

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

Description: ☒ Original notes re interview of

b6  
b7C

1/21/94



b6  
b7C

First visit home of patient in program  
Patient mother called re. need new dr  
[redacted] was admin.

Met w/ [redacted] [redacted] w/ problem  
Paid 1000-1200 retainers - do all phys. & attend weekly meeting  
50 each re physiat.  
re: medical problem

Paid only few months - doubted 1 or 2 months, agreed to pay  
owed for retainers - paid for physiat.  
When go to do physiat. - would also see sick & would bill  
for illness as though regular patient - 4-5 per visit  
Would recommend if felt needed psychiatrist & any medication for  
depression etc

Had psych. who did psych. evaluation.  
No participation as far as therapy.

Left [redacted] - started started his problem w/ state. State  
restricted retainers, felt unsafe. Knew having financial problem  
Felt like program was working for some - changed after lost ability  
to physically control & discipline

Would bring in insurance form to sign - reflected type of  
treatment. Signed that therapy was provided not that primarily involved.  
No routine visits w/ psych. did review psych. report.

Was not really out patient - but didn't provide beds & room as w/  
hospital. Had home concept - would be about placing children in home of  
parent who had children in the program - obviously didn't do well w/ own children  
Parents paid fee to stay in host home - didn't know why for some & why

p. 2

No involvement w/ human aspect other than signing  
insurance form. Did by, repeatedly through home - not clinic.  
[redacted] under w/ clinic handling would be better.

b6  
b7C

Group therapy provided by former patient. People do not  
do well w/ substance abuse. His. couldn't not conduct session -  
only oversee para. prog.

Session never conducted by physician

Dealt primarily w/ the person - [redacted]

Met w/ a group w/ whom fairly big problem w/ behavior - would  
sometimes need someone to help with it. But had no direct  
control. Would occasionally call group officer when owed it.

Confined sign. on docs. - note doc re: sound had - no  
signature.

Universal File Case Number 20913 -TP -28810 1A 48

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

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

Date Received 1-3-94

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:

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

Description: ☒ Original notes re interview of

change of address order re:

b6  
b7C

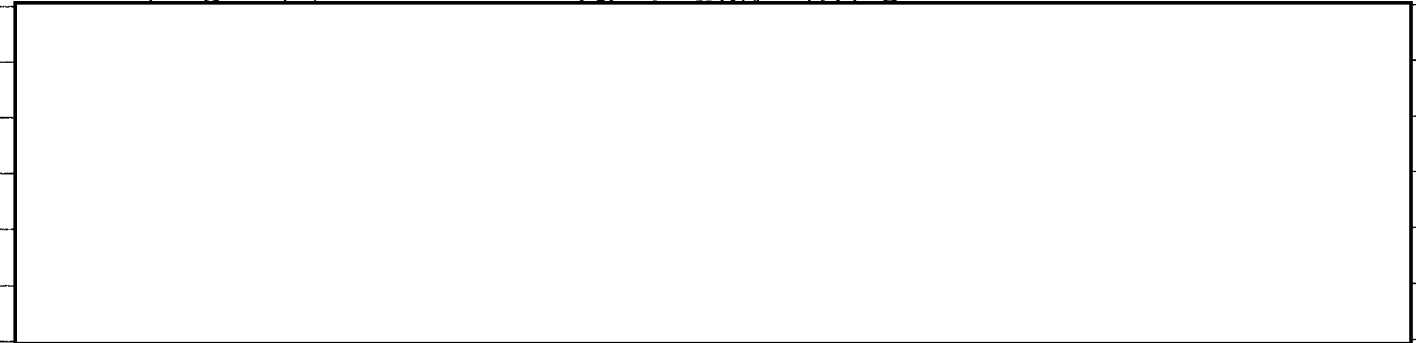
enclosures transmitted with  
Dallas letter, airtel report dated 2-11-84  
from DL # 2077-28810 to 11 # 2028-729-21410



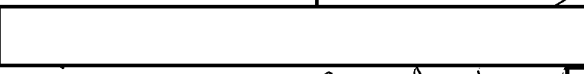
1-3-94

Straight, Inc.

b6  
b7C



SSAN



son on ways - successful  
- daughter now;

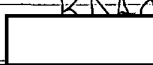
- over "Tough Love" in Tyler, TX

Counselor



KNAC - counseling

attended



DOB: [redacted]

put



in



yo.a.

behavioral problems -

father died when he was 9

financial prob.

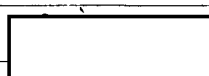
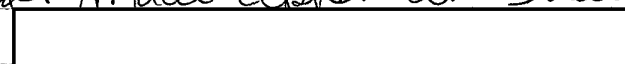
- alcohol problem; still in U.S.

b6  
b7C

Ins. -



called + made appt at Straight, Inc.



interviewed



answered numerous questions - long interview  
took all day.

every parent w/ a child provided HOST homes

moved to

2. 18 mos. at facility in DL + Orlando Fla.

when DL facility closed in 10/90 - problems

w/ approval of state reg. State wanted to  
control HOST homes - lost state accreditation

psychiatric

one on one + group counseling

Host homes rec'd a fee

3. Fees - ins. pd. 100% -

6-8 M for admission  
+300 mo.

participate fund raising activities

candy, poinsettias, wrapping paper

+ made contributions freely (monthly)

Parent group assoc. \$10.00/day per child - or if no one could pay 0.

(initially ins. co. didn't pay host home fees -  
she pd \$10.00 day + was later reimb. by Straight  
others could not get their money from Straight)

4.



b6  
b7c

5. Ins. pd. all - several thousand, not just \$600.

drug testing -

every time a child left - new testing

Adm. fees varied

6. in bldg from 8:30 - 6 p.m.

patients stayed in Host homes - avg. 4

- host home fees

7. yes, host home fees solely -

from Dallas while in Orlando.

later - ins. co. mailed her ck. directly

8 ~~into~~  
Orlando  
Dallas  
10

8. No, never rec'd

b6  
b7C

9. Yes, acct.

[redacted]  
upon arrival concerned about reimb.  
of host home fees.

fin. aids. I'd frequently

[redacted] was over straight in Orlando  
prev. top counselor.

when Orlando closed up: problems w/  
state approval [redacted] didn't want  
to go to another facility - family ret'd  
to [redacted]

b6  
b7C

pd. w/

~~Kitter~~

Detra -

called

b6  
b7C

Universal File Case Number 209B-TP-28810 1A49

Field Office Acquiring Evidence DL

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

Date Received 1/20/94

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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:

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

Description: ☐ Original notes re interview of

INSURANCE CLAIMS REVIEWED  
BY \_\_\_\_\_

b6  
b7C

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]