United States District Court

NORTHERN DISTRICT OF GEORGIA

L.C., by JONATHAN ZIMRING as guardian ad litem and next friend

V.

TOMMY OLMSTEAD, et al.

SUMMONS IN A CIVIL CASE

CASE NUMBER:

1 95-CV-1210-MHS

TO: (Name and address of defendant)

Tommy Olmstead
Commissioner of Department of Human Resources
47 Trinity Avenue, S.W.
Atlanta, Georgia 30334

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Susan C. Jamieson
Atlanta Legal Aid Society
340 W. Ponce de Leon Avenue - Suite 100
Decatur, Georgia 30030

Steven D. Caley
Atlanta Legal Aid Society
151 Spring Street
Atlanta, Georgia 30303-2097

an answer to the complaint which is herewith served upon you, within 20 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

LUTHER D. THOMAS

CLERK

5/11/95

DATE

Janice Arrowsmith

(BY) DEPUTY CLERK

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

L.C., by JONATHAN ZIMRING as guardian ad litem and next friend,

Plaintiff,

v.

TOMMY OLMSTEAD, Commissioner of the Department of Human Resources; RICHARD FIELDS, Superintendent of Georgia Regional Hospital at Atlanta; and ERNESTINE PITTMAN, Executive Director of the Fulton County Regional Board, all in their official capacities,

Defendants.

CIVIL ACTION

FILE NO. _____

1 95-CV-1210 -MHS

COMPLAINT

I.

INTRODUCTION

1.

Plaintiff, L.C., a 27 year old mentally retarded person, brings this action challenging her continued confinement at Georgia Regional Hospital at Atlanta ("GRH-A"). GRH-A is a state hospital for persons suffering from acute psychiatric illnesses. GRH-A is not a hospital for the habilitation of persons with mental retardation. Although Plaintiff was confined in May, 1992, for treatment of schizophrenia, she no longer requires inpatient psychiatric treatment.

2.

Despite the professional judgment of her psychiatric treatment

team that L. C. no longer requires confinement for treatment of her mental illness and needs community residential and habilitation services, Defendants have continued to forcibly confine Plaintiff to GRH-A.

3.

Because Plaintiff's mental illness no longer serves as a basis for her involuntary hospitalization, Plaintiff's continued confinement is clearly based solely on her disability, mental retardation. This constitutes illegal discrimination against the disabled.

4.

Because Defendants have subjected Plaintiff to prolonged and unnecessary confinement in a mental hospital and thus deprived her of minimal habilitation in an appropriate setting, her condition has regressed, she has lost basic self-care and adaptive living skills, and she has failed to maintain or develop other skills fundamental to her ability to function outside of an institution.

5.

Defendants have therefore violated Plaintiff's constitutional and statutory rights to freedom from undue restraint, minimally adequate treatment, freedom from illegal discrimination, and placement in the most integrated setting appropriate to her needs under the Fourteenth Amendment to the U.S. Constitution, the Americans with Disabilities Act, and 42 U.S.C. § 1983. Thus, Plaintiff seeks immediate declaratory and injunctive relief requiring Defendants to release her from GRH-A, place her in the

most integrated setting appropriate to her needs, and provide her with the appropriate treatment and services.

II.

JURISDICTION

6.

This Court has subject matter jurisdiction over this action pursuant to 28 U.S.C. §§ 1331 and 1343 and 42 U.S.C. § 12133 in that this is an action arising under the Americans with Disabilities Act, the Fourteenth Amendment to the United States Constitution, and 42 U.S.C. § 1983.

7.

This Court has jurisdiction to award declaratory and injunctive relief pursuant to 28 U.S.C. §§ 2201 and 2202 and 42 U.S.C. § 1983.

8.

Venue is proper under 28 U.S.C. § 1391.

III.

PARTIES

9.

Plaintiff, L.C., is twenty-seven years old and has a diagnosis of mental retardation and schizophrenia or schizoaffective disorder. Her psychiatric symptoms have been controlled adequately for over two years and she does not require inpatient psychiatric hospitalization. In spite of the evaluations and professional judgments of L.C.'s treatment staff that Plaintiff does not require hospitalization but needs community residential and habilitation

services, Defendants have refused to provide such services. Thus, Plaintiff remains hospitalized at GRH-A, a hospital for persons with active mental illness, solely by reason of her mental retardation with little or no provision of habilitation that is related to her mental retardation. Plaintiff is a resident of Fulton County, Georgia.

10.

Defendant Tommy Olmstead is the Commissioner of the Department of Human Resources ("DHR") and is responsible for the operation of GRH-A, for the protection of the rights of persons confined to GRH-A, and for the overall provision of services to persons suffering from mental retardation and mental illness in the State of Georgia.

11.

Defendant Richard Fields is the Superintendent of GRH-A, located in DeKalb County, Georgia. As such, he is responsible for the operation of GRH-A, for the treatment of persons confined to GRH-A, and for the protection of rights of persons confined to GRH-A.

12.

Defendant Ernestine Pittman is the Executive Director of the Fulton County Regional Board (the "Board") and is responsible for the provision of mental health and mental retardation services, including community care and placement, for all residents of Fulton County.

IV.

STATUTORY AND CONSTITUTIONAL FRAMEWORK

A. The Americans with Disabilities Act

13.

In 1990, Congress enacted the Americans with Disabilities Act ("ADA"), 42 U.S.C. §§ 12101 et seq. Title II of that Act provides as follows:

> . . . [N]o qualified individual with a disability, shall by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity.

42 U.S.C. § 12132.

14.

In passing this Act, Congress explicitly stated that the purposes of the ADA were:

> (a) to provide a clear and comprehensive national mandate for the elimination of discrimination against individuals with disabilities;
>
> (b) to invoke the sweep of congressional authority, including the power to enforce the fourteenth amendment and to regulate commerce, in order to address the major areas of discrimination faced day-to-day by people with disabilities.

42 U.S.C. § 12101(b)(1) & (4). (Emphasis added.)

15.

In defining this purpose, Congress made the following significant findings which are especially relevant to this case:

(a) historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem;

(b) discrimination against individuals with disabilities persists in such critical areas as ... institutionalization, health services, ... and access to public services;

(c) . . . individuals who have experienced discrimination on the basis of disability have often had no legal recourse to redress such discrimination;

(d) individuals with disabilities continually encounter various forms of discrimination, including . . . failure to make modifications to existing facilities and practices, . . . segregation, and relegation to lesser services . . . .;

(e) the Nation's proper goals regarding individuals with disabilities are to assure . . . independent living . . . .

42 U.S.C. § 12101(a)(2),(3),(4),(5), and (8). (Emphasis added.)

16.

The legislative history of the ADA comports with the statutory findings that unnecessary institutionalization and segregation is a destructive practice that Congress sought to end. This point is supported most eloquently by the testimony of Senator Lowell Weicker, the original sponsor of the ADA and former Chair of the Senate Subcommittee on the Handicapped:

> For years, this country has maintained a public policy of protectionism toward people with disabilities. We have created monoliths of isolated care in institutions and in segregated educational settings. It is that isolation and segregation that has become the basis of the

> discrimination faced by many disabled people today. Separate is not equal. It was not for black[s]; it is not for the disabled.

ADA Hearing before the Senate Comm. on Labor and Human Resources and Subcomm. on the Handicapped, 101st Cong., 1st Sess. 215 (1989) (Emphasis added.)

17.

In keeping with the statutory language and legislative history, federal regulations implementing the ADA provide that:

> A public entity shall administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

28 C.F.R. § 35.130(d) (1993) (Emphasis added.)

B. The Fourteenth Amendment

18.

The Fourteenth Amendment to the U.S. Constitution provides in pertinent part:

> . . .[N]or shall any state deprive any person of life, liberty, or property, without due process of law . . . .

C. Georgia Mental Health Code

19.

Georgia's Mental Health Code and implementing regulations provide that:

> Each client in a facility and each person receiving services for mental retardation shall receive habilitation that is suited to his needs and is the least restrictive appropriate habilitation.

O.C.G.A. § 37-4-122(a); Chapter 290-4-6-02(1)(A), Ga. Admin. Code.

20.

State law further provides with regard to the habilitation of persons with mental retardation:

> It is the policy of the state that the least restrictive alternative placement be secured for every client at every stage of his habilitation. It shall be the duty of the facility to assist the client in securing placement in noninstitutional community facilities and programs.

O.C.G.A. § 37-4-121.

21.

There are identical provisions of state law requiring individualized, least restrictive appropriate treatment and assistance in securing community placement for mentally ill persons. See O.C.G.A. § 37-3-162(a) and O.C.G.A. § 37-3-161.

22.

A person receiving court-ordered services for mental retardation is entitled to an individual program plan for appropriate care, training, education, habilitation and other needed specialized services "written in behavioral terms" and containing, among other requirements, "a description of intermediate and long-range habilitation goals and a projected time-table for their attainment" and "an explanation of criteria for acceptance or rejection of alternative environments for habilitation." See O.C.G.A. § 37-4-40(c); O.C.G.A. § 37-4-2(9); Chapter 290-4-6-.01(4)(i), Ga. Admin. Code.

23.

There are identical provisions of state law requiring the

development of an individualized service plan for a mentally ill person "specifically tailored to the individual's treatment needs," and including among other requirements "identification of the types of professional personnel who will carry out the treatment." See O.C.G.A. § 37-3-64(c); O.C.G.A. § 37-3-1(9); Chapter 290-4-6-.01(4)(i), Ga. Admin. Code.

24.

Amendments to the state law, effective July 1, 1994, provide that the state office for mental health and mental retardation services:

> . . . is authorized to move funds to and between community and institutional programs based on need . . . .

O.C.G.A. § 37-2-5-1(c)(3). Those amendments provide further that:

> The State of Georgia recognizes its responsibility for its citizens who are mentally ill or mentally retarded . . . to meet their needs through a coordinated system of community facilities, programs, and services.

O.C.G.A. § 37-2-1(a).

Finally, the state law, "Community Services for the Mentally Retarded", mandates community-based services when "deemed reasonably necessary by the Department (of Human Resources) to provide for education, training, rehabilitation, and care of mentally retarded individuals." See O.C.G.A. § 37-5-1 et seq.

V.

FACTUAL ALLEGATIONS

25.

L.C. is a 27-year old African-American woman with mental retardation. In addition to mental retardation, she also has a diagnosis of schizophrenia or schizoaffective disorder. She is a friendly person with a beautiful smile, genuine artistic talent, and a remarkable enthusiasm for writing words on paper.

26.

L.C. is disabled.

27.

L.C. has consistently been diagnosed with mild or moderate mental retardation; she has only very elementary ability to read and write a few words and a very limited ability to understand abstract concepts.

28.

L.C. is currently residing on an adult psychiatric unit at Georgia Regional Hospital -- Atlanta (GRH-A), a facility owned and operated by the State of Georgia; she has lived most of her life since age 14 at this facility and other institutions.

29.

GRH-A is a facility licensed and staffed to provide care and treatment for persons with psychiatric illnesses. Its programs are primarily designed to stabilize individuals during the acute phase of a mental illness so that ongoing mental health treatment can then be continued in the community on an outpatient basis.

30.

The average length of stay for a patient at GRH-A is 21 days, but L.C. has lived there for more than three years.

31.

GRH-A is a large institution with about 300 patients, divided into various units or wards; each of the adult psychiatric units has between 30 and 60 patients.

32.

The unit where L.C. lives is called the "treatment unit"; it is a longer term unit for patients who remain hospitalized for several weeks or months. The average number of patients on the unit is 65.

33.

In 1991, L.C. was placed in a community program for persons with mental retardation arranged by a non-profit organization, Project Rescue, after many years of inappropriate psychiatric institutionalization at GRH-A from 1984 through 1991.

34.

L.C. lived quite successfully in that program for about one year.

35.

In May 1992, L.C. experienced a period of stress apparently related to a conflict with staff in the community program; she began expressing a desire to be hospitalized and began exhibiting some aggressive and psychotic behavior.

36.

In May 1992, L.C. was hospitalized at GRH-A for treatment of her mental illness.

37.

After L.C. was hospitalized, another person moved into her community residential "slot".

38.

The specific purpose of her admission to the hospital was to stabilize her psychiatric symptoms so that she could be returned to a community setting as soon as possible. At that time, L.C.'s hospitalization was intended to be a brief period of inpatient treatment.

39.

At the time of her hospitalization, the hospital developed a treatment plan which focused on the stabilization of her mental illness. As early as June, 1993, L.C.'s treating physician at GRH-A concluded that the primary psychiatric treatment goal had been met.

40.

Once L.C.'s condition had stabilized, she no longer needed to be confined in an institution; she could have functioned from that point in a more integrated, community setting with adequate supervision.

41.

As early as November, 1992, staff began to regularly note that L.C.'s condition remains the same or "unchanged."

42.

In January, 1993, a social worker contacted "mental retardation services" for placement but there is no record of any response.

43.

In March, 1993, L.C's physician expressed his belief that because "she cannot live in the community without structure," he must "file for commitment."

44.

In April, 1993, L.C.'s physician noted that "placement remains a problem" and the team nurse stated that she is "stable awaiting placement."

45.

In July, 1993, L.C.'s physician was of the opinion that her need for "constant structure" was the "main problem preventing from placing her" and her nurse was of the opinion that she "remains the same, has reached maximum level of functioning. Placement is primary problem."

46.

In August, 1993, L.C.'s physician stated his belief that L.C.'s need for "constant reminder to keep her face clean" was a significant barrier to placement.

47.

In September, 1993, L.C.'s social worker told her that he will assist her in finding a "personal care home" placement.

48.

Up to the present time, Defendants have completely failed to place L.C. in an appropriate community residential setting outside the hospital.

49.

Once L.C.'s psychiatric condition had stabilized, her primary treatment and habilitation needs were related to her mental retardation. These needs could not be and were not adequately addressed at GRH-A.

50.

During the three years that L.C. has been confined in a mental hospital, no individualized habilitation program has been designed or implemented for her by qualified mental retardation professionals with training or experience in the habilitation of mentally retarded persons.

51.

For the first two years of L.C.'s confinement at GRH-A and for much of the time during her previous years in the institution, she would sit around in the day room areas doing nothing. From May, 1992, through August, 1994, her primary activities consisted of several hours a day in a pre-vocational program on the hospital grounds, a hygiene group and a communication group, each of which met for a total of two or three hours each week.

52.

Because L.C. is in a mental hospital, the policies, standards, and regulations applicable to the appropriate habilitation of

mentally retarded persons in state, federal, and other publicly-funded programs, such as those that govern the use of restraint, seclusion, medication, and the development and implementation of habilitation plans, have not been followed by her treating professionals at GRH-A.

53.

Upon information and belief, none of the professionals on L.C.'s treatment team at GRH-A are qualified mental retardation professionals with experience or training in the habilitation of mentally retarded persons nor has L.C. been evaluated by any such professional on the hospital staff during her three years at the hospital.

54.

L.C.'s hospital record reveals many instances of the staff's inappropriate responses to L.C., the absence of a consistent, professional approach to her behavioral problems, and a reliance by staff on psychotropic drugs to manage behavior.

55.

The record also reveals that the hospital staff was and is without basic information regarding both the capacity of mentally retarded persons to live in the community with proper support and the capability of mental retardation community programs to deal with L.C.'s behavioral deficits.

56.

For example, L.C. was told that she cannot work unless she "keeps herself clean" and staff repeatedly commented that she takes

many baths but does not wash properly. At the same time, her treatment team decided that she must show an ability to work successfully for an extended period of time before she can be considered for discharge. No professionally designed, consistent behavior management plan was designed to help L.C. learn how to keep clean.

57.

Hospital staff often control L.C. with the administration of sedatives or psychotropic drugs when she is loud and disruptive, but she has never been disruptive at the community day program which she began in August, 1994.

58.

In the professional judgment of two mental retardation assessment teams in 1986 and 1988 as well as the two GRH-A treating psychiatrists responsible for L.C.'s care, as well as the nurses and social workers that have been on her treatment team since May, 1992, long-term psychiatric hospitalization is inappropriate, unnecessarily restrictive, and does not meet her individual needs.

59.

In the professional judgment of L.C.'s treatment staff and an independent clinical psychologist, her long-term treatment and habilitation must be conducted in a less restrictive and more appropriate setting in the community and not on an inpatient psychiatric ward.

60.

L.C.'s confinement on a locked ward in a mental hospital is a

degree of restraint on her freedom which is inconsistent with the professional judgment of mental retardation evaluators and her hospital treatment staff concerning her appropriate treatment.

61.

Despite the professional judgment of L.C.'s two treating physicians at GRH-A and other members of her treatment team at the hospital that L.C. should not continue to be confined in a mental hospital, it was and is the understanding and belief of all staff involved with her care that no alternative community residential placements are available and that, for this reason, L.C.'s only option is to remain in the hospital.

62.

Confinement in a mental hospital is detrimental to L.C. She pleads on a daily, sometimes hourly, basis to be released and expresses great sadness, hopelessness, and frustration that another place to live cannot be located. This level of anxiety about her situation and uncertainty about her future interferes with her ability to function.

63.

During the past three years, while institutionalized, L.C. has lost basic self-care skills, such as the ability to use the bathroom on her own without constant reminders.

64.

L.C.'s mental condition has remained essentially unchanged during the past three years of confinement but her social skills, her self-care skills, her adaptive abilities, and her overall

capacity to function in society have diminished.

65.

In addition to the past three years, L.C.'s many previous years of inappropriate institutional confinement during the period from 1985 through 1991 are a primary factor in her present need for a structured and supervised community placement to assist her in the transition to more independence.

66.

Since August, 1994, L.C. has participated in a community-based day program away from the hospital. In this environment, she has begun to show progress in areas of functioning, such as social skills, activities of daily living, and the ability to express and control emotion, which had remained essentially unchanged since her admission to GRH-A in 1992.

67.

Minimal habilitation for L.C. would consist of specialized programs, training, and behavior management programs designed by mental retardation professionals to meet her individual needs.

68.

The minimally adequate setting for L.C.'s long-term habilitation is placement in the community.

69.

During the three years that L.C. has resided in the treatment unit at GRH-A, she has lived in an environment that is completely isolated and segregated from society; other than members of the hospital staff, she has virtually no contact with persons other

than severely mentally ill persons in the acute phase of their illness.

70.

Because L.C. lives in an institution with mentally ill individuals, she has no opportunity to interact with non-disabled persons in daily activities and no opportunity to learn and maintain skills that would enhance her ability to become more integrated into society, such as riding a bus, shopping, cooking, and doing simple housekeeping tasks.

71.

The state, through its county, regional, and contracted private providers operates a supervised, community-based residential program for persons with mental retardation. The cost of placement in a such a program is substantially less expensive than the cost of institutional care.

72.

The hospital administration, the state office for mental retardation services, as well as the county and regional mental retardation programs, have been aware of L.C.'s need for community services through many informal and formal efforts to secure these services.

73.

Because L.C. is both mentally retarded and mentally ill, she has received lower priority for community placement than persons whose diagnosis is exclusively mental retardation.

74.

There are existing vocational, habilitative, social, and residential programs in the community operated fully or in part by the Defendants with the necessary experience, qualified staff, and the appropriate support and supervision to provide L.C. with the minimal habilitation that she needs in a much more integrated setting than her present institutional placement.

75.

One of these programs, TOPS, has assessed L.C. and would be willing to place her in a supervised home or apartment setting through the "personal support" medicaid waiver program if the state or county would provide the requisite "match" to secure the federal medicaid funds for implementation of an appropriate community habilitation program for L.C.

76.

The state and county have established many such placements with similar arrangements for other mentally retarded persons.

77.

During the period that L.C. has been confined at GRH-A, she received a $14,000.00 lump sum Social Security payment in October, 1992; she also receives a regular monthly Social Security disability payment of $380.00.

78.

The hospital, when informed of the lump sum payment, completed the necessary forms to become L.C.'s payee so that the hospital would have the authority to spend the money for L.C.'s benefit.

79.

After becoming the payee for L.C.'s Social Security benefits, the hospital then initiated a second procedure pursuant to state law which would permit the application of the lump sum and monthly benefits to the cost of L.C.'s care at the hospital.

80.

These actions of the hospital resulted in the application of all of L.C.'s funds toward the cost of her institutional care rather than toward the cost of a community alternative, with the exception of a small monthly allowance to purchase cigarettes and a $5,000.00 burial fund.

81.

Upon information and belief, the hospital failed to submit a claim for available medicare insurance coverage on L.C.'s behalf until recently when Plaintiff's attorney raised concerns about the hospital's application of all the funds available to L.C. for alternative placement to the cost of her institutional care.

82.

L.C. had a right to a hearing in the proceeding where the hospital became the payee for her Social Security benefits and in the proceeding which resulted in the application of essentially all of her funds to her cost of care.

83.

Although notices regarding the procedures for requesting these hearings were received by the hospital, L.C. was not made aware of these notices in either proceeding and no hearings were requested

or conducted on her behalf.

84.

At all times relevant to this Complaint, Defendants have acted under color of state law.

85.

Defendants' actions have caused and are continuing to cause Plaintiff irreparable harm.

VI.

CLAIMS FOR RELIEF

COUNT ONE - ADA

86.

Defendants have discriminated and are discriminating against Plaintiff on the basis of her disability in violation of Title II of the ADA, 42 U.S.C. § 12131 et seq. and the ADA's implementing regulations at 28 C.F.R. § 35.130.

COUNT TWO - FREEDOM FROM UNDUE RESTRAINT

87.

Defendants have violated and are violating Plaintiff's right to be free from undue restraint, guaranteed to her by the Due Process Clause of the Fourteenth Amendment.

COUNT THREE - RIGHT TO TREATMENT

88.

Defendants have failed and are failing to provide Plaintiff with treatment that is minimally adequate, in violation of her rights under the Due Process Clause of the Fourteenth Amendment.

COUNT FOUR - REGRESSION

89.

Defendants have failed and are failing to provide Plaintiff with the treatment and training that is necessary to prevent her pre-existing skills from deteriorating as a result of her institutionalization, in violation of her rights under the Due Process Clause of the Fourteenth Amendment.

COUNT FIVE

TREATMENT RELATED TO PURPOSE OF CONFINEMENT

90.

Defendants have failed and are failing to provide Plaintiff with conditions of confinement that are reasonably related to the purpose of her confinement, in violation of her rights under the Due Process Clause of the Fourteenth Amendment.

COUNT SIX

DEPRIVATION OF STATE-CREATED LIBERTY INTEREST

91.

Defendants have failed and are failing to provide Plaintiff with individualized treatment in the least restrictive environment or otherwise provide Plaintiff with proper treatment mandated by state law. Defendants' failure to provide such treatment violates Plaintiff's state-created liberty interest under the Due Process Clause of the Fourteenth Amendment.

VII.

PRAYER FOR RELIEF

92.

WHEREFORE, Plaintiff requests that this Court:

A. Assume jurisdiction of this case;

B. Declare that Defendants' actions and failures to act as described above violate the ADA, the Fourteenth Amendment to the U.S. Constitution, and 42 U.S.C. § 1983;

C. Preliminarily and permanently enjoin the Defendants from further violating Plaintiff's rights under the ADA, the Fourteenth Amendment, and 42 U.S.C. § 1983 and specifically requiring them to:

1. Cease discriminating against Plaintiff on the basis of her disability;

2. Provide Plaintiff with appropriate habilitation, training services, and other treatment that comport with professional standards for the treatment of persons suffering from mental retardation and mental illness including, but not limited to, release from GRH-A into a community care residential program;

3. Require that all habilitation, training services, and other treatment be provided by professionals qualified by education, training, and experience to provide such services;

4. Provide Plaintiff individualized treatment in the least restrictive environment with the ultimate goal of integrating Plaintiff into the mainstream of society;

5. Provide Plaintiff minimally adequate treatment to prevent deterioration of her pre-existing skills and that is related to the purpose of her confinement;

6. Cease unduly restraining Plaintiff's freedom of movement.

D. Award Plaintiff costs and attorney's fees; and

E. Award any other relief the Court deems just and equitable.

SUSAN C. JAMIESON
Georgia Bar No. 389408
340 W. Ponce de Leon Avenue
Decatur, Georgia 30030
(404) 377-0701

STEVEN D. CALEY
Georgia Bar No. 102866
151 Spring Street
Atlanta, Georgia 30303-2097
(404) 614-3926

Attorneys for Plaintiff

Dated: May 11, 1995.