



Court of Claims of Ohio

The Ohio Judicial Center
65 South Front Street, Third Floor
Columbus, OH 43215
614. 387.9800 or 1.800.824.8263
www.cco.state.oh.us

STATEMENT OF THE EXISTENCE OF CONNECTED ACTIONS,
REQUIRED BY L.C.C.R. 15(C)
MAILED BY THE CLERK OF THE COURT OF CLAIMS
ON SEPTEMBER 8, 2010

MATTHEW RIES, Admr., et al.

Plaintiffs

v.

THE OHIO STATE UNIVERSITY
MEDICAL CENTER

Defendant

Case No. 2010-10335

Judge Joseph T. Clark

ORIGINAL

FILED
COURT OF CLAIMS
OF OHIO
2010 SEP 14 PM 2:05

I certify that to the best of my knowledge, the following is a comprehensive statement of the existence of all connected cases, claims, or applications, which are based on essentially the same facts as those alleged in the complaint or petition for removal of the above-captioned Court of Claims case, and which are pending in any other court, bureau, board, commission, or agency.

PART I. Statement of Existence of Connected Court Cases. The following is a statement of the existence of all cases connected to the above-captioned case which are pending in courts other than the Court of Claims of Ohio. (If there are no cases connected to the above-captioned case pending in courts other than the Court of Claims of Ohio, please indicate in blank 7. If more than one case is pending in other courts, please provide all the information requested concerning those cases on an additional sheet.)

1) The name of the court in which the connected case is pending is:

Franklin County Court of Common Pleas

2) The named defendants are:

A) Ohio State Univ. Physicians, Inc.

B) Syed G. Husain, M.D.

C) _____

D) _____

E) _____

(Any additional defendants should be listed on an additional sheet.)

3) The case number of the connected case is: 10CVA09-13096

4) The caption of the connected case is: ~~Cyrelle McNew v. Ohio State Univ. Phys.~~

5) The initial filing date of the connected case was: 9/7/2010

D. Hogan

6) The name of the judge assigned to the connected case is: _____

ON COMPUTER

7) There are no cases connected to the above-captioned Court of Claims case which are pending in any other court. (Check if true) _____. (Note: This form must be completed and filed even if there are no cases connected to the above-captioned Court of Claims case pending in any other court.)

PART II. Statement of Existence of Connected CLAIMS OTHER THAN COURT CASES. The following is a statement of the existence of all claims connected to the above-captioned case which are pending in any bureau, board, commission, or agency other than a court. (If there are no claims connected to the above-captioned Court of Claims case pending in any bureau, board, commission or agency, please indicate in blank 13 below. If more than one connected claim is pending in any bureau, board, commission or agency, please provide all the information requested concerning those claims on an additional sheet.)

8) The bureau, board, commission, or agency in which the connected claim is pending is:

Name: _____

Address: _____

9) The claim number or other identifying number of the connected claim is: _____

10) The caption of the connected claim is: _____

11) The initial filing date of the connected claim was: _____

12) The nature of the connected claim is: _____

13) There are no claims connected to the above-captioned Court of Claims case which are pending in any bureau, board, commission or agency. (Check if true) . (Note: This form must be completed and filed even if there are no claims connected to the above-captioned Court of Claims case pending in any bureau, board, commission or agency.)

I certify that I have read and understand L.C.C.R. 15(C) and the contents of this form. I understand that I am charged with a continuing duty to notify the Clerk of the Court of Claims if I file or learn of a case in any other court which is connected to the above-captioned action filed in the Court of Claims, or if I file or learn of a claim, action, or application for relief in any bureau, board, commission or agency which is connected to the above-captioned claim filed in the Court of Claims.)

I further certify that I have served a completed copy of this form to the Attorney General and all other parties pursuant to Civ. R. 5.



Signature and Date

David I. Shroyer (0024099)
Name

536 S. High Street

Address Columbus, OH 43215