

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re:

CITY OF DETROIT,

Debtor.

)
) Chapter 9
)

) Case No. 13-53846
)

) Hon. Thomas J. Tucker
)
)
)

**SHERELL STANLEY'S MOTION FOR THE EXTENSION OF TIME/LATE-FILING
OF HER APPLICATION FOR ADMINISTRATIVE EXPENSE CLAIM IN
RESPONSE TO THE CITY OF DETROIT'S OBJECTION**

REQUEST FOR ORAL ARGUMENT

Pursuant to the Federal Rules of Civil Procedure 9006(b)(1) (Excusable Neglect), and in response to the City of Detroit's Objection to same, the undersigned, SHERELL STANLEY, brings Motion for the Extension of Time/Late-Filing of her Application for Administrative Expense Claim for the reasons specified in the attached memorandum.

WHEREFORE, I respectfully request this Honorable Court grant my Motion, permitting the extension of time/late filing.

Respectfully submitted,



Sherell Stanley
Post Office Box 321032
Detroit, MI 48232
(313) 570-2012
s.s.stanley@comcast.net

Dated: May 21, 2015

FILED (1)
2015 MAY 21 P 2:38
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT



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UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re:)	
)	Chapter 9
)	
CITY OF DETROIT,)	Case No. 13-53846
)	
Debtor.)	Hon. Thomas J. Tucker
)	
)	

**MEMORANDUM IN SUPPORT OF SHERELL STANLEY'S MOTION FOR THE
EXTENSION OF TIME/LATE-FILING OF HER APPLICATION FOR
ADMINISTRATIVE EXPENSE CLAIM IN RESPONSE TO THE CITY OF
DETROIT'S OBJECTION**

STATEMENT OF FACTS

On or about November 12, 2014, the United States Bankruptcy Court for the Eastern District of Michigan entered an order confirming the Eighth Amended Plan for the Adjustment of Debts of the City of Detroit. The effective date of the Plan occurred on December 10, 2014.

According to the City of Detroit's Objection to my Application for Administrative Expense Claim, "Stanley received Notice of Effective Date by first class mail." However, to date, I have been unable to confirm receipt of the correspondence and only learned of it upon being contacted by Attorney Dale Price of the Equal Employment Opportunity Commission (EEOC) via electronic mail (see attached email dated January 29, 2015/EXHIBIT A).

FILED (1)
2015 MAY 21 P 2:39
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

After reviewing Attorney Price's email and a copy of the Notice of (1) Entry of Order Confirming Eighth Amended Plan for the Adjustment of Debts of the City of Detroit and (2) Occurrence of Effective Date I acquired from the internet, I filed my Application for Administrative Expense Claim as soon possible on February 6, 2015 (EXHIBIT B); filing it by the date specified within the Notice was impossible as I reasonably rely on the City of Detroit to provide me with any/all pleadings and other papers it files related to this matter.

LEGAL STANDARD

Pursuant to Fed. R. Civ. P. 9006(b)(1), the Court may permit a late filing on motion made after the expiration of the specified period where the failure to act was the result of excusable neglect. In *Pioneer Inv. Servs. Co. v Brunswick Assoc. Ltd. Partnership*, 507 U.S. 380, 388, 392, 395 (1993), the Court provided in pertinent part that, "Congress plainly contemplated that the courts would be permitted, where appropriate, to accept late filings caused by inadvertence, mistake, or carelessness, as well as intervening circumstances beyond the party's control."

It is clear that 'excusable neglect' under Rule 6(b) is a somewhat 'elastic concept' and is not limited strictly to omissions caused by circumstances beyond the control of the movant...this elastic concept may include, under appropriate circumstances, neglect due to simple, faultless omissions to act or carelessness... The determination of whether...neglect is "excusable" is ultimately an equitable one, taking account of all relevant circumstances surrounding the party's omission...those factors include evaluating 1) the danger of prejudice to the nonmoving party, 2) the length of delay and its potential impact on the court's proceedings, 3) the reason for the delay, including whether the delay was in the movant's control, and 4) whether the movant acted in good faith...

In my case, filed an Application for Administrative Expense Claim by January 26, 2015, was out of my control since I was unaware of the Notice of (1) Entry of Order Confirming Eighth Amended Plan for the Adjustment of Debts of the City of Detroit and (2) Occurrence of Effective Date, until I was notified by the Federal EEOC on January 29, 2015.

Note that I have not received any pleadings or other documents filed by the City of Detroit via registered or certified mail. However, I did receive the attached Certificate of Service of the City of Detroit's Objection to **SHEILA STANLEY'S APPLICATION FOR ADMINISTRATIVE CLAIM** in error; the correspondence was apparently intended for Ms. Sheila LaDean Stanley of 336 Pinecrest, Ferndale, Michigan 48220. A Corrected Certificate of Service was also received (See EXHIBITS C and D).

Note too that I have received mail at both my Post Office Box and personal residence addressed to other individuals with different addresses; however, I simply return them to the Post Office for rerouting. Accordingly, the likelihood of the envelope containing the City's Notice intended for me being mislabeled and/or misrouted is great.

Next, Paragraph 7(a) of the City of Detroit's Eighth Amended Plan for the Adjustment provides that, "**unless previously Filed**, requests for payment of Administrative Claims must be Filed and served on the City no later than 45 days after the Effective Date..." On or about February 21, 2014, I, Sherell Stanley, filed a Proof of Claim (EXHIBIT E) which specifically included "interest or other charges in

addition to the principal amount of the claim.” The City of Detroit was further advised of the amount of my Claim via a ballot I submitted Rejecting the Plan dated July 7, 2014 (EXHIBIT F).

Nonetheless, I filed an Application for Administrative Expense Claim as soon as possible upon being notified by the Federal EEOC, and despite having notified the City of my claims on at least two (2) previous occasions. I further requested and notated on the bottom of my Application for the City to “Please mail material to me certified to ensure delivery. Thank you,” in the event any correspondence requiring action was inadvertently mislabeled and/or misrouted in the future.

The facts of my case are similar to that of *In re Whyco Finishing Tech., LLC*, 500 B.R. 517, 537 (Bankr. E.D. Mich 2013). In that case, the Court found excusable neglect applied to extend the deadline for a creditor who learned of a bankruptcy ten days after the claims bar date, and filed claim three months later.

My Application was filed only eleven (11) days after the target date. Further, the City has not alleged any prejudice from the late filing and because the delay was so short, judicial proceedings have not been adversely affected.

CONCLUSION

WHEREFORE, the undersigned, SHERELL STANLEY, respectfully requests that this Honorable Court deny the City of Detroit's Objection to Sherell Stanley's Application for Administrative Expense Claim and as a matter of equity, grant Stanley's Motion permitting the extension of time/late filing of same; failure to act was out of my control and the result of Excusable Neglect. Further, I have not ignored, or, to my knowledge, missed any other deadlines requiring action in this matter.

Respectfully submitted,



Sherell Stanley
Post Office Box 321032
Detroit, MI 48232
(313) 570-2012
s.s.stanley@comcast.net

Dated: May 21, 2015

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re:

CITY OF DETROIT,

Debtor.

)
) Chapter 9
)
)

) Case No. 13-53846
)
)

) Hon. Thomas J. Tucker
)
)
)

CERTIFICATE OF SERVICE

I certify that on May 21, 2015, I served copies as follows:

1. Document served:

Sherell Stanley's Motion for the Extension of Time/Late-Filing of her Application for Administrative Expense Claim in Response to the City of Detroit's Objection and Request for Oral Argument.

2. Served upon:

Mr. Bruce Bennett, Heather Lennox, and Jones Day Law Firm
555 S. Flower St.
50th Floor
Los Angeles, CA 90071

Mr. Marc N. Swanson
150 W. Jefferson, Ste. 2500
Detroit, MI 48226

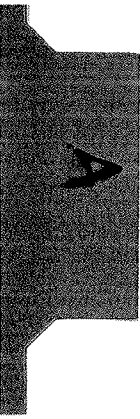
3. By Certified First Class Mail.

Dated: 5 / 21 / 15

Sherita Black
Sherita Black

Print Name and Sign Above

FILED (1)
2015 MAY 21 P 2:39
U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT



XFINITY Connect

s.s.stanley@comcast.net

+ Font Size -

RE: Urgent Bankruptcy Notice

From : DALE PRICE <DALE.PRICE@EEOC.GOV>

Thu, Jan 29, 2015 03:41 PM

Subject : RE: Urgent Bankruptcy Notice**To :** s.s.stanley <s.s.stanley@comcast.net>

They might. It would be worth giving the clerk a call. Please be advised that the Bankruptcy court closes at 4pm.

--Dale

>>> "s.s.stanley" <s.s.stanley@comcast.net> 1/29/2015 3:40 PM >>>

Hello. First I've heard of this...is there a standardized form they'd have at the court for me to fill out?

Sent from my Verizon Wireless 4G LTE smartphone

----- Original message -----

From: DALE PRICE <DALE.PRICE@EEOC.GOV>

Date: 01/29/2015 2:57 PM (GMT-05:00)

To: S.S.Stanley@comcast.net

Cc:

Subject: Urgent Bankruptcy Notice

Dear Ms. Stanley:

Please read the attached letter as soon as possible.

Thank you,

Dale Price
Trial Attorney
EEOC
Detroit Field Office
477 Michigan Ave., Room 865
Detroit, MI 48226
(313) 226-7808/6584 (fax)

00

FILED (W)
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
2015 FEB -6 P 3:28

IN RE:

City of Detroit

U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

CASE NO: 13-53846

CHAPTER:

JUDGE: Hon. Steven Rhodes

Debtor.

Application for Administrative Expense Claim
~~MOTION~~ FOR/TO _____

NOW COMES Debtor(s), and brings this ~~motion~~ for/to Application for Administrative Expense Claim. In support of Debtor(s)'s motion, Debtor states the following

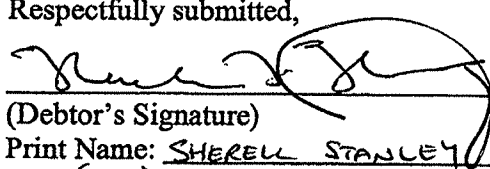
[state the facts]:

1. On or about November 7, 2013, I filed ^{the attached} a Federal EEOC complaint (Charge No. 471-2014-00163) against the City of Detroit for gender
 2. discrimination, retaliation, and the continued intentional infliction of emotional distress.
 3. Debtor requests One million Dollars (\$1,000,000.00) in relief; a claim filed previously on at least two separate occasions with the bankruptcy court (see Claim 1603)
- WHEREFORE, Debtor requests this Court to consider Debtor's ~~Motion~~ for/to Application for Administrative Expense Claim and afford Debtor what further relief this Court deems equitable

and just. A copy of a proposed Order is attached hereto.

Respectfully submitted,

Dated: 02-06-15


(Debtor's Signature)

Print Name: SHERELL STANLEY
(313) 570-2012

(Co-Debtor's Signature)

Print Name: _____

* Please mail material to me certified to ensure

FILED (U)
UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
2015 FEB -6 P 3:28

IN RE:

City of Detroit

Debtor.

U.S. BANKRUPTCY COURT
E.D. MICHIGAN-DETROIT

CASE NO: 13-53846
CHAPTER: _____

CERTIFICATE OF SERVICE

I hereby certify that on 2.6.15 (date of mailing), I served
copies as follows:

1. Document(s) served:

*Application for Administrative
Expense Claim*

2. Served upon [name and address of each person served]:

*Mr. Bruce Bennett, Heather Lennox, and Jones Day
Law Firm
555 S. Flower St.
50TH Floor
Los Angeles, CA 90071*

3. By First Class Mail.

Dated: 02-06-15

(Signature)

Print Name: SHEREU STANLEY



EXHIBIT 1 – CERTIFICATE OF SERVICE

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Honorable Thomas J. Tucker

Chapter 9

CERTIFICATE OF SERVICE

The undersigned hereby certifies that on May 4, 2015, he served a copy of the foregoing
***CITY OF DETROIT'S OBJECTION TO SHEILA STANLEY'S APPLICATION FOR
ADMINISTRATIVE EXPENSE CLAIM*** as listed below, via First Class United States Mail:

Ms. Sheila LaDean Stanley
336 Pinecrest
Ferndale, MI 48220

DATED: May 4, 2015

By: /s/ Marc N. Swanson

Marc N. Swanson
150 West Jefferson, Suite 2500
Detroit, Michigan 48226
Telephone: (313) 496-7591
Facsimile: (313) 496-8451
swansonm@millercanfield.com



UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Honorable Thomas J. Tucker

Chapter 9

CORRECTED CERTIFICATE OF SERVICE

The undersigned hereby certifies that on May 4, 2015, he served a copy of the ***CITY OF DETROIT'S OBJECTION TO SHERELL STANLEY'S APPLICATION FOR ADMINISTRATIVE EXPENSE CLAIM*** as listed below, via First Class United States Mail:

Ms. Sherell Stanley
PO Box 321032
Detroit, MI 48232

DATED: May 4, 2015

By: /s/ Marc N. Swanson

Marc N. Swanson
150 West Jefferson, Suite 2500
Detroit, Michigan 48226
Telephone: (313) 496-7591
Facsimile: (313) 496-8451
swansonm@millercanfield.com



UNITED STATES BANKRUPTCY COURT Eastern District of Michigan		<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	PROOF OF CLAIM
Name of Debtor: CITY OF DETROIT, MICHIGAN		Case Number: 13-53846	<div style="font-size: 2em; font-weight: bold; margin: 10px 0;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin: 10px 0;">FEB 21 2014</div> <div style="font-size: 0.8em; margin: 10px 0;"> US Bankruptcy Court MI Eastern District </div>
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing. You may file a request for payment of an administrative expense according to 11 U.S.C. § 503.			
Name of Creditor (the person or other entity to whom the debtor owes money or property): SHERELL SHAWNEE STANLEY			
Name and address where notices should be sent: Sherell S. Stanley P.O. Box 321032 Detroit, MI 48232 Telephone number: (313) 570-2012 email: s.s.stanley@comcast.net		<input type="checkbox"/> Check this box if the claimant intends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____	
Name and address where payment should be sent (if different from above): Telephone number: _____ email: _____		<input checked="" type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: \$ <u>1,000,000.00</u> If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.			
2. Basis for Claim: <u>Employment discrimination (sex/gender), Harassment, Retaliation, Hostile Work Environment, Personal Injury, Intentional Infliction of Emotional Distress</u> (See instruction #2)			
3. Last four digits of any number by which creditor identifies debtor: _____	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	3b. Uniform Claim Identifier (optional): _____ (See instruction #3b)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____		Basis for perfection: _____	
Value of Property: \$ _____		Amount of Secured Claim: \$ _____	
Annual Interest Rate _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable (when case was filed)		Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507 (a). If any part of the claim falls into one of the following categories, check the box specifying the priority and state the amount.			
<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507 (a)(1)(A) or (a)(1)(B).	<input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the case was filed or the debtor's business ceased, whichever is earlier – 11 U.S.C. § 507 (a)(4).	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. § 507 (a)(5).	Amount entitled to priority: \$ <u>12,475.00</u>
<input type="checkbox"/> Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. § 507 (a)(7).	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. § 507 (a)(8).	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).	
*Amounts are subject to adjustment on 4/01/16 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)			

7. Documents: Attached are **redacted** copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and **redacted** copies of documents providing evidence of perfection of a security interest are attached. If the claim is secured by the debtor's principal residence, the Mortgage Proof of Claim Attachment is being filed with this claim. (See instruction #7, and the definition of "redacted".)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain: Confidential Health Care Information

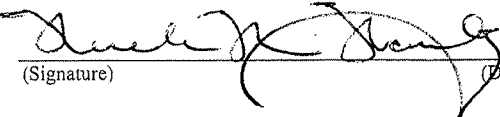
8. Signature: (See instruction #8)

Check the appropriate box.

☒ I am the creditor. ☐ I am the creditor's authorized agent. ☐ I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3004.) ☐ I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.)

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

Print Name: Sherell Shawnee Stanley
 Title: An Individual/Police Lieutenant
 Company: Detroit Police Department
 Address and telephone number (if different from notice address above):

 02/20/2014
 (Signature) (Date)

Telephone number: _____ email: _____

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

INSTRUCTIONS FOR PROOF OF CLAIM FORM

The instructions and definitions below are general explanations of the law. In certain circumstances, such as bankruptcy cases not filed voluntarily by the debtor, exceptions to these general rules may apply.

Items to be completed in Proof of Claim form

Court, Name of Debtor, and Case Number:

Fill in the federal judicial district in which the bankruptcy case was filed (for example, Central District of California), the debtor's full name, and the case number. If the creditor received a notice of the case from the bankruptcy court, all of this information is at the top of the notice.

Creditor's Name and Address:

Fill in the name of the person or entity asserting a claim and the name and address of the person who should receive notices issued during the bankruptcy case. A separate space is provided for the payment address if it differs from the notice address. The creditor has a continuing obligation to keep the court informed of its current address. See Federal Rule of Bankruptcy Procedure (FRBP) 2002(g).

1. Amount of Claim as of Date Case Filed:

State the total amount owed to the creditor on the date of the bankruptcy filing. Follow the instructions concerning whether to complete items 4 and 5. Check the box if interest or other charges are included in the claim.

2. Basis for Claim:

State the type of debt or how it was incurred. Examples include goods sold, money loaned, services performed, personal injury/wrongful death, car loan, mortgage note, and credit card. If the claim is based on delivering health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information. You may be required to provide additional disclosure if an interested party objects to the claim.

3. Last Four Digits of Any Number by Which Creditor Identifies Debtor:

State only the last four digits of the debtor's account or other number used by the creditor to identify the debtor.

3a. Debtor May Have Scheduled Account As:

Report a change in the creditor's name, a transferred claim, or any other information that clarifies a difference between this proof of claim and the claim as scheduled by the debtor.

3b. Uniform Claim Identifier:

If you use a uniform claim identifier, you may report it here. A uniform claim identifier is an optional 24-character identifier that certain large creditors use to facilitate electronic payment in chapter 13 cases.

4. Secured Claim:

Check whether the claim is fully or partially secured. Skip this section if the

claim is entirely unsecured. (See Definitions.) If the claim is secured, check the box for the nature and value of property that secures the claim, attach copies of lien documentation, and state, as of the date of the bankruptcy filing, the annual interest rate (and whether it is fixed or variable), and the amount past due on the claim.

5. Amount of Claim Entitled to Priority Under 11 U.S.C. § 507 (a).

If any portion of the claim falls into any category shown, check the appropriate box(es) and state the amount entitled to priority. (See Definitions.) A claim may be partly priority and partly non-priority. For example, in some of the categories, the law limits the amount entitled to priority.

6. Credits:

An authorized signature on this proof of claim serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

7. Documents:

Attach redacted copies of any documents that show the debt exists and a lien secures the debt. You must also attach copies of documents that evidence perfection of any security interest and documents required by FRBP 3001(c) for claims based on an open-end or revolving consumer credit agreement or secured by a security interest in the debtor's principal residence. You may also attach a summary in addition to the documents themselves. FRBP 3001(c) and (d). If the claim is based on delivering health care goods or services, limit disclosing confidential health care information. Do not send original documents, as attachments may be destroyed after scanning.

8. Date and Signature:

The individual completing this proof of claim must sign and date it. FRBP 9011. If the claim is filed electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what constitutes a signature. If you sign this form, you declare under penalty of perjury that the information provided is true and correct to the best of your knowledge, information, and reasonable belief. Your signature is also a certification that the claim meets the requirements of FRBP 9011(b). Whether the claim is filed electronically or in person, if your name is on the signature line, you are responsible for the declaration. Print the name and title, if any, of the creditor or other person authorized to file this claim. State the filer's address and telephone number if it differs from the address given on the top of the form for purposes of receiving notices. If the claim is filed by an authorized agent, provide both the name of the individual filing the claim and the name of the agent. If the authorized agent is a servicer, identify the corporate servicer as the company. Criminal penalties apply for making a false statement on a proof of claim.

DEFINITIONS

Debtor

A debtor is the person, corporation, or other entity that has filed a bankruptcy case.

Creditor

A creditor is a person, corporation, or other entity to whom debtor owes a debt that was incurred before the date of the bankruptcy filing. See 11 U.S.C. §101 (10).

Claim

A claim is the creditor's right to receive payment for a debt owed by the debtor on the date of the bankruptcy filing. See 11 U.S.C. §101 (5). A claim may be secured or unsecured.

Proof of Claim

A proof of claim is a form used by the creditor to indicate the amount of the debt owed by the debtor on the date of the bankruptcy filing. The creditor must file the form with the clerk of the same bankruptcy court in which the bankruptcy case was filed.

Secured Claim Under 11 U.S.C. § 506 (a)

A secured claim is one backed by a lien on property of the debtor. The claim is secured so long as the creditor has the right to be paid from the property prior to other creditors. The amount of the secured claim cannot exceed the value of the property. Any amount owed to the creditor in excess of the value of the property is an unsecured claim. Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment is a lien.

A claim also may be secured if the creditor owes the debtor money (has a right to setoff).

Unsecured Claim

An unsecured claim is one that does not meet the requirements of a secured claim. A claim may be partly unsecured if the amount of the claim exceeds the value of the property on which the creditor has a lien.

Claim Entitled to Priority Under 11 U.S.C. § 507 (a)

Priority claims are certain categories of unsecured claims that are paid from the available money or property in a bankruptcy case before other unsecured claims.

Redacted

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. A creditor must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

Evidence of Perfection

Evidence of perfection may include a mortgage, lien, certificate of title, financing statement, or other document showing that the lien has been filed or recorded.

INFORMATION

Acknowledgment of Filing of Claim

To receive acknowledgment of your filing, you may either enclose a stamped self-addressed envelope and a copy of this proof of claim or you may access the court's PACER system

(www.pacer.psc.uscourts.gov) for a small fee to view your filed proof of claim.

Offers to Purchase a Claim

Certain entities are in the business of purchasing claims for an amount less than the face value of the claims. One or more of these entities may contact the creditor and offer to purchase the claim. Some of the written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court or the debtor. The creditor has no obligation to sell its claim.

However, if the creditor decides to sell its claim, any transfer of such claim is subject to FRBP 3001(e), any applicable provisions of the Bankruptcy Code (11 U.S.C. § 101 *et seq.*), and any applicable orders of the bankruptcy court.

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC**471-2014-00163****Michigan Department Of Civil Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

Ms. Sherell S. Stanley

Home Phone (Incl. Area Code)

(313) 570-2012

Date of Birth

07-18-1970

Street Address

City, State and ZIP Code

P.O. Box 321032, Detroit, MI 48232

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

CITY OF DETROIT, DETROIT POLICE DEPARTMENT

No. Employees, Members

500 or More

Phone No. (Include Area Code)

(313) 596-5600

Street Address

City, State and ZIP Code

11450 Warwick, Detroit, MI 48228

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ GENETIC INFORMATION
☐ OTHER (Specify)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest: **10-24-2012** Latest: **10-08-2013**

☒ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began working for the above named employer on 6/24/96. I am currently employed as a Lieutenant at the 6th Precinct, Platoon One/Midnight Shift.

Since the fall of 2012, through November 2013, I have been retaliated against and subject to different terms and conditions of employment as compared to male supervisors due to my sex (female), both in violation of Title VII.

Specifically, I have been required to procure authorization in advance of working prescheduled overtime; my request to split my 2013 summer furlough was denied twice, supposedly due to overlapping with another sergeants, which was not true; I was assigned more officers and responsibilities with less supervisory personnel than Platoons Two or Three, placing me at a disadvantage in completing assignments in a timely manner and subjecting me to disciplinary action (scheduled for six (6) disciplinary Trial Boards); I have been required to combine my monthly mobilization report and SOC sheet, following a specific format, not required of any male supervisor to procure approval of those particular monthly reports; I have been required to include an extra cover

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

11-07-13

Date

Sherell S. Stanley
 Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Sherell S. Stanley 11-07-13
 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
 (month, day, year) **11-07-2013**

HEATHER DEHART

Notary Public, Wayne County, MI

Acting in *Macomb* County

My Commission Expires September 22, 2014

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC**471-2014-00163****Michigan Department Of Civil Rights**

and EEOC

State or local Agency, if any

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

memorandum in addition to the cover-memos already included within my package of Quarterly Equipment Inspection reports not mandated per Department policy or of any male supervisor; my authority as lieutenant has been constantly undermined by the Inspector. Lastly, I was retaliated against by being disciplined for complaining of inequities due to my gender. Males were not subject to the same treatment under the above mentioned same/similar circumstances.

I have been subjected to different terms/conditions of employment due to my sex (female) and in retaliation for filing previous charges of discrimination and for filing internal complaints of sex discrimination, in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

11-07-13

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year) 11-07-13

HEATHER DEHART

Notary Public, Wayne County, MI

Acting in Wayne County
My Commission Expires September 22, 2014



**PLEASE READ THE VOTING INFORMATION AND
INSTRUCTIONS ATTACHED BEFORE COMPLETING THIS BALLOT**

PLEASE COMPLETE ITEMS 1, 2, AND 3 BELOW. IF NEITHER THE "ACCEPT" NOR "REJECT" BOX IS CHECKED IN ITEM 1 OR IF BOTH BOXES ARE CHECKED IN ITEM 1, THIS BALLOT WILL NOT BE COUNTED AS HAVING BEEN CAST.

IF BOTH BOXES ARE, OR NEITHER BOX IS, CHECKED IN ITEM 2, THIS BALLOT WILL COUNT AS ONE NOT ELECTING CONVENIENCE CLAIM TREATMENT FOR YOUR CLASS 14 OTHER UNSECURED CLAIM.

IF THIS BALLOT IS NOT SIGNED ON THE APPROPRIATE LINES BELOW, THIS BALLOT WILL NOT BE VALID OR COUNTED AS HAVING BEEN CAST.

Item 1: Class Vote. The undersigned, the Other Unsecured Claim Holder in Class 14 as of April 14, 2014, against the City of Detroit, Michigan, votes in (check one box):

☐ ACCEPT the Plan

☒ REJECT the Plan

If you vote to accept the Plan, you are voting to approve certain cancellation, discharge, exoneration, expungement, injunction and release provisions contained in the Plan. Such provisions include, but are not limited to, the provisions contained in Article III D, Article IV J, Article IV K and Article V C of the Plan. Such provisions may affect your rights and interests regarding certain nondebtor parties.

Creditor Name: Sherell Shawnee Stanley Amount of Claim: \$ 1,000,000.00

Item 2: Convenience Class Election. The undersigned, the Other Unsecured Claim Holder in Class 14 as of April 14, 2014, against the City of Detroit, Michigan, elects to (check one box):

☐ Treat the undersigned's Other Unsecured Claim as a Class 15 Convenience Claim under the Plan

☒ Not Treat the undersigned's Other Unsecured Claim as a Class 15 Convenience Claim under the Plan

If you elect to treat your Class 14 Other Unsecured Claim as a Class 15 Convenience Claim, your vote to accept or reject the Plan in this Ballot will count as a vote for Class 15 tabulation purposes and your vote will not count for Class 14 tabulation purposes.

Convenience Claim elections are subject to the terms contained in the Plan. This Convenience Claim Election will be deemed irrevocable and legally binding on you upon (i) execution of this election on the Ballot and (ii) confirmation of the Plan. Class 15 Convenience Claims will be paid in accordance with the Plan terms.

Creditor Name: Sherell Shawnee Stanley Claim Amount: \$

PLEASE CONTINUE TO ITEM 3 ON THE NEXT PAGE



Item 3. **Certifications.** By signing this Ballot, the undersigned certifies that she or he

is the holder of one or more Other Employment Claims in Class 14 in which the Ballot permits or is authorized to vote, and has full power and authority to vote to accept or reject the Plan and the sections applicable to such claims.

has received a copy of the Solicitation Package consisting of a pamphlet regarding the time and place of holding the vote, confirmation of the Plan 701a CD-ROM including the Plan, the closure document and the exhibits thereto, one Ballot and a ballot return envelope, a copy of certain rules governing the submission of Ballots, a copy of the Notice of a Claim Dispute Resolution Procedures approved by the Solicitation Procedures Order and the cover letter.

has not submitted any other Ballots for Class 14 that are inconsistent with the vote to accept or reject the Plan set forth in this Ballot, or if such other ballots were previously submitted, they have been revoked or changed to reflect the vote of this Ballot, and

understands that a vote to accept the Plan is a vote to accept certain cancellation, suspension, expiration or termination provision and release provision contained in the Plan.

Signature of Signer

Name

[Redacted Signature]

Name of Employer

[Redacted Signature]

Name

Job Title or Title

Name of Employer

Name of Employer

Name of Employer

Name of Employer

Name of Employer

Name of Employer

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