



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

July 24, 2015

Honorable Vernon H. Rodrique
Clerk of Court
Lafourche Parish
Post Office Box 818
Thibodaux, Louisiana 70302-0818

Re: Filing of *State of Louisiana v. Martha Thomas & Ronald Thomas*, *State of Louisiana v. Rita Scioneaux & Clarence Scioneaux* and *State of Louisiana v. John Anthony Clark*

Dear Mr. Rodrique:

Please find enclosed the originals of *State of Louisiana v. Martha Thomas & Ronald Thomas*, *State of Louisiana v. Rita Scioneaux & Clarence Scioneaux* and *State of Louisiana v. John Anthony Clark* which are to be duly filed.

The copies have also been enclosed, and I ask that said copies are returned to me as follows:

Attorney La Koshia R. Roberts
State of Louisiana, HMGP
2021 Lakeshore Drive, Suite 100
New Orleans, Louisiana 70122

Thank you for your assistance.

Sincerely,

La Koshia R. Roberts
Attorney for HMGP
Enclosures

17TH JUDICIAL DISTRICT COURT FOR THE PARISH OF LAFOURCHE

STATE OF LOUISIANA

NO: 127925

DIVISION: DIVISION B

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT –
HAZARD MITIGATION GRANT PROGRAM

VS.

JOHN ANTHONY CLARK

**PETITION FOR DECLARATORY JUDGMENT AND FOR
JUDGMENT TO RECOVER HAZARD MITIGATION
GRANT PROGRAM FUNDS**

NOW INTO COURT, through undersigned counsel, comes Petitioner, the State of Louisiana, Office of Community Development, Disaster Recovery Unit - Hazard Mitigation Grant Program (hereinafter "HMGP"), which respectfully files this Petition for Declaratory Judgment and for Judgment to Recover Hazard Mitigation Grant Program Funds. In support, HMGP respectfully represents:

1.

The Defendant in this case is, John Anthony Clark (hereinafter John Clark), a major domiciliary of Lafourche Parish, who voluntarily participated in HMGP to mitigate his home after Hurricanes Rita and Katrina.

2.

HMGP is a mitigation program funded by FEMA and is administered by the State of Louisiana, the grantee. HMGP assists homeowners whose homes were damaged as a result of Hurricanes Katrina and Rita. It also helps homeowners in coastal Louisiana protect their homes from damage which may occur in future natural disasters by elevating their homes, reconstructing safer structures, or installing individual mitigation measures. The State of Louisiana serves as the funding vehicle by which FEMA funds are awarded to eligible homeowners.

3.

Defendant executed a Voluntary Participation Agreement (hereinafter "VPA") on January 10, 2010, to participate in HMGP and to receive an HMGP grant. Defendant also agreed to comply

with all HMGP guidelines, which includes using HMGP funds for their intended purpose. *Exhibit A.*

4.

FEMA grant funds in the amount of \$23,400.00 were paid to Defendant by HMGP on or about March 29, 2010 for the specific purpose of elevating his home located at 368 Brocato Lane, Raceland, LA 70394. *Exhibit B.*

5.

Photographs dated March 3, 2015 show that although the FEMA Grant Funds were received, Defendant's home was not elevated. *Exhibit C.*

6.

Four (4) separate collection letters were mailed to Defendant to inform the Defendant that the FEMA Grant Funds had to be returned to the State of Louisiana. The first letter dated July 9, 2013 was mailed via US certified mail to the address 368 Brocato Lane, Raceland, LA 70394. The same letter was also mailed via US certified mail on July 10, 2013 to the following addresses, which were provided by Defendant when applying for the grant funds: 1) 4516 Perlita Street, New Orleans, LA 70122 2) 7108 Tudor Court, New Orleans, LA 70126. The letter sent to the Perlita Street address was received and signed for on July 12, 2013. *Exhibit D (in globo).*

7.

The second letter dated August 14, 2013 was sent via US certified mail to both the Perlita Street and Tudor Court street addresses to reiterate that the FEMA Grant Funds had to be returned to the State of Louisiana. The letter mailed to the Tudor Court address was received and signed for on August 26, 2013. *Exhibit E (in globo).*

8.

The third letter dated January 31, 2015 was mailed to the Defendant at both the Tudor Court address and the Brocato Lane address. *Exhibit F (in globo).*

9.

The fourth letter dated April 13, 2015 was sent via US certified mail. The letter was marked "Unclaimed" by the recipient per the USPS. *Exhibit G (in globo).*

10.

Defendant has failed to respond to the letters and has failed to return the funds to the State.

11.

Defendant's failure to return the FEMA Grant Funds has resulted in Defendant owing to HMGP the FEMA Grant Funds, which must be recovered by HMGP, the State program charged with distributing FEMA funds for mitigation projects.

12.

HMGP must account to FEMA for all funds issued to homeowners. Failure of HMGP to recover the FEMA Grant Funds from Defendant will result in reimbursement to FEMA being required by the State of Louisiana.

13.

HMGP requests that the debt of \$23,400.00 owed by John Clark to HMGP, be recognized and that judgment in favor of HMGP be granted, directing Defendant to return and pay the FEMA Grant Funds to the State, in full.

ALL PREMISES CONSIDERED, WHEREFORE, HMGP PRAYS:

- a. That this Honorable Court declare that Defendant, John Clark, is non-compliant with the Voluntary Participation Agreement signed by him;
- b. That this Honorable Court declare that Defendant, John Clark, is indebted to HMGP in the amount of \$23,400.00 because of his failure to mitigate his home according to his agreement to abide by HMGP guidelines, including using HMGP funds for their intended purpose;
- c. That Defendant, John Clark, be ordered to return the \$23,400.00 HMGP grant to HMGP, in full;
- d. That there be judgment rendered herein in favor of HMGP and against Defendant, John Clark, in the full sum of \$23,400.00;
- e. That Defendant, John Clark, be assessed all costs and fees associated with this matter; and
- f. That the Court grant such other relief as is just and proper.

Respectfully submitted:

FOR HMGP:



La Koshia R. Roberts
Bar Roll No. 26715
State of Louisiana, through
its Division of Administration
2021 Lakeshore Drive, Suite 100
New Orleans, Louisiana 70122
Telephone: (504) 284-4022
Facsimile: (504) 284-4091
LaKoshia.Roberts@la.gov

T. Randolph Richardson (Special Counsel)
Bar Roll No. 11245
Law Office of T. Randolph Richardson
1010 Common Street, Suite 3000
New Orleans, LA 70112
Phone: 504-212-4163
Fax: 504-581-7083
Email: trichar994@aol.com

PUBLIC ENTITY/FEE EXEMPT
(La.R.S. 13:4521 and 13:5112)

PLEASE SERVE:

**JOHN CLARK
7108 TUDOR COURT
NEW ORLEANS, LA 70126**

**JOHN CLARK
4516 PERLITA STREET
NEW ORLEANS, LA 70122**

**JOHN CLARK
368 BROCATO LANE
RACELAND, LA 70394**

FILED

JUL 31 2015

CLERK OF COURT

17TH JUDICIAL DISTRICT COURT FOR THE PARISH OF LAFOURCHE

STATE OF LOUISIANA

NO: _____

DIVISION: _____

STATE OF LOUISIANA-DIVISION OF ADMINISTRATION,
OFFICE OF COMMUNITY DEVELOPMENT,
DISASTER RECOVERY UNIT –
HAZARD MITIGATION GRANT PROGRAM

VS.

JOHN ANTHONY CLARK

VERIFICATION

CONSIDERING THE FOREGOING PETITION FOR RECOVERY OF HAZARD
MITIGATION GRANT PROGRAM FUNDS:

I, CRAIG P. TAFFARO, JR., Director of the State of Louisiana's Hazard Mitigation Grant
Program, declare under penalty of perjury that the representations made in the foregoing Petition
are true and correct to the best of my knowledge, belief and understanding.

THUS DONE ON THIS 24th DAY OF July 2015 IN New Orleans,
LOUISIANA.



Craig P. Taffaro, Jr.



La Koshia Reonda Roberts
Notary Public
Bar Roll No. 26715
My Commission expires at death.

FILED

JUL 31 2015

CLERK OF COURT

OCD-DRU
HAZARD MITIGATION PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT (VPA)

Complete and return this form by mail to:
OCD-DRU HMGP Program
P. O. Box 1089
Hammond, LA 70404-1089

Road Home # OGH 050554

SECTION 1: Mitigation ELECTION (check one)

- I/We have sold the home that was damaged during the storm and therefore will not be participating in the OCD-DRU HMGP Award Program.
 - I/We are not interested in receiving an OCD-DRU HMGP Award
- IF YOU CHECKED EITHER OF THE ABOVE: SIGN BELOW AND RETURN THIS FORM, OTHERWISE CONTINUE.

<u>John A. Clark</u> Applicant or Co-Applicant NAME	<u>John A. Clark</u> Applicant or Co-Applicant SIGNATURE	<u>01-10-2010</u> Date
--	---	---------------------------

<u>N/A</u> Applicant or Co-Applicant NAME	<u>N/A</u> Applicant or Co-Applicant SIGNATURE	<u>N/A</u> Date
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Home Phone: 504-309-0547 Cell Phone: 504-329-2090

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO If signing as agent with Power of Attorney:

<u>N/A</u> Agent NAME (person with POA)	<u>N/A</u> Agent SIGNATURE	<u>N/A</u> Date
--	-------------------------------	--------------------

I/WE AM/ARE INTERESTED IN RECEIVING AN OCD-DRU HMGP AWARD. IF YOU CHECK THIS BOX, YOU NEED TO MEET ALL CRITERIA IN SECTION 2.

SECTION 2: PROGRAM ELIGIBILITY

A homeowner must meet ALL of the following criteria to be considered for the OCD-DRU HMGP Award:

- a. Applicant is eligible for Road Home Program benefits as part of the Homeowner Assistance Program. (NOTE: Even if a homeowner received a zero award letter from Road Home, that homeowner may still be eligible for money through the OCD-DRU HMGP.
- b. Homeowner selected Road Home Option 1 - "Keep Our Home".
- c. Homeowner still owns the home that was eligible for Road Home benefits.
- d. The structure is located in a FEMA designated ABFE area or the mitigation activity is deemed cost beneficial according to FEMA guidelines. (IMMs are not required to undergo a cost benefit analysis since FEMA has determined all IMMs to be globally cost beneficial for this grant.
- e. Homeowner agrees to comply with all OCD-DRU HMGP guidelines.

06HH050554

JOHN CLARK
VPA

Page 1 of 3

01-11-2010 06:3



8:28AM (GMT-06:00)

EXHIBIT
tabbies
A

SECTION 3: I AM INTERESTED IN PARTICIPATING IN THE FOLLOWING PROGRAM/S:

Pilot Reconstruction Elevation Individual Mitigation Measures (IMM)

SECTION 4: VPA STATEMENT OF COMPLIANCE

This Agreement of Voluntary Participation is made on 01-10-2010 (date). I/We are the owner of the following property, eligible for Road Home assistance and damaged by Hurricane Katrina and/or Rita at the following municipal address:

368 BROCADELN RACELAND LAFOURCHE 70094 (the "Property").
Street City Parish ZIP

I/We currently plan to participate in the OCD-DRU HMGP Program. I/We understand that participation in OCD-DRU HMGP Program and understand that:

- The program is voluntary in nature;
- I/We are under no obligation to participate;
- I/We may drop out of the program at any time before receiving an award;
- The program reimburses cost of mitigation measures, homeowner must complete measures and request reimbursement from OCD-DRU's HMGP;
- Due to limited funding, IMM will be serviced on a "first come, first serve" basis until all funding is exhausted.

I/We understand that before cost will be reimbursed that an OCD-DRU HMGP Covenant must signed, which requires the property owner to obtain and maintain flood insurance. The OCD-DRU HMGP will be recorded with Conveyance records in the parish where the property is located.

For Pilot Reconstruction Projects:

- Property owner has been notified that the reconstructed structure total square footage cannot exceed 10% of the total square footage of the original structure on or before the date of the event for which funding is authorized.
- Property owner has been notified that the maximum award amount is \$100,000, less duplication of benefits.
- Property owner confirms that the information described in the preceding paragraphs has been explained and the information is understood.

<u>John A Clark</u> Applicant or Co-Applicant NAME	<u>John A Clark</u> Applicant or Co-Applicant SIGNATURE	<u>01-10-2010</u> Date
<u>N/A</u> Applicant or Co-Applicant NAME	<u>N/A</u> Applicant or Co-Applicant SIGNATURE	<u>N/A</u> Date

Are you signing as an agent with Power of Attorney (POA) for an applicant? YES NO (if signing as agent with Power of Attorney):

<u>N/A</u> Agent NAME (person with POA)	<u>FILED</u> Agent SIGNATURE	<u>N/A</u> Date
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JUL 31 2015

Office of Statewide Reporting and Accounting Policy **NEOLouisiana**

Logoff Payee Locations Payee Search Payments Help

Payee Detail

Sort the information below by clicking on the column headers. Click on the agency number below for contact information.

Payee Remittance Address:
368 BROCATO LN
RACELAND, LA 70394

Check/EFT Number: EF 00000476947
Check/EFT Date: 03/29/2010
Status Change Date: 03/29/2010
Status: Cleared

Check/EFT Line Details:
(click on agency for contact information) **Check/EFT Total:** 23,400.00

Total Number of Lines: 1

Agency	Document ID	Ref Doc ID	Invoice #	Comments	Line Amount
107	PVQ00038722		HM0300000884	06H+050864	23,400.00

ISIS Calendar (CY) Help Desk GASB 34 and 35 Search OSRAP Contacts

https://www.prd.doa.louisiana.gov/vcndsearch/detail.cfm?check_number=00000476947

3/31/2010

FILED

JUL 31 2015

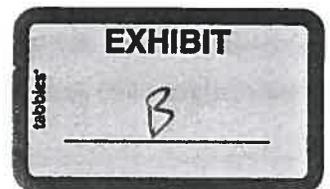
06HH050554

JOHN CLARK

Printed from OSRAP



CLERK OF COURT





State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

100 Box 5098 • Bayou Rouge, LA 70821-5098 • Toll Free (877) 824-8312 • Fax (225) 330-0846 •
hm-admin@louisiana.gov

Time of Observation: 11:20 AM
Weather Conditions: _____

10.1 Check-In Observation

Applicant ID: 06144 050554
Damaged Property Address: 368 BREARD LN (Pic. 10.0) 70394

Date of Plans: _____
Foundation Type: Open Slab _____ Slab Separation _____

Check List for Check-In Milestone:

- General Site Condition
- Type of Slab
- Which MO Project is Closest 18-3-15
- Contractor Activity
- Take Photographs

General Site Condition:

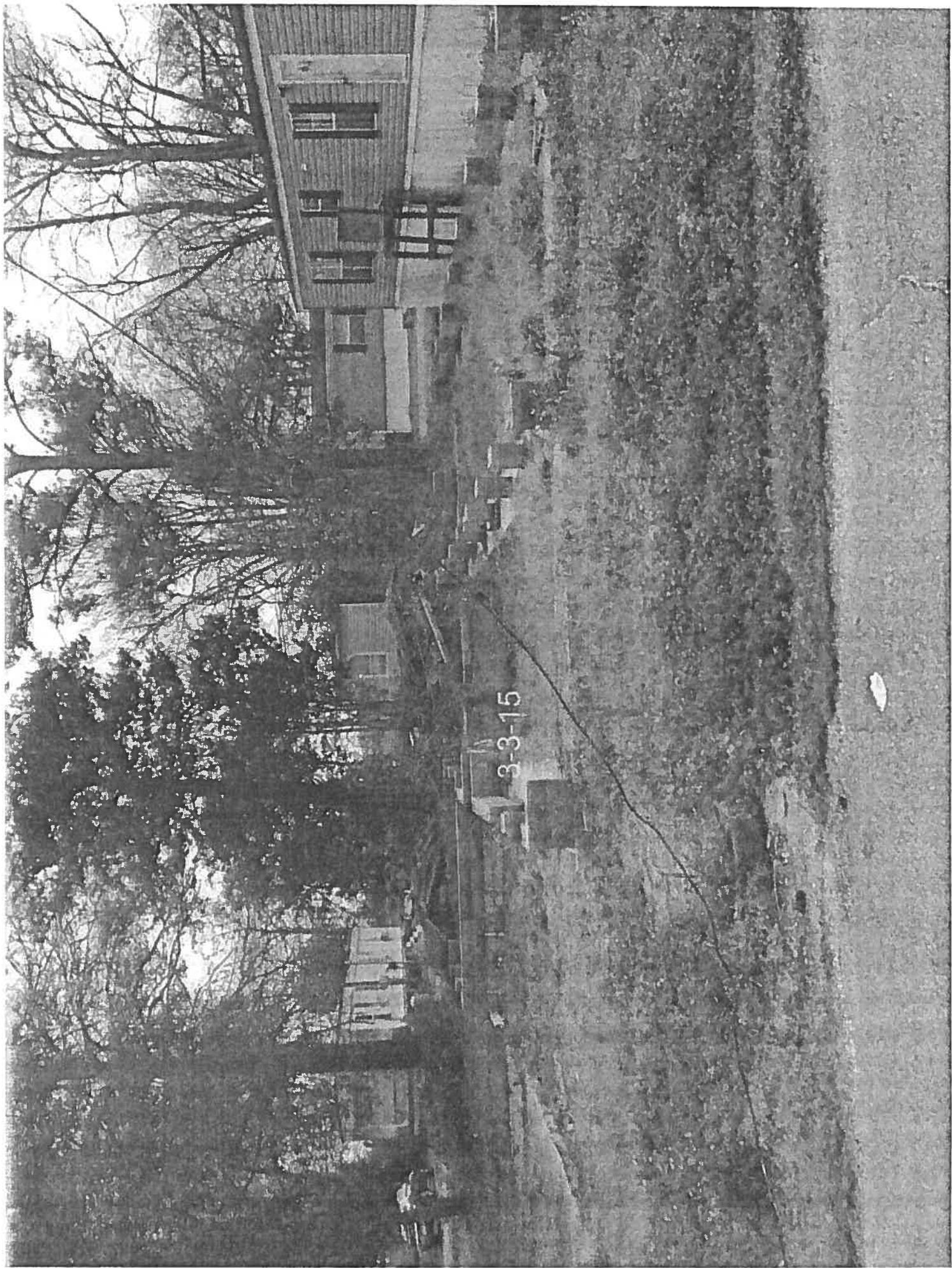
Milestones which Milestone Observation the Project is closest to:

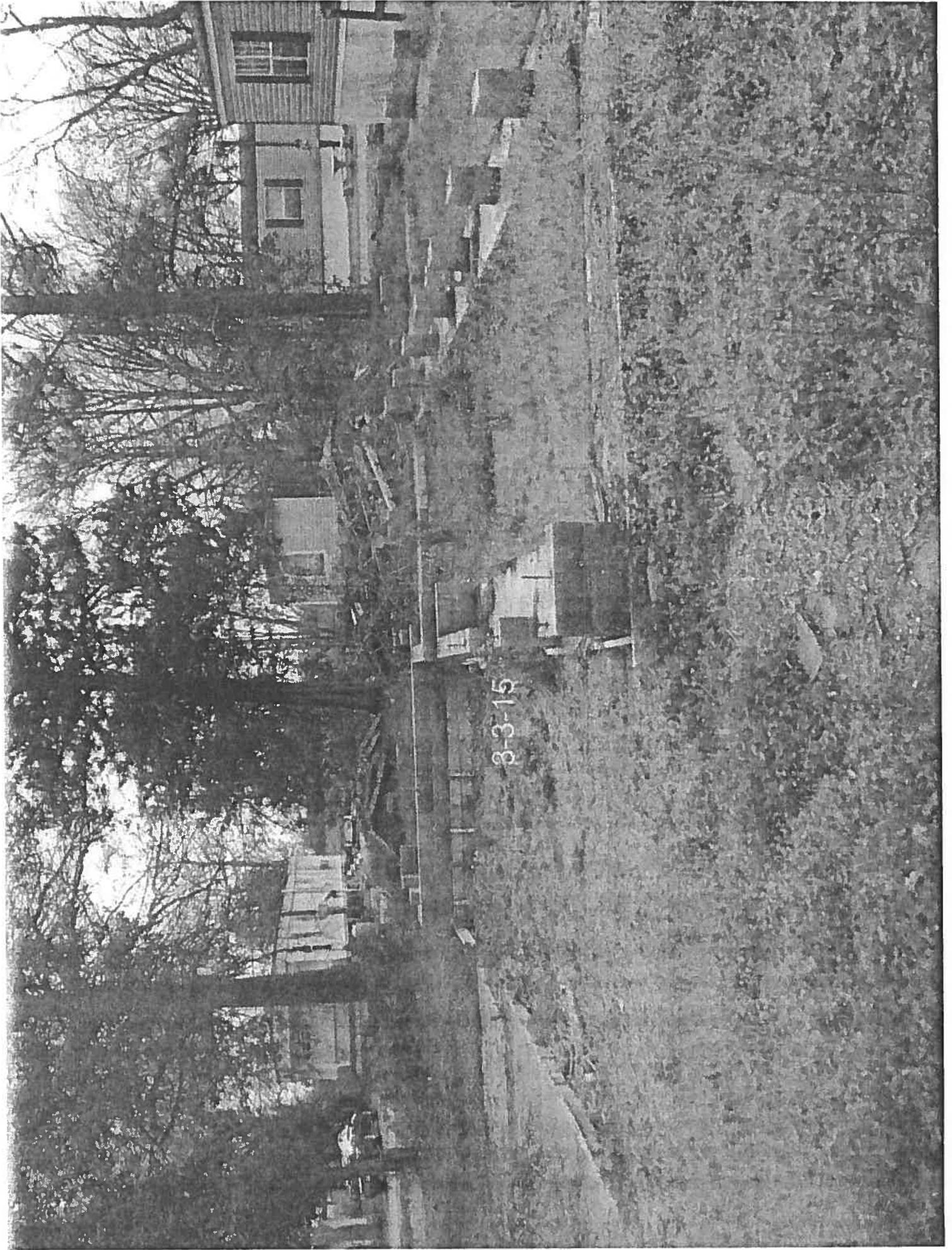
currently working, does the site appear to have recent activity.

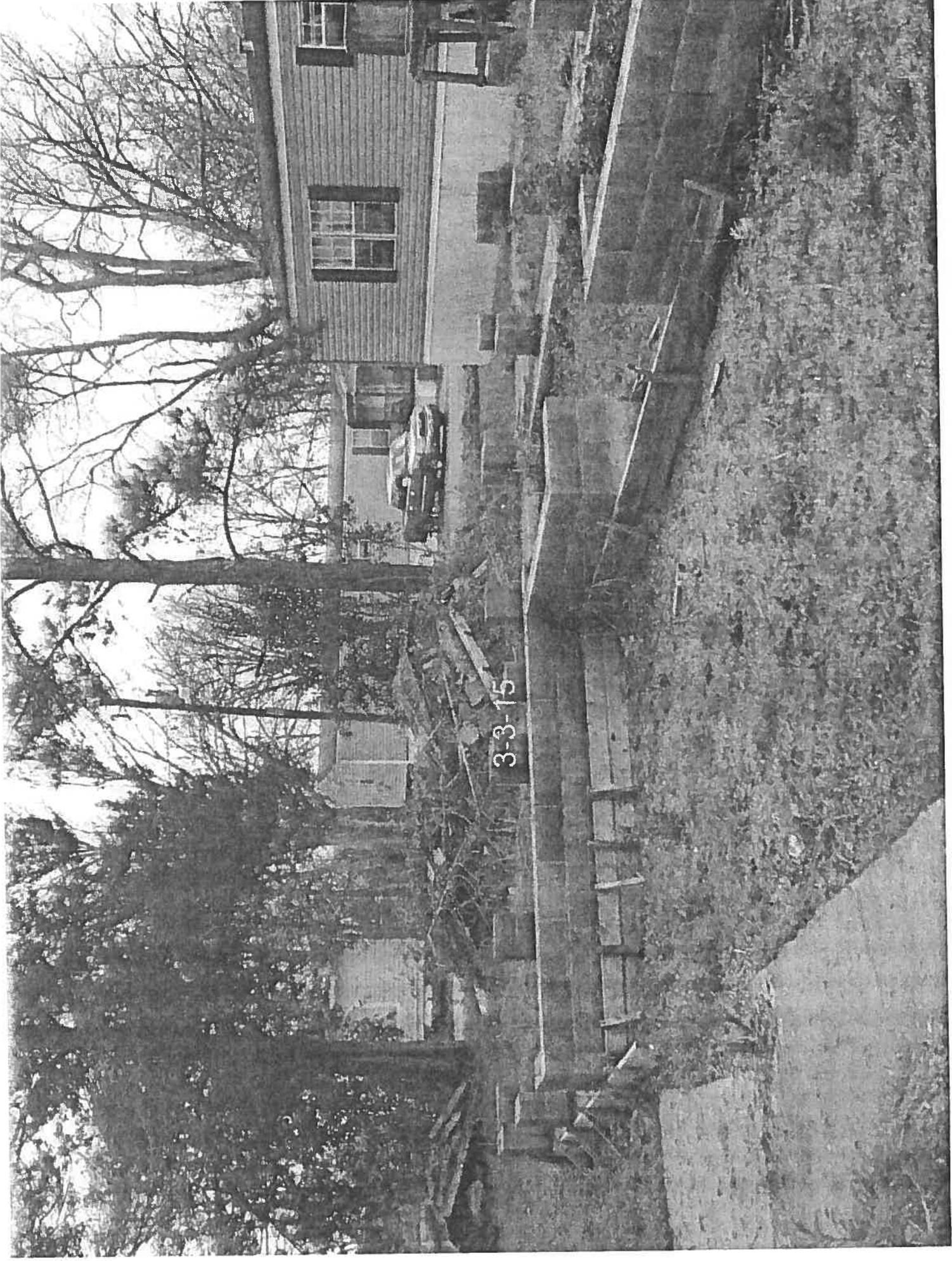
tabbles

EXHIBIT

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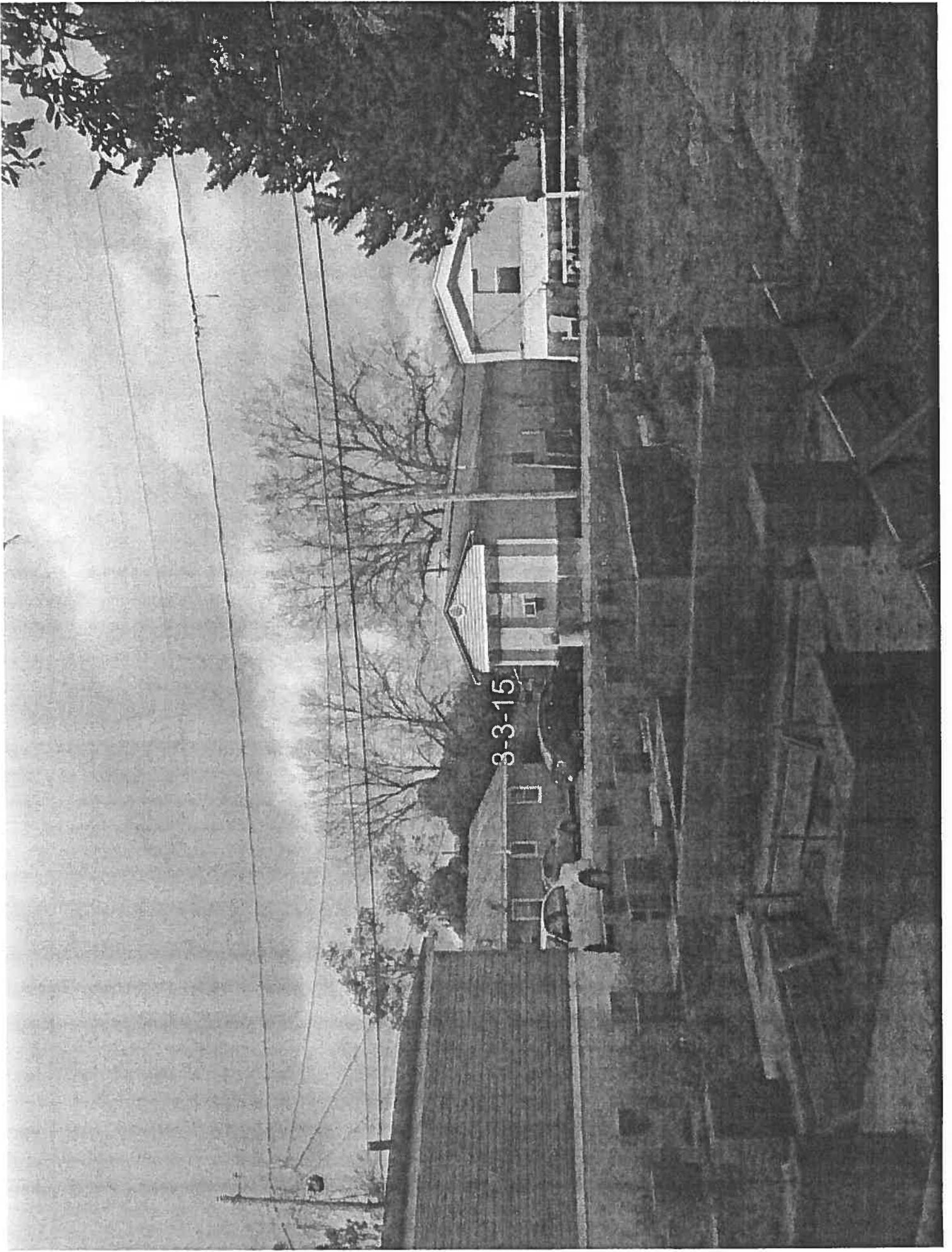


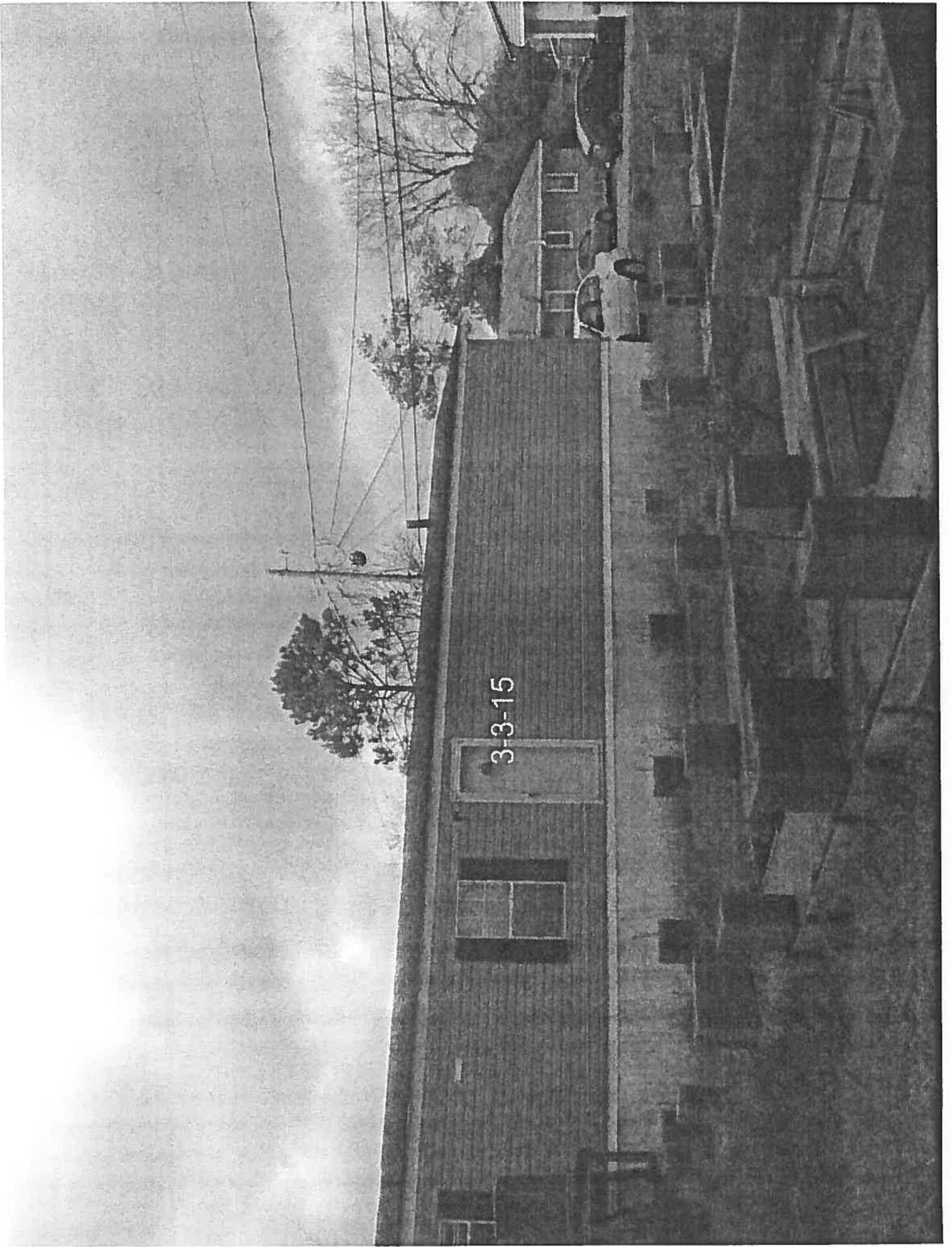




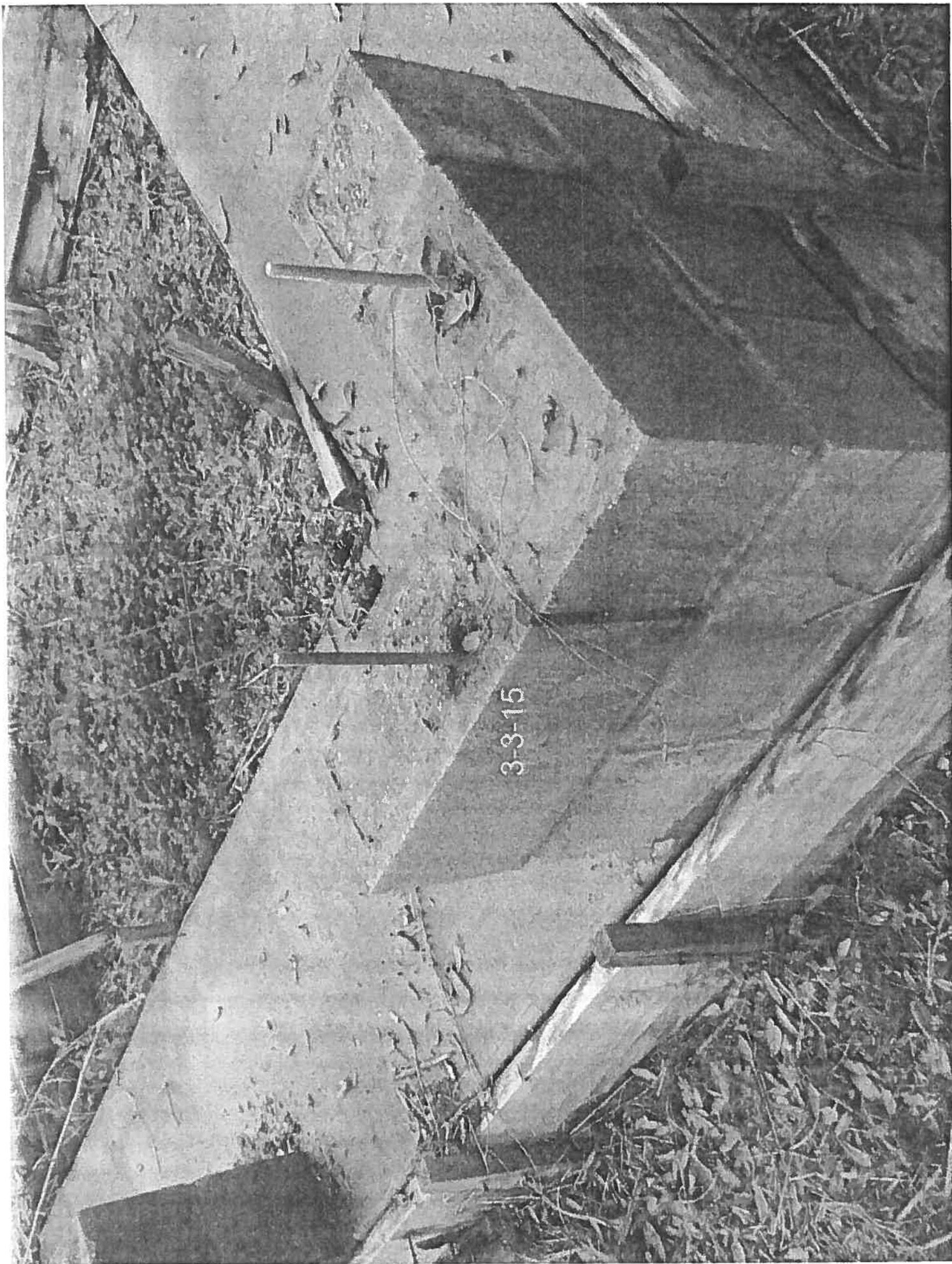
3-3-15







3-3-15





State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigateh.org

July 9, 2013

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
368 BROCATO LN
RACELAND, LA 70394

SUBJECT: Verification of Mitigation Grant Funds

Dear JOHN ANTHONY CLARK:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your grant(s).

- It has been determined that you were not eligible for the grant because you were not an eligible Road Home Option 1 applicant.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$23,400.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$23,400.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH050554 is \$23,400.00.



7012 3460 0000 1290 2104

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAILTM



7012 3460 0000 1290 2104



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

July 10, 2013

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
4516 PERLITA ST
NEW ORLEANS, LA 70122

SUBJECT: Verification of Mitigation Grant Funds

Dear JOHN ANTHONY CLARK:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

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Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$23,400.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH050554 is \$23,400.00.

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input.

If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within thirty (30) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0719 or send email to deidra.davis@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamiburelay.com/states/la_ba%6a.htm.

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE August 14, 2013.

Road Home ID: 06HH050554
JOHN ANTHONY CLARK
4516 PERLITA ST
NEW ORLEANS, LA 70122

Case Manager: Deidra Davis

Please select one (1) option below. This form must be returned within thirty (30) days of the date on this letter.

- I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$23,400.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.
- I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____ Date _____

SIGNATURE: _____

- I am not the primary applicant for this case. If checked, please state your relationship:

7012 3460 0000 1290 1428

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 3460 0000 1290 1428

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Clark
4516 Perilla St
New Orleans, LA
70122

05D554

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Signature Agent
John Clark Addressee
- B. Received by (Printed Name) Date of Delivery
John Clark *7/12/13*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7012 3460 0000 1290 142B

(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

July 10, 2013

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
7108 TUDOR CT
NEW ORLEANS, LA 70126

SUBJECT: Verification of Mitigation Grant Funds

Dear JOHN ANTHONY CLARK:

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7012 3460 0000 1290 1411

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 3460 0000 1290 1411

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input.

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Sincerely,

Office of Community Development - HMGP

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The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-848-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.namdisrelay.com/states/la_howto.htm.

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE August 14, 2013.

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
7108 TUDOR CT
NEW ORLEANS, LA 70126

Case Manager: Deidra Davis

Please select one (1) option below. This form must be returned within thirty (30) days of the date on this letter.

- I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$23,400.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.
- I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____ Date _____

SIGNATURE: _____

- I am not the primary applicant for this case. If checked, please state your relationship:

FILED

JUL 31 2015

CLERK OF COURT



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 • hazardmitigation@mitigatela.org

August 14, 2013

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
4516 PERLITA ST
NEW ORLEANS, LA 70122

SECOND NOTICE

SUBJECT: Verification of Mitigation Grant Funds

Dear JOHN ANTHONY CLARK:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your grant(s).

- It has been determined that you were not eligible for the grant because you were not an eligible Road Home Option 1 applicant.

Due to the determination noted above, your grant values have been adjusted:

Table with 4 columns: Category, Amount, Category, Amount. Rows include Elevation Grant, Individual Mitigation Measures (IMM), Reconstruction Grant, and Total HMGP Funds Received/Total Hazard Mitigation Benefit.

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH050554 is \$23,400.00.

EXHIBIT
tabbles
E (in globe)

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

Your response must be postmarked within fifteen (15) days of the date at the top of this notification letter. If you have additional questions regarding this letter, please call 225-330-0719 or send email to deidra.davis@mitigatela.org for assistance.

If you agree with the finding that an overpayment has occurred, you can return the funds as provided in Attachment 1. If you are unable to provide a full payment at this time, please contact your case manager for further instructions.

We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

The Office of Community Development Disaster Recovery Unit does not discriminate on the basis of race, color, national origin, sex, age, religion or disability, and provides, upon request, reasonable accommodation, including auxiliary aids and services, to afford an individual with a disability an equal opportunity to participate in all services, programs and activities. Any persons requiring special needs assistance should contact a Call Center Specialist, at (877) 824-8312 at least five business days prior to any scheduled meeting. The TDD number for the hearing impaired is 1-800-846-5277. Additional information regarding the use of the Louisiana Relay service can be found at the following link: http://www.hamillrelay.com/states/la_howto.htm.

Attachment 1

THIS FORM MUST BE SIGNED BY THE BELOW NAMED APPLICANT AND RETURNED BY MAIL TO THE OFFICE OF COMMUNITY DEVELOPMENT ON OR BEFORE September 3, 2013.

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
4516 PERLITA ST
NEW ORLEANS, LA 70122

Case Manager: Deidra Davis

Please select one (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$23,400.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.

I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____ Date _____

SIGNATURE: _____

I am not the primary applicant for this case. If checked, please state your relationship:

7012 3460 0000 1289 9558

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



7012 3460 0000 1289 9558



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

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hazardmitigation@mitigatela.org

August 14, 2013

Road Home ID: 06HH050554

JOHN ANTHONY CLARK
7108 TUDOR CT
NEW ORLEANS, LA 70126

SECOND NOTICE

SUBJECT: Verification of Mitigation Grant Funds

Dear JOHN ANTHONY CLARK:

A review has been completed on your Hazard Mitigation grant file in order to confirm you received the correct amount of grant funds. The grant requires that the homeowner meet specific requirements listed in the Alternative Payment Option Affidavit and Agreement. Failure to satisfy the conditions listed in the Alternative Payment Option Affidavit and Agreement and the OCD-DRU HMGP Covenant will place you in default of this agreement. In hopes that your input may prevent the need to seek a return of grant funds, please review the information below for accuracy and provide additional documentation as necessary.

Our review has determined that the following apply to your grant(s).

- It has been determined that you were not eligible for the grant because you were not an eligible Road Home Option 1 applicant.

Due to the determination noted above, your grant values have been adjusted:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$23,400.00	Elevation Grant	\$0.00
Individual Mitigation Measures (IMM)	\$0.00	Individual Mitigation Measures (IMM)	\$0.00
Reconstruction Grant	\$0.00	Reconstruction Grant	\$0.00
Total HMGP Funds Received	\$23,400.00	Total Hazard Mitigation Benefit	\$0.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH050554 is \$23,400.00.

Please understand that the State of Louisiana remains committed to ensuring that your application was processed in an accurate and fair manner, and in accordance with all governing laws, rules, and policies. We have assigned Deidra Davis, a case manager in our office, to work with you in connection with this request for input. If you believe that the reason(s) stated above for the change of your grant amount is wrong, we need you to provide information for our consideration that shows the above finding is incorrect. Please return ATTACHMENT 1 (page 3 of this letter) with all supporting documentation to OCD for a final review.

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We appreciate your assistance in connection with this request. Failure to respond will be interpreted as your confirmation of this calculation and determination, and may result in additional collection activities.

Sincerely,

Office of Community Development - HMGP

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Attachment 1

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Road Home ID: 06HH050554

JOHN ANTHONY CLARK
7108 TUDOR CT
NEW ORLEANS, LA 70126

Case Manager: Deidra Davis

Please select one (1) option below. This form must be returned within fifteen (15) days of the date on this letter.

- I have elected to return the overpayment to the Office of Community Development, Disaster Recovery Unit. I have enclosed my certified check, made payable to "Louisiana Division of Administration - DRU", in the amount of \$23,400.00 mailed to:

Division of Administration
Office of Community Development
Hazard Mitigation Grant Program
Finance Department
P.O. Box 706
Baton Rouge, Louisiana 70821

- I agree with the finding that an overpayment has occurred but cannot make full payment at this time. Please have my case manager contact me. My proposed repayment plan is attached.

- I disagree with the finding of an overpayment of my Hazard Mitigation grant and have enclosed supporting documents. The following factors used to calculate my award are incorrect:

PRINTED NAME: _____

Date _____

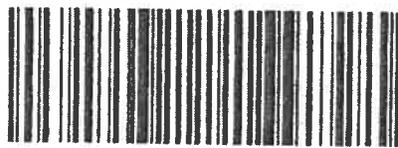
SIGNATURE: _____

- I am not the primary applicant for this case. If checked, please state your relationship:

7012 3460 0000 1289 9541

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAILTM



7012 3460 0000 1289 9541

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or of the front if space permits.

1. Article Addressed to:

JOHN PARK
7108 JUDOR CT
NEW ORLEANS, LA 70126
50554

COMPLETE THIS SECTION ON DELIVERY

- A. Signature *Lacey Clarke*
 Agent
 Addressee
- B. Received by (Printed Name) *Lacey Clarke*
C. Date of Delivery *8/26/13*
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Registered
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7012 3460 0000 1289 9541

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

FILED

JUL 31 2015

CLERK OF COURT



State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

1/31/2015

JOHN CLARK
368 BROCATO LANE
RACELAND, LA 70394

Road Home ID: 06HH050554

SUBJECT: Final HMGP Collection Attempt

Dear JOHN CLARK:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

You should be aware that the Hazard Mitigation Grant Program will use all available resources to recoup the grant funds disbursed to you including, but not limited to, collection agency services, wage garnishments, civil action, and income tax return liens.

This is the last correspondence you will receive from the Program in an attempt to collect these funds. **If you fail to return the \$23,400.00 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations.** All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

You may stop the above actions by immediately contacting the Hazard Mitigation Grant Program at (504) 284-4067 to make acceptable repayment arrangements. Once your file has been referred for collection, your ability to reconcile the funds directly with the Program will end.

Respectfully,

Craig P. Taffaro, Jr.
Director, Hazard Mitigation Grant Program
and Recovery Coordination

Enclosure

OCD-DRU HMGP is a federally-funded program. Providing false or misleading information in an attempt to fraudulently obtain HMGP funds is a federal violation and will be prosecuted to the full extent of the law. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Because the HMGP program is a federally funded program, applicants are subject to Title 18, Section 1001 of the U.S. Code.

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State of Louisiana

HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your Elevation grant(s) because the applicant performed no elevation activity, provided no proof of payment, no flood insurance, and no proof that home had collapsed:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$23,400.00	Elevation Grant	\$23,400.00
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
Total HMGP Funds Received	\$23,400.00	Total Hazard Mitigation Benefit	\$23,400.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH050554 is \$23,400.00.

Payment should be delivered to the following address:

State of Louisiana
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Suite 100
New Orleans, La. 70122



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

1/31/2015

JOHN CLARK
7108 TUDOR CT
NEW ORLEANS, LA 70126 2131

Road Home ID: 06HH050554

SUBJECT: Final HMGP Collection Attempt

Dear JOHN CLARK:

The Hazard Mitigation Grant Program has previously informed you of the need to reconcile the grant funds that were disbursed to you for your specific mitigation activity. The Program has previously sent you correspondence regarding the need to reconcile these funds. Because you have not responded, either through the return of grant funds or by providing satisfactory proof of completion of the funded mitigation activity, you are hereby notified that the Hazard Mitigation Grant Program is required to pursue collection of all funds.

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This is the last correspondence you will receive from the Program in an attempt to collect these funds. **If you fail to return the \$23,400.00 owed to the State within five (5) calendar days your file will then be referred to the appropriate agencies for collection efforts as well as review for potential criminal violations.** All future correspondence will be directly from the appropriate collection agency. A table has been attached describing the grant funds received and the related activity for those funds.

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Director, Hazard Mitigation Grant Program
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HAZARD MITIGATION GRANT PROGRAM

P.O. Box 5098 • BATON ROUGE, LA 70821-5098 • TOLL FREE (877) 824-8312 • FAX 225-330-0846 •
hazardmitigation@mitigatela.org

Our review has determined that the following apply to your Elevation grant(s) because the applicant performed no elevation activity, provided no proof of payment, no flood insurance, and no proof that home had collapsed:

HMGP Grant Funds Received		Adjusted HMGP Values	
Elevation Grant	\$23,400.00	Elevation Grant	\$23,400.00
Individual Mitigation Measures (IMM)	\$ 0.00	Individual Mitigation Measures (IMM)	\$ 0.00
Reconstruction Grant	\$ 0.00	Reconstruction Grant	\$ 0.00
Total HMGP Funds Received	\$23,400.00	Total Hazard Mitigation Benefit	\$23,400.00

Based on the calculations above, our records indicate that the overpayment of your Hazard Mitigation Grant 06HH050554 is \$23,400.00.

Payment should be delivered to the following address:

State of Louisiana
Hazard Mitigation Grant Program
2021 Lakeshore Drive, Suite 100
New Orleans, La. 70122

FILED

JUL 31 2015

CLERK OF COURT

AN EQUAL OPPORTUNITY EMPLOYER



State of Louisiana
HAZARD MITIGATION GRANT PROGRAM

2021 LAKESHORE DRIVE, SUITE 100, NEW ORLEANS, LA 70122 • PHONE: 504-284-4020

April 13, 2015

06HH050554
JOHN CLARK
7108 TUDOR CT
NEW ORLEANS LA 70126 2131

Re: Collection of Outstanding Debt in the Amount of **\$23,400.00**

Dear JOHN CLARK:

This letter is pursuant to your agreement to voluntarily participate in the State of Louisiana's Hazard Mitigation Grant Program ("HMGP") and to comply with all HMGP and Federal Emergency Management Agency ("FEMA") rules and guidelines, which includes the proper use of Federal grant funds for the mitigation of your home located at 368 BROCATO LANE RACELAND.

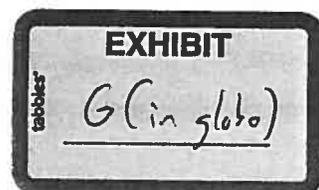
You have been notified on multiple occasions via demand letters about your debt owed to HMGP in the amount of **\$23,400.00**. However, you have continuously disregarded these notices. You have also been given the opportunity to execute a re-payment agreement which would allow you to satisfy your debt within an agreed upon timeframe and at an agreed monthly amount. However, as of this date, you have failed to and/or refused to execute a re-payment agreement.

If payments have been paid pursuant to a payment agreement, then you should immediately contact the Program to verify the amount currently owed to the Program.

Please know that litigation and/or prosecution will be instituted against you for the collection of your unresolved debt.

Sincerely,

La Koshia R. Roberts
Attorney for HMGP



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7014 0510 0001 1416 8447

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To John Clark
Street, Apt. No.,
or PO Box No. 7108 Tudor Ct
City, State, ZIP+4® New Orleans, LA 70126-2131

PS Form 3800, August 2006

See Reverse for Instructions

USPS Tracking™

Customer Service - Have questions? We're here to help.

Get Easy Tracking Updates - Sign up for My USPS.

Tracking Number: 70140510000114168447

Delivered

Updated Delivery Day: Saturday, June 27, 2015

Product & Tracking Information

Postal Product: Certified Mail™

Available Actions

Text Updates

Email Updates

DATE & TIME	STATUS OF ITEM	LOCATION
June 30, 2015, 10:24 am	Delivered	BATON ROUGE, LA 70801
Your item was delivered at 10:21 am on June 29, 2015 in BATON ROUGE, LA 70801.		
June 27, 2015, 10:46 am	Available for Pickup	BATON ROUGE, LA 70821
June 27, 2015, 8:54 am	Arrived at Unit	BATON ROUGE, LA 70802
June 26, 2015, 9:26 pm	Departed USPS Facility	BATON ROUGE, LA 70826
June 26, 2015, 11:09 am	Arrived at USPS Facility	BATON ROUGE, LA 70926
June 25, 2015, 6:46 pm	Departed USPS Facility	NORTH HOUSTON, TX 77315
June 24, 2015, 11:41 am	Arrived at USPS Facility	NORTH HOUSTON, TX 77315
June 18, 2015, 10:10 am	Unclaimed	NEW ORLEANS, LA 70186
June 18, 2015, 10:10 am	Unclaimed	NEW ORLEANS, LA 70186

FILED

JUL 31 2015

CLERK OF COURT