

# **EXHIBIT B**

9/4/2019

Case Detail - Public - Broward County Clerk of Courts

**Jennifer M Janiver Plaintiff vs. Seminole Hard Rock Hotel Casino Defendant**

**Broward County Case Number:** CACE19012074  
**State Reporting Number:** 062019CA012074AXXXCE  
**Court Type:** Civil  
**Case Type:** Other - Discrimination Employment or Other  
**Incident Date:** N/A  
**Filing Date:** 06/11/2019  
**Court Location:** Central Courthouse  
**Case Status:** Pending  
**Magistrate Id / Name:** N/A  
**Judge ID / Name:** 18 Haury, William W., Jr.

**- Party(ies)**

Total: 2

Party Type	Party Name	Address	Attorneys / Address ★ Denotes Lead Attorney
Plaintiff	<b>Janiver, Jennifer M</b>		★ Pro Se Retained  <b>Status: Active</b>
Defendant	<b>Seminole Hard Rock Hotel Casino</b>		★ Schellhase, Mark D Retained Bar ID: 57103 Gray Robinson, P.A. 225 NE Mizner Blvd., Suite 500 Boca Raton, FL 33432 <b>Status: Active</b>

**- Disposition(s)**

Total: 0



Date	Statistical Closure(s)		
Date	Disposition(s)	View	Page(s)

9/4/2019

Case Detail - Public - Broward County Clerk of Courts




## - Event(s) &amp; Document(s)

Total: 17

Date	Description	Additional Text	View	Pages
08/26/2019	<b>Notice of Appearance</b>	Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		2
08/26/2019	<b>Notice of Filing Designation of Emailing Addresses</b>	Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		2
08/26/2019	<b>Motion for Enlargement of Time</b>	TO SERVE RESPONSE TO PLAINTIFF'S COMPLAINT Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		3
08/09/2019	<b>Pluries Summons Returned Served</b>	8/05/19 Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		3
07/30/2019	<b>Summons Issued</b>	Pluries/In BSO box with indigent app attached. Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		
07/30/2019	<b>Summons Issued Fee</b>	Payor: JENNIFER JANIVER ; Userid: CTS-dsears ; Receipt: 20191YE1Q001053; omments: NO FEE INDIG ; Reason: F09		
07/24/2019	<b>Alias Summons Returned Unserved</b>	Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		3
07/01/2019	<b>Summons Issued Fee</b>	Payor: JENNIFER JANIVER ; Userid: CTS-mbyrd ; Receipt: 20191YE1G000787; omments: INDIGENT ; Reason: F09		
07/01/2019	<b>Alias Summons Issued</b>	in BSO Box with indigent app Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		
06/27/2019	<b>Summons Returned Unserved</b>	Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		5

9/4/2019

Case Detail - Public - Broward County Clerk of Courts

Date	Description	Additional Text	View	Pages
06/11/2019	<b>Filing Fee</b>	Payor: JENNIFER M JANIVER ; Userid: CTS-jtaylor ; Receipt: 20191YE1E000579; omments: INDIGENT ; Reason: F09		
06/11/2019	<b>Summons Issued Fee</b>	Payor: JENNIFER M JANIVER ; Userid: CTS-jtaylor ; Receipt: 20191YE1E000579; omments: INDIGENT ; Reason: F09		
06/11/2019	<b>Summons Issued to BSO</b>	Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		
06/11/2019	<b>Determination of Indigent Status - Indigent</b>	Party: <i>Defendant</i> Seminole Hard Rock Hotel Casino		
06/11/2019	<b>Complaint</b>	Party: <i>Plaintiff</i> Janiver, Jennifer M		4
06/11/2019	<b>Civil Cover Sheet</b>			2
06/11/2019	<b>Civil Application Indigent Status</b>	Indigent Party: <i>Plaintiff</i> Janiver, Jennifer M		1

**- Hearing(s)** Total: 0

There is no Disposition information available for this case.

**- Related Case(s)** Total: 0

There is no related case information available for this case.

\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 6/11/2019 2:45:00 PM.\*\*\*

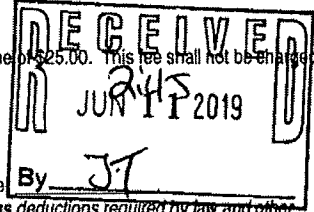
IN THE CIRCUIT/COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

18

Jennifer M. Taniver  
Plaintiff/Petitioner or In the Interest of  
vs. SEMINOLE HARD ROCK CASINO HOTEL  
Defendant/Respondent

CASE NO. \_\_\_\_\_

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS - 12074



Notice to Applicant: If you qualify for civil indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

- 1. I have 1 dependents. (Include only those persons you list on your U.S. income tax return.) Are you Married? Yes No Does your Spouse work?... Yes... No Annual Spouse Income? \$
2. I have a net income of \$ 1230 paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other
3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other

Table with 4 columns: Item, Yes \$, No, Item, Yes \$, No. Includes categories like Second Job, Social Security benefits, Unemployment compensation, etc.

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")

Table with 4 columns: Item, Yes \$, No, Item, Yes \$, No. Includes categories like Cash, Bank account(s), Certificates of deposit or money market accounts, etc.

\*Show loans on these assets in paragraph 5.

Check one: I ( ) DO (X) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_

5. I have a total liabilities and debts \$ 4000 as follows: Motor Vehicle \$ 0, Home \$ 0, Other Real Property \$ 0, Child Support paid direct \$ 0, Credit Cards \$ 0, Medical Bills \$ 4000, Cost of medicines (monthly) \$ 0, Other \$ 0.

6. I have a private lawyer in this case..... Yes (No)

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 11th day of June, 2019. [Redacted] 59 [Redacted]

Signature of Applicant for Indigent Status: Jennifer M. Taniver  
Print Full Legal Name: Jennifer M. Taniver  
Phone number: 754-941-0481

Address, P O Address, Street, City, State, Zip Code: PO Box 292049 Fort Lauderdale, FL 33329.

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be (X) Indigent ( ) Not Indigent according to s. 57.082/775. Dated this 11th day of June, 2019. Clerk of the Circuit Court by [Signature]

This form was completed with the assistance of: \_\_\_\_\_ Clerk/Deputy Clerk/Other authorized person  
APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW. Sign here if you want the judge to review the clerk's decision \_\_\_\_\_

58

FORM 1.997

FLORIDA RULES OF CIVIL PROCEDURE

FORM 1.997

FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form shall be filed by the plaintiff or petitioner for the use of the Clerk of Court for the purpose of reporting judicial workload data pursuant to Florida Statutes section 25.075. (See instructions for completion.)

18

I. CASE STYLE

(Name of Court) \_\_\_\_\_

Plaintiff

*Jennifer H. Santer*

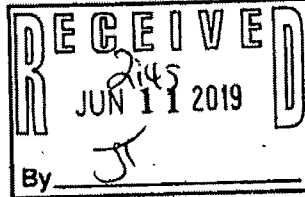
Case 19-12074

Judge: \_\_\_\_\_

vs.

Defendant

*Seminole Hard Rock Hotel Casino Seminole*



II. TYPE OF CASE

(If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x in both the main category and subcategory boxes.

- Condominium
- Contracts and indebtedness
- Eminent domain
- Auto negligence
- Negligence—other
  - Business governance
  - Business torts
  - Environmental/Toxic tort
  - Third party indemnification
  - Construction defect
  - Mass tort
  - Negligent security
  - Nursing home negligence
  - Premises liability—commercial
  - Premises liability—residential
- Products liability
- Real property/Mortgage foreclosure
  - Commercial foreclosure \$0 - \$50,000
  - Commercial foreclosure \$50,001 - \$249,999
  - Commercial foreclosure \$250,000 or more
- Homestead residential foreclosure \$0 - \$50,000
- Homestead residential foreclosure \$50,001 - \$249,999
- Homestead residential foreclosure \$250,000 or more
- Nonhomestead residential foreclosure \$0 - \$50,000
- Nonhomestead residential foreclosure \$50,001 - \$249,999
- Nonhomestead residential foreclosure \$250,000 or more
- Other real property actions \$0 - \$50,000
- Other real property actions \$50,001 - \$249,999
- Other real property actions \$250,000 or more
- Professional malpractice
  - Malpractice—business
  - Malpractice—medical
  - Malpractice—other professional
- Other
  - Antitrust/Trade regulation
  - Business transactions
  - Constitutional challenge—statute or ordinance

FORM 1.997

FLORIDA RULES OF CIVIL PROCEDURE

FORM 1.997

- Constitutional challenge—proposed amendment
- Corporate trusts
- Discrimination—employment or other
- Insurance claims
- Intellectual property
- Libel/Slander
- Shareholder derivative action
- Securities litigation
- Trade secrets
- Trust litigation

III. REMEDIES SOUGHT (check all that apply):

- monetary;
- nonmonetary declaratory or injunctive relief;
- punitive

IV. NUMBER OF CAUSES OF ACTION: [ ] (specify)

V. IS THIS CASE A CLASS ACTION LAWSUIT?

- yes
- no

VI. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

- no
- yes If "yes," list all related cases by name, case number, and court.

VII. IS JURY TRIAL DEMANDED IN COMPLAINT?

- yes
- no

*Jennifer H. Tanaka*

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief.

Signature *Jennifer H. Tanaka*  
Attorney or party

Fla. Bar # \_\_\_\_\_  
(Bar # if attorney)

*Jennifer H. Tanaka*  
(type or print name)

*6-11-19*  
Date

DATE: 8/5/2019  
HOUR: 11:38  
DEPUTY SHERIFF  
116809

IN THE CIRCUIT COURT OF THE 17<sup>TH</sup>  
JUDICIAL CIRCUIT IN AND FOR BROWARD  
COUNTY, FLORIDA

CASE NO.: 19-12074

Jennifer H. Janiver  
Plaintiff

v. SEMINOLE Hard Rock Casino/President BO Guidy  
Defendant General Manager Joelle Shearin  
Director of Global Rachel Mecca

SUMMONS PLURIS

THE STATE OF FLORIDA:  
To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and a copy of the complaint or petition  
in this action on defendant: SEMINOLE Hard Rock Casino  
5731 State Road 7, Davie FL 33314.

Each defendant is required to serve written defenses to the complaint or petition on:  
address is: Jennifer H. Janiver (plaintiff or plaintiff's attorney) whose  
PO Box 92042, Fort Lauderdale, FL 33329.

within 20 days after service of this summons on that defendant, exclusive of the day of service, and  
to file the original of the defenses with the clerk of this court either before service on plaintiff's  
attorney or immediately after the service. If a defendant fails to do so, a default may be entered  
against that defendant for the relief demanded in the complaint or petition.

Dated JUL 30, 2019  
BRENDA D. FORMAN  
[Name of the Clerk]  
As Clerk of the Court

By DAHLIA SEARS  
As Deputy Clerk  
A TRUE COPY  
Circuit Court Seal



DATE: 8/5/2019  
HOUR: 11:38  
DEPUTY SHERIFF: [Signature]

DATE: 8/5/2019  
HOUR: 11:38  
DEPUTY SHERIFF: [Signature]

IN THE CIRCUIT COURT OF THE  
17<sup>th</sup> JUDICIAL CIRCUIT IN AND FOR  
BROWARD COUNTY, FLORIDA

18

JENNIFER M. J. ANIVER, Plaintiff

CASE NO 19-12074

EMINO HARD ROCK Hotel Casino, Defendant

A TRUE COPY  
JUN 11 2019  
CLERK OF THE CIRCUIT COURT  
BROWARD COUNTY, FL

COMPLAINT

Plaintiff, \_\_\_\_\_, sues defendant, \_\_\_\_\_, and alleges:

1. This is an action for damages in the amount of \$10 Million (specify jurisdictional amount).

2. Plaintiff resides at PO Box 292042 [address], Davie [city], Broward County, Florida.

3. Defendant resides at 1 SEMINOLE Way [address], Fort Lauderdale [city], Broward County, Florida or Defendant is a Florida Corporation doing business at The STATE of Florida [address], Fort Lauderdale [city], Broward County.

4. On 01-01-2019, I was discriminated against Due To my RACE (Black) and National ORIGIN (HAITI) in Violating of TITLE VII of The Civil Rights Act of 1964 as AMENDED. I Applied for a position with Respondent as Customer Service Representation. The Human Resource poke to me with a loud voice looked at me and said I can [set forth statement of facts on which claim for relief against defendant is based]. ON Discrimination. work in [unclear]

5. Plaintiff is entitled to relief from defendant under the above facts on the basis of a violation of Title VII of the Civil Rights.

defendant's discriminated against due to my national origin  
[negligence or breach of contract or other legal basis for relief], by reason of

This reason, Plaintiff suffered of  
Damages, emotionally, mentally and  
increase her anxiety. Plaintiff didn't hear  
nothing, so she went to Human Resources Department when  
re woman Plaintiff spoke with looked at her in a loud  
ude voice and said to her that I can only work in the  
[specify facts showing entitlement of plaintiff to relief from defendant]. back to do dishes

6. The items of ABOVE [injury or damage] to which plaintiff is entitled to relief from  
defendant include: mental distress, EMOTIONAL DISTRESS [specify].

7. [If expressly provided for by statute or contract, add: Plaintiff has agreed to pay a  
reasonable attorney's fee and is entitled to recover attorney's fees in this action pursuant  
to Section \_\_\_\_\_ of the Florida Statutes or Paragraph \_\_\_\_\_ of the contract  
entered into between plaintiff and defendant].

As a result, plaintiff requests judgment against defendant for damages, \$100,000.00  
applicable, add: attorney fees], costs of suit, and any other and further relief as the court  
may deem proper.

[If desired, add: Plaintiff, Jennifer H. Taniver (name), demands a jury trial in the above-entitled  
action].

Dated 12/4/19

Jennifer H. Taniver  
[signature]

Print name: Jennifer H. Taniver  
Print address: PO Box 292042  
Phone: Fort Lauderdale

STATE OF FLORIDA  
COUNTY OF BROWARD

Sworn to or affirmed and signed before me on June 11, 2019 by

Jennifer Janiver

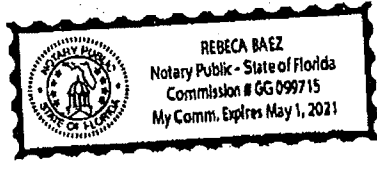
Notary Public or Deputy Clerk

Rebeca Baez

Print, type or stamp commissioned name of  
Notary Public or Deputy Clerk

Personally Known  
 Produced Identification

Type of Identification produced FL drivers license





# BROWARD OFFICE OF THE INSPECTOR GENERAL

## COMPLAINT FORM

Jennifer M Janiver \_\_\_\_\_

6/01/2019

Name

Date

P O Box 292042

Address (optional)

754- 971- 0431

gler.79v6@gmail.com

Phone Number (optional)

E-Mail (optional)

Are you a Broward County Employee?  Y  N (optional)

Are you an employee of a Broward municipality?  Y  N (optional)

\_\_\_\_\_  
If yes, name of municipality

### COMPLAINT

A detailed complaint based on your personal knowledge is required. Attachments are permitted.

I believed there is a misconduct on my case files since I contacted a lawyer law Firm not only the lawyer ignored my calls since after received my documents requested by him and since, each other lawyer that I contacted it is like nationality discrimination feelings. There was a case from Deerfield Beach, Hillsboro Court Of Clerck (CONO-17-005250) that was on my file more than a year, (file from Defendant) the file is removed and someone reported two other cases (COSO19004248; COSO19005038) that are not belong to me as I am not The complainer, therefore not only I feel that my rights had been taking and I feel it's indisciplin organization. this cause of action hurts my feelings and increase my anxiety. *It is a trespass act*

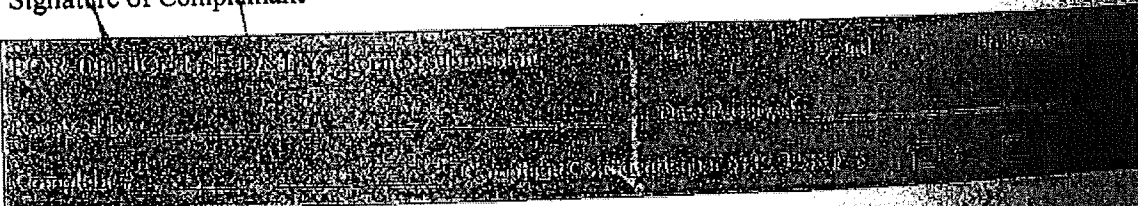
Sincerely,

*Jennifer M Janiver*  
Jennifer M Janiver

Under penalties of perjury, I declare that I have read the foregoing complaint and that based on my personal knowledge the facts stated in it are true. This verification extends to all attachments and additional pages.

*Jennifer M Janiver*

Signature of Complainant





**BROWARD COUNTY SHERIFF'S OFFICE**  
P.O. BOX 9507 FORT LAUDERDALE, FLORIDA 33310

**RETURN OF SERVICE**

16709

Assignment: 16709 Please Route To Supervisor Service Sheet # 19-024434

JANIVER, JENNIFER M. vs. SEMINOLE HARD ROCK HOTEL CASINO 19-12074

SUM/COMPLAINT VS. CIRCUIT/BROWARD DEPENDANT CASE

TYPE OF WRIT COURT HEARING DATE

SEMIMOLE HARD ROCK HOTEL CASINO 1 SEMINOLE WAY

SERVE FORT LAUDERDALE, FL 33314

Received this process on 6/18/19  
Date #16809

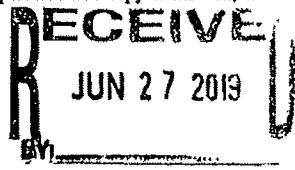
487808  
 JANIVER, JENNIFER  
 P.O. BOX 292042  
 FT LAUDERDALE, FL 33329

Served

Not Served - see comments  
 Date 6/19/19 at 0930 Time

9884 Attorney

On SEMIMOLE HARD ROCK HOTEL CASINO, in Broward County, Florida, by serving the within named person a true copy of the writ, with the date and time of service endorsed thereon by me, and a copy of the complaint, petition, or initial pleading, by the following method:



INDIVIDUAL SERVICE

**SUBSTITUTE SERVICE:**

- At the defendant's usual place of abode on "any person residing therein who is 15 years of age or older", to wit: \_\_\_\_\_, in accordance with F.S. 48.031(1)(a)
- To \_\_\_\_\_, the defendant's spouse, at \_\_\_\_\_ in accordance with F.S. 48.031(2)(a)
- To \_\_\_\_\_, the person in charge of the defendant's business in accordance with F.S. 48.031(2)(b), after two or more attempts to serve the defendant have been made at the place of business

**CORPORATE SERVICE:**

- To \_\_\_\_\_, holding the following position of said corporation \_\_\_\_\_ in the absence of any superior officer in accordance with F.S. 48.081
- To \_\_\_\_\_, an employee of defendant corporation in accordance with F.S. 48.081(3)
- To \_\_\_\_\_, as resident agent of said corporation in accordance with F.S. 48.091
- PARTNERSHIP SERVICE:** To \_\_\_\_\_, partner, or to \_\_\_\_\_, designated employee or person in charge of partnership, in accordance with F.S. 48.061(1)
- POSTED RESIDENTIAL:** By attaching a true copy to a conspicuous place on the property described in the complaint or summons. Neither the tenant nor a person residing therein 15 years of age or older could be found at the defendant's usual place of abode in accordance with F.S. 48.183  
 1<sup>st</sup> attempt date/time: \_\_\_\_\_ 2<sup>nd</sup> attempt date/time: \_\_\_\_\_
- POSTED COMMERCIAL:** By attaching a true copy to a conspicuous place on the property in accordance with F.S. 48.183  
 1<sup>st</sup> attempt date/time: \_\_\_\_\_ 2<sup>nd</sup> attempt date/time: \_\_\_\_\_
- OTHER RETURNS:** See comments

COMMENTS: PER ERIKA Cortes above name dont work for Seminole.

You can now check the status of your writ by visiting the Broward Sheriff's Office Website at [www.sheriff.org](http://www.sheriff.org) and clicking on the icon "Service Inquiry"

\_\_\_\_\_, SHERIFF  
BROWARD COUNTY, FLORIDA

BY: \_\_\_\_\_ D.S.

MOS #16809

ORIGINAL

18

IN THE CIRCUIT COURT OF THE 17<sup>th</sup> JUDICIAL CIRCUIT,  
IN AND FOR Broward COUNTY, FLORIDA

19 - 12074

Case No.: \_\_\_\_\_  
Division: \_\_\_\_\_

JENNIFER M. JANIVER  
Petitioner,

and  
SEMINOLE HARD ROCK Casino  
Respondent.

RECEIVED SHERIFF  
2019 JUN 12 AM 9:30  
BROWARD COUNTY, FLORIDA

**SUMMONS: PERSONAL SERVICE ON AN INDIVIDUAL  
ORDEN DE COMPARECENCIA: SERVICIO PERSONAL EN UN INDIVIDUO  
CITATION: L'ASSIGNATION PERSONAL SUR UN INDIVIDUEL**

TO/PARA/A: {enter other party's full legal name} SEMINOLE Hard Rock Casino  
{address (including city and state)/location for service} SEMINOLE way, Fort Lauderdale  
Fl. 33314.

**IMPORTANT**

A lawsuit has been filed against you. You have **20 calendar days** after this summons is served on you to file a written response to the attached complaint/petition with the clerk of this circuit court, located at: {street address} 201 SE 10<sup>th</sup> Street RM 4130 Ft Lauderdale, FL 33301  
A phone call will not protect you. Your written response, including the case number given above and the names of the parties, must be filed if you want the Court to hear your side of the case.

If you do not file your written response on time, you may lose the case, and your wages, money, and property may be taken thereafter without further warning from the Court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may call an attorney referral service or a legal aid office (listed in the phone book).

If you choose to file a written response yourself, at the same time you file your written response to the Court, you must also serve a copy of your written response on the party serving this summons at:

{Name and address of party serving summons} JENNIFER M. JANIVER  
80 Bore 2920 42, Fort Lauderdale, FL 33329

If the party serving summons has designated email address(es) for service or is represented by an attorney, you may designate email address(es) for service by or on you. Service must be in accordance with Florida Rule of Judicial Administration 2.516.

Copies of all court documents in this case, including orders, are available at the Clerk of the Circuit Court's office. You may review these documents, upon request.

You must keep the Clerk of the Circuit Court's office notified of your current address. (You may file Designation of Current Mailing and Email Address, Florida Supreme Court Approved Family Law Form

12.915.) Future papers in this lawsuit will be mailed to the address on record at the clerk's office.

**WARNING: Rule 12.285, Florida Family Law Rules of Procedure, requires certain automatic disclosure of documents and information. Failure to comply can result in sanctions, including dismissal or striking of pleadings.**

### IMPORTANTE

Usted ha sido demandado legalmente. Tiene veinte (20) dias, contados a partir del recibo de esta notificacion, para contestar la demanda adjunta, por escrito, y presentarla ante este tribunal. Localizado en: \_\_\_\_\_ . Una llamada telefonica no lo protegera. Si usted desea que el tribunal considere su defensa, debe presentar su respuesta por escrito, incluyendo el numero del caso y los nombres de las partes interesadas. Si usted no contesta la demanda a tiempo, podiese perder el caso y podria ser despojado de sus ingresos y propiedades, o privado de sus derechos, sin previo aviso del tribunal. Existen otros requisitos legales. Si lo desea, usted puede consultar a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a una de las oficinas de asistencia legal que aparecen en la guia telefonica.

Si desea responder a la demanda por su cuenta, al mismo tiempo en que presente su respuesta ante el tribunal, usted debe enviar por correo o entregar una copia de su respuesta a la persona denominada abajo.

Si usted elige presentar personalmente una respuesta por escrito, en el mismo momento que usted presente su respuesta por escrito al Tribunal, usted debe enviar por correo o llevar una copia de su respuesta por escrito a la parte entregando esta orden de comparecencia a:

Nombre y direccion de la parte que entrega la orden de comparecencia: \_\_\_\_\_

Copias de todos los documentos judiciales de este caso, incluyendo las ordenes, estan disponibles en la oficina del Secretario de Juzgado del Circuito [Clerk of the Circuit Court's office]. Estos documentos pueden ser revisados a su solicitud.

Usted debe de mantener informada a la oficina del Secretario de Juzgado del Circuito de su direccion actual. (Usted puede presentar  el Formulario: Ley de Familia de la Florida 12.915, Florida Supreme Court Approved Family Law Form 12.915, [Designation of Current Mailing and Email Address].) Los papeles que se presenten en el futuro en esta demanda judicial seran enviados por correo a la direccion que este registrada en la oficina del Secretario.

**ADVERTENCIA: Regla 12.285 (Rule 12.285), de las Reglas de Procedimiento de Ley de Familia de la Florida [Florida Family Law Rules of Procedure], requiere cierta revelacion automatica de documentos e informacion. El incumpliment, puede resultar en sanciones, incluyendo la desestimacion o anulacion de los alegatos.**

### IMPORTANT

Des poursuites judiciaires ont ete entreprises contre vous. Vous avez 20 jours consecutifs a partir de la date de l'assignation de cette citation pour deposer une reponse ecrite a la plainte ci-jointe aupres de ce tribunal. Qui se trouve a: {L'Adresse} \_\_\_\_\_. Un simple coup de telephone est insuffisant pour vous proteger; vous etes obliges de deposer votre reponse ecrite, avec mention du numero de dossier ci-dessus et du nom des parties nommees ici, si vous souhaitez que le tribunal entende

votre cause. Si vous ne deposez pas votre reponse ecrite dans le delai requis, vous risquez de perdre la cause ainsi que votre salaire, votre argent, et vos biens peuvent etre saisis par la suite, sans aucun preavis ulterieur du tribunal. Il y a d'autres obligations juridiques et vous pouvez requerir les services immediats d'un avocat. Si vous ne connaissez pas d'avocat, vous pourriez telephoner a un service de reference d'avocats ou a un bureau d'assistance juridique (figurant a l'annuaire de telephones).

Si vous choisissez de déposer vous-meme une reponse ecrite, il vous faudra egalement, en meme temps que cette formalite, faire parvenir ou expedier une copie au carbone ou une photocopie de votre reponse ecrite a la partie qui vous depose cette citation.

Nom et adresse de la partie qui depose cette citation: \_\_\_\_\_

Les photocopies de tous les documents tribunaux de cette cause, y compris des arrêts, sont disponible au bureau du greffier. Vous pouvez revue ces documents, sur demande.

Il faut aviser le greffier de votre adresse actuelle. (Vous pouvez déposer Florida Supreme Court Approved Family Law Form 12.915, Designation of Current Mailing and Email Address.) Les documents de l'avenir de ce proces seront envoyer a l'adresse que vous donnez au bureau du greffier.

ATTENTION: La regle 12.285, des regles de procedure du droit de la famille de la Floride exige que l'on remette certains renseignements et certains documents a la partie adverse. Tout refus de les fournir pourra donner lieu a des sanctions, y compris le rejet ou la suppression d'un ou de plusieurs actes de procedure.

THE STATE OF FLORIDA

TO EACH SHERIFF OF THE STATE: You are commanded to serve this summons and a copy of the complaint in this lawsuit on the above-named person.

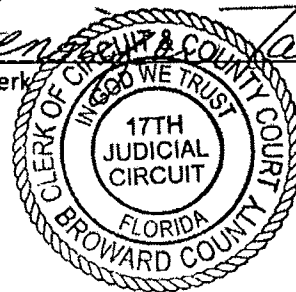
DATED:   JUN 11 2019  

BRENDA D. FORMAN

CLERK OF THE CIRCUIT COURT

(SEAL)

By: *Jennifer Taylor*  
Deputy Clerk





FILED BROWARD COUNTY, FL Brenda D. Forman, CLERK 6/27/2019 4:30:00 PM

IN THE CIRCUIT/COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT IN AND FOR BROWARD COUNTY, FLORIDA

18

Plaintiff/Petitioner or In the Interest Of vs.

CASE NO. 19-12074

Defendant/Respondent

Fennifer M. Jander Hotel vs. F.M. Nole Hard Rock Casino

A TRUE COPY JUN 11 2019

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS

Notice to Applicant: If you qualify for civil indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be charged for Dependency or Chapter 39 Termination of Parental Rights actions.

- 1. I have 1 dependents. (Include only those persons you list on your U.S. Income tax return.) Are you Married? Yes NO Does your Spouse work? Yes No Annual Spouse Income? \$
2. I have a net income of \$1230 paid weekly every two weeks semi-monthly monthly yearly other
3. I have other income paid weekly every two weeks semi-monthly monthly yearly other

Table with columns for various income sources: Second Job, Social Security benefits, Veterans' benefit, Workers compensation, etc. Includes handwritten 'NO' and 'YES' responses.

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- 4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No") Cash, Bank account(s), Certificates of deposit or money market accounts, Boats, Savings account, Stocks/bonds, Homestead Real Property, Motor Vehicle, Non-homestead real property/real estate

Show loans on these assets in paragraph 5. Check one: I ( ) DO NOT expect to receive more assets in the near future. The asset is

5. I have a total liabilities and debts \$4000 as follows: Motor Vehicle \$0, Home \$0, Other Real Property \$0, Child Support paid direct \$0, Credit Cards \$0, Medical Bills \$1000, Cost of medicines (monthly) \$0, Other \$0

6. I have a private lawyer in this case. Yes (No)

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S.; or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 27th day of June, 2019. Signature of Applicant for Indigent Status: Fennifer M. Jander. Print Full Legal Name: Fennifer M. Jander. Phone number: 754-21-2131

CLERK'S DETERMINATION: Based on the information in this Application, I have determined the applicant to be ( ) Indigent ( ) Not Indigent according to s. 57.082, F.S. Dated this 11th day of June, 2019. Clerk of the Circuit Court by [Signature]

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW. Sign here if you want the judge to review the clerk's decision

\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 7/24/2019 4:30:00 PM. \*\*\*\*

\*\*\* DUPLICATE PRINT \*\*\*

BROWARD COUNTY SHERIFF'S OFFICE  
P.O. BOX 9507 FORT LAUDERDALE, FLORIDA 33310

**RETURN OF SERVICE**

Attachment: 19009 Please Route To Supervisor Service Sheet # 19-027313

JANIVER, JENNIFER M. vs. SEMINOLE HARD ROCK CASINO 19-12074

SUM/COMPLAINT vs. CIRCUIT/BROWARD DEPENDANT CASE

TYPE OF WRIT COURT HEARING DATE

SEMINOLE HARD ROCK CASINO 5731 STATE ROAD 7 DAVIE, FL 33314

441004  
 JANIVER, JENNIFER M.  
 P.O. BOX 292042  
 DAVIE, FL 33329

Received at address on 7/19/19  
 Date #16809

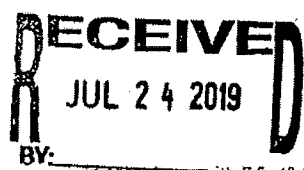
Served

Not Served - see comments

7/19/19 Date 12:14 Time

9884 Attorney  
 SEMINOLE HARD ROCK CASINO

On \_\_\_\_\_, in Broward County, Florida, by serving the within named person a true copy of the writ, with the date and time of service endorsed thereon by me, and a copy of the complaint, petition, or initial pleading, by the following method:



- INDIVIDUAL SERVICE
- SUBSTITUTE SERVICE:
  - At the defendant's usual place of abode on "any person residing therein who is 15 years of age or older", to wit: \_\_\_\_\_, in accordance with F.S. 48.031(1)(a)
  - To \_\_\_\_\_, the defendant's spouse, at \_\_\_\_\_, in accordance with F.S. 48.031(2)(a)
  - To \_\_\_\_\_, the person in charge of the defendant's business in accordance with F.S. 48.031(2)(b), after two or more attempts to serve the defendant have been made at the place of business
- CORPORATE SERVICE:
  - To \_\_\_\_\_, holding the following position of said corporation \_\_\_\_\_ in the absence of any superior officer in accordance with F.S. 48.081
  - To \_\_\_\_\_, an employee of defendant corporation in accordance with F.S. 48.081(3)
  - To \_\_\_\_\_, as resident agent of said corporation in accordance with F.S. 48.091
- PARTNERSHIP SERVICE: To \_\_\_\_\_, partner, or to \_\_\_\_\_, designated employee or person in charge of partnership, in accordance with F.S. 48.061(1)
- POSTED RESIDENTIAL: By attaching a true copy to a conspicuous place on the property described in the complaint or summons. Neither the tenant nor a person residing therein 15 years of age or older could be found at the defendant's usual place of abode in accordance with F.S. 48.183
 

1<sup>st</sup> attempt date/time: \_\_\_\_\_ 2<sup>nd</sup> attempt date/time: \_\_\_\_\_
- POSTED COMMERCIAL: By attaching a true copy to a conspicuous place on the property in accordance with F.S. 48.183
 

1<sup>st</sup> attempt date/time: \_\_\_\_\_ 2<sup>nd</sup> attempt date/time: \_\_\_\_\_
- OTHER RETURNS: See comments

COMMENTS: Per Erica Cardova under able to accept need to have a name of a person.

You can now check the status of your writ by visiting the Broward Sheriff's Office Website at [www.sheriff.org](http://www.sheriff.org) and clicking on the icon "Service Inquiry"

SHERIFF  
 BROWARD COUNTY, FLORIDA

BY: [signature] D.S.

ORIGINAL

IN THE CIRCUIT COURT OF THE 17<sup>TH</sup>  
JUDICIAL CIRCUIT IN AND FOR BROWARD  
COUNTY, FLORIDA

CASE NO.: 19-12074

Jennifer M. Taniver  
Plaintiff

v.

SEMinole  
Hard Rock Casino  
Defendant

Alias

SUMMONS

RECEIVED SHERIFF  
2019 JUL -2 PM 12:59  
BROWARD COUNTY, FLORIDA

THE STATE OF FLORIDA:

To Each Sheriff of the State:

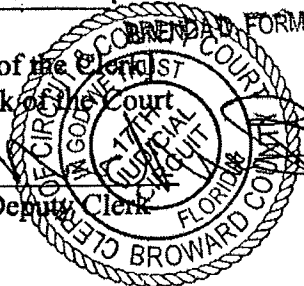
YOU ARE COMMANDED to serve this summons and a copy of the complaint or petition  
in this action on defendant: *SEMinole Hard Rock Casino*  
*5731 State Road 7, Davie FL 33314*

Each defendant is required to serve written defenses to the complaint or petition on:  
*Jennifer M. Taniver* (plaintiff or plaintiff's attorney) whose  
address is: *PO Box 292042, Davie, FL 33329*

within 20 days after service of this summons on that defendant, exclusive of the day of service, and  
to file the original of the defenses with the clerk of this court either before service on plaintiff's  
attorney or immediately after the service. If a defendant fails to do so, a default mayl be entered  
against that defendant for the relief demanded in the complaint or petition.

Dated JUL 01 2019

[Name of the Clerk] BRENDA FORMAN  
As Clerk of the Court  
By [Signature]  
As Deputy Clerk



\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 7/24/2019 4:30:00 PM.\*\*\*\*

\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 6/11/2019 2:45:00 PM.\*\*\*\*

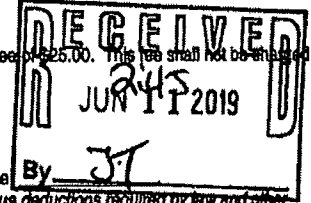
IN THE CIRCUIT/COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

18

Jennifer M. Taniver  
Plaintiff/Petitioner or in the interest of  
vs. SEMINOLE HARD ROCK CASINO HOTEL  
Defendant/Respondent

CASE NO. \_\_\_\_\_

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS 19 - 12074



Notice to Applicant: If you qualify for civil indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be waived for Dependency or Chapter 39 Termination of Parental Rights actions.

- 1. I have 1 dependents. (Includes only those persons you list on your U.S. Income tax return.)  
Are you Married? Yes No Does your Spouse work?...Yes...No Annual Spouse Income? \$ \_\_\_\_\_
- 2. I have a net income of \$ 1230 paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_  
(Net income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)
- 3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job.....	Yes \$ _____	No <input checked="" type="radio"/>	Veterans' benefit.....	Yes \$ _____	<input checked="" type="radio"/>
Social Security benefits			Workers compensation.....	Yes \$ _____	<input checked="" type="radio"/>
For You.....	Yes \$ 1230	No <input checked="" type="radio"/>	Income from absent family members.....	Yes \$ _____	<input checked="" type="radio"/>
For child(ren).....	Yes \$ _____	No <input checked="" type="radio"/>	Stocks/bonds.....	Yes \$ _____	<input checked="" type="radio"/>
Unemployment compensation...	Yes \$ _____	No <input checked="" type="radio"/>	Rental income.....	Yes \$ _____	<input checked="" type="radio"/>
Union payments.....	Yes \$ _____	No <input checked="" type="radio"/>	Dividends or interest.....	Yes \$ _____	<input checked="" type="radio"/>
Retirement/pensions.....	Yes \$ _____	No <input checked="" type="radio"/>	Other kinds of income not on the list.....	Yes \$ _____	<input checked="" type="radio"/>
Trusts.....	Yes \$ _____	No <input checked="" type="radio"/>	Gifts.....	Yes \$ _____	<input checked="" type="radio"/>

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- 4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")
- |   |              |                                     |   |              |                                  |
|---|--------------|-------------------------------------|---|--------------|----------------------------------|
| Cash.....   | Yes \$ _____ | No <input checked="" type="radio"/> | Savings account.....                          | Yes \$ _____ | <input checked="" type="radio"/> |
| Bank account(s).....                                  | Yes \$ _____ | No <input checked="" type="radio"/> | Stocks/bonds.....                             | Yes \$ _____ | <input checked="" type="radio"/> |
| Certificates of deposit or money market accounts..... | Yes \$ _____ | No <input checked="" type="radio"/> | Homestead Real Property*.....                 | Yes \$ _____ | <input checked="" type="radio"/> |
| Boats*.....   | Yes \$ _____ | No <input checked="" type="radio"/> | Motor Vehicle*.....                           | Yes \$ _____ | <input checked="" type="radio"/> |
|   |              |                                     | Non-homestead real property/real estate*..... | Yes \$ _____ | <input checked="" type="radio"/> |

\*Show loans on these assets in paragraph 5.

Check one: I ( ) DO (X) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_

- 5. I have a total liabilities and debts \$ 4000, as follows: Motor Vehicle \$ 0, Home \$ 0, Other Real Property \$ 0, Child Support paid direct \$ 0, Credit Cards \$ 0, Medical Bills \$ 4000, Cost of medicines (monthly) \$ 0, Other \$ 0.
- 6. I have a private lawyer in this case..... Yes  No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 9th day of June, 2019  
Date of Birth 59 Driver's License or ID Number \_\_\_\_\_

Signature of Applicant for Indigent Status  
Print Full Legal Name Jennifer M. Taniver  
Phone number: 754-941-0487

Address, P O Address, Street, City, State, Zip Code

PO Box 292049  
Fort Lauderdale, FL 33329

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be  Indigent ( ) Not Indigent according to s. 57.082(5).  
Dated this 11th day of June, 2019 Clerk of the Circuit Court by \_\_\_\_\_

This form was completed with the assistance of \_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person

APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME.  
THERE IS NO FEE FOR THIS REVIEW.  
Sign here if you want the judge to review the clerk's decision \_\_\_\_\_



BROWARD COUNTY SHERIFF'S OFFICE  
P.O. BOX 9507 FORT LAUDERDALE, FLORIDA 33310

**RETURN OF SERVICE**

Assigned By: **16809 Please Route To Supervisor** Service Sheet # **19-031218**

**JANIVER, JENNIFER M. vs. SEMINOLE HARD ROCK CASINO, ETAL** **19-12074**

**SUM/COMPLAINT** VS. **CIRCUIT/BROWARD** DEPENDANT CASE

TYPE OF WRIT COURT HEARING DATE

**SEMINOLE HARD ROCK CASINO** **5731 STATE ROAD 7**

SERVE **DAVIE, FL 33314**

441004  
 JANIVER, JENNIFER M.  
 P.O. BOX 282042  
 DAVIE, FL 33329

Received this process on **8/5/2019**  
 Date **7/31/2019**

Served  
 Not Served see comments  
**8/5/2019** at **11:50**  
 Date Time

9884 Attorney

On **SEMINOLE HARD ROCK CASINO**, in Broward County, Florida, by serving the within named person a true copy of the writ, with the date and time of service endorsed thereon by me, and a copy of the complaint, petition, or initial pleading, by the following method:

**INDIVIDUAL SERVICE**

**SUBSTITUTE SERVICE:**

- At the defendant's usual place of abode on "any person residing therein who is 15 years of age or older", to wit: \_\_\_\_\_, in accordance with F.S. 48.031(1)(a)
- To \_\_\_\_\_, the defendant's spouse, at \_\_\_\_\_, in accordance with F.S. 48.031(2)(a)
- To \_\_\_\_\_, the person in charge of the defendant's business in accordance with F.S. 48.031(2)(b), after two or more attempts to serve the defendant have been made at the place of business

**RECEIVED**  
**AUG 09 2019**

**CORPORATE SERVICE:**

- To \_\_\_\_\_, holding the following position of said corporation \_\_\_\_\_ in the absence of any superior officer in accordance with F.S. 48.081
- To \_\_\_\_\_, an employee of defendant corporation in accordance with F.S. 48.081(3)
- To \_\_\_\_\_, as resident agent of said corporation in accordance with F.S. 48.091
- PARTNERSHIP SERVICE:** To \_\_\_\_\_, partner, or to \_\_\_\_\_, designated employee or person in charge of partnership, in accordance with F.S. 48.061(1)

**POSTED RESIDENTIAL:** By attaching a true copy to a conspicuous place on the property described in the complaint or summons. Neither the tenant nor a person residing therein 15 years of age or older could be found at the defendant's usual place of abode in accordance with F.S. 48.183

1<sup>st</sup> attempt date/time: \_\_\_\_\_ 2<sup>nd</sup> attempt date/time: \_\_\_\_\_

**POSTED COMMERCIAL:** By attaching a true copy to a conspicuous place on the property in accordance with F.S. 48.183

1<sup>st</sup> attempt date/time: \_\_\_\_\_ 2<sup>nd</sup> attempt date/time: \_\_\_\_\_

**OTHER RETURNS:** See comments

COMMENTS: *Para legal-Laura Mendoza HF 5'3" 150lbs BRN/Hair*

You can now check the status of your writ by visiting the Broward Sheriff's Office Website at [www.sheriff.org](http://www.sheriff.org) and clicking on the icon "Service Inquiry"

GREGORY TONY, SHERIFF  
BROWARD COUNTY, FLORIDA

BY: *[Signature]* D.S.

ORIGINAL

IN THE CIRCUIT COURT OF THE 17<sup>TH</sup>  
JUDICIAL CIRCUIT IN AND FOR BROWARD  
COUNTY, FLORIDA

CASE NO.: 19-12074

Jennifer H. Janiver  
Plaintiff

v. SEMINOLE Hard Rock Casino/President BO Guidy  
Defendant General Manager Joelle Shearin  
Director of Global Rachel Hecca

SUMMONS Pluries

THE STATE OF FLORIDA:

To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and a copy of the complaint or petition  
in this action on defendant: SEMINOLE Hard Rock Casino

5731 State Road 7, Davie FL 33314

Each defendant is required to serve written defenses to the complaint or petition on:

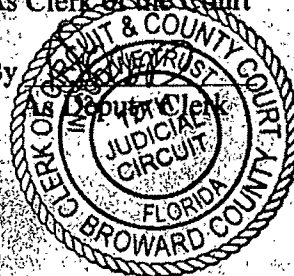
Jennifer H. Janiver (plaintiff or plaintiff's attorney) whose  
address is: P.O. Box 292042, Fort Lauderdale, FL 33329.

within 20 days after service of this summons on that defendant, exclusive of the day of service, and  
to file the original of the defenses with the clerk of this court either before service on plaintiff's  
attorney or immediately after the service. If a defendant fails to do so, a default may be entered  
against that defendant for the relief demanded in the complaint or petition.

Dated JUL 30 2019

BRENDA D. FORMAN  
[Name of the Clerk]  
As Clerk of the Court

By



RECEIVED SHERIFF  
2019 JUL 31 AM 8:41  
BROWARD COUNTY, FLORIDA

\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 8/9/2019 4:30:00 PM.\*\*\*\*

\*\*\*\* FILED: BROWARD COUNTY, FL Brenda D. Forman, CLERK 6/11/2019 2:45:00 PM.\*\*\*\*

IN THE CIRCUIT/COUNTY COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT  
IN AND FOR BROWARD COUNTY, FLORIDA

A TRUE COPY  
JUL 30 2019  
LIBRARY OF THE SEVENTEENTH JUDICIAL CIRCUIT  
CLERK OF THE COURT  
BROWARD COUNTY, FLORIDA

18

Jennifer M. Taniver  
Plaintiff/Petitioner or in the interest of  
vs. SEMINOLE HARD ROCK CASINO  
Defendant/Respondent

CASE NO. \_\_\_\_\_

APPLICATION FOR DETERMINATION OF CIVIL INDIGENT STATUS - 12074

RECEIVED  
JUN 11 2019  
By JT

Notice to Applicant: If you qualify for civil indigence you must enroll in the Clerk's Office payment plan and pay a one-time administrative fee of \$25.00. This fee shall not be waived for Dependency or Chapter 39 Termination of Parental Rights actions.

- 1. I have 1 dependents. (Include only those persons you list on your U.S. Income tax return.)  
Are you Married? Yes  No  Does your Spouse work? Yes  No  Annual Spouse Income? \$ \_\_\_\_\_
- 2. I have a net income of \$ 1230 paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other ( )  
(Net Income is your total income including salary, wages, bonuses, commissions, allowances, overtime, tips and similar payments, minus deductions required by law and other court-ordered payments such as child support.)
- 3. I have other income paid ( ) weekly ( ) every two weeks ( ) semi-monthly ( ) monthly ( ) yearly ( ) other \_\_\_\_\_  
(Circle "Yes" and fill in the amount if you have this kind of income, otherwise circle "No")

Second Job.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Veterans' benefit.....	Yes \$ _____	<input type="checkbox"/>
Social Security benefits For You.....	Yes \$ <u>1230</u>	No <input type="checkbox"/>	Workers compensation.....	Yes \$ _____	<input type="checkbox"/>
For child(ren).....	Yes \$ _____	No <input checked="" type="checkbox"/>	Income from absent family members.....	Yes \$ _____	<input type="checkbox"/>
Unemployment compensation.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Stocks/bonds.....	Yes \$ _____	<input type="checkbox"/>
Union payments.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Rental Income.....	Yes \$ _____	<input type="checkbox"/>
Retirement/pensions.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Dividends or interest.....	Yes \$ _____	<input type="checkbox"/>
Trusts.....	Yes \$ _____	No <input checked="" type="checkbox"/>	Other kinds of income not on the list.....	Yes \$ _____	<input type="checkbox"/>
			Gifts.....	Yes \$ _____	<input type="checkbox"/>

I understand that I will be required to make payments for fees and costs to the clerk in accordance with §57.082(5), Florida Statutes, as provided by law, although I may agree to pay more if I choose to do so.

- 4. I have other assets: (Circle "yes" and fill in the value of the property, otherwise circle "No")
- |   |              |  |   |              |                          |
|---|--------------|--|---|--------------|--------------------------|
| Cash.....   | Yes \$ _____ | No <input checked="" type="checkbox"/> | Savings account.....                          | Yes \$ _____ | <input type="checkbox"/> |
| Bank account(s).....                                  | Yes \$ _____ | No <input checked="" type="checkbox"/> | Stocks/bonds.....                             | Yes \$ _____ | <input type="checkbox"/> |
| Certificates of deposit or money market accounts..... | Yes \$ _____ | No <input checked="" type="checkbox"/> | Homestead Real Property*.....                 | Yes \$ _____ | <input type="checkbox"/> |
| Boats.....  | Yes \$ _____ | No <input checked="" type="checkbox"/> | Motor Vehicle*.....                           | Yes \$ _____ | <input type="checkbox"/> |
|   |              |  | Non-homestead real property/real estate*..... | Yes \$ _____ | <input type="checkbox"/> |

\*Show loans on these assets in paragraph 5.

Check one: I ( ) DO (  ) DO NOT expect to receive more assets in the near future. The asset is \_\_\_\_\_

- 5. I have a total liabilities and debts \$ 4000 as follows: Motor Vehicle \$ 0, Home 0, Other Real Property 0, Child Support paid direct \$ 0, Credit Cards \$ 0, Medical Bills \$ 4000, Cost of medicines (monthly) \$ 0, Other \$ 0
- 6. I have a private lawyer in this case..... Yes  No

A person who knowingly provides false information to the clerk or the court in seeking a determination of indigent status under s. 57.082, F.S. commits a misdemeanor of the first degree, punishable as provided in s. 775.082, F.S. or s. 775.083, F.S. I attest that the information I have provided on this application is true and accurate to the best of my knowledge.

Signed this 9th day of June, 2019  
Date of Birth 59 Driver's License or ID Number \_\_\_\_\_

Signature of Applicant for Indigent Status \_\_\_\_\_  
Print Full Legal Name Jennifer M. Taniver  
Phone number: 754-281-0487

Address, P O Address, Street, City, State, Zip Code  
PO Box 292049 Fort Lauderdale, FL 33329

CLERK'S DETERMINATION

Based on the information in this Application, I have determined the applicant to be (  ) Indigent ( ) Not Indigent according to s. 57.082(7)  
Dated this 11th day of June, 2019 Clerk of the Circuit Court by \_\_\_\_\_

This form was completed with the assistance of: \_\_\_\_\_  
Clerk/Deputy Clerk/Other authorized person  
APPLICANTS FOUND NOT TO BE INDIGENT MAY SEEK REVIEW BY A JUDGE BY ASKING FOR A HEARING TIME. THERE IS NO FEE FOR THIS REVIEW.  
Sign here if you want the judge to review the clerk's decision \_\_\_\_\_

Filing # 94793182 E-Filed 08/26/2019 05:12:04 PM

IN THE CIRCUIT COURT OF THE 17TH  
JUDICIAL CIRCUIT IN AND FOR  
BROWARD COUNTY, FLORIDA

CASE NO.: CACE-19-12074

JENNIFER M. JANIVER,

Plaintiff,

vs.

SEMINOLE HARD ROCK HOTEL CASINO,

Defendant.

\_\_\_\_\_/

**DEFENDANT, SEMINOLE HARD ROCK HOTEL CASINO'S, MOTION FOR  
ENLARGEMENT OF TIME TO SERVE RESPONSE TO PLAINTIFF'S COMPLAINT**

Defendant, SEMINOLE HARD ROCK HOTEL CASINO<sup>1</sup> ("Defendant"), by and through its undersigned counsel, hereby files this Motion for Enlargement of Time to Serve its response to Plaintiff, JENNIFER M. JANIVER's ("Plaintiff"), Complaint, pursuant to Rule 1.090(b) of the Florida Rules of Civil Procedure and, in support thereof, states as follows:

1. On or about June 11, 2019, Plaintiff filed the above-styled Complaint in the 17<sup>th</sup> Judicial Circuit, in and for Broward County, Florida and served its Complaint to Defendant on August 5, 2019.

2. At this time, Defendant requests an enlargement of time to further investigate this matter and formulate its response.

3. Defendant respectfully seeks an additional ten (10) days, until September 5, 2019, to respond to Plaintiff's Complaint to determine the most appropriate response to Plaintiff's Complaint.

\_\_\_\_\_  
<sup>1</sup> The proper name for Defendant in this action is "Seminole Tribe of Florida d/b/a Seminole Hard Rock Hotel & Casino-Hollywood".



4. Under Rule 1.090(b)(1) of the Florida Rules of Civil Procedure, this Court may upon motion grant an enlargement of time within which to serve a response if request is made before the expiration of the period.

5. The granting of this Motion will not prejudice any party and is being sought in good faith and not for the purpose of delay or any other improper purpose.

6. Pursuant to Local Rule No. 10A of the Circuit Court of the 17<sup>th</sup> Judicial Circuit, in and for Broward County, Defendant's undersigned counsel contacted Plaintiff in a good-faith effort to resolve this issue via email, but Defendant did not receive a response. As Defendant is still investigating Plaintiff's Complaint, Defendant seeks the additional time sought in order to determine the most appropriate response to Plaintiff's Complaint.

WHEREFORE, Defendant, SEMINOLE HARD ROCK HOTEL CASINO, respectfully requests that this Court grant Defendant a ten (10) day extension of time in which Defendant must serve a response to Plaintiff's Complaint by September 5, 2019.

*[CERTIFICATE OF SERVICE ON NEXT PAGE]*

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the above was served by Electronic Mail, U.S. Mail and Certified Mail on: Plaintiff (*Pro Se*), Jennifer M. Janiver, P.O. Box 292042, Fort Lauderdale, FL 33329 ([glcr.79v6@gmail.com](mailto:glcr.79v6@gmail.com)) this 26<sup>th</sup> day of August, 2019.

Respectfully submitted,

**GRAYROBINSON, P.A.**  
225 NE Mizner Boulevard  
Suite 500  
Boca Raton, FL 33432  
Telephone: 561-368-3808  
Facsimile: 561-368-4008

/s/ Mark D. Schellhase

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IN THE CIRCUIT COURT OF THE 17TH  
JUDICIAL CIRCUIT IN AND FOR  
BROWARD COUNTY, FLORIDA

CASE NO.: CACE-19-12074

JENNIFER M. JANIVER,

Plaintiff,

vs.

SEMINOLE HARD ROCK HOTEL CASINO,

Defendant.

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**NOTICE OF FILING DESIGNATION OF E-MAIL ADDRESSES**

COMES NOW, Defendant, SEMINOLE HARD ROCK HOTEL CASINO, by and through undersigned counsel hereby files this Notice of Filing Designation of E-Mail Addresses, pursuant to the Supreme Court decision SC 10-2101 regarding E-Mail Service Rule and hereby designates the following e-mail addresses for the purposes of receiving pleadings.

PRIMARY: [Mark.Schellhase@gray-robinson.com](mailto:Mark.Schellhase@gray-robinson.com)

SECONDARY: [Emily.Pineless@gray-robinson.com](mailto:Emily.Pineless@gray-robinson.com)

[MDS.Pleadings@gray-robinson.com](mailto:MDS.Pleadings@gray-robinson.com)

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Respectfully submitted,

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Plaintiff,

vs.

SEMINOLE HARD ROCK HOTEL CASINO,

Defendant.

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**NOTICE OF APPEARANCE**

GRAYROBINSON, P.A. hereby gives notice of its appearance on behalf of Defendant, SEMINOLE HARD ROCK HOTEL CASINO, and requests that copies of all motions, notices, and other pleadings heretofore or hereafter filed or served in this cause be furnished to the undersigned.

*[CERTIFICATE OF SERVICE ON NEXT PAGE]*

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Respectfully submitted,

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/s/ Mark D. Schellhase

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