

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK, SS.

16-01275

SUPERIOR COURT DEPARTMENT OF THE TRIAL COURT
CIVIL ACTION NO.

Maxwell Goldman, Hope Smith, Avery Goldman, Sophie Goldman, Individually, and as mother
father, sister and as next of friend of Maxwell Goldman

Plaintiffs

V.

Boston Maternal Fetal Medicine, Brigham and Women's Hospital,
Lauren Cadish MD, Tamara Takoude MD, Toni Golen MD, Jonathan Hecht MD. DOES 1-20,

Defendants

COMPLAINT AND DEMAND FOR JURY TRIAL

INTRODUCTION

Plaintiffs bring this law-suit against the defendants Boston Maternal Fetal Medicine,
Brigham and Women's Hospital, Lauren Cadish MD, Tamara Takoude MD, Toni Golen
MD, Jonathan Hecht MD and the DOES 1-18. on the counts for negligence, fraudulent
concealment, breach of fiduciary duty and intentional misrepresentation. Plaintiffs are
ignorant of the names and capacities of DOES 1 through 18 and sue them as DOES 1
through 18 inclusive. Plaintiffs will amend this action to allege those DOE Defendants
names and capacities when ascertained.

This Complaint alleges plaintiff's at all times were in a fiduciary relationship with the
defendants and the defendants breached that duty. This Complaint asserts defendants
substantially breched the standard of care in high-risk pregnancy management. The
Plaintiffs here, allege medical malpractice and negligent failure to diagnose a condition
defendants should have diagnosed given the symptoms plaintiffs' reported. The defendants
were negligent in their failure of antepartum identification of, and timely delivery of the

MICHAEL JOSEPH O'NEILL
CLERK/MAGISTRATE

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SUFFOLK SUPERIOR COURT
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hypoxic or acidotic fetus (Maxwell), to recognize declining amniotic fluid volume despite and estimated fetal weight resulting in failure to institute proper management, failure to appropriately evaluate for, diagnose and monitor progressive placental insufficiency resulting in reduced fetal movement, IUGR, Fetal hypoxia, asphyxia and ischemia, failure to timely identify and deliver hypoxic and acidotic fetus to prevent long-term neurologic damage, to use conjunction to use Doppler U/S with other diagnostic tools, to recognize progressive decline in interval growth resulting into fetal growth restriction (IUGR), to recognize brain-sparing process, to investigate conditions associated with variable decelerations. As a direct result of the defendants negligence, the plaintiffs were injured and suffered fetal hypoxia, anoxic encephalopathy, long-term neurologic damage visual impairment cerebral ischemia, intrauterine growth restriction. The defendants are liable for the problems arising from the failure to diagnose, misdiagnosis and delayed treatments that were the direct cause of plaintiffs injuries.

This defendants breached their fiduciary duty to disclose these harms to Maxwell as well as Maxwell's true condition.

The defendants intentionally misrepresented to plaintiff she had a short cervix, cervical incompetence. Defendants knew the misrepresentations of fact to be false, but chose to present them to the plaintiffs with the specific intention of inducing plaintiffs reliance on these facts. Plaintiffs relied on these facts to their detriment.

The defendants fraudulently concealment material information from the plaintiffs. This material information included intrauterine hypoxia, brain lesions, long term neurological injury. The defendants breached their fiduciary by failing to disclose this material information to the plaintiffs.

PARTIES

1. The plaintiff, Maxwell Goldman is a resident of Cambridge, Massachusetts, Suffolk County, and at all relevant times was under the care of the Defendants.
2. The plaintiff, Hope Smith, is mother of Maxwell Goldman, and a resident of Cambridge, Massachusetts, Suffolk County.
3. The plaintiff, Avery Goldman, is father of Maxwell Goldman, and is a resident of Cambridge, Massachusetts, Suffolk County
4. The plaintiff, Sophie Goldman, is sister to Maxwell Goldman, and is a resident of Cambridge, Massachusetts, Suffolk County.
5. The defendant, Boston Maternal Fetal Medicine, was at all times relevant to this action a Massachusetts medical Hospital with a place of business in Suffolk County, Massachusetts.
6. The defendant, Tamara Takoudes M.D., is a physician duly licensed to practice his profession in the Commonwealth of Massachusetts, and at all times relevant hereto practiced his profession in Suffolk County, Massachusetts.
7. The defendant, Toni Golen M.D., is a physician duly licensed to practice his profession in the Commonwealth of Massachusetts, and at all times relevant hereto practiced his profession in Suffolk County, Massachusetts.
8. The defendant, Jonathan Hecht M.D., is a physician duly licensed to practice his profession in the Commonwealth of Massachusetts, and at all times relevant hereto practiced his profession in Suffolk County, Massachusetts.
9. Defendants DOES 1-16

FACTS COMMON TO ALL COUNTS

10. On or about January 2009, the Plaintiff was under the care of the Defendants.
11. On or about May, 2009, the Plaintiff achieved a spontaneous pregnancy;
12. On or about July, 2009, the Plaintiff was seen by Dr. Bruce Cohen. A fetal survey was done and was normal.
13. On or about July 2009, Dr. Cohen performed a cervical cerclage on Plaintiff Smith at Beth Israel Hospital in Boston MA.
14. On July 8, 2009 Plaintiff was seen by Dr. Cohen and Ceeryl Gerson R.N. who entered a cervical length of 3.9cm
15. On July 14, 2009, Plaintiff was seen by, Michelle Stojanov RN who entered a cervical length of 3.2cm
16. On July 31st, 2012 Patient was seen by Dr. Cohen and Raeanne Brazee RN entered a cervical length of 3.9cm.
17. On August 5, 2009 plaintiff was seen by Amy Demartino RN entered a cervical length of 3.8cm
18. On August 11, 2009 Plaintiff was seen by Dr. Cohen, and Raeanne Brazee RN who entered a cervical length of 4.5cm.
19. On August 11, 2009 Plaintiff was seen by Raeanne Brazee RN entered a cervical length of 4.5cm
20. On August 25, 2009 plaintiff was seen by Raeanne Brazee RN entered a cervical length of 4.4cm
21. On August 29, 2009 plaintiff was seen by Benjamin Hamar MD (noted cervix long and closed) entered a or about July, 2009 Plaintiff was seen in Dr. Cohen's practice (Beth Israel Medical Deaconess Center's Maternal Fetal Medicine at One Brookline Place)
22. September 1, 2009 Plaintiff was seen by Ceeryl Gerson entered a cervical length of 4.0cm Fetus noted as very active and the fetus had always been very active until October 24th.

23. September 9, 2009 Plaintiff was seen by Ceeryl Gerson entered ta cervical length of was 4.1cm. On September 9, 2009 Ceeryl Gerson entered ta cervical length of was 3.9cm
24. On September 22, 2009 (Nurse notes stable cervix), Record now states if there is significant shortening PROM less than 32 Weeks (Nurse did not indicate this to plaintiff or discuss Premature Rupture of Membranes) PROM Michelle Stojanov RN entered a cervical length of 3.2cm
25. On October 2015 Raeanne Brazee RN entered a cervical length of 2.8cm
26. On October 6, 2009 A Raeanne Brazee Demartino RN 2.7cm
27. On October 16, 2009 A Raeanne Brazee Demartino RN 2.7cm
28. On October 21, 2009 during a DETAILED OB US for Plaintiff Maxwell the abdominal circumference was AC 194.8. Defendants did not indicate what percentage this was for gestation age.
29. On October 22, 2009 A Raeanne Brazee Demartino RN 2.7cm
30. October 24th at gestation 26 2/7. Plaintiffs first report of Reduced Fetal Movement. L&D failed to note 738g at 26 weeks gestation on October 22nd is under 10% EFW at 755g and that the fetus was IUGR. This failure meant L&D did not perform Umbilical artery Doppler evaluation of the fetus even if the 738g on October 22nd signaled IUGR. Umbilical artery Doppler evaluation does differentiate the hypoxic growth-restricted fetus from the non-hypoxic small fetus.
31. On October 28, 2009, follow up with Dr. Cohen on October 28th as recommended in L&D. Plaintiff see by Amy Demartino RN who measures cervical length at 2.9cm On October 28th fetal gestation is 26 6/7. No umbilical artery Doppler done despite presentation of RFM.When the estimated fetal weight is <10th percentile, fetal surveillance is recommended because of the recognized association between IUGR and neonatal morbidity and mortality, and this may be initiated as early as 26-28 weeks. Dr. Cohen negligently failed to evaluate/rule out cord compression and uteroplacental and fetoplacental compromise. No BPP was done. Traditional

surveillance of the IUGR fetus has relied on twice weekly nonstress testing with weekly amniotic fluid evaluation (Between October 25th - November 4th no twice weekly stress testing is done for 10 days) or weekly biophysical profile testing (Between October 25th and November 3rd for 10 days no weekly BPP is done), as is commonly recommended when IUGR is suspected. No follow up bi-weekly nonstress testing is done by Cohen again between November 5th - November 10th after I present to L&D for reduced fetal movement again on November 5th. At this appointment I asked Dr. Cohen's nurse for a steroid shot but I was not given the shot. This is the only time.

32. On November 4, 2009 at gestation 27 6/7 weeks, Plaintiff was seen by Cheryl Gerson RN who measured Plaintiff's cervical length at 3.0cm. No fetal size evaluation done. No EFW??? BPP done without NST (see services and charges sheet) This was a scheduled appointment.

33. On November 5th at 28w 0d, no fetal size evaluation done. (No EFW) Third report of RFM. Despite third report of reduced fetal movement plaintiff is not given antenatal corticosteroids, for fetal lung maturity despite Plaintiff's RFM, progressive reduction in EFW. A reduction in fetal movements is associated with fetal hypoxia, increased incidence of stillbirth and fetal growth restriction (FGR).

34. On November 10th, gestational age 28 4/7 Dr. Cohen enters EFW 19% Cohen (Failure to take into account EFW errors can be 6 -15%.) Fourth report by Plaintiff Smith of reduced fetal movement (Despite large drop in EFW from 28% or 41% to 19% no Doppler UA and Uterine Doppler are done on placenta. Failure to diagnose declining EFW suspicious for IUGR. Plaintiff sent home and Fetus is allowed to decompensate further

35. On November 10 2009 Michelle Stojanov RN entered cervical length is 2.9cm

36. On November 11 2009 Michelle Stojanov RN 2.9cm

37. On November 17, 2009 at fetal gestation 29 4/7 weeks, the Plaintiff presented to Dr. Cohen's office complaining of further reduction in fetal movement. This was plaintiff's fifth report of reduced fetal movement. Plaintiff asked for an ultrasound. Michelle Stojanov RN noted fetal size equals, entered cervical length of 3.0m. Maxwell (Fetus) flexed fingers only at the 28th minute and because flexed fingers occurred within 30 minutes Michelle Stojanov RN entered the exam as normal. Michelle Stojanov RN negligently failed to document only movement was flexion of fingers at 28 minutes despite repeated fetal arousal with vibration.

38. On November 17 2009, nurse's notes now size=dates. despite obvious drop in EFW from 28% (or 41%) to 19%. 19% did not account margin of error. On November 17th Plaintiff was sent home despite fetus only flexing fingers at 28th minute.. No gross body movement noted.

39. On November 17th appointment Plaintiff asked Dr. Cohen's nurse Michelle for a steroid shot and she declined to give plaintiff the shot. This was the second time plaintiff raised idea of receiving a steroid shot. The first was with Dr. Cohen who said he was going to take Plaintiff to 37 weeks and therefore Plaintiff did not need the steroids. Dr. Cohen's failure to provide antenatal corticosteroids for fetal lung maturity despite raising concern for threatened premature delivery, progressive reduction in EFW manifest as declining fetal growth pattern was negligent. Recognizing a declining trend in EFW is a standard component of MFM antenatal care.

40. On November 18th, at gestational age 29 weeks. Plaintiff presented to BIDMC Labor & Delivery with worsening reduced fetal movement. Despite Plaintiff calling an talking to Dr. Takoudes (attending) about been seen right away because of further reduction in fetal movement, plaintiff was not examined until approximately 50 minutes later by Dr. Cadish (L&D resident) Dr. Cadish missed the worsening fetal

heart tracing and subsequently concluded the baby was fine. Dr. Cadish indicated she was going to discharge plaintiff and Dr. Cadish completely disconnected all fetal monitoring for 24 minutes in preparation to discharge plaintiff. Plaintiff insisted on an ultrasound, and the ultrasound revealed no fetal tone, fetal breathing movements, gross body movements and was only positive for amniotic fluid. BPP score was 2. Plaintiff's baby was in severe distress with a BPP of 2, positive only for amniotic fluid. Required emergent C-section which plaintiffs readily agreed to and promptly walked to the delivery room when asked to by Dr. Takoudes.

41. Dr. Cadish negligently failed to maintain continuous monitoring on 11/18/09 thus contributing to delayed emergent C-section. Plaintiff was experiencing progressively worse reduced fetal movement, fetus was now demonstrating minimal variability and tachycardia, and upon re-monitoring 24 minutes later, fetal deterioration had progressed to recurrent late decelerations that were not previously present. Fetus (plaintiff Maxwell) born with cerebral edema and small slit-like ventricles indicative of recent brain injury.
42. On November 18, 2009, Plaintiff presented to Beth Israel's Labor and Delivery and reported reduced fetal movement. Plaintiff was evaluated by Dr. Cardish and Dr. Takoudes. was admitted to the Beth Israel Hospital. AFI 10 L&D
43. On November 19, 2009, Dr. Cadish negligently failed to recognize and react to fetal distress, consequently negligently failed to alert the attending physician Takoudes of fetal distress thus allowing the fetus to further deteriorate. Plaintiff Maxwell was delivered at the Beth Israel hospital by emergency C-Section by Dr. Takoudes and Dr. Cadish. Maxwell was 30 weeks gestation weighing 940g which is less than EFW at 3rd %.
44. On 11/4,11/5 and 11/10 defendants negligently failed to evaluate and document fetal abdominal circumference (AC) Plaintiff Maxwell's birth weight was at 3%ile

45. On November 19th, defendants fraudulently concealed Plaintiff Max's heart rate. Dr. Takoudes asked the Chance Harding not to record the heart. The failure to disclose was a breach of fiduciary duty to disclose material information to the plaintiff.
46. Defendants intentionally did not disclose complete length of umbilical cord with the specific intent of inducing the plaintiffs into believing Maxwell had a short cord.
47. In and around January 22, 2013, Dr. Takoudes, in a meeting with Toni Golen and Plaintiff Hope Smith, told Smith she took part of the umbilical cord for blood gas. Dr. Takoudes did not indicate she had difficulty getting enough samples for the blood gas measurement. She then left half of the remainder of the cord which she sent to pathology. Dr. Takoudes indicated that half was 17/18cm. Dr. Takoudes could not provide an explanation for the other missing half (17/18cm).
48. Dr. Cohen and his staff at BIDMC, intentionally misrepresented plaintiffs cervical length with the specific intent of inducing Plaintiff's belief she had a short cervix and cervical incompetence. Dr. Cohen and his staff knew the misrepresentation of fact to be false. The plaintiffs relied on this information to their detriment. Plaintiffs did not know and could not have know defendants were intentionally misrepresenting Plaintiff Smith had an incompetent cervix.
49. Dr. Cohen intentionally misrepresented the cervical incompetence condition and induced plaintiff Smith into having a surgery called cervical cerclage in July 2009. Dr. Cohen was the surgeon.
50. Shortly after surgery, Dr. Cohen's nurses intentionally misrepresented Smith cervical length. Smith did not know and could not have known this was an intentional misrepresentation and that the defendants were fraudulently concealing plaintiffs true cervical length.

51. Plaintiffs learned defendants had all along been deceptive in September 2015 after defendants indicated Plaintiff should have known in 2009 she did not have a short cervix or cervical incompetence.
52. Several DOE's participated in inducing plaintiff's belief she had a short cervix by indicating they too, had measured the cervical length and found it to be 2.7cm.
53. Defendants thus far, refused to provide plaintiffs with all the prenatal imaging. Plaintiffs have the dates of the imaging. Plaintiffs have other imaging that clearly shows plaintiff did not have a 5cm umbilical cord (a measurement BIDMC pathology provided)
54. Plaintiffs saw Dr. Cohen again in April 2013 in his office at Boston Maternal fetal Medicine in Brookline MA.

COUNT 1 – NEGLIGENCE. DEFENDANTS: Boston Maternal Fetal Medicine, Brigham and Women's Hospital, Lauren Cadish MD, Tamara Takoudes MD, Toni Golen MD, Jonathan Hecht MD and the DOES 1-18

1. Plaintiffs were under the continuing care of Defendants DOES 1-20
2. The Defendant, and employees thereof, negligently, carelessly, and unskillfully cared for the Plaintiff during but not limited to the dates sets forth herein, as follows:
 - a. negligently failed to follow the standard of care and skill of required of health care facilities, taking into account advances in the profession and/or negligently failed to follow the standard of care and skill of required of health care facilities, taking into account advances in the profession.
 - b. negligently failed to diagnose and treat the condition and medical problems of and subsequent complications suffered by the Plaintiff, including but not limited to failure to act upon the the ultrasound findings, failure to admit the Plaintiff to the hospital, failure to order complete bed-rest, and failure to perform a cervical cerclage, and failure to oversee the plaintiff's progress.

- c. negligently failed to follow standard procedure for the diagnosis and treatment of the Plaintiff's conditions.
- d. negligently failed to perform adequate testing procedures in order to screen for the Plaintiff's condition.
- e. negligently failed to respond to certain symptoms of the plaintiff, and negligently failed to use diligence in any responses made in the care and treatment of the plaintiff, including but not limited to failure to diagnose, make referrals for the diagnosis of, recognize, or treat the plaintiff's condition or symptoms thereof.
- f. negligently trained and supervised, or failed to train and supervise, the employees who attended to the Plaintiff.

As a direct and proximate result of the negligence and carelessness of the Defendant, as hereinabove set forth, the Plaintiff has been caused to suffer several disabilities, to suffer great physical and mental anguish, pain, and suffering, and will continue indefinitely to suffer more and greater anguish in the future. In addition, the Plaintiff has suffered economic loss and consequential damages.

Plaintiffs are entitled to relief as the court deems just and proper.

WHEREFORE, Plaintiff prays for judgment against the defendants as follows:

1. For general and special damages according to proof
2. For punitive damages according to proof
3. For loss of comfort, and society of Plaintiff
4. For attorneys fees (In the event plaintiffs are able to retain one)
5. For costs of suit, including expert costs.
6. For such other and further relief as the court deems just and proper.

COUNT 2 – INTENTIONAL MISREPRESENTATION DEFENDANTS Boston Maternal Fetal Medicine, Brigham and Women's Hospital, Lauren Cadish MD, Tamara Takoudes MD, Toni Golen MD, Jonathan Hecht MD and the DOES 1-18

3. The Defendants intentionally misrepresented material facts to the plaintiffs with the intent to induce the plaintiffs reliance. Plaintiffs relied on the intentional misrepresentations to their detriment.

4. WHEREFORE, the Plaintiff demands judgment for damages, with pain and suffering, together with interest and costs and actual and compensatory damages.
5. As a direct and proximate result of the Defendants intentional misrepresentation as hereinabove set forth, the Plaintiff has been caused significant injury and harm

Plaintiffs are entitled to relief as the court deems just and proper.

WHEREFORE, Plaintiff prays for judgment against the defendants as follows:

1. For general and special damages according to proof
2. For punitive damages according to proof
3. For loss of comfort, and society of Plaintiff
4. For attorneys fees (In the event plaintiffs are able to retain one)
5. For costs of suit, including expert costs.
6. For such other and further relief as the court deems just and proper.

COUNT 3 –BREACH OF FIDUCIARY DUTY: DEFENDANTS Boston Maternal Fetal Medicine, Brigham and Women’s Hospital, Lauren Cadish MD, Tamara Takoudes MD, Toni Golen MD, Jonathan Hecht MD and the DOES 1-18

6. **Defendants under affirmative duty to disclose all material facts to Plaintiffs.**
Defendants affirmative duty to the Plaintiffs gave rise to an affirmative duty of full disclosure, and a breach of that duty constituted actionable fraud and fraudulent concealment.
7. Plaintiffs were in a fiduciary relationship with the defendants
8. Defendants nondisclosure of material information directly caused defendants harm and injury;
9. As a direct and proximate result of the Defendants breach of fiduciary duty as hereinabove set forth, the Plaintiff have been caused significant injury and harm

Plaintiffs are entitled to relief as the court deems just and proper.

WHEREFORE, Plaintiff prays for judgment against the defendants as follows:

- 1. For general and special damages according to proof**
- 2. For punitive damages according to proof**
- 3. For loss of comfort, and society of Plaintiff**
- 4. For attorneys fees (In the event plaintiffs are able to retain one)**
- 5. For costs of suit, including expert costs.**
- 6. For such other and further relief as the court deems just and proper.**

COUNT 4 –FRAUDULENT CONCEALMENT DEFENDANTS Boston Maternal Fetal Medicine, Brigham and Women’s Hospital, Lauren Cadish MD, Tamara Takoudes MD, Toni Golen MD, Jonathan Hecht MD and the DOES 1-18

- 1. Defendants under affirmative duty to disclose all material facts to Plaintiffs. Defendants affirmative duty to the Plaintiffs gave rise to an affirmative duty of full disclosure, and a breach of that duty constituted actionable fraud and fraudulent concealment.. Omissions of material facts constituted fraud**

As a direct and proximate result of the Defendants fraudulent concealment as hereinabove set forth, the Plaintiff have been caused significant injury and harm

- 2. Defendants fraudulent concealment of material information directly caused defendants harm and injury;**

Plaintiffs are entitled to relief as the court deems just and proper.

WHEREFORE, Plaintiff prays for judgment against the defendants as follows:

- 1. For general and special damages according to proof**
- 2. For punitive damages according to proof**
- 3. For loss of comfort, and society of Plaintiff**
- 4. For attorneys fees (In the event plaintiffs are able to retain one)**
- 5. For costs of suit, including expert costs.**
- 6. For such other and further relief as the court deems just and proper.**

Maxwell Goldman (Minor)
Sophie Goldman (minor)
Hope Smith
Avery Goldman
P.O. Box 390505
Cambridge, Massachusetts 02139
917)-504-3827
hsmithgoldman@gmail.com
averylgoldman@gmail.com

3. Now come the Plaintiff and demand a trial by jury on all matters.

DATE: OCTOBER 22, 2015



Hope Smith

Avery Goldman



Sophie Goldman (Minor)
Maxwell Goldman (Minor)

Hope Smith, Sophie Goldman, Maxwell Goldman

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CIVIL ACTION COVER SHEET		DOCKET NUMBER 16-01276	Trial Court of Massachusetts The Superior Court	
PLAINTIFF(S): Avery Goldman		COUNTY		
ADDRESS: P.O. Box 390505 Cambridge MA 02139		DEFENDANT(S): Boston Maternal fetal Medicine Dr. Cohen, Dr. Takoulas,		
ATTORNEY:		ADDRESS:		
ADDRESS:		ADDRESS:		
BBO:		ADDRESS:		

TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)

CODE NO. B09	TYPE OF ACTION (specify) Medical Fraud	TRACK F	HAS A JURY CLAIM BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
*If "Other" please describe: B07 - Malpractice Other			

STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A

The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.

TORT CLAIMS
(attach additional sheets as necessary)

A. Documented medical expenses to date:

1. Total hospital expenses	250,000
2. Total doctor expenses	200,000
3. Total chiropractic expenses	0
4. Total physical therapy expenses	0
5. Total other expenses (describe below)	0
Subtotal (A):	450,000

B. Documented lost wages and compensation to date

C. Documented property damages to date

D. Reasonably anticipated future medical and hospital expenses

E. Reasonably anticipated lost wages

F. Other documented items of damages (describe below)

G. Briefly describe plaintiff's injury, including the nature and extent of injury:

TOTAL (A-F): \$ 1M

CONTRACT CLAIMS
(attach additional sheets as necessary)

Provide a detailed description of claims(s):

Signature of Attorney/Pro Se Plaintiff: X

TOTAL: \$ 1,000,000

Date: 10/22/15

RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.

CERTIFICATION PURSUANT TO SJC RULE 1:18

I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.

Signature of Attorney of Record: X

Date:

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 CLERK/MAGISTRATE
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