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CAUSE NO. 380-80047-00

EXHIBITS INDEX - STATE'S 118-178 - VOLUME 50 OF 53

THE STATE OF TEXAS * IN THE 380TH DISTRICT COURT
*
V. *
*
IVAN ABNER CANTU * OF COLLIN COUNTY, TEXAS

I, LISA M. RENFRO, Official Court Reporter in and for the 380th District Court of Collin County, Texas, do hereby certify that the following exhibits, Pretrial Exhibits 1-2; Court's Exhibit 1; State's Exhibits 1-179 (excluding 25, 26, 84, 85, 172, 175b, 176, and 177), and Defendant's Exhibits 1-42 (excluding 3, 4 and 6) constitute a true and complete duplicate of the original exhibits admitted into evidence during the hearing in the above-entitled and -numbered cause as set out herein before the Honorable Charles F. Sandoval, Judge of the 380th District Court of Collin County, Texas, on the 13th day of July, 2001; the 15th thru 17th days of August, 2001; and the 21st thru the 26th day of October, 2001.

COPY

14th

WITNESS MY OFFICIAL HAND on this the 27th day of ~~November, 2002.~~ *January, 2003.*

Lisa M. Renfro

Lisa M. Renfro, Official Court Reporter
Texas CSR #4534
380th District Court
Collin County Courthouse
210 S. McDonald St.
McKinney, Texas 75069
(972) 548-4661

Taxable cost: \$ _____
Paid by Collin County.

2003 JAN 17

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CHRONOLOGICAL EXHIBITS INDEX

STATE'S PRETRIAL

<u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-1	Affidavit for Search Warrant	29/30	53
SX-2	" "	29/30	53
SX-3	Photograph	93/93	49
SX-4	" "	93/93	49
SX-5	Appointment of Office	13/15	49
SX-6	Acceptance of appointment	13/15	49

VOIR DIRE - COURT ONLY

<u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
Court-1	Handwritten notes		53

TRIAL CHRONOLOGICAL EXHIBITS INDEX

STATE'S

<u>EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-1	Photograph	29/32	49
SX-2	Photograph	29/32	49
SX-3	Photograph	29/32	49
SX-4	Photograph	29/32	49
SX-5	Photograph	29/32	49
SX-7	Drawing of layout of home	86/86	49
SX-6	Telephone	22/22	49
SX-8-A	Set of Keys	30/30	49
SX8-11	Photographs	112/112	49
SX12-13	Photographs	117/117	49
SX-14	Photograph	133/133	49
SX-15	Photograph	160/160	49
SX16-18	Photographs	176/176	49
SX19-24	Photographs	177/196	49
SX25-26	Photographs	177/NA	53
SX27-56	Photographs	177/196	49
SX-58	Box of evidence	18/18	49
SX-58-A	Pillow with "love"	18/18	49
SX-58-B	Black hand towel	18/18	49
SX-58-C	Paisley round pillow	18/18	49
SX-58-D	Green-striped pillow	18/18	49
SX-59	Box of evidence	18/18	49
SX-59-A	One sheet/mattress cover	18/18	49
SX-60	Photo	22/23	49
SX-61	Photo	26/27	49
SX-62	Photo	26/27	49
SX-63	Photo of sock	26/27	49
SX-64	Photo	26/27	49

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TRIAL CHRONOLOGICAL EXHIBITS INDEX

<u>STATE'S EXHIBITS</u>	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
SX-96	Photo	91/92	49
SX-97	Photo	91/92	49
SX-98	Photo	91/92	49
SX-99	Photo	91/92	49
SX-100	Photo	91/92	49
SX-101	Photo	91/92	49
SX-102	Rent Receipt	28/28	49
SX-103	Lease agreement	30/32	49
SX-104	Mapsco excerpt - blowup	51/51	49
SX-105	Search warrant	84/87	49
SX-106	Stmt. of Appointed officer	86/87	49
SX-107	Appointment of office	86/87	49
SX-108	Aerial photo	111/111	49
SX-109	Second search warrant	117/126	49
SX-110	Man's gold bracelet	150/150, V. 36	49
SX-111	Brown manila envelope	164/165	49
SX-111A	Spent projectile	164/165	49
SX-112	AIM mortgage business card	186/186	49
SX-113	Letter	208/209	49
SX-114	Photo	200/201	49
SX-115	Photo	200/201	49
SX-116	Photo	200/201	49
SX-117	Toll Tag Records	41/42	49
SX-118	Map of toll facilities	53/53	50
SX-119	Defendant's phone bill	57/57	50
SX-120 thru	James Mosqueda's	97/110	50
SX-131	autopsy photos		
SX-132	NONE		
SX-133 thru	Amy Kitchen's	111/111	50
SX-147	autopsy photos		
SX-148	Bullet from Wound No. 2	127/127	50
SX-149	Gunpowder fragments	127/127	50
SX-150	Bullet fragments	127/127	50
	from Wound No. 1		
SX-151	Env. of gunpowder fragments	127/127	50
SX-152	Casing	129/129	50
SX-153	Bullet	129/129	50
SX-154	Bullet	129/129	50
SX-155	Bullet	129/129	50
SX-156	Bullet	129/129	50
SX-157	Dr. Rohr's affidavit w/ A. Kitchen's autopsy report	73/74	50

TRIAL CHRONOLOGICAL EXHIBITS INDEX

STATE'S
EXHIBITS

	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
4	SX-158 Dr. Rohr's affidavit w/ J. Mosqueda's autopsy report	73/74	50
5	SX-159 Diagram of James Mosqueda	96/96	50
	SX-160 Diagram of Amy Kitchen	96/96	50
6	SX-161 Report from Mr. Emanuel	161/162	50
	SX-162 Report from Mr. Emanuel	161/162	50
7	SX-163 Report from Mr. Emanuel	161/162	50
	SX-164 Copy of Mr. Hall's Report	167/168	50
8	SX-165 Report - blood samples	192/192	50
	SX-166 Report - blood samples	192/192	50
9	SX-167 Dr. Sliter's Report	191/191	50
	SX-168 Four photos pasted together of crime scene by Sutton	205/205	50
10	SX-169 Photos of crime scene	215/216	50
11	SX-170 Photos of crime scene	210/210	50
	SX-171 Three photos on board	223/223	50
12	SX-172 Statement of Defendant on PSI	NA	
13	SX-173 Print card of Defendant	204/205	50
	SX-174 J&S - Collin County	207/207	50
14	SX-174B Fingerprints - CCSO	210/201	50
	SX-175 J&S - Certified packet	212/213	50
15	SX-175B Excerpt from 175	212/NA	53
	SX-176 J&S - DWI Offense	215/NA	53
16	SX-176B Packet out of 176	218/220	50
	SX-177 J&S - Deferred Adj.	218/NA	53
17	SX-177B Packet out of 177	218/220	50
	SX-178 Documents from the Navy	95/95, V. 43	50
18	SX-179 Inmate request form	165/NA	

TRIAL CHRONOLOGICAL EXHIBITS INDEX

DEFENDANT'S
EXHIBITS

	<u>Description</u>	<u>Offered/Admitted</u>	<u>V.</u>
4	DX-1 Green envelope	198/199	51
	DX-1-A Fingerprint card	198/199	51
5	DX-1-B Fingerprint card	198/199	51
	DX-2 Receipt book	34/35	51
6	DX-3 Case binder	173/Record	53
	DX-4 Case binder	173/Record	53
7	DX-7 Copy of words left on vehicles at funeral	140/142	51
8	DX-8 Serology testing report	194/194	51
	DX-9 Defendant's 1st grade report card	26/26	51
9	DX-10 Defendant's 2nd grade report card	26/26	51
10	DX-11 Elementary school award	26/26	51
11	DX-12 Defendant's 4th grade report card	26/26	51
12	DX-13 Outstanding Achievement	26/26	51
	DX-14 Elem. graduation diploma	26/26	51
13	DX-15 Perfect attendance award	26/26	51
	DX-16 1983 physical fitness award	26/26	51
14	DX-17 1984 physical fitness award	26/26	51
	DX-18 Report cards	26/26	51
15	DX-19 Report cards	26/26	51
	DX-20 Employee of the month award	37/37	51
16	DX-21 1998 tax return	42/43	51
	DX-22 1999 tax return	44/44	51
17	DX-23 2000 tax return	44/44	51
	DX-24 Disciplinary file	61/61	51
18	DX-25 Medical records	80/80	51
	DX-26 Plano ISD school records	81/81	51
19	DX-27 Dallas IDS school records	81/81	51
	DX-28 thru Crossroads correspondence	107/107	51
20	DX-32		
	DX-33 Curriculum Vitae	67/68	51
21	DX-34 Studies on Parole Outcomes	209/210	52
	DX-35 Publications from witness	210/21	52
22	DX-36 Publications from witness	210/21	52
	DX-37 Publications from witness	210/21	52
23	DX-38 Publications from witness	210/21	52
	DX-39 Publications from witness	210/21	52
24	DX-40 Brochure	93/93	52
	DX-41 Brochure	93/93	52
25	DX-42 Videotape	184/184	52

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CAUSE NO. 380-80047-00

EXHIBITS INDEX - DEFENDANT'S 34 - 42 - VOLUME 52 OF 53

THE STATE OF TEXAS * IN THE 380TH DISTRICT COURT
*
V. *
*
IVAN ABNER CANTU * OF COLLIN COUNTY, TEXAS

I, LISA M. RENFRO, Official Court Reporter in and for the 380th District Court of Collin County, Texas, do hereby certify that the following exhibits, Pretrial Exhibits 1-2; Court's Exhibit 1; State's Exhibits 1-179 (excluding 25, 26, 84, 85, 172, 175b, 176, and 177), and Defendant's Exhibits 1-42 (excluding 3, 4 and 6) constitute a true and complete duplicate of the original exhibits admitted into evidence during the hearing in the above-entitled and -numbered cause as set out herein before the Honorable Charles F. Sandoval, Judge of the 380th District Court of Collin County, Texas, on the 13th day of July, 2001; the 15th thru 17th days of August, 2001; and the 21st thru the 26th day of October, 2001.

WITNESS MY OFFICIAL HAND on this the 27th day of November, 2002.

Lisa M. Renfro, Official Court Reporter
Texas CSR #4534
380th District Court
Collin County Courthouse
210 S. McDonald St.
McKinney, Texas 75069
(972) 548-4661

SOUTHWESTERN BELL TELEPHONE COMPANY

To: DALLAS SECURITY

Company:

Fax: 2144644100

From: Subpoena Processing Center

Company: SOUTHWESTERN BELL TELEPHONE COMPANY

Fax: 214-745-7158

Phone: 214-464-8331

Memo:

Reference: 2001-10-10-088 Court Appearance Notification



Date: 10/10/01

Time: 10:47 AM CDT

Pages Sent: 4

THE STATE OF TEXAS
CRIMINAL SUBPOENA Duces Tecum

use 380-80047-01

THE STATE OF TEXAS

v. CANTU, IVAN ABNER

TO ANY SHERIFF OR CONSTABLE OF THE STATE OF TEXAS GREETINGS:

YOU ARE COMMANDED TO SUMMON SWB LEGAL DEPT 214/464-8331
SOUTHWESTERN BELL TELE 214/745-7158
308 S AKARD RM 2900
DALLAS TX 75202

to be and appear before the Honorable 380TH DISTRICT COURT of Collin County to be held at the Court House thereof, in McKinney, in said County, on the 1st day of JANUARY A.D. 2011, at 8:00 o'clock A.M., then and there to testify in behalf of the State of Texas in the above styled and numbered cause, now pending in said Court and there remain from day to day and from term to term until discharged by due course of law. Said above named witness is further commanded to produce at said time and place above set forth the following books, papers, documents or other tangible things, to wit:

Please forward all records for the months of October and November 2000 on telephone number 972-380-1361. This number is listed to Ivan Abner Cantu.


Please send to Investigator Jerry Johnson, Collin County District Attorney's Office, 210 S. McDonald, Suite 324, McKinney Texas, 75069. Should you have any questions, please call Inv. Jerry Johnson at 972-424-1460, Ext. 4618.

Have individual in court to testify with records, Thursday 10-11-01.

returnable the 1st day of JANUARY A.D. 2011 at 8:00 o'clock A.M.

Herein fail not, but of this writ make due return, showing how you have executed the same.

Witness my official signature at McKinney, Texas this 10 day of

 Hannah Kunkle
Deputy District Clerk, Collin County, Texas

As an alternative to personally appearing on the above date and time, you may complete the attached affidavit and return it before

OCTOBER 10, 2001 to: JERRY JOHNSON
District Attorney's Office
210 S. MCDONALD #324
McKinney, Texas 75069

If unable to comply by OCTOBER 10, 2001, call JERRY JOHNSON at 8:00 A.M. on JANUARY 01, 2011 to ascertain the exact date and time required for your appearance in the Court.

972-548-4323 METRO 972-424-1460 EXT. 4618

OFFICER'S RETURN

Came to hand 10 day of October, 2001, at 9:30 o'clock AM, and executed the 10 day of October, 2001, at 9:45 o'clock AM, by delivering to the within named SWB at SWB in Collin County, Texas, in person, a true copy of this Subpoena.

FEES: \$ _____

by: Collin Co DA
Collin County, Texas
Law Jerry Johnson

SEND TO: HOLD FOR INV JERRY JOHNSON

JURT PROCEEDINGS ARE SERIOUS MATTERS DESERVING OF THE HIGHEST STANDARDS OF DIGNITY AND DECORUM. PLEASE DRESS APPROPRIATELY.

380-80047-01

THE STATE OF TEXAS	§	IN THE 380TH DISTRICT
VS.	§	COURT OF
CANTU, IVAN ABNER	§	COLLIN COUNTY, TEXAS

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared the herein named affiant, who, being by me duly sworn, deposed as follows:

My name is _____, I am the affiant herein and I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

I am the custodian of the records of _____, hereinafter referred to as "Business". Attached hereto are _____ pages of records from said Business. These said pages of records are kept by the said Business in the regular course of business, and it was in the regular course of business of the said Business for an employee or representative of the said Business, with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis recorded, or reasonably soon thereafter. The records attached hereto are original or exact duplicates of the original.

AFFIANT

SWORN TO AND SUBSCRIBED before me on the ____ day of _____,

Notary Public in and for

_____ County, Texas
My Commission Expires _____

Southwestern Bell



COURT APPEARANCE NOTIFICATION

Memorandum:

From: Subpoena Processing Center - Dallas, Texas

To: DALLAS SECURITY

Re: Legal Process requiring Court/Deposition testimony

Control Number : S-2001-10-10-088

Fax Reference Number: 238997

Appearance Date : 10/11/2001

Gloria Dorrough will provide you with a copy of the valid legal process referenced above.

Records have been ordered and will be forwarded to your office as soon as possible.

Please call JERRY JOHNSON upon receipt of this request to furnish the name of the custodian.

COMMENTS: P L E A S E C A L L this guy ASAP and let him know who is coming for the appearance. he wanted me, but NO

Southwestern Bell



Subpoena Processing Center
Two Bell Plaza, Room 1270
211 S. Akard
Dallas, Texas 75202
Ph: 2142688744 Fax: 2147457158

The information contained in the following message is proprietary and confidential information intended for the use of the individual or entity named on this cover sheet. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

TO: DALLAS SECURITY

FROM: Gloria Dorrough

NUMBER OF PAGES : 1
SUBPOENA IS BEING SENT AS NEXT TRANSMISSION
(EXCLUDING COVER)

SENT ON: Oct 10, 2001 10:46:45

PLEASE CALL 2142688744 IF FAX TRANSMISSION IS INCOMPLETE.

THE STATE OF TEXAS
CRIMINAL SUBPOENA Duces Tecum

Cause 380-80047-01

THE STATE OF TEXAS

v. CANTU, IVAN ABNER

TO ANY SHERIFF OR CONSTABLE OF THE STATE OF TEXAS GREETINGS:

YOU ARE COMMANDED TO SUMMON SWB LEGAL DEPT 214/464-8331
SOUTHWESTERN BELL TELE 214/745-7158
308 S AKARD RM 2900
DALLAS TX 75202

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Returnable the 1st day of JANUARY A.D. 2011 at 8:00 o'clock A.M.

Herein fail not, but of this writ make due return, showing how you have executed the same.

Witness my official signature at McKinney, Texas this 10 day of

by Hannah Kunkle Deputy District Clerk, Collin County, Texas

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District Attorney's Office
210 S. MCDONALD #324
McKinney, Texas 75069

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972-548-4323 METRO 972-424-1460 EXT. 4618

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FEES: \$ _____

COURT OF THE

Collin County PA

Collin

County, Texas

by:

LAV Kelly Johnson

SEND TO: HOLD FOR INV JERRY JOHNSON

COURT PROCEEDINGS ARE SERIOUS MATTERS DESERVING OF THE HIGHEST STANDARDS OF DIGNITY AND DECORUM. PLEASE DRESS APPROPRIATELY.

380-80047-01

THE STATE OF TEXAS	§	IN THE 380TH DISTRICT
VS.	§	COURT OF
CANTU, IVAN ABNER	§	COLLIN COUNTY, TEXAS

AFFIDAVIT

BEFORE ME, the undersigned authority, personally appeared the herein named affiant, who, being by me duly sworn, deposed as follows:

My name is Gloria J. Dorrrough, I am the affiant herein and I am of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated:

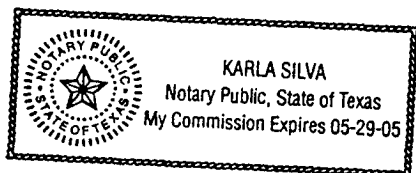
I am the custodian of the records of SOUTHWESTERN BELL TELCO hereinafter referred to as "Business". Attached hereto are _____ pages of records from said Business. These said pages of records are kept by the said Business in the regular course of business, and it was in the regular course of business of the said Business for an employee or representative of the said Business, with knowledge of the act, event, condition, opinion, or diagnosis recorded to make the record or to transmit information thereof to be included in such record; and the record was made at or near the time of the act, event, condition, opinion, or diagnosis recorded, or reasonably soon thereafter. The records attached hereto are original or exact duplicates of the original.

Gloria J. Dorrrough
AFFIANT

SWORN TO AND SUBSCRIBED before me on the 10 day of Oct 2001.

Karla Silva
Notary Public in and for

Dallas County, Texas
My Commission Expires 5-29-05



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*****
* START-START-START-START-START-START-START-START-START-START *
* START-START-START-START-START-START-START-START-START-START *
*
* >>> OPTIONS REQUESTED <<<
*
* BUSINESS OFFICE BILL
** PAGES 1 TO 18
** BILL MONTH = X
*
*
** 972 380 1361 850
**
* INITIALS OF REQUESTING REP: GD
*
** REQUEST DATE = 10/10/01
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* *****
* *****
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972 380 1361 850 NPU NOV 11 00 *INDX T
 IVAN A CANTU AOC 49 BOC 07 EST 1000
 APT 1004 DBD 1206 AG 1 CR 0 ST 50 TAR DLC
 4753 OLD BENT TREE LN RA2 1206 NT HT CT PAH
 LLAS TX 75287 RBA 1218 CCH DEP NONE

FRT HIST 00 DCK HIST 00 USE MONTH IC
 COUNTRY WIDE HOME LOANS EXTERNAL LOAN OFFICER 461-77-698 CUR 38
 7 DL 01891126 TX LA OH 0 LLPEAR RIDGE APTS 972-248-3011 1ST
 NPS KFPM ELU 0 2ND
 3RD

----- PREV PAY AND ADJ ----- SEE ACCOUNT SUMMARY ---
 AMOUNT DATE TC BATCH ENTITY

972 380 1361 850 NOV 11 00 *BILL 0000000000 T
 IVAN A CANTU AG 1 DLC
 ----- PAGE 1 OF 18 -----

<<Monthly Statement

Previous Charges and Credits

Thank You .....	.00
Summary of Current Charges	
SWBell Telephone (See Page 3)	414.10
SWBell long distance (See Page 13)	38.72
SWBell Other Svcs (See Page 17)	35.20
Taxes	
Total Federal Tax	7.27
Total State and Local Taxes	44.81
Current Charges Due by Dec 06	540.10
Total Amount Due	540.10

<<Payment Information

Essential Charges \$340.02 (See Page 2 for explanation)
 The Long Distance Availability Limit on Your Account is \$200.00
 If charges greater than \$10.00 are carried over to your next bill, a

972 380 1361 850 NOV 11 00 *BILL 0000000000 AG 1 DLC T
IVAN A CANTU

----- PAGE 1 OF 18 -----

late payment charge of
\$2.95 will apply.
Thank you for choosing SWBell Phone Solution. For more details, please
see the
SOLUTIONS section of your bill.
Because you are a Simple Solutions customer, you are receiving
Southwestern Bell Long
Distance at 6 cents per minute.

972-380-1361-850-3
Mail Payment To:

Amount Due 540.10

PO BOX 930170
DALLAS TX 75393-0170

Due Date Dec 06

Make Checks

IVAN A CANTU
APT 1004
4753 OLD BENT TREE LN

**R027

Payable To:
Southwestern Bell

972 380 1361 850 NOV 11 00 *BILL 0000000000 AG 1 DLC T
IVAN A CANTU

----- PAGE 1 OF 18 -----

DALLAS TX 75287-7125

9707 9723801361 8503 12061218 4900000000000 000054010 04

972 380 1361 850 NOV 11 00 *BILL 0000000000
IVAN A CANTU

AG 1 DLC

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----- PAGE 2 OF 18 -----
TERMS AND CONDITIONS APPEARED ON THIS PAGE

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IVAN A CANTU

AG 1 DLC

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----- PAGE 3 OF 18 -----

SWBell Telephone For Billing Questions 1-800-585-7928
For Payment Arrangements or Late Payments 1-800-616-1171
To Place an Order or Change Service 1-800-464-7928
For Repair Services 1-800-246-8464
For an Itemization of Service Charges 1-800-585-7928
Para Preguntas Acerca de su Cuenta Llame al 1-800-585-7928
Para Arreglos de Pago o Para Pagos Atrasados 1-800-616-1171
Para Ordenar Servicios o Cambiar su Servicio
Telefonico en espanol Llame al 1-800-559-0050
Para Servicio de Reparacion Llame al 1-800-246-8464
For questions about the charges of other companies, refer to each
company's page. On your main line your Long Distance provider is SWB LONG
DISTANCE. Your Local Toll provider is SWB LONG DISTANCE.

<Billing For:
<SWBell Telephone
<<SWBell Telephone
<<Billing Questions:
<1-800-585-7928
Monthly Charges - Nov 11 thru Dec 10

Basic Local Service Charges and Fees		67.84
- Basic Local Service	31.20	
Municipal Charge	3.72	
FCC Approved Customer Line Charge	16.49	
911 Service Fee	1.86	
Texas Universal Service	12.17	
Expanded Local Calling Service Surcharge ....	.45	
Number Portability Service Charge .....	.99	
Federal Universal Service Fee .....	.96	
Optional Features		23.84
InLine Plus		12.00
Local Plus Calling Plan		29.95
Amount Subject to Sales Tax: 118.92		
Other Charges (See Items 1 thru 16)		280.42
Itemized Calls (See Item 17) .....		.05
SWBell Telephone Current Charges (before taxes)		414.10
Taxes		46.11
Federal Tax	6.12	

State and Local Taxes	39.99
-----------------------------	-------

SWBell
Simple Solutions
SWBELL PHONE SOLUTION
* Primary line with Touch-Tone
* The WORKS
* CallNotes Plus Voice Mail provided by Southwestern Bell Messaging Services
* Call Waiting ID
* InLine Repair Plan or ADD ON InLine Plus Repair Plan
By choosing this Solution, you are saving up to 29% over the cost of the same services purchased separately.

Thank you for choosing Southwestern Bell Long Distance and Southwestern Bell Simple Solutions! Because you are a Simple Solutions customer, you are receiving an excellent rate on Southwestern Bell Long Distance at 6 cents per minute.

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<<Other Charges
 3WBell Telephone
 Billing Questions:
 <<1-800-585-7928

Item	Explanation	Amount
1	This is the 1st of 6 installments on the total charge of 210.60 on Oct 17 order # N607850 Your first payment is due on the due date for this bill. Remaining payments will be billed on your monthly telephone bills. We are pleased to advise you that no late payment charges or annual percentage rate will be applied to this payment arrangement.	35.08
2	As of Oct 17, you have selected a new long distance calling carrier for 972-380-136100
3	As of Oct 17, you have selected a new local	

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	toll calling carrier for 972-380-136100
4	As of Oct 18, you have selected a new long distance calling carrier for 972-380-6498, 972-380-834100
5	As of Oct 18, you have selected a new local toll calling carrier for 972-380-6498, 972-380-8341 .....	.00
6	Rate changed on Oct 17	
	From	To
	- 1 Federal Universal Service Fee .00	.32
	Monthly Rate .00	.32
	Charge for change in rates from Oct 17 thru Nov 1027

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7 Rate changed on Oct 18 From To
- 2 Federal Universal Service Fee .00 .64
Monthly Rate .00 .64
Charge for change in rates from Oct 18 thru
Nov 1051

8 Directory Assistance
8 Direct dialed call(s) 9 @ no charge
4 @ .75 ea 3.00

Order # N607850
972-380-1361
9 Service added on Oct 17
- 1 Non Published Listing 1.10
- 1 Basic Local Service - Residence Line 10.40

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- 1 Touchtone .18
- 1 SWBell Simple Solution Credit 2.45c
- 1 Call Forward-Busy Line/Don't Answer
- 1 FCC Approved Customer Line Charge 4.35
- 1 Expanded Local Calling Service Surcharge .15
- 1 Local Plus 29.95
- 1 InLine Plus Repair Plan 4.50
- 1 Number Portability Service Charge .33
- Package Discount Price for Call Waiting ID 1.50
- Call Waiting ID
- The WORKS Discount Package 19.95

<Other Charges
 (Continued)
 JWBell Telephone
 <Billing Questions:
 <1-800-585-7928

Item	Explanation	Amount
9 (continued)		
-	Caller ID Anonymous Call Rejection	
-	Three-Way Calling	
-	Speed Calling 8	
-	Call Forwarding	
-	Call Waiting	
-	Caller ID Calling Number Delivery	
-	Caller ID Calling Name Delivery	
-	Selective Call Forwarding	
-	Priority Call	
-	Call Blocker	
-	Auto Redial	
-	Call Return	

Monthly Rate		69.96
Charge for service from Oct 18 thru Nov 10 ..		55.96
10 Charge to provide installment billing option		
.....		5.00

Order # N607851		
972-380-6498		
11 Service added on Oct 18		
- 1 Non Published Listing		1.10
- 1 Basic Local Service - Residence Line		
(972-380-6498)		10.40
- 1 Touchtone		.18
- 1 FCC Approved Customer Line Charge		6.07
- 1 Expanded Local Calling Service Surcharge		.15

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- 1 InLine Plus Repair Plan		3.75	
- 1 Number Portability Service Charge		.33	
Monthly Rate		<u>21.98</u>	
Charge for service from Oct 19 thru Nov 10 ..			16.85
12 One time service charge(s):			
- Initial modular jack			75.00
- Service establishment			2.35
- Telephone line connection			16.35
- Premises visit			14.60

Order # N607853
 972-380-8341
 13 Service added on Oct 18
 - 1 Non Published Listing 1.10

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- 1 Basic Local Service - Residence Line			
(972-380-8341)		10.40	
- 1 Touchtone		.18	
- 1 FCC Approved Customer Line Charge		6.07	
- 1 Expanded Local Calling Service Surcharge		.15	
- 1 InLine Plus Repair Plan		3.75	
- 1 Number Portability Service Charge		.33	
Monthly Rate		<u>21.98</u>	
Charge for service from Oct 19 thru Nov 10 ..			16.85
14 One time service charge(s):			
- Service establishment			2.35
- Telephone line connection			16.35

<Other Charges
 (Continued)
 Item

Explanation

Amount

14 (continued)
 - Premises visit 14.60

Order # C858002
 972-380-1361

15 Service added on Nov 01
 - 1 Call Forward-Busy Line/Don't Answer 1.00

Monthly Rate 1.00
 Charge for service from Nov 02 thru Nov 10 .. .30

Order # C858002
 972-380-6498

16 One time service charge(s):
 - Customer alerting enablement - voice mail

signaling 2.70
 - Service establishment 2.30

SWBell Telephone Total Other Charges (before
 taxes) 280.42

ADJ	No	Date	Time	Place Called	Area	Number	*_	Min	Amount
				Calls from 972-380-1361					
	17	10/23	05:50A	DA CL COMP	972	386-4577		2	.05 #
				Subtotal for 972-380-1361				2	.05
				Directory Assistance Calls from 972-380-1361					
				Dialed 411: 13				555: 0	
				Operator Handled 411: 0				555: 0	
				Total Itemized Calls for SWBell Telephone (before taxes)				2	.05

For Your Information

SWBell Telephone

<Billing Questions:

<1-800-585-7928

Your line has been equipped with 900/976 call restriction - direct dialed calls will not be permitted -

E.G., 1 + 900 + telephone number

Southwestern Bell Telephone Company does not guarantee restriction from alternate carrier billing arrangements.

For your convenience, your telephone bill can be paid by your bank without you having to write a check. Your bank will simply charge your account on the due date each month and the entry will be shown on your bank statement. If you would like to participate in this plan, please call your business office.

For additional copies of your local Southwestern Bell Telephone Company Directory call 1-800-SWB-BOOK.

Thank you for subscribing to InLine service, an inside telephone wire repair plan. This plan provides coverage for trouble isolation, simple inside wire repair and if you selected the InLine Plus option, the use of a loaner telephone. As a reminder, the following are excluded from InLine coverage:

1. Wire repair due to acts of God such as flood and earthquake, riot, acts of war, gross

<For Your Information
(Continued)

SWBell Telephone
<Billing Questions:
<1-800-585-7928

- negligence, willful damage and/or vandalism.
- 2. Wire that does not meet Southwestern Bell Telephone's installation practices or technical standards.
- 3. Wire provided and maintained by military personnel.

Customer Rights Information

Your bill may include charges for 900 and/or information services which are essentially non-communications services. You may withhold payment if you dispute these charges within 60 days. Action to collect disputed amounts will be suspended pending investigation of the dispute. Neither local nor long-distance services can be disconnected for non-payment, although other action may be taken to collect amounts unpaid but not disputed. You may request 900 number blocking from Southwestern Bell. In addition, failure to pay legitimate charges for these services may lead to involuntary blocking of calls to a 900 number. You are not to be billed for Pay-Per-Call services

which do not comply with Federal laws and regulations.

We are pleased to have you as a customer and hope you will enjoy using our telephone service.

To assist you in establishing and protecting a good credit record, we would like to take this opportunity to explain our billing policy in brief:

This first bill includes charges for service from the date of connection to the date of this bill as well as a charge for one month's current service. Your regular monthly bill is dated the 11th of each month and is considered past due if payment is not received by the "Due By" date printed on your bill. Payment of your bill by the "Due By" date will eliminate the need for us to call you or send a notice advising suspension. Should service be suspended, payment of the past due amount and a restoral charge will apply. Also, an additional deposit may be required.

Based on information available to Southwestern Bell which could include commercial credit information, you have been approved for a long distance availability limit of \$200.00. Once your long distance charges are over \$160.00, you may receive an automated call. If you exceed your limit, you will not be able to make long distance calls until you make a payment. This payment must be enough to bring your long distance charges below \$150.00.

A detailed explanation of our billing, collection and deposit policy can
found in the customer guide section of your telephone directory.

Your rights as a customer are included in the customer guide of your
telephone directory.

We will share certain information about your account with other
telecommunications service providers with whom you may do business.

We welcome you as a customer. Should you have any questions concerning
our

<For Your Information

<<(Continued)

SWBell Telephone

Billing Questions:

<<1-800-585-7928

account, please call our business office.

Thank You,
Your Service Representative

Your Rights As A Customer

If you are slammed, you should contact the telephone company that
switched you without authorization and request that it return you to your
original telephone service provider.

Texas law requires the telephone company that slammed you to do the
following:

1. Return you to your original telephone company within 3 business days
of your request.
2. Pay all usual and customary charges associated with returning you to
our original telephone company.
3. Provide all billing records to your original telephone company within

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AG 1 DLC

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30 business days of your request to be returned to your original telephone company. 4. Pay the original telephone company the amount you would have paid if you had not been slammed.

5. Refund to you, within 30 business days, any amount you paid over the amount that you would have paid for identical services by your original telephone company if you had not been slammed.

Please note - once your original telephone company has been paid by the slamming company, your original telephone company is required by law to provide you with all the benefits (e.g. frequent flyer miles) you would have normally received for your telephone use during the period in which you were slammed.

Complaints relating to slamming, the unauthorized change in a customer's telephone company, are investigated by the Public Utility Commission of Texas. If a telephone company slams you and fails to resolve your request to be returned to your original local or long distance telecommunications service provider as required by law, or if you would like a complaint history for a particular telephone company, please write or call the Public Utility Commission of Texas, P. O. Box 13326, Austin, Texas 78711-3326, (512)

936-7120 or in Texas (toll-free) 1-888-782-8477. Hearing and speech-impaired individuals with text telephones (TTY) may contact the

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Commission at (512) 936-7136.

Be advised that you may have additional rights under state and federal law. Please contact the Public Utility Commission if you would like further information.

PARA INFORMACION EN ESPANOL SOBRE SLAMMING POR FAVOR COMUNIQUESE CON SOUTHWESTERN BELL TELEPHONE CO., ONE BELL PLAZA, 35TH FLOOR, DALLAS, TEXAS 75265-5521.

CLIENTES RESIDENCIALES: 1-800-585-7928.

CLIENTES COMERCIALES: 1-800-559-7928.

Questions about your bill? www.swbell.com/billing

UNIVERSAL SERVICE FEE

You may notice some changes on your bill and we wanted to explain these surcharges.

<For Your Information
(Continued)
JWBell Telephone
<Billing Questions:
<1-800-585-7928

Effective 7/1/00 and going forward, all residential customers will incur a new Federal Universal Service Fee. These surcharges are so Southwestern Bell can recover its contribution to the Federal Universal Service Fund, which supports the telecommunications needs of low-income households, consumers living in high-cost areas, schools, libraries and rural hospitals. These fees are being back-billed to the 7/1/00 effective date. More information about rate changes can be found on the <http://www.phonebillcentral.org> Web site, or residential customers may call 1-888-857-6599. For other phone bill questions please contact your Southwestern Bell representative at the number on your bill. For information about long distance charges, please contact your long distance carrier.

CUOTA POR SERVICIO UNIVERSAL
PODRIA VER ALGUNOS CAMBIOS EN SU FACTURA Y QUERIAMOS EXPLICARLE ESTOS RECARGOS. A PARTIR DEL 1 DE JULIO DE 2000, Y DE AHI EN ADELANTE,

TODOS LOS CLIENTES DE SERVICIO RESIDENCIAL INCURRIRAN EN UNA NUEVA CUOTA POR EL SERVICIO UNIVERSAL FEDERAL. ESTOS RECARGOS SIRVEN PARA QUE SOUTHWESTERN BELL RECUPERE SU CONTRIBUCION AL FONDO FEDERAL DEL SERVICIO UNIVERSAL, QUE AYUDA ECONOMICAMENTE CON SUS SERVICIOS TELEFONICOS A FAMILIAS DE BAJOS INGRESOS, CONSUMIDORES QUE VIVEN EN AREAS CARAS, ESCUELAS, BIBLIOTECAS Y HOSPITALES RURALES. ESTAS CUOTAS SE CONTRACARGARAN A LA FECHA DE VIGENCIA DEL 1 DE JULIO DE 2000. PUEDE ENCONTRAR MAS INFORMACION SOBRE LOS CAMBIOS DE TARIFA EN EL SITIO WEB [HTTP://WWW.PHONEBILLCENTRAL.ORG](http://www.phonebillcentral.org). LOS CLIENTES DE SERVICIO RESIDENCIAL TAMBIEN PUEDEN LLAMAR AL 1-888-857-6599. SI TIENE OTRAS PREGUNTAS SOBRE LA FACTURA TELEFONICA, POR FAVOR COMUNIQUESE CON UN REPRESENTANTE DE SOUTHWESTERN BELL EN SU AREA AL NUMERO INCLUIDO EN SU FACTURA. SI NECESITA INFORMACION SOBRE CARGOS POR LLAMADAS DE LARGA DISTANCIA, POR FAVOR COMUNIQUESE CON SU COMPANIA DE LARGA DISTANCIA.

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<<Billing For:
<<SWBell long distance
Invoice Summary
Current Charges
Service Charges .00
Credits and Adjustments .00
Call Charges 35.94
Surcharges 2.78

Total SWBell Long Distance Charges 38.72
1 Federal Tax 1.15
2 State and Local Taxes 2.91

<<For Your Information
Southwestern Bell Long Distance
Thank you for choosing Southwestern Bell Long Dist
as your long distance provider.
SLAMMING COMPLAINTS
Customers who believe that their telephone service
provider has been changed without their permission

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may contact the Public Utility Commission of Texas, Office of Customer Protection, P.O. Box 13326, Austin, Texas 78711-3326, (512) 936-7120 or in Texas (toll-free) 1 (888) 782-8477, fax: (512) 936-7003, e-mail address: customer@puc.state.tx.us. Hearing and speech-impaired individuals with text telephones (TTY) may contact the commission at (512) 936-7136.

<<Call Charges
<<SWBell long distance
<<Billing Questions:
<<1-888-671-0514
Calls for 972-380-1361
Domestic

ADJ	No	Date	Time	Place Called	Area	Number	*_*	Min	Amount
ND	3	10/16	04:56P	AUSTIN TX	512	431-7880	DC	4:00	.24
ND	4	10/16	08:18P	FRANKLIN AR	870	322-8172	DC	16:00	.96

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ND	5	10/16	08:34P	FRANKLIN AR	870	322-8172	DC	9:00	.54
ND	6	10/16	08:45P	FRANKLIN AR	870	322-8172	DC	6:00	.36
ND	7	10/17	06:55A	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	8	10/17	06:55A	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	9	10/17	11:49A	SANANTONIO TX	210	601-3912	DC	19:00	1.14
ND	10	10/17	12:35P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	11	10/17	12:36P	SANANTONIO TX	210	601-3912	DC	10:00	.60
ND	12	10/17	12:50P	CASTROVL TX	830	931-6300	DC	4:00	.24
ND	13	10/17	12:54P	SANANTONIO TX	210	601-3912	DC	6:00	.36
ND	14	10/17	02:16P	AUSTIN TX	512	431-7880	DC	2:00	.12
ND	15	10/17	03:35P	ST PAUL MN	651	456-0000	DC	8:00	.48
ND	16	10/17	03:44P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	17	10/17	04:25P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	18	10/17	04:48P	AUSTIN TX	512	431-7880	DC	9:00	.54
ND	19	10/17	04:59P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	20	10/17	05:00P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	21	10/17	07:41P	SANANTONIO TX	210	601-3912	DC	5:00	.30

(Continued)
 JWBell long distance
 <<Billing Questions:
 <<1-888-671-0514

ADJ	No	Date	Time	Place Called	Area	Number	*_*	Min	Amount
ND	22	10/17	07:46P	SANANTONIO TX	210	601-3912	DC	1:00	.06
ND	23	10/17	07:47P	CASTROVL TX	830	931-6300	DC	1:00	.06
ND	24	10/17	07:48P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	25	10/17	08:12P	FRANKLIN AR	870	322-8172	DC	2:00	.12
ND	26	10/17	08:14P	FRANKLIN AR	870	322-8172	DC	52:00	3.12
ND	27	10/17	09:08P	SANANTONIO TX	210	601-3912	DC	1:00	.06
ND	28	10/17	09:27P	SANANTONIO TX	210	601-3912	DC	7:00	.42
ND	29	10/17	10:11P	CASTROVL TX	830	538-3475	DC	22:00	1.32
ND	30	10/17	11:15P	HOPKINS MN	952	933-2997	DC	13:00	.78
ND	31	10/18	11:01A	ST PAUL MN	651	457-4335	DC	1:00	.06
ND	32	10/18	11:01A	ST PAUL MN	651	451-0328	DC	5:00	.30
ND	33	10/18	12:26P	ST PAUL MN	651	457-4335	DC	1:00	.06
ND	34	10/18	12:28P	FRANKLIN AR	870	322-8172	DC	8:00	.48

ND	35	10/18	03:31P	SANANTONIO TX	210	826-0410	DC	1:00	.06
ND	36	10/18	03:37P	AUSTIN TX	512	431-7880	DC	3:00	.18
	37	10/18	04:12P	SANANTONIO TX	210	826-0410	DC	1:00	.06
	38	10/18	04:13P	SANANTONIO TX	210	601-3912	DC	14:00	.84
ND	39	10/18	05:48P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	40	10/18	05:55P	SANANTONIO TX	210	601-3912	DC	3:00	.18
JD	41	10/18	08:00P	FRANKLIN AR	870	322-8172	DC	20:00	1.20
JD	42	10/19	12:14P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	43	10/19	12:26P	SANANTONIO TX	210	422-3538	DC	8:00	.48
ND	44	10/19	12:45P	AUSTIN TX	512	431-7880	DC	1:00	.06
JD	45	10/19	05:07P	AUSTIN TX	512	431-7880	DC	1:00	.06
JD	46	10/19	05:11P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	47	10/19	06:00P	AUSTIN TX	512	431-7880	DC	7:00	.42
ND	48	10/19	06:10P	SANANTONIO TX	210	601-3912	DC	3:00	.18
JD	49	10/20	12:13P	AUSTIN TX	512	431-7880	DC	5:00	.30
JD	50	10/20	12:19P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	51	10/20	05:05P	AUSTIN TX	512	431-7880	DC	1:00	.06
ND	52	10/20	05:10P	AUSTIN TX	512	431-7880	DC	1:00	.06
JD	53	10/20	05:20P	AUSTIN TX	512	431-7880	DC	2:00	.12
JD	54	10/20	05:22P	AUSTIN TX	512	431-7880	DC	1:00	.06

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ID	Time	Place	Area	Number	State	Min	Amount
JD	55 10/20 05:29P	AUSTIN	TX	512 431-7880	DC	1:00	.06
	56 10/20 07:27P	FRANKLIN	AR	870 322-8172	DC	13:00	.78
	57 10/20 07:51P	AUSTIN	TX	512 431-7880	DC	1:00	.06
JD	58 10/20 07:54P	AUSTIN	TX	512 431-7880	DC	1:00	.06
JD	59 10/21 12:14P	AUSTIN	TX	512 431-7880	DC	1:00	.06
ND	60 10/21 12:19P	AUSTIN	TX	512 431-7880	DC	1:00	.06
ND	61 10/21 01:01P	AUSTIN	TX	512 431-7880	DC	2:00	.12
JD	62 10/22 07:05P	FRANKLIN	AR	870 322-8172	DC	15:00	.90
JD	63 10/23 10:34A	AUSTIN	TX	512 345-0836	DC	5:00	.30
ND	64 10/23 10:42A	SANANTONIO	TX	210 601-3912	DC	1:00	.06
ND	65 10/23 10:48A	AUSTIN	TX	512 345-0836	DC	1:00	.06
JD	66 10/23 10:50A	SANANTONIO	TX	210 601-3912	DC	1:00	.06
JD	67 10/23 11:51A	SANANTONIO	TX	210 601-3912	DC	1:00	.06
ND	68 10/23 12:17P	AUSTIN	TX	512 345-0836	DC	2:00	.12
ND	69 10/23 12:55P	SANANTONIO	TX	210 601-3912	DC	1:00	.06
JD	70 10/23 05:18P	AUSTIN	TX	512 345-8036	DC	1:00	.06
JD	71 10/24 12:25A	CAPITRVLY	CA	949 388-1111	DC	1:00	.06
ND	72 10/24 10:10A	SANANTONIO	TX	210 826-0410	DC	1:00	.06
ND	73 10/24 10:44A	SANANTONIO	TX	210 601-3912	DC	1:00	.06

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<<(Continued)
 3W Bell long distance
 Billing Questions:
 <<1-888-671-0514

ADJ	No	Date	Time	Place	Called	Area	Number	_*_	Min	Amount
D	74	10/24	12:45P	AUSTIN	TX	512	345-8036	DC	1:00	.06
ND	75	10/24	12:45P	AUSTIN	TX	512	345-0836	DC	25:00	1.50
ND	76	10/24	01:35P	FRANKLIN	AR	870	322-8172	DC	29:00	1.74
D	77	10/24	02:16P	AUSTIN	TX	512	470-2510	DC	1:00	.06
D	78	10/24	02:17P	AUSTIN	TX	512	470-2510	DC	32:00	1.92
ND	79	10/24	03:03P	AUSTIN	TX	512	431-7880	DC	10:00	.60
ND	80	10/24	03:15P	AUSTIN	TX	512	431-7880	DC	11:00	.66
D	81	10/24	03:28P	AUSTIN	TX	512	356-4249	DC	1:00	.06
D	82	10/24	03:29P	AUSTIN	TX	512	974-5000	DC	8:00	.48
ND	83	10/24	03:37P	AUSTIN	TX	512	974-5000	DC	6:00	.36
ND	84	10/24	03:44P	AUSTIN	TX	512	431-7880	DC	5:00	.30
D	85	10/24	08:22P	AUSTIN	TX	512	431-7880	DC	3:00	.18
..D	86	10/26	04:26P	AUSTIN	TX	512	431-7880	DC	1:00	.06

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ND	No	Date	Time	Place	Called	Area	Number	*_*	Min	Amount
	87	10/26	07:33P	CASTROVL	TX	830	538-3475	DC	4:00	.24
	88	10/27	03:01P	ST PAUL	MN	651	334-9090	DC	1:00	.06
	89	10/27	03:04P	HOPKINS	MN	952	933-2997	DC	1:00	.06
ND	90	10/27	11:10P	ST PAUL	MN	651	334-9090	DC	1:00	.06
ND	91	10/28	05:58P	ST PAUL	MN	651	334-9090	DC	1:00	.06
ND	92	10/28	08:46P	ST PAUL	MN	651	334-9090	DC	5:00	.30
ND	93	11/01	12:43P	AUSTIN	TX	512	475-1350	DC	3:00	.18
ND	94	11/01	02:37P	FRANKLIN	AR	870	322-8172	DC	7:00	.42

Total Domestic Calls for 972-380-1361 30.18
 Operator Assistance

JD	95	10/17	12:47P	Dir Asst	TX	210	555-1212	DC	1:00	1.00
JD	96	10/17	12:49P	Dir Asst	TX	210	555-1212	DC	1:00	1.00
ND	97	10/24	03:26P	Dir Asst	TX	512	555-1212	DC	1:00	1.00

Subtotal Operator Assisted Calls for 972-380-1361 3.00
 Total Operator Assistance Calls for 972-380-1361 3.00
 Total Calls for 972-380-1361 33.18

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Calls for 972-380-6498 Domestic

ND	No	Date	Time	Place	Called	Area	Number	*_*	Min	Amount
ND	98	10/18	03:08P	SANANTONIO	TX	210	601-3912	DC	2:00	.12
ND	99	10/18	08:27P	SANANTONIO	TX	210	826-0410	DC	1:00	.06
ND	100	10/24	12:25P	SANANTONIO	TX	210	826-0410	DC	1:00	.06
D	101	10/24	12:26P	SANANTONIO	TX	210	601-3912	DC	8:00	.48
ND	102	10/24	09:55P	CAPITRNVLY	CA	949	388-1111	DC	9:00	.54
ND	103	10/26	01:17P	SANANTONIO	TX	210	601-3912	DC	8:00	.48
ND	104	10/26	01:25P	SANANTONIO	TX	210	826-0410	DC	1:00	.06
D	105	10/26	01:38P	CASTROVL	TX	830	538-6458	DC	1:00	.06
ND	106	10/26	01:43P	CASTROVL	TX	830	538-6458	DC	7:00	.42
ND	107	10/26	01:49P	SANANTONIO	TX	210	341-6666	DC	8:00	.48

Total Domestic Calls for 972-380-6498 2.76
 Total Calls for 972-380-6498 2.76

----- PAGE 16 OF 18 -----

<<Call Charges
 (Continued)
 Total Call Charges 35.94

<<Surcharges
 <<SWBell long distance
 <<Billing Questions:
 <<1-888-671-0514
 Description
 108 Universal Service Fund - Federal .76
 109 TX 911 Surcharge .07
 110 TX Poison Control Surcharge .07
 111 TX Telecom Infrastructure Fund Assessment .46
 112 TX USF Charge (3.955%) 1.42

Total Surcharges 2.78
 ***Advertisements are paid for by SWBell
 Long Distance, an affiliate of Southwestern Bell.

----- PAGE 17 OF 18 -----

<<Billing For:
 <<SWBell Other Svcs
 SWBell Other Svcs
 Billing Questions:
 <<1-800-585-7928
 Current Charges
 Monthly Service - Nov 11 thru Dec 1000
 Southwestern Bell Messaging Services, Inc.
 CallNotes 15.37
 Amount Subject to Sales Tax: 15.37
 Other Charges (See Items 1 thru 4) 19.83
 SWBell Other Svcs Current Charges (before
 taxes) 35.20
 Federal Tax00
 State and Local Taxes 1.91

<<Other Charges
 Item Explanation Amount

Order # N607850
972-380-1361

1 Service added on Oct 17
- 1 SWBell Simple Solution Credit 2.53c
- 1 CallNotes Plus 8.95

Monthly Rate 6.42
Charge for service from Oct 18 thru Nov 10 .. 5.14
2 One time service charge(s):
- CallNotes Plus 6.00

Order # C858002
972-380-1361

3 Service added on Nov 01
- 1 CallNotes Plus 8.95

Monthly Rate 8.95
Charge for service from Nov 02 thru Nov 10 .. 2.69

Order # C858002
972-380-6498

4 CallNotes Plus 6.00

SWBell Other Svcs Total Other Charges (before taxes) 19.83

972 380 1361 850 NOV 11 00 *BILL 0000494100

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IVAN A CANTU

AG 1 DLC

----- PAGE 18 OF 18 -----

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* * * 972 380 1361 850 * * *

* * * INITIALS OF REQUESTING REP: GD * * *

* * * REQUEST DATE = 10/10/01 * * *

* * *

* * *

* * * END-END-END-END-END-END-END-END-END-END-END-END-END-END-END-END-END-END * * *

* * * END-END-END-END-END-END-END-END-END-END-END-END-END-END-END-END-END-END * * *

972 380 1361 850 DEC 11 00 *INDX FINALMO * T
 IVAN A CANTU AOC 49 BOC 07 EST 1000
 5242 BRYCE CANYON RD DBD 0103 AG 1 CR 1 ST 50 TAR DLC
 DALLAS TX 75211 RA2 NT HT CT PAH
 RBA 0105 CCH DEP NONE

RT HIST 000 DCK HIST 000 USE MONTH IC
 COUNTRY WIDE HOME LOANS EXTERNAL LOAN OFFICER 461-77-698 CUR 61
 7 DL 01891126 TX LA OH 0 LLPEAR RIDGE APTS 972-248-3011 1ST 38
 NPS KFPM ELU 0 2ND
 3RD

----- PREV PAY AND ADJ ----- SEE ACCOUNT SUMMARY -----
 AMOUNT DATE TC BATCH ENTITY

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
 IVAN A CANTU AG 1 DLC

----- PAGE 1 OF 12 -----

<Monthly Statement

Previous Charges and Credits	
Amount of Last Bill	540.10
Previous Balance	<u>540.10</u>
Summary of Current Charges	
SWBell Telephone (See Page 3)	127.52
SWBell long distance (See Page 9)	61.37
SWBell Other Svcs (See Page 12)	6.15c
Taxes	
Total Federal Tax .....	.63
Total State and Local Taxes	3.75c
Current Charges Due by Jan 03	<u>179.62</u>
Total Amount Due	<u>719.72</u>

<<Payment Information

Essential Charges \$302.40 (See Page 2 for explanation)
 The Long Distance Availability Limit on Your Account is \$200.00

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
IVAN A CANTU AG 1 DLC
----- PAGE 1 OF 12 -----

972-380-1361-850-3
Mail Payment To:

Amount Due 719.72

PO BOX 930170
DALLAS TX 75393-0170

Due Date Jan 03

** Final **
Make Checks

**R078

IVAN A CANTU
5242 BRYCE CANYON RD
DALLAS TX 75211-4245
9707 9723801361 8503

Payable To:
Southwestern Bell

0105 4901000054010 000071972 06

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
IVAN A CANTU AG 1 DLC
----- PAGE 2 OF 12 -----
TERMS AND CONDITIONS APPEARED ON THIS PAGE

SWBell Telephone For Billing Questions 1-800-585-7928
 For Payment Arrangements or Late Payments 1-800-616-1171
 To Place an Order or Change Service 1-800-464-7928
 For Repair Services 1-800-246-8464
 For an Itemization of Service Charges 1-800-585-7928
 Para Preguntas Acerca de su Cuenta Llame al 1-800-585-7928
 Para Arreglos de Pago o Para Pagos Atrasados 1-800-616-1171
 Para Ordenar Servicios o Cambiar su Servicio
 Telefonico en espanol Llame al 1-800-559-0050
 Para Servicio de Reparacion Llame al 1-800-246-8464
 For questions about the charges of other companies, refer to each
 company's page. On your main line your Long Distance provider is NONE.
 Your Local Toll provider is NONE.

<<Billing For:
 <<SWBell Telephone
 <<SWBell Telephone
 <<Billing Questions:
 <<1-800-585-7928
 Monthly Charges - Dec 11 thru Jan 10

Texas Universal Service	1.65c	
Amount Subject to Sales Tax: 1.65c		
Other Charges (See Items 1 thru 4)		129.17
SWBell Telephone Current Charges (before taxes)		127.52
Taxes		4.69c
Federal Tax	1.21c	
State and Local Taxes	3.48c	

<<Other Charges

Item	Explanation	Amount
------	-------------	--------

1	Balance due of 5 installments on total charge of 210.60 on Oct 17 order # N607850	175.52
---	---	--------

Order # D521756
 972-380-1361
 2 Service removed on Nov 28

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
IVAN A CANTU AG 1 DLC

----- PAGE 3 OF 12 -----

- 1 Non Published Listing 1.10c
- 1 Basic Local Service - Residence Line
(972-380-1361) 10.40
- 1 Touchtone .18c
- 1 Call Forward-Busy Line/Don't Answer
- 1 SWBell Simple Solution Credit 2.45
- 1 FCC Approved Customer Line Charge 4.35c
- 1 Federal Universal Service Fee .32c
- 1 Local Plus 29.95c
- 1 Expanded Local Calling Service Surcharge .15c
- 1 Number Portability Service Charge .33c

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
IVAN A CANTU AG 1 DLC

----- PAGE 3 OF 12 -----

- 1 InLine Plus Repair Plan 4.50c
- The WORKS Discount Package 19.95c
- Call Waiting
- Call Forwarding
- Three-Way Calling
- Speed Calling 8

<<Other Charges
 (Continued)

Item	Explanation	Amount
2 (continued)		
-	Caller ID Calling Number Delivery	
-	Caller ID Anonymous Call Rejection	
-	Caller ID Calling Name Delivery	
-	Selective Call Forwarding	
-	Priority Call	
-	Call Blocker	
-	Auto Redial	
-	Call Return	
-	Package Discount Price for Call Waiting ID	1.50c
-	Call Waiting ID	
	Monthly Rate	70.28c
	Credit for service from Nov 29 thru Dec 10 ..	28.11c

Order # D521759
 972-380-6498

3	Service removed on Nov 28	
-	1 Non Published Listing	1.10c
-	1 Basic Local Service - Residence Line	
	(972-380-6498)	10.40
-	1 Touchtone	.18c
-	1 Call Forward-Busy Line/Don't Answer	1.00c
-	1 FCC Approved Customer Line Charge	6.07c
-	1 Federal Universal Service Fee	.32c
-	1 Expanded Local Calling Service Surcharge	.15c
-	1 Number Portability Service Charge	.33c

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
 IVAN A CANTU AG 1 DLC
 ----- PAGE 4 OF 12 -----
 - 1 InLine Plus Repair Plan 3.75c
 Monthly Rate 23.30c
 Credit for service from Nov 29 thru Dec 10 .. 9.32c

Order # D521781
 972-380-8341
 4 Service removed on Nov 28
 - 1 Non Published Listing 1.10c
 - 1 Basic Local Service - Residence Line
 (972-380-8341) 10.40
 - 1 Touchtone .18c
 - 1 FCC Approved Customer Line Charge 6.07c
 - 1 Federal Universal Service Fee .32c

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
 IVAN A CANTU AG 1 DLC
 ----- PAGE 4 OF 12 -----
 - 1 Expanded Local Calling Service Surcharge .15c
 - 1 Number Portability Service Charge .33c
 - 1 InLine Plus Repair Plan 3.75c
 Monthly Rate 22.30c
 Credit for service from Nov 29 thru Dec 10 .. 8.92c
 SWBell Telephone Total Other Charges (before taxes) 129.17

<<For Your Information
 <<SWBell Telephone
 <<Billing Questions:
 <<1-800-585-7928
 This is your final bill for telephone service and reflects all charges applied to your account through Dec 11. Payment in full of this bill is ***Due By Jan 03 ***. If payment cannot be made, please contact the business

972 380 1361 850 DEC 11 00 *BILL 0000000000
IVAN A CANTU

AG 1 DLC

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----- PAGE 4 OF 12 -----

office on 1-800-616-1171 to arrange a satisfactory payment plan.
Calling cards issued for this account are now void and should be
destroyed. Third number calls may not be charged to this account.

972 380 1361 850 DEC 11 00 *BILL 0000000000
IVAN A CANTU

AG 1 DLC

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----- PAGE 5 OF 12 -----

<<For Your Information

<<(Continued)

SWBell Telephone

Billing Questions:

<<1-800-585-7928

If additional charges are received from your long distance carrier, they
will be billed at a later date.

Thank you for the opportunity to serve you.

Questions about your bill? www.swbell.com/billing

972 380 1361 850 DEC 11 00 *BILL 0000000000 T
IVAN A CANTU AG 1 DLC

----- PAGE 6 OF 12 -----

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972 380 1361 850 DEC 11 00 *BILL 0000000000 T
IVAN A CANTU AG 1 DLC

----- PAGE 7 OF 12 -----

ADVERTISEMENT APPEARED ON THIS PAGE

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IVAN A CANTU AG 1 DLC

----- PAGE 8 OF 12 -----

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972 380 1361 850 DEC 11 00 *BILL 0005722M00 T
IVAN A CANTU AG 1 DLC

----- PAGE 9 OF 12 -----

<<Billing For:
<<SWBell long distance

Invoice Summary

Current Charges	
Service Charges	.00
Credits and Adjustments	.00
Call Charges	58.02
Surcharges	3.35
Total SWBell Long Distance Charges	<u>61.37</u>
1 Federal Tax	1.84
2 State and Local Taxes	.25

<<For Your Information

Southwestern Bell Long Distance
Thank you for choosing Southwestern Bell Long Dist
Thank you for choosing Southwestern Bell Long Dist
as your long distance provider.
as your long distance provider.
SLAMMING COMPLAINTS

Customers who believe that their telephone service
provider has been changed without their permission
may contact the Public Utility Commission of
Texas, Office of Customer Protection,
P.O. Box 13326, Austin, Texas 78711-3326,
(512) 936-7120 or in Texas (toll-free)
1 (888) 782-8477, fax: (512) 936-7003,
e-mail address: customer@puc.state.tx.us.

(512) 936-7136.
(512) 936-7136.

Call Charges

<<SWBell long distance
<<Billing Questions:
<<1-888-671-0514
Calls for 972-380-1361
Domestic

ADJ	No	Date	Time	Place Called	Area	Number	*_*	Min	Amount
ND	3	10/28	05:53P	ST PAUL MN	651	334-9090	DC	4:00	.24
ND	4	11/01	07:45P	FRANKLIN AR	870	322-8172	DC	8:00	.48
ND	5	11/03	02:09P	FRANKLIN AR	870	322-8172	DC	1:00	.06
ND	6	11/03	11:35P	FRANKLIN AR	870	322-8172	DC	3:00	.18
ND	7	11/04	08:53P	SANANTONIO TX	210	367-0775	DC	1:00	.06

<<Call Charges
 (Continued)
 JWBell long distance
 <<Billing Questions:
 <<1-888-671-0514

Total Domestic Calls for 972-380-1361 1.02

Total Calls for 972-380-1361 1.02

Calls for 972-380-1361

Calling Card

ADJ	No	Date	Time	Place Called	Area	Number	_*	Min	Amount
ND	8	11/07	07:46P	DALLAS TX	214	467-5065	DC	9:00	
ND				CLG CRD FROM TEXARKANA TX	903	832-8457			2.10

Subtotal Calling Card Calls for 972-380-1361 2.10

Services Provided by Williams Communication Inc.

ND	9	11/05	01:50A	RENNER TX	972	380-1361	DC	7:00	
ND				CLG CRD FROM FRANKLIN AR	870	322-8172			1.65
ND	10	11/05	01:59A	WACO TX	254	799-2803	DC	1:00	

ND				CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	11	11/05	02:07A	IRVING TX	972	513-9705	DC	7:00	
				CLG CRD FROM FRANKLIN AR	870	322-8172			1.65
ND	12	11/05	02:30A	GRANDPRARI TX	214	213-8442	DC	25:00	
				CLG CRD FROM FRANKLIN AR	870	322-8172			4.35
ND	13	11/05	03:13A	DALLAS TX	214	987-2074	DC	11:00	
ND				CLG CRD FROM FRANKLIN AR	870	322-8172			2.25
ND	14	11/05	03:25A	DALLAS TX	214	467-5065	DC	68:00	
ND				CLG CRD FROM FRANKLIN AR	870	322-8172			10.80
ND	15	11/05	12:20P	GRAPEVINE TX	817	329-5452	DC	20:00	
ND				CLG CRD FROM FRANKLIN AR	870	322-8172			3.60
ND	16	11/05	02:54P	FRISCO TX	469	633-0710	DC	1:00	
ND				CLG CRD FROM HORSEHBEND AR	870	670-8817			.75
ND	17	11/05	02:56P	GRANDPRARI TX	214	213-8442	DC	18:00	
ND				CLG CRD FROM HORSEHBEND AR	870	670-8817			3.30
ND	18	11/05	03:45P	DALLAS TX	214	331-1196	DC	1:00	
ND				CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	19	11/05	03:47P	GRANDPRARI TX	214	460-4567	DC	1:00	
ND				CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	20	11/05	03:49P	GRANDPRARI TX	214	460-4567	DC	1:00	

----- PAGE 10 OF 12 -----

No	Date	Time	Place Called	Area	Number	*_*	Min	Amount
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	21	11/05 03:51P	GRANDPRARI TX	214	460-4567	DC	11:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			2.25
ND	22	11/05 11:54P	GRANDPRARI TX	214	675-0351	DC	6:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			1.50
ND	23	11/06 04:23P	GRANDPRARI TX	214	675-0351	DC	2:00	
ND			CLG CRD FROM HORSEHBEND AR	870	670-8817			.90
ND	24	11/06 04:25P	RENNER TX	972	380-1361	DC	5:00	
ND			CLG CRD FROM HORSEHBEND AR	870	670-8817			1.35
ND	25	11/06 04:31P	RENNER TX	972	931-8588	DC	1:00	
ND			CLG CRD FROM HORSEHBEND AR	870	670-8817			.75
ND	26	11/06 04:33P	GRANDPRARI TX	972	978-3359	DC	5:00	
ND			CLG CRD FROM HORSEHBEND AR	870	670-8817			1.35
ND	27	11/06 07:36P	GRANDPRARI TX	214	675-0351	DC	4:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			1.20
ND	28	11/06 07:41P	RENNER TX	972	380-1361	DC	2:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.90

<<(Continued)

No	Date	Time	Place Called	Area	Number	*_*	Min	Amount
ND	29	11/06 07:45P	DALLAS TX	214	467-5065	DC	1:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	30	11/06 07:46P	GRANDPRARI TX	214	460-4567	DC	1:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	31	11/06 07:48P	FRISCO TX	469	633-0710	DC	2:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.90
ND	32	11/06 07:50P	GRANDPRARI TX	214	460-4567	DC	1:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	33	11/06 07:52P	GRANDPRARI TX	214	460-4567	DC	1:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.75
ND	34	11/06 07:54P	DALLAS TX	214	826-3531	DC	2:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.90
ND	35	11/06 07:57P	DALLAS TX	214	476-8735	DC	31:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			5.25
ND	36	11/06 08:33P	RENNER TX	972	931-8588	DC	1:00	
ND			CLG CRD FROM FRANKLIN AR	870	322-8172			.75

972 380 1361 850 DEC 11 00 *BILL 0005722M00 T

IVAN A CANTU

AG 1 DLC

----- PAGE		11 OF	12-----		
ND	37	11/06 08:35P GRANDPRARI TX	972 965-9368 DC	1:00	
		CLG CRD FROM FRANKLIN AR	870 322-8172		.75
	38	11/07 11:20A EULESS TX	817 285-4100 DC	2:00	
ND		CLG CRD FROM FRANKLIN AR	870 322-8172		.90
ND	39	11/07 11:33A EULESS TX	817 285-4100 DC	2:00	
ND		CLG CRD FROM FRANKLIN AR	870 322-8172		.90

Calling Card Calls for 972-380-1361

Subtotal Williams Communications, Inc. 54.90

Total Calling Card 972-380-1361 57.00

Total Call Charges 58.02

<<Surcharges

<<SWBell long distance

<<Billing Questions:

<<1-888-671-0514

Description

40 Universal Service Fund - Federal 3.17

972 380 1361 850 DEC 11 00 *BILL 0005722M00 T

IVAN A CANTU

AG 1 DLC

----- PAGE		11 OF	12-----		
	41	TX 911 Surcharge			.01
	42	TX Poison Control Surcharge			.01
	43	TX Telecom Infrastructure Fund Assessment			.04
	44	TX USF Charge (3.955%)			.12

Total Surcharges 3.35

***Advertisements are paid for by SWBell
Long Distance, an affiliate of Southwestern Bell.

<<Billing For:
 SWBell Other Svcs
 SWBell Other Svcs
 <<Billing Questions:
 <<1-800-585-7928

Current Charges		
Monthly Service - Dec 11 thru Jan 10 .....		.00
Other Charges (See Items 1 and 2)		6.15c
SWBell Other Svcs Current Charges (before taxes)		<u>6.15c</u>
Federal Tax .....	.00	
State and Local Taxes .....	.52c	

<<Other Charges		
Item	Explanation	Amount
1	Order # D521756 972-380-1361 Service removed on Nov 28	

- 1 SWBell Simple Solution Credit		2.53
- 1 CallNotes Plus		8.95c
Monthly Rate		<u>6.42c</u>
Credit for service from Nov 29 thru Dec 10 ..		2.57c
<hr/>		
2	Order # D521759 972-380-6498 Service removed on Nov 28 - 1 CallNotes Plus	8.95c
Monthly Rate		<u>8.95c</u>
Credit for service from Nov 29 thru Dec 10 ..		3.58c
SWBell Other Svcs Total Other Charges (before taxes)		<u>6.15c</u>

This affidavit is in compliance with Texas Rules of Court, Rule 902 (10B),

Case No. CC-1163-00
in the matter of
KITCHEN, Amy Michelle, deceased

Office of the Medical Examiner
In the County of COLLIN,
State of TEXAS

AFFIDAVIT

Before me, the undersigned authority, personally appeared William B. Rohr, M.D., who being by me duly sworn, deposed as follows;

My name is William B. Rohr, I am over 21 years of age, of sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated;

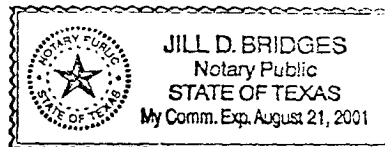
I am the Custodian of Records of the Collin County Medical Examiner's Office. Attached hereto are 5 pages of records and 0 photographs from the Collin County Medical Examiner's Office. These said 5 pages of records and 0 photographs are kept by the Collin County Medical Examiner's Office in the regular course of business, and it was the regular course of business in the Collin County Medical Examiner's Office for an employee or representative, or a doctor permitted to practice in the Collin County Medical Examiner's Office, with personal knowledge of the act, event, or condition recorded to make the memorandum or record or to transmit information thereof to be included in such memorandum or record, and the memorandum or record was made at or near the time of the act, event, or condition recorded reasonably soon hereafter. The records attached hereto are exact duplicates of the original, and it is a rule of the Collin County Medical Examiner's Office to not permit the original to leave the office.

Handwritten signature/initials

William B. Rohr

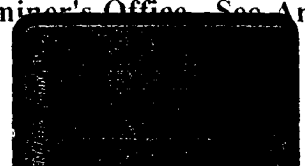
SWORN TO AND SUBSCRIBED before me on the 9th day of May, 2001.

Jill D. Bridges
Notary Public in and for Collin County, Texas



My Commission Expires 8-21-2001

(By statute, the original records are retained by the Collin County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP)



This affidavit is in compliance with Texas Rules of Court, Rule 902 (10B),

Case No. CC-1162-00
in the matter of
MOSQUEDA, James Edwin, deceased

Office of the Medical Examiner
In the County of COLLIN,
State of TEXAS

AFFIDAVIT

Before me, the undersigned authority, personally appeared William B. Rohr, M.D.,
who being by me duly sworn, deposed as follows;

My name is William B. Rohr, I am over 21 years of age, of sound mind, capable
of making this affidavit, and personally acquainted with the facts herein stated;

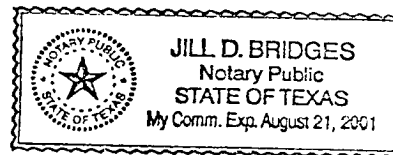
I am the Custodian of Records of the Collin County Medical Examiner's Office.
Attached hereto are 4 pages of records and 0 photographs from the Collin County Medical
Examiner's Office. These said 4 pages of records and 0 photographs are kept by the Collin
County Medical Examiner's Office in the regular course of business, and it was the regular course of
business in the Collin County Medical Examiner's Office for an employee or representative, or a doctor
permitted to practice in the Collin County Medical Examiner's Office, with personal knowledge of the
act, event, or condition recorded to make the memorandum or record or to transmit information thereof
to be included in such memorandum or record, and the memorandum or record was made at or near the
time of the act, event, or condition recorded reasonably soon hereafter. The records attached hereto are
exact duplicates of the original, and it is a rule of the Collin County Medical Examiner's Office to not
permit the original to leave the office.

Collet

William B. Rohr

SWORN TO AND SUBSCRIBED before me on the 9th day of May, 2001.

Jill D. Bridges
Notary Public in and for Collin County, Texas



My Commission Expires 8-21-2001

(By statute, the original records are retained by the Collin County Medical Examiner's Office. See Art. 49.25, Sec. 11, Vernons Texas Statutes, CCP)



Office of the Medical Examiner

COPY

Name: MOSQUEDA, James Edwin

Date and time of death:
Found November 4, 2000; 4:27 PM

Pronounced at:
18663 Gibbons Dr.
Dallas, Texas

Case No. CC-1162-00

Age: 27 Race: Latin American Sex: Male

Date and time of examination:
November 5, 2000; 8:15 AM

Examination performed at:
Collin County
Medical Examiner's Office
McKinney, Texas

AUTOPSY REPORT

EXTERNAL EXAMINATION: The body is identified by tags affixed to the body. Photographs and fingerprints are taken for identification. Clothing worn includes a T-shirt which is blood stained. There are multiple defects of the left scapular area of the shirt. Boxer shorts are also worn. There is no jewelry. Hands are bagged.

The body is that of a normally developed Latin American male adult appearing the recorded 27 years of age, 70 ½ inches (179.1 cm) in crown-heel length, 200 pounds (90.7 kg) unclothed weight and of average build and nutritional status. Preservation is good in the absence of embalming. Lividity is fixed over the back and normal in color. Rigidity is absent in the neck, but marked throughout the remainder of the body. The body is cold to touch after refrigeration. Head hair is full, black, 1 ½ inches on top of the head with red highlights and short at the sides. Body hair is that of a male in distribution and slight in amount. The left earlobe is pierced once. Eyes are closed with clear corneas, brown irides and pupils are equally dilated to 4 mm. The tongue is protruding. Lips and tongue tip are drying. Teeth are natural. Limbs are equally and symmetrically developed. Genitalia is that of a circumcised male with both testes into the scrotal sac. There are no significant scars or tattoos.

EVIDENCE OF TREATMENT: None.

EVIDENCE OF INJURY: *There are two gunshot wounds.*

COPY

Gunshot wound #1 is located just superior to the right ear at a point 3 inches from the top of the head and 5 inches to the right of the midline of the forehead and 3 ½ inches superior and lateral to the lateral canthus of the right eye. The entry is 1/2 x 5/16 of an inch in greatest dimensions with an abrasion rim from the one to three o'clock position. There is widely scattered stipple over the entire right face. No soot is identified. There is a rare gunpowder fragment observed on the right side of the face. There are two abrasions on the posterior and superior ear helix, each ½ x ¼ inch. The scalp of the right postauricular area and skin adjacent to the abrasions of the ear has faint contusion and abrasion over an area 1 ¼ inches in diameter. There is a right periorbital ecchymosis. Examination of the wound track reveals there to be a keyhole entrance of the squamous portion of the temporal bone with laceration and contusion of the posterior right temporal lobe, superior right cerebellum and vermis. Bullet fragments are recovered from brain and scalp near the entry. The bullet is of indeterminate caliber and fragments of lead and copper jacket are retrieved. The largest is labeled '1162-1'. There is no edema of the brain. There is subarachnoid hemorrhage of the right cerebrum and cerebellum. Wound direction is from front to back, right to left and above downward.

Gunshot wound #2 is located on the lateral left neck at a point 9 inches from the top of the head and 2 ¾ inches to the left of the midline of the neck. The defect is a ¼ inch round hole with a 1/16 of an inch abrasion rim. There is a 3 x 5 inch area of intense stipple surrounding the wound and extending into the left postauricular area and fading in intensity from the immediate area surrounding the entry defect superiorly and posteriorly. No other gunshot residues are identified. Examination of the wound track reveals it to pass through the soft tissues of the left neck, left pyriform sinus, epiglottis, hypopharynx, soft tissues of the right neck and against the right mastoid process where a deformed intermediate caliber bullet with copper jacket is recovered just inferior to the right mastoid process. The bullet is labeled '1162-2'. Wound direction is from left to right, below upward slightly and from front to back slightly.

Other evidence of injury includes a 3 inch area of widely scattered stipple over the posterior right upper arm. There is a 5/8 x 1/4 inch red contusion of the superior left shoulder.

Fingerprints, palmprints, handwashings, clothing, fingernail clippings, a head hair standard, gunpowder fragments surrounding each entry site and bullet fragments and bullet are all retrieved.

INTERNAL EXAMINATION:

HEAD: Injury has been previously described. The brain is 1460 grams. There is no evidence of pre-existing natural disease of the scalp, skull, brain and its coverings.

NECK: The hyoid bone and laryngeal cartilages are intact. There is food in the trachea. The esophagus is clear.

SEROUS CAVITIES: The pleural, pericardial and peritoneal cavities are free of abnormal accumulations of fluid. All surfaces are smooth and glistening.

FINDINGS:

1. Multiple gunshot wounds.

CONCLUSION: I am of the opinion that James Mosqueda, a 27 year old male, died as a result of multiple gunshot wounds.

MANNER OF DEATH: Homicide.

TOXICOLOGY:

BLOOD:

Alcohols -
Drug screen -

<0.01% ethanol
~0.3 mg/L doxylamine

URINE:

Alcohols -

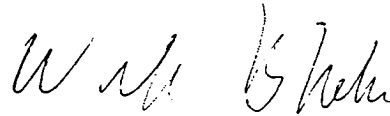
0.01% ethanol

VITREOUS:

Alcohols -

<0.01% ethanol

COPY



William B. Rohr, M.D.
County Medical Examiner

WBR/jb



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

5230 Medical Center Drive
Dallas, Texas 75235-7710

REPLY TO:
P. O. BOX 35728
DALLAS- TEXAS
75235-0728
TELEPHONE: 214-920-5981
FAX NUMBER: 214-920-5813

Criminal Investigation Laboratory
FIREARMS REPORT

December 7, 2000

Investigating Agency:	Det. Anthony W. Winn	Laboratory #:	00P2209-S1
	Dallas Police Department	Agency #:	0863688J
	Crimes Against Persons	CCME #:	CC-1162-00
	Main and Harwood	Complainant:	James Mosqueda
	Dallas, Texas 75201	Offense:	Homicide



EVIDENCE:

Submitted by Richard E. Clark #2804 on November 9, 2000 and
Resubmitted by Anthony W. Winn #5768 on December 6, 2000:

- 1-3. Three Federal 380 Auto cartridge cases
4. One fired damaged bullet

Submitted by Richard E. Clark #2804 on November 13, 2000 and
Resubmitted by Anthony W. Winn #5768 on December 6, 2000:

21. One Colt 380 Auto MKIV/Series 80 pistol, model Mustang, serial number MS21397 with magazine
- 22-28. Seven Federal 380 Auto cartridge cases
- 29-32. Four Federal 380 Auto cartridge cases in a Federal ammunition box

Submitted by William B. Rohr, M.D. on November 13, 2000:

- 36(1-6). One bullet jacket, one bullet jacket fragment and four lead fragments from autopsy
38. One fired damaged bullet from autopsy

Submitted by G.L. O'Pry, #4797 on December 1, 2000:

45. One fired bullet

Related Case: FL# 00P2235, DPD# 0864325J, Complainant - Amy Kitchen
Submitted by William B. Rohr, M.D. on November 13, 2000:

- 4-6. Three fired damaged bullets from autopsy
- 7(1-2). One fired damaged bullet jacket and one lead core from autopsy
11. One damaged Federal 380 Auto cartridge case



RESULTS:

Item 21 (pistol) is a mechanically functional firearm as received in the Laboratory. It has six lands and grooves with left twist and a trigger pull force between 4¼ and 4½ pounds single action. Item 21 was test fired using ammunition submitted as items 31 and 32. The test bullets and cartridge cases are being returned with the other items of evidence.

There are sufficient individual markings present to identify the item 1, 2, 3 and 11 cartridge cases and the item 4, 36-1 and 38 bullets and bullet jacket as having been fired in and through the item 21 pistol.

A test fired cartridge case from item 21 was entered into the National Integrated Ballistics Information Network (NIBIN) - formerly Drugfire™.

Tests from the item 21 pistol were microscopically compared with the item 4 through 7 bullets/bullet jacket and the item 11 cartridge case submitted under FL# 00P2235. There were sufficient individual markings present to identify them as having been fired in and through the item 21 pistol.

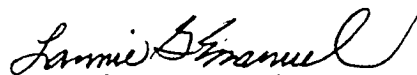
ADDITIONAL EXAMINATIONS CONDUCTED:

Item 45 is consistent with a 380 caliber bullet having six land and groove impressions with left twist.

Tests from the item 21 pistol were microscopically compared with item 45. There were sufficient individual markings present to identify the item 45 bullet as having been fired through the item 21 pistol.

DISPOSITION OF EVIDENCE:

Items 1 through 4, 21 through 32 and 45 will be released to the submitting agency.


Lannie G. Emanuel
Firearm and Toolmark Examiner
Direct Line: 214-920-5979

cc: DPD/Identification Division
00P2235



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

5230 Medical Center Drive
Dallas, Texas 75235-7710

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DALLAS-TEXAS
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FAX NUMBER: 214-920-5813

Criminal Investigation Laboratory
FIREARMS REPORT

November 17, 2000

Investigating Agency:	Det. Anthony W. Winn Dallas Police Department Crimes Against Persons Main and Harwood Dallas, Texas 75201	Laboratory #:	00P2209
		Agency #:	0863688J
		CCME #:	CC-1162-00
		Complainant:	James Mosqueda
		Offense:	Homicide

EVIDENCE:

Submitted by Richard E. Clark #2804 on November 9, 2000:

- 1-3. Three Federal 380 Auto cartridge cases
4. One fired damaged bullet

Submitted by Richard E. Clark #2804 on November 13, 2000:

21. One Colt 380 Auto MKIV/Series 80 pistol, model Mustang, serial number MS21397 with magazine
- 22-28. Seven Federal 380 Auto cartridge cases
- 29-32. Four Federal 380 Auto cartridge cases in a Federal ammunition box

Submitted by William B. Rohr, M.D. on November 13, 2000:

- 36(1-6). One bullet jacket, one bullet jacket fragment and four lead fragments from autopsy
38. One fired damaged bullet from autopsy

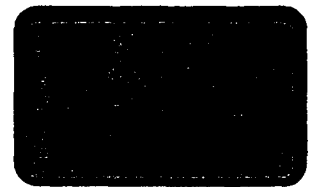
Related Case: FL# 00P2235, DPD# 0864325J, Complainant - Amy Kitchen

Submitted by William B. Rohr, M.D. on November 13, 2000:

- 4-6. Three fired damaged bullets from autopsy
- 7(1-2). One fired damaged bullet jacket and one lead core from autopsy
11. One damaged Federal 380 Auto cartridge case

RESULTS:

Item 21 (pistol) is a mechanically functional firearm as received in the Laboratory. It has six lands and grooves with left twist and a trigger pull force between 4½ and 4¾ pounds single action. Item 21 was test fired using ammunition submitted as items 31 and 32. The test bullets and cartridge cases are being returned with the other items of evidence.



There are sufficient individual markings present to identify the item 1, 2, 3 and 11 cartridge cases and the item 4, 36-1 and 38 bullets and bullet jacket as having been fired in and through the item 21 pistol.

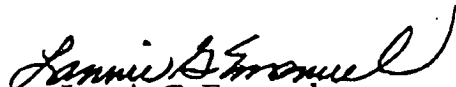
A test fired cartridge case from item 21 was entered into the National Integrated Ballistics Information Network (NIBIN) - formerly Drugfire™.

ADDITIONAL EXAMINATIONS CONDUCTED:

Tests from the item 21 pistol were microscopically compared with the item 4 through 7 bullets/bullet jacket and the item 11 cartridge case submitted under FL# 00P2235. There were sufficient individual markings present to identify them as having been fired in and through the item 21 pistol.

DISPOSITION OF EVIDENCE:

Items 1 through 4, 21 through 32, 36(1-6) and 38 will be released to the submitting agencies.


Lannie G. Emanuel
Firearm and Toolmark Examiner
Direct Line: 214-920-5979

cc: DPD/Identification Division
00P2235



SOUTHWESTERN
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5230 Medical Center Drive
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FAX NUMBER: 214-920-5813

Criminal Investigation Laboratory
FIREARMS REPORT

November 17, 2000

Investigating Agency:	Det. Anthony W. Winn	Laboratory #:	00P2235
	Dallas Police Department	Agency #:	0864325J
	Crimes Against Persons	CCME #:	CC-1163-00
	Main and Harwood	Complainant:	Amy Kitchen
	Dallas, Texas 75201	Offense:	Homicide

EVIDENCE:

Submitted by William B. Rohr, M.D. on November 13, 2000:

- 4-6. Three fired damaged bullets from autopsy
- 7(1-2). One fired damaged bullet jacket and one lead core from autopsy
- 11. One damaged Federal 380 Auto cartridge case

Related Case: FL# 00P2209, DPD# 0863688J, Complainant - James Mosqueda

Submitted by Richard E. Clark #2804 on November 13, 2000:

- 21. One Colt 380 Auto MKIV/Series 80 pistol, model Mustang, serial number MS21397 with magazine

RESULTS:

Items 4 through 7 are consistent with 380 caliber bullets having six land and groove impressions with left twist. There were sufficient individual characteristics present to conclude that they were all fired in the same gun.

Item 11 is a Federal 380 Auto cartridge case.

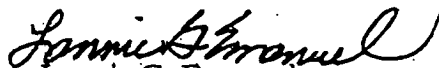
ADDITIONAL EXAMINATIONS CONDUCTED:

There are sufficient individual markings present to identify the item 4 through 7 bullets/bullet jacket and the item 11 cartridge case as having been fired in and through the item 21 pistol submitted under FL# 00P2209.



DISPOSITION OF EVIDENCE:

Items 1 through 4 and 11 will be released to the submitting agency.



Lannie G. Emanuel

Firearm and Toolmark Examiner

Direct Line: 214-920-5979

cc: DPD/Identification Division
00P2209



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

5230 Medical Center Drive
Dallas, Texas 75235



Criminal Investigation Laboratory
TRACE EVIDENCE REPORT

September 6, 2001

Investigating Agency: Det. Anthony Winn
Dallas Police Department
Crimes Against Persons
Main and Harwood
Dallas, Texas 75201

Laboratory #: 00P2209
Agency #: 863688J
CCME #: CC-1162-00
Complainant: James Mosqueda
Offense: Homicide

CORRECTED REPORT

This report reflects the correct location from which the item 37 gunpowder particles were obtained.

EVIDENCE:

Submitted by William Rohr, M.D. on November 13, 2000:

- 35. Gunpowder fragment from left neck
- 37. Gunpowder fragment from **right head**

RESULTS:

Items 35 and 37 were examined for the presence of gunshot residue. Two flake gunpowder particles were observed on the microscope slides submitted as item 35 and item 37.

DISPOSITION OF EVIDENCE:

Items 35 and 37 will be released to the submitting agency.

Vicki Hall
Trace Evidence Analyst
Direct Line: 214-920-5986
Fax Line: 214-920-5813

cc: William Rohr, M.D. - Collin Co. M.E.'s Office





**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**

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Dallas, Texas 75235-7710

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P. O. BOX 35728
DALLAS-TEXAS
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Criminal Investigation Laboratory
FORENSIC BIOLOGY REPORT

December 6, 2000

Investigating Agency:	S.C. Anthony Winn	Laboratory #:	00P2235
	Dallas Police Department	Agency #:	864325J
	Crimes Against Persons Division	CCME #:	CC-1163-00
	2014 Main Street	Complainant:	Amy Kitchen
	Dallas, TX 75201	Offense:	Homicide

EVIDENCE:

Submitted by W. Rohr, M.D., on November 13, 2000:

12. Blood Sample of Amy Kitchen
13. Blood Sample of Amy Kitchen

RESULTS:

Items 12 and 13 have been stored pending DNA analysis.

DISPOSITION OF EVIDENCE:

Portions of items 12 and 13 will be released to the Collin County Medical Examiner's Office.

Timothy J. Sliter, Ph.D.
Supervisor of Forensic Biology
Direct Line: 214-920-5834

TJS/jlh

cc: DPD/Identification Division
CCME# CC-1163-00, William B. Rohr, M.D.





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AT DALLAS

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Dallas, Texas 75235-7710

REPLY TO:
P. O. BOX 35728
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75235-0728
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Criminal Investigation Laboratory
FORENSIC BIOLOGY REPORT

January 19, 2001

Investigating Agency:	S.C. Anthony Winn	Laboratory #:	00P2209
	Dallas Police Department	Agency #:	0863688J
	Crimes Against Persons Division	CCME #:	CC-1162
	2014 Main Street	Complainant:	James Mosqueda
	Dallas, TX 75201	Offense:	Homicide

EVIDENCE:

Submitted by William B. Rohr, M.D. on November 13, 2000:

- 43. Blood Sample
- 44. Blood Sample

RESULTS:

Portions of items 43 and 44 have been stored.

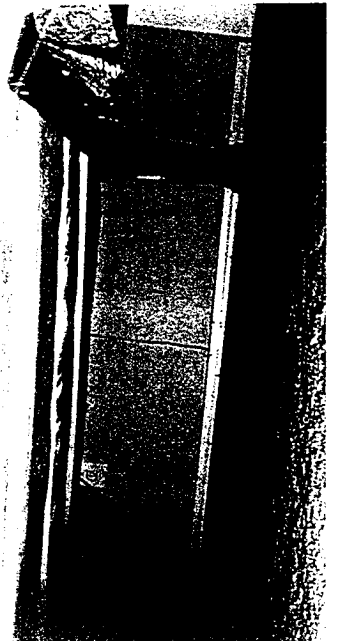
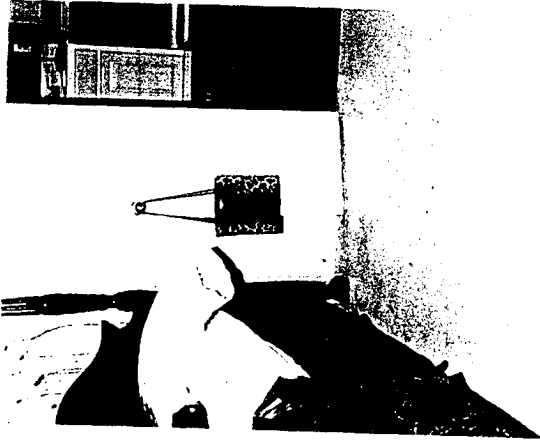
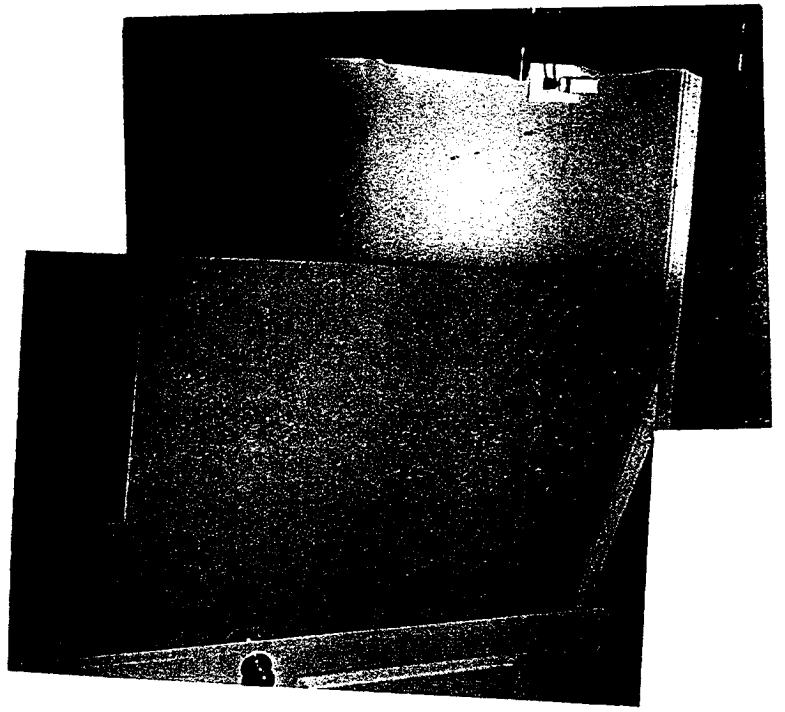
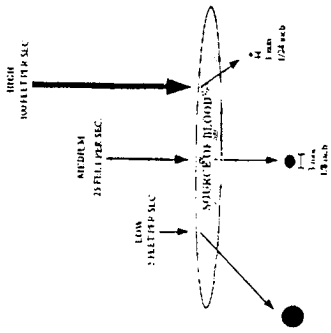
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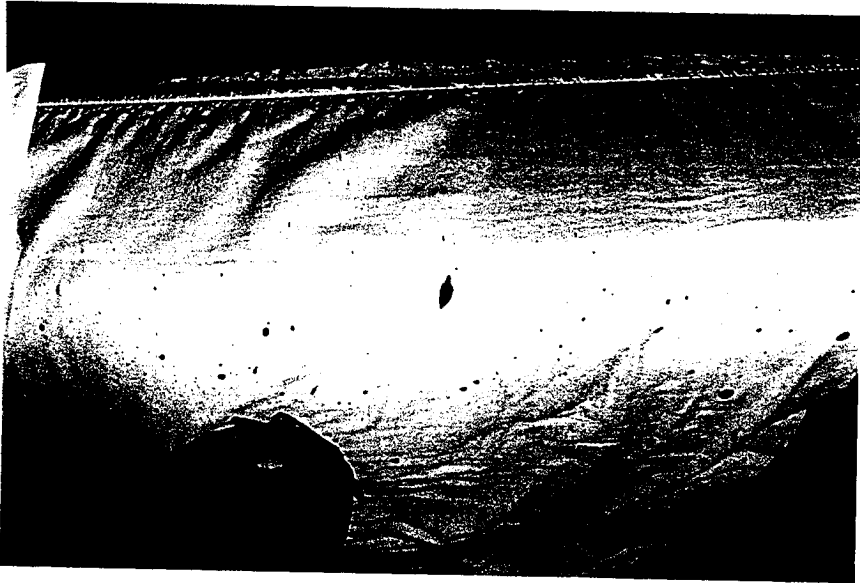
The above listed items will be released to the submitting agency.

Timothy J. Sliter, Ph.D.
Supervisor of Forensic Biology
Direct Line: 214-920-5834

TJS/jlh

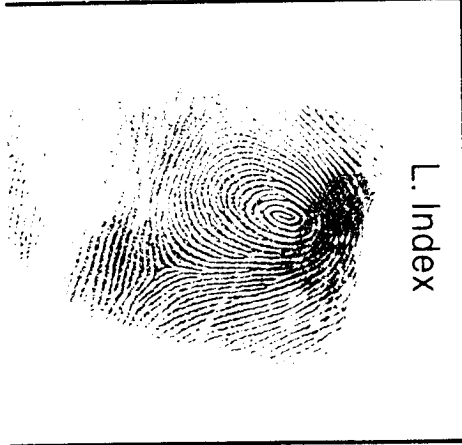








L. Thumb



L. Index



L. Middle



L. Ring

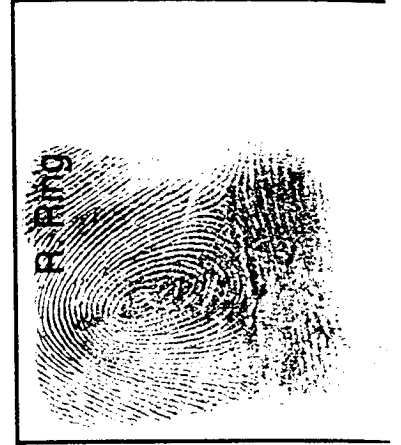


L. Little

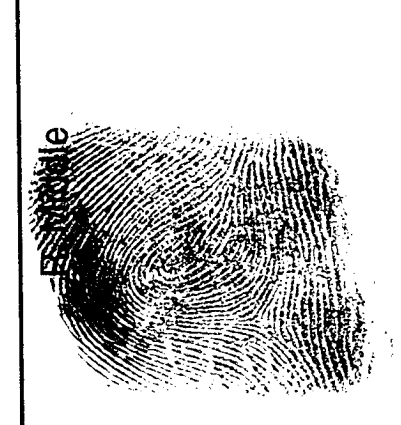
SEARCH COMPARISON AND ELIMINATION FINGERPRINT RECORD



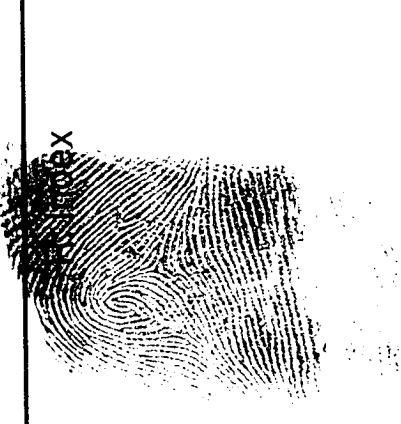
R. Little



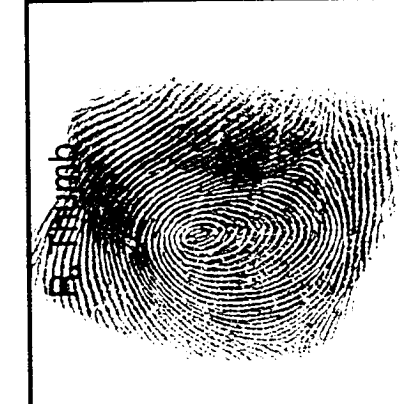
R. Ring



R. Middle



R. Index



R. Thumb

Cause#: 2-83961-92

INFORMATION

In the Name and by Authority of the State of Texas.

NOW COMES THE CRIMINAL DISTRICT ATTORNEY of Collin County, State of Texas and presents in and to the County Court at Law _____ of Collin County, State aforesaid, that one IVAN CANTU

hereinafter styled Defendant heretofore, on or about the 8 day of September A.D., 1992, in the County of Collin and State of Texas, did then and there

knowingly and intentionally appropriate, by acquiring and otherwise exercising control over, property, other than real property, namely:
LAWFUL UNITED STATES CURRENCY
of the value of at least Twenty Dollars (\$20.00), but less than Two Hundred Dollars (\$200.00), without the effective consent of KIM HULL, the owner of the said property, with the intent to deprive the said owner of the said property,

Against the peace and dignity of the state.

Tom O'Connell

Criminal District Attorney
of Collin County, Texas

ADMITTED

FILED
COUNTY COURT AT
NOV 19 1992

By *[Signature]*
CLERK OF COUNTY

Deputy

FILMED

W A N T E D
DISTRICT ATTORNEY

NAME/IVAN CANTU DOB/73/06/14 RACE/W SEX/M

EYES/BRN HAIR/BRN HT/5'07" WT/140

ORIGINAL CHARGE: TBC

CURRENT CHARGE: Capias

CAUSE

TBI/ DPS/ DL#/TX 01891126

SSN/

OTHER INFORMATION 1901 SPRINGCREEK 404
PLANO TX 75023

FILED
COUNTY CLERK

NOV 19 1992

By _____ Clerk
COLLIN COUNTY _____
Deputy

AFFIDAVIT FOR ARREST WARRANT

STATE OF TEXAS

COUNTY OF COLLIN

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned affiant who, after being duly sworn by me, on oath stated: My name is Kim Hull and I am Officer Manager Brookshires

I, the affiant, have good reason and do believe that on or about September 8, 1992, one Ivan Cantu did then and there in the city of Plano, Collin County, Texas commit the offense of theft by check, in violation of Section 31.03 of the Texas Penal code, a CLASS B Misdemeanor.

Affiant's belief is based upon the following facts and information which affiant received from:

- 1. Affiant's personal investigation of this alleged offense.
x 2. Kristie Sturgis, Collin County, Texas, who personally participated in the investigation of this alleged offense and who is an employee of complainant herein.

On September 8, 1992 the Kristie Sturgis, was present within the business establishment of the complainant Brookshires located at 2060 Springcreek, Plano, Collin County, Texas. On said date the Kristie Sturgis:

Personally observed the suspect.

- x obtain complainant's property, described as: Lawful United States Currency

and those items included in Exhibit A attached hereto and made a part hereof.

secure performance of a service, to wit:

By issuing or passing

- x a check in the amount of \$50.35
other sight order for the payment of money

And

- x suspect had no account with the drawee
payment was refused by the drawee for lack of funds or insufficient funds, on presentation within 30 days after issue, and the suspect failed to pay the holder in full within 10 days after receiving notice of that refusal.

And

- x Actual notice was given that the check had been returned unpaid.
Notice in writing was given by registered or certified mail with return receipt requested, and addressed to the issuer at his address shown on:
the check or order
records of the drawee
records of the person to whom the check or order was issued or passed.

Wherefore, Affiant requests that an arrest warrant be issued for the above-accused individual in accordance with the law.

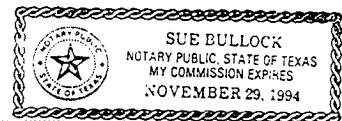
Kim P Hull

AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME on this the 13 day of Nov, 1992

Sue Bullock

NOTARY PUBLIC IN AND FOR COLLIN COUNTY, TEXAS



MAGISTRATE'S DETERMINATION OF PROBABLE CAUSE

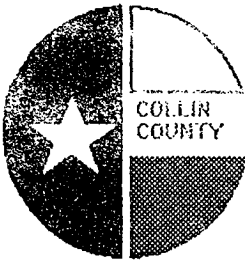
On this the 15 day of Dec, 1992, I hereby acknowledge that I have examined the foregoing affidavit and have determined that probable cause exists for the issuance of an arrest warrant for the individual accused therein.

COUNTY COURT AT LAW

Jerry Lewis
MAGISTRATE, In and For Collin County, Texas

NOV 15 1992

By: COLLIN COUNTY, TEXAS 851177CS



IN THE COUNTY COURT AT LAW (No.)
OF COLLIN COUNTY, TEXAS

2-83-961-92
CRIMINAL DOCKET NUMBER

THE STATE OF TEXAS VS. Juan Cantu, Defendant

PLEA AGREEMENT

Prosecutor's Offer. Subject to acceptance by the judge, the State of Texas will take these actions and make the following recommendations if the defendant enters the plea below. In addition, the conditions of community supervision on the reverse, if any, are also recommended.

The prosecution will proceed on the last charging instrument filed unless modified as follows:
 all enhancements will be dismissed. dismiss open-container enhancement.
 only lesser-included Class C misdemeanor. finding of guilt should be deferred.

The defendant will enter the following plea(s):
 Guilty No contest True to all enhancements

Punishment should be assessed, served, and, if shown, suspended, as follows:

<i>Confinement</i> 7 days	<i>Fine</i> \$25.00	<i>Suspend</i> <input type="checkbox"/> Confinement <input type="checkbox"/> Fine	<i>Period of Community Supervision</i>	<i>Confinement as Condition of Community Supervision</i>
<i>Confinement to Begin</i> Instantly			<i>Service Hours</i>	
<i>Alternative Sentencing for Confinement</i>				
<input type="checkbox"/> During Off-Work Hours	<input type="checkbox"/> On Weekends	<input type="checkbox"/> Work Release	<input type="checkbox"/> Electronic Monitoring	

The court should make affirmative findings as follows:

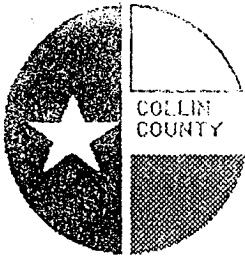
Restitution _____ Other _____

Date signed: October 19, 1993 _____
Attorney for the State of Texas

Defendant's Acceptance. The defendant agrees to enter the above plea(s) and accepts the above recommendations. The defendant further understands that any of the above can be changed by the judge. However, the defendant also understands if the judge increases or denies some of the recommended terms but does not increase the FINE or CONFINEMENT shaded above, withdrawal of the plea(s) may not be allowed.

_____ Defendant's Attorney _____ Juan Cantu Defendant

COURT ORDERS WORKSHEET	<i>2 days</i> Back Time Credit	<i>\$147.00</i> Court Costs	<i>Deadline for Payment Fine and Costs</i>	<i>Total Supervision Fees</i>
<i>DWI Evaluation Fee</i>	<i>Accident Response Exps.</i>	<i>Lab Anal. or Drug Stor. Exps.</i>	<input type="checkbox"/> Yes <i>Driver's License Suspended</i>	



IN THE COUNTY COURT AT LAW No. 2
OF COLLIN COUNTY, TEXAS:

2-83961-92

FILED CRIMINAL DOCKET NUMBER

COUNTY COURT AT LAW

OCT 27 1993

THE STATE OF TEXAS VS. Juan Cantu

Defendant
COLLIN COUNTY, TEXAS

JUDGMENT OF MISDEMEANOR CONVICTION BY NON-JURY TRIAL

October 19, 1993 <i>Date Judgment Rendered</i>		October 19, 1993 <i>Date of Sentencing</i>	
Jerry Lewis <i>Presiding Judge</i>		Susan Lambert <i>Attorney for State of Texas</i>	
<input checked="" type="checkbox"/> Information <input type="checkbox"/> Amended <input type="checkbox"/> Indictment <i>Charging Instrument</i>		September 8, 1992 <i>Date of Offense</i>	
<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> No Contest <input type="checkbox"/> Not Guilty <i>Plea to Offense</i>		waived <i>Defendant's Attorney</i>	
<input type="checkbox"/> None <input checked="" type="checkbox"/> 1 day <i>Confinement</i>		<input type="checkbox"/> suspended <input checked="" type="checkbox"/> not suspended <i>State's Punishment Recommendation</i>	
<input type="checkbox"/> \$25.00 <input checked="" type="checkbox"/> Fine <input type="checkbox"/> not suspended <i>Recommended Period of Supervision</i>		<input type="checkbox"/> same as offense charged <i>Offense Found Guilty</i>	
Must over the value of at least \$20.00 but less than \$200.00 <i>Offense Charged</i>		B <i>Class</i>	
<input type="checkbox"/> True <input type="checkbox"/> Not True <i>Plea(s) to Enhancement(s)</i>		B <i>Class</i>	
<input type="checkbox"/> True <input type="checkbox"/> Not True <i>Plea(s) to Enhancement(s)</i>		Findings on Enhancement(s)	
<input checked="" type="checkbox"/> 1 day <input type="checkbox"/> suspended <i>Confinement</i>		<input checked="" type="checkbox"/> \$25.00 <input type="checkbox"/> suspended <i>Fine</i>	
<input checked="" type="checkbox"/> not suspended		<input checked="" type="checkbox"/> not suspended	
2 days <i>Back Time Credited</i>		<input type="checkbox"/> Period of Community Supervision	
Instantly <i>Confinement to Commence</i>		\$147.00 <i>Court Costs</i>	
<input type="checkbox"/> Off-Work Hours <input type="checkbox"/> Weekends <input type="checkbox"/> Electronic Monitoring <input type="checkbox"/> Work Release <i>Alternative Sentencing for Confinement</i>		November 30, 1993 <i>Costs and Fine to be Paid on or Before</i>	
<input type="checkbox"/> Yes <i>Driver's License Suspended</i>		Beginning <i>Suspension Begins</i>	
Affirmative Findings			

ON THE DATE OF JUDGMENT or date trial began, as shown above, the above-styled and -numbered cause was called for trial in and before the above-named court and judge. The State of Texas appeared by the attorney named above; the defendant appeared in person and with the attorney whose name appears above; or, if shown to be waived, the defendant knowingly, intelligently, and voluntarily waived an attorney. Both parties announced ready for trial. After being admonished, the defendant with the approval of the defendant's attorney, if any, and the State's attorney agreed to waive a jury in the trial of this cause and submit the same to the judge alone.

The defendant was arraigned or waived arraignment on the charging instrument for the offense, both as shown above; and the said charging instrument was read before the defendant by the State's attorney or such was also waived

by the defendant. The State's attorney, in person or in writing, made a recommendation for punishment pursuant to a plea agreement, or none, as set forth above; and court heard the defendant enter the above plea.

It appeared to the court that the defendant had during the trial a sufficient understanding of the English language, by the defendant's own knowledge or through a qualified and sworn translator, and that the defendant sufficiently educated, is mentally competent, understood the dangers and disadvantages of self-representation (if no attorney for the defendant is shown above,) and understood the consequences of the plea shown above. The court further determined, if the plea shown above is other than "Not Guilty," that the defendant was not influenced in making said plea by consideration of any fear or false promise. The court finds such plea to be freely and voluntarily made.

The court, having heard the defendant's plea, the evidence submitted, if any, including stipulated evidence, if any, and the argument of counsel, if any was made, FINDS the defendant is guilty as charged of the offense set forth above, or of a lesser included offense, if shown, and FINDS the defendant committed the offense on the date above.

WHEN IT IS SHOWN above that the charging instrument contains an enhancement paragraph(s) which were not withdrawn, the defendant was asked if such allegation(s) was "true" or "not true," whereupon, the defendant answered as shown above. The court, after having heard a plea to each additional allegation, made the findings shown above.

IT IS ORDERED that the defendant is adjudged to be guilty of the offense as found, and that the defendant be punished as has been shown above by confinement in the Collin County Jail for the term of time shown above, if any, and by a fine in the amount shown above, if any, and that the State of Texas do have and recover of the said defendant all costs in this prosecution expended including any fine shown above for which let execution issue against the defendant's property or a warrant of arrest shall issue, or both, as necessary. The sentence to confinement, if any, shall run concurrently with all other sentences being served by the defendant as of this date.

HOWEVER, when it is shown above that any or all of the punishment imposed be suspended, the court further FINDS that the ends of justice and the best interest of both the public and the defendant will be best served if the imposition of that punishment be suspended, if shown above, and ORDERS the defendant be placed on community supervision for the period of time fixed shown above and under the conditions provided by law and as modified or ordered by the court in a separate order. It is further ORDERED that the defendant pay the fine and all court costs expended on or before the date shown above.

The court also makes the affirmative findings shown above including, if any, an amount of restitution due and owing by the defendant. It is further ORDERED, unless shown above not to be applicable, that the defendant's driver's license be or not be suspended, and if suspended, for the time shown above and beginning on the date shown above, and that credit for days already served in confinement be credited, that the confinement be served in accordance with the alternative sentencing methods, if any, shown above.

Date Signed: October 19, 1993

Jerry Lewis
JERRY LEWIS

I AM THE DEFENDANT WHO RECEIVED THIS JUDGMENT AND SENTENCE ON THE DATES SHOWN ABOVE.

[Signature]
Defendant's Signature

[Fingerprint]
Right Thumbprint

WITNESS:
[Signature]
(Print Name)

PO I
Position

I, Heleen Starnes, Clerk, County Court
 Collin County, Texas, do hereby certify
 the foregoing instrument of writing is a full, true and
 correct copy of the instrument as filed for record in my office
 the 19 day of October, 2093 No. 283261-93
 Witness my hand and official seal at my office in McKinney,
 Texas, this 9 day of October, 2093.
 Heleen Starnes, Clerk, County Court
 Collin County Texas
 By: [Signature] Deputy

STATE OF TEXAS
COUNTY OF COLLIN



Terry G. Box
Office of the Sheriff
CERTIFICATE

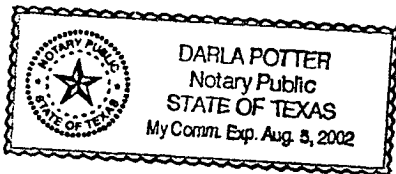
"My name is TONYA SMITH. I am over eighteen, of sound mind, have personal knowledge of the facts hereinafter stated, and am competent to execute this certificate."

"I am custodian of records for the Collin County Sheriff's Office in McKinney, Texas. I have care, custody, and control over the official records of the Collin County Sheriff's Office."

"I certify and attest that the three (3) attached documents are true and correct copies of the originals on file with the Collin County Sheriff's Office, and that the originals constitute a part of the official records of the Collin County Sheriff's Office."

Tonya Smith
Tonya Smith
Records Supervisor

SUBSCRIBED AND SWORN TO BEFORE ME by the said Tonya Smith on this the 17 day of October, 2001 to certify which, witness my hand and seal of office.



Darla Potter
Notary Public in and for the
State of Texas

ADMITTED

My Commission expires
05 August 2002

Darla K Potter
Notary
In and for the State of Texas

CANTU IVAN ABNER

COUNTY

CONTRIBUTOR
PLANO P.D.
TX0430600
PLANO, TX

DATE OF BIRTH
Month
061473

SEX: M | HAIR: W | EYES: 507 | 160 | BRO: BLK | PLACE OF BIRTH: TX

LEAVE BLANK

CLASS

REF

NCIC CLASS - FPC

118631

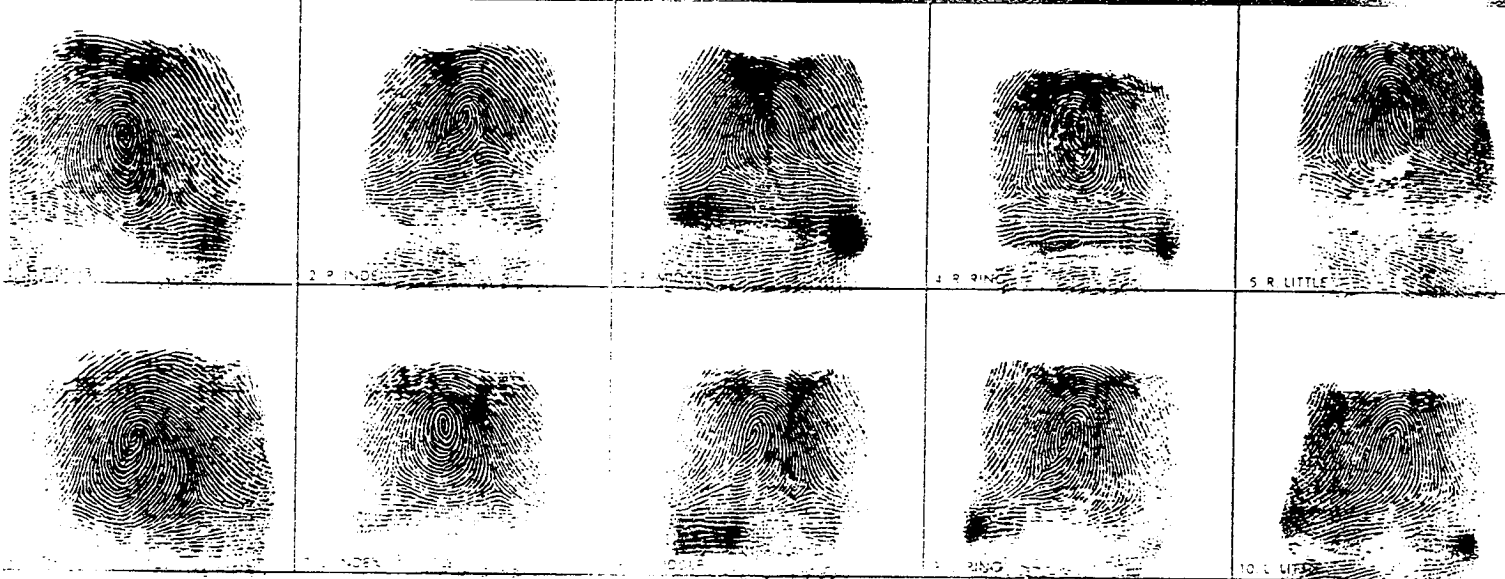
000000000

461776986

CAUTION

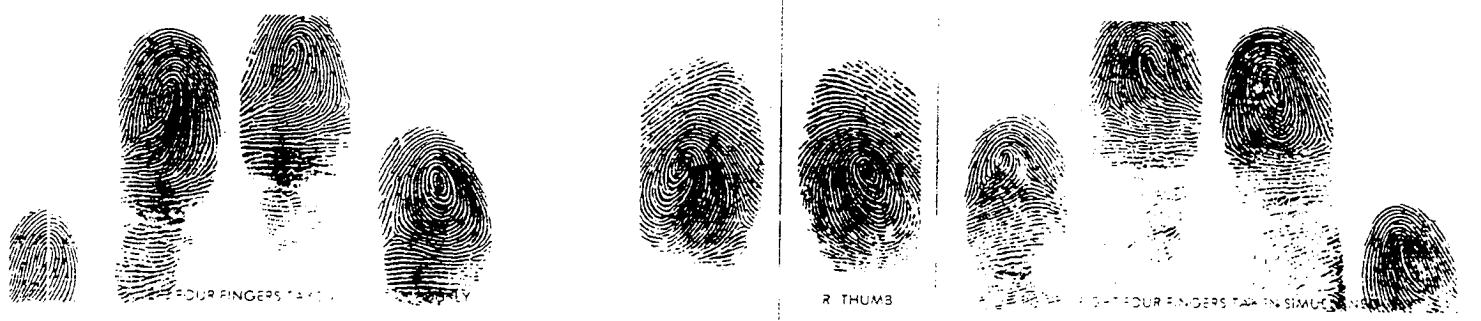
PERSON FINGERPRINTED
Ivan Cantu
COMPUTERIZED IN THE FBI AND NATIONAL FILES
NATURE OF OFFICIAL TASK AND FINGERPRINTS

101993 113 - VANCE
THEFT BY CHECK/ BOND FORFEITURE



LS Identix model TP-920G/#306/131041

HP LJIII/#3126A70497/132650-101993



FIRST NAME LAST NAME

CANTU IVAN ABNER

COUNTY

Colina Co 500
TX 75001
McKinney, TX

061473

10 19 93

M W 507 160 BROBLK TX

118631

LEAVE BLANK

101993 113 - VANCE

THEFT BY CHECK/ BOND FORFEITURE

FBI NO. 11

CLASS

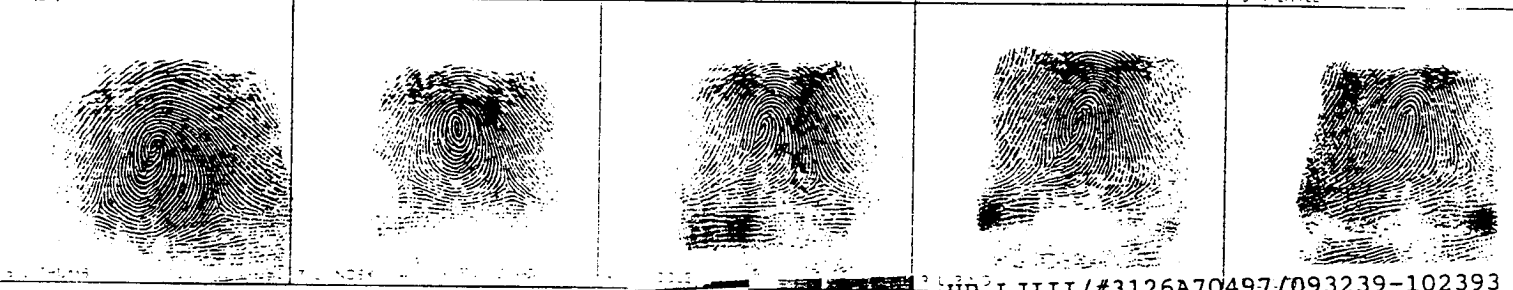
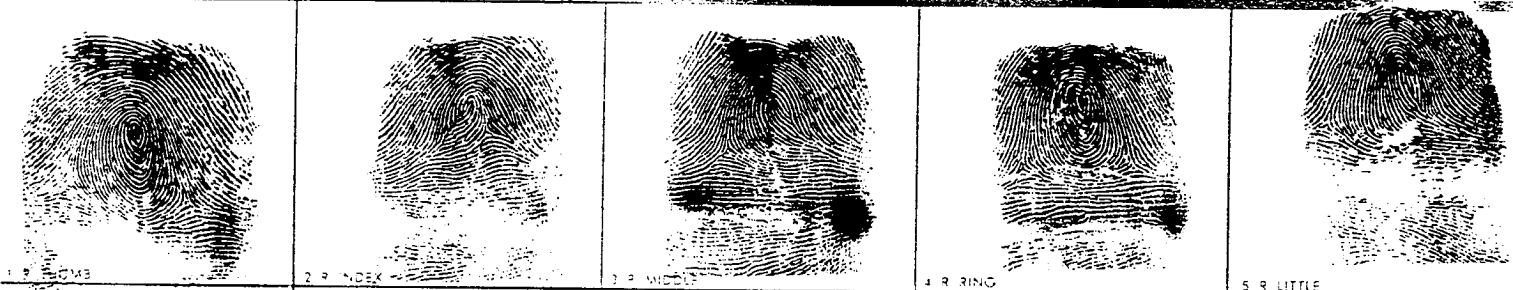
SID NO. 000000000

REF

SO. NO. 461776986

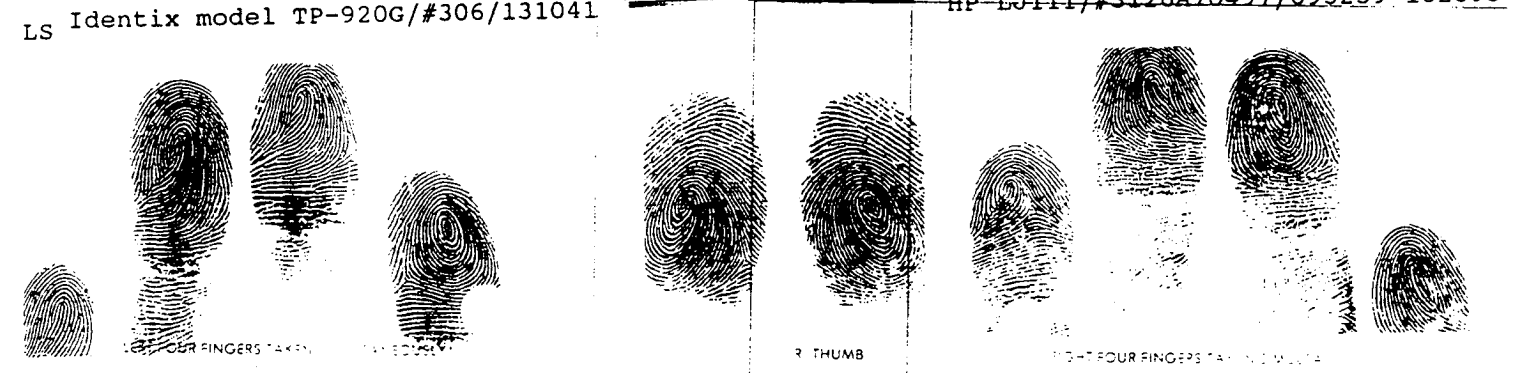
NCIC CLASS - FPC

CAUTION																			
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LS Identix model TP-920G/#306/131041

HP LJ III / #3126A70497 / 093239-102393



THE STATE OF TEXAS
VS.

CANTU, IVAN ABNER

§ IN THE COUNTY CRIMINAL COURT
§
§ 9 OF
§ DALLAS COUNTY, TEXAS

JUDGMENT ON NEGOTIATED PLEA OF GUILTY OR NOLO CONTENDERE
BEFORE JUDGE NO COMMUNITY SUPERVISION

JULY TERM, 199 7

JUDGE PRESIDING: ANDERSON

DATE OF JUDGMENT:

8-15-97

ATTORNEY FOR STATE: JOHN DELAGARZA

ATTORNEY FOR DEFENDANT: RICK HOWARD

OFFENSE CONVICTED OF: DWI

CLASS B MISDEMEANOR DATE OFFENSE COMMITTED: 4-23-97

CHARGING INSTRUMENT: INFORMATION/INDICTMENT PLEA: GUILTY/NOLO CONTENDERE

FINDING OF JUDGE: GUILTY

TERMS OF NEGOTIATED 50 DAYS JL 250.00 FINE PLEA BARGAIN AGREEMENT
PLEA BARGAIN: (IN DETAIL) FOLLOWED: YES/NO

DATE SENTENCE IMPOSED: 8-15-97

COSTS: YES/NO

PUNISHMENT AND PLACE OF CONFINEMENT:

50 DAYS CONFINEMENT IN THE DALLAS COUNTY JAIL AND A FINE OF \$ 250.00

DATE TO COMMENCE: 8-15-97

CREDIT FOR TIME SERVED:

FINE PROBATED: YES/NO

TX.C.C.P. COUNSELING FEE, IF APPLICABLE: \$, NOT TO EXCEED \$500

RESTITUTION/REPARATION: YES/NO

IF YES, NAME OF VICTIM:

ADDRESS OF VICTIM OR AGENCY TO COLLECT PAYMENTS:

AFFIRMATIVE FINDING OF FAMILY VIOLENCE, IF APPLICABLE: YES/NO

CASE TO RUN CUMULATIVE/CONCURRENT WITH ALL OTHER CASES

On this day, set forth above, the above styled and numbered cause was called for trial. The State of Texas and Defendant appeared by and through the above named attorneys and announced ready for trial. Defendant appeared in person in open court. Where Defendant was not represented by counsel, Defendant knowingly, intelligently, and voluntarily waived the right to representation by counsel.

Having been admonished of the right to a jury trial, the Defendant waived the right to a jury trial in writing and in open court with the consent and approval of the Judge, the Defendant's attorney, if any, and the prosecuting attorney named above. The consent and approval of the waiver of jury trial was entered of record in the minutes of the court before the Defendant entered this plea.

The Defendant entered the above plea to the charge contained in the information/indictment. If it is shown above that there was a plea bargain agreement, the Defendant was informed as to whether or not the Judge would follow or reject such agreement. It plainly appears to the Judge that Defendant is mentally competent and said plea is free and voluntary, the said plea is accepted by the Judge and is now entered of record as the plea of the Defendant. After hearing evidence offered, the Judge finds the Defendant guilty of the offense as shown above and that the offense was committed by said Defendant on the date set forth above.

It is, therefore, ordered and decreed by the Judge that said Defendant be adjudged guilty of the offense as shown above on the date as shown above, and that said defendant is sentenced to a term of imprisonment or fine or both, as set out above, and shall be confined for the above named term in accordance with the provision of law governing such punishments. It is further ordered that the Defendant pay the fine, court costs, expenses of legal services provided by the court appointed attorney or public defender in this cause, if any, and restitution or reparation, if any, as set forth above. The Judge finds that the Defendant has the financial resources to enable the Defendant to offset said costs in the amount ordered.

Attached to this judgment and incorporated by reference, are the terms of any fee payment pursuant to the Texas Code of Criminal Procedure, if applicable.

Following the disposition of this cause, the Defendant's fingerprint was placed upon a Certificate of Fingerprint. Said certificate is attached hereto and is incorporated by reference as a part of this judgment.

Signed and entered this 15 day of AUGUST

199 7

ADMITTED

Judge, County Criminal Court
Dallas County, Texas



Cause No. MB9716741

THE STATE OF TEXAS

§
§
§
§

IN THE COUNTY CRIMINAL COURT

VS.

No 9 OF

Ivan Carter

DALLAS COUNTY, TEXAS

JUDGMENT
CERTIFICATE OF THUMBPRINT



Right
Thumb*

- Defendant's _____ hand

This is to certify that the fingerprints above are the above named Defendant's fingerprints taken at the time of the disposition of the above styled and numbered cause.

Done in Court this 15 day of Aug., 199 7.

[Signature]
Bailliff/Deputy Sheriff D. Clark

*Indicate here if print other than defendant's right thumbprint is placed above:

_____ left thumbprint

_____ Other, please specify:

_____ left/right index finger

Revised 11/1/93
Form No. M-130



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

THE STATE OF TEXAS § IN THE COUNTY CRIMINAL COURT
 VS. §
 § 9 OF
 CANTU, IVAN ABNER § DALLAS COUNTY, TEXAS

JUDGMENT ON NEGOTIATED PLEA OF GUILTY OR NOLO CONTENDERE
 BEFORE JUDGE NO COMMUNITY SUPERVISION

____ JULY ____ TERM, 199 ____ 7 ____

JUDGE PRESIDING: ANDERSON DATE OF JUDGMENT: 8-15-97

ATTORNEY FOR STATE: JOHN DELAGARZA ATTORNEY FOR DEFENDANT: RICK HOWARD

OFFENSE CONVICTED OF: EVADE ARREST/DET

CLASS A MISDEMEANOR DATE OFFENSE COMMITTED: 4-23-97

CHARGING INSTRUMENT: INFORMATION/INDICTMENT PLEA: GUILTY/NOLO CONTENDERE

FINDING OF JUDGE: GUILTY

TERMS OF NEGOTIATED 50 DAYS JL 250.00 FINE PLEA BARGAIN AGREEMENT
 PLEA BARGAIN: (IN DETAIL) FOLLOWED: YES/NO

DATE SENTENCE IMPOSED: 8-15-97 COSTS: YES/NO

PUNISHMENT AND PLACE
 OF CONFINEMENT:

50 DAYS CONFINEMENT IN THE DALLAS COUNTY JAIL AND A FINE OF \$ 250.00
 DATE TO COMMENCE: 8-15-97

CREDIT FOR TIME SERVED: FINE PROBATED: YES/NO

TX.C.C.P. COUNSELING FEE, IF APPLICABLE: \$, NOT TO EXCEED \$500

RESTITUTION/REPARATION: YES/NO

IF YES, NAME OF VICTIM: _____

ADDRESS OF VICTIM OR AGENCY TO COLLECT PAYMENTS: _____

AFFIRMATIVE FINDING OF FAMILY VIOLENCE, IF APPLICABLE: YES/NO

CASE TO RUN CUMULATIVE/CONCURRENT WITH ALL OTHER CASES

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Signed and entered this 15 day of AUGUST, 1997

Judge, County Criminal Court
 Dallas County, Texas

ADMITTED



TRUE AND CORRECT
 COPY OF ORIGINAL
 FILED IN DALLAS
 COUNTY CLERK'S OFF

DEPARTMENT OF THE NAVY
NAVY PERSONNEL COMMAND
MILLINGTON TN 38055-0000

Certificate

(FOR USE IN NAVAL COURTS-MARTIAL, SEE MIL. R. EVID. 902, MCM. 1984)

I hereby certify that the attached duplicate service record is

a true copy of the naval record of AR IVAN ABNER CANTU II, USN,

461-77-6986

maintained on file in this Command under the authority of the United States.

*In witness thereof, I have hereunto set my hand
and caused the Seal of the Navy Personnel Command to be
affixed this sixth day of August
two thousand zero one*

Terry Higgy

TERRY HIGGY, HEAD, QUALITY CONTROL SECTION

By direction of the Commander,
Navy Personnel Command

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

59679

1. NAME (Last, First, Middle) CANNON, IVAN AMBER II 2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN 3. SOCIAL SECURITY NO. 461 77 6906

4.a. GRADE, RATE OR RANK AR 4.b. PAY GRADE E1 5. DATE OF BIRTH (YYMMDD) 73JUN14 6. RESERVE OBLIG. TERM: DATE Year NA Month Day

7.a. PLACE OF ENTRY INTO ACTIVE DUTY DALLAS TX 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) FRISCO TX

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND RTC GLAKES IL 8.b. STATION WHERE SEPARATED RTC GREAT LAKES IL

9. COMMAND TO WHICH TRANSFERRED NA 10. SGLI COVERAGE Non Amount \$ 200,000

Table with 5 columns: Specialty, Year(s), Month(s), Day(s). Rows include Date Entered AD, Separation Date, Net Active Service, Total Prior Active/Inactive Service, Foreign/Sea Service, Effective Date of Pay Grade.

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE X X X X

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE X X X X

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No X 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X 16. DAYS ACCRUED LEAVE PAID NONE

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No X

18. REMARKS THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM.

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 1998 BOW COURT FRISCO TX 75035 19.b. NEAREST RELATIVE (Name and address - include Zip Code) LARRA L BROWN 5445 PRESTON OAKS APT 325 DALLAS TX 75240

21. MEMBER REQUESTS COPY 4 BE SENT TO: DIR. OF VET AFFAIRS Yes No X 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) M.L. QUINER PWCS(SW) SEN DIR OUTPROC BYBILIOIC

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

24. CHARACTER OF SERVICE (Include upgrades) UNDER OTHER THAN HONORABLE CONDITIONS 26. SEPARATION CODE HKD 27. REENTRY CODE RE-4

28. TIME LOST DURING THIS PERIOD MAR 99 TO 12 JUL 99 29. REASON FOR SEPARATION PRODUCT 30. MEMBER REQUESTS COPY 4 Initials



DEPARTMENT OF THE NAVY
NAVAL TRAINING CENTER
2601A PAUL JONES ST
GREAT LAKES, ILLINOIS 60088-8000

1910
Ser SJA/0419
9 Aug 99

From: Commander, Naval Training Center, Great Lakes
To: Commanding Officer, Recruit Training Command, Great Lakes
Subj: ADMINISTRATIVE DISCHARGE ICO AR IVAN A. CANTU II, USN,
461-77-6986
Ref: (a) CO RTC ltr 1910 Ser 10/L4920 of 26 Jul 99
(b) MILPERSMAN SSIC 1910
(c) BUPERSINST 1900.8

1. In response to reference (a) which processed member for administrative separation per reference (b), authority is granted to discharge member within 10 working days after receipt of this letter. Prepare DD 214 per references (b) and (c), entering the following:

BLK 23	.DISCHARGED.
BLK 24	UNDER OTHER THAN HONORABLE CONDITIONS
BLK 25	MILPERSMAN 1910-142
BLK 26	HKD
BLK 27	RE-4
BLK 28	MISCONDUCT DUE TO COMMISSION OF A SERIOUS OFFENSE

2. Command may hold this separation in abeyance up to 30 days to allow member the opportunity to complete transitional services if applicable.

3. If member is drug/alcohol dependent, offer Level III Rehabilitation Treatment prior to separation, regardless of the reason for which member is being discharged. Recoup any unearned bonus paid and collect all existing indebtedness prior to discharge.


TIMOTHY W. ZELLER
By direction

Copy to:
DFAS Cleveland OH (Code 644)
DON CAF Washington DC
PERSUPPET Great Lakes
BUPERS (Pers-832)
TRANSITPERSU Great Lakes



DEPARTMENT OF THE NAVY
RECRUIT TRAINING COMMAND
NAVAL TRAINING CENTER
GREAT LAKES, ILLINOIS 60088-5300

1910
Ser 10/L4920
JUL 26 1999

From: Commanding Officer, Recruit Training Command, UIC: 0763A
To: Commander, Naval Training Center, Great Lakes

Subj: AR IVAN A. CANTU II, USN, 461-77-6986, RECOMMENDATION FOR
ADMINISTRATIVE SEPARATION

Ref: (a) MILPERSMAN 1910

Encl: (1) Signed Notification Form
(2) Report and Disposition of Offense(s) NAVPERS 1626/7 of 19 Jul 99

1. Per reference (a), enclosures (1) and (2) are forwarded.
2. Reason for processing: Misconduct due to commission of a serious offense, as evidenced by OIC's NJP of 21 July 1999.
3. Basic Record of data: Date of current enlistment: 2 February 1999 for four years; EAOS: 18 May 2003; marital status: single; family members: none; months on board: 2 months/04 days; total service: 5 months/21 days; inactive service: 04 days.
4. Summary of military offenses: OIC's NJP of 21 July 1999 for violation of the UCMJ, Article 86, unauthorized absence from 28 March 1999 until on or about 12 July 1999. Awarded: Forfeiture of \$207.00 pay per month for one month, restriction for 14 days, and extra duties for 14 days.
5. Summary of civilian convictions: None.
6. Most recent NAVPERS 1070/613, Administrative Remarks (Counseling and Warning) per MILPERSMAN 3610240.1r: None.
7. Comments of the Commanding Officer: AR Cantu is an administrative and discipline burden. His conduct represents a significant departure from the conduct expected from members of the naval service. AR Cantu has no potential for further useful naval service. I recommend separation from the naval service with an Other Than Honorable discharge. Reentry Code: RE-4.
8. POC for discussion of this case is K. McCormick, LT, JAGC: DSN/COMM phone number 792-3612/(847) 688-3612.


C. I. HANSON

08-06-99 08:11 RCVD

07-27-99 03:21 RCVD

**ADMINISTRATIVE SEPARATION PROCESSING NOTICE
ADMINISTRATIVE BOARD PROCEDURE**

DATE:
23 Jul 99

From: Commanding Officer, Recruit Training Command, Great Lakes, IL

OIC: 0763A

To: AR Ivan A. Cantu II, USN, 461-77-6986

REASON(S) FOR ADMINISTRATIVE SEPARATION PROCESSING

MILPERSMAN REF

- 1) Misconduct due to commission of a serious offense as evidenced by OIC's NJP of 21 Jul 99.
- 2)
- 3)
- 4)

1910-142

The least favorable characterization of service possible is Under Other Than Honorable

If your separation is approved it will result in discharge, suspended discharge, release from active duty to a reserve component, transfer from the selected reserve to the individual ready reserve, or release from custody or control of the U.S. Navy.

YOU ARE ENTITLED TO THE BELOW RIGHTS (INITIAL APPROPRIATE BLOCK)

SELECT WAIVER

To consult with qualified counsel. You may consult with civilian counsel retained at your own expense. (Nonlawyer counsel may be appointed as determined by the commanding officer)

MC

To submit statements to the Administrative Board or to the Separation Authority in lieu of a board.

MC

To obtain copies of documents that will be forwarded to the Separation Authority supporting the basis for the proposed separation. (Classified documents will be summarized in unclassified form)

MC

To request an Administrative Board. (Failure to appear without good cause constitutes a waiver to be present at the Administrative Board)

MC

To representation at the Administrative Board by qualified counsel.

MC

To representation at the Administrative Board by civilian counsel at your own expense.

MC

If applicable - to request transfer to the Fleet Reserve/Retired/Retired Reserve List understanding that a reduction to the next inferior pay grade to transfer may be directed if I am being processed for misconduct, security, or homosexual conduct.

MC

To present evidence demonstrating that I do not engage in, attempt to engage in, have a propensity to engage in, or intend to engage in homosexual acts. (For homosexual statement processing only.)

MC

ADDITIONAL NOTICE

If you commence a period of unauthorized absence subsequent to receiving this notice, the administrative separation processing may continue in your absence.

NAME OF MILITARY COUNSEL	ADDRESS OF MILITARY COUNSEL	PHONE
		(847)688-4753 Ext. 126
COMMAND CERTIFICATION	SIGNATURE	DATE
K. MCCORMICK, LT, JAGC By direction	<i>[Signature]</i>	30 Jul 99
MEMBER CERTIFICATION		
I acknowledge receipt of this notice and my response is complete.	IVAN A. CANTU II <i>[Signature]</i>	23 JUL 99
Witness M. P. WILLIAMSON, LNI, USN	<i>[Signature]</i> M.P. Williamson	23 Jul 99
COUNSEL CERTIFICATION (if applicable)		

ELS

REPORT AND DISPOSITION OF OFFENSE(S)
NAVPERS 16267 (REV 8-81) S/N 0106-LF-016-2636

To: Commanding Officer, Recruit Training Command, Great Lakes, Illinois Date of Report: 19 July 1999

1. I hereby report the following named person for the offense(s) noted:

NAME OF ACCUSED	SERIAL NO:	SOCIAL SECURITY NO.	RATE/GR ADE	BR & CLASS USN	DIV/DEPT
CANTU, Ivan A. II	N/A	461-77-6986	AR		337/16
PLACE OF OFFENSE(S)			DATE OF OFFENSE(S)		
Recruit Training Command, Great Lakes, Illinois			28 MARCH 1999		

DETAILS OF OFFENSE(S) (Refer by article of UCMJ, if known. If unauthorized absence, give following info: time and date of commencement, whether over leave or liberty, time and date of apprehension or surrender and arrival on board, loss of ID card and/or liberty card, etc.):

CHARGE: Violation of the UCMJ, Article 86

Specification: In that AR Ivan A. Cantu, II, U.S. Navy, Recruit Training Command, Great Lakes, Illinois, on active duty, did, on or about 28 March 1999, without authority, absent himself from his organization, to wit: Recruit Training Command, located at Great Lakes, Illinois, and did remain so absent until on or about 12 July 1999.

NAME OF WITNESS	RATE/GRADE	DIV/DEPT	NAME OF WITNESS	RATE/GRADE	DIV/DEPT

LNI, USN, NIP PARALEGAL
(Rate/Grade/Title of person submitting report)

J.W. [Signature]
(Signature of person submitting reporting)

I have been informed of the nature of the accusation(s) against me. I understand I do not have to answer any questions or make any statement regarding the offense(s) of which I am accused or suspected. However, I understand any statement made or questions answered by me may be used as evidence against me in event of trial by court-martial (Article 31, UCMJ).

Witness: *[Signature]*
(Signature)

Acknowledged: *Ivan A. Cantu II*
(Signature of Accused)

PRE-MAST RESTRAINT **PRE TRIAL CONFINEMENT** **RESTRICTED:** You are restricted to the limits of _____ in lieu of arrest by order of the CO. Until your status as a restricted person is terminated by the CO, you may not leave the restricted limits except with the express permission of the CO or XO. You have been informed of the times and places which you are required to muster.

NO RESTRICTIONS

(Signature and title of person imposing restraint)

(Signature of Accused)

INFORMATION CONCERNING ACCUSED

Current Enl. Date	Expiration	Current Enl. Date	Total Active Naval Serv	Total Serv On Board	Education	AFQT	Age
Marital Status	No. Dependents	Contribution to Purity or QTRS Allowance (Amount required by law)			Pay per month (including sea or foreign duty pay, if any)		

Record of Previous Offense(s) (Date, type, action taken, etc. Nonjudicial punishment incidents are to be included.)

DATE RECEIVED
RTC LEGAL DEPARTMENT

7/21

Enclosure (7)

RETURN OF UNAUTHORIZED ABSENTEE/DESERTER

After the Page 6 or Page 13 is completed and entered into the service record, please forward the service record to RTC, Legal Department, Building 1127 within three (3) working days.

(Date) 15 JUL 99: To RTC Legal Department, DISCIPLINE SECTION
(Date) 15 JUL 99: UA Returned information forwarded to PSD

IDENTIFICATION OF ABSENTEE/DESERTER

NAME: CANTU, I. A. RANK/RATE: SR SSN: 451-77-6986

COMMENCED UA/DESERTION: HOUR: 1330 DATE: 28 MARCH 1999

SURRENDERED

SURRENDERED TO RTC; HOUR: 2000 DATE: 12 JULY 1999
SURRENDERED TO OTHER COMMAND; HOUR: _____ DATE: _____
TITLE/LOCATION: _____

OR

APPREHENDED

APPREHENDED; HOUR: _____ DATE: _____
APPREHENDED BY; (AGENCY NAME): _____
CIVIL CHARGE PENDING? NO/YES; LIST: _____
RETURNED TO MILITARY CONTROL; HOUR: _____ DATE: _____
RETURNED TO RTC BY (AGENCY/NAME), TIME/DATE: _____

REMARKS: _____

YNS KURT R. HUYSER
SIGNATURE OF PERSON MAKING REPORT

15JUL99
DATE

Copy to:
RTC PSD, BLDG 1405 (VIOLA)

DEPARTMENT OF THE NAVY INCIDENT/COMPLAINT REPORT

1. FROM SECURITY OFFICER, RECRUIT TRAINING COMMAND, GREAT LAKES, IL.
 2. TO COMMANDING OFFICER, RECRUIT TRAINING COMMAND, GREAT LAKES, IL.
 3. VIA LEGAL OFFICER, RECRUIT TRAINING COMMAND, GREAT LAKES, IL.

4. CASE CONTROL NUMBER (CCN) 12JUL99-0763A-331-7U1
 5. DATE SUBMITTED TO ADDRESSEE 13JUL99
 6. RETURN TO POLICE NOT LATER THAN

7. TYPE REPORT Info only Supplemental only Report of Action (See page 3)

8. INCIDENT/COMPLAINT (Specify type and location)
 DESERTION / SHIP 04, DIV. 919, RTC, GREAT LAKES, IL.

9. WHEN & HOW RECEIVED
 HOUR 2000 DATE 12JUL99
 Credentialed Call In Person
 By telephone By Radio By Mail

10. INVOLVEMENT Drugs Alcohol Other (list) [X] N/A
 11. ASSUMED BY NCIST Yes No
 12. HOUR 1330
 13. DATE 28MAR99

14. RECEIVED BY (Typed or printed name, rank and position)
 FRANCIS D. TYSON
 DC1 (SW) USN
 15. TYPE OF INCIDENT
 Misdemeanor Felony Traffic
 Military Offense Complaint

16. PERSON RELATED TO REPORT (Continue on Page 2 or add pages, if necessary)
 (Insert appropriate category letter before each name)
 A-SUSPECT B-VICTIM C-COMPLAINANT D-WITNESS E-POLICE F-SPONSOR

CAT.	NAME/RANK, BRANCH/SSN/STATION/UIC (Line 1 for all categories)	DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/MARKS (Line 2 for all suspects and victims)
A	CANTU, IVAN A./SR-USN/461-77-6986/RTC/30646 14JUN73, DALLAS, TX /M/X/5'07"/165/BRN/BRN/NONE	
E	TYSON, FRANCIS D./DC1 (SW)-USN/506-04-0247/0763A	

DEPARTMENT OF THE ARMY VY INCIDENT/COMPLAINT REPORT (Continued)

17. DETAILS OF INCIDENT (Who, what, when, where, how, why? Attach relevant statements)

ON OR ABOUT 2000, 12JUL99, CANTU TURNED HIMSELF INTO RTC SECURITY FROM A DESERTION STATUS. CANTU HAD BEEN U/A SINCE 1330, 28MAR99.

ON OR ABOUT 2021, 12JUL99, CANTU PROVIDED A URINE SAMPLE, BATCH# U604 SAMPLE 01.

ON OR ABOUT 2110, 12JUL99, CANTU WAS ADVISED OF HIS RIGHTS IN ACCORDANCE WITH ART. 31 OF THE UCMJ. CANTU ACKNOWLEDGED HIS RIGHTS AND DECLINED TO MAKE A STATEMENT.

ON OR ABOUT 2117, 12JUL99, CANTU CONSENTED TO A BREATHALYZER AND THE RESULTS OF THE BREATHALYZER WAS A BAC. OF .000%.

ON OR ABOUT 2135, 12JUL99, CANTU WAS TRANSPORTED TO SLEEPERS BY DIRECTION OF THE RTC CDO.

THIS CASE IS REFERRED TO RTC LEGAL.

DEPARTMENT OF THE NAVY INCIDENT/COMPLAINANT REPORT (Continued)

18. ENCLOSURES (Statements and receipts)

- 1. OPNAV 5527/03 - CANTU (A)
- 2. OPNAV 5527/16 - CANTU (A)

19. EVIDENCE (List and describe)

NONE

20. REFERRED TO

- Patrol Investigations
- NCIS File
- Other Agency (specify)

21. DISTRIBUTION

ORIG: COMMANDING OFFICER, RTC
 COPY 1: KING VIA NMEA
 COPY 2: GLPD

22. REPORTING OFFICIAL TYPED NAME, RANK/TITLE AND SIGNATURE

Sema J. Amen
 SEMAJ D. AMEN
 SM3 USN

23. APPROVING OFFICIAL TYPED NAME/RANK AND SIGNATURE

Anthony J. Hernandez
 ANTHONY J. HERNANDEZ
 MAC (AW) USN

24. REPORT OF ACTION TAKEN

(To be completed by the addressee when so indicated in block 7. Return one copy to originator to meet suspense date as indicated in block 6.)

a. FROM		b. DATE	
c. TO			
d. VIA			
e. SUBJECT		f. RANK	g. SSN
h. ACTION TAKEN		<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> NON-JUDICIAL
		<input type="checkbox"/> JUDICIAL	
i. DATE ACTION COMPLETED			

j. DETAILS (Specify type administrative action taken, non-judicial punishment imposed, or judicial results, as applicable.)

(For multiple subjects, use additional page(s) to reflect action taken)

k. TYPED NAME AND TITLE

l. SIGNATURE

DEPARTMENT OF THE NAVY
MILITARY SUSPECT'S ACKNOWLEDGMENT AND WAIVER OF RIGHTS

Place: BLDG.

RTC GREAT LAKES, IL.

I SR CANTO IVAN A. SSN# 461-77-6986

Have been advised by DC1 TYSON

that I am suspected of UNAUTHORIZED ABSENCE. DESEATION

I have also been advised that:

- ll (1) I have the right to remain silent and make no statement at all.
- ll (2) Any statement I do make can be used against me in a trial by court-martial or other judicial or administrative proceeding;
- ll (3) I have the right to consult with a lawyer prior to any questioning. This lawyer may be a civilian lawyer retained by me at no cost to the United States; a military lawyer appointed to act as my counsel at no cost to me, or both;
- ll (4) I have the right to have my retained civilian lawyer and/or appointed military lawyer present during this interview; and
- ll (5) I may terminate this interview at any time, for any reason.

ll I understand my rights as related to me as set forth above. With that understanding, I have decided that I do not desire to remain silent, consult with a retained or appointed lawyer, or have a lawyer present at this time. I make this decision freely and voluntarily. No threats or promises have been made to me.

AT THIS TIME NO STATEMENT WITHOUT SPEAKING TO LEGAL Signature: [Signature]

Date & Time: 2110 12/7/99

Witnessed: [Signature] DC1 SW
[Signature]

At this time, I, _____
desire to make the following voluntary statement. This statement is made with an understanding of my rights as set forth above. It is made with no threats or promises having been extended to me.

DEPARTMENT OF THE NAVY
PERMISSIVE AUTHORIZATION FOR SEARCH AND SEIZURE

1. ADVISORY

I, (full name) SR CANTU JUAN, A SSN# 461 77 6986

after being advised by DC1 TYSON

that the RTC MASTER-AT-ARMS OFFICE

is conducting an investigation into the offense(s) of UNAUTHORIZED ABSENCE DEFECTION

have been requested to permit a search of my BREATH FOR BAC. . 000%

2. CONSTITUTIONAL RIGHT

I have been informed of my constitutional right to refuse to permit this search in the absence of a search warrant. In full understanding of this right, I have nevertheless decided to permit this search to be made. x llc

3. PERMISSION

This search may be conducted on (date) 12 JUL 99
by DC1 TYSON
and I hereby give him/her/them permission to remove and retain any property or papers found during the search which are desired for investigative purposes. x llc

4. FREE DECISION

I make this decision freely and voluntarily and it is made with no threats having been made or promises extended to me. x llc

a. Date

12 JUL 99

b. Signature

x Juan Cantu


5. WITNESSES

a. Signature

[Signature] DC1 TYSON

b. Signature

6. TIMES OF SEARCH

DESERTER/ABSENTEE WANTED BY THE ARMED FORCES				1. DATE SERIALIZED (YYMMDD) 990504		REPORT CONTROL SYMBOL	
2. TO (Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point) NAGIC 2834 GREEN BAY ROAD NORTH CHICAGO, IL 60064-3094			3. FROM (Organization or activity and place from which absent. If unauthorized absence occur in transit, list old and new unit in Remarks) COMMANDING OFFICER RTC LEGAL OFFICER GREAT LAKES, IL 60088-5522			4. DISTRIBUTION	
5. ABSENTEE IDENTIFICATION							
a. NAME (Last, First, Middle Initial) CANTU, IVAN ABNER II		b. GRADE/rank/grade AR/E-1		c. SEX MALE		d. RACE AMER INDIAN	
e. PLACE OF BIRTH (City, State, Country) DALLAS, TX		f. DATE OF BIRTH (YYMMDD) 730614		g. HEIGHT 67		h. WEIGHT 158	
i. EYE COLOR BRN		j. HAIR COLOR BRN		k. SOCIAL SECURITY NO. 461-77-6986		l. CITIZENSHIP US	
m. MARITAL STATUS DIVORCED		n. MILITARY OCCUPATION AIRMAN RECRUIT		o. PERMANENT RESIDENCE ADDRESS (include Zip Code) 12112 CANOE FRISCO, TX 75035-0000			
p. CIVILIAN OCCUPATION LOAN OFFICER/ MORTGAGE SALES REP							
6. CURRENT ENLISTMENT				7. ENTRY INTO CURRENT PERIOD OF SERVICE			
a. DATE (YYMMDD) 990129		b. PLACE (City and State) DALLAS, TX		a. DATE (YYMMDD) 990202		b. PLACE (City and State) GREAT LAKES, IL	
8. TIME OF ABSENCE		a. DATE (YYMMDD) 990328		b. HOUR 1330		14. ADMINISTRATIVE DATE OF DESERPTION (YYMMDD) 990428	
11. ESCAPED OR SENTENCED PRISONER (if applicable)				12. DISCHARGE STATUS (if applicable)			
a. YES <input type="checkbox"/> b. YES (Specify Code)				a. DISCHARGED <input type="checkbox"/> b. YES <input type="checkbox"/> c. NO <input type="checkbox"/>			
13. DESERTION STATUS				15. ADDRESS (include Zip Code)			
a. NAME (Last, First, Middle Initial)				b. ADDRESS (include Zip Code)			
(1) ABNER A. CANTU (FATHER)				2517 SPICKBERRY MESQUITE, TX			
(2) SYLVIA CANTU (MOTHER)				12112 CANOE FRISCO, TX 75035-0000			
17. CERTIFICATION (See notes on reverse)							
The undersigned states: That he/she is a commissioned officer of the United States <u>Naval Reserve</u> (Military Department), presently assigned as the Commanding Officer, <u>Recruit Training Command</u> (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and							
Regulations of the Service concerned which implement 500 Directive 1233.2, e.g., Army Regulations 750-9 and 635-10, he/she has conducted an investigation into the absentee status of <u>AR IVAN A. CANTU, II</u> (Name and rank of alleged deserter, a member of the United States							
Armed Forces serving on active duty with <u>Recruit Training Command</u> (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and _____).							
That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about <u>1330, 28MAR99</u> (Date), <u>AR IVAN A. CANTU, II</u> (Name and rank of alleged deserter) did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 11, in violation of Section 885, Title 10, United States code and he/she has remained continuously so absent until <u>28APR99</u>							
(From this statement is enclosed). I state under penalty of perjury (under the laws of the United States of America) that the foregoing is true and correct.							
Executed on <u>04MAY99</u> (Date)							
18. COMMANDING OFFICER							
a. TYPED NAME (Last, First, Middle Initial) MCCORMICK, K.K.		b. GRADE LT(JG)		c. TITLE ASSISTANT STAFF JUDGE ADVOCATE			
d. ORGANIZATION AND INSTALLATION RTC LEGAL GREAT LAKES, IL 60088-5522		e. SIGNATURE (All copies) 			f. DATE SERIALIZED (YYMMDD) 990504		



DEPARTMENT OF THE NAVY
RECRUIT TRAINING COMMAND
NAVAL TRAINING CENTER
GREAT LAKES, ILLINOIS 60088-5300

1626
Ser 10/0175
15 Apr 99

Ms. Sylvia Cantu
12112 Canoe Street
Frisco, TX 75035

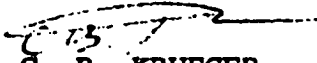
Dear Ms. Cantu:

I regret the necessity of informing you that your son, Airman Recruit Ivan Abner Cantu, II, who enlisted in the U.S. Navy on February 2, 1999, and was attached to Recruit Training Command, Great Lakes, Illinois, has been on unauthorized absence since March 28, 1999. Should you know of his whereabouts, please urge him to surrender to the nearest naval or other military activity immediately. The gravity of the offense increases with each day of absence. At this time all pay and allowances, including allotments, have been suspended pending his return to Navy jurisdiction.

Should he remain absent for 30 days, he will be declared a deserter. Information will be provided to the FBI National Crime Information Center Wanted Persons File, which is available to all Federal, state, and local law enforcement agencies.

A Navy Reserve chaplain living near you is available for counsel in resolving this serious problem. Communication with a chaplain in this situation is considered confidential. Therefore, a chaplain may be a valuable resource to assist you in determining your best course of action. If you desire to confer with a Navy chaplain regarding this unauthorized absence, you may contact: Staff Chaplain, Naval Reserve Readiness Command Region Eleven, Naval Air Station, 1803 Doolittle Avenue, Ft. Worth, Texas 76127-1803, telephone: (817) 982-6607.

Sincerely,


C. B. KRUEGER
Lieutenant
Judge Advocate General's Corps
U.S. Naval Reserve
Staff Judge Advocate
By direction of the
Commanding Officer

RTMT125R

*** FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE ***
STANDARD TRAINING ACTIVITY SUPPORT SYSTEM
RTC GREAT LAKES

1999-03-29
Page 1

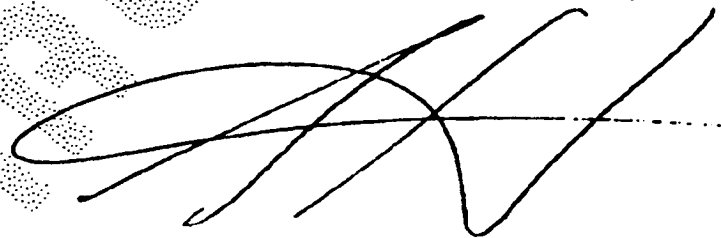
RTC ASSIGNMENT MEMORANDUM ORDER

PREPARED BY:	G14SYH	ISSUE DATE/TIME:	990329 10:14
		ASMO PROCESS DATE/TIME:	990329 10:13
RECRUIT SSN:	461-77-6986		
RECRUIT NAME:	CANTU II, IVAN ABNER		
BRANCH/CLASS:	11		
AFQT:	53		
FROM SHIP:	04/USS BLUE RIDGE (LCC-19)		
FROM DIV:	S 1999 919 I		
EVENT:	ENROLLED, CONTINUED BMT BGN CLSRM TRNG		
EVENT DATE:	1999-02-16		
TO SHIP:	01/USS THE SULLIVANS (DDG-68)		
TO DIV:	H 0 353 I		
EVENT:	INTERRUPTION OF INSTRUCTION ADMIN UA AFTER 24 HRS		
EVENT DATE:	1999-03-29		

To: Legal Department

From: OS² HINES (Asmo Central)

Sub: UA on the 26 MAR 99 AT 1330.



*** END OF REPORT ***

*** FOR OFFICIAL USE ONLY - PRIVACY ACT SENSITIVE ***

INSPECTION COMMAND DUTY OFFICER'S LOG
 SEC 1601/36 311 (REV. 10-78)

CO: _____
 NO: _____
 SNO: *WJH*

DATE
 26 MAR 99

INSTRUCTIONS: Routine inspections, events and reports will be indicated as having been accomplished by checking the appropriate table. All other unusual happenings will be logged below in the "Remarks" block.

I, LT Welch, have assumed duties as Command Duty Officer and hereby certify that the information contained herein is correct.

SIGNATURE *M. Welch, LT, USN 31 Mar 99*

INSPECTIONS
 DEPART/RETURN


LEAVE

PLACE	INSPECTED BY	TIME INSPECTED	DISCREPANCIES	RATE/NAME	TIME DEPT	TIME RET
1127	CDO	1645		SM1 TOAY	1645	
USS THE SULLIVANS	CDO	2115		CM1 MARACANDRO		1645
USS TAYLOR	CDO	2032		FC1 BROWN	1635	
USS NEBRASKA	CDO	1950		SM2 GONZALEZ	1527	
USS DD RISENOWER	CDO	2010		MSC COFIELD	1748	
USS JOSEPH DANIELS	CDO	1840		ADC SEE	1800	
USS BONHOMME RICHARD	CDO	1800		AR1 HOOVER	1800	
3RD FLEET	CDO	2025		SM2 PRESTON	1817	
200H	CDO	2150		HFC WIELS	1925	
1420	CDO	2210		ENCM ALLEN		1945
1405	CDO	2200		SR KOCHEN	1940	
USS BONHOMME RICHARD	ACDO	1800		EM1 CAMPBELL		1950
USS WHISKEY ISLAND	ACDO	1933		MAC NEWELL		1953
USS BLUE RIDGE	ACDO	1950		ICC DUNKLE	2030	
USS CARR	ACDO	2005		MSCS HACKSTEIN		2100
USS SEAWOLF	ACDO	2020		SM2 WEIGEL		2115
				GMC WIELS		2150
				SM2 WILLIAMS	2200	
				SR EVEREV	0540	

REMARKS:

0730: TURN OVER WITH ADMIN.

- 1125: AMBULANCE REPORT: SR WHITTAKER, SAM, 254-65-1839, DIV: 171, SHIP: 1, USS THE SULLIVANS, DOT: P-4H, AGE: 19, SEX: MALE, NATURE OF ILLNESS: HEART PROBLEMS, TAC: 1034, TAA: 1048, TAD: 1058, AMB#: A-49, DRIVER: HM3 REX, ACTION TAKEN: BLS AND TRANSPORTED TO 1007.
DISP: SIQ X 24 HOURS.
- 1512: DRILL HALL 1000 CALLED TO REPORT THAT ONE OF THE HEADS ON THE SOUTH END HAS BACKED UP, AND IS CURRENTLY OVERFLOWING. CDO CONTACTED PWC AT THIS TIME.
DISP: PWC COULD NOT FIX PROBLEM AT THIS TIME. THE HEAD IS SECURED AND THE MESS IS CLEANED UP. PWC WILL BE BACK 27 MAR 99 WITH THE PROPER EQUIPMENT TO FIX THE PROBLEM.
- 1515: AMBULANCE REPORT: SR CASTELON, ELIA, 559-57-3250, DIV: 150, SHIP: 14, USS SHILOH, DOT: 4-1 AGE: 19, SEX: FEMALE, NATURE OF ILLNESS: UPPER STOMACH PAIN, TAC: 1515, TAA: 1530, TAD: 1540, AMB#: A-49, DRIVER: HM3 KANEH, ACTION TAKEN: BLS AND TRANSPORTED TO 1007.
DISP: ILL X 7.
- 1551: RED CROSS MESSAGE: SR BURGESS, ANTHONY, 590-01-3019, DIV: 113, SHIP: 7, USS DD EISENHOWER, DOT: 8-2, SVM AUNT REQUEST NOTIFICATION AND PRESENCE DUE TO DEATH OF GRANDFATHER REQUEST PHONE CALL AT 954-428-8936.
DISP: TALKED TO CHAPLAIN, MADE PHONE CALL HOME, RETURNED TO SHIP TO TRY TO TAKE NORMAL LEAVE.
- 1602: RED CROSS MESSAGE: SR GIBBONS, DANIEL, 514-86-2296, DIV: 0333, SHIP: 15, USS NAUTILUS, DOT: N/A, SVM MOTHER REQUEST HEALTH AND WELFARE OF SVM RECRUITER CALLED AND TOLD MOTHER THAT SVM IS IN THE MENTAL WARD AND SHE REQUEST PHONE CALL HOME AT 785-986-6950.
DISP: PHONE CALL GRANTED.
- 1630: DUTY SECTION I ASSUMED THE WATCH.
CDO: LT WELCH ACDO: CMCS MOSS
OOD: BMC SEXT POOW: FC2 LACHER DUTY DRIVER: SM3 FICATT
 GMI DONAHUE YR2 WASH CM2 LEE
- 1745: AMBULANCE REPORT: SR HOWARD, JOHNNY, 557-49-9416, DIV: 174, SHIP: 13, USS S. RICHARD, DOT: P-2, AGE: 21, SEX: MALE, NATURE OF ILLNESS: PASSED OUT IN HEAD, COMPLAINS OF HEAD AND NECK INJURY, TAC: 1710, TAA: 1720, TAD: 1735, AMB#: A-49, DRIVER: HM3 RICKS, ACTION TAKEN: BLS AND TRANSPORTED TO 1007.
DISP: SIQ X 1, F/U 27 MAR 99.
- 1755: ADMISSION REPORT: SR WHITTAKER, SAM, 254-65-1839, DIV: 171, SHIP: 1, USS THE SULLIVANS, WARD ADMITTED TO: 5 EAST, LOS: UNKNOWN.
- 1809: SALT REPORTS ALL SECURE.
- 1835: AMBULANCE REPORT: SR GREATHOUSE, JOHNNATHAN, 526-89-3607, DIV: 158, SHIP: 12, USS SEAWOLF, DOT: 3-2, AGE: 18, SEX: MALE, NATURE OF ILLNESS: BACK PAIN AND HEAD ACHE WHILE SITTING ON THE DECK, TAC: 1818, TAA: 1825, TAD: 1840, AMB#: A-49, DRIVER: HM3 KANEH, ACTION TAKEN: BLS AND TRANSPORTED TO 1007.
DISP: SIQ X 1, F/U 29 MAR 99.
- 1855: RED CROSS MESSAGE: SR NEWMAN, DAVID, 589-56-6074, DIV: 173, SHIP: 15, USS NAUTILUS, DOT: SEPS SVMOTHER CIRA NEWMAN REQUESTS SVMCN CONTACT HER AT 954-435-9177. MOTHER STATES SVMCN CONTACTED HER ON 25 MAR 99 STATING HE WAS BEING SEPARATED FROM MILITARY AND SHE NEEDS TO FAX PAPERS FROM HIS PHYSICIAN AT HOME TO HIS MILITARY DOCTOR. MOTHER STATES SVMCN WAS ABRUPTLY DISCONNECTED AND SHE WAS NOT ABLE TO GET THE FAX NUMBER THAT SHE NEEDED. MOTHER STATES NEEDS TO TALK TO SVMCN RIGHT AWAY. MOTHER IS VERY ANXIOUS AND UPSET.
DISP: CHIEF WILSON CONTACTED, SR ALLOWED TO MAKE PHONE CALL BUT WAS UNABLE TO MAKE CONTACT, WILL TRY AGAIN IN THE MORNING. *SHIP'S OFFICER FOLLOW-UP.*
- 1905: AMBULANCE REPORT: SR STRAUSBAUGH, SCOTT, 544-23-0798, DIV: 151, SHIP: 12, USS SEAWOLF, DOT: 3-5, AGE: 20, SEX: MALE, NATURE OF ILLNESS: PASSED OUT IN THE HEAD, TAC: 1815, TAA: 1826, TAD: 1837, AMB#: VAN, DRIVER: HM3 STEVENS, ACTION TAKEN: BLS AND TRANSPORTED TO 1007.
DISP: SIQ X 1, F/U 29 MAR 99.
- 1957: AMBULANCE REPORT: SR WOODS, IESHARENEE, 188-58-8094, DIV: 169, SHIP: 3, USS TAYLOR, DOT: 1-2, AGE: 21, SEX: FEMALE, NATURE OF ILLNESS: COMPLAINED OF MIGRAINE HEADACHES DURING FWD IG, TAC: 1930, TAA: 1940, TAD: 1945, AMB#: A-49, DRIVER: HM3 REX, ACTION TAKEN: BLS AND TRANSPORTED T 200H.
DISP: FTTD.

DESERTER / ABSENTEE WANTED BY THE ARMED FORCES				1. DATE REPORTED (YYMMDD) 990504		REPORT CONTROL SYMBOL			
2. TO (Race, State or Federal law enforcement authority as indicated by Military Deserter Information Point) NACIC 2834 GREEN BAY ROAD NORTH CHICAGO, IL 60064-3094				3. FROM (Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks) COMMANDING OFFICER RTC LEGAL OFFICER GREAT LAKES, IL 60088-5522				4. DISTRIBUTION	
5. ABSENTEE IDENTIFICATION									
a. NAME (Last, First, Middle Initial) CANTU, IVAN ABNER II		b. GRADE / RANK / RATE AR/E-1		c. SEX MALE		d. RACE AMER INDIAN			
e. PLACE OF BIRTH (City, State, Country) DALLAS, TX		f. DATE OF BIRTH (YYMMDD) 730614	g. HEIGHT 67	h. WEIGHT 158	i. EYE COLOR BRN	j. HAIR COLOR BRN			
k. DIP CONTROL NUMBER		l. SERVICE USN		m. SOCIAL SECURITY NO. 461-77-6986		n. CITIZENSHIP US			
o. MILITARY OCCUPATION AIRMAN RECRUIT		p. PERMANENT RESIDENCE ADDRESS (Include Zip Code) 12112 CANOE FRISCO, TX 75035-0000							
q. CIVILIAN OCCUPATION LOAN OFFICER/ MORTGAGE SALES REP									
6. CURRENT ENLISTMENT				7. ENTRY INTO CURRENT PERIOD OF SERVICE					
a. DATE (YYMMDD) 990129		b. PLACE (City and State) DALLAS, TX		a. DATE (YYMMDD) 990202		b. PLACE (City and State) GREAT LAKES, IL			
9. TIME OF ABSENCE		a. DATE (YYMMDD) 990328	b. HOUR 1330	10. ADMINISTRATIVE DATE OF DESERTION (YYMMDD) 990428					
11. ESCAPED OR SENTENCED PRISONER (if applicable)				12. DISCHARGE STATUS (if applicable)					
YES		IF "YES," SPECIFY CHANGE		a. DISCHARGED		YES			
NO				b. SUSPENDED		YES			
XX						NO			
13. OPERATOR'S LICENSE		a. NUMBER 01891126	b. STATE TX	c. EXPIRATION DATE 990614	14. VEHICLE LICENSE	a. PLATE NO. UNK	b. STATE		
15. VEHICLE		a. VEHICLE IDENTIFICATION NUMBER UNK	b. YEAR	c. MAKE	d. MODEL	e. STYLE	f. COLOR		
16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE (if more space is needed, continue in blocks on a separate page, making reference to this form number.)									
a. NAME (Last, First, Middle Initial)				b. ADDRESS (Include Zip Code)					
(1) ABNER A. CANTU (FATHER)				2817 SPICEBERRY MESQUITE, TX					
(2) SYLVIA CANTU (MOTHER)				12112 CANOE FRISCO, TX 75035-0000					
17. CERTIFICATION (See Notes on reverse)									
The undersigned states: That he/she is a commissioned officer of the United States <u>Naval Reserve</u> (Military Department, presently assigned as the Commanding Officer, <u>Recruit Training Command</u> (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and _____ (Regulations of the Service concerned which implement DOD Directive 1325.2, e.g., Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the absentee status of <u>AR Ivan A. Cantu, II</u> (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with <u>Recruit Training Command</u> (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/her duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and _____).									
That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about <u>1330, 28MAR99</u> (Date), <u>AR Ivan A. Cantu, II</u> (Name and rank of alleged deserter) did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See Item 3 above) located at (See Item 3), in violation of Section 885, Title 10, United States code and he/she has remained continuously so absent until <u>28APR99</u>									
(Date this statement is executed). I state under penalty of perjury (under the laws of the United States of America?) that the foregoing is true and correct.									
Executed on <u>04MAY99</u> (Date).									
18. COMMANDING OFFICER									
a. TYPED NAME (Last, First, Middle Initial) MCCORMICK, K.K.		b. GRADE LT(jg)		c. TITLE ASSISTANT STAFF JUDGE ADVOCATE					
d. ORGANIZATION AND INSTALLATION RTC LEGAL GREAT LAKES, IL 60088-5522		e. SIGNATURE (All copies) 			f. DATE SIGNED (YYMMDD) 990504				

REMARKS (List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion; posture; build; other SSN's used by individual; or other data that may assist in identification. List known facts, e.g., armed and dangerous, drug user, suicidal tendencies, guards are needed, etc.)

POC: LNC S. L. HAWKINS, USN, DSN 792-4791/2, COM (847) 688-4791/2.

INFORMATION

1. AUTHORITY TO APPREHEND.

a. Any civil officer having authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person file, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

(1) Payment for apprehension and detention of absentees until military authorities assume custody, or

(2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these duties, payment will be made jointly or severally, but total payment shall not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by

the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of apprehending, keeping and delivering the absentee. Payment may be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly (telephone or telegraph) with the Deserter Information Point of the military service concerned.

- | | |
|---------------------|---|
| a. US Army. | United States Army Deserter Information Point (USADIP)
Fort Benjamin Harrison, IN 46249-5301
Telephone collect: Area Code (317) 542-3355. |
| b. US Navy. | Commander, Naval Military Personnel Command (NMPC-843)
Washington, DC 20370-5000
Telephone: Area Code (800) 336-4974
(In Va., Call (800) 572-0266) |
| c. US Marine Corps. | Commandant, US Marine Corps Code MPH-57, Washington, DC 20380-0001
Telephone collect: Area Code (202) 694-2180/8526. |
| d. US Air Force. | USAF Manpower Personnel Center
Randolph AFB Base, TX 78150-6001
Telephone collect: Area Code (512) 652-5118/2148. |

Use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
Use only when statement is executed outside the United States, its territories, possessions, and commonwealths.

ENLISTMENT / REENLISTMENT DOCUMENT

ARMED FORCES OF THE UNITED STATES

Privacy Act Statement

AUTHORITY:

5 USC 3331; 32 USC 708; 44 USC 708 and 3101; 10 USC 133, 265, 275, 504, 508, 510, 591, 672(d), 678, 837, 1037, 1071 through 1087, 1168, 1169, 1475 through 1480, 1553, 2107, 2122, 3012, 5031, 8012, 8033, 8496, and 9411; 14 USC 351 and 632; and Executive Order 9397, November 1943 (SSN).

PRINCIPAL PURPOSES:

To record enlistment or reenlistment into the U.S. Armed Forces. This information becomes a part of the subject's military personnel records which are used to document promotion, reassignment, training, medical support, and other personnel management actions. The purpose of soliciting the SSN is for positive identification.

ROUTINE USES:

This form becomes a part of the Service's Enlisted Master File and Field Personnel File. All uses of the form are internal to the relevant Service.

DISCLOSURE:

Voluntary; however, failure to furnish personal identification information may negate the enlistment / reenlistment application.

A. ENLISTEE / REENLISTEE IDENTIFICATION DATA

<p>1. NAME (Last, First, Middle) DANTU IVAN ABNER II</p>	<p>2. SOCIAL SECURITY NUMBER 461-77-6986</p>												
<p>3. HOME OF RECORD (Street, City, State, ZIP Code) 12112 CANOE FRISCO, TX 75035-0000</p>	<p>4. PLACE OF ENLISTMENT / REENLISTMENT (MOS, Installation, City, State) DALLAS MEPS DALLAS, TX 75202-4709</p>												
<p>5. DATE OF ENLISTMENT/REENLISTMENT (YYMMDD) 990129</p>	<p>6. DATE OF BIRTH (YYMMDD) 730614</p>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">7. PREV MIL SVC UPON ENL / REENLIST</th> <th>YEARS</th> <th>MONTHS</th> <th>DAYS</th> </tr> <tr> <td>a. Total Active Military Service</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Total Inactive Military Service</td> <td></td> <td></td> <td></td> </tr> </table>		7. PREV MIL SVC UPON ENL / REENLIST	YEARS	MONTHS	DAYS	a. Total Active Military Service				b. Total Inactive Military Service			
7. PREV MIL SVC UPON ENL / REENLIST	YEARS	MONTHS	DAYS										
a. Total Active Military Service													
b. Total Inactive Military Service													

B. AGREEMENTS

8. I am enlisting / reenlisting in the United States (list branch of service) NAVAL RESERVE
 _____ this date for 8 _____ years and
00 _____ weeks beginning in pay grade E-1 . The additional details of my
 enlistment/ reenlistment are in Section C and Annex(es) A .

a. FOR ENLISTMENT IN A DELAYED ENTRY / ENLISTMENT PROGRAM (DEP):

I understand that I will be ordered to active duty as a Reservist unless I report to the place shown in item 4 above by (list date (YYMMDD)) 0500 990202 for enlistment in the Regular component of the United States (list branch of service) NAVY for not less than 4 years and 00 weeks. My enlistment in the DEP is in a nonpay status. I understand my period of time in the DEP is NOT creditable for pay purposes upon entry into a pay status. However, I also understand that this time is counted toward fulfillment of my military service obligation or commitment. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, and mailing address.

b. Remarks: (If none, so state.) NONE

The agreements in this section and attached annex(es) are all the promises made to me by the Government. **ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED.**

Name of Enlistee / Reenlistee) [Signature]

(Continued on reverse side.)

DD Form 4/1, MAY 88

Previous editions may be used.



2099/146

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

9. FOR ALL ENLISTEES OR REENLISTEES: Many laws, regulations, and military customs will govern my conduct and require me to do things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

- (1) Required to obey all lawful orders and perform all assigned duties.
- (2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.
- (3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.
- (4) Required upon order to serve in combat or other hazardous situations.
- (5) Entitled to receive pay, allowances, and other benefits as provided by law and regulation.

b. Laws and regulations that govern military personnel may change without notice to me. Such changes may affect my status, pay, allowances, benefits, and responsibilities as a member of the Armed Forces REGARDLESS of the provisions of this enlistment / reenlistment document.

c. In the event of war, my enlistment in the Armed Forces continues until six (6) months after the war ends, unless my enlistment is ended sooner by the President of the United States.

10. MILITARY SERVICE OBLIGATION FOR ALL MEMBERS OF THE ACTIVE AND RESERVE COMPONENTS, INCLUDING THE NATIONAL GUARD.

a. FOR ALL ENLISTEES: If this is my initial enlistment, I must serve a total of eight (8) years. Any part of that service not served on active duty must be served in a Reserve Component unless I am sooner discharged.

b. If I am a member of a Reserve Component of an Armed Force at the beginning of a period of war or national emergency declared by Congress, or if I become a member during that period, my military service may be extended without my consent until six (6) months after the end of that period of war.

c. As a member of a Reserve Component, in time of war or national emergency declared by Congress, I may be required to serve on active duty (other than for training) for the entire period of the war or emergency and for six (6) months after its end.

d. As a member of the Ready Reserve I may be required to perform active duty or active duty for training without my consent (other than as provided in item 8 of this document) as follows:

(1) In time of national emergency declared by the President of the United States, I may be ordered to active duty (other than for training) for not more than 24 consecutive months.

(2) I may be ordered to active duty for 24 months, and my enlistment may be extended so I can complete 24 months of active duty, if:

(a) I am not assigned to, or participating satisfactorily in, a unit of the Ready Reserve; and

(b) I have not met my Reserve obligation; and

(c) I have not served on active duty for a total of 24 months.

(3) I may be ordered to perform additional active duty training for not more than 45 days if I have not fulfilled my military service obligation and fail in any year to perform the required training duty satisfactorily. If the failure occurs during the last year of my required membership in the Ready Reserve, my enlistment may be extended until I perform that additional duty, but not for more than six months.

(4) When determined by the President that it is necessary to support any operational mission, I may be ordered to active duty for not more than 90 days if I am a member of the Selected Reserve.

11. FOR ENLISTEES/REENLISTEES IN THE NAVY, MARINE CORPS, OR COAST GUARD:

I understand that if I am serving on a naval vessel in foreign waters, and my enlistment expires, I will be returned to the United States for discharge as soon as possible consistent with my desires. However, if essential to the public interest, I understand that I may be retained on active duty until the vessel returns to the United States. If I am retained under these circumstances, I understand I will be discharged not later than 30 days after my return to the United States; and, that except in time of war, I will be entitled to an increase in basic pay of 25 percent from the date my enlistment expires to the date of my discharge.

12. FOR ALL MALE APPLICANTS:

Completion of this form constitutes registration with the Selective Service System in accordance with the Military Selective Service Act. Incident thereto the Department of Defense may transmit my name, permanent address, military address, Social Security Number, and birthdate to the Selective Service System for recording as evidence of the registration.



NAME OF ENLISTEE / REENLISTEE (Last, First, Middle)

CANTU IVAN ABNER II

MILITARY SECURITY NO OF ENLISTEE / REENLISTEE



461-77-6986

D. CERTIFICATION AND ACCEPTANCE

13a. My acceptance for enlistment is based on the information I have given in my application for enlistment. If any of that information is false or incorrect, this enlistment may be voided or terminated administratively by the Government or I may be tried by a Federal, civilian, or military court and, if found guilty, may be punished.

I CERTIFY THAT I HAVE CAREFULLY READ THIS DOCUMENT. ANY QUESTIONS I HAD WERE EXPLAINED TO MY SATISFACTION. I FULLY UNDERSTAND THAT ONLY THOSE AGREEMENTS IN SECTION B OF THIS DOCUMENT OR RECORDED ON THE ATTACHED ANNEX(ES) WILL BE HONORED. ANY OTHER PROMISES OR GUARANTEES MADE TO ME BY ANYONE ARE WRITTEN BELOW: (If none, X "NONE" and initial.) NONE *Mc* (Initials of enlistee / reenlistee)

SIGNATURE OF ENLISTEE / REENLISTEE

Ivan Abner Cantu

c. DATE SIGNED (YYMMDD)

990129

14. SERVICE REPRESENTATIVE CERTIFICATION

a. On behalf of the United States (list branch of service) NAVY

I accept this applicant for enlistment. I have witnessed the signature in item 13b to this document. I certify that I have explained that only those agreements in Section B of this form and in the attached Annex(es) will be honored, and any other promises made by any person are not effective and will not be honored.

b. NAME (Last, First, Middle)

LAZENBY DEANE P

c. PAY GRADE

E-7

d. UNIT / COMMAND NAME

USNRD DALLAS

e. SIGNATURE

[Signature]

f. DATE SIGNED (YYMMDD)

990129

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

DALLAS

TX 75247

E. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

15. IN THE ARMED FORCES EXCEPT THE NATIONAL GUARD (ARMY OR AIR):

I, IVAN ABNER CANTU II, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

16. IN THE NATIONAL GUARD (ARMY OR AIR):

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the State of _____ against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the Governor of _____ and the orders of the officers appointed over me, according to law and regulations. So help me God.

17. IN THE NATIONAL GUARD (ARMY OR AIR):

I do hereby acknowledge to have voluntarily enlisted/reenlisted this _____ day of _____ in the _____ National Guard and as a Reserve of the United States (list branch of service) _____ with membership in the _____ National Guard of the United States for a period of _____ years, _____ months, _____ days, under the conditions prescribed by law, unless sooner discharged by proper authority.

SIGNATURE OF ENLISTEE / REENLISTEE

Ivan Abner Cantu

b. DATE SIGNED (YYMMDD)

990129

18. ENLISTMENT / REENLISTMENT OFFICER CERTIFICATION

a. The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

b. NAME (Last, First, Middle)

ROBERT ANTONIO ORLANDO

c. PAY GRADE

O-2

d. UNIT / COMMAND NAME

DALLAS MEPS

e. SIGNATURE

[Signature]

f. DATE SIGNED (YYMMDD)

990129

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

DALLAS

TX 75202-4709

DD Form 4/2, MAY 88

Previous editions may be used.



Duplicate Copy

ENLISTEE / REENLISTEE (Last, First, Middle)

SECURITY NO OF ENLISTEE / REENLISTEE



461-77-6986

IVAN ABNER II

F. DISCHARGE FROM DELAYED ENTRY / ENLISTMENT PROGRAM

I request to be discharged from the Delayed Entry / Enlistment Program (DEP) and enlisted in the Regular Component of the United States (list branch of service) NAVY for a period of 4 years and 00 weeks. No changes have been made to my enlistment options OR changes were made they are recorded on Annex(es) NA which replace(s) Annex(es) NA

SIGNATURE OF DELAYED ENTRY / ENLISTMENT PROGRAM ENLISTEE

Ivan Abner Cantu

c. DATE SIGNED (YYMMDD)

990202

G. APPROVAL AND ACCEPTANCE BY SERVICE REPRESENTATIVE

1. SERVICE REPRESENTATIVE CERTIFICATION

This enlistee is discharged from the Reserve Component shown in item 8 and is accepted for enlistment in the Regular Component of the United States (list branch of service) NAVY in pay grade E-1

NAME (Last, First, Middle)

STEVENSON MICHAEL R

c. PAY GRADE

E-6

d. UNIT / COMMAND

USNRD DALLAS

SIGNATURE

Michael R Stevenson

f. DATE SIGNED (YYMMDD)

990202

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

DALLAS TX 75247

H. CONFIRMATION OF ENLISTMENT OR REENLISTMENT

22a. IN A REGULAR COMPONENT OF THE ARMED FORCES:

IVAN ABNER CANTU do solemnly swear (or affirm) that I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I will obey the orders of the President of the United States and the orders of the officers appointed over me, according to regulations and the Uniform Code of Military Justice. So help me God.

SIGNATURE OF ENLISTEE / REENLISTEE

Ivan Abner Cantu

c. DATE SIGNED (YYMMDD)

990202

23. ENLISTMENT OFFICER CERTIFICATION

The above oath was administered, subscribed, and duly sworn to (or affirmed) before me this date.

NAME (Last, First, Middle)

BRENNETT JERALD M

c. PAY GRADE

O-4

d. UNIT / COMMAND NAME

DALLAS MEPS

SIGNATURE

Jerald M Brennett

f. DATE SIGNED (YYMMDD)

990202

g. UNIT / COMMAND ADDRESS (City, State, ZIP Code)

DALLAS TX 75202-4709



ENLISTMENT GUARANTEES

CANTU, IVAN ABNER

461-77-6986

NAME (LAST, FIRST, MIDDLE, JR. ETC.)

SSN

ACKNOWLEDGEMENT: In connection with my enlistment into the United States Navy, I hereby acknowledge that:

a. I am enlisting into the U.S. Navy for an active duty period of FOUR years and, at the same time, I agree to extend my enlistment for 12 months to meet the obligations of the N/A Program. I am enlisting with the following guarantees and understanding:

(1) Upon enlistment, I will be enlisted under the provisions of Commander, Navy Recruiting Command Instruction 1130.8, series, option or options as indicated below:

- Option (1): AM SCHOOL GUARANTEE
- Option (2): ENLISTMENT BONUS: \$3,000.00 GUARANTEE
- Option (3): N/A
- Option (4): N/A

I understand that I must be fully qualified at all times throughout my obligated service for all security, professional, military, physical, psychological and academic requirements of the options guaranteed in section 1a(1) and that my eligibility will be rechecked during recruit training and periodically throughout my enlistment.

The Navy will enroll me in the training specified above. If during the periodic reviews of my eligibility, I am found no longer eligible for the options listed in 1a(1) above because of information I provided in my enlistment application; because of a physical or psychological disqualification, or because of some reason that is not due to my fault, negligence, or conduct, I may only choose one of the following options:

- a. Reassignment to an "A" school for which I am qualified and a vacancy exists, or
- b. Navy Apprentice Training for which I am qualified and a vacancy exists.

In any event, the Navy may, at its option, choose to discharge me.

If I am not enrolled in the training guarantee specified in section 1a(1) above because of some reason that is due to my fault, negligence or conduct or if I am disenrolled from it for any other reason not specified in paragraph 3, then I lose that guarantee and at the Navy's option remain subject to continued naval service. I also understand:

- a. If I am retained, I may be required to serve the rest of my enlistment. If given accelerated advancement, post-apprentice training, or an enlistment/reenlistment bonus, I may incur additional service as required by regulation.
- b. The Navy may, at its option discharge me in accordance with law and regulation.

I certify that I have read and received a copy of the Classifier Rating/Program Fact Sheet for the Rating/Program for which I am enlisting, and the Statement of Understandings required for Option(s) 1,2, - - . I understand the obligations for the Options and training I will receive. (Applicants initials): ME

CLASSIFIER, PNC, USN,
CLASSIFIER

DIRECTOR OF THE CO / 29 JAN 99
Signature of Enlisting Officer/Date

Ivan Abner Cantu / 29 JAN 99
Signature of Enlistee/Date

AGREEMENT TO EXTEND ENLISTMENT

30

NAME: CANTU, IVAN ABNER II SSN: 461-77-6986 BR/CL: USN

Having enlisted in the UNITED STATES NAVY/NAVAL RESERVE on 990202 for 4 years, I do voluntarily agree to (further) extend my enlistment for 12 months, (REASON: SCHOOL ~~XXX~~ OTHER) subject to the provisions and obligations of my enlistment contract. I acknowledge that the provisions of 10 USC 5540 relating to an increase in basic pay do not apply to this agreement. I understand my new contract expiration date to be 040201. This agreement has been fully explained to me, I understand it. I understand that extensions of enlistment totalling 24 months or greater require a physical examination prior to the extension becoming operative. No promises of any kind have been made to me except as indicated:

"TRAINING FIVE-YEAR OBLIGOR PROGRAM FOR RATING PER CURRENT DIRECTIVES. I UNDERSTAND THAT THIS AGREEMENT BECOMES BINDING UPON EXECUTION, AND MAY NOT BE CANCELLED, EXCEPT AS SET FORTH IN MILPERSMAN 1050150."

THIS IS MY FIRST ENLISTMENT
TOTAL AGGREGATE OF EXTENSION: 12

UIC: 62437 STATUS: ACTIVE XXX INACTIVE RATE: AR
COMBAT ZONE: PEBD: 990202 TOTAL AGGREGATE MOS: 12
SHIP OR STATION: NAVCRUITDIST DALLAS, TX
LOCATION OF SHIP OR STATION: DALLAS, TX

SIGNATURE
OF MEMBER

[Signature] [Signature] [Signature]
FIRST MIDDLE LAST

Witnessed and accepted
on behalf of the UNITED STATES NAVY
this 2ND day of FEBRUARY, A.D. 19 99

SIGNATURE
AND GRADE:

[Signature] (N)(S)
(CERTIFYING OFFICER NAME AND RANK)

TITLE: ENLISTED PROCESSOR

CANCELLATION OF EXTENSION TO EXTEND ENLISTMENT

THE EXTENSION IDENTIFIED HEREON FOR MONTHS, IS CANCELLED EFFECTIVE AUTHORITY:

SIGNATURE
AND GRADE:

(CERTIFYING OFFICER NAME AND RANK)

RECORD OF MILITARY PROCESSING - ARMED FORCES OF THE UNITED STATES
 (Before completing this form, read Privacy Act Statement, Warning, and Instructions on back of form.)

Form Approved
 OMB No 0704-0173
 Expires Feb 28, 1996

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0173), Washington, DC 20503.
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO EITHER OF THESE ADDRESSES.

A. SERVICE PROCESSING FOR UNIVY D.N.I.	B. PRIOR SERVICE		(1) DIEUS (YYMMDD) 990129	C. SELECTIVE SERVICE CLASSIFICATION NONE	D. SELECTIVE SERVICE REGISTRATION NO. NA
	YES	<input checked="" type="checkbox"/> NO	(2) DIERC (YYMMDD)		
		NUMBER OF DAYS			

SECTION I - PERSONAL DATA

1. SOCIAL SECURITY NUMBER 41611-177-16986		2. NAME (Last, First, Middle Name (and Maiden, if any), Jr., Sr., etc.) CANTU IVAN ABNER			
3. CURRENT ADDRESS (Street, City, County, State, Country, ZIP Code) 2808 MCKINLEY AVE APT 503 DALLAS DALLAS TX USA 75204		4. HOME OF RECORD ADDRESS (Street, City, County, State, Country) 4808 S...			
5. CITIZENSHIP (X one)		6. SEX	7. a. RACIAL CATEGORY		
<input checked="" type="checkbox"/> a. U.S. AT BIRTH (If this box is marked, also X (1) or (2))	<input checked="" type="checkbox"/> (1) NATIVE BORN	<input checked="" type="checkbox"/> a. MALE	<input checked="" type="checkbox"/> (1) AMERICAN INDIAN/ALASKAN NATIVE		
<input type="checkbox"/> (2) BORN ABROAD OF U.S. PARENT(S)	b. U.S. NATURALIZED	<input type="checkbox"/> b. FEMALE	<input type="checkbox"/> (2) BLACK/NEGRO/AFRICAN AMERICAN		
<input type="checkbox"/> c. U.S. NON-CITIZEN NATIONAL	d. IMMIGRANT ALIEN (Specify)	8. MARITAL STATUS (Specify) UNMARRIED	<input type="checkbox"/> (3) ORIENTAL/ASIAN/PACIFIC ISLANDER		
<input type="checkbox"/> e. NON-IMMIGRANT FOREIGN NATIONAL (Specify)		9. NUMBER OF DEPENDENTS 0	<input type="checkbox"/> (4) WHITE/CAUCASIAN		
			<input type="checkbox"/> (5) OTHER (Specify)		
			7. b. ETHNIC CATEGORY		
			<input checked="" type="checkbox"/> (1) SPANISH/HISPANIC		<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> (2) OTHER (Specify)		
10. DATE OF BIRTH (YYMMDD) 730614	11. RELIGIOUS PREFERENCE (Optional) NO RELIGIOUS PREFERENCE	12. EDUCATION (Yrs / Highest Ed Gr Comp) 12	13. PROFICIENT IN FOREIGN LANGUAGE (If Yes, specify. If No, enter NONE.) NONE		1st NA 2nd NA
14. VALID DRIVER'S LICENSE (X one) (If Yes, list State, number, and expiration date) TX 0189-1126 990614	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	15. PLACE OF BIRTH (City, State and Country) DALLAS TX USA		4808 S...	

SECTION II - EXAMINATION AND ENTRANCE DATA PROCESSING CODES FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SECTION - GO ON TO PAGE 2, QUESTION 23

16. APTITUDE TEST RESULTS																														
a. TEST ID		b. TEST SCORES																												
AFQT PERCENTILE		GS	AR	WK	PC	NO	CS	AS	MK	MC	EI	VE																		
0210		53	15	22	28	12	27	65	18	11	18	49	40																	
17. DEP ENLISTMENT DATA																														
a. DATE OF DEP ENLISTMENT (YYMMDD) 990129	b. PROJ ACTIVE DUTY DATE (YYMMDD) 990202	c. ES 3	d. RECRUITER IDENTIFICATION 0531000004				e. PROGRAM ENLISTED FOR LSA M9 AR	f. T-F MOS AFS	g. WAIVER 000	h. PAY GRADE E																				
18. ACCESSION DATA																														
a. ENLISTMENT DATE (YYMMDD) 990202	b. ACTIVE DUTY SERVICE DATE (YYMMDD) 990202	c. PAY ENTRY DATE (YYMMDD) 990202	d. TOE 4	e. WAIVER HYB	f. PAY GRADE ED1	g. DATE OF GRADE (YYMMDD) 990202	h. ES	i. YRS HIGHEST ED GR COMPL 12L																						
j. RECRUITER IDENTIFICATION 549191846		k. PROGRAM ENLISTED FOR AS AM 9 AR		l. T-F MOS AFS		m. PMOS/AFS		n. YOUTH Y40WY	o. OR W80646																					
19. SERVICE REQUIRED CODES		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25				
		15	4	3	1	3	8					9	9	0	2	0	1	3	2	1	7	1	7	4	0					
		26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50				
		0	2	0	0	0																			0	9				
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
Y	Y	Y	Y	Y	1	X	0	0						0	0	0				C	6	8	1	5	8	B	B	R	N	3
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	
111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	

990202

20. NAME (Last, First, Middle Initial)

CANTU, IVAN A

21. SOCIAL SECURITY NUMBER

461776986

SECTION III - OTHER PERSONAL DATA

22. EDUCATION

a. List all high schools and colleges attended. (List dates in YYYY format.)				(S) GRADUATE	
(1) FROM	(2) TO	(3) NAME OF SCHOOL	(4) LOCATION	YES	NO
89/08	91/05	PLANO SENIOR HIGH	PLANO, TX	X	
87/08	89/05	VINES HIGH SCHOOL	PLANO, TX		X

b. Have you ever been enrolled in ROTC, Junior ROTC, Sea Cadet Program or Civil Air Patrol?

YES NO
NO

23. MARITAL/DEPENDENCY STATUS AND FAMILY DATA (If "Yes," explain in Section VI, "Remarks.")

a. Is anyone dependent upon you for support?

NO

b. Is there any court order or judgment in effect that directs you to provide alimony or support for children?

NO

c. Do you have an immediate relative (father, mother, brother, or sister) who: (1) is now a prisoner of war or is missing in action (MIA); or (2) died or became 100% permanently disabled while serving in the Armed Services?

NO

d. Are you the only living child in your immediate family?

NO

24. PREVIOUS MILITARY SERVICE OR EMPLOYMENT WITH THE US GOVERNMENT (If "Yes," explain in Section VI, "Remarks.")

a. Are you now or have you ever been in any regular or reserve branch of the Armed Forces or in the Army National Guard or Air National Guard?

NO

b. Have you ever been rejected for enlistment, reenlistment, or induction by any branch of the Armed Forces of the United States?

NO

c. Are you now or have you ever been a deserter from any branch of the Armed Forces of the United States?

NO

d. Have you ever been employed by the United States Government?

NO

e. Are you now drawing, or do you have an application pending, or approval for: retired pay, disability allowance, severance pay, or a pension from any agency of the government of the United States?

NO

25. ABILITY TO PERFORM MILITARY DUTIES (If "Yes," explain in Section VI, "Remarks.")

a. Are you now or have you ever been a conscientious objector? (That is, do you have, or have you ever had, a firm, fixed, and sincere objection to participation in war in any form or to the bearing of arms because of religious belief or training?)

NO

b. Have you ever been discharged by any branch of the Armed Forces of the United States for reasons pertaining to being a conscientious objector?

NO

c. Is there anything which would preclude you from performing military duties or participating in military activities whenever necessary (i.e., do you have any personal restrictions or religious practices which would restrict your availability?)

NO

26. DRUG USE AND ABUSE (If "Yes," explain in Section VI, "Remarks.")

Have you ever tried or used or possessed any narcotic (to include heroin or cocaine), depressant (to include quaaludes), stimulant, hallucinogen (to include LSD or PCP), or cannabis (to include marijuana or hashish), or any mind-altering substance (to include glue or paint), or anabolic steroid, except as prescribed by a licensed physician?

NO

SECTION IV - CERTIFICATION

27. CERTIFICATION OF APPLICANT (Your signature in this block must be witnessed by your recruiter.)

I certify that the information given by me in this document is true, complete, and correct to the best of my knowledge and belief. I understand that I am being accepted for enlistment based on the information provided by me in this document: that if any of the information is knowingly false or incorrect, I could be tried in a civilian or military court and could receive a less than honorable discharge which could affect my future employment opportunities.

a. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. SIGNATURE	d. DATE SIGNED (YYMMDD)
CANTU, IVAN A	<i>Ivan Cantu</i>	990111

28. DATA VERIFICATION BY RECRUITER (Enter description of the actual documents used to verify the following items.)

a. NAME (X one)	b. AGE (X one)	c. CITIZENSHIP (X one)
(1) BIRTH CERTIFICATE	(1) BIRTH CERTIFICATE	(1) BIRTH CERTIFICATE
(2) OTHER (Explain)	(2) OTHER (Explain)	(2) OTHER (Explain)
d. SOCIAL SECURITY NUMBER (SSN) (X one)	e. EDUCATION (X one)	f. OTHER DOCUMENTS USED
(1) SSN CARD	(1) DIPLOMA	
(2) OTHER (Explain)	(2) OTHER (Explain)	

28. NAME (Last, First, Middle Initial) **CANTU, IVAN A** 30. SOCIAL SECURITY NUMBER **461 776986**

29. CERTIFICATION OF WITNESS
 a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) CANDELARIA, MARTIN L.	c. PAY GRADE E-4	d. RECRUITER I.D. 549191846	e. SIGNATURE <i>Mark McC...</i>	f. DATE SIGNED (YYMMDD) 990111
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32. SPECIFIC OPTION/PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES
 a. SPECIFIC OPTION/PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service - use clear text English.) **5 YEAR ACTIVE DUTY OBLIGATION/AVIATION STRUCTURAL MECHANIC SCHOOL GUARANTEE/ACTIVE DUTY DATE: 99FEB02/RECRUIT TRAINING COMMAND, GREAT LAKES, IL./ENLISTMENT BONUS: \$3,000.00 GUARANTEE**

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/Reenlistment Document (DD Form 4).
 c. APPLICANT'S INITIALS
MAC

33. CERTIFICATION OF RECRUITER OR ACCEPTOR
 a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) **NAVY** and certify that I have not made any promises or guarantees other than those listed in Item 32 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) LZENBY, D. P.	c. PAY GRADE E7	d. RECRUITER I.D. OR ORGANIZATION 530805598	e. SIGNATURE <i>[Signature]</i>	f. DATE SIGNED (YYMMDD) 990129
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SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY
 a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED
BH	1212 CANAL, FRISCO, COLLIN, TX 75035

d. APPLICANT		e. WITNESS		
(1) SIGNATURE	(2) DATE SIGNED (YYMMDD)	(1) TYPED OR PRINTED NAME	(2) RANK / GRADE	(3) SIGNATURE

SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages if necessary.)

DATE ADMINISTERED ASVAB: **990112**
 VERSION: **02D** GS: **48** AR: **55** WK: **52** PC: **53** NO: **44** CS: **64** AS: **57** MK: **46** MC: **57** EL: **44** VE: **53**
[Signature]
 V. S. POSTICH, PFC, USN 2612 268-66-5687
 ENLISTED CLASSIFIER

DD FORM 1966/4 ATTACHED (X one) YES NO

29. NAME (Last, First, Middle Initial) **CANTU, IVAN A** 30. SOCIAL SECURITY NUMBER **461776986**

31. CERTIFICATION OF WITNESS
 a. I certify that I have witnessed the applicant's signature above and that I have verified the data in the documents required as prescribed by my directives. I further certify that I have not made any promises or guarantees other than those listed and signed by me. I understand my liability to trial by courts-martial under the Uniform Code of Military Justice should I effect or cause to be effected the enlistment of anyone known by me to be ineligible for enlistment.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial) CAJOLLARIA, MARTIN R.	c. PAY GRADE E-4	d. RECRUITER I.D. 549191844	e. SIGNATURE <i>Martin Cajollaria</i>	f. DATE SIGNED (YYMMDD) 990111
--	----------------------------	---------------------------------------	--	--

32. SPECIFIC OPTION / PROGRAM ENLISTED FOR, MILITARY SKILL, OR ASSIGNMENT TO A GEOGRAPHICAL AREA GUARANTEES
 a. SPECIFIC OPTION / PROGRAM ENLISTED FOR (Completed by Guidance Counselor, MEPS Liaison NCO, etc., as specified by sponsoring service - use clear text English.)

b. I fully understand that I will not be guaranteed any specific military skill or assignment to a geographic area except as shown in Item 32.a. above and annexes attached to my Enlistment/ Reenlistment Document (DD Form 4).
 c. APPLICANT'S INITIALS

33. CERTIFICATION OF RECRUITER OR ACCEPTOR
 a. I certify that I have reviewed all information contained in this document and, to the best of my judgment and belief, the applicant fulfills all legal policy requirements for enlistment. I accept him/her for enlistment on behalf of the United States (Enter Branch of Service) _____ and certify that I have not made any promises or guarantees other than those listed in Item 32 above. I further certify that service regulations governing such enlistments have been strictly complied with and any waivers required to effect applicant's enlistment have been secured and are attached to this document.

b. TYPED OR PRINTED NAME (Last, First, Middle Initial)	c. PAY GRADE	d. RECRUITER I.D. OR ORGANIZATION	e. SIGNATURE	f. DATE SIGNED (YYMMDD)
--	--------------	-----------------------------------	--------------	-------------------------

SECTION V - RECERTIFICATION

34. RECERTIFICATION BY APPLICANT AND CORRECTION OF DATA AT THE TIME OF ACTIVE DUTY ENTRY
 a. I have reviewed all information contained in this document this date. That information is still correct and true to the best of my knowledge and belief. If changes were required, the original entry has been marked "See Item 34" and the correct information is provided below.

b. ITEM NUMBER	c. CHANGE REQUIRED

d. APPLICANT		e. WITNESS		
(1) SIGNATURE	(2) DATE SIGNED (YYMMDD)	(1) TYPED OR PRINTED NAME	(2) RANK / GRADE	(3) SIGNATURE

SECTION VI - REMARKS (Specify item(s) being continued by item number. Continue on separate pages if necessary.)

Alcohol cost I EXPERIMENTALLY TRIED MARIJUANA 7/92 1 time.

ENLISTMENT WAIVER APPROVED/DISAPPROVED FOR TWO NON-MINOR MISDEMEANOR (DRIVING WHILE INTOXICATED AND EVADING ARREST).

J. J. Gil
 J. J. GIL, LT, EPO
 BY DIRECTION OF THE CO

2 OF 2 PAGES. DD FORM 1966/4 ATTACHED (X one) YES NO

Type/Print Name of Applicant (Last, First Middle)

CANTU, JUAN ABNER

SSN

461776986

United States Navy Alcohol and Drug Abuse Screening Certificate

Section I - Privacy Act Statement

Authority: The authority to request this information is contained in Sections 504, 505, 510, 511 and 802 of Title 10, United States Code as amended.
Purpose: The information in this document is used to determine your present enlistment and program eligibility. The information provided by you on this document is FOR OFFICIAL USE ONLY and will be maintained in strict confidence in accordance with Federal Law and Regulations.
Retention: The information provided by you will become a permanent part of your SERVICE RECORD. This information constitutes the minimum required to determine your present enlistment and program eligibility. The information provided by you on this document is FOR OFFICIAL USE ONLY and will be maintained and used in strict confidence in accordance with Federal Law and Regulations.
Disclosure: Disclosure is Mandatory or Voluntary and Effect on Individual for Not Providing Information. The information requested is of personal and confidential nature and you do not have to provide such information unless you voluntarily wish to enlist in the Armed Forces of the United States. Failure to answer completely any of the questions or to provide the information requested in a proper form may result in an inability to fairly evaluate your enlistment and program eligibility and subsequent denial for enlistment.

Section II - Definitions

Alcohol Abuse - The use of alcohol to an extent that it has an adverse effect on the user's health or behavior, family, community, the Navy, or leads to unacceptable behavior as evidenced by one or more alcohol induced incidents.
Alcohol/Drug Dependent - Having a psychological and / or physiological reliance on alcohol or drugs resulting from use on a periodic continuing basis.
Alcohol or Drug Related Offense - Any charge resulting in pre-trial intervention / deferment or a conviction, finding, decision, sentence, judgment, or disposition by a court of law, competent jurisdiction, or authorized adjudicative authority other than unconditionally dropped, unconditionally dismissed, or acquitted in which alcohol, drugs, or drug paraphernalia was a factor.
Depressants - Sedative-hypnotic drugs, including barbiturates (Phenobarbital, secobarbital), tranquilizers, benzodiazepines, and methaqualone, capable of inducing varying degrees of behavioral depression. Depending on dose, can have a sedating, tranquilizing, hypnotic (sleep) or anesthetizing effect.
Drug Abuse - Illegal or non-medical use or possession of drugs.
Drug Trafficking or Supplying - The wrongful distribution (including sale or transfer) of a controlled substance for monetary or material gain or profit.
Experimental/Casual Use of Marijuana - The illegal or improper use of marijuana for reasons of curiosity, peer pressure or other similar reasons by an individual who now positively and clearly rejects any further use. Marijuana use for more than a few times for reasons of a deeper and more continuing nature is not considered experimental or casual usage.
Hallucinogens/Psychedelics - A group of heterogeneous compounds such as LSD, Mescaline, Peyote, Psilocybin, Psychedelic amphetamine variants (STP, MDA), phencyclidine (PCP), with the ability to induce visual, auditory, or other hallucinations which separate the individual from reality and can cause disturbances in coherency and perception.
Marijuana - Any intoxicating product of the hemp plant, cannabis (including hashish), or any synthesis thereof.
Narcotic - Any opiates or opiate derivatives, or their synthetic equivalents, including morphine, codeine, heroin, methadone, fentanyl, percodan and demerol.
Stimulant - Widely diverse category made up of central nervous system stimulant drugs, including cocaine, amphetamines, and methamphetamine, that increase the behavioral activity of an individual.

Section III - Drug and Alcohol Usage

Table with 3 columns: Question, Initial Yes, Initial NO. Contains 17 screening questions regarding drug and alcohol use.

I certify that I have completed this certificate honestly of my own free will, without concealing any information.

990111

Date

Applicant Signature

Section IV - Recruiter and Witness Certification

I certify that the above applicant signed this certificate of their own free will after telling me their answers are complete and true.

990111

Date

MARTIN D J CAUDILARIA
Type/Print Recruiter Name

Recruiter Signature

990111

Date

MILLER WARE LEE
Type/Print Witness Name

Witness Signature

NAVCRFLT 1133-63 (REV 2-96)

ANNEX A TO DD FORM 1966 DATE 990111

Print Name of Applicant (Last, First Middle)

CANTU JUAN ABNER

SSN

461776986

V. Pre-Service Alcohol and Drug Abuse Waiver Information

Pre-Service Alcohol and Drug Abuse waiver for enlistment (BEERS):

(Check one) _____ Required _____ Not Required

990111

MARTIN R J CANDELAIA

549191846

Martin R J Candelaia

Type Print Recruiter Name and SSN

Recruiter Signature

(check one) _____ request _____ do not request and individual evaluation for Alcohol and Drug Abuse waiver consideration prior to entering the Delayed Entry Program

990111

JUAN A CANTU

461776986

Juan Abner Cantu

Type Print Applicant Name and SSN

Applicant Signature

(check one) _____ Granted _____ Not granted

BEERS Waiver(s) approved

DEERS Waiver(s) approved

Type Print CO, NAVCRUITDIST Name

CO, NAVCRUITDIST Signature

Type Print CNRC Code 332 Name

CNRC Code 332 Control Number

Additional Documentation:

VI. Enlistment Statement of Understanding

Enlistment in the Navy is prohibited and will not be tolerated. I understand that I must be completely honest in completing this certificate, and that if I am honest and am accepted into the Navy, no punitive action will be taken against me as a result of the information provided in this certificate. I understand that should I conceal alcohol or drug abuse information and it is discovered after my enlistment, punitive action may be taken against me based upon the false statements I have made in this certificate. I understand that urinalysis testing will take place within 72 hours upon my arrival at Recruit Training Command and that if I test positive, I will be discharged based upon fraudulent enlistment. I understand that illegal or improper use or possession of alcohol or drugs could result in administrative separation without an honorable discharge and loss of Veterans Benefits.

Juan Abner Cantu

Date

1/29/99

[Signature]

MEPS Liaison Petty Officer Signature

990129

Date

VII. Applicant's Recertification of Pre-Service Alcohol and Drug Abuse

(to be completed immediately before commencement of active duty in the Regular Navy or Naval Reserve)

MC

I have reread Section VI Enlistment Statement of Understanding and understand that I will receive a drug test within 72 hours of reporting to Recruit Training Command and that a positive test will result in my being processed for a discharge.

I have reread Section III - Drug and Alcohol Usage. I certify that I (check one) _____ have not used illegal drugs or abused alcohol since the date I first certified my drug and alcohol usage in Sections II through IV. I certify that I have completed this certification honestly, of my own free will, and without concealing any information. The following additional information is provided on my abuse of alcohol and illegal drugs since the date I first certified my drug and alcohol usage in Section II through IV:

(check one) _____ request _____ do not request an individual evaluation.

1/2/99

Juan Abner Cantu

Applicant Signature

461-77-6986

SSN

VIII. MEPS Liaison Petty Officer and Witness Certification

990902

BLICKENBY, G.C.

Type Print MEPS Liaison Petty Officer Name

[Signature]

MEPS Liaison Petty Officer Signature

990202

WHITAKER, STILLS G

Type Print Witness Name

[Signature]

Witness Signature

IX. Recertification Alcohol and Drug Abuse Interview/Waiver

(check one) _____ Eligible _____ Not Eligible. Program in which Applicant enlisted (check one) _____ Eligible _____ Not Eligible

Required:

BEERS Waiver(s) approved

DEERS Waiver(s) Approved:

Type Print MEPS Liaison Petty Officer Name SSN

MEPS Liaison Petty Officer Signature

Type Print CO, NAVCRUITDIST Name

CO, NAVCRUITDIST Signature

Type Print CNRC Code 332 Name

CNRC Code 332 Control Number 990129

ANNEX A TO DD FORM 1966 DATED COMNAVCRUITCOMINST 1130 3D

REPORT OF MEDICAL EXAMINATION



1. LAST NAME - FIRST NAME - MIDDLE NAME CANTU, IVAN ABNER II		2. GRADE AND COMPONENT OR POSITION CIVILIAN		3. IDENTIFICATION NO. 461-77-6986	
4. HOME ADDRESS (Number, street or RFD, city or town, State and ZIP Code) 808 MCKINNEY #503 DALLAS, TX 75204-0000 (Dallas)				5. PURPOSE OF EXAMINATION DNR	
6. SEX Male		7. RACE (WHITE, BLACK, AMERICAN INDIAN, ASIATIC/OTHER/UNKNOWN) (None)		8. DATE OF EXAMINATION 12 JAN 99	
9. TOTAL YEARS GOVERNMENT SERVICE None		10. AGENCY DN		11. ORGANIZATION UNIT	
12. DATE OF BIRTH (AGE) 14 JUN 73 (25)		13. PLACE OF BIRTH DALLAS, TX US		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN CANTU, Sylvia (Mother) 412 CANOE FRISCO, TX 75035	
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS DALLAS MEPS 207 S. Houston St. Dallas, TX 75202-4709				16. OTHER INFORMATION (972) 377-7323 (HP)	
17. RATING OR SPECIALTY				TIME IN THIS CAPACITY (Total) LAST SIX MONTHS	

CLINICAL EVALUATION		
NO.	(Check each item in appropriate column, enter "N" if not evaluated.)	ABNOR. MAL
18.	HEAD, FACE, NECK AND SCALP	
19.	NOSE	
20.	SINUSES	
21.	MOUTH AND THROAT	
22.	EARS - GENERAL (See 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	
23.	DRUMS (Perforation)	
24.	EYES - GENERAL (Visual acuity and refraction under items 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100)	
25.	OPHTHALMOSCOPIC	
26.	PUPILS (Equality and reaction)	
27.	OCULAR MOTILITY (Maximal lateral movements, convergence)	
28.	LUNGS AND CHEST (Include breasts)	
29.	HEART (Thrust, size, rhythm, sounds)	
30.	VASCULAR SYSTEM (Varicosities, etc.)	
31.	ABDOMEN AND VISCERA (Include hernia)	
32.	ANUS AND RECTUM (Hemorrhoids, fistulas, prolapse, etc.)	
33.	ENDOCRINE SYSTEM	
34.	GI SYSTEM	
35.	UPPER EXTREMITIES (Strength, range of motion)	
36.	FEET	
37.	LOWER EXTREMITIES (Strength, range of motion)	
38.	SPINE, OTHER MUSCULOSKELETAL	
39.	IDENTIFYING BODY MARKS, SCARS, TATTOOS	
40.	SKIN, LYMPHATICS	
41.	NEUROLOGIC (Equilibrium tests under item 73)	
42.	PSYCHIATRIC (Specify any personality disorders)	
43.	PELVIC (Females only) (Check how bled)	
44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)		

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

39) Scar 1" left eyebrow edge 9 yrs hit side of house truck sutures.

36 FEET

NORMAL ARCH PES CAVUS

asymptomatic

symptomatic

20) Has had on sprain of left face pain & was put on antibiotics and pain. Ears repeat at least one poly on the left side. Also tenderness of the left anterior, with mild joint dysfunction.



Date: Initial:

ITEM 50 OTHER TEST	PLACE SECOND SPECIMEN ID LABEL HERE			
	(VMMDD)			
	FIRST TEST		SECOND TEST	
	RESULTS	CODE	RESULTS	CODE
HIV	N/A	53		
DRUGS				
ALCOHOL				

DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)																		REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES			
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	ACCEPTABLE			
Restorable	Non-restorable	Missing	Replaced by dentures	Fixed partial dentures																	
Restorable	Non-restorable	Missing	Replaced by dentures	Fixed partial dentures																	
Restorable	Non-restorable	Missing	Replaced by dentures	Fixed partial dentures																	
22	21	20	19	18	17	16	15	14	13	12	11	10	9	8	7	6	5	NOT ACCEPTABLE			
Restorable	Non-restorable	Missing	Replaced by dentures	Fixed partial dentures																	
Restorable	Non-restorable	Missing	Replaced by dentures	Fixed partial dentures																	
Restorable	Non-restorable	Missing	Replaced by dentures	Fixed partial dentures																	

45. ANALYSIS: A. SPECIFIC GRAVITY		D. MICROSCOPIC		46. CHEST X-RAY (Place, date, film number and result)	
B. URIC ACID - REAGENT STRIP		48. EXG		PLACE AS IN ITEM 16; FILM NO.	
C. BUN - REAGENT STRIP		49. BLOOD TYPE AND RH FACTOR		DATE	
E. URIC ACID (Specify test used and result)		50. OTHER TESTS		RESULT	
		50. OTHER TESTS		HIV ANTIBODY: ELISA WESTERN BLOT	
		50. OTHER TESTS		URINE HCG:	



MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 67	52. WEIGHT 158	53. COLOR HAIR Brown	54. COLOR EYES Brown	55. BUILD: <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBESE	56. TEMPERATURE HIV AB CODE:
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BLOOD PRESSURE (Arm at heart level)				58. PULSE (Arm at heart level)						
A. SITTING	SYS. 130 DIAS. 85	B. RECUM-BENT	SYS. DIAS.	C. STANDING (3 min.)	SYS. DIAS.	A. SITTING 71	B. AFTER EXERCISE	C. 2 MIN. AFTER	D. RECUMBENT	E. AFTER STANDING 3 MIN.

D. DISTANT VISION				60. AUTO REFRACTION				61. NEAR VISION			
RIGHT 20/	100	CORR TO 20/	25	BY	-0.25 -0.25	CX	120	RIGHT 20/	30	CORR TO 20/	BY
LEFT 20/	600	CORR TO 20/	40	BY	+0.00 S 0.50	CX	069	LEFT 20/	30	CORR TO 20/	BY

62. METROPHORIA (Specify distance)	ES°	EX°	R.H.	L.H.	PRISM DIV.	PRISM CONV CT	PC	PD
------------------------------------	-----	-----	------	------	------------	---------------	----	----

63. ACCOMMODATION		64. COLOR VISION (Test used and result)				65. DEPTH PERCEPTION (Test used and score) AFVT		UNCORRECTED	
RIGHT	LEFT	PIP PASSED 9 /14						CORRECTED	
64. FIELD OF VISION		67. NIGHT VISION (Test used and score)				68. RED LENS TEST		69. INTRAOCULAR TENSION	

70. HEARING		71. AUDIOMETER							72. PSYCHOLOGICAL AND PSYCHOMOTOR (Test used and score) FOR MEPS USE ONLY				
RIGHT WV	/15 SV	/15	500	1000	2000	3000	4000	6000	WKID	DATE	INITIAL		
			512	1024	2048	2896	4096	6144					
LEFT WV	/15 SV	/15	10	10	10	5	0	15	8 R	14 JAN 99	JA		
			10	0	0	0	0	20	7 R	02 FEB 1999	AB		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY ITEM 64:		PHYSICAL INSPECTION DATE		HT	WT	%BF	HGG	QUAL	DISQ	PHYSICIAN'S SIGNATURE	
REDUCED (ARMY ONLY) 4 JAN 1999 letter by patient: No gross evidence of a sinus infection or sinus polyps. No change.		02 FEB 1999		67 1/2	158					TRONG Q. PHAM, MD, CNQ	

Medical waiver recommended by BUMED and approved by CNRC letter dated: 990128

76. Mild new planus, asx (Use additional sheets if necessary) MAX: 122

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)		THIS EXAMINATION HAS BEEN ADMINISTRATIVELY REVIEWED FOR COMPLETENESS AND ACCURACY	
<p>79 Has at least one polyp left nose</p> <p>80 Has rhinorrhea anteriorly on the left anterior and frontal</p>		<p>SIGNATURE: [Signature]</p> <p>GRADE: [Blank]</p> <p>DATE: 14 JAN 1999</p>	

75. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)		76. A. PHYSICAL PROFILE													
<p>Forward for waiver determination</p> <p>Private doctor for polyp/sinusitis</p>		<table border="1"> <tr> <td>P</td> <td>U</td> <td>L</td> <td>H</td> <td>E</td> <td>S</td> </tr> <tr> <td>3</td> <td>1</td> <td>1</td> <td>1</td> <td>2</td> <td>1</td> </tr> </table>		P	U	L	H	E	S	3	1	1	1	2	1
P	U	L	H	E	S										
3	1	1	1	2	1										
<p>APPLICANT HAS BEEN ADVISED OF HIS/HER DISQUALIFYING CONDITION</p> <p>SIGNATURE: [Signature]</p> <p>DATE: 99</p>		<p>B. PHYSICAL CATEGORY</p> <p>X</p> <p>0</p>													


77. UNQUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER			
20			

78. PRINTED NAME OF PHYSICIAN		SIGNATURE	
B.K. Gallick MD.		B.K. Gallick MD.	
79. PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)		SIGNATURE	
80. PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY		SIGNATURE	
12 JAN 1999 TRONG Q. PHAM, MD, CNQ		TRONG Q. PHAM	
STANDARD FORM 88		NUMBER OF ATTACHED SHEETS	



REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME -- FIRST NAME -- MIDDLE NAME CANTU, IVAN ABNER II		2. SOCIAL SECURITY OR IDENTIFICATION NO. 481-77-8886 	
3. HOME ADDRESS (No. street or RFD, city or town, State and ZIP CODE) 2808 MCKINNEY #503 DALLAS, TX 75204-0000 (Dallas)		4. POSITION (title, grade, component) CIVILIAN	
5. PURPOSE OF EXAMINATION <input checked="" type="radio"/> ENLISTMENT <input type="radio"/> COMMISSION <input type="radio"/> RESERVE <input type="radio"/> ARMY <input type="radio"/> AIR FORCE <input type="radio"/> COAST GUARD <input checked="" type="radio"/> NAVY <input type="radio"/> MARINE CORPS <input type="radio"/> NATIONAL GUARD	6. DATE OF EXAMINATION 12 JAN 99		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code) Dallas Maps 287 S. Houston St. Dallas, TX 75282-4789

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists)

PRESENT HEALTH: **Good**

CURRENT MEDICATIONS: **Tylenol, B-12, Vitamins, DAYPRO, TAVIST D, Vicks 44**

ALLERGIES (including to insect bites/stings and to common foods): **No Known Allergies**

9. HAVE YOU EVER (Please check each item)		10. DO YOU (Please check each item)	
YES	NO	YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lived with anyone who had tuberculosis		Wear glasses or contact lenses	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coughed up blood		Have vision in both eyes	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Bled excessively after injury or tooth extraction		Wear a hearing aid	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Attempted suicide		Stutter or stammer habitually	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Been a sleepwalker		Wear a brace or back support	

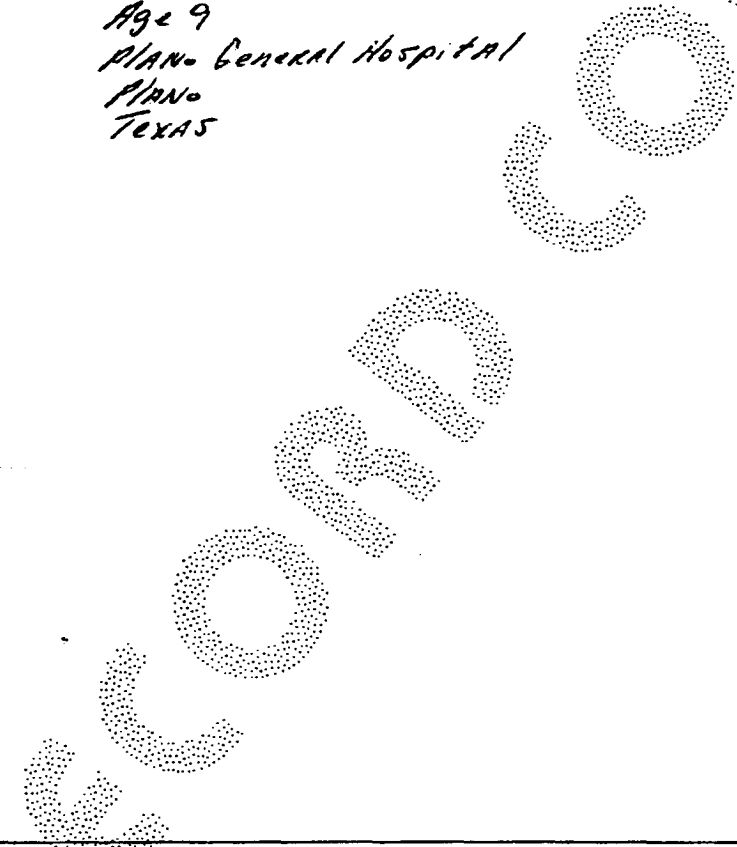
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)								
YES	NO	DON'T KNOW	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Scarlet fever, erysipelas			Cramps in your legs			"Trick" or locked knee		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever			Frequent indigestion			Foot trouble		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swollen or painful joints			Stomach, liver, or intestinal trouble			Neuritis		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Frequent or severe headache			Gall bladder trouble or gallstones			Paralysis (include infantile)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dizziness or fainting spells			Jaundice or hepatitis			Epilepsy or fits		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eye trouble			Adverse reaction to serum, drug or medicine			Car, train, sea or air sickness		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ear, nose, or throat trouble			Broken bones			Frequent trouble sleeping		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing loss			Tumor, growth, cyst, cancer			Depression or excessive worry		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic or frequent colds			Rupture/hemias			Loss of memory or amnesia		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Severe tooth or gum trouble			Piles or rectal diseases			Nervous trouble of any sort		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sinusitis			Frequent or painful urination			Periods of unconsciousness		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hay Fever			Bed wetting since age 12					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Head injury			Kidney stone or blood in urine					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Skin diseases			Sugar or albumin in urine					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thyroid trouble or goiter			VD -- Syphilis, gonorrhea, etc.					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tuberculosis			Recent gain or loss of weight					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Asthma			Arthritis, Rheumatism, or Bursitis					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shortness of breath			Bone, joint or other deformity					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pain or pressure in chest			Lameness					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic cough			Loss of finger or toe					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Palpitation or pounding heart			Painful or "trick" shoulder or elbow					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heart trouble or murmur			Recurrent back pain					
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
High or low blood pressure								

13. WHAT IS YOUR USUAL OCCUPATION? Loan Officer	14. ARE YOU (check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed
---	--



YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
		15. Have you been refused employment or been unable to hold a job or stay in school because of:
	✓	A. Sensitivity to chemicals, dust, sunlight, etc.
	✓	B. Inability to perform certain motions.
	✓	C. Inability to assume certain positions.
	✓	D. Other medical reasons (If yes, give reasons.)
	✓	16. Have you ever been treated for a mental condition? (If yes, specify when, where, and give details.)
	✓	17. Have you ever been denied life insurance? (If yes, state reason and give details.)
	✓	18. Have you ever had, or have you been advised to have, any operations? (If yes, describe and give age at which occurred.)
	✓	19. Have you ever been a patient in any type of hospitals? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)
✓		20. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)
	✓	21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)
	✓	22. Have you ever been rejected for military service because of physical, mental, or other reasons? (If yes, give date and reason for rejection.)
	✓	23. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)
	✓	24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and what amount, when, why.)

20. 5 stitches Above left eye.
Age 9
PLAN - General Hospital
PLANO TEXAS



I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE: IVAN ABNER CANTU II
SIGNATURE: *Ivan Abner Cantu*

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)

8. Nothing "over" a cold, still has slight cough, & using prescription of Daypro and also ibuprofen.

QUESTIONING REVEALS	YES	NO	DETAILS
MARIJUANA USE	✓	✗	once Jul 92 <i>In 1994 once, not again</i>
OTHER DRUG ABUSE		✓	
ALCOHOL ABUSE	✓	✗	DWI once Apr 96 97 possession of cocaine charge same time } charges dismissed.

DATE: 1/12/99
SIGNATURE: *B. H. Yolkick M.D.*

JAN 29 1999
JAN 28 1999

/FC38/

DCN: 920400240P

kw: 22022080013

T: D10 COURT MEMORANDUM

COURT MEMORANDUM NAVPERS 1070/607

CANTU IVAN ABNER II SSN: 461-77-6986 RATE ABBR: AR BR/CL: USN
30646 EVENT DATE: 99JUL23 DATE OF REFERRAL: TYPE OF COURT: NJP
OF COURT/MAST: 99JUL21 UCMJ ARTICLES: 086
OF ACTION: 99JUL21 TYPE OF ACTION: INITIAL
OF PREVIOUS NAVPERS 1070/607: REF-ECN:

ADJUSTMENT FROM: RATE ADJUSTMENT TO: TIR:

FEITURE AMOUNT: 207.00 NO MONTHS: 001 FINE AMOUNT:
CKAGE: CHECKAGE AMOUNT: NO MONTHS CHECKAGE:

ERTION MARK REMOVED: ADJUDICATION:

-TRIAL CONFINEMENT: DAYS LOST TIME:
M: TO: 30 DAY BASIS: DAY FOR DAY:

FINEMENT ORDERED AND COMPLETED: DAYS LOST TIME:
M: TO: 30 DAY BASIS: DAY FOR DAY:

OPSIS OF OFFENSE(S), DATE(S) AND SENTENCE:
ENSE VUCMJ ART 86: SPEC: ON OR ABT 28MAR99, W/O AUTH, ABSENT HIMSELF FM HIS
, TO WIT: RTC, GLKS, IL, AND DID REMAIN SO ABSENT UNTIL ON OR ABT 12JUL99.
ISHMENT AWARD: FORF: 207.00 PPM X 1 MO, 14/14 DAYS REST TO RTC/EXTRA DUTIES.

TE IDENTIFICATION AND RESUME OF CONVENING, SUPERVISORY, OR OTHER AUTHORITY
CLUDING ACTION UNDER ARTICLES 65, 66, 67, 69, 72, 73, 74 OR 15(D) OR (E), UCMJ
LSO ANY APPEAL):

TH-TYPE-DATE: AUTHORITY TYPE:

THORIZING OFFICER'S NAME AND GRADE: S.R. MOLLEDA, PN1, USN

(Signature)
SIGNATURE BY DIRECTION
NAV PERS 1070/607

TITLE: LPO ORD WRITING BYDIR