

I Murat Ocak who resides at 5720 NE 22nd Way apt 426 FT. Lauderdale FL 33308 Confirm the following:

I Murat Ocak have no legal agreement or court proceedings pending under any law legislation. There are no custody courts involved at all. We have no property ownerships together. I have Financially helped Sharon Degnan since she is the sole Mother raising Liam Ocak our son since birth. We do not have courts involved at all in USA or Ireland as we can adult for the sake of our son. We always agree on our terms to arrange our visits as we both share the visit together as parents. I Murat Ocak will financially give Sharon Degnan 1,600 US dollars monthly to provide for them in Ireland. My son Liam Ocak is a citizen to Ireland and USA he has attended Lahinch primary school in Lahinch Ireland in 2023. Sharon Degnan was not married to me when our son was born. Sharon Degnan has provided a copy of the divorce paper from United States on August 16, 2011. I am fully aware Sharon Degnan the mother of Liam Ocak DOB: [REDACTED] USA [REDACTED] will be raising her son in Ireland as she is also a citizen of Ireland.

I Murat Ocak and Sharon Degnan swear and before the below witness the above is true and agree to the terms stated below:

Sharon Degnan [REDACTED] FL drivers license [REDACTED] USA Passport [REDACTED]

[Signature] Date: 5/14/2024 May Twentieth 2024

Murat Ocak DC [REDACTED] FL drivers license [REDACTED] USA Passport id# [REDACTED]

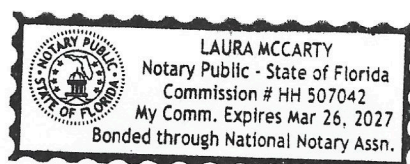
[Signature] Date: 05/14/2024

I am aware that anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

Sworn to me before me this 14 day of May, 2024 and have both produced USA Passports for identification.

[Signature] Notary Public, Commission No. HH 507042

My Commission Expires: 3/26/27



CHARLOTTE COUNTY HEALTH DEPARTMENT FACE SHEET

Dental

Name : OCAK, LIAM ONUR (SINGLE) SSN [REDACTED] DOI [REDACTED]
 Family Id : [REDACTED] Client Status : ACTIVE
 Race : WHITE Gender : MALE
 Cntry Origin : Hispanic : NO
 HIPAA Sig/Date : Yes - 02/14/2024 Language : ENGLISH
 Street Addr : 169 FAIRWAY RD ROTONDA WEST 33947-2019 CHARLOTTE
 Mail Addr : 169 FAIRWAY RD ROTONDA WEST 33947-2019 CHARLOTTE
 Phone # : [REDACTED] HOME Registration Date : 01/30/2024
 Medical Rec # : [REDACTED] Location : PORT CHARLOTTE

Migrant :
 Marital Status :
 Billing Consent/Date : Yes / 02/14/2024
 Advance Directive :
 Adv Dir Status :

Head of Household agrees to the Family Sliding Fee Scale at 100%, in lieu of providing Financial Information.

Family Financials have not been updated

FAMILY MEMBER INFORMATION

DEGNAN, SHARON

03/19/1971

FEMALE

HEAD OF HOUSEHOLD

XXX-XX-XX

FINANCIAL INFORMATION

First Ins : MOLINA Coverage dates 01/30/2024 To
 Other Ins : MCNA - MANAGED CARE OF NORTH AMERICA Coverage dates 01/30/2024 To
 Medicaid # : 9-11-2003 Coverage dates 01/30/2024 To

Resp. Party : DEGNAN, SHARON
 Address : 169 FAIRWAY RD
 City : ROTONDA WEST
 Phone # : (919) 487-0000 CELL

State : FL

Family Size : 2
 Net Yearly Income : \$ 0.00(yr)
 Empl Deduction : \$ 0.00
 # of Children in Childcare : 0
 # of Children receiving Child Support : 0
 Child Support Expense : \$ 0
 Sliding Fee Scale : 100%
 FP Sliding Fee Scale : 100%
 BPL : 0%

Wage Earners : 0
 \$ 0.00(mth)

Yearly Gross : \$ 0.00

Deduction : \$ 0

Deduction : \$ 0

Date last determined : 01/30/2024
 Date last determined : 01/30/2024

NO HOUSEHOLD DATA

In lieu of Family Financial Information the client or payor is responsible for the entire bill of service.

I CERTIFY THAT THE ABOVE INFORMATION IS A TRUE AND COMPLETE STATEMENT OF MY FINANCIAL SITUATION TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE INFORMATION I HAVE GIVEN IS SUBJECT TO VERIFICATION BY THE DEPARTMENT OF HEALTH AND EVERY EFFORT WILL BE MADE TO KEEP MY INFORMATION PRIVATE AND CONFIDENTIAL. I ALSO UNDERSTAND THAT I MAY REQUEST A REVIEW OF THE CHARGE(S) IF I FEEL IT IS INACCURATE. FOR FAMILY PLANNING AND COMMUNICABLE DISEASE SERVICES, I UNDERSTAND THAT I WILL NOT BE DENIED SERVICE(S) BECAUSE OF INABILITY TO PAY.

Signature _____
 (client/parent/guardian)

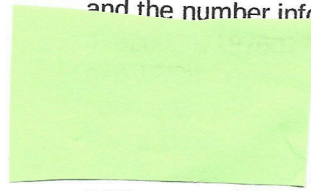
Date: 2/14/2024
 Date Printed: Feb 14, 2024

Re: Have a good night

sharon degnan <sharonandliam88@gmail.com>
To: Murat <mrtock1973@gmail.com>

3 January 2024 at 20:22

and the number information is the following



Given phone

CORRECT?

Liams waiting

On Wed, 3 Jan 2024 at 20:16, sharon degnan <sharonandliam88@gmail.com> wrote:
Hey Murat just to reconfirm

the credit card you said on speaker phone we can use is the following

and the correct address
Murat Ocak
510 Givens rd.
Sarasota, FL 34242

? → add = he lied
Recorded

Correct?

Sha

On Wed, 3 Jan 2024 at 17:56, Murat <mrtock1973@gmail.com> wrote:
I hope you and Liam will have a wonderful night ..

Murat

Murat
That's Reply

NO
ditk
add.





GCGM03-92023231163339


only
I took
photo
at
photograph

İKAMET İZNİ KISA DÖNEM KAYIT FORMU

~~Declaration for Short Term Residence Permit Registration Form~~

İŞBU BELGE PASAPORT YA DA PASAPORT YERİNE GEÇEN SEYAHAT BELGESİ OLMAKSIZIN TEK BAŞINA KULLANILAMAZ
THIS DOCUMENT CANNOT BE USED ALONE WITHOUT A PASSPORT OR A TRAVEL DOCUMENT THAT IS A PASSPORT SUBSTITUTE

Kayıt Tarihi (Date of Registration)	04.09.2023	Kayıt Numarası (Registration Number)	2023-23-1163339
Başvuru Türü (Type of Application)	İlk Başvuru	Randevu Yeri (Place of Appointment)	İZMİR İL GÖÇ İDARESİ MÜDÜRLÜĞÜ
Başvurulan İkamet İzni Türü (Applied Residence Permit Type)	KISA DÖNEM	Randevu Tarihi (Date of Appointment)	04.10.2023 15:30
Kalış Nedeni (Purpose of Stay)	Turizm amaçlı kalacaklar	Reported & Cancelled email	
Talep Edilen İzin Başlangıç Tarihi (Requested Start Date)	4 / 9 / 2023	Talep Edilen Bitiş Tarihi (Requested End Date)	4 / 9 / 2024



KİŞİ BİLGİLERİ (Personal Information)			
Uyruk Kimlik No Foreign ID Number	XXXXXXXXXX	Uyruğu Nationality	Amerika Birleşik Devletleri
Soyadı Surname	DEGNAN	Diğer Uyruğu Other Citizenship	
Adı Name	SHARON ANN	Doğumdaki Uyruğu Nationality in Born	
Önceki Soyadı Previous Surname		Doğum Yeri Place of Birth	
Baba Adı Father's Name	RICHARD	Doğum Yeri Ülkesi Born Country	Amerika Birleşik Devletleri
Anne Adı Mother's Name	MARY	Cinsiyeti Gender	Kadın
Yabancı Kimlik No Foreigner ID Number		Medeni Hali Marital Status	Boşanmış
Kan Grubu Blood Group		Doğum Tarihi Date of Birth	19 / 3 / 1971
Özel İhtiyaç Durumu Special Need Status		Biyometrik Fotoğraf Özelliklerini Sağlayamıyorum (I Do Not Meet Biometric Photo Specifications)	
UETS Adresi UETS Address			

SEYAHAT BELGESİ BİLGİLERİ (Travel Document Information)			
Belge Türü Type of Document	Umuma Mahsus Pasaport	Belge No Number of Document	668750941
Düzenleme Tarihi / Geçerlilik Tarihi Date of Issue / Date of Validity	7.7.2021 / 6.7.2031	Veren Ülke / Makam Granting Country / Authority	Amerika Birleşik Devletleri / UNITED STATES DEPARTMENT OF STATE

HARÇ BİLGİLERİ (Fees Information)			
Harç Bedeli (Fee Amount)	2275.15 TL	İkamet İzin Belgesi Bedeli (Residence Permit Document Fee)	356.00 TL
Tek Giriş Vize Harç Bedeli (One Time Entry Fee Amount)	-	Cezalı İkamet İznı (Penal Residence Permit)	-

TAHAKKUK ÖDEME BİLGİLERİ (Accrue Payment Informations)	
Tahakkuk No Accrue No	2631.000 TL 10770
GİB Ödeme Tutarı GIB Payment Amount	2631.15 TL

RANDEVU YERİ İLETİŞİM BİLGİLERİ (Contact Informations of Place of Appointment)			
Adres (Address)	İZMİR İL GÖÇ İDARESİ MÜDÜRLÜĞÜ KEMERALTI MAHALLESİ 855 SOKAK NO:40/A KONAK / İZMİR		
Telefon Numarası (Phone Number)	0 232 402 44 62	Fax Numarası (Fax Number)	0 232 484 32 70
E-Posta (E-Mail)	izmir@goc.gov.tr		

HUKUKİ SORUMLULUK (Civil Liability)

Yukarıda beyan ettiğim bilgilerimin doğruluğunu, yalancayanda bulunduğum takdirde 5237 sayılı Türk Ceza Kanunu'nun 206. maddesi uyarınca işlem yapılacağından, ikamet izni başvurumun reddedileceğinden, ikamet izni verilmişse iptal edileceğinden ve sınır dışı işlemlerinin başlatılacağından bilgilim olduğunu kabul ederim. 6698 sayılı Kişisel Verilerin Korunması Kanunu kapsamında kişisel bilgilerimin işlenmesine açık rızam vardır. I hereby confirm the information mentioned above, and I am aware that if I give a false statement legal procedures will be implemented to me according to the Article 206 of Turkish Criminal Code Law No. 5237, my residence permit application will be considered invalid, will be cancelled if it has been given and removal decision process will be started. I accept the processing of my personal information. I give my express consent to the processing of my personal information within the scope of the Law on the Protection of Personal Data No. 6698

<p>FORMA İLİŞKİN AÇIKLAMALAR (Information about the Application Form)</p> <p>1. Bu form, hamilinin ikamet izni başvurusu yaptığına delil oluşturur ve başkaları tarafından kullanılamaz. / This form shows that the holder has made a residence application and this form cannot be used by others.</p> <p>2. Randevu gün ve saatine kadar ilk sayfaları taşımasını yeterlidir. / It is required to carry the first page with you until the appointment date and time.</p> <p>3. Randevu gün ve saatine işlek inzual başvuru formu (tüm sayfalar) ile istenen belgeleri eksiksiz olarak il göç idaresi müdürlüğüne getirilmesi gerekmektedir. / It is required to submit the application form (all pages) with original signature together with all required documents to Provincial Directorate of Migration Management on the appointment date and time.</p> <p>4. Bu form "ikamet izni müracaat belgesi" yerine geçmez. Ülkedeki giriş ve çıkış hakkı vermez. / This form does not substitute for "residence permit application document". This also does not give the right to enter into Turkey or exit from Turkey.</p> <p>5. Lütfen bu formu bulmanız halinde en yakın il göç idaresi müdürlüğüne teslim ediniz. / If you find this form, please submit it to the nearest Provincial Directorate of Migration Management</p>

İmza
Signature

Bu belgenin doğruluğu <https://www.turkiye.gov.tr/belge-dogrulama> adresinden Barkod: GCGM03-92023231163339, Referans No: 11860485 ile

ve va

[illegible]

I was not

İKAMET İZNİ KISA DÖNEM KAYIT FORMU
Declaration for Short Term Residence Permit Registration Form

İŞBU BELGE PASAPORT YA DA PASAPORT YERİNE GEÇEN SEYAHAT BELGESİ OLMAKSIZIN TEK BAŞINA KULLANILAMAZ
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TÜRKİYE'DE KALACAKI ANA ADRES VE İLETİŞİM BİLGİLERİ (Information on Main Address/Contact in Turkey)			
Adres Address	ATAKENT MAH. 2034 SK. EFES 2 NO: 10 İÇ KAPI NO: 2 KARŞIYAKA / İZMİR	Telefon 1 Phone 1	5324071387
Taşınma Tarihi Moving Date	1.7.2023	E Posta E Mail	mrtok1973@gmail.com

Not my # * Not my email

GELİR BİLGİLERİ (Information on Income)			
Gelir Bilgileri Information on Income	NAÜ'nin 2-3 katı arası	Gelir Kaynağı Source of Income	AİLE
Formasyon Mesleği Current Occupation	Sağlık hizmetleri yardımcıları		
SİGORTA BİLGİLERİ (Information on Insurance)			
Sağlık Sigortası Türü Type of Health Insurance	Özel Sağlık Sigortası	Sigorta Şirketi Insurance Company	SOMPO JAPAN SİGORTA A.Ş.
Sağlık Sigortası Geçerlilik Tarihi Validity Date of Health Insurance	4.9.2024	Police no Policy Number	805000001955284

İSTENEN BELGELER (ORTAK)

1. İkamet izni başvuru formu (Yabancı ve/veya yasal temsilcisi tarafından imzalanmalıdır)
2. Pasaport veya pasaport yerine geçen belgenin fotokopisi (Kimlik bilgileri ve fotoğrafın bulunduğu sayfa ile giriş-çıkış ve vize bilgilerini gösterir işlem gören sayfalar) (Belgenin aslı randevu gününde yanınızda bulunmalıdır)
3. Dört (4) adet biyometrik fotoğraf (Son 6 ay içinde çekilmiş, fonu beyaz ve biyometrik olmalıdır.)
4. Kalınacak sürede yeterli ve düzenli maddi imkânâna sahip olduğuna dair beyan (Başvuru Formunda beyan edilir. İdare başvurudan destekleyici belge isteyebilir.)
5. İkamet harcı ve kart bedelinin ödendiğini gösterir belgeler/makbuzlar.
6. Geçerli sağlık sigortası (Sigorta süresi, istenilen ikamet izni süresini kapsamalıdır. Aşağıdakilerden biri yeterli sayılır):
 - o İkili sosyal güvenlik sözleşmeleri kapsamında Türkiye'de sağlık hizmetlerinden faydalanıldığına dair il sosyal güvenlik birimlerinden alınan e-imzalı/imzalı ve kaşeli/mühürlü belge
 - o Sosyal Güvenlik Kurumundan alınmış e-imzalı/imzalı ve kaşeli/mühürlü provizyon belgesi (SGK'dan getirilecek provizyon belgeleri aile ikamet izinlerinde hem destekleyici, hem de aile bireylerini kapsayacak biçimde olmalıdır.)
 - o Sosyal Güvenlik Kurumuna genel sağlık sigortalısı olmak için yapılan başvuruya dair e-imzalı/imzalı ve kaşeli/mühürlü belge
 - o Özel sağlık sigortası (Lütfen başvuru sırasında sigorta poliçenizin imzalı ve kaşeli/mühürlü aslını ibraz ediniz)
7. Adres Kayıt Sistemine kayıtlı olduğunu gösteren belge (Adres kayıt sistemine kayıtlı olunması halinde)
 - o İl/ilçe nüfus müdürlüklerinden alınacak e-imzalı/imzalı ve kaşeli/mühürlü veya e-devlet sisteminden (www.turkiye.gov.tr) alınacak "Yerleşim Yeri Belgesi"
8. Kalınacak Yeri Gösterir Belge (Aşağıdakilerden biri yeterli sayılır):
 - o Kendi evinizde kalıyorsanız, tapu fotokopisi; (Uzatma başvurularında "yerleşim yeri belgesi" yeterlidir.)
 - o Kira sözleşmesi ile kalıyorsanız, kira sözleşmenizin noter onaylı örneği;
 - o Otel vb. konaklama yerlerinde kalıyorsanız, bu yerlerde kaldığınıza dair belgeler;
 - o Öğrenci yurtlarında kalıyorsanız, yurtta kaldığınıza dair e-imzalı/imzalı ve mühürlü/kaşeli belge;
 - o Üçüncü kişinin yanında kalıyorsanız, yanında kalınan kişinin noter onaylı taahhüdü (yanında kalınan kişinin evli olması halinde ayrıca eşinin de noter onaylı taahhüdü)

KISA DÖNEM İKAMET İZNİ KALİŞ NEDENLERİNE GÖRE BELGELER

Turizm amaçlı kalacaklar
İdarenin talebi halinde seyahat planı ve konaklama yerine ilişkin bilgi veya belge
Aile ikamet izni şartlarının taşınmaması nedeniyle kısa dönem ikamet izni talep edilmesi halinde; evlilik cüzdanı veya evli olduğunu kanıtlayan onaylı belgenin (bilgileri içeren sayfaların, genelde ilk 3 sayfa) fotokopisi istenir. (Belgenin aslı randevu gününde yanınızda bulunmalıdır.)
(Türk makamlarından (İl/ilçe Nüfus Müdürlüklerinden de alınabilir) alınmış e-imzalı/imzalı ve mühürlü/kaşeli olmalı, yurt dışından temin edilmesi halinde noter onaylı Türkçe tercümesi ve Apostille şerhi olması gerekmektedir. Apostille anlaşmasına taraf olmayan ülke vatandaşı olunması veya taraf olursa dahi belgede Apostille şerhi olmaması halinde söz konusu belgelerin ilgili ülke makamları tarafından onaylanması (konsolosluk/elçilik onayı ve Dışişleri Bakanlığı/bu konuda yetkilendirilmiş Türk Makamları) gerekmektedir.)

AÇIKLAMALAR

- o Çocuklar için,
 - Pasaport veya pasaport yerine geçen belgeden ya da ulusal kimlik kartlarından anne ve baba tespit edilemiyorsa, onaylı doğum belgesi istenir.
 - Anne veya babadan birisinin bulunmaması durumlarında onaylı muvafakatname istenir. (Ebeveynlerden birinin ölümü halinde diğer eş onaylı ölüm belgesi ibraz etmelidir)
 - Boşanma halinde çocuğun onaylı velayet belgesi istenir.
- (Bu belgeler Türk makamlarından alınmış e-imzalı/imzalı ve kaşeli/mühürlü olmalı, yurt dışından temin edilmişse Apostille şerhli ve Türkçe tercümesinin noter onaylı olması gerekmektedir. Apostille anlaşmasına taraf olmayan ülke vatandaşı olunması veya taraf olursa dahi belgede Apostille şerhi olmaması halinde söz konusu belgelerin ilgili ülke makamları tarafından onaylanması (konsolosluk/elçilik onayı ve Dışişleri Bakanlığı/bu konuda yetkilendirilmiş Türk Makamları) gerekmektedir.)
- Şahsın on sekiz yaşından küçük olması durumunda; yurt dışında bulunan annesi/babası veya yasal temsilcisinin vereceği onaylı muvafakatname ile muvafakatnamede belirtilmek kaydıyla Türkiye'deki gerçek ya da tüzel kişiler tarafından verilecek noter onaylı taahhütname aranır.

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Referans No: 11860485 ile

ve ya

Mobil cihazınıza yükleyebileceğiniz e-Devlet Kapısı'na ait **Barkodlu Belge Doğrulama**





GCGM03-92023231163339

İKAMET İZİNİ KISA DÖNEM KAYIT FORMU
Declaration for Short Term Residence Permit Registration Form

İŞBU BELGE PASAPORT YA DA PASAPORT YERİNE GEÇEN SEYAHAT BELGESİ OLMASIZIN TEK BAŞINA KULLANILAMAZ

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o Geçiş başvuruları için;

Önceki ikamet izni belgesinin fotokopisi başvuru belgelerine eklenir (Belgenin aslı randevu gününde idareye teslim edilir.)

REQUESTED DOCUMENTS (COMMON)

1. **Residence Permit Application Form** (must be signed by foreigner and/or his/her legal representative.)
2. **Photocopy of passport or passport substitute document** (pages containing identity information and photo and pages processed) (The original document must be presented on the appointment day.)
3. **Four (4) pcs biometric photos** (must have been taken within the last 6 months, against a white background and biometric.)
4. **Statement on having sufficient and regular financial means throughout the stay** (shall be stated in the Application Form. Administration may request supporting documents from applicant.)
5. **Document/receipt for the payment of residence permit card fee.**
6. **Valid health insurance** (Insurance period must cover the duration of the intended residence permit. One of the following document is considered sufficient):
 - o E-signed/signed and stamped/sealed document to be obtained from provincial social security units which states that the foreigner is benefiting from the health services in Turkey within the scope of bilateral social security agreements
 - o E-signed/signed and stamped/sealed provision document to be obtained from the Social Security Institution-SGK (Provision documents to be obtained from SGK must cover both the sponsor and family members for family residence permits.)
 - o E-signed/signed and stamped/sealed document regarding the application made to the Social Security Institution to become a general health insurance holder
 - o Private health insurance (Please submit the signed and stamped/sealed original of your insurance policy during application!)
7. **Document showing the registration in the Address Registration System**
(In case of registration in the address registration system)
E-signed/signed and stamped/sealed "Residence Document") to be obtained from provincial/district directorates of registry or e-government system (www.turkiye.gov.tr)
8. **Document of Residence**
(One of the following document is considered sufficient.)
 - o If you are staying in your own home, a photocopy of the title deed; ("residence document" is sufficient for extension applications.)
 - o If you are staying in a rental house on a rental agreement, a notarized copy of your rental agreement;
 - o If you are staying at a hotel, etc. proof of your stay in these places;
 - o If you are staying in a student dormitory, e-signed/signed and sealed/stamped document showing that you are staying in the dormitory.
 - o If you are staying in a third person's residence, the notarized undertaking of the host (if the host is married, also the notarized undertaking of the spouse)

SHORT TERM RESIDENCE PERMIT REASON OF STAY

Those wishing to stay for tourism purposes

Information or document regarding the travel plan and accommodation, if requested by the administration

In case a short-term residence permit is requested due to not fulfilling family residence permit conditions; a photocopy of marriage certificate or certified document proving marriage (pages containing information, usually the first 3 pages) is required. (The original document must be presented on the appointment day.)

(It must be e-signed/signed and sealed/stamped if obtained from Turkish authorities (could be obtained from Provincial/District Directorates of Registry); it must have a notarized Turkish translation and an Apostille if obtained from abroad. It is required to be a citizen of a country which is a party to the Apostille Convention; or if there is no Apostille on the document even if the country is a party, the documents in question are required to be approved by the relevant country authorities (approval by the consulate/embassy and Ministry of Foreign Affairs/Turkish Authorities authorized on this issue).

EXPLANATIONS

o For children,

- If the mother and father could not be determined from passport or passport substitute document or national identity card, a certified birth certificate shall be requested.
- In the absence of either mother or father, a certified deed of consent shall be requested. (In case of death of one of the parents, the other spouse is required to submit a certified death certificate.)

- In case of divorce, a certified custody document of the child shall be requested.

(These documents must be e-signed/signed and sealed/stamped if obtained from Turkish authorities; they must have a notarized Turkish translation and an Apostille if obtained from abroad. It is required to be a citizen of a country which is a party to the Apostille Convention; or if there is no Apostille on the document even if the country is a party, the documents in question are required to be approved by the relevant country authorities (approval by the consulate/embassy and Ministry of Foreign Affairs/Turkish Authorities authorized on this issue).

- If the foreigner in question is under eighteen years old, a certified deed of consent by mother/father abroad or legal representative, and a notarized undertaking by real or legal persons in Turkey, provided that it is specified in the deed of consent, shall be requested.

o For transfer applications;

Photocopy of the previous residence permit document shall be attached to application document. (The original document shall be submitted to the administration on the appointment day.)





ELITE (FOR FOREIGNS) PRIVATE HEALTH INSURANCE POLICY

AGENCY NO	POLICY NO	DOCUMENT NO	RENEWAL NO	START AND END OF INSURANCE		TIME
411554	805000001955971	0	0	04.09.2023 - 04.09.2024		366 Days
COVERAGE INFORMATION						
NETWORK : EKO NETWORK			CONTRACTED		NOT CONTRACTED	
COVERAGE NAME		LIMIT TYPE	LIMIT	COMPANY PARTICIPATION RATE	LIMIT	COMPANY PARTICIPATION RATE
INPATIENT		YEARLY	UNLIMITED	100 %	50.000,00 TL	80 %
HOSPITALISATION		YEARLY 180 DAYS	UNLIMITED	100 %	50.000,00 TL	80 %
INTENSIVE CARE		YEARLY 45 DAYS	UNLIMITED	100 %	50.000,00 TL	80 %
SURGERY		YEARLY	UNLIMITED	100 %	50.000,00 TL	80 %
CHEMOTHERAPY - RADIOTHERAPY - DIALYSIS		YEARLY	10.000,00 TL	100 %	5.000,00 TL	80 %
SMALL INTERVENTION		YEARLY	10.000,00 TL	100 %	5.000,00 TL	80 %
ROOM MEAL ATTENDANT		YEARLY 180 DAYS	UNLIMITED	100 %	50.000,00 TL	80 %
HOME CARE		YEARLY 45 DAYS	1.000,00 TL	80 %	500,00 TL	80 %
ARTIFICIAL LIMB		YEARLY	5.000,00 TL	100 %	2.500,00 TL	80 %
DENTAL COVERAGE DUE TO TRAFFIC ACCIDENT		YEARLY	1.000,00 TL	80 %	500,00 TL	80 %
REHABILITATION		YEARLY	5.000,00 TL	100 %	2.500,00 TL	80 %
MEDICAL CONSULTANCY AND AMBULANCE (ROAD) COVERAGE		PER CASE	500,00 TL	100 %	500,00 TL	100 %
OUTPATIENT		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
AUXILIARY MEDICAL EQUIPMENT		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
DOCTOR EXAMINATION		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
RADIOLOGY		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
MODERN DIAGNOSIS		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
PHYSIOTHERAPY		YEARLY 10 SESSION	5.000,00 TL	80 %	5.000,00 TL	60 %
PRESCRIPTION MEDICINE		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
ANALYSIS		YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %
POST SURGICAL PHYSIOTHERAPY		YEARLY 20 SESSION	1.000,00 TL	100 %	500,00 TL	80 %

SOMPO SIGORTA ELITE (FOR FOREIGNS) PRIVATE HEALTH INSURANCE SPECIAL CONDITIONS

1) SUBJECT AND SCOPE OF INSURANCE

SOMPO SIGORTA Insurance Inc. (the insurer) covers the health expenses related to diagnosis and treatments incurred in contracted health institutions specific to this product in case of an illness and/or accident of the insured and/or insurant provided that it was indicated

I warned he was going try

I cancelled all



ELITE (FOR FOREIGNS) PRIVATE HEALTH INSURANCE POLICY

AGENCY NO	POLICY NO	DOCUMENT NO	RENEWAL NO	START AND END OF INSURANCE	TIME
411554	805000001955971	0	0	04.09.2023 - 04.09.2024	366 Days

in the policy within insurance period with this insurance being subject to the coverage, limit, payment percentage and exceptions indicated in the policy from the table of coverage prepared in compliance with the health institutions application principles according to Health Insurance General Conditions, Private Health Insurances Regulation and these special conditions indicated in the policy that the insured person subject to. This policy covers the minimum coverage stipulated in the circular no 2021/8, dated 16 June 2021 , on private health insurance required to be taken out for residence permit applications

2) INSURANCE PERIOD

The period of insurance is one year and the insurance contract enters into force at the starting date indicated in the policy on 12:00 at noon with the local time in Turkey and ends at the ending date indicated in the policy on 12:00 at noon. The responsibility of insurer begins with the payment of entire premium or advance payment made by the insurant/insured as from the delivery of policy issued with the acceptance of the application by the insured.

3) DEFINITIONS

3.1. Contracted Institution

Contracted Health institutions specific to this product refers to the institutions contracted under RED PLAN NETWORK and to permanent doctors, natural persons and/or institution and/or authorities provided services within the entity of these institution with hospital, polyclinic, diagnosis centres, laboratories that the insured persons can receive service as per this contract by taking provision from the insurer within the scope of the coverage, limit and payment percentage within the insurance period accepted contract conditions.

3.2. Waiting Period

It is the period required to be elapsed as from the starting date of insurance to assess inpatient health expenses of the insured person within the scope of coverage.

3.3. Liability of Statement

It refers to the requirement notifying aspects which will affect the appreciation of risk or all

**ELİTE (FOR FOREIGNS) PRIVATE HEALTH INSURANCE POLICY**

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- Expenses or day care pension aroused when the insured became in the need of care.

The responsibility of the insurer starts with the payment of advance payment or the first instalment related to policy premium. The insurant is responsible to pay the premium instalments in due time indicated in the policy for certain. If they became due until the end of period, they became overdue. In case the insurant became overdue related to the premium debt, the contract is terminated as per the paragraph 3 of the article 1434 of Turkish Commercial Code. The premiums to be paid after this termination date will not make the policy valid under no circumstances.

Sompo Sigorta Insurance Inc, accepted and issued this policy depending on Health Insurance General and Special Conditions as the inseparable parts of the policy and the provisions of Turkish Commercial Code by taking the statement of the Insured/Insurant as basis.

The address notified by the Insured and Insurant is the valid notification address, and in case it is changed, the changing address should be notified to the insurer. Otherwise, the notification address will be accepted as the final address being notified to the Insurer.

**ELITE (FOR FOREIGNS) PRIVATE HEALTH INSURANCE POLICY**

AGENCY NO	POLICY NO	DOCUMENT NO	RENEWAL NO	START AND END OF INSURANCE	TIME
411554	805000001955971	0	0	04.09.2023 - 04.09.2024	366 Days

Provision should be received for planned surgeries before 3 days in advance.

The insurant and insured authorises Sompo Sigorta Insurance Inc1 to receive information/document from the doctors, health institutions, insurance companies or other persons about the health history and current status of them by purchasing policy and give the information related to them to the official institutions requesting.

The coverage included in this policy are valid only for persons with foreign citizenship who do not have Turkish citizenship. Persons with dual citizenship status having Turkish citizenship other than foreign identity cannot be insured under this policy. This policy has been issued on the basis of declaration, and the insured agrees and declares that he/she is a foreign citizen only. In the event that health spending is made for any reason, if the Insured is found to have Turkish citizenship in addition to foreign citizenship, the coverage included in the policy shall not be valid and the health expenditures shall not be paid under this policy.

The renewal guarantee is not given for this health insurance within the scope of special conditions.

Sompo Sigorta Insurance **ELITE (FOR FOREIGNERS) PRIVATE HEALTH INSURANCE**
updated list of contracted health institutions is available at the web site
www.somposigorta.com.tr.

Below mentioned coverages are excluded from the scope of coverage.

- Vaccine,
- Pregnancy, expenses related to delivery and baby,
- Check-up,
- Eyeglasses, glass, spectacles frame, contact lenses and lenses solutions,
- Odontotherapy,
- Daily incapacity to work pension for the revenue which the insured could not gain due to the incapacity to work as a result of disease,

I Emailed Aygore & US Embassy
Alerted possible "Flight risk"

To Whom It May Concern

I Murat Ocak, the father of Liam Ocak,
pay 1200 dollars a month in cash to
Sharon Deynan, the mother of Liam Ocak
to help her pay rent for them.

Sincerely,

Murat Ocak

A handwritten signature in black ink, appearing to be 'Murat Ocak', written over a horizontal line.

12.08.2022

**ELİTE (FOR FOREIGNS) PRIVATE HEALTH INSURANCE POLICY**

AGENCY NO	POLICY NO	DOCUMENT NO	RENEWAL NO	START AND END OF INSURANCE	TIME
411554	805000001955971	0	0	04.09.2023 - 04.09.2024	366 Days
INFORMATION RELATED TO INSURANT					
NAME SURNAME / TITLE : LIAM ONUR OCAK					
ADDRESS : 2034 SK. ATAKENT MH. No: 10 D: 14 KARŞIYAKA / İZMİR					
INSURED INFORMATION					
NAME/SURNAME		LIAM ONUR OCAK			
DATE OF BIRTH		15.03.2016			
PASSPORT NUMBER :		XXXXXXXXXX			
GENDER		MALE			
COUNTRY :		A.B.D			
PAYMENT PLAN					
INSTALMENTS		DATE		AMOUNT	
Cash		04.09.2023		3.200,00 TL	
COVERAGE INFORMATION					
NETWORK : EKO NETWORK		CONTRACTED		NOT CONTRACTED	
COVERAGE NAME	LIMIT TYPE	LIMIT	COMPANY PARTICIPATION SHARE	LIMIT	COMPANY PARTICIPATION SHARE
INPATIENT	YEARLY	UNLIMITED	100 %	50.000,00 TL	80 %
OUTPATIENT	YEARLY	5.000,00 TL	80 %	5.000,00 TL	60 %

PLEASE READ BELOW MENTIONED INFORMATION CAREFULLY.

This policy covers the minimum coverage stipulated in the circular no 2021/8, dated 16 June,2021, on private health insurance required to be taken out for residence permit applications.

This policy is considered as a new policy.

The coverages of this policy are valid within the scope of Sompo Sigorta Insurance **RED PLAN NETWORK** All kind of health expenditure of the insured related to the complaints and diseases existing before the commencement date of the policy are excluded from the scope of policy.

Intervention and inpatient treatment expenses related to the diseases and complications indicated in the article 5 of special conditions delivered in the attachment of the policy are excluded from the coverage scope for a period of 6 months for outpatient treatment and 9 months for inpatient treatment as from the commencement date of the policy.

I have Text Messages
of this man demanding our
Info
I have give

11 SHARON DEGNAN

ATAKENT MAH

2034 SOKAK No.10 EFES

2 Blok 9-10 giriş

KAT. 5 Daire No.14

KARŞIYAKA İZMİR

On Tuesday 17 October 2023 at 00:29:54 IST, Murat <mrtock1973@gmail.com> wrote:

I am not the subject here, I need to know where and in what condition our son and you are living, let me know with every little details ASAP

Murat Ocak

On Oct 16, 2023, at 2:01 PM, sharon degnan <sharondegnan8@yahoo.com> wrote:

Murat - WHERE do you live? are you still homeless??
you emailed me and told me you were Homeless.

do you
see
what I said

OCT
17th 2023

On Monday 16 October 2023 at 17:41:12 IST, Murat <mrtock1973@gmail.com> wrote:

Where do you and Liam live?

Murat Ocak

On Oct 16, 2023, at 11:42 AM, sharon degnan <sharondegnan8@yahoo.com> wrote:

We are great - Liams doing very well. He loves it here.
I have to try to do things during school and taking a bus = staying
inside school hours is a challenge.

This week I am the one who is super busy now.= the irony.

I will send photos this weekend.
He is swimming also which is GREAT.

Are you still homeless?
Sha

On Monday 16 October 2023 at 16:34:16 IST, Murat <mrtock1973@gmail.com>
wrote:

I informed Murat Ocak
on OCT 16th 2023

How are you, how is Liam?
I am waiting to hear from you.

Murat Ocak

On Oct 12, 2023, at 5:38 PM, Murat <mrtoc1973@gmail.com> wrote:

Im needing to know the following information immediately:
If you will not provide me the following informations and requests till
this weekend then you will be facing the authorities.

- 1 How is Liam? Physically, mentally and emotionally?
- 2 Liams School name, location & teachers
- 3 Where does my son live?
- 4 Who is supporting you? How do you have money? How is my son eating?
- 5 Pictures and videos of Liam
- 6 Talk to Liam daily (FaceTime)
- 7 I need to reach Liam anytime and any moment - phone calls - Which is the phone number?

Murat Ocak

I had
to investigate
9/NYPD
& recently
in 2025
Again

He's in School

On Oct 12, 2023, at 12:17 PM, sharon degnan
<sharondegnan8@yahoo.com> wrote:

when you took off in NYC down 95 and I tried
calling you.
You went behind my back and filled out a form
at the NYPD office stating you thought I was
committing suicide. Thats fucked up -- 2 people
showed up at the door in NYC and stated =
you filed that report.
I had to tell them = WTF are you kidding me -
he just did an amber alert and im trying to talk
sense into him before I do the amber alert..

Im a single mother Murat = I have raised Liam
alone Murat.

You stole my son and I had to try to stop you
from getting arrested.

Serious
False
police Report
was filed
in NYC

Nyc
his job
STATED going
get ice cream
Quit his
job went 95
He filed fake police
Report.

Murat Ocak Job in Nyc

and you did that.

Thats a DEFAMATION LAW SUIT = I spoke
with the NYPD officer after that.

You know what she said - get a lawyer = hes
got TATICS.

Ill never forget it.

Sharon Degnan
PS the defamation is waiting for you anytime
you want to start.

Time to ADULT

Fwd: this is to confirm what you stated on the recorded phone line today -- You are no longer supporting Liam.

From: sharon degnan (sharonandliam88@gmail.com)

To: sharondegnan8@yahoo.com; sharonandliam88@gmail.com

Date: Friday 19 January 2024 at 15:52 GMT-5

----- Forwarded message -----

From: **sharon degnan** <sharonandliam88@gmail.com>

Date: Fri, 19 Jan 2024 at 15:52

Subject: Fwd: this is to confirm what you stated on the recorded phone line today -- You are no longer supporting Liam.

To: Michelle Rogerson <rogerson1166@yahoo.com>

----- Forwarded message -----

From: **sharon degnan** <sharonandliam88@gmail.com>

Date: Fri, 19 Jan 2024 at 15:51

Subject: this is to confirm what you stated on the recorded phone line today -- You are no longer supporting Liam.

To: Murat <mrtock1973@gmail.com>

also -- we will not be at the library tomorrow due to what you stated to us on the phone for the visit.

NO

This was
All Recorded
STATED He will just
see Liam @ 18 years

5:15

100%

← Re: Thank you

only been the facilitator trusting you know what you are doing with Liam.

You have deceived me again and knowingly kidnapped Liam from Turkey to Ireland right behind my back as soon as I left. I didn't approve or even had knowledge of your intentions. Ive sacrificed everything and exhausted all ways to help furthermore. Your choices for yourself with Liam has led us where we are. Ive tried every possible way to provide you and Liam with a safe and healthy environment and you continue to make inconsistent and poor choices for Liam.

Now, I'm without a home, living in my car, unemployed, penny-less and trying to survive. You took my son away without my consent and didn't give me a choice.

Im needing to know the following information immediately:

- 1 How is Liam? Physically, mentally and emotionally?
- 2 Liams School name, location & teachers
- 3 Where does my son live?

Delete Archive Move Reply all More

III O <

3:27

76%

Delete Archive Move Reply all More

we did not
he changed his #

what does that
have to do
with Liam & I
after Domestic Abuse
in Turkey & USA

theres
No
Consent & live
in Turkey
I've been raising my son
due to his violence

NO

We were emailing
& he changed his #

Fwd: Fw: How are you?

1 message

sharon degnan <sharonandliam88@gmail.com>
To: Michelle Rogerson <rogerson1166@yahoo.com>

17 October 2023 at 13:15

----- Forwarded message -----

From: sharon degnan <sharondegnan8@yahoo.com>
Date: Tue, 17 Oct 2023 at 18:14
Subject: Fw: How are you?
To: sharonandliam88@gmail.com <sharonandliam88@gmail.com>

----- Forwarded message -----

From: sharon degnan <sharondegnan8@yahoo.com>
To: Murat <mrtoc1973@gmail.com>
Sent: Tuesday 17 October 2023 at 18:13:58 IST
Subject: Re: How are you?

and do explain why you forged gov documents in Turkey with out either one of us present and no translator and put your signature and email on behind my back??
Im waiting because THATS THE SUBJECT NOW.
Dont worry Liam is in good hands and dosnt even have a shit problem now.
Please provide where in the hell you have been since C

On Tuesday 17 October 2023 at 18:10:07 IST, sharon degnan <sharondegnan8@yahoo.com> wrote:

Murat Liam is fine and we will call you this weekend. You are the subject actually as we havnt been able to get in contact with you -- your phone you provided was shut off weeks ago.

And you havnt provided where you live since Chicago.

Please let us know in the mean time

My son always has
IBS/constipation
around Murat
or IF he calls & screams

He whipped a chair over his
head @ us in Turkey

Erixis Lopez, PA-C
3488 Depew Avenue
Port Charlotte, FL 339527015

941-764-7923

LIAM OCAK
169 FAIRWAY RD
ROTUNDA WEST, FL 33947

Patient's Credit Account Receipt

Printed: 11/14/2023 10:18 AM

Patient: 6211 LIAM OCAK

Home Telephone: 9412148363

DOB: 3/15/2016

Trx #	Date	Source	Method of Pay	Check No.	Applied To Charge Trx#	Note:	Credits and Debits	
							Insurance	Patient
10066	11/14/2023	CoPay Rec'd at sign in	CA			SELPAY		\$105.00

A credit account is maintained to record co-payments and over payments. Once charges for procedures have been entered, payments can then be applied to those charges from this account.
Deposits (+) and applied payments (-) make up a patient's credit account.

Total: \$0.00 \$105.00

Credit Account Balances: \$0.00 \$105.00

Had to pay cash



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Laura McCarty

Cell: (941) 348-0095



Cepero Pediatrics, P.A.

Compassionate Care for Children

Belkis Cepero, MD

Website: ceperopediatrics.com

Email: childrenfirst@ceperopediatrics.com

Phone: 941-764-7923

3488 Depew Ave.

Pt. Charlotte, FL 33952

Fax: 941-764-7927

12/14/23

Liam last physical

Amended 4x's