

# Unofficial Document

## RECORDED INFORMATION

## **NOTICE AND CLAIM OF MEDICAL LIEN**

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Date lien prepared: 11/20/2025

**NAME & ADDRESS OF CLAIMANT / LICENSED HEALTH CARE PROVIDER:** Hudson Chiropractic / Dr. Shaun Hudson, DC, 10752 N 89<sup>th</sup> Place, Suite A-101 Scottsdale, AZ 85260

**NAME & ADDRESS OF PATIENT:** Jolie Skwiercz 2529 E Shaw Butte Dr., Phoenix AZ 85028

**Date of Injury:** 11/15/2025

**County & State where injury occurred:** Maricopa County, Arizona

Dates of services received by patient: through: patient still treating.

**Amount due for care of patient:** \$1000.00 to date.

To the best of claimant's knowledge, the name & address of all persons, firms or corporations & insurance carriers of said persons, firms or corporations claimed by the above patient, or by legal representative, to be liable for damages are as follows:

NAME **Jolie Skwiercz** ADDRESS **2529 E Shaw Butte Dr., Phoenix AZ 85028**

Progressive  
Claim #: 25-232051182 PO Box 94739, Cleveland OH 44101-4739

State Farm  
Claim #: 13-93B9-37T PO Box 22028, Tempe AZ 85258

Pursuant to A.R.S. 33-931, the above named claimant, personally or through its authorized agent, does hereby claim a lien upon any & all actions, suits, counterclaims or demands for damages accruing to said patient on his behalf representative, assignee or heirs on account of injuries giving rise to such cause of action, & which necessitated medical care & treatment for which claimant rendered such care at the rate customarily charged for such services which exceed \$250.00 as provided under A.R.S. 33-931 (B), the sum of which is due & payable as indicated above.

STATE OF ARIZONA )  
 ) SS.  
COUNTY OF MARICOPA )

I, Dr. Shaun Hudson, DC, being sworn upon oath, deposes & says: (1) I am named as claimant or authorized agent of claimant, (2) I have made this Notice & Claim of Medical Lien in good faith, a (3) the facts herein stated are true & correct to the best of my knowledge.

By: \_\_\_\_\_ For: Hudson Chiropractic / Dr. Shaun Hudson, DC  
(Claimant)

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 19 day of  
November 2025, By Rachael Hoadley.

MY COMMISSION EXPIRES: 6/23/2028   
Notary Public

