

Complex Order Number: CA1202831-003
Record Subject: James Burbank

Processed by: Siddhant Lohiya - Charles

Packet Type: [Location]

Executed on: [6/2/2025 12:54 PM]



LOCATION SERVE

**SUD SPECIALTY GROUP CA
5201 GREAT AMERICA PKWY STE 320
SANTA CLARA, CA 95054-1140
ATTN: PSYCHIATRIC & PSYCHOLOGICAL RECORDS
CUSTODIAN**

CASE NAME: JAMES BURBANK v BRAD MARTINEZ, ET AL.

FILE NO.: 2304-0042

Hello! Lynberg & Watkins has assigned Compex as the deposition officer to obtain records to assist in resolving a dispute involving James Burbank.

SUD Specialty Group CA was named as a keeper of documents that are required for resolution of the disputed matter. Please see the attached Psychiatric and Psychological for the specific items and/or documents being requested.

Your time is valuable, and we know it! Please review the following information for proper production and to avoid follow up phone calls from Compex.

3 Simple Steps to Completion:

- ☐ Prepare records for sending by 7/2/2025.
- ☐ Sign and Date the Custodian Affidavit and include the document with the prepared records.

Note: Complete the "Certification of No Records" for any records that cannot be provided.

- ☐ Send the records and the Custodian Affidavit and/or Certificate of No Records to Compex.

Options include:

1. **Upload** to our secure custodian portal at cpxlegal.com. If you do not have an account, you can self-register!
2. **E-mail** the records to records@compexlegal.com
3. Fax the records with the Custodian Affidavit as the cover sheet to 888-531-2922
4. Mail records or physical items to our nearest office location:
325 Maple Avenue, Torrance, California, 90503

If prepayment is required: Email invoices to records@compexlegal.com or Fax them to 888-531-2922.

To cover the cost of providing the requested documents or items, you may submit an itemized invoice for payment. Please ensure the invoice adheres to the fee schedule as defined in your state codes. We want to pay you quickly, please indicate on your invoice if you accept credit card payments.

Do you have questions regarding the fee schedule in your state? Just give us a call!

Something else needed? Please contact us:

Phone: 844-918-0955

Email: cservice@compexlegal.com

*****If we do not receive a response by 07/07/2025, we will begin escalating based on our company process, including sending demand letters and increasing the frequency of calls to your office*****

Have a great experience and want to tell us about it? Did something go wrong and we need to make some adjustments?

You have a direct connection to our Operations Directors. Send an email to opsdir@compexlegal.com. You will receive a response within 48 hours.

Going Digital with Secure, Electronic Communication!

Going Digital

Meet our virtual digital assistant, Ivy! Did you know? Digital processes increase speed, workflow, and communication efficiency and are preferred by most Custodian of Records. By enrolling in our digital program, we will turn off phone calls, allowing you to respond to us on your own timeline using secure links that get delivered via email.

WHAT YOU CAN DO BY ENROLLING

Securely upload files in response to the request

6

1

Confirm the request is in progress.

Submit invoice to receive payment for records

5

2

Provide the time frame records will be submitted

Ask us for more information to help locate the records

4

3

Request more time to respond to the request



[Click Here](#)

All on your schedule. We will only reach out if we have not received the Records, Certificate of No Records, or extension request within 30 days from the original request by the due date.

Take The First Step TODAY & ENROLL
It's EASY!

Contact: enroll@compexlegal.com to GO DIGITAL!

Page 1 of 2

Code of Civil Procedure, §§ 2020.410-2020.440:
Government Code § 68097.1
www.courts.ca.gov

PLAINTIFF/PETITIONER: JAMES BURBANK

CASE NUMBER:

DEFENDANT/RESPONDENT: BRAD MARTINEZ, ET AL.

24NNCV06082

**PROOF OF SERVICE OF DEPOSITION SUBPOENA FOR
PRODUCTION OF BUSINESS RECORDS**

1. I served this *Deposition Subpoena for Production of Business Records* by to the person served as follows:

a. Person served (name):

b. Address where served:

5201 Great America Pkwy Ste 320, Santa Clara, CA 95054-1140

c. Date of delivery:

d. Time of delivery:

e. (1) ☒ Witness fees were paid.

Amount: _____ \$ 15.00

(2) ☐ Copying fees were paid.

Amount: _____ \$ _____

f. Fee for service: \$ _____

2. I received this subpoena for service on (*date*):

3. Person serving:

a. ☐ Not a registered California process server.

b. ☐ California sheriff or marshal.

c. ☐ Registered California process server.

d. ☐ Employee or independent contractor of a registered California process server.

e. ☐ Exempt from registration under Business and Professions Code section 22350(b).

f. ☒ Registered professional photocopier.

g. ☐ Exempt from registration under Business and Professions Code section 22451.

h. Name, address, telephone number, and, if applicable, county of registration and number:

Compex Legal Services, Inc.

325 Maple Avenue

Torrance, CA 90503

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)



(SIGNATURE)

ATTACHMENT 3

PERTAINING TO:

James Burbank

Date of Birth: 03/21/1991, Social Security Number:

Any and all psychiatric records/reports including but not limited to medications, samples, prescription logs, prescription records, evaluations, notes, memoranda, correspondence, consultations, insurance records and/or claims, photographs, handwritten notes, telephone messages, prescription records, and any correspondence pertaining to the examination and/or treatment of the record subject.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): SHANNA VAN WAGNER (BAR# 317675) 185 WEST F STREET, 4TH FLOOR SAN DIEGO, CA 92101 TELEPHONE NO.: 619-814-2169 FAX NO. (Optional): 619-356-4968 E-MAIL ADDRESS (Optional): svanwagner@lynberg.com ATTORNEY FOR (Name): BRAD MARTINEZ, ET AL.		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 150 W. COMMONWEALTH AV MAILING ADDRESS: CITY AND ZIP CODE: ALHAMBRA, 91801 BRANCH NAME: ALHAMBRA		
PLAINTIFF / PETITIONER: JAMES BURBANK DEFENDANT / RESPONDANT: BRAD MARTINEZ, ET AL.		CASE NUMBER: 24NNCV06082
NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION (Code Civ. Proc., §§ 1985.3, 1985.6)		

NOTICE TO CONSUMER OR EMPLOYEE**TO (name): JAMES BURBANK**

- PLEASE TAKE NOTICE THAT **REQUESTING PARTY (name): BRAD MARTINEZ, ET AL.**
 SEEKS YOUR RECORDS FOR EXAMINATION by the parties to this action on (specify date): **07/02/2025**
 The records are described in the subpoena directed to **witness (specify name and address of person or entity from whom records are sought):** **SUD SPECIALTY GROUP CA**
5201 GREAT AMERICA PKWY STE 320
SANTA CLARA, CA 95054-1140
 A copy of the subpoena is attached.
- IF YOU OBJECT to the production of these records, YOU MUST DO ONE OF THE FOLLOWING BEFORE THE DATE SPECIFIED IN ITEM a. OR b. BELOW:
 - If you are a party to the above-entitled action, you must file a motion pursuant to Code of Civil Procedure section 1987.1 to quash or modify the subpoena and give notice of that motion to the **witness** and the **deposition officer** named in the subpoena at least five days before the date set for production of the records.
 - If you are not a party to this action, you must serve on the **requesting party** and on the **witness**, before the date set for production of the records, a written objection that states the specific grounds on which production of such records should be prohibited. You may use the form below to object and state the grounds for your objection. You must complete the Proof of Service on the reverse side indicating whether you personally served or mailed the objection. The objection should **not** be filed with the court. **WARNING: IF YOUR OBJECTION IS NOT RECEIVED BEFORE THE DATE SPECIFIED IN ITEM 1, YOUR RECORDS MAY BE PRODUCED AND MAY BE AVAILABLE TO ALL PARTIES.**
- YOU OR YOUR ATTORNEY MAY CONTACT THE UNDERSIGNED to determine whether an agreement can be reached in writing to cancel or limit the scope of the subpoena. If no such agreement is reached, and if you are not otherwise represented by an attorney in this action, YOU SHOULD CONSULT AN ATTORNEY TO ADVISE YOU OF YOUR RIGHTS OF PRIVACY.

Date: 06/03/2025

SHANNA VAN WAGNER

(TYPE OR PRINT NAME)



/S/ SHANNA VAN WAGNER

(SIGNATURE OF)



REQUESTING PARTY



ATTORNEY)

OBJECTION BY NON-PARTY TO PRODUCTION OF RECORDS

- ☐ I object to the production of all of my records specified in the subpoena.
- ☐ I object only to the production of the following specified records:
- The specific grounds for my objection are as follows:

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

(Proof of service on reverse)

PLAINTIFF/PETITIONER: JAMES BURBANK	CASE NUMBER: 24NNCV06082
DEFENDANT/RESPONDENT: BRAD MARTINEZ, ET AL.	

PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION

(Code Civ. Proc., §§ 1985.3, 1985.6)

☐ Personal Service/Email ☒ Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. ☐ **Personal service/Email.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:
david@davidgreenelaw.com
 (1) Name of person served: (3) Date served:
 (2) Address where served: (4) Time served:
 - b. ☒ **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 (1) Name of person served: **David Greene** (3) Date of mailing: 06/05/2025
 (2) Address: **14401 Sylvan Street, Suite 100** (4) Place of mailing (city and state):
Van Nuys CA 91401 Torrance, CA
 (5) I am a resident of or employed in the county where the Notice to Consumer or Employee and Objection was mailed.
 - c. My residence or business address is (specify): **325 Maple Avenue**
Torrance, CA, 90503
 - d. My phone number is (specify): **800-426-6739**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 06/05/2025

Kyra Lammens

(TYPE OR PRINT NAME OF PERSON WHO SERVED)



(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS

(Code Civ. Proc., §§ 1985.3, 1985.6)

☐ Personal Service ☐ Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 - (i) Name of person served: (iii) Date served:
 - (ii) Address where served: (iv) Time served:
 - (2) ☐ **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (i) Name of person served: (iii) Date of mailing:
 - (ii) Address: (iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
 - b. ON THE WITNESS
 - (1) ☐ **Personal service.** I personally delivered the *Objection to Production of Records* as follows:
 - (i) Name of person served: (iii) Date served:
 - (ii) Address where served: (iv) Time served:
 - (2) ☐ **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:
 - (i) Name of person served: (iii) Date of mailing:
 - (ii) Address: (iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
3. My residence or business address is (specify):
4. My phone number is (specify):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

ATTORNEY OR PARTY WITHOUT ATTORNEY: SHANNA VAN WAGNER (BAR # 317675) LYNBERG & WATKINS 185 WEST F STREET, 4TH FLOOR, SAN DIEGO, CA 92101 ATTORNEY FOR: BRAD MARTINEZ, ET AL.	TELEPHONE NO 619-814-2169	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 150 W. COMMONWEALTH AV MAILING ADDRESS: CITY AND ZIP CODE: ALHAMBRA, 91801 BRANCH NAME: ALHAMBRA		
PLAINTIFF/PETITIONER: JAMES BURBANK DEFENDANT/RESPONDENT: BRAD MARTINEZ, ET AL. CASE NUMBER: 24NNCV06082		
NOTICE OF DEPOSITION		

NOTICE TO ALL PARTIES AND THEIR ATTORNEY(S):

1. The production of documents by the Custodian of Records of the following business will be required as follows:

	DATE	TIME
SUD SPECIALTY GROUP CA	07/02/2025	09:00 AM
5201 GREAT AMERICA PKWY STE 320, SANTA CLARA, CA 95054-1140		

NO DEPOSITION TESTIMONY WILL BE TAKEN, the deponent need not appear if he or she complies with Evidence Code Sections 1560 through 1566, and Code of Civil Procedure Section 2018 through 2021. True, legible and durable copies of all documents described in the Affidavit supporting Subpoena Duces Tecum, which are certified by the above-named Custodian will be accepted as sufficient compliance by said Custodian.

Date: 06/03/2025

SHANNA VAN WAGNER

(Type or Print Name)

/S/ SHANNA VAN WAGNER

(Signature)

ATTORNEY AT LAW

(Title)

REQUEST: CA1202831

I am employed in Los Angeles County, California. I am over the age of 18 and not a party to the within action; my business address is: 325 Maple Avenue
Torrance, CA 90503

On 06/05/2025, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 325 Maple Avenue
Torrance, CA 90503

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 06/05/2025.

SIGNED: Kyra Lammens
Kyra Lammens

Dignity Law Group, APC
Joseph Wind Kellener
14401 Sylvan Street, Suite 100
Van Nuys, CA 91401

PROOF OF SERVICE BY MAIL

Certificate of Satisfactory Assurance

As required by the Standards for Privacy of Individually Identifiable Health Information ("Privacy Regulations") promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), this certification provides satisfactory assurances that appropriate steps have been taken to notify and/or otherwise protect the privacy of the individual who is the subject of the protected health information that is being requested.

 X **Notice**

In compliance with 45 C.F.R. § 164.152(e)(1), I hereby certify that I have made a good faith attempt to provide written notice to James Burbank ("the individual"), whose protected health information I am requesting, or if the individual is represented by and attorney, mailed a notice to:

David Greene
Dignity Law Group, Apc
14401 Sylvan Street, Suite 100
Van Nuys, CA 91401

A copy of such written notice was included in the packet of documents served to your office.

I certify that the notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal. Further, I certify that the time for the individual to raise objections to the court or administrative tribunal has elapsed and either: (1) no objections were filed; or (2) all objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

Qualified Protective Order

In compliance with 45 C.F.R. § 164.152(e)(1), I hereby certify that:

_____ The parties to the dispute giving arise to this request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or

_____ I requested a qualified protective order from the court or administrative tribunal on _____.

A copy of the qualified protective order or my request for such order is attached to this Certification.

Kyra Lammens

Name

06/16/2025

Date

Kyra Lammens

Signature

Compex Legal Services

Company

COMPEX LEGAL SERVICES
AFFIDAVIT - (Pursuant to Cal Evidence Code 1561)
CA1202831-003

I hereby declare under penalty of perjury under the laws of the State of California that the following statements are true to the best of my knowledge and belief.

I am over the age of 18 and the duly authorized custodian of records for:

SUD SPECIALTY GROUP CA

5201 GREAT AMERICA PKWY STE 320, SANTA CLARA, CA 95054-1140

and have the authority to certify that the records made available to COMPEX LEGAL SERVICES for reproducing are all of the records under my custody and control, described and called for in the SUBPOENA/Authorization served with this declaration in the matter relating to said individual or thing pertaining to:

RECORDS OF: JAMES BURBANK

AKA:

DATE OF BIRTH: 03/21/1991

SOCIAL SECURITY#:

HOW ORIGINAL RECORDS WERE PREPARED

- | | |
|--|---|
| <input type="checkbox"/> HANDWRITTEN NOTES | <input type="checkbox"/> TYPED/DATA ENTERED |
| <input type="checkbox"/> TRANSCRIBED | <input type="checkbox"/> OTHER _____ |

TYPE OF RECORDS PRODUCED

- | | | | |
|--------------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> MEDICAL | <input type="checkbox"/> BILLING | <input type="checkbox"/> FILMS | <input type="checkbox"/> INSURANCE |
| <input type="checkbox"/> EMPLOYMENT | <input type="checkbox"/> PAYROLL | <input type="checkbox"/> SCHOLASTIC | |
| <input type="checkbox"/> OTHER _____ | | | |

Said records were prepared by personnel of the business in the ordinary course of business at or near the time of the act, condition, or event. I have delivered all of the records/items requested with the following exception(s):

CUSTODIAN NAME (PLEASE PRINT)

PHONE NUMBER

SIGNATURE OF CUSTODIAN

DATE

I AM THE ATTORNEY'S REPRESENTATIVE AND I STATE THAT I MADE TRUE COPIES OF ALL THE ORIGINAL RECORDS DELIVERED TO ME BY THE CUSTODIAN OF RECORDS OF THE ABOVE LOCATION.

I DECLARE UNDER PENALTY OF PERJURY & UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

DATE

SIGNATURE

PRINT NAME

PURSUANT TO BUSINESS & PROFESSIONS CODE SECTION 22462, I WILL MAINTAIN THE INTEGRITY & CONFIDENTIALITY OF ANY AND ALL INFORMATION OBTAINED, AND DISTRIBUTE THE RECORDS COPIED BY COMPEX LEGAL SERVICES TO THE AUTHORIZED PERSON OR ENTITIES.

CA1202831-003

Certificate of No Records

Record Subject: JAMES BURBANK

AKA:

DOB: 03/21/1991

SSN:

I, the undersigned, being the duly authorized custodian of records or other qualified witness for the following entity:

SUD SPECIALTY GROUP CA

5201 GREAT AMERICA PKWY STE 320

SANTA CLARA, CA 95054-1140

With personal knowledge of the facts set forth below, and authority to certify said facts, do hereby attest as follows:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) A complete and thorough search of all active, inactive, and stored files has been made for the records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) All identifying information provided, including but not limited to, dates of birth, social security numbers, file numbers, dates of treatment or service, and names of involved parties was used in the search. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) All possible information that can be used to search for the records of the record subject named above was provided, and no further search with additional information is possible. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) All branch offices and other business locations for the entity listed above have been searched. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) All records from all branch offices and other business locations for the entity listed above have been provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) The entity listed above has no separate private records or other separate files, including consultations, treatment classifications or chronological files that were in any way excluded from the search for these records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) To the best of my knowledge and belief, the entity listed above does not now and never has operated under other names or at other locations that were in any way excluded from the search for these records. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) To the best of my knowledge and belief, none of the requested records currently exist. | <input type="checkbox"/> | <input type="checkbox"/> |

For any "No" answers, please provide a detailed explanation: _____

The records called for and described cannot be produced for the following specific reasons:

Records Requested	<u>Never Existed</u>	<u>Lost</u>	<u>Destroyed</u>	<u>Retention Policy</u>	<u>Other (please explain)</u>
MEDICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
X-RAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
BILLING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
PAYROLL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
EMPLOYMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

I hereby declare under penalty of perjury, pursuant to the laws of the State of CA that the foregoing is true and correct.

Executed On: _____ at , CA Phone _____
(Date)

Signature: _____ Print name: _____

As an agent of Compex Legal Services, Inc., I hereby declare that all information provided to Compex regarding these records was communicated to the custodian prior to the execution of this Certificate of No Records.

☐ NOTE: The Custodian was requested to sign this certificate and refused, electing instead to generate a similar document

Agent's Signature: _____

Date: _____

Compex Order #: CA1202831-003