

State of Minnesota**Conciliation Court**

County of: <u>Ramsey</u>	Court File Number: _____
Judicial District: <u>Second</u>	Case Type: <u>Conciliation</u>

Ira L Toles JrIra L Toles Jr

Plaintiff

VS

Goodwill-Easter Seals MinnesotaHennepin County Human Services and Public Health Department

Defendant

- ☐ Check the box if there are more than two plaintiffs or more than two defendants. List the names and information for the other parties on the Additional Litigants Form (CCT702).

Plaintiff's Statement of Claim (CCT102)**Information about the Plaintiff**1. How many plaintiffs are there? 1

a. Plaintiff #1

Name: Ira L Toles JrStreet Address: 825 seal street # 1310City/State/Zip: Saint Paul, MN 55114

b. Plaintiff #2

Name: Ira L Toles JrStreet Address: 825 seal street # 1310City/State/Zip: Saint Paul, MN 55114If there are more than 2 plaintiffs, use the *Additional Litigants Form* (CCT702).**Information about the Defendant**2. How many defendants are there? 2

a. Defendant #1

Name: Goodwill-Easter Seals Minnesota☐ Individual (Person) ☒ BusinessStreet Address: 553 Fairview Ave NCity/State/Zip: Saint Paul, MN 55104*If Defendant #1 is an individual:*

i. I believe Defendant #1 is at least 18 years old.

Date of birth: _____ / ☐ Unknown

ii. About military service:

☐ Defendant #1 is in the military service.☐ Defendant #1 is not in the military service.☐ Unknown

b. Defendant #2

Name: Hennepin County Human Services and Public Health Department☐ Individual (Person) ☒ BusinessStreet Address: 300 South 6th S streetCity/State/Zip: MINNEAPOLIS, MN 55487*If Defendant #2 is an individual:*

i. I believe Defendant #2 is at least 18 years old.

Date of birth: _____ / ☐ Unknown

ii. About military service:

☐ Defendant #2 is in the military service.☐ Defendant #2 is not in the military service.☐ UnknownIf there are more than 2 defendants, use the *Additional Litigants Form* (CCT702).**Information about the Claim**3. I am filing this claim against Defendant for: *(check all that apply)***Money**

☒ The Defendant owes me \$ \$19677.00, plus filing fees and costs in the amount of \$ \$280.00, so my total claim is for \$ \$19957.00 (amount Defendant owes plus filing fees and costs). I have a claim for this amount because in Jan 2023 (month and year), the following happened (briefly describe):

On or about January 2025, Plaintiff entered into a written agreement with Defendants for a stipend of \$15 per hour for school-related work at MCTC. Defendants, acting through their agents and in partnership with the Takoda Institute and Hennepin County Homeless to Housing, agreed to pay Plaintiff for time spent on coursework and related activities. (See Exhibit A: Agreement Email, March 1, 2024.)

2. Plaintiff provided all required documentation, including a release of information and regular records of hours worked. Defendants paid Plaintiff for the first three months, then ceased payments after April 2024, despite Plaintiff's continued compliance. Defendants and their partners failed to communicate or resolve the issue, each deflecting responsibility and causing Plaintiff financial harm. (See Exhibit B: Hours Log and Transcript.)

3. Plaintiff completed 810+ hours of school-related work from January 2023 to August 2025, for which Defendants have failed to pay. Plaintiff made multiple attempts to resolve the issue, including emails and phone calls between May and July 2024. Defendants and their partners, including Hennepin County Homeless to Housing, failed to act in good faith and shared responsibility for the breach. (See Exhibit C: Communications.)

4. Defendants' actions constitute breach of contract under Minnesota Statute 181.13 and 181.171. Defendants and their partners' failure to pay and coordinate directly resulted in Plaintiff's damages.

WHEREFORE, Plaintiff requests:

- \$12,150 in unpaid stipends;
- Statutory penalty of \$1,800 for nonpayment;
- Maximum damages for emotional distress and retaliation;
- Attorney fees and costs;
- Any other relief the Court deems just and equitable.

Date: July 17, 2025

Signature: /s/ Ira Latrell Toles Jr.

MINNESOTA
JUDICIAL
BRANCH

Property

☐ The Defendant has the following property that belongs to me (list property):

My property is valued at \$_____. The filing fees and costs for this case are \$_____. I want the Court to order this property returned to me or make the Defendant pay me \$ \$0.00 (property's value plus the filing fees and costs).

4. I understand that if I do not attend court on my hearing date, my case may be dismissed, and I may have to pay money to Defendant on any counterclaim that has been filed.

IMPORTANT! Each plaintiff must sign the *Statement of Claim* form and include the date signed, the name of the county and state they were in when they signed and give the following information: title (if any), telephone number, date of birth, phone number, and email address.

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116

Date: 7/17/2025

Signature (Plaintiff#1): /s/ Ira Latrell Toles

Name: Ira L Toles Jr

Title, if any: _____

Ramsey County, Minnesota

Date of Birth: 09/20/1986

County and state where signed

Phone: 763-238-7267

Email: ira.tolesjr@gmail.com

Date: _____

Signature (Plaintiff#2): _____

Name: Ira L Toles Jr

Title, if any: _____

County and state where signed

Date of Birth: _____

Phone: 763-238-7267

Email: ira.tolesjr@gmail.com

NOTE: If there are more than 2 plaintiffs, all of the other plaintiffs must sign the *Statement of Claim* form and include the information listed above.