UNITED STATES DISTRICT COURT
for the
CENTRAL DISTRICT OF ILLINOIS
Springfield Division

LUKE A. THOMAS,

Plaintiff,

-against-

HOLLY J. HENZE, in her official capacity only;
JERRY J. HOOKER, in his official capacity only;
DEVRON OHRN, in his official and individual capacities;
JUSTIN OLIVER, in his official and individual capacities;
GWENDOLYN M. THOMAS, in her official and Individual capacities;
GEORGEANNE OSMER, individually;
JOHN D. OSMER, individually;
CASS COUNTY, ILLINOIS;
MENARD COUNTY, ILLINOIS;
THE EIGHTH JUDICIAL CIRCUIT OF ILLINOIS;
JOHN DOES 1–10, individually and in their official capacities (as applicable)

Defendants.

Civil Action No. 26-CV-0319

Notice of Filing Supplemental Group Exhibit D8

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NOTICE OF FILING SUPPLEMENTAL EXHIBIT D8(9)

PLEASE TAKE NOTICE that the Plaintiff, Luke A. Thomas, hereby files the attached in support of the Motion for Temporary Restraining Order currently pending before this Court.

Supplemental Exhibit: Plaintiff's Group Exhibit D8 consisting of:

A. MOTION FOR JOINDER OF ILLINOIS DEPARTMENT OF HUMAN SERVICES ("IDHS") filed March 10, 2023 in Cass County, Illinois Case 2022DC15;

B. MEMORANDUM IN SUPPORT OF DETERMINATION AS A MATTER OF LAW, filed March 10, 2023 in Cass County, Illinois Case 2022DC15;

C. Email chain to/from Plaintiff (thomaslitigation2022@gmail.com) and Illinois Assistant Attorney General Lorelei Nickols (nickols.lorelei@illinois.gov), dated April 14, 2023 (3:03 p.m.) to April 14, 2023 (4:15 p.m.) re Indemnity and fraud;

D. Email chain to/from Plaintiff (thomaslitigation2022@gmail.com) and Illinois Assistant Attorney General Lorelei Nickols (nickols.lorelei@illinois.gov), dated April 27, 2023 (3:09 p.m..) to April 26, 2023 (2:09 p.m.).

Purpose: Plaintiff files the attached documents to demonstrate that long before the January 2024 judgment, Plaintiff actively sought to resolve conflicting information regarding public benefit eligibility by attempting to join the Illinois Department of Human Services (IDHS) as a necessary party. These documents show that the state court process was utilized to shield the Petitioner's benefit applications from transparency, creating an environment where Plaintiff was forced to remain ineligible for private coverage while simultaneously being denied access to accurate benefit disclosures. Further evidencing the irreparable harm Plaintiff faces in contravention of the legal protections reporting such conduct is supposed to afford.

The document(s) which comprise this group exhibit are true and correct copies of the originals. Each exhibit has been redacted in accordance with Local Rule 5.11 and Federal Rule of Civil Procedure 5.2.

Executed this 13th day of July, 2026.

Respectfully submitted,

By: /s/Luke A. Thomas

LUKE A. THOMAS
PLAINTIFF, pro se
Email: thomaslitigation2022@gmail.com
Phone: 309-217-8452
Illinois ARDC No.: 6278591

CERTIFICATE OF SERVICE

I hereby certify that on this 12th day of July, 2026, I electronically filed the foregoing document with the Clerk of the Court for the United States District Court for the Central District of Illinois using the CM/ECF system.

I further certify that I have served the following parties with the foregoing document via email as indicated below:

Cass County, Illinois c/o Cass County State's Attorney Craig Miller statesattorney@co.cass.il.us

Cass County Sheriff Devron Ohrn (Official Capacity) c/oCass County State's Attorney Craig Miller statesattorney@co.cass.il.us

Holly J. Henze (Official Capacity Only) c/o Ms. Sharon Main, Trial Court Administrator for the Eighth Judicial Circuit of Illinois (by request); smain@adamscountyil.gov

Jerry J. Hooker (Official Capacity Only) c/o Ms. Sharon Main, Trial Court Administrator for the Eighth Judicial Circuit of Illinois (by request); smain@adamscountyil.gov

Eighth Judicial Circuit of Illinois c/o Ms. Sharon Main, Trial Court Administrator for the Eighth Judicial Circuit of Illinois (by request); smain@adamscountyil.gov

Brown County Sheriff Justin Oliver (Official Capacity) c/o Brown County State's Attorney statesattorney@browncoil.org

Justin Oliver, Individually c/o Brown County State's Attorney stateattorney@browncoil.org

Menard County, Illinois c/o Menard County State's Attorney: statesattorney@co.menard.il.us

Gwendolyn Thomas, Individually gwenthomaslaw@gmail.com

John D. Osmer odot@casscomm.com

Georgeanne Osmer odot@casscomm.com

Dated: July 13, 2026 By: /s/Luke A. Thomas

LUKE A. THOMAS
PLAINTIFF, pro se
Email: thomaslitigation2022@gmail.com
Phone: 507-910-1605

UNITED STATES DISTRICT COURT
for the
CENTRAL DISTRICT OF ILLINOIS
Springfield Division

LUKE A. THOMAS,

Plaintiff,

-against-

HOLLY J. HENZE, in her official capacity only;
JERRY J. HOOKER, in his official capacity only;
DEVRON OHRN, in his official and individual capacities;
JUSTIN OLIVER, in his official and individual capacities;
GWENDOLYN M. THOMAS, in her official and Individual capacities;
GEORGEANNE OSMER, individually;
JOHN D. OSMER, individually;
CASS COUNTY, ILLINOIS;
MENARD COUNTY, ILLINOIS;
THE EIGHTH JUDICIAL CIRCUIT OF ILLINOIS;
JOHN DOES 1–10, individually and in their official capacities (as applicable)

Defendants.

----------x

Civil Action No. 26-CV-0319

Supplemental Group Exhibit D8

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FILED
3/10/2023 9:58 AM
BRADLEY PARLIER
CLERK OF THE CIRCUIT COURT
CASS COUNTY, ILLINOIS

001

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL

CIRCUIT OF ILLINOIS, CASS COUNTY, ILLINOIS

GWENDOLYN M. THOMAS,

Petitioner,

vs., No. 2022-DC-15

LUKE A. THOMAS,

Respondent.

MOTION FOR JOINDER OF
ILLINOIS DEPARTMENT OF HUMAN SERVICES ("IDHS")

Now comes your Respondent, Luke A. Thomas, a licensed Illinois attorney, pro se, and for this Petition, states:

1. 750 ILCS 5/403(d) provides: "The court may join additional parties necessary and proper for the exercise of its authority under this Act."

2. The Illinois Department of Human Services has a monetary and public policy interest in the issues pending in this cause, including but not limited to:

A. Whether Petitioner's application for Medicaid, SNAP, TANF and other benefits was complete and accurate;

B. Whether the Department was aware of the total income of Petitioner during the thirty days preceding her application for benefits;

C. Whether Petitioner, Respondent and/or the parties' minor children were legally entitled to benefits at the time Petitioner made application;

D. Whether Petitioner, Respondent and/or the parties' minor children became legally ineligible for benefits previously approved at any time from on or about September 12, 2022 through the date of hearing on this Petition;

E. Whether one or more parties could be required to repay any benefits received during the time period of on or about September 12, 2022 through the date of hearing on this Petition;

6. In addition to the recovery of monies to which it may be legally entitled, the Department may be legally required to recover any monies or equivalents wrongfully paid, and public policy may require the Department to seek recovery of any monies or equivalents wrongfully paid to prevent waste and mismanagement of public monies.

7. Petitioner made application for benefits to the Department, including Medicaid, SNAP, & TANF benefits in Beardstown, Illinois on or about **September 14, 2022**. Records reflect **Petitioner reported zero income during the thirty-day (30 day) time period preceding the submission of her application and acceptance of benefits**.

8. Petitioner's judicial admissions and records supplied to-date reflect **Petitioner actually had $30,258.75 of actively earned, reportable, and taxable income during the thirty-day period immediately preceding the submission of her application** and/or prior to the representations made to the Department in order to secure benefits. The specific time period of **receipt of this earned, taxable income was from August 17, 2022-September 12, 2022.**

9. Upon learning of Petitioner's application and acceptance of benefits thereunder on September 14, 2022, Respondent promptly informed Petitioner and the Cass County Sheriff on the same day the parties were not eligible for said benefits and acceptance or use of said benefits may constitute fraud as a matter of law.

10. The Department has the right and obligation to recover benefits or the monetary equivalent thereof wrongfully paid and therefore has a material interest in the issues raised hereunder.

11. The parties were lawfully married during the time period subject of this motion and therefore it is necessary to address the Department's interest, its rights to recover, and the allocation and payment of any overpayment between the parties.

12. Respondent attaches a certain Memorandum in Support of Determination as a Matter of Law filed with this honorable Court on or about February 1, 2022, in support of this Motion and by this reference thereto, incorporates the same as if it were restated herein verbatim.

13. Additionally, Respondent attaches as a exhibit proof of additional income received by Petitioner in the sum of $4,080.00 dollars which Petitioner heretofore stated she received on September 12, 2022.

14. Respondent attaches a true and correct copy of a certain message sent to the Cass County Sheriff on September 14, 2022, in support of the averment of fact set forth in paragraph nine (9) above.

15. Although not required, in addition to satisfying the requirements of 750 ILCS 5/403(d), the requirements of 735 ILCS 5/2-405 are met by this Motion for joinder of the Department. Likewise, the Department in a necessary party to the matters in controversy raised herein and otherwise meets the requirements to be allowed to intervene as a matter of right.

WHEREFORE, Respondent, Luke A. Thomas, respectfully prays the Illinois Department of Human Services be joined as a party so that the rights of the Department and the parties hereto can be properly addressed and finally determined, and for such further relief deemed proper.

Luke A. Thomas, Respondent

By: Luke A. Thomas, Pro Se

By: /s/ Luke A. Thomas

VERIFICATION BY CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in the foregoing instrument are true and correct, except as to matters therein stated to be on information and belief, and as to such matters, the undersigned certifies aforesaid that I verily believe the same to be true. I further state that the statements made in the foregoing instrument as to want of knowledge sufficient to form a belief are true.

/s/ Luke A. Thomas

Luke A. Thomas

Luke A. Thomas, Respondent
176 Trillium Lane
Springfield, Illinois 62707
217.490.8208
Email: thomaslitigation2022@gmail.com

CERTIFICATE OF SERVICE

I, Luke A. Thomas, an attorney at law duly licensed to practice in the State of Illinois, do hereby certify that I electronically served the MOTION FOR JOINDER OF ILLINOIS DEPARTMENT OF HUMAN SERVICES ("IDHS") in the above-entitled cause upon Petitioner and GAL electronically to the electronic mailing addresses of record as stated below this 10th day of March, 2023.

Guardian ad Litem: alison@alisonvawterlaw.com

Gwendolyn M. Thomas: gwenthomaslaw@gmail.com

The undersigned further certifies a courtesy copy of this Motion was sent to the Illinois Department of Human Services by placing the same, postage prepaid, in the United States mail this 10th day of March, 2023, addressed as follows:

Illinois Department of Human Services
Office of General Counsel
69 West Washington
Chicago, IL 60601

/s/ Luke A. Thomas

006

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL

CIRCUIT OF ILLINOIS, CASS COUNTY, ILLINOIS

GWENDOLYN M. THOMAS,

Petitioner,

vs.

LUKE A. THOMAS,

Respondent.

No. 2022-DC-15

MEMORANDUM IN SUPPORT OF DETERMINATION AS A MATTER OF LAW

Now comes your Respondent, Luke A. Thomas, an Illinois licensed attorney, pro se, and for this Memorandum in Support of Determination as a Matter of Law, states:

1. On January 27, 2023, this honorable Court commenced hearing on Respondent's Emergency Motion for Temporary Relief.

2. The issues raised by the Emergency Motion before the court address the legality and eligibility for various forms of assistance and representations made as to reportable income at the time of making application.

3. Petitioner, a licensed attorney, indicated she was only required to report the previous month's earning when making application for benefits in, but subsequent, to September 12, 2022.

4. The Court can take judicial notice of governmental documents without further authentication as an exception to hearsay. In regard thereto, the IDHS means test and decision affixed hereto reflects zero income was reported.

5. The means test guidelines issued by IDHS and furnished to Petitioner set a maximum gross monthly income for a household of 5 at $4,268.00 to $5,173.00.

6. Despite having numerous uncontroverted Motions to Compel, Motions to Bar Evidence, and Motions for Sanctions pending, Petitioner haphazardly asserted she had "demonstrative" exhibits with allegations of theft, concealment, and dissipation without notice, without witness, and ultimately prepared and asserted in open court without any diligence. Petitioner further stated it was prepared jointly with her mother.

7. The actual contents of Petitioner's "Demonstrative" exhibit constitute a judicial admission on behalf of Petitioner. Petitioner's aforesaid exhibit contains copies of deposit slips for monies deposited into the McClure, Thomas & Thomas West Central Bank Partnership Account ending in 6446 for the month of August, 2022. These deposits total $26,178.75 and consists of active, reportable and taxable income as a matter of law.

8. Based on the foregoing, Petitioner's application should have been denied as a matter of law, making any benefits derived thereafter subject to recovery under Article VIIIA of 305 ILCS 5/ Public Aid Code.

9. Respondent respectfully requests the Court to take judicial notice that Respondent did not approve of or join Petitioner in making application and therefore make a specific finding of such as a matter of law.

10. The findings of a matter of law by the Court based on this motion are further supportive of the complete relief requested by the Court. Petitioner has filed no responsive pleadings or counter-affidavits to Respondent's verified Emergency Motion with sworn affidavit attached thereto.

11. Your Respondent respectfully represents this Court must find that Petitioner's application for benefits through the Illinois Department of Human Services for Medicaid, SNAP, TANF and any other benefits should have been denied as a matter of law had Petitioner provided truthful, accurate and complete information at the time of making her original application and subsequent reporting requirements. In so doing, this Court should make the following findings when granting Respondent's Emergency Motion for Temporary Relief and Motion for Temporary Relief:

A. Enter an Order setting forth the specific findings as a matter of law as detailed above;

B. Enter an Order declaring/finding Respondent's lack of involvement in making the subject application, his initial and ongoing objections thereto, and his attempts to prevent receipt of benefits received under the application;

C. Entering an Order granting further relief consistent with the relief sought under Respondent's Emergency Motion for Temporary Relief.

12. When determining whether to grant the relief based on the pleadings, motions and prayers for relief actually made, it is evident Respondent remains the only party to submit a feasible plan that takes into the best interests of the parties and the parties' minor children. The Court should cease considering Petitioner's oral representations and proposals at hearings in this cause until such time she provides proper pleadings and competent, admissible evidence to be considered. Otherwise, the result has and continues to be disastrous to the needs of the parties and the aforesaid minor children, presently and in the future.

LUKE A. THOMAS, Respondent

Pro se

By: /s/ Luke A. Thomas

Luke A. Thomas, Respondent
Temp. Add.: 176 Trillium Ln.
Springfield, IL 62707
Thomaslitigation2022@gmail.com
ARDC: 6278591

010

CERTIFICATE OF SERVICE

I Luke A. Thomas, an attorney at law duly licensed to practice in the State of Illinois, do hereby certify that I electronically served the MEMORANDUM IN SUPPORT OF DETERMINATION AS A MATTER OF LAW in the above-entitled cause upon Petitioner electronically to the electronic mailing addresses of record as stated below this 1st day of February, 2023.

Gwendolyn M. Thomas: gwenthomaslaw@gmail.com

/s/ Luke A. Thomas

LUKE A. THOMAS
Respondent
Temporary Address: 176 Trillium Lane, Springfield, IL 62707
Thomaslitigation2022@gmail.com
ARDC No.: 6279891

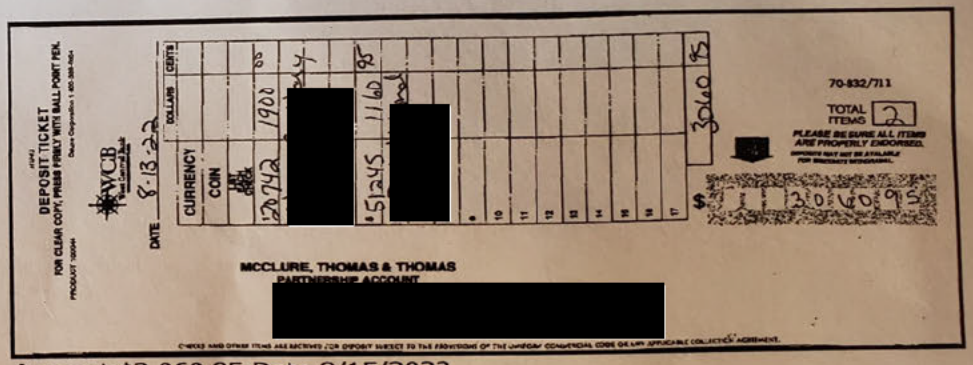
[redacted]

DEP-DDA Deposit

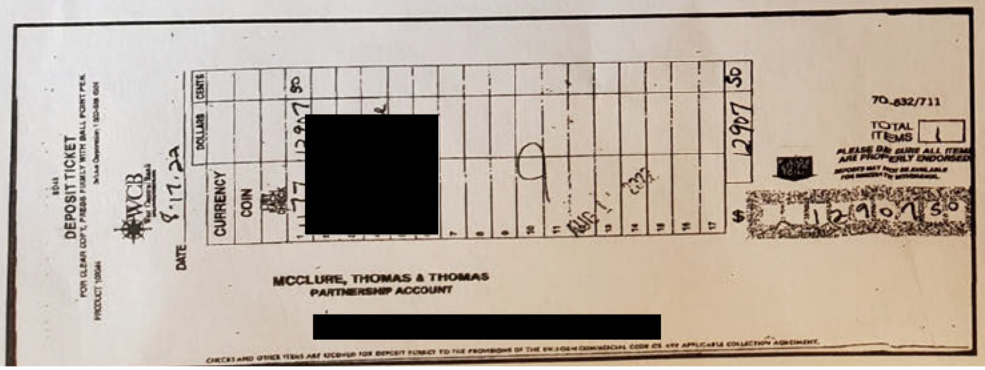
Date/Time:
Workstation
HIN #:

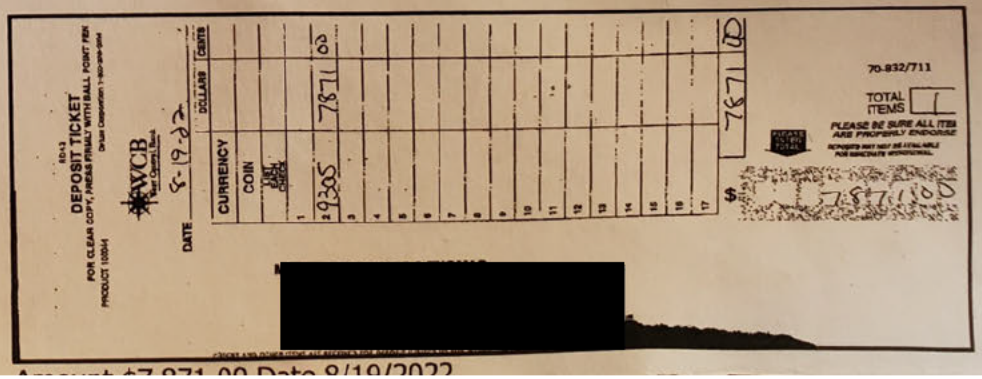
AUXILIARY	R/T	ACCOUNT	PC/TC	AMOUNT
0	5001-0010	[redacted]		$2,339.00

Amount $2,339.00 Date 8/9/2022



Amount $3,060.95 Date 8/15/2022





Amount $7,871.00 Date 8/19/2022

012

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice:	September 26, 2022
Case Number:	304358223
Client Name:	[redacted]
Individual ID:	1204674693
Office Name:	SANGAMON COUNTY FCRC
Office Address:	600 E ASH ST SPRINGFIELD, IL 62703
Phone:	217-782-0400
TTY:	
Fax:	844-736-3563

GWENDOLYN THOMAS
416 N SYLVAN ST
ASHLAND, IL 62612

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning November 01, 2022, your benefits will change as follows:

Your eligibility for **Medical Benefits** is not changed by this action.

Your application for **Supplemental Nutrition Assistance Program (SNAP)** benefits filed on Sep 16, 2022 is **approved**. For information about who is approved and the amount of SNAP benefits you will get, read the SNAP Benefits section of this notice.

How To Use Your Benefits

Cash and SNAP Benefits are available on the Illinois Link Card. Unless you received a card at the office where you applied one will be mailed to you. To choose your PIN or request a replacement card contact the Illinois LINK Help Line at 1-800-678-LINK (5465) TTY 1-877-765-3459 or go to the Illinois LINK card website at www.link.illinois.gov

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.

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013

SNAP Benefits

The person(s) listed below have been **approved** for SNAP benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your benefits.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Sep 16, 2022 - Sep 30, 2022	$496.00	[redacted] Thomas, [redacted] Thomas, [redacted] Thomas, [redacted] Thomas, [redacted] Thomas
Oct 01, 2022 - Oct 31, 2022	$1116.00	[redacted] ana
Nov 01, 2022 - Aug 31, 2023	$1116.00	[redacted] ana

Your regular monthly SNAP benefits will be available approximately Nov 03, 2022.

Your SNAP benefit of $1612.00 will be available in your Illinois LINK account on or about 09/24/22 to cover your needs from 09/16/22 through 10/31/22.

SNAP Income Eligibility Determination		Sep 16, 2022	Oct 01, 2022	Nov 01, 2022
Total Gross Earned Income		$0.00	$0.00	$0.00
Total Unearned Income	+	$0.00	$0.00	$0.00
Self Employment Income	+	$0.00	$0.00	$0.00
Child Support Deduction	-	$0.00	$0.00	$0.00
Gross Monthly Income	=	$0.00	$0.00	$0.00
SNAP Income Eligibility Determination		**Sep 16, 2022**	**Oct 01, 2022**	**Nov 01, 2022**
Gross Monthly Income Standard For Household Size of 5		$4268.00	$4465.00	$4465.00
Member age 60 or older or Disabled		No	No	No
Gross Earned Income	=	$0.00	$0.00	$0.00

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014 Earned Income Deduction	-	$0.00	$0.00	$0.00
Unearned Income	+	$0.00	$0.00	$0.00
Farm Loss Income	-	$0.00	$0.00	$0.00
Standard Income Deduction	-	$208.00	$218.00	$218.00
Medical Standard/Expenses (Member age 60 or older or Disabled Member)	-	$0.00	$0.00	$0.00
Dependent Care Deduction	-	$0.00	$0.00	$0.00
Child Support Deduction	-	$0.00	$0.00	$0.00
Adjusted Net Income	=	$0.00	$0.00	$0.00
Excess Shelter Deduction**	-	$597.00	$624.00	$624.00
Homeless Shelter Standard	-	$0.00	$0.00	$0.00
Household Net SNAP Income	=	$0.00	$0.00	$0.00
Maximum Net Income Allowable		$2587.00	$2706.00	$2706.00
SNAP Benefit Amount		$496.00	$1116.00	$1116.00

** Computation of Excess Shelter Deduction: For households without a member age 60 or older or a disabled member, this amount may be less than the amount of your Total Excess Shelter Deduction shown above.

Computation of Excess Shelter Deduction		**Sep 16, 2022**	**Oct 01, 2022**	**Nov 01, 2022**
Rent or Mortgage		$943.76	$943.76	$943.76
Utility Cost/Standard	+	$529.00	$626.00	$626.00
Total Shelter Expenses	=	$1472.76	$1569.76	$1569.76
½ of Adjusted Net Income	-	$0.00	$0.00	$0.00
Total Excess Shelter Costs	=	$597.00	$624.00	$624.00

Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted]as	[redacted]	[redacted]	Family Assist	Nov 01, 2022
[redacted] Thomas			Family Assist	Nov 01, 2022
[redacted]homas			Family Assist	Nov 01, 2022
[redacted]Thomas			Family Assist	Nov 01, 2022
[redacted]homas			Family Assist	Nov 01, 2022
[redacted]omas			Family Assist	Nov 01, 2022

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

[redacted]	[redacted]	Medical ID (RIN)	Medical Group	Coverage Dates
[redacted]		[redacted]	Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]homas			Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]s			Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]s			Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]s			Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]			Family Assist	Dec 01, 2021 - Oct 31, 2022

Your Responsibilities

SNAP Mid Point Reporting Requirements

YOU MUST REPORT THE CHANGES BELOW BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT THE INCOME OR WINNINGS WERE RECEIVED:

- IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN $4465.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF $3750.00 OR MORE.

Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at **abe.illinois.gov**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

Your Rights

YOU HAVE CERTAIN RIGHTS
CASH AND MEDICAL

Turn this page over to read more information on the back.

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If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@Illinois.gov, faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

018

Manage My Case Online

Go to **abe.illinois.gov** and click on the Manage My Case button to set up your online account right now! You'll need the individual ID displayed to the right in order to access information in ABE Manage My Case. Once you're set up, you'll be able to do all of the following online: report changes, renew your benefits, check the status of your case, and more!

[redacted]

[redacted]

Thomas
omas
olyn Thomas
homas
homas
homas

66488349

019

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

Date of Notice:	September 26, 2022
Case Number:	[redacted]
Client Name:	[redacted]
Individual ID:	
Office Name:	SANGAMON COUNTY FCRC
Office Address:	600 E ASH ST SPRINGFIELD, IL 62703
Phone:	217-782-0400
TTY:	
Fax:	844-736-3563

GWENDOLYN THOMAS
416 N SYLVAN ST
ASHLAND, IL 62612

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning November 01, 2022, your benefits will change as follows:

Your eligibility for **Medical Benefits** is not changed by this action.

Your application for **Supplemental Nutrition Assistance Program (SNAP)** benefits filed on Sep 16, 2022 is **approved**. For information about who is approved and the amount of SNAP benefits you will get, read the SNAP Benefits section of this notice.

How To Use Your Benefits

Cash and SNAP Benefits are available on the Illinois Link Card. Unless you received a card at the office where you applied one will be mailed to you. To choose your PIN or request a replacement card contact the Illinois LINK Help Line at 1-800-678-LINK (5465) TTY 1-877-765-3459 or go to the Illinois LINK card website at www.link.illinois.gov

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Turn this page over to read more information on the back.

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SNAP Benefits

The person(s) listed below have been **approved** for SNAP benefits. The actual amount you get will be lower if your benefits are being reduced to pay back a prior overpayment. We will send a notice to let you know when it's time to renew your benefits.

Approval Period	Monthly Benefit Amount	Eligible Person(s)
Sep 16, 2022 - Sep 30, 2022	$496.00	[redacted]
Oct 01, 2022 - Oct 31, 2022	$1116.00	
Nov 01, 2022 - Aug 31, 2023	$1116.00	

Your regular monthly SNAP benefits will be available approximately Nov 03, 2022.

Your SNAP benefit of $1612.00 will be available in your Illinois LINK account on or about 09/24/22 to cover your needs from 09/16/22 through 10/31/22.

SNAP Income Eligibility Determination		Sep 16, 2022	Oct 01, 2022	Nov 01, 2022
Total Gross Earned Income		$0.00	$0.00	$0.00
Total Unearned Income	+	$0.00	$0.00	$0.00
Self Employment Income	+	$0.00	$0.00	$0.00
Child Support Deduction	-	$0.00	$0.00	$0.00
Gross Monthly Income	=	$0.00	$0.00	$0.00
SNAP Income Eligibility Determination		**Sep 16, 2022**	**Oct 01, 2022**	**Nov 01, 2022**
Gross Monthly Income Standard For Household Size of 5		$4268.00	$4465.00	$4465.00
Member age 60 or older or Disabled		No	No	No
Gross Earned Income	=	$0.00	$0.00	$0.00

021 Earned Income Deduction	-	$0.00	$0.00	$0.00
Unearned Income	+	$0.00	$0.00	$0.00
Farm Loss Income	-	$0.00	$0.00	$0.00
Standard Income Deduction	-	$208.00	$218.00	$218.00
Medical Standard/Expenses (Member age 60 or older or Disabled Member)	-	$0.00	$0.00	$0.00
Dependent Care Deduction	-	$0.00	$0.00	$0.00
Child Support Deduction	-	$0.00	$0.00	$0.00
Adjusted Net Income	=	$0.00	$0.00	$0.00
Excess Shelter Deduction**	-	$597.00	$624.00	$624.00
Homeless Shelter Standard	-	$0.00	$0.00	$0.00
Household Net SNAP Income	=	$0.00	$0.00	$0.00
Maximum Net Income Allowable		$2587.00	$2706.00	$2706.00
SNAP Benefit Amount		$496.00	$1116.00	$1116.00

** Computation of Excess Shelter Deduction: For households without a member age 60 or older or a disabled member, this amount may be less than the amount of your Total Excess Shelter Deduction shown above.

Computation of Excess Shelter Deduction		**Sep 16, 2022**	**Oct 01, 2022**	**Nov 01, 2022**
Rent or Mortgage		$943.76	$943.76	$943.76
Utility Cost/Standard	+	$529.00	$626.00	$626.00
Total Shelter Expenses	=	$1472.76	$1569.76	$1569.76
½ of Adjusted Net Income	-	$0.00	$0.00	$0.00
Total Excess Shelter Costs	=	$597.00	$624.00	$624.00

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Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted]mas	[redacted]	[redacted]	[redacted]mily Assist	Nov 01, 2022
[redacted]n Thomas			[redacted]mily Assist	Nov 01, 2022
[redacted]mas			[redacted]mily Assist	Nov 01, 2022
[redacted]omas			[redacted]mily Assist	Nov 01, 2022
[redacted]mas			[redacted]mily Assist	Nov 01, 2022
[redacted]mas			[redacted]mily Assist	Nov 01, 2022

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[redacted]	[redacted]	[redacted]1	Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]omas		[redacted]3	Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]		[redacted]9	Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]		[redacted]7	Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]		[redacted]5	Family Assist	Dec 01, 2021 - Oct 31, 2022
[redacted]		[redacted]3	Family Assist	Dec 01, 2021 - Oct 31, 2022

Your Responsibilities

SNAP Mid Point Reporting Requirements

YOU MUST REPORT THE CHANGES BELOW BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT THE INCOME OR WINNINGS WERE RECEIVED:

- IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN $4465.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF $3750.00 OR MORE.

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- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at **abe.illinois.gov**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

Your Rights

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SNAP

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[redacted]

WAG 25-03-02 (1) SNAP

Program Standards

SNAP

SNAP Standard Deductions

Other SNAP Deductions

SNAP Utility Standards (10/2021)

SNAP Resource Limits

Program Standards

SNAP

Number in SNAP Unit	SNAP Maximum Allotment Effective 10/01/2021 through 09/30/2022	SNAP Maximum Gross Income Standard 165% FPL (No Qualifying Member) Effective 10/01/2021	SNAP Maximum Gross Income Standard 200% FPL (Qualifying Member) Effective 10/01/2021	SNAP Maximum Net Income Standard Effective 10/01/2021
1	$ 250	$ 1,771	$ 2,147	$ 1,074
2	459	2,396	2,903	1,452
3	658	3,020	3,660	1,830
4	835	3,644	4,417	2,209
5	992	4,268	5,173	2,587
6	1,190	4,893	5,930	2,965
7	1,316	5,517	6,687	3,344
8	1,504	6,141	7,443	3,722
9	1,692	6,766	8,200	4,101
10	1,880	7,391	8,957	4,480
Each add'l	+188	+625	+757	+379

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SNAP Standard Deductions

- $170 - 1-3 people (10/21)
- $177 - 4 people (10/21)

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- $208 - 5 people (10/21)
- $239 - 6 or more people (10/21)

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Other SNAP Deductions

- **Maximum Shelter Deduction**
  - $597 (10/21)
- **SNAP Homeless Shelter Standard**
  - $147 (09/19)
  - $152 (10/19)
  - $156 (10/20)
  - $**159** (10/21)

Note: SNAP homeless households that have expenses that exceed the Homeless Shelter Standard may choose to use Actual Homeless Shelter Expenses, if verified.

- **Dependent Care Deductions:**
  - Use actual monthly costs
- **Standard Medical Deduction (only SNAP units with qualifying members)**
  - **Residents of Group Homes (including CILAs)➡**
    - $485 (07/11)
  - **All other SNAP units with qualifying members**
    - ➡$185 (12/21)

Note: SNAP units that have expenses that exceed the Standard Medical Deduction may choose actual medical expenses.

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SNAP Utility Standards (10/2021)

UTILITY STANDARD	AMOUNT
A/C Heat	$ 529
Limited Utility	341
Single Utility	59
Telephone	44

SNAP Resource Limits

- **$3,750** if at least 1 household member is a qualifying member and the gross monthly income of the household is above the 200% FPL Gross Monthly Income Standard; or

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- **$2,500** for all other SNAP households with a member disqualified for an Intentional Program Violation (IPV) or sanctioned for violating a work provision.
- **$3,750** for Lottery or Gambling winnings (see PM 07-04-21)

Note: SNAP asset limits do not apply to categorically eligible households unless the SNAP household receives substantial lottery or gambling winnings of more than $3,750 (see PM 07-04-21)

For SNAP Assets see PM 07-04-00.

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State of Illinois
Department of Human Services
Department of Healthcare and Family Services

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Date of Notice: September 30, 2022
Case Number: [redacted]
Client Name: [redacted]
Individual ID: [redacted]
Office Name: [redacted]
Office Address: 300 E 2ND ST
BEARDSTOWN, IL 62618
Phone: 217-323-4185
TTY:
Fax: 844-736-3563

GWENDOLYN THOMAS
416 N SYLVAN ST
ASHLAND, IL 62612

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Notice of Decision

Beginning November 01, 2022, your benefits will change as follows:

Your eligibility for **Supplemental Nutrition Assistance Program (SNAP)** is not changed by this action.

The local office reviewed your reported change in circumstances and your SNAP benefits will not be increased. Your SNAP amount will remain the same. If there is a change in the future you will be notified in writing.

Medical Benefits will stop for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

How To Use Your Benefits

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Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted] Thomas	[redacted]	[redacted]	Family Assist	Nov 01, 2022
[redacted] as			Family Assist	Nov 01, 2022
[redacted] as			Family Assist	Nov 01, 2022
[redacted] as			Family Assist	Nov 01, 2022
[redacted] s			Family Assist	Nov 01, 2022

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[redacted]	[redacted]	[redacted]	Family Assist	Oct 01, 2022 - Oct 31, 2022
[redacted] omas			Family Assist	Oct 01, 2022 - Oct 31, 2022
[redacted]			Family Assist	Oct 01, 2022 - Oct 31, 2022
[redacted]			Family Assist	Oct 01, 2022 - Oct 31, 2022
[redacted]			Family Assist	Oct 01, 2022 - Oct 31, 2022
[redacted]			Family Assist	Oct 01, 2022 - Oct 31, 2022

Not Eligible for Medical Benefits

The person(s) listed in the table below are **not eligible** for Medical Benefits.

Name	Birth Date	Date Coverage Ends	Reason	Policy Reference
[redacted]		Oct 31, 2022	This individual does not live with the household. Go to abe.illinois.gov to submit an application.	PM 03-05, PM 04-05

Your Responsibilities

SNAP Mid Point Reporting Requirements

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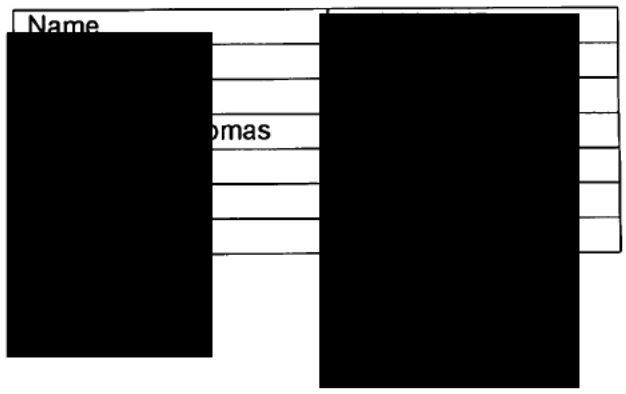

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State of Illinois
Department of Human Services
Department of Healthcare and Family Services

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[redacted] can manage your case online at abe.illinois.gov

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Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted] n Thomas	[redacted]	[redacted]	Family Assist	Nov 01, 2022
[redacted] mas			Family Assist	Nov 01, 2022
[redacted] mas			Family Assist	Nov 01, 2022
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			Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022

Not Eligible for Medical Benefits

The person(s) listed in the table below are **not eligible** for Medical Benefits.

Name	Birth Date	Date Coverage Ends	Reason	Policy Reference
Luke Thomas	Jul 19, 1975	Oct 31, 2022	This individual does not live with the household. Go to abe.illinois.gov to submit an application.	PM 03-05, PM 04-05

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Manage My Case Online

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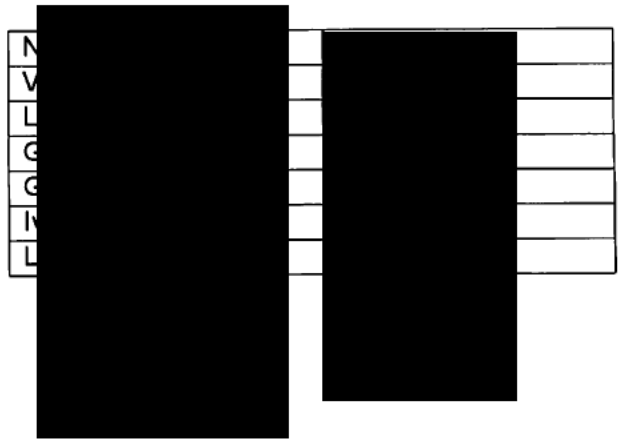

66590909

State of Illinois
Department of Human Services
Department of Healthcare and Family Services

041

Date of Notice: September 30, 2022
Case Number: [redacted]
Client Name: [redacted]
Individual ID:
Office Name: [redacted] CRC
Office Address: 300 E 2ND ST
BEARDSTOWN, IL 62618
Phone: 217-323-4185
TTY:
Fax: 844-736-3563

[redacted]

You can manage your case online at abe.illinois.gov

Esta notificación está disponible en Español. Usted puede solicitarla por Internet en abe.illinois.gov o llame al 1-800-843-6154 (TTY 1-866-324-5553)

Notice of Decision

Beginning November 01, 2022, your benefits will change as follows:

Your eligibility for **Supplemental Nutrition Assistance Program (SNAP)** is not changed by this action.

The local office reviewed your reported change in circumstances and your SNAP benefits will not be increased. Your SNAP amount will remain the same. If there is a change in the future you will be notified in writing.

Medical Benefits will stop for at least one person in your household. Read the Medical Benefits section of this notice to find out who has benefits and to review these changes.

How To Use Your Benefits

Once you stop using the cash or SNAP benefits in your Illinois Link account for a period of 274 days, those benefits will be deleted from your account and will no longer be available to you.

You can manage your case online through ABE (www.abe.illinois.gov). To learn how, read the **Manage My Case Online** section in this notice.

This notice contains important information. If you cannot read this notice, please call us at 1-800-843-6154 (TTY 1-866-324-5553) for help. Please stay on the line while you are connected with an interpreter.

Turn this page over to read more information on the back.

66590909

042

Medical Benefits

The person(s) listed in the table below are **eligible** for ongoing Medical benefits.

Name	Birth Date	Medical ID (RIN)	Medical Group	Start of Ongoing Coverage
[redacted]yn Thomas	[redacted]	[redacted]3	Family Assist	Nov 01, 2022
[redacted]omas		[redacted]9	Family Assist	Nov 01, 2022
[redacted]omas		[redacted]7	Family Assist	Nov 01, 2022
[redacted]omas		[redacted]5	Family Assist	Nov 01, 2022
[redacted]mas		[redacted]3	Family Assist	Nov 01, 2022

The person(s) listed in the table below have been **approved** for coverage for earlier dates.

Name	Birth Date	Medical ID (RIN)	Medical Group	Coverage Dates
[redacted]	[redacted]	[redacted]	Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022
			Family Assist	Oct 01, 2022 - Oct 31, 2022

Not Eligible for Medical Benefits

The person(s) listed in the table below are **not eligible** for Medical Benefits.

Name	Birth Date	Date Coverage Ends	Reason	Policy Reference
[redacted]		Oct 31, 2022	This individual does not live with the household. Go to abe.illinois.gov to submit an application.	PM 03-05, PM 04-05

Your Responsibilities

SNAP Mid Point Reporting Requirements

YOU MUST REPORT THE CHANGES BELOW BY THE 10TH DAY OF THE MONTH AFTER THE MONTH THAT THE INCOME OR WINNINGS WERE RECEIVED:

- IF YOUR GROSS INCOME BEFORE DEDUCTIONS IS MORE THAN $4465.00.
- IF YOU OR SOMEONE IN YOUR HOUSEHOLD RECEIVES ANY MONEY FROM LOTTERY OR GAMBLING WINNINGS OF $3750.00 OR MORE.

Medical Change Reporting Requirements

YOU ARE RESPONSIBLE FOR TELLING US WITHIN 10 DAYS OF THE DATE YOU LEARN OF A CHANGE LISTED BELOW.

- You move or change your mailing address;
- You or someone in your household's income changes, for any reason;
- You or someone in your household becomes pregnant or has a baby;
- You or someone in your household gets married or divorced;
- The size of your family or the number of persons in your household changes;
- Someone in your household dies;
- Someone in your household goes to jail or prison, or is released;
- You or someone in your family gets other health insurance or loses other health insurance;

You must report changes to your DHS or HFS office listed on the first page of this notice by telephone, by mail, or online at **abe.illinois.gov**. Read the 'Manage My Case Online' section of this notice to learn more about reporting changes online.

Turn this page over to read more information on the back.

044

Your Rights

YOU HAVE CERTAIN RIGHTS
CASH AND MEDICAL

If you were denied cash or medical benefits, you have the right to talk with a DHS or HFS caseworker to ask about the reason for denial. The talk will be informal. Any added information you have should be presented at that time. You have the right to be represented at this meeting by any person(s) you choose. If you wish such a meeting, contact the office named on the first page of this notice. You should do this right away. If you choose not to have an informal meeting, you still have a right to appeal this action.

SNAP

If Your SNAP Application Was Denied

You may apply for SNAP benefits again any time you think you may be eligible. If you don't agree with our decision to deny your application, you may ask for a fair hearing. You will not receive any SNAP benefits just because you ask for a fair hearing. You will have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer. If it is decided that you are right, you may be entitled to SNAP benefits from the date you applied.

If Your SNAP Application Was Approved

You may ask for a fair hearing if you don't agree with the decision. You will then have the chance to explain your disagreement to a Family Community Resource Center worker and later to a hearing officer.

YOU HAVE THE RIGHT TO APPEAL THIS DECISION

If you do not agree with our decision, you have the right to appeal and be given a fair hearing. You may represent yourself at this hearing or you can ask someone else, such as a lawyer, relative or friend to represent you. If you are appealing the decision on your cash and/or medical benefits decision you must do so within 60 days after the "Date of Notice." If you are appealing a decision about SNAP you must do so within 90 days after the "Date of Notice." You can ask for a fair hearing by calling (800) 435-0774, if you use a TTY, by calling (877) 734-7429, going online to abe.illinois.gov/abe/access/appeals, emailing DHS.BAH@Illinois.gov, faxing (312) 793-3387, or in writing to DHS Bureau of Hearings, 69 W. Washington, 4th Floor, Chicago, IL 60602.

To apply for free legal help:

- ✓ In Cook County (including the City of Chicago) - Legal Assistance Foundation of Metropolitan Chicago: (312) 341-1070
- ✓ In other counties in Northern or Central Illinois with area codes (309), (815) or (847) - Prairie State Legal Services: (800) 531-7057
- ✓ In other counties in Central or Southern Illinois where the area code is (217) or (618) - Land of Lincoln Legal Assistance Foundation: (877) 342-7891

CONTINUING YOUR BENEFITS

If you appeal on or before the "Date of Change", your Cash and/or SNAP benefits will be continued at the present level until a decision is made on your appeal after the hearing. You have the right to request that your benefits not be continued at the present level. If your benefits are continued at the present level and the fair hearing decides the reduction/cancellation was correct, the amount of the benefits you received to which you were not entitled are recouped from future payments or must be paid back if your case is cancelled.

Turn this page over to read more information on the back.

66590909

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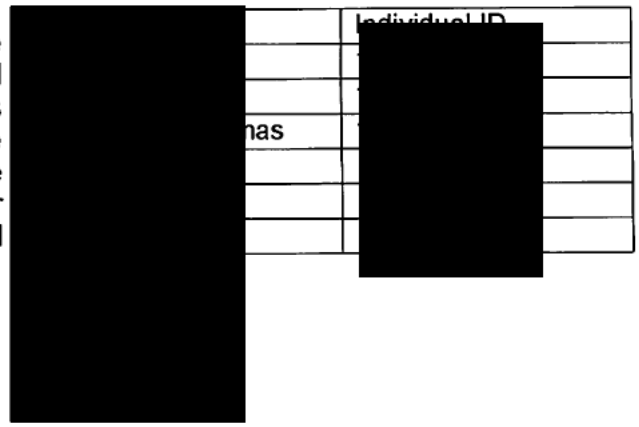

Luke Thomas <thomaslitigation2022@gmail.com>

Re: FW: [External] Cass County 2022-DC-15 IRMO Thomas Motion for Joinder

1 message

Luke Thomas <thomaslitigation2022@gmail.com> Fri, Apr 14, 2023 at 4:15 PM
To: "Nickols, Lorelei" [redacted]nois.gov>

Ms. Nickols,

Thank you for your prompt reply. I will send you a follow-up email containing any supplemental materials in my position after making sure they were not covered in the existing pleadings. I will also provide a summary of facts leading up to the filing of the Motion and relevant evidence already on record in the case. I understand the Department's position and I doubt I will contest the position you set forth in the Motion to Strike. I will try to get you the follow-up email referenced herein over the weekend.

Thanks again,

Luke

On Fri, Apr 14, 2023 at 3:54 PM Nickols, Lorelei <Lorelei.Nickols@illinois.gov> wrote:

> Forgot to add… I can take any additional information that you want me to pass on to IDHS. Just let me know.
>
> Thanks,
>
> Lorelei
>
> ---
>
> **From:** Nickols, Lorelei
> **Sent:** Friday, April 14, 2023 3:15 PM
> **To:** Luke Thomas <thomaslitigation2022@gmail.com>
> **Subject:** RE: [External] Cass County 2022-DC-15 IRMO Thomas Motion for Joinder
>
> I think the purpose of your motion was to bring the fraud to the Department's attention, and you have succeeded. We just don't feel that the divorce docket is the appropriate forum for the state to pursue a fraud action. There is an 800# you could have used. There is an internal administrative investigation and proceedings, which could lead to criminal and/or civil actions. None of the administrative proceedings are public information, though. So, going forward, I cannot update you on what the state is doing about it administratively.
>
> Thanks,
>
> Lorelei
>
> ---
>
> **From:** Luke Thomas <thomaslitigation2022@gmail.com>
> **Sent:** Friday, April 14, 2023 3:03 PM
> **To:** Nickols, Lorelei [redacted]
> **Subject:** [External] Cass County 2022-DC-15 IRMO Thomas Motion for Joinder

Ms. Nickols:

048

Based on the recent emails with Judge Henze, I understand you will be entering your appearance on behalf of the Department of Human Services for the purpose of responding to the Motion for Joinder I filed as Party-Respondent in 2022-DC-15.

Since I do not believe we have met, please allow this email to also serve as an introduction. I am uncertain what the Department's position will be on the Motion for Joinder or the allegations raised therein, so I will not delve into extraneous information that may be unnecessary. If there is interest, I would welcome the opportunity to give you some perspective on the reason I am seeking to join the Department and the concerns I have had that led to me seeking such relief. Likewise, there may be additional facts not set forth in the Motion which may be useful in determining the best path forward. Just know, I am willing to answer any questions you may have or provide information you may seek.

Given everyone involved in this case is experienced in family law in a professional capacity, I feel compelled to make it clear I did not file the Motion as typical divorce tactic or with any sort of malice. Health insurance and coverage play an especially important role in my family's situation. Given my son's chronic health issues (Type-1 Diabetes) and my medical history, I want the issue of health insurance and coverage addressed with certainty, which has been lacking since the inception of this case. I also desire to address any obligations to State of Federal agencies (DHS, IRS, Social Security, etc.) head-on and resolve them promptly.

Please let me know if you have any questions or need any information from me. I look forward to working with you to resolve any issues promptly and professionally.

Sincerely,

Luke

Luke A. Thomas

[redacted]

[redacted]

[redacted]

[redacted]@gmail.com

ARDC No: 6278591

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Admissions:

State of Illinois

United States Supreme Court

United States Bankruptcy Court

United States District Court

049

Re: [External] 2022-DC-15 Joinder/SNAP Issues

1 message

Luke Thomas <thomaslitigation2022@gmail.com> Wed, Apr 26, 2023 at 2:09 PM
To: "Nickols, Lorelei" [redacted]@illinois.gov>

I haven't had a chance to review everything in detail but I will do so well in advance of the continuation date--i should have time and get back to you by midweek next week.

As part of the divorce proceeding, insurance for me and the children are at issue. We maintained sufficient assets and income to continue with our private insurer. In January of this year, I obtained quotes for reinstatement of similar Blue Cross insurance which would have allowed my son and I to return to our providers at Mayo Clinic, which I was under a 5-year care plan since my Stage III rectal cancer diagnosis in May 2019.

While I would not commit fraud in general, this became an issue in the divorce because I had not other choice but to ask the court to determine as a matter of law had the income been disclosed properly, Medicaid would not have been an option for at least the adults.

I did not want to be forced to forego my care at Mayo and I wanted the court to recognize the risk that coverage may end and repayment of benefits could be a penalty, which I did not want to be held liable for.

Petitioner attempted to request the court to bifurcate the divorce, refusing to share information or allowed Cobra coverage under her plan at work and continued misleading the court about our continued eligibility.

If the Department can confirm that we would not have been eligible at the time the original application was submitted (I was listed on this application only so Petitioner could seek back coverage of any unpaid medicals in my name and then immediately sought bifurcation), this would fulfill the purpose of why I tried to involve them in the first place.

I previously was tasked with obtaining and managing our family's health insurance from 2008 until September, 2022. I want to make sure we have lawful coverage that best meets our existing needs. If eligibility was an issue at the start then the Medicaid plan proposed by Petitioner---which wants as a permanent plan--it is something I feel the court must know is not an option to choose from.

I am sorry for the lengthy email, but this isn't a case of vindictiveness or gamesmanship in the divorce proceeding. I want to make sure that impression hasn't been given or is at least overcome with additional facts of what is at issue.

I am happy to discuss this with you or the department in greater detail if requested.

Thanks again and I apologize if this has created additional work on your end.

Luke

On Wed, Apr 26, 2023, 1:27 PM Nickols, Lorelei <Lorelei.Nickols@illinois.gov> wrote:

> I passed the information on to the Dept.
>
> Are you planning to withdraw the joinder motion Friday, or have it continued?
>
> Thanks,
>
> Lorelei

From: Luke Thomas <thomaslitigation2022@gmail.com>
Sent: Monday, April 17, 2023 3:09 PM
To: Nickols, Lorelei [redacted]
Subject: [External] 2022-DC-15 Joinder/SNAP Issues

Ms. Nickols,

I apologize for not getting this sent over the weekend as intended.

I have attached a pre-trial exhibit which contains additional relevant documentation as to my request for Joinder or to otherwise resolve all outstanding issues. I will spare you the backstory leading up to the point where I felt compelled to seek to join the Department, other than to say I never dreamed of being in this position.

If you have any questions regarding the attachment or any other materials submitted to-date, please let me know. I am willing to answer any questions you or the Department may have.

Sincerely,

Luke

Luke A. Thomas
[redacted]

Admissions:

State of Illinois

United States Supreme Court

United States Bankruptcy Court

United States District Court

product privilege, or any other exemption from disclosure.