

**UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Honorable Thomas J. Tucker

Chapter 9

**REPLY IN SUPPORT OF DEBTOR'S
THIRTY-SIXTH OMNIBUS OBJECTION TO CERTAIN CLAIMS**

(INSUFFICIENT DOCUMENTATION)

The City of Detroit (“City”), by its undersigned counsel, files this reply in support of its *Thirty-Sixth Omnibus Objection to Certain Claims* (“Objection,” Doc. No. 10811), stating as follows:

1. On March 10, 2016, the City filed its Objection. As set forth on Exhibit 2 to the Objection, the City objected to claim number 3292 of Cheryl Minniefield. On April 6, 2016, Minniefield filed her corrected response.¹ Claim number 3292 and the corrected response are attached as Exhibits 1 and 2.

¹ Minniefield’s first response was filed on April 1, 2016, at docket number 11005. Additional timely responses were filed to the Objection, but those responses, other than Dwayne A. Brown’s response to claim number 2984, will be handled via a separate procedure recently approved by the Court. [Doc. No. 11054]. The City is continuing to investigate claim number 2984 of Dwayne A. Brown and will address his claim at the April 13 hearing. An untimely response was filed by Kendra McDonald on April 8, 2016. [Doc. No. 11060.] McDonald’s response should be overruled as untimely.

2. Minniefield filed three claims in the City's bankruptcy case: claim 3289, 3292 and 3294.² Claim number 3292 was listed on Exhibit 2 to the Objection. The other two claims (3289 and 3294) filed by Minniefield were not. The stated basis for claim 3289 is "discrimination (EEOC) Case # - Civil No. 12-13479." Ex. 3. The stated basis for claim 3294 is "unjust discharge – civil service case # 2011-5." Ex. 4.

3. Minniefield's response, however, addresses the two claims that were not listed on Exhibit 2. The response fails to address claim number 3292 or provide any documentation in support of claim number 3292. Consequently, the City's objection to claim 3292 should be sustained. For these reasons, the City asks the Court to overrule the responses and sustain the City's Objection to these claims.

² Claim numbers 3289 and 3294 are attached as Exhibits 3 and 4. The City reserves all rights to object to these claims on any basis.

Dated: April 8, 2016

By: /s/ Marc N. Swanson

Jonathan S. Green (P33140)

Marc N. Swanson (P71149)

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-and-

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raimic@detroitmi.gov

ATTORNEYS FOR THE CITY OF DETROIT

EXHIBIT 1

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT		EASTERN DISTRICT of MICHIGAN		FILED CHAPTER 11 PROOF OF CLAIM	
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846		FEB 21 2014	
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.					
Name of Creditor (the person or other entity to whom the debtor owes money or property): Cheryl Minniefield				US BANKRUPTCY COURT MI Eastern District	
Name and address where notices should be sent: Cheryl Minniefield 14175 Glastonbury Ave Detroit, MI 48243				<input type="checkbox"/> Check this box if this claim amends a previously filed claim.	
Telephone number: 313-837-5048 email: CMINNIET@YAHOO.COM				Court Claim Number: _____ (If known)	
Name and address where payment should be sent (if different from above): Cheryl Minniefield 14175 Glastonbury Ave DET MI 48243				Filed on: _____	
Telephone number: 313-837-5048 email: CMINNIET@YAHOO.COM				<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.	
1. Amount of Claim as of Date Case Filed: \$ 5,000.00				FEB 24 2014	
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.				KURTZMAN CARSON CONSULTANTS	
2. Basis for Claim: Unpaid time bank i.e. Vacation/Serving Holiday (See instruction #2)					
3. Last four digits of any number by which creditor identifies debtor:			3a. Debtor may have scheduled account as: _____ (See instruction #3a)		
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.				Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe:				Basis for perfection: _____	
Value of Property: \$ _____				Amount of Secured Claim: \$ _____	
Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable				Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____					
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____					
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)					
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:					
8. Signature: (See instruction # 8) Check the appropriate box.					
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)					
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.					
Print Name: _____ Title: _____ Company: _____ Address and telephone number (if different from notice address above): _____ Telephone number: _____ email: _____				Cheryl Minniefield (Signature) 2/21/2014 (Date)	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment



EXHIBIT 2

**UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF
MICHIGAN SOUTHERN DIVISION**

FILED
2016 APR -6 : A 10: 14

In re:

U.S. BANKRUPTCY COURT
E.D. MICHIGAN - DETROIT

Debtor

City of Detroit, Michigan

Bankruptcy Case No. 13-53846

Honorable Thomas J. Tucker Chapter 9

**DEBTOR'S THIRTY-SIXTH OMNIBUS OBJECTION TO CERTAIN
CLAIMS**

OBJECTION OF CHERYL MINNIEFIELD TO THE ABOVE

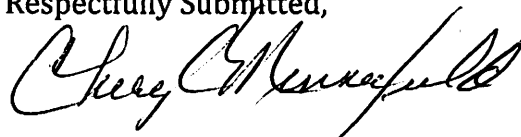
I have spent \$40,000 on this case in arbitration plus lawyer's fees and on filings in Federal District Court as well as previous EEOC filings.

The City of Detroit is offering nothing to settle this case. Therefore, I want to proceed to the trial at Federal District Court.

I opposed the city's objection to my claim. I do not agree with the City of Detroit's argument that my case is unworthy and the City of Detroit's assessment of only \$5,000 dollars.

March 30, 2016

Respectfully Submitted,



By: Cheryl Minniefield
14175 Glastonbury Ave.
Detroit, MI 48223
Phone# 313-837-5048
cminniefi@yahoo.com

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

IN RE:

2016 APR -6 : A 10: 14

U.S. BANKRUPTCY COURT
E.D. MICHIGAN - DETROIT

CASE NO: 13-53846

CHAPTER: 9

Debtor.

City of Detroit

CERTIFICATE OF SERVICE

I hereby certify that on 4/4/16 (date of mailing), I served copies as follows:

1. Document(s) served:

Objection of Cheryl Minniefield to Debtor's thirty sixth Omnibus Objection to Certain Claims

2. Served upon [name and address of each person served]:

Maureen Swenson, Tom Athan, D. Green, Miller, Canfield, Taddock and Stone, PC @ 150 W. Jefferson Ste 2500, Detroit, MI 48226 AND Charles N. Rainey, Deputy Corp Counsel City of Detroit, Law Dept, 2 Woodward Ave Ste 500, BAYLOR, Detroit, MI 48226

3. By First Class Mail.

Dated: 4/4/2016

Cheryl Minniefield
(Signature)

Print Name: Cheryl Minniefield

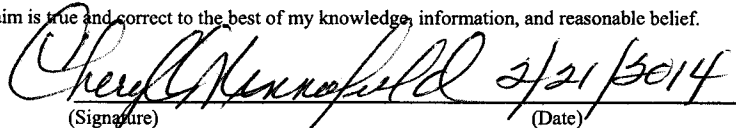
EXHIBIT 3

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		<div style="border: 1px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">FILED</div> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">FEB 21 2014</p> <p style="text-align: center; font-weight: bold;">US Bankruptcy Court Eastern District of Michigan</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">FEB 24 2014</p> <p style="text-align: center; font-weight: bold;">KURTZMAN CARSON CONSULTANTS</p>
Name of Debtor: City of Detroit, Michigan		Case Number: 13-53846
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Cheryl Minniefield		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: Cheryl Minniefield 14175 Glastonbury Ave Detroit, MI 48223 313-837-5048 email: cminniefi@yahoo.com		
Name and address where payment should be sent (if different from above): Cheryl Minniefield 14175 Glastonbury Ave Detroit, MI 48223 313-837-5048 email: cminniefi@yahoo.com		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
1. Amount of Claim as of Date Case Filed: \$ 2,000,000.00		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or other charges.		
2. Basis for Claim: discrimination (EEOC) Case # Civil No. 12-13479 (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate (when case was filed) _____ % <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable		Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		\$ _____
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____.		\$ _____
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: _____	 _____ (Date) 2/21/2014	
Title: _____		
Company: _____		
Address and telephone number (if different from notice address above): _____		
Telephone number: _____	email: _____	

EXHIBIT 4

B10 (Official Form 10) (04/13) (Modified)

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT of MICHIGAN		CHAPTER 9 PROOF OF CLAIM FILED FEB 21 2014 COURT USE ONLY <input type="checkbox"/> Check this box if this claim amends a previously filed claim. US Bankruptcy Court MI Eastern District Court Claim Number: _____ (If known) Filed on: _____ <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars. RECEIVED FEB 24 2014 KURTZMAN CARSON CONSULTANTS
Name of Debtor: City of Detroit, Michigan Case Number: 13-53846		
NOTE: Do not use this form to make a claim for an administrative expense that arises after the bankruptcy filing.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Cheryl Minniefield		
Name and address where notices should be sent: Cheryl Minniefield 14175 Glastonbury Ave Detroit, MI 48223		
Telephone number: 313 837-5048 email: CMINNIET@YAHOO.COM		
Name and address where payment should be sent (if different from above): Cheryl Minniefield 14175 Glastonbury Ave Detroit, MI 48223		
Telephone number: _____ email: CMINNIET@YAHOO.COM		
1. Amount of Claim as of Date Case Filed: \$ <u>500,000.00</u>		
If all or part of the claim is secured, complete item 4. If all or part of the claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement.		
2. Basis for Claim: <u>Unjust Discharge - Civil Service Case # 2011-5</u> (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor: <u>XX4300</u>	3a. Debtor may have scheduled account as: _____ (See instruction #3a)	
4. Secured Claim (See instruction #4) Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.		
Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____	Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any: \$ _____	
Value of Property: \$ _____	Basis for perfection: _____	
Annual Interest Rate (when case was filed) _____% <input type="checkbox"/> Fixed or <input type="checkbox"/> Variable	Amount of Secured Claim: \$ _____	
	Amount Unsecured: \$ _____	
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ _____		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § _____ \$ _____		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. Documents: Attached are redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and redacted copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
8. Signature: (See instruction # 8) Check the appropriate box.		
<input checked="" type="checkbox"/> I am the creditor. <input type="checkbox"/> I am the creditor's authorized agent. <input type="checkbox"/> I am the trustee, or the debtor, or their authorized agent. <input type="checkbox"/> I am a guarantor, surety, indorser, or other codebtor. (See Bankruptcy Rule 3005.) (See Bankruptcy Rule 3004.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: _____	 (Signature)	
Title: _____		
Company: _____		
Address and telephone number (if different from notice address above): _____		
Telephone number: _____ email: _____		