

**UNITED STATES BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIFORNIA**

**Voluntary Petition**

Name of Debtor (If individual, enter Last, First, Middle): <b>TRI-CITY MENTAL HEALTH CENTER, a Municipal Joint Powers Authority</b>	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names): <b>TRI-CITY MENTAL HEALTH AUTHORITY</b>	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):
Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all): <b>953775190</b>	Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):
Street Address of Debtor (No. & Street, City, State, & Zip Code): <b>2008 N. Garey Avenue Pomona, CA 91767</b>	Street Address of Joint Debtor (No. & Street, City, State, & Zip Code):
County of Residence or of the Principal Place of Business: <b>Los Angeles</b>	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):

Location of Principal Assets of Business Debtor (if different from street address above):

**Information Regarding the Debtor (Check the Applicable Boxes)**

Venue (Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

This petition is being filed by a corporation or partnership under chapter 11 and the debtor acknowledges that a Venue Disclosure Form is required to be filed by General Order 97-02.

<p><b>Type of Debtor (Check all boxes that apply)</b></p> <p><input type="checkbox"/> Individual(s)      <input type="checkbox"/> Railroad</p> <p><input type="checkbox"/> Corporation      <input type="checkbox"/> Stockbroker</p> <p><input type="checkbox"/> Partnership      <input type="checkbox"/> Commodity Broker</p> <p><input checked="" type="checkbox"/> <b>Other Municipality</b>      <input type="checkbox"/> Clearing Bank</p>	<p><b>Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)</b></p> <p><input type="checkbox"/> Chapter 7      <input type="checkbox"/> Chapter 11      <input type="checkbox"/> Chapter 13</p> <p><input checked="" type="checkbox"/> Chapter 9      <input type="checkbox"/> Chapter 12</p> <p><input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding</p>
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<p><b>Nature of Debts (Check one box)</b></p> <p><input type="checkbox"/> Consumer/Non-Business      <input checked="" type="checkbox"/> Business</p>	<p><b>Filing Fee (Check one box)</b></p> <p><input checked="" type="checkbox"/> Full Filing Fee attached</p> <p><input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No.3.</p>
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<p><b>Chapter 11 Small Business (Check all boxes that apply)</b></p> <p><input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101.</p> <p><input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e). (Optional)</p>
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**Statistical/Administrative Information (Estimates only)**

Debtor estimates that funds will be available for distribution to unsecured creditors.

Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there be no funds available for distribution to unsecured creditors.

**Estimated Number of Creditors**

1-15	16-49	50-99	100-199	200-999	1000-over
<input type="checkbox"/>	<input checked="" type="checkbox"/>				

**Estimated Assets**

\$0 - \$50,000	\$50,001- \$100,000	\$100,001- \$500,000	\$500,001- \$1 million	\$1,000,001- \$10 million	\$10,000,001- \$50 million	\$50,000,001- \$100 million	More than \$100 million
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Estimated Debts**

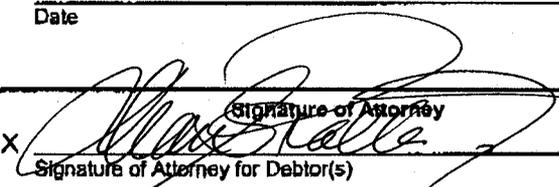
\$0 - \$50,000	\$50,001- \$100,000	\$100,001- \$500,000	\$500,001- \$1 million	\$1,000,001- \$10 million	\$10,000,001- \$50 million	\$50,000,001- \$100 million	More than \$100 million
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

02/13/2004 \*\*FILED\*\* 08:17

**LA04-13167BR**

DEBTOR:  
TRI-CITY MENTAL HEALTH CENTER  
JUDGE: HON. B. Russell - 201  
TRUSTEE: CH: 09 (INCOMPLETE)  
341A MTG:  
ADR:

CLERK, U.S. BANKRUPTCY COURT  
CENTRAL DISTRICT OF CALIF. ID: 715  
RECEIPT NO: LA-004694 \$ 839.00

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>FORM B1, Page 2</b> <b>TRI-CITY MENTAL HEALTH CENTER, a Municipal Joint Powers Authority</b>	
<del>Enter Bankruptcy Case Filed Within Last 9 Years (If more than one, attach additional sheet)</del>			
Location Where Filed: <b>NONE</b>		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)</b>			
Name of Debtor: <b>NONE</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <input checked="" type="checkbox"/> <b>Not Applicable</b> Signature of Debtor  <input type="checkbox"/> Signature of Joint Debtor  Telephone Number (if not represented by attorney)  Date		<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11).  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.	
<input checked="" type="checkbox"/> <b>Signature of Attorney</b>  Signature of Attorney for Debtor(s)  <b>Dean G. Rallis, Jr.</b> Printed Name of Attorney for Debtor(s)  <b>SulmeyerKupetz, a Professional corporation</b> Firm Name  <b>333 South Hope Street, 35<sup>th</sup> Floor</b> Address  <b>Los Angeles, CA 90071</b>  <b>(213) 628-2311</b> <b>(213) 947-1107</b> Telephone Number and Fax Number  <b>Feb 12, 2004</b> <b>94266</b> Date Bar Number		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts), the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter.  <input checked="" type="checkbox"/> <b>Not Applicable</b> Signature of Attorney for Debtor(s) Date	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <input checked="" type="checkbox"/>  Signature of Authorized Individual  <b>Luann Martenson</b> Printed Name of Authorized Individual  <b>Executive Director</b> Title of Authorized Individual <b>February 12, 2004</b> Date		<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> <b>No</b>	
Names and complete Social Security numbers of all other individuals who prepared or assisted in preparing this document.  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <input checked="" type="checkbox"/> <b>Not Applicable</b> Signature of Bankruptcy Petition Preparer  Date  A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.			

Local Rule 1015-2 - (Rev. 6/98)

1998 USBC, Central District of California

**STATEMENT OF RELATED CASES  
INFORMATION REQUIRED BY LOCAL RULE 1015-2  
UNITED STATES BANKRUPTCY COURT, CENTRAL DISTRICT OF CALIFORNIA**

1. A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor, his/her spouse, an affiliate of the debtor, any copartnership or joint venture of which debtor is or formerly was a general or limited partner, or member, or any corporation of which the debtor is a director, officer, of person in control, as follows: (Set forth the complete number and title of such of prior proceedings, date filed, nature thereof, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceedings(s).)

None

2. (If petitioner is a partnership or joint venture) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Reform Act of 1978 has previously been filed by or against the debtor or an affiliate of the debtor, or a general partner in the debtor, a relative of the general partner, general partner of, or person in control of the debtor, partnership in which the debtor is a general partner, general partner of the debtor, or person in control of the debtor as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature of the proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

3. (If petitioner is a corporation) A petition under the Bankruptcy Act of 1898 or the Bankruptcy Act of 1978 has previously been filed by or against the debtor, or any of its affiliates or subsidiaries, a director of the debtor, an officer of the debtor, a person in control of the debtor, a partnership in which the debtor is general partner, a general partner of the debtor, a relative of the general partner, director, officer, or person in control of the debtor, or any persons, firms, or corporations owning 20% or more of its voting stock as follows: (Set forth the complete number and title of such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending and, if not, the disposition thereof. If none, so indicate. Also list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

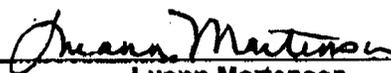
4. (If petitioner is an individual) A petition under the Bankruptcy Reform Act, including amendments thereof, has been filed by or against the debtor within the last 180 days: (Set forth the complete number and title of such prior proceeding, date filed, nature of proceeding, the Bankruptcy Judge and court to whom assigned, whether still pending, and if not, the disposition thereof. If none, so indicate. Also, list any real property included in Schedule A that was filed with any such prior proceeding(s).)

None

I declare, under penalty of perjury, that the foregoing is true and correct.

**TRI-CITY MENTAL HEALTH CENTER,  
a Municipal Joint Powers Authority**

Executed at Pomona, California.

  
\_\_\_\_\_  
**Luann Martenson,  
Executive Director**

Dated February 12, 2004

[LAWFRM483478.1]

Exhibit "A"

[If debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11 of the Bankruptcy Code, this Exhibit "A" shall be completed and attached to the petition.]

In re TRI-CITY MENTAL HEALTH CENTER, a Municipal Joint Powers Authority

Case No.: Chapter 9

Exhibit "A" to Voluntary Petition

1. If any of the debtor's securities are registered under Section 12 of the Securities Exchange Act of 1934, the SEC file number is N/A

2. The following financial data is the latest available information and refers to the debtor's condition on N/A

- a. Total assets \$
b. Total debts (including debts listed in 2.c., below) \$

Table with columns for debt types (secured, unsecured, subordinated), dollar amounts, and approximate number of holders.

Comments, if any:

3. Brief description of debtor's business: N/A

4. List the names of any person who directly or indirectly owns, controls, or holds, with power to vote, 5% or more of the voting securities of debtor. N/A



**Form 4.**  
**LIST OF CREDITORS HOLDING**  
**20 LARGEST UNSECURED CLAIMS**

In re:

Case No.

Chapter 11

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or dept. of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed or subject to setoff	Amount of claim [if secured also state value of security]
Stan Johnson State Dept of Mental Health 1600 9 <sup>th</sup> Street Sacramento, CA 95814	Stan Johnson (916) 654-2314 (916) 653-9269 - Fax	State Audit Disallowances FY 96/97 – 02/03	Contingent	7,877,857.00
Stan Johnson State Dept of Mental Health 1600 9 <sup>th</sup> Street Sacramento, CA 95814	Stan Johnson (916) 654-2314 (916) 653-9269 - Fax	Medi-Cal Interim Settlements FY 01/02 – 02/03	Contingent	6,025,411.00
Russ Miller, CPA Zions Bank 10 East S Temple 5 <sup>th</sup> Floor Salt Lake City, UT 84133	Russ Miller, CPA (801) 524-7382 (801) 524-4726 – Fax	Revenue Anticipation Note	Contingent	3,800,000.00
Richard Kushi Los Angeles County Department of Mental Health 550 South Vermont Avenue 5 <sup>th</sup> Floor Los Angeles, CA 90020	Richard Kushi (213) 738-4684 (213) 381-7092 – Fax	Cash Flow Loan	Contingent	3,400,000.00
Douglas Dunlap City of Pomona 505 South Garey Avenue PO Box 660 Pomona, CA 91769	Douglas Dunlap (909) 620-2051 (909) 620-3707 – Fax	Line of Credit		800,000.00
Leyroy Haynes Center 233 West Baseline Road La Verne, CA 91750	Darrell Paulk LeRoy Haynes (909) 593-2581 (909) 596-3567 – Fax	Unreimbursed Billing to Medical	Contingent, Unliquidated	600,000.00
Steven Adcox Associate General Counsel Ferguson Enterprises, Inc. 12500 Jefferson Avenue Newport News, VA 23602	Steven Adcox (757) 874-7795 (757) 989-2501 – Fax	2750 S. Towne Avenue	Contingent	376,000.00
Richard Kushi Los Angeles County Department of Mental Health 550 South Vermont Avenue 5 <sup>th</sup> Floor Los Angeles, CA 90020	Richard Kushi (213) 738-4684 (213) 381-7092 – Fax	ISA Hospitalizations FY 98-03	Contingent	290,000.00
Nancy Novak Cameron Properties 375 South Main Street Suite 200 Pomona, CA 91766	Nancy Novak (909) 622-2233 (909) 622-5679 – Fax	Real Estate Lease (160 E. Holt)	Disputed	250,000.00

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or dept. of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
Prototypes 5601 W. Slauson Avenue Suite 200 Culver City, CA 90230	Attn Ruth Chiang (909) 624-1233 (310) 338- 0915- Fax	Service Contract	Contingent, Disputed	201,351.00
Pomona Valley Youth Employment Services 568 E Foothill Boulevard Pomona, CA 91767	John Owsley (909) 621-5077 (909) 626-0068	Service Contract	Contingent, Disputed	100,000.00
First Insurance Funding 450 Skokie Boulevard Suite 1000 Northbrook, IL 60062	Deborah Rogers (714) 578-7228 (714) 578-7486 – Fax	Financing of Insurance Premium		85,000.00
California Pers 400 "P" Street Sacramento, CA 95809-1982	Linda Errant (800) 225-7377	Retirement Plan for Employees		85,000.00
Trimlife Health Systems 5055 Canyon Great Drive Suite 224 Riverside, CA	Ronald Barnes, MD (909) 794-7583	Consulting	Contingent	58,000.00
VTD 8270 Aspen Street Rancho Cucamonga, CA	(909) 446-4410 (909) 466-4431 – Fax	Auditors		30,000.00
LaHabra Beach Property 7101 Val Jean Avenue Van Nuys, CA 91406	Dr. Mois Talei (818) 787-6100 (818) 787-9266 – Fax	Real Property Lease		29,000.00
Echo Group P.O. Box 2150 Conway, NH	(603) 447-8600 (603) 447-8680 – Fax	Computer Contract		24,000.00
664 Co. 2201 Temple Avenue Suite 250 Los Angeles, CA	(909) 595-7004 (909) 595-3506 – Fax	Real Property Lease		17,663.00
Xerox Corp. P.O. Box 7413 Pasadena, CA 91109	(888) 339-7887 (626) 839-2755	Copy Services		14,530.00
Steelcase Financial P.O. Box 91200 Chicago, IL	Michael Shaw (800) 501-7374	Furniture Lease		12,297.00
Sovereign Bank P.O. Box 991 Jersey City, NJ 07303	(516) 531-0600	Equipment Lease		11,354.00
Southern California Edison P.O. Box 600 Rosemead, CA	(800) 990-7788	Utilities		11,000.00
HRS USA P.O. Box 5220 Carrol Stream, IL 60197	(800) 210-8115	Supply Account		10,734.00
Sunflower International Trading, Inc. 2120 Wright Avenue LaVerne, CA 91750	(949) 837-8999	Real Property Lease	Disputed, Contingent	9,287.00

(1) Name of creditor and complete mailing address including zip code	(2) Name, telephone number and complete mailing address, including zip code, of employee, agent, or dept. of creditor familiar with claim who may be contacted	(3) Nature of claim (trade debt, bank loan, government contract, etc.)	(4) Indicate if claim is contingent, unliquidated, disputed or subject to setoff	(5) Amount of claim [if secured also state value of security]
City of Claremont 207 Harvard Avenue Claremont, Ca 91711	Dick Duthrie (909) 399-5493 (909) 624-3595		Disputed, Contingent	6,000.00