

# EXHIBIT A

original

AVSO350

ALABAMA JUDICIAL DATA CENTER  
TUSCALOOSA COUNTY

SUMMONS

CV 2016 000098.00

IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY  
SCOTTIE O'KEITH BRASFIELD VS APPLE, GOOGLE PLAY & AMAZON

SERVE ON: (D001)

SSN: - -

PLAINTIFF'S ATTORNEY

APPLE  
1 INFINITE LOOP

\*\*\* PRO SE \*\*\*

CUPERTINO, CA 95014-0000

P.O. Box 71826  
Tuscaloosa, AL 35405

TO THE ABOVE NAMED DEFENDANT:

THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS, YOU OR YOUR ATTORNEY ARE REQUIRED TO MAIL OR HAND DELIVER A COPY OF A WRITTEN ANSWER, EITHER ADMITTING OR DENYING EACH ALLEGATION IN THE COMPLAINT TO THE PLAINTIFFS ATTORNEY(S) SHOWN ABOVE OR ATTACHED:

THIS ANSWER MUST BE MAILED OR DELIVERED WITHIN 30 DAYS AFTER THIS SUMMONS AND COMPLAINT WERE DELIVERED TO YOU OR A JUDGEMENT BY DEFAULT MAY BE ENTERED AGAINST YOU FOR THE MONEY OR OTHER THINGS DEMANDED IN THE COMPLAINT. YOU MUST ALSO FILE THE ORIGINAL OF YOUR ANSWER WITH THE CLERK OF THIS COURT.

( ) TO ANY SHERIFF OR ANY PERSON AUTHORIZED BY EITHER RULES 4.1(B)(2) OR 4.2(B)(2) OR 4.4(B)(2) OF THE ALABAMA RULES OF CIVIL PROCEDURE; YOU ARE HEREBY COMMANDED TO SERVE THIS SUMMONS AND A COPY OF THE COMPLAINT IN THIS ACTION UPON DEFENDANT.

(✓) THIS SERVICE BY CERTIFIED MAIL OF THIS SUMMONS IS INITIATED UPON THE WRITTEN REQUEST OF OF THE ALABAMA RULES OF CIVIL PROCEDURE. PURSUANT TO RULE 4.1(C)

DATE: 05/24/2016

CLERK: MAGARIA HAMNER BOBO  
CIRCUIT CLERK  
714 GREENSBORO AVE  
TUSCALOOSA AL 35401

RETURN ON SERVICE:

( ) CERTIFIED MAIL RETURN RECEIPT IN THIS OFFICE ON (DATE) \_\_\_\_\_  
(RETURN RECEIPT HERETO ATTACHED)

( ) I CERTIFY THAT I PERSONALLY DELIVERED A COPY OF THE SUMMONS AND COMPLAINT TO \_\_\_\_\_  
IN \_\_\_\_\_ COUNTY, ALABAMA ON (DATE) \_\_\_\_\_

DATE \_\_\_\_\_ SERVER SIGNATURE \_\_\_\_\_

SERVER ADDRESS \_\_\_\_\_ TYPE OF PROCESS SERVER \_\_\_\_\_

OPERATOR: LAA  
PREPARED: 05/24/2016

State of Alabama Unified Judicial System  Form C-10 Page 1 of 1 Rev. 2/95	<b>AFFIDAVIT OF SUBSTANTIAL                  HARDSHIP AND ORDER</b>	Case Number  <u>CV-2016-98</u>
IN THE <u>Circuit</u> COURT OF <u>TUSCALOOSA</u> , ALABAMA <small>(Circuit, District, or Municipal) (Name of County or Municipality)</small>		
STYLE OF CASE: <u>Scottie Keith Brasfield</u> v. <u>Apple Corp</u> <small>Plaintiff(s) Defendant(s)</small>		
TYPE OF PROCEEDING: _____ CHARGE(s) (if applicable): _____		
<input checked="" type="checkbox"/> CIVIL CASE-- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case. <input type="checkbox"/> CIVIL CASE-- (such as paternity, support, termination of parental rights, dependency) -- I am financially unable to hire an attorney and I request that the court appoint one for me. <input type="checkbox"/> CRIMINAL CASE-- I am financially unable to hire an attorney and request that the court appoint one for me. <input type="checkbox"/> DELINQUENCY/NEED OF SUPERVISION-- I am financially unable to hire an attorney and request that the court appoint one for my child/me		
SECTION 1. AFFIDAVIT		
1. IDENTIFICATION		
Full name <u>Scottie Keith Brasfield 1<sup>st</sup></u> Date of Birth <u>9/11/1968</u> Spouse's full name (if married) <u>not married</u> Complete home address <u>P.O. Box 71826</u> <u>Tuscaloosa Alabama 35405</u> Number of people living in household <u>1</u> Home telephone number <u>(205) 887-7551</u> Occupation/Job <u>disabled War Veteran</u> Length of employment <u>23 Years VA Hospital</u> Driver's license number <u>AL 5205613</u> Social Security Number <u>417943992</u> Employer <u>Veterans Affairs Medical Center</u> Employer's telephone number <u>554-2000</u> Employer's address <u>3700 Loop Road, Tuscaloosa, AL 35404</u>		
2. ASSISTANCE BENEFITS		
Do you or anyone residing in your household receive benefits from any of the following sources? (If so, please check those which apply) <input type="checkbox"/> AFDC <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <u>Social Security</u>		
3. INCOME/EXPENSE STATEMENT		
Monthly Gross Income: Monthly Gross income \$ <u>2906.00</u> Spouse's Monthly Gross Income (unless a marital offense) _____ Other Earnings: Commissions, Bonuses, interest Income, etc. _____ Contributions from Other People Living in Household _____ Unemployment/Workmen's Compensation, Social Security, Retirements, etc. <u>362.00</u> Other Income (be specific) _____ <b>TOTAL MONTHLY GROSS INCOME</b> \$ <u>3268.00</u>		
Monthly Expenses: A. Living Expenses \$ <u>1060.00</u> Rent/Mortgage <u>72.00</u> Total Utilities: Gas, Electricity, Water, etc. <u>220.00</u> Food <u>200.00</u> Clothing <u>150.00</u> Health Care/Medical <u>90.00</u> Insurance <u>5.00</u> Car Payment(s)/Transportation Expenses <u>600.00</u> Loan Payment(s) <u>507.00</u>		
*OPTIONAL		

95014

Form C-10 Page 2 of 2 Rev. 2/95	<b>AFFIDAVIT OF SUBSTANTIAL HARDSHIP AND ORDER</b>	
Monthly Expenses:(cont'd page 1) Credit Card Payment(s) _____ Educational/Employment Expenses _____ Other Expenses (be specific) _____		
Sub-Total	A \$	2,984.50
B. Child Support Payment(s)/Alimony _____		
Sub-Total	B \$	_____
C. Exceptional Expenses _____		
<b>TOTAL MONTHLY EXPENSES (add subtotals from A &amp; B monthly only)</b>	<b>\$</b>	<b>2,984.50</b>
Total Gross Monthly Income Less total monthly expenses: <b>DISPOSABLE MONTHLY INCOME</b>		<b>\$ 283.50</b>
<p>4. LIQUID ASSETS:</p> <p>Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit) \$ _____</p> <p>Equity in Real Estate (value of property less what you owe) _____</p> <p>Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishing, jewelry, tools, guns, less what you owe) _____</p> <p>Other (be specific) _____</p> <p>Do you own anything else of value? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (land, house, boat, TV, stereo, jewelry) If so, describe _____</p> <p style="text-align: center;"><b>TOTAL LIQUID ASSETS</b></p> <p style="text-align: right;"><b>\$ _____</b></p>		
<p>5. Affidavit/Request</p> <p>I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the court or its authorized representative to obtain records of information pertaining to my financial status from any source in order to verify information provide by me. I further understand and acknowledge that, if the court appoints an attorney to represent me, the court may require me to pay all or part of the fees and expenses of my court-appointed counsel.</p> <p>Sworn to and subscribed before me this</p> <p style="text-align: center;"><u>27</u> day of <u>April</u>, 2016</p> <p style="text-align: center;"><u>Margaria H. Bobo</u> Judge/Clerk/Notary</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;"><u>Scottie O'Keith Brasfield Jr</u> Affiant's Signature</p> <p style="text-align: center;"><u>Scottie O'Keith Brasfield Jr</u> Print or Type Name</p> </div> <div style="width: 45%; text-align: center;"> <p>2016 APR 29 PM 12:45 MARGARIA H. BOBO CIRCUIT COURT TUSCALOOSA COUNTY AL.</p> </div> </div>		
<b>ORDER OF COURT</b>		
<p>SECTION II</p> <p>IT IS THEREFORE, ORDERED, AND ADJUDGED BY THE COURT AS FOLLOWS:</p> <p><input type="checkbox"/> Affiant is not indigent and request is DENIED.</p> <p><input type="checkbox"/> Affiant is partially indigent and able to contribute monetarily toward his/her defense; therefore defendant is ordered to pay \$ _____ towards the anticipated cost of appointed counsel. Said amount is to be paid to the clerk of court or as otherwise ordered and disbursed as follows:</p> <p><input type="checkbox"/> Affiant is indigent and request is GRANTED. <i>Costs may be assessed at conclusion. Any jury demand must be paid.</i></p> <p><input checked="" type="checkbox"/> The prepayment of docket fees is waived.</p> <p>IT IS FURTHER ORDERED AND ADJUDGED that _____ is hereby appointed as counsel to represent affiant.</p> <p>IT IS FURTHER ORDERED AND ADJUDGED that the court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the court and paid to the appointed counsel, and costs of court.</p> <p>Done this <u>29th</u> day of <u>April</u>, 2016</p> <p style="text-align: right;"><u>[Signature]</u> Judge</p>		



In the Circuit Court of Tuscaloosa County, Alabama  
Scottie Okeith Brasfield 1st

cv-2016-98

\_\_\_\_\_  
Plaintiff

vs.  
APPLE  
GOOGLE PLAY  
AMAZON

\_\_\_\_\_  
Defendant

① Infinite Loop 95014  
cupertine, California

② 1866-216-1070

Amazon

COMPLAINT

2016 APR 29 PM 12:16  
SARAH H. BOBO  
CIRCUIT COURT  
TUSCALOOSA COUNTY AL

I studied and completed a website Development course for Apple, Google PLAY, and Amazon. I did receive an app to submit online and I received a electronic check for 13 billion Dollars 13,000,000,000.00. I was told to deposit the check by Apple. when I attempted to Deposit the check I was told that it had no routing number by the bank. I did not receive Funds. I would like to receive funds for being an apple Developer <sup>SB</sup> in the amount of the check that I received. Thirteen Billion Dollars, \$13,000,000,000.00 and all other Funds that I am Intitlled to.

Thank you

Scottie Okeith Brasfield 1st

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Original

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ALABAMA JUDICIAL DATA CENTER  
TUSCALOOSA COUNTY

SUMMONS

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CV 2016 000098.00

IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY  
SCOTTIE O'KEITH BRASFIELD VS APPLE, GOOGLE PLAY & AMAZON

SERVE ON: (D001)

SSN: - -

APPLE  
1 INFINITE LOOP

CUPERTINO, CA 95014-0000

PLAINTIFF'S ATTORNEY

\*\*\* PRO SE \*\*\*

P.O. Box 71826

Tuscaloosa, AL 35405

TO THE ABOVE NAMED DEFENDANT:

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(✓) THIS SERVICE BY CERTIFIED MAIL OF THIS SUMMONS IS INITIATED UPON THE WRITTEN REQUEST OF \_\_\_\_\_ PURSUANT TO RULE 4.1(C) OF THE ALABAMA RULES OF CIVIL PROCEDURE.

DATE: 05/24/2016

Margaria H. Bobo  
CLERK: MARGARIA HAMNER BOBO  
CIRCUIT CLERK  
714 GREENSBORO AVE  
TUSCALOOSA AL 35401

RETURN ON SERVICE:

( ) CERTIFIED MAIL RETURN RECEIPT HEREON

( ) I CERTIFY THAT I PERSONALLY SERVED THE DEFENDANT WITH THIS COMPLAINT TO \_\_\_\_\_ IN \_\_\_\_\_

DATE \_\_\_\_\_

SERVER ADDRESS \_\_\_\_\_

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	CV-16-98 JHE Postmark Here Summons DI
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.89	

Sent To: **Apple**  
 Street, Apt. No., or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4 \_\_\_\_\_

PS Form 3800, August 2006 See Reverse for Instructions

SUMMONS AND

FR

OPERATOR: LAA  
PREPARED: 05/24/2016

5151 9544 1000 0392 ETD

CN-10-98 THE SUMMONS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **DI**

**Apple**

**1 Infinite Loop**

**Cupertino, CA 95014**



9590 9402 1528 5362 5401 08

2 Article Number (transfer from service label)

**7013 2630 0001 4796 4922**

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

**X On Form recipient**  Agent  Addressee

B. Received by (Printed Name)

**ADP**

C. Date of Delivery

**6-1**

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

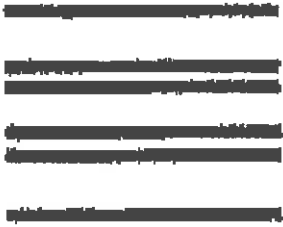
Domestic Return Receipt



USPS TRACKING#



9590 9402 1526 5362 5401 06



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

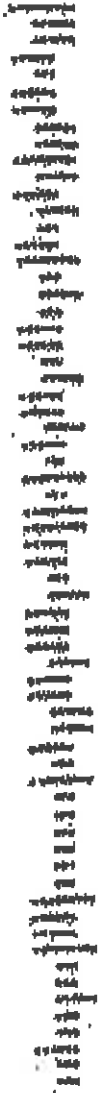
United States  
Postal Service

• Sender: Please print your name, address, and ZIP code in this box

MAGARIA H. BOBO  
CIRCUIT CLERK  
714 GREENSBORO AVE. ROOM 214  
TUSCALOOSA, AL 35401

ON-10-98 THE SUMMONS

JUN 1 10 10 AM '16  
MAGARIA H. BOBO  
CIRCUIT CLERK  
TUSCALOOSA, AL 35401





## AlaFile E-Notice

63-CV-2016-000098.00

Judge: JOHN HENRY ENGLAND JR

To: BRASFIELD SCOTTIE O'KEITH (PRO SE)  
P.O. BOX 71826  
TUSCALOOSA, AL 35405-0000

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## NOTICE OF SERVICE

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IN THE CIRCUIT COURT OF TUSCALOOSA COUNTY, ALABAMA

SCOTTIE O'KEITH BRASFIELD VS APPLE, GOOGLE PLAY & AMAZON  
63-CV-2016-000098.00

The following matter was served on 6/1/2016

**D001 APPLE**

**Corresponding To**  
**CERTIFIED MAIL**

MAGARIA HAMNER BOBO  
CIRCUIT COURT CLERK  
TUSCALOOSA COUNTY, ALABAMA  
714 GREENSBORO AVENUE  
TUSCALOOSA, AL 35401

205-349-3870  
magaria.bobo@alacourt.gov