



Total Trial Solutions^{LLC}
GUIDED BY KNOWLEDGE



Biography

Bullet-Point Biography by Sarah Lunham

Total Trial Solutions Biographer

Date Submitted: 1/28/2022



Total Trial Solutions^{LLC}
GUIDED BY KNOWLEDGE

Table of Contents

Early Years	3
Medical History	3
Education & Employment	4
Lifestyle & Activities	5
Symptoms & Misdiagnosis	6
Impacts on Health and Wellness	9
Dependence & Quality of Life	10
Emotional Damages & Isolation	11
Fighting Spirit	
Lay Witness Contact Sheets	
Alberto “Albert” [REDACTED]	13
Rafaela [REDACTED]	15

Total Trial Solutions LLC
GUIDED BY KNOWLEDGE



Early Years

- [REDACTED] was born on August 31, 1984, in Los Angeles, CA, to Rafaela [REDACTED] and Hector [REDACTED].
- Hector did not think LA was a suitable place for raising children in the '80s, so in 1986, he moved his family to his native country of Mexico.
- [REDACTED] was enrolled in a private, Catholic school in Mexico, along with his older sister Joanna. Rafaela hired an English tutor to teach her children English, but [REDACTED] didn't see the point - he'd never return to the U.S., or so he thought.
- [REDACTED] lived in Mexico until age 12, at which point his parents divorced. He and his mother returned to CA, this time settling in sunny Riverside. [REDACTED] lived with his uncle and several cousins for approximately six months while his mother found a steady job and a safe place to live. [REDACTED] recalls this being a particularly difficult time in his life, as he was without either of his parents for a period of time.
- Once Rafaela found work and a place to live, she brought [REDACTED] home. The two shared a 2-bedroom apartment in North Hollywood and built a simple life together. At one point, Rafaela worked three jobs to make ends meet for herself and [REDACTED].
- As a US citizen who was raised in Mexico, [REDACTED] struggled to find his place once he and his mother returned to the US. "When we came back here, it was rough," [REDACTED] admits. "I had never experienced racism and discrimination, and when we came back, that's the first thing that I felt. The kids from Mexico didn't want to talk to me because I don't look Mexican. I'm light skinned. I have red hair. And for them, I was born here, so I was a white guy. The people that were born here didn't want to talk to me because I didn't know the language."

Medical History

- [REDACTED] was prescribed glasses around age seven for astigmatism and myopia. By age 19, he was wearing contact lenses.
- In approximately 1997, [REDACTED] fell and tore the meniscus in his left knee. He doesn't appear to have had surgery.
- At age 14 or 15, [REDACTED] began to experience chronic headaches. An MRI revealed that [REDACTED] had an arachnoid cyst, a fluid-filled sac, located on his brain. Doctors at Woodland Hills Medical Center inserted a shunt into [REDACTED] head to drain the excess fluid. Shortly thereafter, [REDACTED] headaches ceased. He returned to school just weeks after his surgery.
- [REDACTED] was 19 years old when he was diagnosed with pseudotumor cerebri, a disorder which occurs when pressure inside the skull increases. Also known as, intracranial hypertension, symptoms include headache and vision loss. If the condition goes untreated, it can result in permanent vision loss. Doctors at Woodland Hills Medical Center inserted a lumbar shunt to drain excess cerebrospinal fluid from [REDACTED] head to another part of his body where the fluid is absorbed. [REDACTED] was hospitalized for approximately four days following surgery.

- In 2013, ██████ was diagnosed with viral meningitis, following what is believed to have been an outbreak at a Dodgers game. ██████ was treated at ██████ Hospital for several days before he was released in good condition.

Education & Employment

- Growing up, ██████ had a desire to help people. He hoped to take that desire and incorporate it into a career. “I always wanted to be an agent,” ██████ advises. “Whether it was FBI CIA, FDA, or DEA. I always liked solving puzzles, helping people, [and] investigating.”
- After graduating from Canoga Park High School, ██████ applied to the Navy. He scored especially well on the reading comprehension exam and says he was being considered for espionage. ██████ had other plans. He says he planned to join the Navy and eventually become a military police officer. “I wanted to be in the military for 15 or 20 years, retire, and then go to an agency,” he shares. Sadly, things didn’t go according to plan. ██████ application to the Navy was denied as a result of a prior back surgery, which was necessary for the shunt for his pseudotumor cerebri.
- Without a career path in mind, ██████ forged ahead. From 2003 until 2007, ██████ worked as a baggage handler, a customer service rep, and a security officer. From 2007 until 2015, ██████ managed a legal copy service company. He delivered court-ordered subpoenas to individuals and companies in southern CA.
- In November 2015, ██████ landed a job as a clerk with LA county. He was hired as a contract employee, however, there was an opportunity to become an employee of LA county.
- As a clerk, ██████ assisted in the preparation of legal documents, such as birth certificates, marriage certificates, and death certificates. He was even deputized to perform marriage ceremonies, which he says he enjoyed. ██████ was thrilled with the opportunity to work for the county. “I really liked it. It allowed me to help people,” he notes.
- ██████ hoped that after his six-month contract expired, that LA county would hire him as a full-time employee. As a county employee, ██████ would have access to health insurance, paid time off, and a pension.
- The opportunities to advance within LA county was something ██████ was especially interested in. He says once you’re hired, “The sky is the limit. You can move as high as you want,” he adds. Advancing to other departments within the county was something that ██████ spoke about often, according to his mother, Rafaela ██████ “He knew he could move up all the way if he wanted to, and because of that he was planning on going back to school.”
- ██████ says that once he became an employee of the county, he had no plans of leaving. He hoped to go back to school and earn a bachelor’s degree, which would have given him access to better paying jobs. “I had made up my mind. I was going to retire here,” concludes ██████

Lifestyle & Activities

- [REDACTED] lived with his mother in her North Hollywood apartment, but he had plans to get his own place as soon as he saved enough money. Living on his own is something [REDACTED] had done before, along with a roommate, but the sudden loss of a job led him back home temporarily. [REDACTED] shared an apartment with his mother, but he did so with freedom and independence.
- [REDACTED] invested in a clean, active, and healthy lifestyle. Managing his weight and eating healthy are among his top priorities because it helps him better manage his pseudotumor cerebri. [REDACTED] weight has a direct impact on the amount of spinal fluid his body produces. The heavier he is, the more fluid his body creates. [REDACTED] didn't smoke, drink, or use illicit drugs. Instead, he focused on eating clean, drinking lots of water, exercising, and getting adequate sleep at night. "He was trying to stay healthy," affirms close friend, Albert [REDACTED]. "He was trying to stay to fit."
- Cardio boxing was one way [REDACTED] managed his weight. The cardio-intensive workout became a fixture in his exercise regimen. [REDACTED] made time each week to take cardio boxing classes, but he also worked one-on-one with a private trainer and instructor. "He loved boxing," declares Rafaela. "There was a point when he was doing that twice a day."
- The freedom to drive allowed [REDACTED] to work, take his mother to medical appointments and food shopping, travel to sports events and concerts, go to the gym, and attend social functions, among other things. Rafaela, who no longer drives, made a point to ride along with [REDACTED] when he worked as a process server, delivering subpoenas. Rafaela recalls one particular trip when the two drove along Pacific Highway, stopping at roadside eateries along the way. "It was really, really nice. When we were coming back, we took the mountain route," she adds.



- [REDACTED] had a close circle of friends, with whom he saw on a regular basis. Together, [REDACTED] and his friends attended sporting events and concerts, watched movies together at the local cinema in town, and met up for dinner as often as they could. [REDACTED] also went on trips and vacationed with his friends to places like Las Vegas, Cancun, and Mexico City.
- [REDACTED] is a big sports fan, who once was a season ticket holder for the LA Dodgers. [REDACTED] and his best friend Albert held season tickets for several years, allowing for them to attend as many baseball games as they wanted. [REDACTED] equally enjoyed watching the LA Laker's play at the Staples Center. "We used to go to sporting events a lot," Albert attests.
- [REDACTED] was a simple, quiet man, who oftentimes kept to himself. He relished playing video games, reading, writing, and watching movies. "He always had a big collection of DVD movies," observed Albert. "He had like a big library of movies and video games."



Symptoms & Misdiagnosis

- In February 2016, [REDACTED] began suffering from painful headaches. Each day, the headaches got worse, says [REDACTED] until "One day, it got to the point where I couldn't stand it anymore."
- On approximately February 24, [REDACTED] went to the ER at [REDACTED] with immense head pain. At the time, he thought he might have viral meningitis, but nurses dismissed his concerns. [REDACTED] was released from the ER with pain medication.
- Two days later, [REDACTED] returned to the ER at [REDACTED] with worsening symptoms. He asked for a spinal tap, but the request was denied because of the hardware (shunts) in his back. Furthermore, nurses told [REDACTED] mother Rafaela that the hospital didn't accept his insurance, therefore if he needed additional treatment, he should go to the ER at [REDACTED].
- On February 28, [REDACTED] passed out at home, and was taken by ambulance to the ER at [REDACTED], where he was admitted. Neurologist, [REDACTED] examined [REDACTED] and then sent him for blood work, an EEG, and x-rays of both shunts. (According to [REDACTED] the x-rays showed that both shunts were functioning.) [REDACTED] was also examined by neurosurgeon, [REDACTED] Dr. [REDACTED] attempted to obtain fluid

from the shunt in [REDACTED] head, despite [REDACTED] telling him it wasn't a reservoir, and his efforts were causing pain. Once Dr. [REDACTED] realized he couldn't get fluid from the shunt, he ordered a spinal tap. [REDACTED] was diagnosed with viral meningitis and severe vertigo. (Interestingly enough, he was not isolated from other patients, or prohibited from having family visits - despite having viral meningitis. Instead, he spent seven days in a hospital room with another patient and had family members making periodic visits. "Why if I had viral meningitis didn't they put me in isolation?" [REDACTED] ponders.) Meanwhile, [REDACTED] symptoms were getting worse. He also began to experience blurry vision, along with a tingling sensation in his fingers and toes. [REDACTED] was released from the hospital on March 9.

- On March 17, 2016, [REDACTED] returned to the ER because of ongoing headaches, dizziness, and tingling in both hands. He reported a "whooshing sound" coming from both ears, along with stiffness in his back and neck. [REDACTED] vision was also worsening. He was hallucinating, seeing double, and had blurry vision in both eyes. [REDACTED] stated that he was having a hard time lying down because of the pressure on his neck. Additionally, [REDACTED] began experiencing periods of staring spells, during which he was unresponsive to verbal commands. Doctors at [REDACTED] believed the staring spells were actually linked to seizures, and prescribed Depakote.
- Throughout April and May 2016, [REDACTED] treated with [REDACTED]. [REDACTED] told Dr. [REDACTED] that his symptoms were getting progressively worse and noted concern over his double vision and dimming of his vision. He relayed to Dr. [REDACTED] that light bothers him so much that he keeps the curtains drawn and lights off at home. Dr. [REDACTED] assured [REDACTED] that his symptoms were related to viral meningitis, and that in time they would go away. After some convincing on [REDACTED] part, Dr. [REDACTED] referred him to an ophthalmologist to evaluate his eyes.
- Two weeks went by and not a word from Dr. [REDACTED] office regarding the ophthalmologist referral. [REDACTED] mother called the office and was told the referral was sent to [REDACTED] insurance company on Friday, May 13, almost two weeks after his initial appointment.
- On May 18, [REDACTED] received the approval from his insurance company. He called to schedule an appointment with the ophthalmologist, but the first available appointment wasn't until June 13. [REDACTED] called the office every day for a week hoping for a cancelation.
- On May 30, [REDACTED] woke up with no vision in his right eye. Rafaela desperately phoned the ophthalmologist and was told they could see him the following day, noting that Dr. [REDACTED] hadn't indicated that this was an emergency.
- By the time [REDACTED] was examined by ophthalmologist, Dr. [REDACTED] on June 1, both his optical nerves were swollen and bleeding. Dr. [REDACTED] said the issue was a side effect of viral meningitis, and nothing could be done until the swelling went down. Dr. [REDACTED] advised [REDACTED] to follow up in three weeks.
- Three days later, [REDACTED] wound up the ER of [REDACTED] after fainting once again. He was examined by a neurologist, who told him he never had viral meningitis. Rather, [REDACTED] was diagnosed with pseudotumor cerebri (high pressure in

the spinal fluid). The neurologist told ██████ that both his optic nerves were swollen from the pressure, adding that him being overweight didn't help matters at all.¹

- ██████ was admitted to the neurology department of ██████, where he was examined by a team of neurologists, neurosurgeons, and ophthalmologists. X-rays showed that the right parietal shunt catheter, the one Dr. ██████ tried to retrieve fluid from, was fractured along its right proximal intracranial port. The shunt in ██████ back wasn't functioning at all, causing spinal fluid to build up, increasing the pressure on his brain.
- Doctors needed to remove the excess spinal fluid in order to reduce the pressure in ██████ head, so a spinal tap was performed. ██████ counted three sopping wet towels fall onto the floor during the procedure, each presumably soaked with spinal fluid.
- Afterwards, ██████ was taken into emergency surgery. On June 4, 2016, he received a shunt revision and VP shunt placement.
- On June 10, ██████ was transferred from ██████ where he spent a week rehabbing. ██████ was experiencing muscle weakness and atrophy in both legs from multiple week-long stays in the hospital. He also needed speech therapy for speech impediments which resulted from brain trauma.
- On November 21, 2016, the right sided non-working lumboperitoneal shunt was surgically removed. In April 2019, ██████ had a shunt replacement surgery.



¹ A side effect of Depakote is weight gain. ██████ guesses that he gained approximately 30 pounds after taking Depakote for three months.

Impacts on Health & Wellness

- [REDACTED] is permanently and legally blind. Pseudotumor cerebri, which was misdiagnosed as viral meningitis, damaged his optic nerves beyond repair. [REDACTED] has no vision in his right eye, and very limited vision in his left. The small amount of vision he has left allows [REDACTED] to see shadows, silhouettes, and color contrast.
- [REDACTED] eyes no longer dilate, which leaves him extraordinary sensitive to light. “If I’m not wearing sunglasses and a cap, the sunlight goes straight into my eye and gives me headaches,” he says. The lights in [REDACTED] apartment are always dimmed, and the curtains drawn. He avoids direct sunlight as much as possible.
- Painful and recurring headaches have become the new normal for [REDACTED]. “Every single day I have headaches,” he laments. Headaches range from mild to severe. Severe headaches are debilitating in nature and stop [REDACTED] from participating in the day.
- [REDACTED] experiences Charles Bonnet Syndrome and Non-24 Hour Wake Disorder, both of which are side effects of blindness. Charles Bonnet Syndrome causes [REDACTED] to see things that don’t exist. He’s experienced vivid hallucinations on multiple occasions. Non-24 Hour Wake Disorder makes it difficult for [REDACTED] to sleep at night. He’s been diagnosed with insomnia as well as sleep apnea, and now uses a machine to breathe at night. “I didn’t have that before,” [REDACTED] points out. [REDACTED] takes Melatonin, but it doesn’t keep him asleep. He averages two to three hours of sleep at a time.
- Additionally, [REDACTED] suffers from painful allodynia - which is the result of brain damage. Allodynia causes [REDACTED] hands and feet to become hypersensitive. A light touch or applied pressure results in immense pain and discomfort. [REDACTED] can no longer cut a piece of meat using a knife, sign his name with a pen, or cut his nails without excruciating pain. Allodynia negatively impacts [REDACTED] independence, lifestyle, and activities - but it also hinders his ability to read Braille.
- [REDACTED] fainted in a doctor’s office, fell, and damaged his L5-S1. Since then, [REDACTED] has back pain after prolonged periods of standing, walking, and sitting. Rafaela purchased a cushion for [REDACTED] to sit on because hard surfaces are especially problematic for him.
- In 2017, [REDACTED] reported hearing loss in both ears, the right being worse. He says he has a hole in his temporal bone, which he believes was caused by spinal fluid leaking into his ear. [REDACTED] cannot hear some sounds and frequencies.
- Brain damage has caused impairments in [REDACTED] cognitive functioning, the most notable of which is memory loss. Memories from long ago are erased from [REDACTED] mind entirely. “Most of what he has lost is our time in Mexico. He doesn’t remember a lot of stuff we did in Mexico,” observes Rafaela. [REDACTED] also struggles identifying certain words or phrases, in both English and Spanish.



Dependence & Quality of Life

- As a blind person, [REDACTED] is no longer capable of living alone, driving, using public transportation, cooking, or navigating public places on his own. “I have to rely on my mother [and] other people to do the stuff I was able to do before being blind,” [REDACTED] laments. [REDACTED] has remained in his mother’s apartment because he needs help with activities of daily living - like cooking, cutting food, cleaning, bathing, self-care, and dressing. According to Rafaela, [REDACTED] is “not able to do anything totally independently due to his lack of vision, pain in his knees, and the allodynia in his hands and feet.”
- [REDACTED] was forced to surrender his driver’s license, and in doing so he says he also surrendered his freedom. Without a driver’s license, [REDACTED] must rely on friends, family members, and even car services to take him places he needs to go - like medical appointments, pharmacies, and the grocery store. Albert, who has since moved to Bakersfield, CA, visits [REDACTED] as often as he can, and when he does, he makes a point to make time to drive [REDACTED] around because he knows he can no longer do it himself. “If he needs to go to a store, I’ll go and take him to the store and run some errands,” Albert states. Without the freedom to drive, [REDACTED] misses opportunities to be spontaneous. His entire lifestyle has changed as a result leading him to feel isolated, depressed, frustrated, and angry.
- Navigating public places as a blind person is difficult - even with use of a long cane and help from another individual. [REDACTED] can’t see well enough to avoid running into people in high-traffic areas, and even though it’s obvious that he’s visually impaired, people still won’t move over in order to accommodate him. “It’s so much stress for me because people bump into you,” [REDACTED] claims. “I don’t like going to the store with my mother because people bump into me and sometimes people tell me, ‘Hey, can you move?’ It gives me anxiety.”
- [REDACTED] mobility is negatively impacted by blindness because he’s visually unaware of his surroundings. This puts him at an increased risk for falling. “It worries me that if he falls, he could hit his head,” Rafaela expresses. The furniture in [REDACTED] and Rafaela’s apartment is situated along the outer walls, along with other household items, to prevent [REDACTED] from tripping and falling. “I try not to leave anything, anything on the floor that is in the path, so that he can walk freely,” Rafaela says. [REDACTED] uses a chair when he showers to prevent him from slipping, falling, and possibly hurting himself. He also wears an Apple Watch, which sends an alert to his mother and 9-1-1 should he trip and fall.
- Along with his vision, [REDACTED] quality of life has diminished substantially. As a blind person, [REDACTED] can’t participate in or enjoy practically any of his former leisurely



activities. Attending a baseball game is no longer as enjoyable without the ability to see the game unfold. ██████ went to a Dodgers game once or twice but found the experience to be awkward and unpleasant. “My friend bought me an AM/FM radio. He puts it right there and I listen to the game,” but “It’s not the same. It’s not the same as you seeing the players actually hitting the ball and whatever.” The last time ██████ went to a baseball game, he says the radio wasn’t working. A friendly patron gave him play by play commentary, but this kind of act of compassion is rare, especially coming from a stranger. The simple joy of watching movies and playing video games has been taken away from ██████ His large collection of DVDs, movies, and video games is gathering dust. “That’s something he really enjoyed doing,” observed Albert. Now, “He can’t enjoy movies like he used to.”

- Aside from vision loss, ██████ has chronic pain as a result of allodynia, a bulging disc in his back, and muscle atrophy in both knees. Pain makes it increasingly difficult for ██████ to establish independence, sleep, and find happiness and joy in his life. For ██████ pain is present at all times. “When I wake up, I’m in so much pain that it takes me a while to get out of bed.”
- Vision loss has robbed ██████ of opportunities to work and financially support himself. ██████ gave up his job with LA county in order to focus on his health, but he had every intention of returning once he felt better and his symptoms subsided. As a legally blind person, ██████ employment options are limited. Without proper training, it’s likely that ██████ will never work again.

Emotional Damages & Isolation

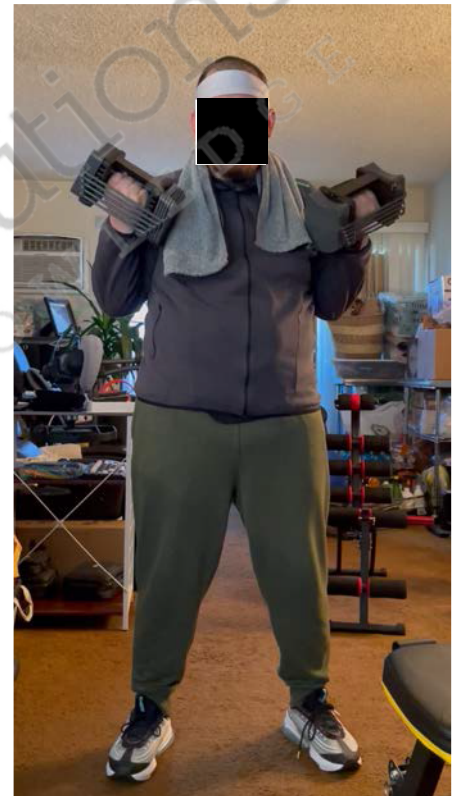
- The fact that ██████ vision could have been spared with medication and/or surgery is something he struggles with every day. Had ██████ lost his vision to natural causes, he says he’d understand and accept the diagnosis for what it is, however, that’s not the case here. “Someone else did this to me!” he exclaims. “I don’t understand! It gives me more stress. It gets me more depressed. It gets me angry, [and] frustrated.”
- ██████ feels betrayed by the doctors and hospitals associated with his misdiagnosis - especially after learning that his initial lab work showed no indication of bacteria in his system. “They knew that I never had viral meningitis,” ██████ declares.
- As a blind person, ██████ rarely leaves the house because he feels vulnerable in public places. The challenges ██████ faces when going into public are monumental - even with a chaperone - therefore he’s more comfortable at home. ██████ only goes out if he has to, not because he wants to, according to Albert. “If it wasn’t for the medical appointments, he’d probably be there for days or weeks without going out,” notes Albert.
- Much of ██████ depression stems from isolation. ██████ no longer sees colleagues, family members, and close friends on a regular basis and has become completely isolated and socially disengaged. His routines have diminished because of his inability to drive and be independent, leaving him feeling disconnected from his former lifestyle and activities. “He gets depressed, anxious, angry, [and] short-fused sometimes,” observes Rafaela. ██████ isn’t one to express his emotions, but he says he is trying with help from

a psychologist. ██████ speaks with his psychologist on a regular basis, so that he can find better ways to cope with his depression and the loss of his former life.

- ██████ determination to improve his life is met with equal frustration for the lack of services and support there are for the visually impaired. ██████ needs orientation and mobility training, so that he can navigate his neighborhood, but sadly, there's been no one available due to a lack of funding. Assistance is available in other neighborhoods, but ██████ says that doesn't help him. "There's no point in them training me in downtown LA when I don't live there," ██████ says. The Braille Institute recommended ██████ visit the Blind Field Services Office (BFSO) within the CA Department of Rehabilitation for support services and training, but that was also a dead end. "For them to train me, I have to be available to start working," ██████ explains. ██████ says the BFSO is vague regarding the kind of work available but will only agree to train people who are ready and willing to work. "I have a ton of other medical problems," ██████ exclaims. "I can't agree to work if I don't know exactly what I'm going to be doing."

Fighting Spirit

- Adjusting to life as a blind person isn't easy, but ██████ is finding ways to be independent and find happiness and joy once again. With help from his mother, ██████ has learned to feed himself using brightly colored plates and utensils, which helps him see the contrast in items. "We have a little table where he eats. I bought a tray which is bright green. I have different colors of plates and cups," says Rafaela. Small efforts are made each day to enhance and further ██████ independence.
- ██████ exercises - despite pain in his back and from the allodynia - to maintain a healthy weight because he knows his condition depends on it. In order to keep his body from over producing spinal fluid, ██████ exercises each day, in addition eating a balanced diet, which includes four small meals.
- ██████ has learned to use technology to enhance his life and be more independent. With use of zoom features and voiceover, ██████ is able to use an iPad and his cell phone once again. ██████ dictates to Siri when sending e-mails or text messages. He's also a huge fan of audio books. "I tend to unplug from reality and just lose myself there. When you read books, you start living the character," he says.
- ██████ uses writing as an outlet. He hopes to share his story with others - in hopes of preventing something like this from happening to someone else, but also to spread a message of hope and resilience.



Witness Contact Work Sheet

Client Name: [REDACTED] [REDACTED]

Witness Name: Alberto "Albert" [REDACTED]

Relation to Client: Friend

Home Address: [REDACTED]
[REDACTED]

Phone Contact:
Cell: [REDACTED]

Part of the story that Witness Provides:

- Before
- After
- Both

Brief description of the before story this witness provides:

Albert met [REDACTED] in high school. The two shared classes during their freshman and sophomore years, and then became friends during their junior and senior years. Albert says that [REDACTED] is a generous and kind person. He says he's the type who enjoys seeing other people happy.

Albert says that he and [REDACTED] share a love for music and sporting events. Over the course of their friendship, they have attended several concerts, as well as football and basketball games. Albert says [REDACTED] especially enjoys watching movies. He says he has a vast library of movies and video games.

Brief description of the after story this witness provides:

According to Albert, [REDACTED] has lost his independence as a result of vision loss. He lives with his mother, who Albert says assists him with activities of daily living. Albert believes that [REDACTED] will never be able to live alone because of his condition.

Albert says [REDACTED] misses watching movies. He says he can no longer enjoy movies the same way he did before. Sporting events are also not as enjoyable because [REDACTED] can't see the game unfold. Albert says when the two have gone to a game before, [REDACTED] is forced to ask for a play by play commentary in order to know what's happening. When entering and exiting the stadium, [REDACTED] must hold onto Albert for guidance because he has trouble navigating, especially in high traffic areas.

Albert says [REDACTED] has gone through periods of depression, but that overall, he remains positive. "I don't know what how he does it," Albert concludes.



Witness Contact Work Sheet

Client Name: [REDACTED] [REDACTED]

Witness Name: Rafaela [REDACTED]

Relation to Client: Mother

Home Address: Same as [REDACTED]

Phone Contact:

Home: Same as [REDACTED]

Part of the story that Witness Provides:

Before

After

Both

Brief description of the before story this witness provides:

[REDACTED] was settling into a new job with LA county and was feeling positive about the future says Rafaela. What [REDACTED] wanted most was a career helping people - and working for LA county seemed to fulfill that dream.

Although [REDACTED] lived at home with his mother, he had established his own routines, which he did independently. The ability to drive was a huge part of [REDACTED] independence, says Rafaela. [REDACTED] had plans to get his own place once he felt financially stable, but of the time being the arrangement was working out nicely.

Cardio boxing was [REDACTED] passion in life. At one point, [REDACTED] was practicing cardio boxing twice a day. [REDACTED] befriended the owner of the gym, where he did cardio boxing. The two established and maintained a friendship.

[REDACTED] also enjoys watching moves and playing video games. He and Rafaela played video games together periodically.

Brief description of the after story this witness provides:

Rafaela has taken it upon herself to provide services and care to [REDACTED] from the time of his diagnoses up until the present time. Rafaela will continue to do whatever she can to help her son adjust to blindness, even it means compromising her own health and wellness.

Rafaela says vision loss has robbed [REDACTED] of his independence and freedom. She says he's no longer capable of driving, which means he must rely on others to get him around.

Vision loss has taken a negative toll on [REDACTED] emotional health as well. Rafaela says [REDACTED] frustrated by the things he can no longer do for himself and saddened that he can't enjoy activities he once did.



Total Trial Solutions^{LLC}
GUIDED BY KNOWLEDGE