

NOAH SAMMUAL JACOB JUHAS
c/o 2758 Avenue C
Council Bluffs Iowa 51501



Affidavit of Fact

Exhibits provided at the conclusion within this Affidavit of Fact

Now comes, Noah Sammual Jacob Juhas, hereinafter "Affiant", being competent to testify, and being over the age of twenty years, with Facts on the matter of the allegations presented by Iowa Department of Human Services, Adult Protection Notification Registry Numbers D202200364, D202200366, D202200368 Claimant has first-hand knowledge and belief that these facts are true to the best of Claimant's knowledge and belief, and

1. Affiant was hired by AmeriServe International hereinafter "Ameriserve" to provide in home aid services to persons in a group home with disability's, including a wheelchair for some of the disabled. Affiant's duty's included care such as cooking meals, administering medications, checking blood sugar levels, helping household residents to and from bathroom, and supervision, and
2. Affiant's hours were from 3:00 PM UTC-6 to 11:00 PM UTC-6 as stated to Affiant by AmeriServe supervisor known to Affiant as Kassie hereinafter "Respondent 1". There was a brief class on the administering of medications however Affiant was told not to fill in answers, that AmeriServe staff would tell Affiant what to fill in as answers, and
3. Affiant was trained to take blood sugar readings once by the "house lead" known to Affiant as Britney hereinafter "Respondent 2" but neglected on how to interpret the readings and was told to input readings into a computer. After employment had ended, did some research on found that AmeriServe did not have a gait belt that is required to move a person from a wheelchair to any other place. Affiant was told to write things in the log that did not occur by Respondent 2 such as: "Staff gave verbal praise + one for 'John' putting his dishes in the sink." Affiant did question here that the statement was false and was told by Respondent 2 to put in the log anyway, being Affiant's superior Affiant complied, and
4. Later in the week on Affiant's shift a new staff member had joined on Affiant's shift known to Affiant as Jamie hereinafter "Respondent 3". Later on Affiant had knowledge of Respondent 2 being no longer part of AmeriServe. Affiant assumed that Respondent 3 was a house lead due to Respondent 2 being terminated from employment via text message that Affiant received, and
5. On approximately (January 6th 2022) had to make arrangements for transportation to and from work. When Affiant's shift had ended no one showed-up for the next shift, and Affiant called Respondent 1 for a different residence at or about 11:15 pm UTC-6. Respondent 1 replied: "OH, shit I forgot to ask Tree to come in" and Affiant's transportation was there to pick-up Affiant, and

6. After some time Respondent 1 was calling people to find someone to fill the next shift, and Affiant texted and called Respondent 1 that she needed to stop trying to find people to fill the next shift and it is her responsibility to fill the shift herself and worry about the details later as it was getting later and Affiant's transportation was getting impatient, and
7. At approximately 11:50 PM UTC-6 Respondent 1 showed up for the next shift about an hour after Affiant's scheduled time. On (January 11th 2022) after Affiant's shift was completed no person to relieve Affiant was present for the next shift, and
8. Phone calls were placed to Respondent 3 at 11:15 PM UTC-6 with no answer and no voice mail, the phone just hung-up. On or about 11:40 PM UTC-6 Affiant called a number on the house white board, 402-871-7530, and Affiant presumed that this was a supervisor as it was the only number on the white board, and
9. Calling the office would have little effect due to the office being closed. Affiant left the shift at 12:00 AM UTC-6 (midnight). Affiant made good faith attempts to rectify the issues with the next shift, and Affiant questioned the experience and qualifications of supervisors for AmeriServe, and
10. Affiant did not have a supervisor position was Affiant trained to be a supervisor. AmeriServe should be responsible for liability of any honorable actions by Affiant currently on file by Iowa Department of Human Services, Adult Protection Notification Registry Numbers D202200364 evidenced in Exhibit 1 on page 4 within this Affidavit of Fact, D202200366 evidenced in Exhibit 2 on page 5 within this Affidavit of Fact, and D202200368 evidenced in Exhibit 3 on page 6 within this Affidavit of Fact, due to breakdown of services by AmeriServe which Affiant presumes is a violation with the state of Iowa Department of Human Services and possible Medicare fraud, and
11. Affiant states that AmeriServe did not provide proper training (instructed to fill in answers provided by AmeriServe) and AmeriServe did not have equipment required to move persons in a wheelchair. AmeriServe staff told Affiant to falsify documents and Ameriserve used Affiant as a scape goat when the supervisor staff was not able to cover the contact obligations of AmeriServe made to state of Iowa Department of Human Services, and Medicare, and
12. Affiant concluded that AmeriServe had made a determination to submit three (3) actions of dependent adult abuse to the state of Iowa Department of Human Services to cover their breach of contract evidenced herein to cover supervisory lack of staff, and default of obligations to state of Iowa Department of Human Services, and Medicare, and
13. In accordance with Point 4 of the Employee Acknowledgement evidenced in Exhibit 4 on page 7 within this Affidavit of Fact, it states; **"4. A performance review will be scheduled with you following 30 days of employment"**. Affiant did not receive a performance review nor was Affiant informed of a performance review by a supervisor, administrator, etc. with Ameriserve, and

AVERMENT

Respondents 1, 2 and 3, under the supervision of the Board of Directors for Ameriserve [LINK](#) have arbitrarily circumvented liability for the aforementioned events, recorded by Affiant, and arbitrarily terminated Affiant for allegations of dependent adult abuse wherein Respondents 1, 2, 3, and the Board of Directors are liable for. The responsibility of continued obligations to provide service for those persons with disabilities by employees for Ameriserve is not the responsibility of Affiant. Affiant's recorded time schedule was fulfilled and upon failure of obligations by supervisors to provide relief for Affiant, Affiant made adequate attempts to contact supervisors regarding the aforementioned circumstances, without remedy, therefore the damages incurred upon clientele lays solely upon Ameriserve, and

Course of Remedy

Affiant seeks relief from allegations of adult abuse entered by AmeriServe and issued by the state of Iowa Department of Human Services stated in the Affidavit of Fact are to be stricken from Affiant's name and any record thereof, and

Affiant seeks Justice for the victims in exhibit #1, 2, and, 3 wherein AmeriServe has failed their obligations to the victims for lack of any competent structure, leadership, and planning, and

Affiant seeks justice for placing injustice on Affiant due to lack of AmeriServe providing the necessary provisions in place to cover the obligations entrusted to AmeriServe for the amount to be determined by the Human Rights Tribunal for persecution of person, Bering false witness, breach of trust, fraud, sabotage of job, and withholding evidence, and


Affiant seeks justice that Medicare and Iowa Department of Human Services is notified of the facts of the matter of AmeriServe be reprimanded for their actions herein, and

Affiant Further Sayeth Naught,

//Noah Samuel Jacob Juhas//

This 357th Day in the year of Yahweh 6023, translated the 11th day of February in the two thousand and twenty-second year of the new covenant in Yahushua's name.

EXHIBIT 1



Iowa Department of Human Services

Adult Protective Notification

Date: 01/24/2022

Registry Number: D202200364

Noah Juhas
2758 Avenue C
#300
COUNCIL BLUFFS, IA 51501

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS NOTICE PLEASE CONTACT:

Protective Service Worker Christensen, Erik
Protective Services Unit Address 417 E. KANESVILLE BVD COUNCIL BLUFFS, IA 51503 -0000
Protective Services Supervisor Corinne Schram
Telephone 712-328-5661

You have the right to be notified about an adult protective evaluation or assessment's outcome because:

You are the alleged victim of dependent adult abuse.

You are the guardian of a dependent adult who is the alleged victim of abuse.

You are the alleged person responsible for dependent adult abuse.

You are the mandatory reporter for this evaluation or assessment.

OR: An addendum has been submitted for this report. You are employed by a child protection center involved in this evaluation or assessment.

An evaluation or assessment report (or addendum) has been submitted with the following conclusions:

The allegation of Denial of Critical Care - Failure to Provide Proper Supervision was **FOUNDED**. This means that a preponderance of the available evidence indicates that abuse occurred. Founded reports are kept on the Central Abuse Registry for ten years (or ten years after the most recent founded report on the same victim or alleged perpetrator), and then sealed except for self-denial of critical care reports, which are kept in the local case file.

The allegation of self-denial of critical care was **FOUNDED**. This means a preponderance of evidence indicates abuse occurred. Founded self-denial of critical care reports are kept in the local case file and not placed on the Central Abuse Registry.

The allegation of was **UNFOUNDED**. This means that there was not a preponderance of evidence to conclude that abuse occurred. Unfounded reports are expunged (destroyed) five years from the date they were unfounded.

The allegation of was **CONFIRMED, NOT REGISTERED**. This means there is a preponderance of evidence to conclude abuse occurred, however it was minor, isolated and unlikely to reoccur and will not go on the Registry. The report will be kept in the local office and expunged after five years, unless there is another report. If there is another report it will be kept and sealed ten years from the date of the subsequent report.

NOTE: A preponderance means more than half of the available evidence.

PLEASE READ THE BACK OF THIS NOTICE if you are a subject of this report and would like more information about your rights. Subjects of dependent adult abuse evaluations or assessments have a right to receive a copy of the dependent adult abuse report which refers to them. If you are listed above as a subject, or the guardian of a subject, you may complete the back of this form and return it to the DHS office address above to request a copy of this report.

This evaluation or assessment concerns:

Name of Alleged Victim: John Craighill	Name(s) of person(s) Alleged to be Responsible for the Abuse: Noah Juhas
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470-2444 (Rev. 10/17)

Copy 1 and 2: Addressee

Copy 3: Registry

Copy 4: Case File

EXHIBIT 2



Iowa Department of Human Services

Adult Protective Notification

Date:
01/24/2022

Registry Number:
D202200366

Noah Juhas
2758 Avenue C
#300
COUNCIL BLUFFS, IA 51501

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS NOTICE PLEASE CONTACT:

Protective Service Worker Christensen, Erik
Protective Services Unit Address 417 E. KANESVILLE BVD COUNCIL BLUFFS, IA 51503 -0000
Protective Services Supervisor Corinne Schram
Telephone 712-328-5661

You have the right to be notified about an adult protective evaluation or assessment's outcome because:

- | | |
|---|---|
| <input type="checkbox"/> You are the alleged victim of dependent adult abuse. | <input type="checkbox"/> You are the guardian of a dependent adult who is the alleged victim of abuse. |
| <input checked="" type="checkbox"/> You are the alleged person responsible for dependent adult abuse. | <input type="checkbox"/> You are the mandatory reporter for this evaluation or assessment. |
| OR: <input type="checkbox"/> An addendum has been submitted for this report. | <input type="checkbox"/> You are employed by a child protection center involved in this evaluation or assessment. |

An evaluation or assessment report (or addendum) has been submitted with the following conclusions:

- The allegation of Denial of Critical Care - Failure to Provide Proper Supervision was FOUNDED. This means that a preponderance of the available evidence indicates that abuse occurred. Founded reports are kept on the Central Abuse Registry for ten years (or ten years after the most recent founded report on the same victim or alleged perpetrator), and then sealed except for self-denial of critical care reports, which are kept in the local case file.
- The allegation of self-denial of critical care was FOUNDED. This means a preponderance of evidence indicates abuse occurred. Founded self-denial of critical care reports are kept in the local case file and not placed on the Central Abuse Registry.
- The allegation of was UNFOUNDED. This means that there was not a preponderance of evidence to conclude that abuse occurred. Unfounded reports are expunged (destroyed) five years from the date they were unfounded.
- The allegation of was CONFIRMED, NOT REGISTERED. This means there is a preponderance of evidence to conclude abuse occurred, however it was minor, isolated and unlikely to reoccur and will not go on the Registry. The report will be kept in the local office and expunged after five years, unless there is another report. If there is another report it will be kept and sealed ten years from the date of the subsequent report.

NOTE: A preponderance means more than half of the available evidence.

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This evaluation or assessment concerns:

Name of Alleged Victim: BENJAMIN JOSLYN	Name(s) of person(s) Alleged to be Responsible for the Abuse: Noah Juhas
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EXHIBIT 3



Iowa Department of Human Services

Adult Protective Notification

Date:
01/24/2022

Registry Number:
D202200368

Noah Juhas
2758 Avenue C
#300
COUNCIL BLUFFS, IA 51501

IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS NOTICE PLEASE CONTACT:

Protective Service Worker Christensen, Erik
Protective Services Unit Address 417 E. KANESVILLE BVD COUNCIL BLUFFS, IA 51503 -0000
Protective Services Supervisor Corinne Schram
Telephone 712-328-5661

You have the right to be notified about an adult protective evaluation or assessment's outcome because:

- | | |
|---|---|
| <input type="checkbox"/> You are the alleged victim of dependent adult abuse. | <input type="checkbox"/> You are the guardian of a dependent adult who is the alleged victim of abuse. |
| <input checked="" type="checkbox"/> You are the alleged person responsible for dependent adult abuse. | <input type="checkbox"/> You are the mandatory reporter for this evaluation or assessment. |
| OR: <input type="checkbox"/> An addendum has been submitted for this report. | <input type="checkbox"/> You are employed by a child protection center involved in this evaluation or assessment. |

An evaluation or assessment report (or addendum) has been submitted with the following conclusions:

- The allegation of Denial of Critical Care - Failure to Provide Proper Supervision was FOUNDED. This means that a preponderance of the available evidence indicates that abuse occurred. Founded reports are kept on the Central Abuse Registry for ten years (or ten years after the most recent founded report on the same victim or alleged perpetrator), and then sealed except for self-denial of critical care reports, which are kept in the local case file.
- The allegation of self-denial of critical care was FOUNDED. This means a preponderance of evidence indicates abuse occurred. Founded self-denial of critical care reports are kept in the local case file and not placed on the Central Abuse Registry.
- The allegation of was UNFOUNDED. This means that there was not a preponderance of evidence to conclude that abuse occurred. Unfounded reports are expunged (destroyed) five years from the date they were unfounded.
- The allegation of was CONFIRMED, NOT REGISTERED. This means there is a preponderance of evidence to conclude abuse occurred, however it was minor, isolated and unlikely to reoccur and will not go on the Registry. The report will be kept in the local office and expunged after five years, unless there is another report. If there is another report it will be kept and sealed ten years from the date of the subsequent report.

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This evaluation or assessment concerns:

Name of Alleged Victim:	Name(s) of person(s) Alleged to be Responsible for the Abuse:
Samuel Young	Noah Juhas

EXHIBIT 4



AMERISERVE INTERNATIONAL, INC.
35 Main Place, Suite 300
Council Bluffs, IA. 51503
Tel. 712-322-0272
Fax 712-322-1411
www.ameriserveintl.com

Employee Acknowledge

Welcome to AmeriServe! We look forward to our partnership and hope it to be one which is successful and rewarding.

As a new employee and a new participant in training there are a few items we as a company would like to share. These items are listed below:

1. New Employee Certification consists of six classroom training sessions; each employee is required to attend all six. You will be paid your regular wage during classroom training.
2. You will be given a schedule of time and dates for New Employee training sessions; attendance is mandatory and expectation of attendance is no different than a work schedule. An AmeriServe employee who fails to show up for a shift and is considered "No Call-No Show" is subject to immediate employment discharge. Classes will typically be Tuesday and Thursday from 10:00 to 12:00PM.
3. Your supervisor will utilize a 30-day training checklist as a guide for outside the classroom training.
4. A performance review will be scheduled with you following 30 days of employment.

I have read the required items. I understand that if training requirements are not completed within the required time, I may be removed from the work schedule until each requirement is met.

Signed Noah Samuel Juhas, na, 11/15/2021

3.28.17

Signed by: Noah Samuel Juhas, na, 11/15/2021

NOTARIAL DIVISION FOR THE OFFICE OF THE SECRETARY OF STATE FOR
THE GOVERNMENT OF THE UNITED STATES OF AMERICA

ACKNOWLEDGEMENT



This is a true and exact reproduction of the document officially recorded and placed on file in the Office for International Notary for the Government of The United States of America;

On **May 16, 2022**, I, **Christopher Michael Doherty**, International Notary under the Law of Nations, personally appeared before me, one **Noah Samuel Jacob Juhas**, whom proved to the office on the basis of satisfactory evidence to be the **man** whose name is subscribed to the within instrument and acknowledged to the Notary office that **Noah Samuel Jacob Juhas** executed the same in **Noah Samuel Jacob Juhas's** authorized capacity, and that by **Noah Samuel Jacob Juhas's** signature on the instrument, **Noah Samuel Jacob Juhas**, executed the instrument.

I certify **under penalty of bearing false witness** under the laws of The United States of America that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

February 11, 2022
Date on Document

AFFIDAVIT OF FACT
Title of Document

May 16, 2022
Date Executed

Affidavit
Type of Document

Christopher Michael Doherty

Notary Autograph

