

Patricio Hirsch, Pro Se
4 Cambridge Court
Medford, NJ 08055
609 714 0834

Attorney Pro Se
Pat Hirsch

Household Finance Corporation
Plaintiff(s),

**Superior Court of New Jersey
Chancery Division
Mercer County
General Equity**

v.

Patricio Hirsch
Defendant(s).

F-015390-13

Defendant's objections to the order to Show Cause and NOI

Defendant/counterclaimant, Patrick Hirsch, submits these objections for the dismissal of the Order and NOI due important mistakes and missing information that make them invalid; I respectfully request an expedite ruling, ruling from the bench, about the dismissal of F-015390-13.

I also provide a preliminary answer and counterclaims, we can only say preliminary due to the missing information; and requesting an additional ninety (90) days discovery, upon consideration of these papers, any oral argument, and for good cause shown, defendant hereby states:

I. Request to Dismissal:

1. Due to the error and missing information the NOI and the Order looks like part of a robo signing.
2. The Errors and Missing Information that I can mention now are:
 - a. Do not mention the name of the defendant.
 - b. Do not mention the address of the property.
 - c. Mention several Exhibit that were not included in the communications to the defendant, without this information it is impossible to prepare a property answer to the demands.

- d. The letter and other communication that were included were only address to Patricio Hirsch missing other co-defendants, Silvia Hirsch. Please review the (1) of the order that it is mention *HSBC will issue a letter ("Explanatory Letter") to each Foreclosure Defendant.*
- e. The documentation included list a list of lender holders to the properly but it is missing some very important hold one in the order of \$150,000. We never receive any communication of them but HSBC is fully aware.
- f. It is not clear in any of the documentation that we received the total amount of the Foreclosure, they only provide only the amount that we own giving the impression that if we pay that amount the house will be full paid.

II. Preliminary Answer and Counterclaims:

1. The defendant is, and has been, mentally incapacitated asks this court for legal assistance in this complex matter (see letter of physician "Twin Oaks Services" of Burlington, NJ documenting the defendant's serious mental health issues to be supplied to the court, confidentially);
2. The mortgage company has failed to provide discovery to Defendant
3. As a result of the original mediation, the parties agreed to have the house to be listed as a "short sale". After mediation however, the HSBC lawyer, Eric Hurwitz, Esq. asked defendant NOT to have the house listed for "Short Sale" promising the HSBC would: settle with defendants; HSBC would forfeit any funds owed to the bank; provide Defendant with "cash to leave"; and, that the defendant would have additional time to live in the house before foreclosure. All this was requested to allow HSBC to solve the problem with whom was first on the list of Lenders between HSBC, WCSI and the Closing Insurance Company and provide the impression that HSBC will assume the loan and will be forfeit also. This change seriously prejudiced defendant;
4. The plaintiff is in default in discovery obligations owed to defendant therefore, the mortgage company can not proceed with foreclosure;

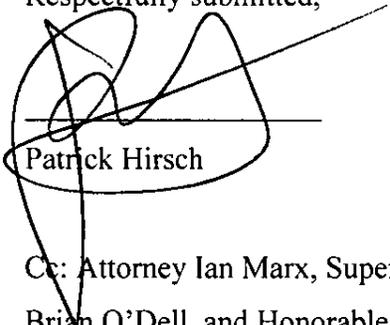
5. The defendant relied upon the mortgage companies communications at to settlement and therefore, failed to provide discovery in reliance thereupon;
6. The mortgage company has repeatedly changed the settlement offers, which defendant detrimentally relied upon, and now seeks to proceed with this action, I was working with them an reduction on the interest rate that is to high
7. The mortgage company has treated defendant unfairly in that they made a last minute material changes to the settlement offers and now, makes a late claim that defendant pay for "taxes and insurance" for which the bank was already paid (HSBC originally stated that property owner would not owe any additional funds then later in settlement negotiations, for the first time, demanded the property owner pay real property taxes for which the mortgage company was already compensated for);
8. HSBC communicated to the court that it reached an agreement with the Title Insurance Company (Fidelity) resulting in the payment of West Coast Services. HSBC then represented to defendant, and to the Court, that it was assuming the mortgage. Now, another company, Household Finance Corp III, a fourth company, has evidently allegedly assumed the mortgage as it has now has also been demanding payment from defendant.
9. Plaintiff, Household Finance Corp III has not provided any evidence of ownership of the underlying mortgage and therefore, has no right to foreclose.
10. The NOI, and the Order to Show Cause, and the Verified Amended Complaint in support of the order to show cause failed to name indispensable parties and therefore, is inadequate and incomplete.
11. Plaintiff's predecessor mortgage company was already fully compensated on the mortgage as a title insurance paid on this property, we never receive any communication about this mater..
12. Defendant requests legal assistance as this process impossible to handle without competent lawyer, we contacted the agencies listed on the documentation and the answer received was that they can not help me.
13. Plaintiff has been emotionally damaged, under active medical treatment and a survivor of suicidal episodes, directly caused by the banks unfair actions.

Wherefore, defendant asks this court, in the interest of justice, to dismiss the current Foreclose; to find that the:

1. Defendant was mental incapacitated and relied upon big bank's representations;
2. Defendant was unable to find legal counsel to assist in this complex matter with big banks and was unfairly taken advantage of;
3. Faulty complaint of big bank;
4. Unfair tactics of big bank; and,
5. Prior payment of mortgage by the Title Insurance Company.

I, Patrick Hirsch, hereby certify that the above is true and correct to the best of my information and belief, and I certify that the Answer has been mailed to Plaintiff's counsel, Attorney Marx, Superior Court Clerk's office, Foreclosure Services attorney Brian O'Dell and Judge Innes at the Superior Court of NJ, Mercer County Courthouse, and Burlington County clerk's office.

Respectfully submitted,



Patrick Hirsch

Dated: August 5, 2013

Cc: Attorney Ian Marx, Superior Court Clerk's office, Foreclosure Services, Attorney Brian O'Dell, and Honorable Judge Innes

PRINCETON HOUSE BEHAVIORAL HEALTH
MASTER INDIVIDUALIZED RECOVERY PLAN

page 1 of 3

PATIENT NAME: Patrick Hirsch · ADMISSION DATE: 1/13/10 · PLAN DUE DATE: 1/18/10

DOB: 12/21/57 LOC: APH/PHP IOP OP PLAN REVIEW DUE DATE: 01/27/10

DIAGNOSIS:

AXIS I: MDD 296.23

AXIS II: Relational Problem (wife)

AXIS III: No significant medical problem

AXIS IV: same: divorced of parents age 60, verbally abused step mother

AXIS V: GAF 10 prolonged divorce from wife
functional problem

- A. PATIENT STRENGTHS/RESOURCES, SELF-CONTROL SKILLS (ways consumer maintains safety and self control in his/her environment, list personal and community supports/resources): Pt reports he has the ability to "look outside the box," supportive friends, & hope to change.
- B. PATIENT'S WEAKNESSES, DEFICITS, AND DIFFICULTY IN FUNCTIONING: (check all that apply) COGNITIVE COMMUNICATIVE EMOTIONAL PSYCHOSOCIAL BEHAVIORAL
- C. DESCRIBE ABOVE AREAS IDENTIFIED (causes/contributing factors): Pt has SI, difficulty functioning, low motivation & relational problems.
- D. INVOLVEMENT OF FAMILY MEMBERS AND/OR SIGNIFICANT OTHERS IN DEVELOPING GOALS FOR RECOVERY AND TREATMENT:
 family present during evaluation and states goal for treatment as (use quotes): _____
 family contact to occur within 1-2 weeks of admission
 family will not participate because pt refused, family unavailable not clinically indicated/no family involved
 the following agencies were involved in the plan (if applicable) _____
- E. INVOLVEMENT OF OUTSIDE AGENCIES AND PROVIDERS OF CARE: Identify outside agencies/providers who are already involved and/or will be contacted during treatment to coordinate care:
 DYFS school CMO psychiatrist therapist medical provider (specify) PCP
 others (specify) _____
- F. CRITERIA TO BE MET TO ACHIEVE DISCHARGE: (check all that apply) symptom stabilization awareness of triggers for relapse Progress toward achieving abstinence from drugs/alcohol use of coping skills discharge plan in place medication compliance increased support system reduction in self harming behaviors
 other _____
- G. (child only) THERAPEUTIC HOLD STATUS (check ONE): N/A
 APPROVED WITHOUT MODIFICATIONS
 APPROVED WITH MODIFICATIONS (SPECIFY) _____
 NOT APPROVED DUE TO MEDICAL CONDITION(S)
 NOT APPROVED DUE TO NO PARENTAL CONSENT

TREATMENT TEAM	SIGNATURES	DATE SIGNED
PATIENT: <u>[Signature]</u>		<u>1/14/10</u>
PATIENT AGREEMENT IN TREATMENT PLANNING:		
<input type="checkbox"/> I am in agreement with this treatment plan		
<input type="checkbox"/> I disagree with this treatment plan because (must state comments) _____		

PRIMARY THERAPIST: (print) R. Haughey LSW R. Haughey LSW

SUPERVISOR: (print) Andrew DePrest Alb. Puro LSW 1/20/10

PSYCHIATRIST: (print) Hurricane C. Ortanez, MD 1/12/10

FAMILY comments and signature if present: _____

PRINCETON HEALTHCARE SYSTEM

PRINCETON HOUSE - Individualized Recovery Plan

Pg 2 of 3

PATIENT NAME: Patrick Hirsh

ADMISSION DATE: 01/13/10

PROBLEM AREA: *Major Depressive Disorder*, as evidenced by SI, anger, helplessness, sadness, anhedonia, difficulty working, low motivation, poor concentration, and poor sleep.

Short term goal : Patient will reports any increase in suicidal thoughts to treatment team and will contact crisis center if suicidal thoughts increase in intense and frequency.

time frame: approximately 4 weeks.

Short term goal : Challenge negative thoughts with healthier self-statements.

time frame: approximately 3 weeks.

Short term goal : Increase participation in enjoyable activities and/or exercise and/or reconnect with friends.

time frame: 4-6 weeks

PROBLEM AREA: *Maladaptive Coping Skills* as evidenced by difficulty working, low motivation, & anger

Short term goal : Identify early signals of increasing anger/use a journal to identify early signals.

time frame: 2-3 weeks.

Short term goal : Apply emotion management skills to manage anger.

time frame: 2-3 weeks.

Short term goal : Patient will identify 2-3 coping skills to manage anger i.e. deep breathing, counting to 10, & exercise.

time frame: approximately 4 weeks.

PROBLEM AREA: *Medical follow Needed for (Check all that apply):* *Physical Exam* *Neurological*
 Pain Management *Gynecological* *Nutritional* *Other* _____ OR *n/a*

Short term goal: Pt will continue to follow up with PCP regarding any medical issues.

time frame: as needed

PROBLEM AREA: *Limited Social Supports*

OR *n/a*

Short term goal: Pt will participate in a family meeting to discuss ways in which patient can receive more family support and/or allow telephone contact with family

time frame: 4 to 6 weeks

PROBLEM AREA: *Inability to (check all that apply) work attend school participate in chosen valued role (specify) as a friend.*

Short term goal: Pt will attend group session designed to educate about vocational issues and discuss one specific goal of returning to work or planning for future vocational goals.

time frame: 4-6 weeks.

Short term goal: Pt will report improved concentration and productivity at work.

time frame: 4-6 weeks.

Problems deferred: (unable to be worked on at this time)

1. None known at present.

2.

3.

4.

Interventions and Treatment Services	Person responsible	Frequency of intervention
Medication Counseling- To educate patient concerning his/her medications, including names, dosages, side effects and actions, in order to facilitate medication compliance and to decrease psychiatric symptoms.	MD	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Bi-weekly <input type="checkbox"/> N/A
Medication and Health Education groups- To provide patient with understanding of how emotional issues impact all areas of life functioning and to improve pt's self maintenance of physical health.	Nurse	<input checked="" type="checkbox"/> 1-5x p.week or as chosen by pt <input type="checkbox"/> N/A
Psychotherapy groups- To identify current stressors, thoughts, emotions, behaviors and triggers associated with symptoms and assist patient in managing his/her illness.	Primary Therapist (Masters level clinician)	Daily
Psychoeducation groups- To provide patient with education around symptoms and concrete coping skills for managing/reducing symptoms. (check all that apply) <input type="checkbox"/> Anger management <input type="checkbox"/> Relapse prevention/addiction education <input type="checkbox"/> Communication <input checked="" type="checkbox"/> Healthy Relationships <input type="checkbox"/> Pre-vocational <input checked="" type="checkbox"/> Symptom Management <input type="checkbox"/> Recovery Strategies <input type="checkbox"/> Other _____ Management. <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Safety <input type="checkbox"/> Relaxation <input type="checkbox"/> Social Skills <input checked="" type="checkbox"/> DBT/CBT <input checked="" type="checkbox"/> Emotion Management <input type="checkbox"/> Grief and Loss <input type="checkbox"/> Other: Activities, Time	All therapists	3-5 days per week
Adjunctive/Activity therapy groups- To provide patient a forum that facilitates healthy modes of self-expression, positive leisure skills, self-soothing activities, and stress relievers through the use of creative arts.	Allied Clinical Therapist	<input checked="" type="checkbox"/> 1-5 times per week <input type="checkbox"/> N/A
Individual counseling/crisis intervention- To provide patient with opportunity to explore connection between current symptoms and functioning and learn skills to manage crises.	Primary therapist	as needed
Case Management- coordination of care with current care providers/involved agencies	Primary therapist	As needed
Discharge Planning- To assist patient in developing a comprehensive aftercare plan which includes medication management and psychotherapy	Primary therapist	In place at time of discharge
Family involvement- Collaborate with patient's family and other supports in order to educate families and assist them in providing support to patient in the recovery process.	Primary therapist	<input checked="" type="checkbox"/> Within 2 weeks of admission, then as needed (if applicable) <input type="checkbox"/> N/A
Referral needed for physical health issues- ensure adequate coordination of care and referrals are made to address medical issues	Nurse, primary therapist and/or MD	<input checked="" type="checkbox"/> within 30 days (if applicable) <input type="checkbox"/> N/A
Develop Safety plan for: <input checked="" type="checkbox"/> Suicidal thoughts <input type="checkbox"/> Thoughts of harming others <input type="checkbox"/> Self-harm behaviors <input type="checkbox"/> Relapse prevention	Primary therapist	Reviewed throughout treatment

CRISIS INTERVENTION PLAN / DISCHARGE INSTRUCTIONS

REFERRED TO: (Check all that apply) N/A

- Outpatient/Partial Care
 Shelter/Housing/Residential
 MICA Program
 Managed Care Co.
 Crisis Stabilization Team
 School
 Drop-In Center / Peer Support
 Medical Physician
 Community MH Agency
 Substance Abuse Program
 Private Practitioner
 Other

PROVIDER	ADDRESS / TELEPHONE	DATE / TIME
① Princeton House IOP	375 Kings Hwy N. Cherry Hill NJ 08034	856-799-2300 Call Monday
② HAMPTON Hospital IOP	150 Rancocas Rd. 1800-6036767	↓

HOSPITALIZATION N/A

- Voluntary
 Consensual STCF
 Involuntary
 Involuntary STCF
 MICA/Detox Unit
 Vol. Child/Adolescent
 Invol. Child/Adolescent
 CCIS
 KMH - CAPU
 Other

Name of Hospital and Unit:

Rationale for disposition:

If the crisis recurs, I will call 911 and do the following Report emergency.

Other strategies for reducing possible recurrence of symptoms are engage in treatment

I have also been advised of the following action plan and agree to

Obtain Support in a crisis by contacting: Crisis Services at 856-428-HELP (4357)
 Contact Telephone Hotline (856)795-2155

Attend psychiatric evaluation appt
 Attend self-help group
 Abstain from alcohol and drug use

Attend counseling sessions
 Exercise and eat well-balanced meals
 Obtain assistance for accessing services

I have been evaluated at the crisis/screening service and, based on my responses, assessment, and available information, it has been determined that at this time, and barring any unforeseen circumstances, I do not appear to be a danger to myself, others, or property, and that I am appropriate for discharge.

I have been evaluated by the crisis/screening service and it has been determined that I am not appropriate for psychiatric hospitalization.

I have been offered the opportunity for inpatient psychiatric treatment and have refused. At this time it has been determined that I do not meet legal criteria for involuntary commitment.

I am agreeable to this discharge and I am accepting of the above referrals.

If applicable:

I have received information about the medication(s) dosage(s), and self-administration process.

I was instructed about the importance of taking the medications as ordered by the physician.

Do not use alcohol, or illicit drugs while taking this medication (no beer, wines, or liquors of any type). Be careful while driving or engaging in other hazardous activities (especially those that involve using machinery or electrical tools), because you may be less alert than normal while taking this medication.

Medications		
Medication Name	Dosage, Route and Frequency	Medication Sheet Provided

I acknowledge that I have been informed of the circumstances surrounding my emergency treatment and I understand that I am to follow the above instructions.

Client Signature

Date Time

Witness Signature

Date Time

Crisis Staff Signature

Date Time

Original - Chart

Yellow - Client

Pink - ED Chart

CLIN0055 NCR3-1 8.16

Family Service

Individualized Service Plan Cover Sheet

Part 1

First Name:		PATRICK		MI:		Last Name:		HIRSCH		Consumer:		HIRP00	
Program:		SCC		Initial Plan Date:		04/12/2012		Form Completed By:		Date Of Next Review:		07/12/2012	
Date of Admission:		02/06/2012		Anticipated Discharge Date:				Date Of This Review:		04/12/2012			
Date Identified	Area of Need #	Areas of Need Description						* Need Status	Estimated Completion Date	Actual Completion Date			
04/12/2012	01	PX-DEPRESSION						Active	01/12/2013				
04/12/2012	02	PX-SEXUAL ABUSE TRAUMA						Active	10/12/2012				

*Need Status: Active, Referred, Deferred, Continued

Comments: Active Consumer Enrollments: Program SCC Enrollment Start Date 02/06/2012

All items identified as a presenting problem or current risk factor are addressed in the treatment plan or its omission be explained in a progress note.

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