



DEPARTMENTAL SUBMISSION

DEPARTMENT: Law

FILE NUMBER: Law-2098

*** RE:**

Submitting reso. autho. Settlement in Lawsuit of Gerald Dasean Smith, et al v City of Detroit, et al

*** SUMMARY:**

Case Number: 22-001444-NI File Number: L22-00444 (AA) (DDOT) in favor of **GERALD SMITH and HIS attorneys, Gary R. Blumberg, P.C.**, in the amount of **(\$9,000)**; **JOY HIX PHARMACY, LLC and THEIR attorneys KHURANA LAW FIRM** in the amount of **(\$2,500.00)**; **AMERICAN SPECIALTY PHARMACY CAREPLUS, LLC, d/b/a ASP CAREPLUS PHARMACY, and THEIR attorneys KHURANA LAW FIRM** in the amount of **(\$1,900.00)**; **UNITED LAB RX LLC and THEIR attorneys AK LAW PLLC** in the amount of **(\$1,900.00)** in full payment for any and all claims which Plaintiffs may have against the City of Detroit and any other City of Detroit employees by reason of alleged injuries sustained on or about **July 1, 2021**

*** RECOMMENDATION:**

RESOLVED, that settlement of the above matter be and is hereby authorized in the amount of **(\$15,300.00)**; and be it further

RESOLVED, that the Finance Director be and is hereby authorized and directed to draw four warrants upon the proper account in favor of **GERALD SMITH and HIS attorneys, Gary R. Blumberg, P.C.**, in the amount of **(\$9,000)**; **JOY HIX PHARMACY, LLC and THEIR attorneys KHURANA LAW FIRM** in the amount of **(\$2,500.00)**; **AMERICAN SPECIALTY PHARMACY CAREPLUS, LLC, d/b/a ASP CAREPLUS PHARMACY, and THEIR attorneys KHURANA LAW FIRM** in the amount of **(\$1,900.00)**; **UNITED LAB RX LLC and THEIR attorneys AK LAW PLLC** in the amount of **(\$1,900.00)** in full payment for any and all claims which Plaintiffs may have against the City of Detroit and any other City of Detroit employees by reason of alleged injuries sustained on or about **July 1, 2021**, and otherwise set forth in Case No.22-001444-NI, that said amount be paid upon receipt of properly executed Releases, Stipulation and Order of Dismissal entered in Lawsuit No. 22-001444-NI and, where deemed necessary by the Law Department a properly executed Medicare/CMS Final Demand Letter.

*** DEPARTMENTAL CONTACT:**

Name: Deanna Denby

Position: Paralegal

***=REQUIRED**