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Union County Counsel  
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Administration Building  
Elizabeth, New Jersey 07207  
(908) 527-4250  
Attorneys for Defendants,  
Aaron Silva, Brian Riordan, Regina  
Marrow

BY: Moshood Muftau, Esq.  
Assistant County Counsel

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MICHAEL BOYD

Plaintiff

vs.

CORRECTION OFFICER AARON SILVA,  
BRIAN RIORDAN, INSPECTOR REGINA  
MORROW

Defendant(s)

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UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF NEW JERSEY

DOCKET NO. 2:11-CV-06625 CCC-JAD

Civil Action

**CONFIDENTIAL SETTLEMENT  
AGREEMENT AND GENERAL  
RELEASE**

THIS CONFIDENTIAL SETTLEMENT AGREEMENT AND GENERAL RELEASE ("Agreement") is made this 18 day of September 2013, by and between Plaintiff, Michael Boyd, and Defendants, Correction Officer Aaron Silva, Jail Director Brian Riordan and Regina Marrow represented by Assistant County Counsel Moshood Muftau.

1) SETTLEMENT AMOUNT: The Plaintiff shall accept, and the Defendants shall pay a lump sum amount of \$900.00 ( nine hundred dollars) within thirty (30) days of both parties execution of this Agreement, in full and final payment of any and all claims, including fees and

costs, for any and all claims set forth in the Complaint, and any amendment(s) thereto, filed on behalf of the Plaintiff in the matter captioned Boyd v. Silva et als., Docket No. 2:11-CV-06625 CCC- JAD.

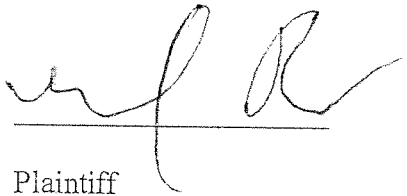
2) WITHDRAWAL OF CLAIMS: In exchange for the consideration stated above, Plaintiff, Michael Boyd, agrees he will execute and file a Stipulation of Dismissal with the United States District Court for the District of New Jersey dismissing with prejudice the Civil Action, known as Boyd v. Silva et als., Docket No. 2:11-CV-06625 CCC-JAD.

3) RELEASE In exchange for the Consideration set forth above, and upon the full execution of this Agreement, Plaintiff, Michael Boyd, for himself and his past, present and future heirs, agents, and representatives, agrees to discharge and release, permanently and without condition or limitation, the County of Union, Union County Jail, and all subdivisions and affiliated entities, and all past and present Freeholders, officials, officers, employees, agents, independent contractors, vendors, attorney, and benefit plans, and all predecessors, successors of and from any debts, obligations, claims, demands, judgments or on any other basis, whether in law or in equity, which Plaintiff, or his estate might otherwise have or have had, whether they be brought in a professional or individual capacity, resulting from or relating to anything that has happened up to the date of this Agreement.

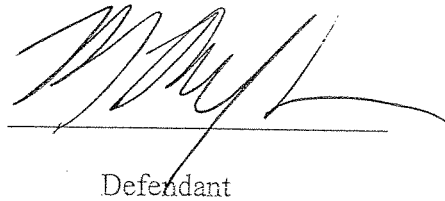
4) NONADMISSION OF LIABILITY: The Union County Jail policy in regards to fair treatment of inmates are adhered to and will continue to be adhered to. Though apologetic for any harm suffered by plaintiff, it is expressly understood that this Settlement Agreement and Release shall not constitute an admission of liability on the part of the Defendants herein or any admission by the Defendants herein to any of the claims as alleged by Plaintiff against Defendants.

5) NONDISCLOSURE: As additional consideration for the payments represented by this Settlement Agreement and Release, it is further understood and agreed that neither the Plaintiff nor any of the Defendants, or their agents, servants, attorneys or representatives, shall, in any way, at any time disclose for any reason or purpose whatsoever to any other person or entity either the fact of this settlement, the facts underlying the claims leading to this settlement, or the terms of the consideration, compensation or settlement reached with the Defendants herein.

SIGNATURE: All parties have read, understand and agree to the terms of this Settlement Agreement and Release.



Plaintiff



Defendant

Attorney(s) \_\_\_\_\_  
Office Address \_\_\_\_\_  
Town, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Attorney(s) for Plaintiff \_\_\_\_\_

2011 AUG 31 11:12:51

Superior Court of  
New Jersey

Union COUNTY  
CIVIL DIVISION

Michael Boyd  
Plaintiff(s)

Docket No:  
UNN-L-003272-11

Vs.

CIVIL ACTION  
SUMMONS

Brian Riordan  
Defendant(s)

From The State of New Jersey To The Defendant(s) Named Above:

The plaintiff, named above, has filed a lawsuit against you in the Superior Court of New Jersey. The complaint attached to this summons states the basis for this lawsuit. If you dispute this complaint, you or your attorney must file a written answer or motion and proof of service with the deputy clerk of the Superior Court in the county listed above within 35 days from the date you received this summons, not counting the date you received it. (The address of each deputy clerk of the Superior Court is provided.) If the complaint is one in foreclosure, then you must file your written answer or motion and proof of service with the Clerk of the Superior Court, Hughes Justice Complex, P.O. Box 971, Trenton, NJ 08625-0971. A filing fee payable to the Treasurer, State of New Jersey and a completed Case Information Statement (available from the deputy clerk of the Superior Court) must accompany your answer or motion when it is filed. You must also send a copy of your answer or motion to plaintiff's attorney whose name and address appear above, or to plaintiff, if no attorney is named above. A telephone call will not protect your rights; you must file and serve a written answer or motion (with fee of \$135.00 and completed Case Information Statement) if you want the court to hear your defense.

If you do not file and serve a written answer or motion within 35 days, the court may enter a judgment against you for the relief plaintiff demands, plus interest and costs of suit. If judgment is entered against you, the Sheriff may seize your money, wages or property to pay all or part of the judgment.

If you cannot afford an attorney, you may call the Legal Services office in the county where you live or the Legal Services of New Jersey Statewide Hotline at 1-888-LSNJ-LAW (1-888-576-5529). A list of these offices is provided. If you do not have an attorney and are not eligible for free legal assistance, you may obtain a referral to an attorney by calling one of the Lawyer Referral Services. A list of these numbers is also provided.

Jennifer M. Perez  
Jennifer M. Perez,  
Acting Clerk of the Superior Court

DATED: 8-31-2011

Name of Defendant to Be Served: Brian Riordan

Address of Defendant to Be Served: 15 ELIZABETHTOWN PLAZA  
ELIZABETH NJ 07202

NOTE: The Case Information Statement is available at [www.njcourts.com](http://www.njcourts.com).

UNION COUNTY SUPERIOR COURT  
2 BROAD STREET  
ELIZABETH NJ 07202

TRACK ASSIGNMENT NOTICE

COURT TELEPHONE NO. (908) 659-4817  
COURT HOURS

DATE: AUGUST 24, 2011  
RE: BOYD VS SILVA CO ET AL  
DOCKET: UNN 1 -003272 11

THE ABOVE CASE HAS BEEN ASSIGNED TO: TRACK 3.

DISCOVERY IS 450 DAYS AND RUNS FROM THE FIRST ANSWER OR 90 DAYS FROM SERVICE ON THE FIRST DEFENDANT, WHICHEVER COMES FIRST.

THE PRETRIAL JUDGE ASSIGNED IS: HON KENNETH J. GRISPIN

IF YOU HAVE ANY QUESTIONS, CONTACT TEAM 001  
AT: (908) 659-4823.

IF YOU BELIEVE THAT THE TRACK IS INAPPROPRIATE YOU MUST FILE A CERTIFICATION OF GOOD CAUSE WITHIN 30 DAYS OF THE FILING OF YOUR PLEADING. PLAINTIFF MUST SERVE COPIES OF THIS FORM ON ALL OTHER PARTIES IN ACCORDANCE WITH R.4:5A-2.

ATTENTION:

MICHAEL BOYD #198642  
15 ELIZABETHTOWN PLAZA  
ELIZABETH NJ 07202

JUVSODR

AUG 22 2011

CIVIL CASE MANAGEMENT  
UNION COUNTY

FORM A

SUPERIOR COURT OF NEW  
JERSEY  
LAW DIVISION

Michael Scott Boyd  
Your Name (first, middle, last)

Union County

15 Elizabethtown PLAZA  
Street Address

Docket Number UNCL-3272-11  
(to be filled in by the court)

Elizabeth, New Jersey, 07202  
Town, State, Zip Code

908-671-1101  
Telephone Number

CIVIL ACTION

Michael S. Boyd  
Plaintiff

Complaint

v.

CO. AARON SILVA, BRIAN RIORDAN, INSPECTOR MORROW, et AL  
Defendant

Plaintiff, Michael Scott Boyd, residing at  
(your name)  
15 Elizabethtown PLAZA City of Elizabeth  
(your address) (your city or town)  
County of UNION  
(your county)

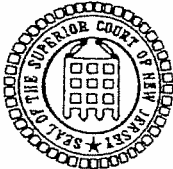
State Of New Jersey, complaining of defendant, states as follows:

1. On August 2, 20 11, CO SILVA, Brian Riordan, et AL, Defendant  
(name of person being sued)

(Summarize what happened that resulted in your claim against the defendant. Use additional pages if necessary.)

① On August 2, 2011 Michael Boyd was called to medical unit at the Union County JAIL for complications regarding his high blood pressure.  
\* See additional Page \*

Appendix XII-B1

	<h2 style="margin:0;">CIVIL CASE INFORMATION STATEMENT</h2> <h3 style="margin:0;">(CIS)</h3> <p style="margin:0;">Use for initial Law Division Civil Part pleadings (not motions) under <i>Rule 4:5-1</i> <b>Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information above the black bar is not completed or attorney's signature is not affixed</b></p>		<b>FOR USE BY CLERK'S OFFICE ONLY</b> PAYMENT TYPE: <input type="checkbox"/> CK <input type="checkbox"/> CG <input type="checkbox"/> CA CHG/CK NO. AMOUNT: OVERPAYMENT: BATCH NUMBER:
	1. ATTORNEY / PRO SE NAME #198642 <i>Michael Boyd</i>	2. TELEPHONE NUMBER <i>908-671-1101</i>	3. COUNTY OF VENUE <i>Union</i>
4. FIRM NAME (if applicable)		5. DOCKET NUMBER (when available) <span style="font-size:large; font-weight:bold;">UNPL-3272-11</span>	
6. OFFICE ADDRESS <i>15 Elizabethtown PLAZA Elizabeth, New Jersey 07202</i>		7. DOCUMENT TYPE <i>COMPLAINT</i>	
9. NAME OF PARTY (e.g., John Doe, Plaintiff) <i>Michael Boyd Plaintiff</i>		8. JURY DEMAND <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
10. CAPTION <i>Michael Boyd v.s Co. ARNON SILVA, Brian Riccardi, Inspector Morrow, et al.</i>		11. CASE TYPE NUMBER (See reverse side for listing) <i>005</i>	
12. IS THIS A PROFESSIONAL MALPRACTICE CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YOU HAVE CHECKED "YES," SEE N.J.S.A. 2A:53 A-27 AND APPLICABLE CASE LAW REGARDING YOUR OBLIGATION TO FILE AN AFFIDAVIT OF MERIT.		13. RELATED CASES PENDING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
14. IF YES, LIST DOCKET NUMBERS		15. DO YOU ANTICIPATE ADDING ANY PARTIES (arising out of same transaction or occurrence)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. NAME OF DEFENDANT'S PRIMARY INSURANCE COMPANY (if known) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> UNKNOWN		THE INFORMATION PROVIDED ON THIS FORM CANNOT BE INTRODUCED INTO EVIDENCE.	
CASE CHARACTERISTICS FOR PURPOSES OF DETERMINING IF CASE IS APPROPRIATE FOR MEDIATION			
17. DO PARTIES HAVE A CURRENT, PAST OR RECURRENT RELATIONSHIP? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, IS THAT RELATIONSHIP: <input type="checkbox"/> EMPLOYER/EMPLOYEE <input type="checkbox"/> FRIEND/NEIGHBOR <input type="checkbox"/> OTHER (explain) <input type="checkbox"/> FAMILIAL <input type="checkbox"/> BUSINESS	
18. DOES THE STATUTE GOVERNING THIS CASE PROVIDE FOR PAYMENT OF FEES BY THE LOSING PARTY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
19. USE THIS SPACE TO ALERT THE COURT TO ANY SPECIAL CASE CHARACTERISTICS THAT MAY WARRANT INDIVIDUAL MANAGEMENT OR ACCELERATED DISPOSITION			
20. Do you or your client need any disability accommodations? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, PLEASE IDENTIFY THE REQUESTED ACCOMMODATION	
21. Will an interpreter be needed? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, FOR WHAT LANGUAGE?	
22. I certify that confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i> .			
23. ATTORNEY SIGNATURE: <i>Michael Boyd</i>			

Upon entering medical unit Michael Boyd was immediately harassed by Union County Corrections Officer SILVA.

Because of the harassment from Co. SILVA, Michael Boyd was forced to leave medical unit area untreated.

Michael Boyd was reporting to Medical Unit due to complications of his high blood pressure.

Michael Boyd was denied his right to medical care because of the harassment from Correction Officer SILVA.

Being that Michael Boyd was denied medical care by the Union County Department of Correction he had to undergo undue pain and suffering.

Because of Co SILVA's harassment of Michael Boyd, Plaintiff was denied his right to fair, humane and impartial treatment.

When Michael Boyd made a complaint to Union County Jail's Internal Affairs Plaintiff was further humiliated and harassed by staff member Inspector Morrow.



1) Because of Inspector Morrow's actions towards Michael Boyd, Plaintiff was denied his right to humane treatment with respect, impartiality and fairness.

2) Plaintiff Michael Boyd has made numerous complaints to the Proper Union County Department of Corrections Authorities to no avail.

3) Being that Plaintiff Michael Boyd is a mental health patient, Plaintiff was not ensured fair and equitable treatment without regards to Plaintiff's race, religion, age or disabilities.

4) Plaintiff Michael Boyd was denied right to safe, secure and humane environment.

FORM A

The defendant in this action resides at 15 Elizabethtown Plaza, Elizabethtown  
(defendant's address)

In the County of Union, State Of New Jersey.  
(name of county where defendant lives)

- 2. Plaintiff is entitled to relief from defendant under the above facts.
- 3. The harm that occurred as a result of defendant's acts include:

(list each item of damage and injury),

- 1. As a result of denial of medical care by Union County department of Corrections, Plaintiff had to endure severe head pain for more than 3 days.
- 2. As a result of harassment from Union County department of Corrections staff, Plaintiff underwent a period of major depression. Plaintiff now seeks treatment from mental health staff at U.C.J.
- 3. Plaintiff now resides in fear and dread as a result of harassment from Union County Jail staff.

Wherefore, plaintiff requests judgment against defendant for damages, together with attorney's fees, if applicable, costs of suit, and any other relief as the court may deem proper.

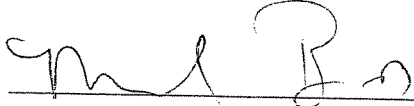
Dated: 8.2.2011 Signature: [Handwritten Signature]

**CERTIFICATION OF NO OTHER ACTIONS**

I certify that the dispute about which I am suing is not the subject of any other action pending in any other court or a pending arbitration proceeding to the best of my knowledge and belief. Also, to the best of my knowledge and belief no other action or arbitration proceeding is contemplated. Further, other than the parties set forth in this complaint, I know of no other parties that should be made a part of this lawsuit. In addition, I recognize my continuing obligation to file and

FORM A

serve on all parties and the court an amended certification if there is a change in the facts stated in this original certification.

Dated: 8.18.2011 Signature: 

OPTIONAL: If you would like to have a judge decide your case, do not include the following paragraph in your complaint. If you would prefer to have a jury to decide your case, please sign your name after the following paragraph.

**JURY DEMAND**

The plaintiff demands trial by a jury on all of the triable issues of this complaint, pursuant to New Jersey Court *Rules* 1:8-2(b) and 4:35-1(a).

Dated: 8.18.2011 Signature: 