

STATE OF WISCONSIN, CIRCUIT COURT, Milwaukee COUNTY

Plaintiff: (Name [first, middle, last], Address, City, State, Zip)  
 Demandante: (Nombre [primero, segundo, apellido], domicilio, ciudad, estado, código postal)  
Steven Robert Sharpe  
5110 S. Loomis Road  
Waterford, Wisconsin 53185

For Official Use

17SC040418  
 RECEIVED

JAN 17 2018

CITY OF WEST ALLIS  
 CITY CLERK

See attached for additional plaintiffs  
 Ver adjunto para otros demandantes

Amended *Enmendado*

**Summons and Complaint  
 Small Claims**  
*Citaciones y Demandas  
 Reclamos de menor cuantía*

-vs- contra-

To: Defendant(s): (Name [first, middle, last], Address, City, State, Zip)  
 Para: Demandado(s): (Nombre [primero, segundo, apellido], domicilio, ciudad, estado, código postal)  
City of West Allis and Shelly Kerwin, Plan Reviewer  
Dept. of Building Inspections and Neighborhood Services  
City Hall; 7525 W. Greenfield Ave.  
West Allis, Wisconsin 53214

Case No. \_\_\_\_\_  
 Número de caso \_\_\_\_\_

See attached for additional defendants  
 Ver adjunto para otros demandados

- Claim for money (\$10,000 or less) 31001  
*Reclamo de dinero (\$10.000 o menos)*
- Return of property (replevin) 31003  
*Devolución de propiedad (Reivindicación de cosas muebles)*
- Eviction *Desalojo* 31004
- Eviction due to foreclosure  
*Desalojo por ejecución de hipoteca* 31002
- Arbitration award 31006  
*Sentencia de arbitraje*
- Return of earnest money 31008  
*Devolución de señal*
- Tort/Personal injury (\$5,000 or less) 31010  
*Agravio/Daños Corporales (\$5.000 o menos)*

If you require reasonable accommodations due to a disability to participate in the court process, please call (414) 985-5757 at least 10 working days prior to the scheduled court date. Please note that the court does not provide transportation.

*Si necesita ajustes razonables debido a una discapacidad para poder participar en el procedimiento judicial, sírvase llamar como mínimo 10 días hábiles antes de la fecha judicial programada. Por favor tome en cuenta que el tribunal no proporciona transporte.*

FILED AND AUTHENTICATED  
 SC JAN 17 2018 SC

This form does not replace the need for an interpreter, any colloquies mandated by law, or the responsibility of court and counsel to ensure that persons with limited English proficiency fully comprehend their rights and obligations.  
*Este documento no sustituye el uso de un intérprete, ni los coloquios judiciales exigidos por la ley. Tampoco sustituye la responsabilidad del tribunal y los abogados de asegurarse de que las personas cuya comprensión del idioma inglés sea limitada entiendan por completo sus derechos y obligaciones.*

**SUMMONS CITACIÓN**

To the Defendant(s): *Para el/los demandado/s:*  
 You are being sued as described below. If you wish to dispute this matter:  
*Le están demandando según lo indicado abajo. Si desea disputar este asunto:*

When to Appear/File an Answer Fecha para comparecer/ presentar una respuesta	
Date Fecha <u>2/14/18</u>	Time Hora <u>9:30AM</u>
Place to Appear/File an Answer Lugar para comparecer/presentar una respuesta	

You must appear at the time and place stated.  
*Debe comparecer a la hora y en el lugar establecidos.*  
 AND/OR (Clerk will circle one)  
 Y/O (El Actuario del juzgado marcará una)  
 You must file a written answer and provide a copy to the plaintiff or plaintiff's attorney on or before the date and time stated.  
*Debe presentar una respuesta por escrito y proporcionar una copia al demandante o al abogado del demandante en la fecha y hora establecidas o con anterioridad a ellas.*

If you do not appear or answer, the plaintiff may win this case and a judgment entered for what the plaintiff is asking.  
*Si no comparece ni responde, el demandante puede ganar esta causa y se dictar un fallo a favor de lo que el demandante esté solicitando.*

Clerk/Attorney Signature *Firma del Actuario de Juzgado/Abogado*  
John Barrett

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 SC  
 CLERK OF CIRCUIT COURT  
 SMALL CLAIMS SUMMONS PAID  
 MILWAUKEE CO. WISCONSIN

Date Summons Issued  
 Fecha de emisión de la citación

Date Summons Mailed  
 Fecha en la que se envió la citación

### COMPLAINT DEMANDA

**Plaintiff's Demand: Demanda del demandante:**

The plaintiff states the following claim against the defendant(s):

El demandante realiza la siguiente demanda contra el/los demandado/s:

1. Plaintiff demands judgment for: (Check as appropriate) El demandante exige un fallo por: (Marcar lo que corresponda)

Claim for Money \$ 10,000.00

Reclamo de dinero

Tort/Personal injury \$ \_\_\_\_\_

Agravio/Daños Corporales

Return of Earnest Money

Eviction

Eviction due to foreclosure

Devolución de seña

Desalojo

Desalojo por ejecución de hipoteca

Return of property (replevin) (Describe property in 2 below.) Devolución de propiedad (Reivindicación de cosas muebles) (Describe los bienes en el punto 2 abajo)

(Not to include Wis. Stats. 425.205 actions to recover collateral.)

(Excluyendo las acciones en virtud de las leyes de Wisconsin 425.205 para la recuperación de bienes dados en garantía.)

Confirmation, vacation, modification or correction of arbitration award.

Confirmación, anulación, modificación o corrección de sentencia arbitral.

Plus interest, costs, attorney fees, if any, and such other relief as the court deems proper.

Más intereses, costos, honorarios legales, de existir, y toda otra asistencia que el tribunal considere adecuada.

2. Brief statement of dates and facts: (If this is an eviction action and you are seeking money damages, you must also state that claim on this form.)

Breve declaración de fechas y hechos: (Si es una acción de desalojo y busca el resarcimiento de dinero, debe también indicar ese reclamo en este formulario)

City of West Allis employee, Ms. Shelly Kerwin, forcibly and unwarranted, required building interior alterations that caused extra costs, and time delays after repeatedly being shown she was in error

See attached for additional information. Provide copy of attachments for court and defendant(s).  
Ver adjunto para información adicional. Proporcione copia de adjunto para el tribunal y el/los demandado/s.

Verification: Under oath, I state that the above complaint is true, except as those matters stated upon information and belief, and as to those matters, I believe them to be true.

Verificación: Declaro bajo juramento que la demanda precedente es verdadera, excepto con respecto a aquellos asuntos basados en información y creencias, y en cuanto a esos asuntos, creo que son verdaderos.

I am:  plaintiff.  attorney for the plaintiff.  
Soy: demandante. abogado del demandante.

State of Wisconsin

Estado de

County of Milwaukee

Condado de

Subscribed and sworn to before me on 12/22/17

Suscrito y jurado ante mí el

Notary Public/Court Official

Notario Público/Funcionario del Tribunal

Name Printed or Typed

Nombre escrito en letra de molde o a máquina

My commission/term expires: 10/8/19

Mi comisión/mandato vence:

Signature of Plaintiff or Attorney Firma del demandante o abogado	Date Fecha	Attorney's State Bar Number Número de inscripción del abogado en el Colegio de Abogados
	<u>12/22/2017</u>	
Plaintiff or Attorney's Telephone Number Teléfono del demandante/abogado	Law Firm and Address Bufete de abogados y domicilio	
<u>414-807-4000</u>		

**architect**

October 10, 2017

Ms. Monica Schultz  
City of West Allis – Clerk Treasurer  
7525 W. Greenfield Ave.  
West Allis, Wisconsin 53214

Re: Dynamic Medical Equipment; 10236 W. National Ave.

Dear Monica:

This letter is to inform you of a claim for damages and costs incurred on a minor building alteration project at the above referenced address.

The condensed scenario of this claim is that the Inspection Department of the City of West Allis has caused an unwarranted four week delay in the completion of this project, and unwarranted costs by requiring multiple plan revisions for the inclusion of a “service sink”, interior ramp to a raised sales platform, and “threshold lowering” that are not required in accordance with the IEBC (International Existing Building Code), but insisted on by the Inspection Department Staff, Ms. Shelly Kerwin, Robert Johnson, and Ed Lisinski.

Then after forcing the delay in work because of repeated office visits and over the counter discussions where I tried to explain that they were wrong in their demands supported by the building codes, requiring me to obtain a plumbing permit, completing the rough plumbing work, purchasing the fixtures, and required inspections, I receive an email notice from Ed Lisinski that I was correct, and the service sink is not required to be installed. No apology included!

The erroneous demands of the Inspection Department personnel caused the business owners to have added costs to store their purchased store inventory, and to pay tenant space lease costs for an additional month while compliance was being met under protest!

I would also like to bring to your attention that I have continually received unwarranted, unreasonable, and vindictive attention from Mr. Robert Johnson all through this project, and it continues to this date because of my challenges to their bullying authority.

I would like to have a meeting with you to discuss this further and explain in more detail at your convenience.

Sincerely,

Steven R. Sharpe  
Architect/Project Manager

**STEVEN ROBERT SHARPE A.L.A**  
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Ph. 262-534-3886 Cell 414-807-4000 [ssharpe182@gmail.com](mailto:ssharpe182@gmail.com)

