

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA

NO. DF-24-18010

NOTICE: DOCUMENT CONTAINS  
SENSITIVE INFORMATION.

IN THE MATTER OF  
MARRIAGE OF

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§  
§

IN THE DISTRICT COURT THE

GWENDOLYN ULIJASZ-MCKEMIE  
&  
JASON MCKEMIE

§  
§  
§

302<sup>nd</sup> JUDICIAL DISTRICT

DALLAS COUNTY, TEXAS

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## RESPONDENT'S EMERGENCY MOTION TO:

- (1) ABATE TRIAL, EXHIBIT DEADLINES, AND BENCH TRIAL,
  - (2) ENFORCE DISCOVERY ORDERS AND AUTHORIZE NECESSARY THIRD-PARTY SUBPOENAS, AND
  - (3) ENFORCE HEALTHCARE REINSTATEMENT THROUGH ACCENTURE QLE RECORDS
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### I. INTRODUCTION AND EMERGENCY NATURE

Respondent files this Emergency Motion seeking immediate, limited, and necessary relief to prevent **irreparable medical harm, procedural collapse, and fundamental unfairness** in these proceedings.

This Motion does **not** seek final adjudication of any issue. It seeks only to:

1. Temporarily **abate trial, exhibit deadlines, and bench trial** pending medical stabilization, completion of bankruptcy trustee review, and production of subpoenaed third-party records;
2. **Enforce the Court's prior discovery orders**, including the Motion to Compel, where compliance has failed and party-produced statements are structurally insufficient to reconstruct the financial record; and
3. **Authorize and issue a narrow, emergency third-party subpoena to Accenture** regarding the alleged Qualifying Life Event ("QLE") submission that terminated Respondent's healthcare, as required to enforce the Court's healthcare reinstatement order.

Absent immediate intervention, Respondent faces ongoing medical crisis, repeated emergency-room treatment, and the risk that proceeding to trial—or even to divorce—will sever healthcare indications at a moment of documented life-threatening vulnerability.

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### II. FACTUAL BACKGROUND

### 1. **Medical Emergency**

- Respondent has documented congestive heart failure and is currently undergoing emergency-level medical treatment requiring uninterrupted access to prescribed medications.

### 2. **Existing Healthcare Order**

- The Court previously ordered **full reinstatement of healthcare**, including **functional access** to HSA/FSA benefits.

### 3. **Ongoing Noncompliance with Healthcare Order**

- Despite the Order, Respondent has experienced:
  - Nearly **one year without HSA card access**;
  - Presentation of a **deactivated HSA card** by Petitioner at the Motion to Compel hearing;
  - A recorded call in which an HSA administrator requested the card PIN and authorization to issue a card in Respondent's name, and **Petitioner terminated the call**, preventing access;
  - Repeated notice of the deactivated card in multiple filings without correction;
  - Continued refusal to authenticate or permit issuance of a functioning card in Respondent's name.

### 4. **Funding Failure**

- HSA/FSA funding required by the Healthcare Reinstatement Order has been **reduced or halted**, rendering the benefits functionally unusable.

### 5. **Documented Medical Harm**

- Respondent has required **repeated emergency-room treatment** due to inability to access prescribed medications.
- Respondent is presently required to return to the emergency room every **24–36 hours** for temporary cardiac treatment pending resolution of these issues.
- The most recent emergency visit resulted in **approximately \$30,000** in billed charges.

### 6. **Claimed Compliance Not Substantiated**

- Although Petitioner has claimed “compliance,” she has not demonstrated:
  - Full funding of HSA/FSA as required;

- Functional card and PIN access;
- Portal/login access to benefits;
- Issuance of a card in Respondent's name;
- A lawful basis for healthcare termination.

## 7. Discovery Noncompliance

- Financial discovery remains materially incomplete:
  - The Court-ordered **production map was not produced**;
  - Party production is fragmented across multiple accounts, cards, and payment cycles;
  - Produced materials contain internal inconsistencies and missing data;
  - Even full production of party-held statements would **not permit accurate reconstruction** of the marital financial record.

## 8. Necessity of Third-Party Discovery

- Because party production is structurally insufficient, **third-party source records are required** to reconstruct the financial record and enforce existing orders.

## 9. Pending Bankruptcy

- A Chapter 7 bankruptcy is pending, and the trustee's statutory review of assets, transfers, and liabilities directly overlaps with issues set for trial.

## 10. Inability to Proceed

- Respondent is **not medically capable** of completing trial exhibits or proceeding to bench trial without medical and financial stabilization.
- Proceeding to divorce at this time risks severing healthcare during a documented medical emergency.

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### III. ISSUE ONE: ABATEMENT OF TRIAL, EXHIBITS, AND BENCH TRIAL IS REQUIRED

#### A. Medical Impossibility and Irreparable Harm

Respondent's medical condition is documented by treating physicians and emergency-room providers. He is currently dependent on emergency measures that must be renewed every 24 hours due to lack of stable medication access.

Proceeding with trial preparation under these conditions is **medically impossible** and risks irreversible harm.

### **B. Healthcare Severance Risk**

Proceeding to divorce at this juncture would **terminate dependent healthcare**, creating an imminent risk that is:

- foreseeable,
- documented,
- and directly attributable to Petitioner's delay and interference.

The Court cannot force Respondent into a procedural posture that itself triggers life-threatening harm.

### **C. Bankruptcy Preemption and Fair Trial Concerns**

The bankruptcy trustee's investigation necessarily overlaps with:

- asset tracing,
- dissipation,
- and financial reconstruction.

Proceeding to trial before completion of trustee findings risks inconsistent rulings, prejudice, and inefficiency.

### **D. Discovery Incompleteness**

No fair trial may proceed without a complete and accurate financial record. That record does not presently exist and **cannot exist** absent enforcement and third-party discovery.

#### **Requested Relief (Issue One):**

An Order abating trial settings, exhibit deadlines, and bench trial until:

1. Respondent is medically stabilized;
2. Bankruptcy trustee review is complete; and
3. Court-authorized third-party subpoenas are produced.

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## **IV. ISSUE TWO: ENFORCEMENT OF MOTION TO COMPEL IS REQUIRED**

### **A. Noncompliance With Prior Discovery Orders**

Petitioner was ordered to produce a **production map** and complete, traceable financial records. She has not done so.

## **B. Structural Inadequacy of Party Production**

Petitioner's financial structure includes:

- multiple cards per account,
- multiple payments per cycle,
- and transaction washing that obscures continuity.

### **Accordingly:**

Even if Petitioner were to produce every statement in her possession, such production would still not comply with the Court's prior discovery order because the financial record has been rendered non-reconstructable without third-party source data and an account-level production map.

## **C. Necessity of Third-Party Discovery**

This is not a sanction request. It is a **necessity finding**.

### **Requested Relief (Issue Two):**

1. A finding that Petitioner has not complied with the Motion to Compel;
2. An order requiring production of the production map within a short deadline **or** sworn certification of inability; and
3. A finding that third-party source records are required to reconstruct the financial record, authorizing issuance of subpoenas accordingly.

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## **V. ISSUE THREE: EMERGENCY THIRD-PARTY SUBPOENA TO ACCENTURE IS REQUIRED TO ENFORCE HEALTHCARE ORDER**

### **A. Healthcare Reinstatement Cannot Be Enforced Without QLE Records**

The Court ordered healthcare reinstatement **in full**. That order cannot be meaningfully enforced without determining:

- whether a QLE was submitted,
- who submitted it,
- what representations were made,
- and how coverage was terminated.

This is **enforcement**, not fault-finding.

## **B. Narrow, Emergency Scope**

Respondent seeks only:

- QLE submissions affecting dependent coverage;
- associated uploads, attestations, and audit logs;
- eligibility determinations and communications with benefits vendors.

### **Requested Relief (Issue Three):**

1. Authorization and issuance of a subpoena duces tecum to Accenture HR / Plan Administrator;
2. Short compliance deadline;
3. Objections preserved for de novo review, but production not stayed.

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## **VI. PRESERVATION OF RIGHTS AND DE NOVO REVIEW**

Respondent expressly preserves all rights to seek:

- sanctions,
- expanded discovery,
- fee shifting,
- and additional relief upon de novo review.

This Motion seeks **only emergency stabilization and enforcement**.

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## **VII. PRAYER**

Respondent respectfully requests that the Court grant the relief set forth above and sign the attached proposed orders.

**Respectfully submitted,**



**Jason McKemie**  
Defendant, Pro Se  
539 W. Commerce St., Ste. 2010  
Dallas, Texas 75208  
(214) 868-4901  
[jmckemie@mckemie.net](mailto:jmckemie@mckemie.net)

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**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of this Notice was served on **GWENDOLYN ULIJASZ**, and any counsel of record, and provided to the Court on **January 12, 2026**, by electronic filing & email.



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JASON MCKEMIE

Mckemie, Jason 44953-4  
4/8/1976 49 yr M 1/14/2026  
Kutsen, Michael



To Whom It May Concern (or) To the 302nd District Court:

I evaluated Jason McKemie in the Emergency Department on January 14th, 2026. He has a known history of congestive heart failure (CHF). During this evaluation, it was determined that Mr. McKemie has been unable to access essential heart-failure medications, including tirzepatide, Carvedilol, Lisinopril, Furosemide, and Potassium supplementation, due to lack of access to his insurance/HSA.

In my medical opinion, interruption of these medications places Mr. McKemie at significant risk of acute decompensated heart failure, electrolyte imbalance, and hospitalization. Immediate and uninterrupted access to these medications is medically necessary to reduce risk of serious harm.

This letter is provided to document medical necessity and risk associated with continued interruption of care.

Provider Signature: \_\_\_\_\_



Date/Time: \_\_\_\_\_

1/14/26



November 26, 2025

Jason Emory McKemle  
539 W Commerce St Pmb 2010  
Dallas TX 75208

**BAYLOR SCOTT & WHITE**  
MEDPROVIDER  
3417 GASTON AVE SUITE 1100  
DALLAS TX 75246  
Phone: 469-800-9000  
Fax: 469-800-9010

To whom it may concern,

I am the primary care provider for Jason McKemie. Mr. McKemie has a history of congestive heart failure and cardiomyopathy. It is medically necessary that he maintain uninterrupted access to his prescribed medications to manage these conditions and to reduce the risk of exacerbation or other serious complications. Mr. McKemie reports that he no longer has access to his HSA (Health Savings Account) Card. Jason has used this card to pay copays for nearly two years. He recently lost his employment and is experiencing financial hardship, and access to this card is necessary for him to afford prescription medications and related medical care.

Sincerely,

A handwritten signature in black ink, appearing to read "Evan Dittmar MD". The signature is fluid and cursive, with a small "MD" at the end.

Evan Dittmar, MD



September 18, 2025

Jason Emory McKemie  
539 W Commerce St Pmb 2010  
Dallas TX 75208

**BAYLOR SCOTT & WHITE  
MEDPROVIDER**  
3417 GASTON AVE SUITE 1100  
DALLAS TX 75246  
Phone: 469-800-9000  
Fax: 469-800-9010

To whom it may concern,

I am the primary care provider for Jason McKemie. Mr. McKemie has a history of congestive heart failure and cardiomyopathy. It is medically necessary that he remain uninterrupted on his prescription medications to manage his medical conditions and reduce the risk of future complications or exacerbations. He reports that access to his Health Savings Account (HSA) is necessary for him to continue to afford his prescription medications and related medical care.

Sincerely,

A handwritten signature in black ink, appearing to read "Evan Dittmar MD". The signature is fluid and cursive, with a small "MD" at the end.

Evan Dittmar, MD

### Automated Certificate of eService

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#### Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Jason McKemie		jmckemie@mckemie.net	1/14/2026 11:40:30 PM	SENT
Gwendolyn Ulijasz McKemie		GUlijasz@gmail.com	1/14/2026 11:40:30 PM	SENT