Docket # 21-16638

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LINDSAY ROSENBERGER and GREGORY ROSENBERGER, JR.,	:	IN THE COURT OF COMMON PLEAS OF BERKS COUNTY, PENNSYLVANIA CIVIL ACTION – LAW
Plaintiffs,	:	
vs.	:	
	:	No. 21-16638
BERKS PLASTIC SURGERY INSTITUTE, P.C. Individually and/or d/b/a BERKS PLASTIC SURGERY, BERKS AMBULATORY SURGERY CENTER, LLC, Individually and/or d/b/a BERKS AMBULATORY SURGERY CENTER, BERKS AMBULATORY SURGERY CENTER, LLC, Individually and/or d/b/a BERKS AMBULATORY SURGERY CENTER, TOWER HEALTH, TOWER HEALTH MEDICAL GROUP, BRIAN K. REEDY, M.D., Individually and/or d/b/a BERKS PLASTIC SURGERY, IGOR MAIDANSKY, M.D., and JOHN DOE,	:	
Defendants.	:	Assigned to Judge J. Benjamin Nevius

DECISION AND ORDER

Before the Court is the Motion of Defendants, Brian K. Reedy, M.D. ("Dr. Reedy"), Berks Plastic Surgery Institute, P.C. ("Berks Plastic"), and Berks Ambulatory Surgery Center, LLC ("Berks Ambulatory") (collectively, "Moving Defendants"), for Summary Judgment. Having carefully reviewed the written submissions, the evidentiary record, and the applicable law, the Court concludes that Plaintiffs, Lindsay Rosenberger ("Ms. Rosenberger") and Gregory Rosenberger ("Mr. Rosenberger") (together, "Plaintiffs"), have failed to produce evidence sufficient to establish a genuine issue of material fact as to Dr. Reedy and Berks Ambulatory's liability for the conduct alleged to have caused Ms. Rosenberger's physical injuries. Accordingly, the Court grants the Motion in part and denies it in part. Dr. Reedy and Berks Ambulatory are entitled to judgment as a matter of law, but genuine issues remain regarding the potential vicarious liability of Berks Plastic for the conduct of its nursing employees.

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I. FACTS AND PROCEDURAL HISTORY

Plaintiffs commenced this medical malpractice action on December 13, 2021, seeking damages for injuries sustained in a plastic-surgery procedure. According to the Complaint, on March 3, 2020, Ms. Rosenberger underwent elective cosmetic surgery with Dr. Reedy. Plaintiffs allege that an intravenous catheter placed in Ms. Rosenberger's left upper extremity by the surgical anesthesiologist, Igor Maidansky, M.D. ("Dr. Maidansky"), infiltrated or extravasated during the course of her care, and that the condition was not timely recognized or treated. Shortly after discharge, Ms. Rosenberger presented at the emergency department with complaints of pain, swelling, numbness, and discoloration of her left hand and arm. Plaintiffs contend that the alleged IV-related injury resulted in thrombophlebitis, vascular complications, and ultimately chronic Complex Regional Pain Syndrome (CRPS).

Fairly characterized, the alleged underlying negligence concerns anesthesia and infusion care: selection of the intravenous site, catheter selection, assessment of catheter and vein patency before and during administration of IV medications, administration of vancomycin, assessment and documentation of the venous site during surgery and recovery, and recognition of possible infiltration/extravasation. Plaintiffs' expert criticisms thus concern the manner in which anesthesia providers and nursing staff inserted, monitored, used, and assessed the IV catheter. Critically, as discussed further below, the gravamen of the alleged negligence is largely the technique and clinical judgment in IV management, rather than any surgical technique performed by Dr. Reedy in the course of the subject surgical procedure. All treatment providers (a) deny any breach of the applicable standard of care, (b) dispute that an infiltration or extravasation event took place during Ms. Rosenberger's treatment, and (c) contest both causation and the nature and extent of her claimed injuries.

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Relevant to the matter before the Court, on February 18, 2026, Moving Defendants filed for summary judgment on the grounds that no expert criticizes Dr. Reedy's care, no direct or corporate-negligence claim remains,[1] and the record does not support vicarious liability because Dr. Maidansky, an anesthesiologist, independently placed and managed the IV and administered anesthesia. Plaintiffs respond that Dr. Reedy was the head surgeon, was the highest authority in the operating room, could stop the procedure, directed patient positioning for purposes of the plastic-surgery procedure, requested that vancomycin be administered, signed the discharge/IV-removal order, and therefore may be held liable under the "captain of the ship" doctrine and general agency principles.

II. DISCUSSION

"The Pennsylvania Rules of Civil Procedure that govern summary judgment instruct in relevant part, that the court shall enter judgment whenever there is no genuine issue of any material fact as to a necessary element of the cause of action or defense that could be established by additional discovery." *Fine v. Checcio*, 870 A.2d 850, 857 (Pa. 2005) (citations omitted). "[A] motion for summary judgment is based on an evidentiary record that entitles the moving party to a judgment as a matter of law." *Id.* "In considering the merits of a motion for summary judgment, a court views the record in the light most favorable to the non-moving party, and all doubts as to the existence of a genuine issue of material fact must be resolved against the moving party." *Id.* (citing *Jones v. SEPTA*, 772 A.2d 435, 438 (Pa. 2001)). "[T]he [trial] court may grant summary judgment only where the right to such a judgment is clear and free from doubt." *Id.*

[1] Plaintiffs substantially narrowed their claims against Moving Defendants from the time of filing. By stipulation, Plaintiffs withdrew all claims of direct negligence and corporate negligence against Moving Defendants. The sole remaining theory asserted against Moving Defendants is for vicarious liability arising from the alleged negligence of Dr. Maidansky, and/or nursing personnel involved in the criticized perioperative care.

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A. Dr. Reedy is Not Vicariously Liable

With consideration of the applicable standard for summary judgment, reviewing the record in a light most favorable to Plaintiffs, the Court accepts the evidence on which Plaintiffs rely. That evidence shows Dr. Reedy's general authority over the surgery and his responsibility for the surgical procedure. It does not, however, create a jury question that Dr. Reedy had the right to control the manner in which Dr. Maidansky performed anesthesia care or managed the IV. This is a critical distinction.

Pennsylvania's captain of the ship doctrine is not a free-standing rule imposing liability merely because a surgeon occupies the highest rank in an operating room, nor does it impose liability upon presence alone. The doctrine is an application of borrowed-servant and respondeat-superior principles to the operating-room setting. Under those principles, the operative question is whether the alleged servant was subject to the physician's right of control not only as to the work to be done, but also as to the manner of performing the specific work that allegedly caused injury.

The Pennsylvania Supreme Court has stated that the "crucial test" is whether the actor passed under the alleged master's right of control "with regard not only to work to be done but also to manner of performing it." *Collins v. Hand*, 246 A.2d 398, 406 (Pa. 1968) (holding psychiatrist not vicariously liable where he lacked "any effective degree of control or the right to control the manner of performance of these treatments"). The Supreme Court has further described the captain of the ship doctrine as "but the adaptation of the familiar 'borrowed servant' principle in the law of agency to the operating room of a hospital" and reiterated that the dispositive inquiry is whether the alleged assistant was "subject to [the surgeon's] orders in respect to the treatment" at issue. *Thomas v. Hutchinson*, 275 A.2d 23, 27-28 (Pa. 1971).

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Accepting as true that Dr. Reedy had the ability to stop the surgery does not rise to the level required to invoke captain of the ship liability in the medical context. The power to halt a procedure is materially different from the right to dictate how a separately licensed physician in a co-equal medical specialty performs that physician's own procedures. By analogy, a patient may revoke consent and thereby stop a surgery; that power does not make the patient comparatively responsible for the manner in which anesthesia services are performed. Likewise, a surgeon's ability to stop a surgery if patient safety requires it does not independently establish that the surgeon may direct the anesthesiologist's selection of an IV site, choice of catheter, administration rate of medications, monitoring of patency, or recognition and treatment of infiltration/extravasation. Those matters involve different training, different techniques, different equipment, and different professional standards.

Indeed, it is clear from the discovery record that Dr. Maidansky had an independent anesthesia care plan, obtained anesthesia consent, placed the IV, administered anesthetic medications and IV fluids, monitored his patient's vital signs, managed the airway, and made anesthesia-related clinical decisions throughout the procedure. That same record does not show that Dr. Reedy employed Dr. Maidansky, supervised his anesthesiology practice, trained or evaluated him, controlled his compensation or employment terms, or possessed the legal or professional right to instruct him in the manner of providing anesthesia care. To the contrary, Dr. Maidansky himself testified unequivocally that ***he was the sole provider of anesthesia care***:

> **Q.** Was anybody else responsible for care related to the anesthesia provided to Mrs. Rosenberger?
>
> **A.** No.
>
> * * *
>
> **Q**. And 'personally administered,' what does that refer to?

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> **A**. I was one-on-one with this patient. I was the only anesthesia provider in the room. So everything that was done was done by me personally.

[Maidansky Dep., p. 62, ll. 9-14; 17-20].

1. Instruction for Vancomycin

Plaintiffs place considerable weight on the fact that Dr. Reedy requested administration of vancomycin, a prophylactic antibiotic, and that Plaintiffs' infusion therapy expert, Lynn C. Hadaway, M.Ed., RN, CRNI ("Nurse Hadaway"), identifies vancomycin as a vesicant. On careful review, however, this argument conflates the ordering of a medication with control over the manner of its administration and mischaracterizes the actual basis of the claimed negligence.

Nurse Haddaway does not criticize the decision to administer vancomycin as itself negligent, nor does she opine that the drug's vesicant properties were unknown or that its use was improper. Her criticisms are directed instead at the technique and clinical judgment surrounding IV management: failure to select an appropriate IV site, failure to choose a vein with adequate diameter for the catheter size used, failure to assess patency before and during administration of irritant and vesicant medications, failure to administer vancomycin at the recommended rate, and failure to monitor and document the venous site condition throughout the procedure. [*See* Hadaway Report, 10/12/25, pp. 8-9]. In other words, the injury-causing negligence identified by Plaintiffs' expert lies entirely in the domain of anesthesia and infusion technique—in the how, not the what.

Dr. Reedy ordered a prophylactic antibiotic; Dr. Maidansky controlled every aspect of how it was prepared, through which catheter it was administered, at what rate, with what pre-administration patency assessment, with what monitoring during infusion, and with what post-infusion site evaluation. It is precisely those latter decisions that Plaintiffs' expert identifies as the deviations from the standard of care. Extending the captain of the ship doctrine to cover a surgeon's

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direction of what medication to use, as distinct from control over how anesthesia providers administer it, would effectively make surgeons vicariously liable for any anesthetic or infusion complication arising from a drug the surgeon requested in all circumstances. That is not what the doctrine provides, and it is not consistent with the manner-of-performance test that governs the analysis. *See, e.g., Thomas*, 275 at 27 ("the 'captain of the ship' doctrine imposes liability on the surgeon in charge of an operation for the negligence of his assistants during the period when these ***assistants are under the surgeon's control***") (emphasis added).

2. Patient Repositioning and Discharge

Plaintiffs further argue that Dr. Reedy's direction of patient repositioning and his signing of the discharge/IV-removal order extend his authority over IV and anesthesia management. Neither argument survives the governing test.

Dr. Reedy directed patient repositioning to facilitate access to the operative field for plastic-surgery purposes. That is surgical control over the conduct of the operation itself. Plaintiffs' expert identifies patient repositioning as a contributing mechanical factor to IV site trauma, but only because it was carried out without the attendant protective and monitoring steps within the anesthesiologist's area of responsibility. The decision to move the patient was Dr. Reedy's; the obligation to monitor, protect, and assess the IV site during that movement was within Dr. Maidansky's professional domain. The fact that a surgeon's surgical act creates a condition that an anesthesiologist then fails to properly manage (allegedly, of course) does not convert the surgeon into the anesthesiologist's master for purposes of the anesthesiologist's independent professional duties.

As to the discharge order, Dr. Reedy signed the authorization to remove the IV and discharge the patient. That act reflects his ultimate authority as the treating physician over the

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surgical episode as a whole. It does not demonstrate that he controlled the manner in which the Post-Anesthesia Care Unit (PACU) nursing staff assessed the IV site, monitored for infiltration, documented the venous condition, or recognized signs of extravasation. The record demonstrates that the PACU nurse who managed the post-operative phase was an employee of Berks Plastic, not of Dr. Reedy, and her conduct in that capacity is attributable to her employer for vicarious liability purposes (discussed below). Dr. Reedy's own testimony that recovery-room nursing supervision was "a shared responsibility" is, at most, a colloquial acknowledgment of his general supervisory role as treating surgeon—it is not a direct admission that he possessed the right to control the clinical manner in which nursing staff performed anesthesia-related post-operative assessments. In any event, this evidence alone is insufficient to establish vicarious liability as to Dr. Reedy.

3. *Schneider* and *Szabo*

Plaintiffs rely heavily on *Schneider v. Albert Einstein Medical Center*, 390 A.2d 1271 (Pa. Super. Ct. 1978), and *Szabo v. Bryn Mawr Hospital*, 638 A.2d 1004 (Pa. Super. Ct. 1994). Neither case compels denial of summary judgment here.

Schneider does contain broad language that a surgeon's authority to cancel a procedure may, under appropriate circumstances, support a jury finding of control over an anesthesiologist. *Schneider*, 390 A.2d at 1278. But that language must be read in context. The surgeon in *Schneider* was present in the operating room, personally observing a deteriorating anesthesia crisis over an extended period, and failed to exercise his professional obligation as the operating surgeon to intervene and halt the procedure as his patient's condition visibly worsened. The court's holding that stop-authority supported vicarious liability was grounded in a record showing the surgeon had specific, real-time knowledge of a medical failure and a professional duty to act on it. Critically,

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Schneider itself reaffirmed that the governing standard is "the right of controlling the manner of performance of the work." *Id.* Importantly, the Superior Court did not hold that stop-authority alone, absent evidence of the right to control the anesthesiologist's specific techniques or more direct knowledge of a clinical failure, is categorically sufficient. Here, there is no allegation that Dr. Reedy had contemporaneous knowledge of the alleged anesthesiology and infusion failures that are the predicate of liability. The negligence identified by Plaintiffs' expert involved technical decisions—IV site selection, catheter sizing, patency assessment, infusion rate, site monitoring—that were made before, during, and after the surgical phases of the procedure, and which were outside the scope of Dr. Reedy's surgical competence to direct.

In *Szabo*, the Superior Court reversed a grant of summary judgment because the record was "unclear" whether the anesthesiologist "was subject to the control of" the operating physician. *Szabo*, 638 A.2d at 1006. *Szabo* stands for the proposition that where a genuine factual dispute exists about the control relationship, the question goes to the jury. It does not hold that stop-authority alone defeats summary judgment, nor does it excuse Plaintiffs from producing some evidence of either (a) the right to control the manner in which the specific negligent act was performed, or (b) the knowledge *Schneider* would attribute—awareness of a deteriorating condition, or contemporaneous awareness of an overt failure by Dr. Maidansky that placed the patient at risk.

Here, the record does not merely leave the control question "unclear." To the contrary, it affirmatively answers it: Dr. Maidansky testified that he alone was responsible for all aspects of anesthesia care, that no one else directed that care, and that he was the exclusive anesthesia provider. Plaintiffs' own expert located the intraoperative negligence entirely within anesthesia and infusion functions—functions over which the record contains no evidence that Dr. Reedy

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possessed or exercised professional authority. *Szabo's* rationale for sending the control question to the jury—factual ambiguity—is absent here.

4. Dual-Servant Doctrine and PACU Nursing Claim

Plaintiffs' expert, Nurse Hadaway, also criticizes the PACU nursing staff for failing to recognize and timely treat the developing infiltration/extravasation in the post-operative phase. The Pennsylvania Supreme Court has long recognized that operating-room personnel may simultaneously serve two masters—a surgeon and a hospital—and that both may bear vicarious liability depending on the evidence of control. *See Tonsic v. Wagner*, 329 A.2d 497 (Pa. 1974); *see also McConnell v. Williams*, 65 A.2d 243 (Pa. 1949). Plaintiffs appear to invoke this framework to argue that the PACU nurses, even as employees of Berks Plastic, were also subject to Dr. Reedy's direction such that he may be held responsible for their post-operative failures.

The dual-servant doctrine does not help Plaintiffs here for two independent reasons. First, the dual-servant analysis still turns on control over the manner of performance of the specific work at issue. *Tonsic*, 329 A.2d at 500; *McConnell*, 65 A.2d at 245-46. The PACU conduct criticized by Nurse Hadaway—failure to recognize signs of infiltration, failure to assess the IV site, failure to understand the role of anesthesia providers in facilitating antidote administration—involves post-operative clinical nursing assessments grounded in infusion therapy standards of care. There is no evidence that Dr. Reedy possessed the right to direct those assessments or that he supervised the PACU nursing staff in the manner of their infusion-related clinical work, nor does Nurse Hadaway opine that he is responsible for these clinical assessments or attendant standards of care. Further, Dr. Reedy's signing of a discharge order authorizing IV removal is an administrative function of his role as treating surgeon; it is not evidence of control over the clinical nursing conduct that preceded it.

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Second, the employer of the PACU nurse in question—Berks Plastic—is itself a party to this litigation and may be held vicariously liable for her conduct as her general employer. *Tonsic* specifically reaffirmed that the captain of the ship doctrine does not immunize the employing hospital or entity from liability for the negligence of its own personnel; both the surgeon and the facility may be liable depending on the facts. *Tonsic* at 329 A.2d at 500. The existence of a potentially vicariously liable employer for the PACU nurse's conduct means there is no remedial gap that would justify extending captain of the ship liability to Dr. Reedy personally as a matter of policy. The concern underlying *McConnell*—that patients would lack redress if surgeons were not held liable for operating-room assistants' negligence at a time when hospitals enjoyed charitable immunity—has no application here. Berks Plastic is fully subject to suit, and the negligence of its nursing employees may be attributed to it as their employer.

B. No Claim Exists as to Berks Ambulatory

The Court concludes that Plaintiffs have failed to identify a basis upon which Berks Ambulatory may remain a defendant in this action. Following the withdrawal of Plaintiffs' direct-negligence and corporate-negligence claims, the remaining theories of liability are entirely derivative in nature. Against that backdrop, the record contains no evidence that Berks Ambulatory employed Dr. Maidansky or the PACU nurse whose conduct is criticized by Plaintiffs' expert. To the contrary, the record reflects that the PACU nurse was employed by Berks Plastic and any negligence attributable to her conduct is therefore potentially chargeable to that entity under ordinary respondeat superior principles.

Nor have Plaintiffs identified any evidence establishing an agency relationship between Berks Ambulatory and the treatment providers whose conduct forms the basis of the remaining claims. Plaintiffs' expert criticisms concern anesthesia management, IV placement and

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monitoring, infusion practices, and postoperative nursing assessments. Plaintiffs have not directed the Court to evidence demonstrating that Berks Ambulatory exercised control over the manner in which those services were performed, employed the individuals who rendered them, or may otherwise be held vicariously liable for their conduct.

Accordingly, because Plaintiffs have failed to produce evidence from which a reasonable jury could find Berks Ambulatory liable under any remaining theory of recovery, summary judgment is likewise warranted in favor of that entity.

C. Berks Plastic Remains a Proper Defendant

Although the Court grants summary judgment as to Dr. Reedy and Berks Ambulatory, the Motion is denied as to Berks Plastic. The surviving claim against Berks Plastic is straightforward: it is the general employer of the PACU nurse whose post-operative conduct is directly criticized by Plaintiffs' expert, and it may therefore be held vicariously liable for that nurse's negligence under ordinary respondeat superior principles.

The record establishes, and the parties do not meaningfully dispute, that the PACU nurse involved in Ms. Rosenberger's post-operative care was an employee of Berks Plastic. Nurse Hadaway identifies specific deviations from the standard of care attributable to the PACU nursing staff: failure to assess and document the condition of the venous site during recovery; failure to recognize signs of infiltration and extravasation; and failure to understand the role of nursing staff in facilitating timely administration of an antidote. These are alleged independent nursing failures —not strictly derivative extensions of anesthesia negligence—and they occurred by Berks Plastic's employee, in the post-operative phase of care.

Moving Defendants argue, in effect, that the PACU nurse's failures are so intertwined with the anesthesia negligence that they do not constitute an independent breach of duty. The Court

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disagrees. The standard of care governing post-operative nursing assessment of an IV site is a nursing standard, not an anesthesia standard. As Nurse Hadaway's report suggests, a PACU nurse has an independent professional obligation to assess her patient's condition, recognize developing complications, and respond appropriately—regardless of what the anesthesiologist did or failed to do intraoperatively. The fact that the underlying injury originated with an anesthesia act does not collapse the PACU nurse's subsequent, independent assessment duties into the anesthesiologist's sphere of responsibility. These are sequential failures by different providers with different professional obligations, and the law treats them accordingly.

This is not a case where the plaintiff seeks to hold an entity liable for the negligence of someone over whom it had no relationship or control—Berks Plastic employed the PACU nurse. Under Pennsylvania's respondeat superior doctrine, an employer is liable for the negligent acts of its employees committed within the scope of their employment. *See Brezenski v. World Truck Transfer, Inc.*, 755 A.2d 36, 40 (Pa. Super. Ct. 2000). There is no serious dispute that the PACU nurse was acting within the scope of her employment when she cared for Ms. Rosenberger in the post-operative setting. The liability question is therefore whether she breached an independent nursing duty of care—a question Plaintiffs' expert answers affirmatively and which creates a genuine issue of material fact for the jury.

Nor does the dismissal of Dr. Reedy on "captain of the ship" grounds eliminate the claim against Berks Plastic. As the Supreme Court made clear in *Tonsic*, the captain of the ship doctrine does not make the operating surgeon the *only* party who may be held liable for negligence occurring in the surgical setting. Operating room and recovery room personnel may simultaneously serve the surgeon and the employing facility, and the facility's liability as general employer is not extinguished merely because the surgeon escapes liability as a borrowed master. *Id.* at 500. The

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dismissal of Dr. Reedy reflects the absence of evidence that he controlled the manner of the nursing and anesthesia care at issue—it says nothing about whether Berks Plastic, as the nurse's general employer, may be held responsible for how its own employee performed her duties.

Finally, the Court rejects any suggestion that the claim against Berks Plastic is simply the anesthesia claim repackaged. The anesthesia claim—IV placement, catheter selection, patency assessment, infusion rate, intraoperative monitoring—belongs to Dr. Maidansky and proceeds against him and any entity potentially responsible for his conduct. The nursing claim is distinct: it concerns what happened in the PACU after the surgical procedure concluded, when Ms. Rosenberger was in the care of Berks Plastic's own staff. Whether that staff met the applicable standard of care in assessing and responding to a developing IV complication is a question of fact that a jury must resolve.

III. CONCLUSION

The summary judgment standard, although deferential to Plaintiffs' well-supported allegations, does not require this Court to close its eyes to a record that affirmatively negates the element of control necessary to impose liability as to Dr. Reedy. Nor does it require the Court to treat general hierarchical authority in an operating room as a sufficient substitute for the control that Pennsylvania law clearly demands. Extending the captain of the ship doctrine as Plaintiffs urge would make every operating surgeon, in essence, a strict insurer of every clinical act performed by every independently licensed professional in the room, regardless of whether the surgeon possessed any lawful or professional ability to dictate how those professionals performed their respective specialties. That is not the law of Pennsylvania. Because Plaintiffs have failed to produce evidence from which a reasonable jury could find Dr. Reedy liable for the injuries giving rise to this suit, the claims against him are dismissed.

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Similarly, Plaintiffs have failed to set forth any evidentiary record upon which Berks Ambulatory could be held vicariously liable for the alleged instances of professional negligence underpinning this lawsuit. However, because the PACU nurse criticized by Plaintiffs' expert was employed by Berks Plastic, any negligence attributable to that nurse may be imputed to her employer under traditional respondeat superior principles.

AND NOW, this 27th day of July 2026, for the reasons set forth more fully above, it is hereby **ORDERED** as follows:

1. Moving Defendants' Motion for Summary Judgment is **GRANTED** as to Dr. Reedy and Berks Ambulatory—judgment is entered in their favor and against Plaintiffs, and all claims against Dr. Reedy and Reading Ambulatory are hereby **DISMISSED** with prejudice.

2. The Motion is **DENIED** as to Berks Plastic.

BY THE COURT:

J. Benjamin Nevius, J.

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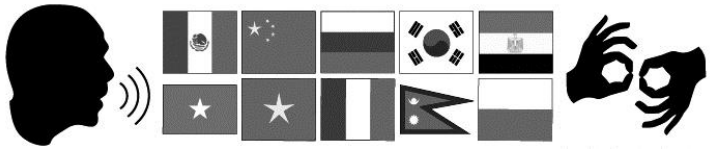

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Polish/Polski: Ma Pan/Pani prawo do nieodpłatnego skorzystania z usług tłumacza ustnego. Aby zwrócić się o wsparcie ze strony tłumacza ustnego, proszę skontaktować się z pracownikami sądu, korzystając z danych znajdujących się w górnej części niniejszego dokumentu.

Pakistan/ پنجابی /Punjabi: تہاڈے کول بغیر ادائیگی کیتیاں اک مترجم حاصل کرن دا حق اے۔ مترجم دی درخواست کرن لئی، میربانی کر کے ایس نوٹس دے اُوتے فراہم کیتیاں رابطے دیاں معلومات نوں ورتدیاں عدالت دے عملے نوں اطلاع دوو۔

Punjabi/ ਪੰਜਾਬੀ /India: ਤੁਹਾਨੂੰ ਇਕ ਦੁਭਾਸ਼ੀਆ ਹਾਸਲ ਕਰਨ ਦਾ ਹੱਕ ਹੈ, ਜਿਸ ਦੀ ਤੁਹਾਨੂੰ ਕੋਈ ਲਾਗਤ ਨਹੀਂ ਲੱਗੇਗੀ। ਦੁਭਾਸ਼ੀਏ ਲਈ ਬੇਨਤੀ ਕਰਨ ਵਾਸਤੇ, ਕਿਰਪਾ ਕਰ ਕੇ ਅਦਾਲਤ ਦੇ ਅਮਲੇ ਨੂੰ ਜਾਣੂ ਕਰਵਾਓ ਤੇ ਇਸ ਲਈ ਇਸ ਨੋਟਿਸ ਦੇ ਸਿਖਰ ਉਤੇ ਦਿੱਤੀ ਸੰਪਰਕ ਜਾਣਕਾਰੀ ਦਾ ਇਸਤੇਮਾਲ ਕਰੋ।

Portuguese/Português: Você tem direito a um intérprete gratuitamente. Para solicitar um intérprete, informe à nossa equipe usando os dados de contato mostrados na parte superior deste aviso.

Somali/Somaali: Waxaad xaq u leedahay in lagu turjumo lacag la'aan ah. Si aad u codsato turjumaanka, fadlan u sheeg maxkamadda shaqaalaha adiga oo isticmaala macluumaadka ciwaanka kor lagu siiyay ee ogeysiiskaan.

Haitian Creole/Kreyòl Ayisyen: Ou gen dwa resevwa sèvis yon entèprèt gratis. Pou mande pou yon entèprèt, tanpri fè manm pèsonèl tribinal la konnen lè ou sèvi avèk enfòmasyon an yo te bay ou nan tèt avi sa a.

French/Français : Vous avez le droit de bénéficier gratuitement de l'assistance d'un interprète. Pour en faire la demande, veuillez en informer le personnel du tribunal à l'aide des coordonnées indiquées en haut de page.

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