

08/28/2023

Bowen Greenwood  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA

Case Number: DA 23-0474

MONTANA EIGHTH JUDICIAL DISTRICT COURT, CASCADE COUNTY

STATE OF MONTANA

Plaintiff

vs.

Bill Pokmia,

Defendant

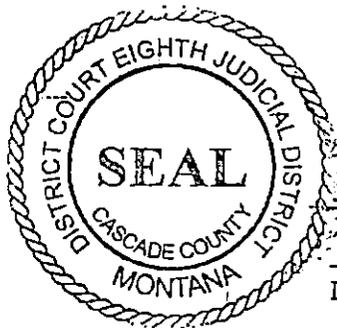
NO. ADC-22-773

ORDER OF INCARCERATION

IT IS HEREBY ORDERED:

That said Defendant be remanded to the Cascade County Sheriff  
for transport to the CASCADE COUNTY DETENTION CENTER /  
DEPARTMENT OF CORRECTIONS / MONTANA STATE PRISON /  
MONTANA STATE WOMEN'S PRISON for incarceration. Further Order  
of the Court will be certified and sent to the appropriate  
facility.

Dated this 19 day of July, 2023.



[Signature]  
CERTIFIED COPY: SHERIFF

[Signature]  
DISTRICT COURT JUDGE

STATE OF MONTANA } SS  
County of Cascade }

I hereby certify that the instrument to which this certificate is affixed is a true, correct and compared copy of the original in the office of the Clerk of the District Court.

Witness my hand and seal of the District Court of Cascade County this 19 day of July 20 23

TINA HENRY, Clerk of Court

By [Signature]  
Deputy Clerk

State of Montana  
Plaintiff

vs

Bill Brent Bokma  
Defendant

no APC-22-773  
order of Incarceration

At is time Bill Brent Bokma

Ask the Supreme Court of Montana

To Dismiss case number APC-20-773

on the grounds of sentencing and incarceration

At the time of sentencing the court was  
using case number APC-22-773.

The judge sentenced Bill on and incarceration  
on the wrong case number.

The right case number was set to  
Bill after it had been in incarceration  
30 days later.

Im sending both the sentencing paperwork  
and the note the Clerk of District court  
sent telling Bill the right case number

So once again Bill Bokma ask  
the Court to Dismiss all charges and  
sentencing again Bill Bokma on the  
grounds of Being sentence to the wrong  
case.

# State of Montana Supreme Court

Helena Montana 1

(NO. ADC-22-773)

(STATE OF MONTANA - PLAINTIFF)

(APPEAL CASE)

VS.

(BILL BRENT BOKMA - DEFENDANT)

COMES NOW:

MY NAME IS BILL BOKMA AND AT THIS TIME I'M APPEALING CASE NO. ADC-22-773 ON GROUNDS OF MY ATTORNEY ROBERTA CROSSGUNS, I BELIEVE MS. CROSSGUNS REFUSED TO TURN IN INFORMATION INTO THE COURTS CAUSING MISCONDUCT OF MISREPRESENTATION. I FEEL MS. CROSSGUNS REFUSED TO PROVIDE ME WITH COMPLETE LEGAL AND COMPETANT REPRESENTATION THAT EVERY AMERICAN CITIZEN HAS THE RIGHT TO HERE IN AMERICA, ROBERTA CROSSGUNS HAS FAILED ME BY NOT TURNING IN PROPER PAPERWORK I REQUESTED BE TURNED OVER TO THE COURTS AS WELL AS REFUSING TO LISTEN TO MY REQUESTS OF HANDING OVER LEGAL WORK THAT I GAVE TO MS. CROSSGUNS. I HAD GIVEN MS. CROSSGUNS DOCTORS REPORTS TO GIVE TO THE COURT AND SHE WOULD NOT COMPLY, NOR GIVE THE MEDICAL INFORMATION THAT WAS NEEDED FROM THE EXPERT WITNESS THAT I GAVE MS. CROSSGUNS, I FEEL SHE FAILED ME, I FEEL MS. CROSSGUNS NOT ONLY FAILED ME IN SOME INSTANCES, BUT IN ALL HER DUTIES. MS. CROSSGUNS WOULD ALSO NOT EVEN TALK TO WITNESSES ON MY BEHALF, SHE REFUSED TO REPORT MY VITAL ACCOUNTS OF INFORMATION TO TO THE JUDGE OR THE COURT PROCEEDINGS. MS. CROSSGUNS WOULD NOT KEEP ME INFORMED OF CHANGES, OR SEND IN ANY COURT PAPERS OR ANY OTHER DOCUMENTS SHE HAD FOR ME. MS. CROSSGUNS WAS TOLD ABOUT ALL MY DOCTOR'S APPOINTMENTS THAT I HAD AND THE SURTURCES AND THE SURTURCES TO BE DONE IN AUGUST, 2023.

1) THERE WERE TWO REFURRELS TO THE TWO MAJO CLINICS,  
BOTH FOR CANCER AND FERMENTATION, THE EXPERT WITNESS CALLED  
AND TALKED TO MS. CROSSGUNS AND LET HER KNOW THAT HE HAD BEEN  
WORKING WITH SINCE BACK IN THE LATE PART OF 2022. I HAD SET  
UP APPOINTMENTS THAT HE WAS GOING TO CONFIRM FOR ME AS  
WELL AS TESTING TO BE DONE FOR ME OUT IN WASHINGTON STATE.  
I WAS THEN TOLD TREATMENT COURT WOULDN'T ALLOW ME TO LEAVE  
TO RECEIVE THE PROPER TESTING TO BE DONE.

( ) AT THAT TIME ROBERTA CROSSGUNS REPORTED SHE HAD NO  
WITNESSES TO CALL, SHE REFUSED TO CALL HIM TO THE STAND WITH  
THE ABOVE STATED DOCUMENTS, NOR WOULD SHE CALL ME TO THE STAND  
AS A WITNESS TO PROVIDE MY TESTIMONY. MS. CROSSGUNS DID NOT  
KEEP ME REASONABLY INFORMED ABOUT THE STATUS OF MY EXISTING  
COURT DATES. SHE DID NOT SHOW UP AT COURT NOR LET ME KNOW  
ABOUT HER UNAVAILABILITY AHEAD OF TIME. ON MULTIPLE  
OCCASIONS MS. CROSSGUNS WAS SCATTER-BRAINED AND NOT PREPARED  
TO REPRESENT ME AT ALL. MS. CROSSGUNS WAS IN WYOMING THE  
DAY WE WERE SUPPOSE TO BE IN COURT STATING IT WAS "NO PROBLEM"  
TO CONTINUE IT, MS. CROSSGUNS WAS ON VIDEO AND DIDN'T HAVE  
MY CASE FILE WITH HER, AND THE COURT TOLD HER<sup>TO</sup> FURTHER CONTINUES  
AND THEN HER VIDEO PHONE STOPPED WORKING. IT SEEMED THAT  
THERE WAS ALWAYS SOME EXCUSE OR SITUATION WHERE SHE COULD  
SIMPLY NOT GET DONE WHAT I ASKED OF HER, ESPECIALLY  
CONCERNING MY MEDICAL RECORDS, WHICH VERY IMPORTANT  
FOR MY REVOCATION HEARING.

( ) ROBERTA CROSSGUNS FAILED TO REPORT THAT SHE HAD ANOTHER  
COURT DATE IN FEDERAL COURT, WHICH INTERFERED WITH MINE.  
MS. CROSSGUNS CALLED ME AT MIDNIGHT TO NOTIFY ME THAT SHE  
WOULD "TRY" TO BE THERE VIA VIDEO. I BELIEVE IF MS. CROSSGUNS  
WOULD HAVE ACTUALLY PUT UP A FIGHT FOR ME AND HELPED ME  
THROW OUT THIS REVOCATION I WOULDN'T BE DETAINED CURRENTLY.  
I WAS NOT EVEN ASKED BY THE PRESIDING JUDGE IF MY ATTORNEY  
DEFENDED ME TO THE BEST AND FORTHRIGHT TO MY KNOWLEDGE,  
AND OBVIOUSLY I FEEL SHE DID NOT, AND SHE LET MY CASE SINK.

THIS IS WHY I'M APPEALING THIS CAUSE NO. CASE FILE  
DUE TO INEFFECTIVE COUNCIL BY MY ATTORNEY ROBERTA CROSSGUNS,  
SO THANK YOU FOR YOUR CONSIDERATION IN THIS MATTER, AS IT  
IS EXTREMELY IMPORTANT.

Bill Brent Bokma  
SIGNED: *Bill Brent Bokma*

DATED: 8/7/2023

The first report is from Dr. Attaway, Thomas J M.D. that states he was treating you for throat cancer. Attachment 1

That cancer has seemed to spread as diagnosed recently and reported by Dr. Tang, Patrick M.D, as Malignant Neoplasm of the head face and throat, attachment 2. This is a terminal type of cancer as it will continue to spread unless treated as Dr. Tang stated by the mayo clinic upon his referral.

The 3rd attachment is from Dr. Taylor recommending that the gastric fermentation syndrome or auto-brewry syndrome also be confirmed by the mayo clinic. The Logan hospital laboratory does not have the suffocated technical ability to identify the microbes that are responsible for fermentation of ethanol in your stomach and intestines. He recommend the referral based on his feeling that you could infact have the syndrome.

The 4th attachment was recommended from the Doctors at the University of Washington that I had contacted last fall on your behalf. They indicated based on your medical condition with strictures and inlet patches are known to cause GFS or auto-brewry syndrome. At which time were willing to have you over for an appointment. You were unable to leave the state under restrictions of the courts.

I would be glad to continue working with you. In my 30 years of international research, mainly in metallurgy, I was a member of the team that was given an award from the World Health Organization for cancer research and have acces to a host of International doctors as well as my tenure teaching at the Global University of Science and Technology (GUST).

I understand you are under a great deal of stress with the courts and hope they can find it to move forward and allow you the opportunity to go to the mayo for ABS and more importantly for the seriousness of malignat neoplasm.

Benefis Hospitals  
Benefis East • 1101 Twenty Sixth St. S. • (406) 455-4450  
GREAT FALLS, MT 59405 • FAX (406) 455-4586

# Benefis Hospitals Pathology

Benefis East • 1101 Twenty Sixth St. S. • (406) 455-4450  
GREAT FALLS, MT 59405 • FAX (406) 455-4586

## PATHOLOGY REPORT

(Continued)

**Patient:** BOKMA, BILL B

**Specimen:** S22-8723

**Received:** 08/29/22 - 1315

*The immunoperoxidase protocols were developed by the Anatomic Pathology Section, Laboratory Department, Benefis Health System; some of these tests may not have been cleared or approved by the U.S. Food and Drug Administration.*

*Control slides stain appropriately.*

### CLINICAL HISTORY

Pharyngoesophageal dysphagia related to cervical esophageal stricture secondary to radiation for ear, nose, and throat cancer.

*Parts of this document were created using voice recognition. If errors are found, they need to be taken into context.*

### COPIES TO

ATTAWAY, THOMAS J M.D.  
TANG, PATRICK M.D.

Signed: 08/30/22

Electronically Signed By: DAVID H HURRAY, M.D.

This report was originally distributed by:  
Benefis Hospitals Pathology  
Benefis East - 1101 26<sup>th</sup> Street South  
Great Falls, MT 59405  
406-455-5436

Benejis

Benejis East • 1101 Twenty Sixth St. S. • (406) 455-4556  
 GREAT FALLS, MT 59405 • FAX (406) 455-4556

## PATHOLOGY REPORT

Patient Name: BOKMA, BILL B  
 DOB/SEX: 09/01/1960 / M '62  
 Location: MEL  
 Physician: ATTAWAY, THOMAS J.M.D.

M.R.N.: M0385999  
 Acct: D62497029

Collected: 12/12/22 1131  
 Received: 12/12/22 1310  
 Signed: 12/13/22  
 Submitting Physician: ATTAWAY, THOMAS J.M.D.

Accession #: S22-12673

### FINAL DIAGNOSIS

1. Stomach, biopsy:  
 Chronic gastritis.  
 An immunohistochemical stain is negative for *H. pylori*.
2. Esophagus, biopsy:  
 Fragments of squamous mucosa with active chronic inflammation (no eosinophils).  
 Small fragment of inflamed glandular mucosa with no evidence of Barrett's metaplasia.

Diagnosed By: R CRAIG CARSON, M.D.  
 12/13/22 - 1216 CARRERA

### GROSS DESCRIPTION

#1 The specimen, received in formalin labeled "gastric biopsy", consists of multiple portions of tissue ranging in size from 0.3-0.6 cm in greatest dimension. They are entirely submitted in one cassette labeled 1A.

Note: The approximate total formalin fixation time including tissue processing is less than 72 hours. The cold ischemia time is 1 minute.

#2 The specimen, received in formalin labeled "cervical esophageal stricture biopsy", consists of 2 portions of tissue measuring 0.4, 0.5 cm in greatest dimension respectively. They are entirely submitted in one cassette labeled 2A. KDJ

### MICROSCOPIC DESCRIPTION

1-2. Microscopic examination performed.

Patient: BOKMA, BILL B

Page: 1 of 2

Unit# M0385999

# Benefis Hospital

Benefis East • 1101 Twenty Sixth St. S. • (406) 455-4130  
GREAT FALLS, MT 59405 • FAX (406) 455-4556

## PATHOLOGY REPORT

M.R.N.: M0385999  
Acct: D61955860

Patient Name: BOKMA, BILL B  
DOB/SEX: 09/01/1960 / M 61  
Location: M.EL.  
Physician: ATTAWAY, THOMAS J M.D.

Accession #: S22-8723

Collected: 08/29/22 1126  
Received: 08/29/22 1315  
Signed: 08/30/22  
Submitting Physician: ATTAWAY, THOMAS J M.D.

### FINAL DIAGNOSIS

1. Stomach, clinically gastritis, biopsy:  
Benign gastric mucosa with mild chronic inflammation  
Immunostain: NEGATIVE for Helicobacter
2. Esophagus, clinically esophagitis, biopsy:  
Benign mildly inflamed squamous mucosa  
No intestinal metaplasia, dysplasia, or malignancy  
No significant increased eosinophil component detected

Diagnosed By: DAVID H HURRAY, M.D.  
08/30/22 - 1524 HURRAY

### GROSS DESCRIPTION

#1 The specimen, received in formalin labeled "gastritis", consists of multiple portions of tissue range in size from 0.3-0.4 cm in greatest dimension. They are entirely submitted in one cassette labeled 1A.

Note: The approximate total formalin fixation time including tissue processing is less than 72 hours. The cold ischemia time is 1 minute.

#2 The specimen, received in formalin labeled "esophagitis", consists of multiple portions of tissue ranging in size from 0.4-0.6 cm in greatest dimension. They are entirely submitted in one cassette labeled 2A. KDJ

### MICROSCOPIC DESCRIPTION

Microscopic examination performed.

Patient: BOKMA, BILL B

Benefis Medical Oncology - Great Falls  
Order Printed: 07/14/2023 2:08 pm  
Dx: Malignant neoplasm of head, face and neck (C76.0)

Patient Name: BOKMA, BILL B  
MedRe: M0385999

### Observation Orders

Start Date: 7/13/2023 Status: Approved

Order # 4,155,891  
Ordered By: Tang, Patrick  
Electronically Approved By: Adkins, K

Special Instructions: ref: mayo scottsdale re: chronic pain  
Order Dx: C76.0 Malignant neoplasm of head, face and neck  
D51.0 Vitamin B12 deficiency anemia  
E55.9 Vitamin D deficiency, unspecified  
Z51.11 Encounter for antineoplastic chemotherapy

REF Referral see comment

### Additional Orders:

### Special Instructions:

Signature

Co-Signature  
If Required

Orders Verified By



### Referral to Mayo Clinic

Form content retained in medical record.  
Route to HLIMS Scanning.

**NOT BE  
SCANNED**

Rochester, Minnesota  
 Phone Domestic 800-533-1564  
 International 507-254-8234  
 Fax Domestic 500-321-1368  
 International 507-535-7802

Patient Type  Domestic  International

Phoenix/Scottsdale, Arizona  
 Phone Domestic 866-629-6362  
 International 480-301-6539  
 Fax Domestic 480-301-4071  
 International 480-301-4071

Jacksonville, Florida  
 Phone Domestic 800-634-1417  
 International 904-953-7000  
 Fax Domestic 904-953-0575  
 International 904-953-7329

#### Referring Provider Information

Referring Provider Name Jay Taylor MD		Date from 06/19/21
Referring Provider Email		07-14-2023
Practice Name Logan Health Conrad		City Conrad
Office Address 609 Sunset Blvd.		ZIP Number (required for domestic patient) 1376532309
State (required for domestic patient) MT	ZIP Code (required for domestic patient) 59425	Primary Care Provider (optional)
Phone 406-271-3231	Fax 406-271-3576	

#### Patient Information

Patient Name (First, Middle, Last) Bill B. Bokma	Birth Date (mm-dd-yyyy) 09-01-1960	Mayo Clinic Number
Patient Email (optional)	Sex Assigned at Birth <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose	
Address 415 16th Street South		City Great Falls
State (required for domestic patient) MT	ZIP Code (required for domestic patient) 59405	Country (optional)
Home Phone 406-217-7544	Alternate Phone 406-217-7544	Parent Name (if minor) <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Other
Maiden Name (optional)	Spouse First Name (optional)	
Patient Insurance Information (if available) Medicaid	Does the patient need an interpreter? If "Yes," what language? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
What is the request related to? <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Litigation <input type="checkbox"/> Workers' compensation <input type="checkbox"/> Not applicable		

#### Appointment Request

Clinical question to be answered. Submit any pertinent medical records.

Indication or Diagnosis  
Auto Brewery Syndrome

Specialty Requested  
gastroenterology

You will receive confirmation once the appointment is scheduled. To refer via our secure online portal visit [www.mayoclinic.org/medical-professionals](http://www.mayoclinic.org/medical-professionals) and click "CareLink online referrals."

Thank you for referring your patient to Mayo Clinic.

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MC6588-01rev0223

# ent/Plan

**Type**      **Description**  
**Present**      Bilious vomiting with nausea (R11.14).  
**History**      62-year-old male with a history of GERD with esophagitis as well as recurrent esophageal stricture requiring dilation with complaints of ongoing nausea and vomiting. EGD as recently as last month was largely unremarkable for cause of this although he did have an inlet patch and grade B esophagitis at that time. He is on pantoprazole 40 mg once a day. It is possible his uncontrolled reflux is causing his symptoms and if this is the case further adjustments in therapy could be considered. Since he does not feel that high-dose PPI therapy is effective we could try some alternative medications including Reglan. Reglan can be used off label for reflux but may also benefit the patient has any underlying functional dyspepsia contributing to symptoms. I did discuss with the patient in detail and he is agreeable to trial. The patient has multiple other issues that may be contributing to the nausea and vomiting including recurrent esophageal strictures and esophageal dysmotility both of which were discussed with the patient. The patient is concerned that we are missing a bigger pathology causing symptoms. He also reassured that a CT scan last year was largely unremarkable; however, I did speak with her about possibly doing a barium enhanced small bowel follow-through to make sure we are not missing a pathology more distally that may be contributing to symptoms which she is agreeable to..

- Plan**
- Continue on Protonix once a day as present.
  - Trial of Reglan before meals and at bedtime.
  - Schedule barium follow-through.
  - Repeat EGD in March or April for repeat stricture dilation.

IMG\_20230717\_122149.jpg

7/19/23, 11:03 AM

B. 000M0385000.0000

## Auto-brewery Syndrome: A Schematic for Diagnosis and Appropriate Treatment

### NUTRITION ISSUES IN GASTROENTEROLOGY, SERIES #212

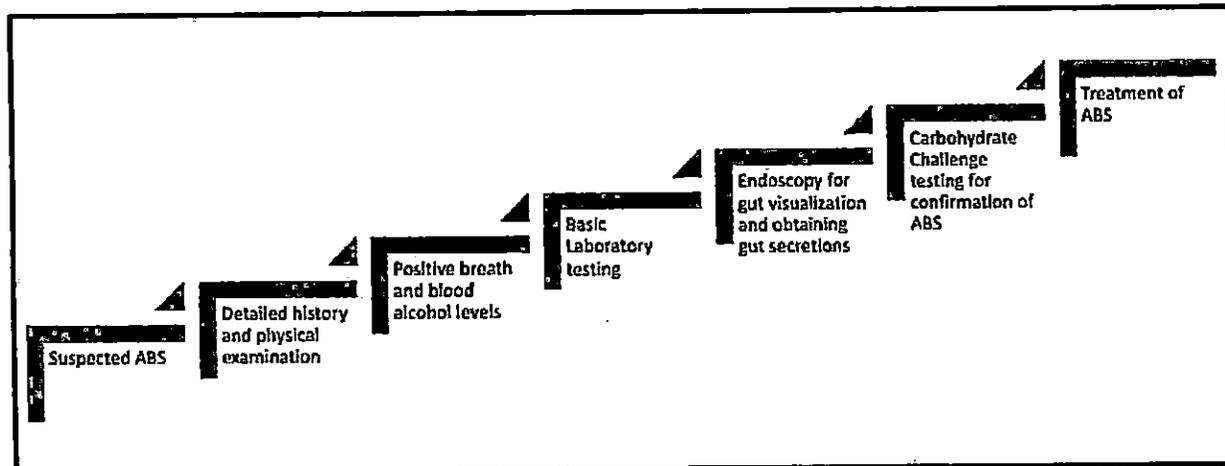


Figure 1. Stepwise Diagnostic Evaluation for Auto-Brewery Syndrome

Just prior to the carbohydrate challenge test, we initially perform upper and lower endoscopy to obtain gastric, upper small bowel, terminal ileal, and colon secretions. These samples are then tested for pH, gram stain, culture, and antibiotic and antifungal sensitivity in a commercial laboratory. Once a particular fungal species is identified, further antifungal sensitivity testing is conducted to determine the appropriate choice of subsequent therapy. The stepwise process for ABS diagnosis is summarized in Figure 1.

The carbohydrate challenge test should be performed when the patient's breath and blood alcohol levels are zero. If elevated, the patient will have to wait until it becomes zero prior to testing. Patients have to be under complete observation with no access to alcohol along with zero initial blood alcohol level in order for this test to be performed. A diagnostic standardized carbohydrate challenge test was performed after upper and lower endoscopic evaluation. This test consisted of administering 200g of glucose orally in a supervised setting in an isolation room and testing both breath and blood alcohol levels at baseline (0) and at 0.5, 1, 2, 4, 8 hours after glucose administration. Patient were allowed to eat any meal of their choice after the ingestion of 200g of oral glucose. If alcohol levels are elevated at any time during this evaluation, the test is aborted and considered to be positive. Patients who are still negative at 8 hours are given the option to return for a collection of a 16- and 24-hour sample as some fungi can take longer

than 8 hours to ferment carbohydrate. Therefore, a negative 8 hour test cannot exclude this diagnosis due to some fermentation occurring even after 24 hours.

Testing a stool sample can assist in the screening process, but the lower gastrointestinal tract can contain small amounts of fungal colonization which would be considered normal and fermentation here would have little clinical significance. Upper gastrointestinal tract fungal colonization is significant, as the presence of fungi is considered pathological in this location. All of the patients who are currently under treatment for ABS had a positive carbohydrate challenge test and positive stool mycological studies on gut secretions.

# PRACTICAL GASTROENTEROLOGY

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[practicalgastro.com](http://practicalgastro.com)

### CERTIFICATE OF SERVICE

I certify that I filed this

Petition

Motion

Other Appeal  
[Name of document]

with the Clerk of the Montana Supreme Court and that I have mailed or hand delivered a copy to each attorney of record and any other party not represented by counsel as follows:

Cascade County Attorneys office  
[Name of opposing counsel]  
2nd Av north

Great Falls mt  
[Address]

Counsel for \_\_\_\_\_

Bill B. Bokum  
[Other party representing himself or herself]  
801 mt hwy 48 = start Program

Adaconda mt. 59711  
[Address]

DATED this 8 day of 6, 2023.

Bill B Bokum  
[Signature]

Bill Brent Bokum  
[Print name]

