

SUPREME COURT OF THE UNITED STATES

James L. Martin, petitioner : No.

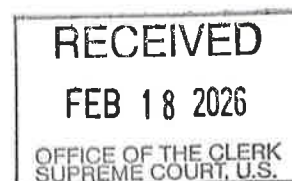
v. :

Bruce L. Hudson, as successor to the late :
Ben T. Castle; Bruce L. Hudson, as an :
attorney who purported to represent the :
plaintiff; and Hudson and Castle Law, LLC, :
Appellees, defendants below, respondent :

Petitioner's Rule 30 Application to Justice Sotomayor (Justice Alito is ineligible) for Extension of Time to file Petition for a Writ of Certiorari to the Supreme Court of Delaware

I, James L. Martin, apply for an extension of time to file a Petition for a Writ of Certiorari to the Supreme Court of Delaware this 13th day of February 2026, and certify these statements to be true and correct based on my personal knowledge in accord with 28 USC Sec. 1746:

1. The jurisdiction to review the case is at 28 USC Sec. 1257(a).
2. The judgment to be reviewed was issued on 11-24-2025, at Ex-1a to 2a. The motion for reargument was denied on 12-9-2025, at Ex-3a. The motion for rehearing *en banc* was denied on 12-9-2025, at Ex-4a. The motion for a stay was denied on 12-9-2025, at Ex-5a.
3. The 90-day period for filing a petition for a writ of certiorari expires on 3-9-2026. A 60-day extension of time, until 5-8-2026 is requested, in light of



the subrogation claim against the petitioner from the Centers for Medicare and Medicaid Services (CMS).

4. Medicare paid some of the medical expenses incurred by petitioner Martin after a crash. Surgeon Dr. Getz prescribed rehabilitation following major, open surgery.

5. Pursuant to the Social Security Act, Medicare may not pay for a beneficiary's medical expenses when payment has been made under a liability insurance policy. If responsibility for the medical expenses is in dispute, and other insurance will not pay promptly, the provider may bill Medicare as the primary payer. If the medical service is reimbursable under Medicare rules, Medicare may pay conditionally, subject to later recovery if there is a subsequent, satisfied judgment. See 42 USC Sec. 1395. The Centers for Medicare and Medicaid Services (CMS) may recover from a primary insurer and a beneficiary that has received a primary payment.

6. The Benefits Coordination and Recovery Center (BCRC) identifies payments that Medicare has made conditionally. The BCRC issues a conditional payment letter with detailed claim information to the beneficiary. This letter does not provide a final, conditional payment amount; Medicare might make additional, conditional payments while the

beneficiary's claim is pending. The BCRC does not issue a formal recovery demand letter until there is a judgment.

7. Medicare's subrogation demand was based on medical treatment Dr. Getz prescribed for petitioner Martin following shoulder reconstruction surgery that resulted from a crash involving motorist Nixon. Dr. Getz updated his report dated 9-8-2021 to specify:

I previously summarized his surgery and postop rehab around the time of his initial injury. I would like to clarify that two MRIs did not show any interval change to the patient's rotator cuff between 2015 and 2019 and his residual shoulder dysfunction is a result of his initial injury and the inherent damage associated with it.

Dr. Getz testified during a videotaped trial deposition that all treatment he prescribed was causally related to the crash in 2015, consistent with his prior report referenced above. Motorist Nixon did not conduct an independent medical evaluation of Martin and Nixon offered no testimony or evidence to contradict Dr. Getz's testimony, but the trial judge in the personal injury case disregarded the testimony from Dr. Getz and excluded treatment after 2016 as unrelated to the crash on 10-10-2015. The judge further excluded Dr. Getz's testimony about traumatic brain injury, permanent disability, and other properly admissible trial testimony.

8. In a notice dated 11-27-2024 from the Bureau of Fiscal Service, the collection agent for Medicare, and responsive to petitioner's request for a

satisfaction and release of the subrogation claim, the Bureau stated: "Your debt has been returned to the creditor agency [Medicare]."

9. The medical expenses Medicare paid on Martin's behalf are the lawful basis of a subrogation claim only after the evidence relating the expenses to the crash are admissible in evidence.

10. Despite the testimony and the report from Dr. Charles Getz, the only medical expert in the underlying case, the medical expenses at issue were deemed unrelated to the crash.

11. The additional time requested is to allow a third party to handle the continuing efforts that may enable Medicare to be reimbursed after the underlying claims are adjudicated in accord with both the uncontested evidence and with the law governing legal malpractice.

12. Justice Alito is disqualified in view of the fifteen-page Application to Associate Justice Samuel Alito for Recusal and for Disqualification, filed at No. 06-55, in *Martin v. United States Court of International Trade*, and incorporated herein by reference.

WHEREFORE, this Application to Extension should be granted.

Respectfully submitted,

A handwritten signature in cursive script that reads "James L. Martin". The signature is written in dark ink and is positioned above a horizontal line.

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