No. 26-5857 ORIGINAL

IN THE SUPREME COURT OF THE UNITED STATES

FILED
OCT 08 2026
OFFICE OF THE CLERK
SUPREME COURT, U.S.

HUGUETTE MOLINA AMADOR, Petitioner,

v.

PROVIDENCE MISSION HOSPITAL REGIONAL MEDICAL CENTER; CRAIG ALLEN SALCIDO, M.D.; AND AHMAD ABOU ABBASS, M.D., Respondents.

On Petition for a Writ of Certiorari to the Court of Appeal of the State of California, Fourth Appellate District, Division Three

PETITION FOR A WRIT OF CERTIORARI

Petitioner Huguette Molina Amador, appearing pro se, respectfully petitions for a writ of certiorari to review the judgment of the California Court of Appeal, Fourth Appellate District, Division Three.

Huguette Molina Amador
Petitioner, Pro Se
8537 Cashio Street 1/2
Los Angeles, CA 90035
310.855.2550
huguettema69@hotmail.com

QUESTIONS PRESENTED

1. Whether the Due Process Clause of the Fourteenth Amendment permits a state court to terminate substantial civil claims by summary judgment on the basis of expert evidence derived from medical records maintained under seal when the opposing self-represented litigant contends that the sealing and related procedural rulings materially impaired her ability to challenge the authenticity, completeness, and reliability of those same records and to present responsive evidence.

2. Whether procedural due process is satisfied when a court relies on a litigant's failure to produce expert evidence or comply with procedural requirements to enter summary judgment, where that litigant contends that court-imposed restrictions concerning the underlying evidentiary record materially impaired her ability to obtain and present the evidence necessary to oppose summary judgment.

3. Whether meaningful appellate review and procedural due process are denied when allegedly material motions, objections, or supporting documents are absent from the appellate record, a self-represented litigant's requests to augment that record are denied, and the appellate court thereafter invokes forfeiture or an inadequate record to affirm the termination of her claims without trial.

PARTIES TO THE PROCEEDING

Petitioner Huguette Molina Amador was the plaintiff in the Superior Court of California, County of Orange, and appellant in the California Court of Appeal.

Respondents Providence Mission Hospital Regional Medical Center, Craig Allen Salcido, M.D., and Ahmad Abou Abbass, M.D. were defendants in the Superior Court and respondents in the Court of Appeal.

Petitioner is an individual. No corporate disclosure statement is required on her behalf.

RELATED PROCEEDINGS

Huguette Molina Amador v. Providence Mission Hospital Regional Medical Center, et al., Superior Court of California, County of Orange, Case No. 30-2023-01349357-CU-PN-NJC.

Huguette Molina Amador v. Providence Mission Hospital Regional Medical Center, et al., California Court of Appeal, Fourth Appellate District, Division Three, Case No. G065047.

Opinion filed June 11, 2026.

Petition for rehearing denied July 13, 2026.

Huguette Molina Amador v. Providence Mission Hospital Regional Medical Center, et al., Supreme Court of California, Case No. S297609.

Petition for review denied August 19, 2026.

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OPINIONS AND ORDERS BELOW

The opinion of the California Court of Appeal, Fourth Appellate District, Division Three, filed June 11, 2026, is reproduced at Appendix A, App. 10-26.

The order denying rehearing, entered July 13, 2026, is reproduced at Appendix B, App. 28.

The order of the Supreme Court of California denying review on August 19, 2026, is reproduced at Appendix C, App. 45.

The relevant Superior Court judgments and orders are reproduced in the subsequent portions of the Appendix.

JURISDICTION

The California Court of Appeal entered its decision on June 11, 2026. Petitioner timely sought rehearing, which was denied on July 13, 2026. Petitioner thereafter sought discretionary review in the Supreme Court of California.

The Supreme Court of California denied review on August 19, 2026.

This Court has jurisdiction under 28 U.S.C. § 1257(a) because Petitioner seeks review of the final disposition of a case arising from the California courts in which federal constitutional questions under the Fourteenth Amendment are presented.

CONSTITUTIONAL PROVISION INVOLVED

The Fourteenth Amendment to the Constitution of the United States provides, in relevant part:

"No State shall ... deprive any person of life, liberty, or property, without due process of law."

STATEMENT OF THE CASE

This case presents a recurring constitutional problem arising when a self-represented civil litigant loses her claims at summary judgment while evidence central to the opposing parties' expert case is maintained under seal, efforts to challenge or obtain meaningful access to that evidentiary foundation allegedly fail for procedural reasons, and appellate review thereafter treats the litigant's evidentiary deficiencies as dispositive.

A. The underlying medical-malpractice action

Petitioner brought this action following a course of medical treatment and surgery that she alleges resulted in catastrophic injuries, including bowel resection and the removal of a healthy organ. She subsequently underwent multiple additional surgical procedures that she alleges resulted in progressive disability, including thrombosis, which she attributes to prolonged hours spent in the lithotomy position during surgery.

On October 6, 2022, Petitioner underwent robotic gynecological surgery involving a planned ovarian cystectomy and left salpingectomy.

The medical record contained additional objective evidence Petitioner contended was inconsistent with the factual basis advanced for the October 6, 2022 surgery. Earlier imaging described a left ovarian cyst for which annual follow-up could be considered, while subsequent imaging documented that the cyst had decreased in size and reported "no convincing sonographic findings for tubo-ovarian abscess." Nevertheless, the operative plan proceeded with robotic cystectomy/possible left salpingo-oophorectomy.

Petitioner has consistently contended that the medical necessity for the procedure was disputed. Among the materials on which she relied were medical documentation preceding the surgery that she contends described the ovarian cyst as "resolved" and imaging stating that there was no convincing sonographic finding of a tubo-ovarian abscess. App. 111-124.

Petitioner further contended that the relevant cyst after three years remained detectable on later imaging with no complications. App. 138-142.

Those factual disputes are not presented to this Court for resolution.

Their significance here is procedural: Petitioner contends that the records necessary to demonstrate those disputes became central to Respondents' summary-judgment evidence while her ability to challenge the evidentiary foundation of that evidence was materially restricted.

Following the October 6 procedure, Petitioner was discharged.

Three days later, on October 9, 2022, Petitioner developed worsening postoperative abdominal pain and was evaluated for a probable perforated sigmoid colon.

Contemporaneous medical documentation recorded a "suspicion for postoperative bowel injury" and assessed the condition as "more likely a surgical complication re: colon." Pet. App. 125-137. She ultimately underwent an emergency exploratory laparotomy, sigmoid colectomy, end colostomy, Hartmann procedure, and wound treatment.

She subsequently underwent additional surgery on December 21, 2022, to restore intestinal continuity (anastomosis).

Petitioner alleged that these injuries resulted from the October 6 procedure.

Respondents disputed negligence and causation.

B. Respondents relied upon expert declarations derived substantially from medical records

Summary judgment depended materially upon expert declarations submitted by Respondents.

One such declaration was that of Frank C. Candela, M.D., submitted in support of Respondent Ahmad Abou Abbass.

Dr. Candela expressly stated that counsel asked him to review Petitioner's medical records and provide expert opinions concerning the allegations of medical negligence.

He stated that he reviewed medical records from Mission Hospital and South OC Surgical Medical Group and that his opinions were based upon those materials, together with his training and experience.

Dr. Candela recounted the medical records as indicating that Petitioner had been diagnosed with a tubo-ovarian abscess and that the October 6 surgery proceeded on that basis.

He further relied upon operative documentation describing the surgical events.

Most significantly for purposes of this petition, Dr. Candela ultimately opined that Petitioner's bowel perforation occurred spontaneously after surgery as a consequence of diverticulitis rather than negligence.

Petitioner disputed a factual premise underlying the defense causation evidence. Earlier imaging expressly documented 'diverticulosis of the descending and sigmoid colon without evidence of diverticulitis.' More significantly, the October 11, 2022 emergency operative report-prepared after direct surgical visualization of the perforated sigmoid colon-stated that 'there was no real frank evidence of acute active diverticulitis.' Petitioner therefore contended that the defense expert's attribution of the postoperative perforation to diverticulitis was inconsistent with objective portions of the medical record itself. Yet her claims were resolved at summary judgment based substantially on unrebutted defense expert testimony and her failure to present a retained expert. Pet. App. 125-137.

She contended that medical evidence predating the October 6 operation contradicted portions of the history upon which Respondents' experts relied.

She also challenged apparent alterations, inconsistencies, completeness, and authenticity of portions of the medical and informed-consent documentation. App. 109-110, 143-160.

Petitioner does not ask this Court to decide whether Dr. Candela's medical opinion was correct.

The constitutional question is whether Petitioner received a meaningful opportunity to challenge the evidentiary foundation upon which such dispositive expert testimony rested before her action was terminated without trial.

C. The medical records were placed under seal through an ex parte proceeding

The record reflects that Respondent Mission Hospital sought ex parte authorization to file or lodge Petitioner's confidential medical records in connection with its motion for summary judgment.

Signed Order Granting Mission Hospital's Ex Parte Application to File/Lodge Plaintiff's Medical Records Under Seal - August 27, 2024. App. 85-86.

Petitioner specifically challenged the authenticity, completeness, and reliability of medical records forming the factual basis of Respondents' expert evidence. Dr. Frank C. Candela expressly stated that his opinions were based upon his review of those medical records. Relying on that documentary record, he opined not only that Dr. Abbass complied with the standard of care, but that no bowel perforation occurred during the procedure and that Petitioner's perforation instead occurred spontaneously after surgery as a result of diverticulitis and in the absence of negligence.

The resulting order authorized Mission Hospital to file or lodge Petitioner's confidential medical records with the court in connection with its motion for summary judgment under seal.

The Notice of Ruling states that the court considered the moving papers, found no opposition, and granted the ex parte application.

Petitioner appeared in propria persona.

The absence of an immediate written opposition must be considered in light of Petitioner's circumstances.

At the time the trial court addressed the sealing of Petitioner's medical records, Petitioner was experiencing documented acute medical problems. Laboratory testing on August 27, 2024 showed a high-sensitivity troponin level of 90 ng/L, above the laboratory's stated reference range. Two days later, Cedars-Sinai treated Petitioner for chest pain and directed her to obtain cardiology follow-up. Petitioner subsequently objected to the handling and sealing of her medical records and sought their unsealing.

Petitioner later objected to the treatment and sealing of the records.

This distinction is critical: Petitioner did not simply remain silent throughout the litigation.

D. Petitioner subsequently challenged the use and sealing of the medical records

Before Mission Hospital's November 18, 2024 summary-judgment hearing, Petitioner filed an opposition concerning Mission Hospital's filing of her medical records in support of summary judgment.

The Register of Actions identifies that filing as ROA 271, filed November 13, 2024.

Petitioner challenged, among other matters, the sealing/access circumstances and the authenticity and use of medical records relied upon by Respondents.

Thus, Petitioner's objections to the evidentiary foundation were raised before the summary-judgment proceedings were completed.

Nevertheless, the case proceeded to summary judgment.

E. The record contains additional anomalies concerning Petitioner's filings

The procedural record presents a further issue relevant to meaningful appellate review.

Petitioner has evidence that on September 26, 2024, a document entitled substantially "Notice of Motion in Limine" was electronically transmitted to opposing counsel.

The Superior Court's Register of Actions contains ROA 237, dated September 26, 2024, identifying an "E-Filing Transaction" but displaying "No Document."

Petitioner contends that the Motion in Limine was submitted in connection with that transaction.

The available Register of Actions does not itself establish what document was contained in ROA 237. Accordingly, Petitioner does not ask this Court to infer intentional deletion.

But the discrepancy is constitutionally relevant because the underlying document is unavailable in the court record while independent evidence supports Petitioner's contention that a Motion in Limine existed and was transmitted to the parties on the same date.

F. Petitioner's attempt to unseal the medical records is independently documented

The record provides still stronger evidence concerning Petitioner's later attempt to obtain unsealing.

Petitioner's Motion to Unseal Medical Records was executed November 30, 2024.

A Proof of Service states expressly:

"MOTION TO UNSEAL MEDICAL RECORDS - Plaintiff Huguette Molina Amador."

It states that the document was served electronically on November 30, 2024.

The court's electronic record subsequently shows an e-filing transaction received on December 2, 2024 at approximately 11:58 a.m.

The Register of Actions identifies:

ROA 299 - E-Filing Transaction received December 2, 2024;

ROA 300 - Proof of Service filed December 2, 2024; and

ROA 301 - E-Filing Transaction Number 31569740 Rejected.

The court's Notice of Rejection expressly identifies the electronically submitted document as:

"Motion to Unseal Medical Records."

The rejection notice states that the filing was rejected because a motion required, among other things, hearing information and a reservation.

This evidence is significant.

It demonstrates that Petitioner's attempt to obtain unsealing was not merely an allegation reconstructed after judgment.

The electronic court record itself identifies the Motion to Unseal Medical Records, its submission, and its rejection. App. 92-102.

G. Summary judgment terminated Petitioner's claims without trial

The Superior Court granted summary judgment to Respondents.

Mission Hospital's summary-judgment proceeding occurred November 18, 2024.

The court subsequently entered judgment for Mission Hospital on December 30, 2024.

Judgment was also entered in favor of Respondent Salcido in January 2025, and proceedings concerning Respondent Abbass likewise resulted in judgment against Petitioner.

Petitioner therefore never received a jury trial concerning her allegations.

H. Appellate review did not cure the asserted procedural deprivation

Petitioner appealed.

The clerk's transcript was thousands of pages long, yet Petitioner contended that material documents necessary to present her appellate arguments were absent.

She sought augmentation of the appellate record.

Her efforts to augment were denied.

Petitioner further contends that an augmentation request by Respondent Salcido was granted. The Opinion also failed to meaningfully address Appellant's argument that Dr. Craig Allen Salcido lacked sufficient robotic surgical training, qualifications, experience, and/or credentialing necessary to safely perform the robotic procedure at issue.

Appellant consistently maintained that Dr. Salcido lacked proper credentials and qualifications for the Da Vinci Xi robotic procedure, thereby creating triable factual disputes concerning negligence, competence, informed consent, and standard of care.

Petitioner does not maintain that the Constitution requires identical disposition of every augmentation request.

The significance is instead that the Court of Appeal required Petitioner to demonstrate reversible error from a record that she maintained was materially incomplete while denying her efforts to supply documents she considered necessary for that review.

On June 11, 2026, the California Court of Appeal affirmed the judgments.

Among other grounds, the appellate court relied upon forfeiture principles and Petitioner's failure to produce expert evidence sufficient to overcome Respondents' expert declarations.

Petitioner sought rehearing.

Rehearing was denied July 13, 2026.

Petitioner then sought review in the Supreme Court of California.

Review was denied August 19, 2026.

This petition followed.

REASONS FOR GRANTING THE PETITION

I. THIS CASE PRESENTS AN IMPORTANT QUESTION CONCERNING THE MEANINGFUL-OPPORTUNITY-TO-BE-HEARD REQUIREMENT OF THE FOURTEENTH AMENDMENT

The central issue is not whether California may require expert testimony in medical-malpractice cases.

Nor is the issue whether a state may adopt reasonable procedures governing sealing, motions, summary judgment, or appellate records.

The constitutional issue arises from the combined operation of those procedures.

A litigant cannot meaningfully be required to rebut dispositive expert testimony while simultaneously being materially impaired in challenging the evidentiary materials upon which that testimony depends.

This Court has repeatedly recognized that due process fundamentally requires notice and a meaningful opportunity to be heard.

See, e.g., Mathews v. Eldridge, 424 U.S. 319 (1976); Logan v. Zimmerman Brush Co., 455 U.S. 422 (1982).

The principle has particular force where procedural mechanisms themselves extinguish an otherwise cognizable claim.

In Logan, this Court explained that a State may not destroy a protected claim through the operation of its own procedural machinery without constitutionally adequate process.

The same structural concern is implicated here.

Petitioner's case was not rejected following a jury's evaluation of competing medical evidence.

It was terminated through summary judgment.

Respondents' experts relied substantially upon medical records.

Petitioner challenged those records.

The records were maintained under seal.

Petitioner's later Motion to Unseal is expressly documented in the electronic filing system, but the filing was rejected for procedural requirements involving hearing information and reservation.

Petitioner contends other material filings were missing from the appellate record.

Her augmentation efforts were denied.

The Court of Appeal nevertheless relied upon deficiencies in Petitioner's evidentiary presentation to affirm summary judgment.

Whether that combination of circumstances satisfies the Fourteenth Amendment presents a question warranting this Court's review.

II. DUE PROCESS REQUIRES MORE THAN THE THEORETICAL EXISTENCE OF A PROCEDURE

The opportunity to be heard must be meaningful in practice.

A State plainly possesses legitimate interests in maintaining the confidentiality of medical information and managing court records.

Petitioner does not dispute those interests.

But sealing need not necessarily deprive a litigant of meaningful access to evidence essential to her own case.

Courts possess less restrictive mechanisms capable of simultaneously protecting confidentiality and permitting meaningful litigation.

The constitutional problem asserted here therefore is not confidentiality itself.

It is the interaction between the restriction and the later use of the restricted evidentiary materials to terminate the action.

Petitioner was placed in an alleged procedural dilemma:

Respondents relied upon medical records to establish the absence of negligence and causation;

Petitioner disputed the reliability and completeness of those records;

Respondents' experts relied upon them;

and Petitioner's failure to produce adequate contrary expert evidence was thereafter used against her.

Due process cannot be reduced to the formal existence of procedural mechanisms where the practical operation of those mechanisms prevents a meaningful opportunity to contest dispositive evidence.

III. THE EXPERT-EVIDENCE ISSUE DEMONSTRATES CONCRETE PREJUDICE

Providence Hospital's expert witness was a registered nurse who, Petitioner contends, was not qualified to render expert opinions concerning the standard of care, causation, or medical issues arising from four major surgical procedures.

Those factual disputes are not presented to this Court for resolution.

Dr. Candela's declaration demonstrates why access to and the ability to challenge the underlying medical record mattered.

His causation opinion depended upon a specific reconstruction of Petitioner's medical history.

He concluded that the bowel perforation occurred spontaneously after surgery due to diverticulitis and without negligence.

Petitioner contended that other medical evidence contradicted the factual predicates underlying Respondents' version of events.

She also challenged the authenticity, completeness, and apparent alteration of portions of the underlying records.

Those contentions may ultimately prove correct or incorrect.

That is precisely why an adversarial proceeding matters.

Summary judgment should not become a mechanism through which a contested evidentiary foundation becomes effectively unreviewable merely because one side possessed an expert willing to rely upon it.

The question for this Court is not which physician was right.

It is whether Petitioner had the constitutionally required meaningful opportunity to establish why Respondents' evidentiary foundation should not have been treated as dispositive.

IV. CALIFORNIA MEDICAL-MALPRACTICE LAW UNDERSCORES WHY A MEANINGFUL OPPORTUNITY TO CHALLENGE THE EXPERT EVIDENCE WAS ESSENTIAL

The procedural deprivation alleged here was especially consequential because California medical-malpractice litigation frequently turns on expert evidence concerning the applicable standard of care and causation.

California courts have recognized that a defendant moving for summary judgment in a professional-negligence action ordinarily must present competent expert evidence sufficient to establish the absence of a triable issue concerning breach of the standard of care or causation. See Kelley v. Trunk, 66 Cal. App. 4th 519, 523-525 (1998).

Kelley is particularly instructive because it emphasizes that an expert declaration cannot establish the absence of a triable issue merely by announcing conclusions unsupported by reasoned explanation. Expert evidence offered at summary judgment must provide a sufficient factual and reasoned basis for the opinion. Id. at 524-525.

Similarly, Powell v. Kleinman, 151 Cal. App. 4th 112, 123-125 (2007), recognizes the central role of competent expert evidence in medical-malpractice summary-judgment proceedings and the importance of evaluating such evidence under the standards applicable at that procedural stage.

Hanson v. Grode, 76 Cal. App. 4th 601, 606-607 (1999), likewise demonstrates that medical-malpractice claims ordinarily depend upon expert evidence where the matters at issue are beyond common knowledge. The consequence is substantial: when expert evidence becomes the mechanism through which summary judgment is obtained,

the opposing litigant's meaningful ability to examine and challenge the factual foundation of that expert evidence becomes critical.

California law also recognizes that expert testimony is not invariably required in every medical-negligence case. Under the common-knowledge exception, expert testimony may be unnecessary where the alleged negligence is sufficiently apparent that a layperson can recognize it without specialized medical testimony. See, e.g., Flowers v. Torrance Memorial Hospital Medical Center, 8 Cal. 4th 992, 1001 (1994).

McAlpine v. Norman, 51 Cal. App. 5th 933, 939-941 (2020), further supports the requirement that a defense expert opinion at summary judgment contain a factual and reasoned explanation. There, the court reversed summary judgment despite the absence of a competing expert opinion because the defense declaration failed to satisfy the moving defendant's initial burden.

The common-knowledge issue was reinforced by objective postoperative evidence. Nearly three years after the October 6, 2022 surgery undertaken to remove the left ovarian lesion, a May 30, 2025 transvaginal ultrasound documented the left ovary in place and identified a 1.8-cm hyperechoic focus within it, with the radiologist's impression stating: '1.8 cm suspected left adnexal dermoid.' This objective finding bears directly on Petitioner's contention that the very condition invoked to justify the surgery remained present after the procedure. App. 138-142.

Petitioner further states that she attempted to retain an expert, but the persons she contacted would work only through a law firm and would not work directly with her as a self-represented litigant. She states that she notified the trial judge of these efforts during a hearing. This account is

Petitioner's statement; the accompanying Appendix does not include an identified transcript of that hearing. Petitioner maintains that the common-knowledge exception should have permitted her claims to proceed without a retained expert.

Bushling v. Fremont Medical Center, 117 Cal. App. 4th 493, 509-510 (2004), further illustrates the relationship between expert evidence and proof of medical causation. Although Bushling rejected reliance upon speculation to establish causation on the facts before it, the decision demonstrates why the evidentiary foundation underlying competing medical opinions can determine whether a malpractice claim survives summary judgment.

These authorities are not invoked to ask this Court to resolve questions of California medical-malpractice law. Nor does Petitioner ask this Court to determine whether any particular Respondent breached a professional standard of care.

They demonstrate instead the practical constitutional significance of the procedures challenged here.

Where state law makes expert evidence potentially dispositive at summary judgment, meaningful access to the evidentiary materials underlying those expert opinions-and a meaningful opportunity to challenge their authenticity, completeness, factual assumptions, and reliability-can determine whether a litigant ever reaches trial.

Here, Respondents relied upon expert declarations derived substantially from Petitioner's medical records. Petitioner challenged portions of those records and the factual premises derived from them. She contended that medical documentation predating the October 6, 2022 procedure

contradicted material assumptions incorporated into Respondents' expert evidence. She further challenged apparent alterations, inconsistencies, authenticity, and completeness of portions of the medical and informed-consent documentation.

Yet the medical records forming the evidentiary foundation of Respondents' expert case were maintained under seal; Petitioner's documented Motion to Unseal was rejected on procedural grounds; she contends other evidentiary challenges were absent from the appellate record; and the Court of Appeal ultimately relied upon the insufficiency of her expert evidence and procedural forfeiture in affirming summary judgment.

The resulting constitutional question is therefore distinct from the underlying state-law malpractice dispute.

When a State makes expert evidence effectively indispensable to surviving summary judgment, may it constitutionally rely upon the absence or insufficiency of responsive expert evidence after its own procedures allegedly materially impaired the litigant's ability to challenge the records and factual assumptions upon which the opposing experts relied?

Mathews v. Eldridge, 424 U.S. 319 (1976), and Logan v. Zimmerman Brush Co., 455 U.S. 422 (1982), establish the governing federal principle: procedural protections must provide a meaningful opportunity to be heard before protected interests are finally extinguished through state procedure.

The California medical-malpractice authorities demonstrate why the alleged deprivation here was not merely technical. In this procedural setting, the ability to test the foundation of Respondents' expert evidence

could determine whether Petitioner's claims survived summary judgment at all.

V. THE DENIAL OF PETITIONER'S EFFORTS TO AUGMENT AN ALLEGEDLY INCOMPLETE APPELLATE RECORD, WHILE AN AUGMENTATION REQUEST BY RESPONDENT SALCIDO WAS GRANTED, HEIGHTENED THE PROCEDURAL DUE-PROCESS CONCERN

The incompleteness of the appellate record was initially acknowledged by the Court of Appeal itself. On May 2, 2025, the Court of Appeal entered an order stating that the clerk's transcript filed on April 15, 2025 "was incomplete." The court directed that transcript to be stricken and ordered the filing of a replacement "corrected transcript" provided by the Orange County Superior Court. [App. 4.]

After reviewing the replacement transcript, Petitioner determined that the appellate record remained materially incomplete. Petitioner contended that filings and materials relevant to the summary-judgment proceedings and her challenges concerning the sealed medical records and evidentiary record were still absent or inadequately reflected. She thereafter sought to augment the appellate record with materials she maintained were necessary for meaningful appellate review. [App. 8, 15, 28.]

Meaningful appellate review cannot occur in a vacuum.

Once summary judgment terminated Petitioner's action, her principal avenue for correcting alleged procedural error was appellate review.

But Petitioner contended that the appellate record omitted materials bearing directly on those errors.

The significance of ROA 237 illustrates the problem.

The Register of Actions shows an electronic filing transaction on September 26, 2024, but no underlying document.

Independent service evidence supports Petitioner's contention that a Motion in Limine existed and was transmitted to opposing counsel that day.

Similarly, the Motion to Unseal history is reconstructable only because separate components survived: the electronic transaction, Proof of Service, and Notice of Rejection.

These are not offered as proof of intentional destruction or misconduct.

They demonstrate something narrower and constitutionally important:

the record from which Petitioner was expected to demonstrate reversible error did not necessarily contain all of the materials she contended were necessary to demonstrate that error.

Petitioner's requests to augment were unsuccessful.

Yet the appellate court subsequently invoked procedural deficiencies and forfeiture in affirming the judgments.

That circularity warrants review.

VI. THIS CASE PROVIDES AN APPROPRIATE VEHICLE FOR CLARIFYING THE CONSTITUTIONAL LIMITS OF PROCEDURAL FORFEITURE

States have substantial authority to establish procedural rules.

But forfeiture doctrine is not itself immune from constitutional limitations.

A procedural default ordinarily presupposes that the litigant had a meaningful ability to comply.

This case presents the antecedent question:

What happens when the litigant contends that the State's own procedures materially impaired the very evidentiary presentation later declared inadequate?

Petitioner does not ask this Court to create special procedural rules for pro se litigants.

She asks only that the ordinary guarantee of due process apply.

The constitutional requirement of a meaningful opportunity to be heard cannot depend upon whether the litigant could afford counsel.

Nor can procedural forfeiture transform an allegedly inadequate opportunity to litigate into an adequate one.

VII. THE CUMULATIVE PROCEDURAL HISTORY WARRANTS REVIEW

No single event should be considered artificially in isolation.

Petitioner's constitutional claim concerns the cumulative operation of:

1. an ex parte proceeding concerning the sealing of medical records central to summary judgment;

2. Petitioner's documented medical circumstances surrounding that proceeding;

3. Respondents' subsequent reliance upon those records through expert declarations;

4. Petitioner's challenges to the reliability and authenticity of portions of those records;

5. Petitioner's pre-summary-judgment opposition concerning their use;

6. an electronic filing transaction associated with a date on which Petitioner independently documented service of a Motion in Limine, but for which the court's ROA displays "No Document";

7. Petitioner's documented submission of a Motion to Unseal Medical Records;

8. rejection of that motion based upon procedural requirements concerning hearing information and reservation;

9. termination of the action by summary judgment based materially upon Respondents' expert evidence and the absence of sufficient opposing expert testimony;

10. alleged omissions from the appellate record;

11. denial of Petitioner's attempts to augment that record; and

12. appellate reliance upon forfeiture and evidentiary deficiencies to affirm judgment.

Taken together, these circumstances present a substantial question whether Petitioner received the meaningful opportunity to be heard required by the Fourteenth Amendment before her claims were permanently extinguished without trial.

VIII. THIS COURT SHOULD VACATE THE JUDGMENT AND REMAND FOR CONSIDERATION UNDER THE CORRECT CONSTITUTIONAL STANDARD

Petitioner does not ask this Court to determine medical negligence in the first instance.

She does not ask this Court to decide whether Dr. Salcido perforated the bowel, whether Dr. Abbass complied with the standard of care, whether Mission Hospital was negligent, or whether Dr. Candela's causation opinion was medically correct.

Those are matters for the appropriate factfinder following constitutionally adequate proceedings.

Petitioner instead requests that this Court enforce the more fundamental guarantee that precedes determination of those factual questions:

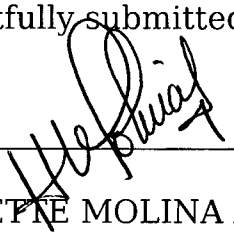
a meaningful opportunity to present and contest evidence before a State permanently extinguishes civil claims through summary judgment.

The appropriate relief is therefore to grant certiorari, vacate the judgment below, and remand for further proceedings consistent with the Fourteenth Amendment.

CONCLUSION

For the foregoing reasons, the petition for a writ of certiorari should be granted.

Respectfully submitted,



HUGUETTE MOLINA AMADOR
Petitioner, Pro Se
8537 Cashio Street 1/2
Los Angeles, CA 90035
310.855.2550
huguettema69@hotmail.com

Date: October 8, 2026