

People v
Kevin E. Saunders
Ord. 97-019

Confidential Sealed Orfs.

CERTIFICATE OF CONVICTION
C.P.L. 60.60(1)

file
Form No. 218

STATE OF NEW YORK:

COUNTY OF TOMPKINS:

COUNTY COURT

Certificate of Disposition
No. 97-019

The People of the State of New York

against

Kevin E. Saunders

Defendant

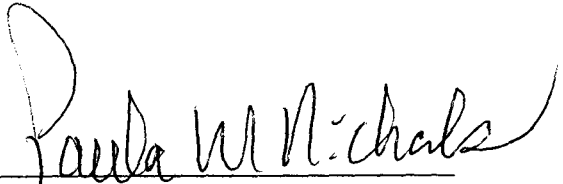
DOB: 05/01/1956
NYSID: 8493564N
ARREST: 01/06/1997

This is to certify that a disposition has been entered in this court, before the Honorable William C. Barrett, a Judge of this Court, on July 28, 1997, disposing the following charges:

One Count of Burglary Second, PL-140.25-02, One Count of Arson Third, PL-150.20-01, One Count of Criminal Mischief Fourth, 145.00-01, and One Count of Criminal Contempt First, PL-215.51.

A plea of Not Responsible was entered by the defendant and accepted by the Court on 7/28/1997.

Dated at:
Ithaca, New York
on March 20, 2009



Court Clerk

File

STATE OF NEW YORK:

COUNTY OF TOMPKINS:

COUNTY COURT

Certificate of Disposition

No. 97-019

The People of the State of New York

against

Kevin E. Saunders

Defendant

DOB: 05/01/1956

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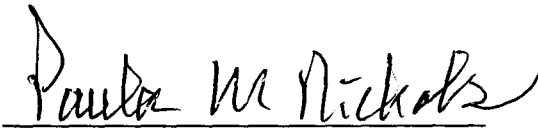
ARREST: 02/06/1997

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One Count of Burglary Second, PL-140.25-02, One Count of Arson Third, PL-150.10-01, One Count of Criminal Mischief Fourth, 145.00-01, and One Count of Criminal Contempt First, PL-215.51-0D.

A plea of Not Responsible was entered by the defendant and accepted by the Court on 7/28/1997.

Dated at:
Ithaca, New York
on March 30, 2009



Court Clerk



James L. Stone, MSW, CSW
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Albert K. Chen, M.D.
Deputy Director Clinical

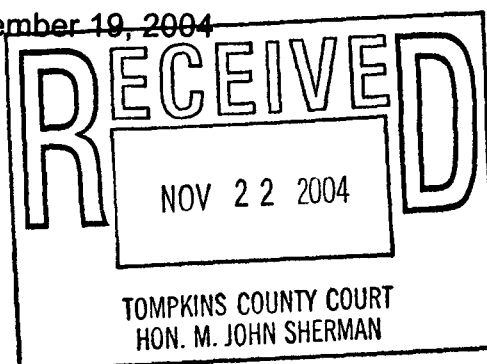
Smith B. Paulison
Operations Director

Mark E. Stephany
Administration Director

William P. Hayes
Quality Director

Honorable M. John Sherman
Tompkins County Court
320 North Tioga Street
Ithaca, New York 14850

November 19, 2004



RE: Kevin Saunders - 2nd Retention Order

Dear Judge Sherman:

Relative to the above referenced, enclosed please find the following:

- Affidavit of Service
- Form J / Application for a Second Retention Order and Notice of Application
- Form K / Second Retention Order
- Application for Change in Status / Privileges
- Physician's Affidavit w/attached Statement of Opinion
- Clinical Summary

If you find all of the documentation to be in order, please sign Form K, Second Retention Order and return it to me in the enclosed envelope.

Should you have any questions regarding the enclosed, please contact me (607)737-4905.

Thank you for your consideration.

Respectfully submitted,

Karen Patterson, SWII
Karen Patterson, SWII
Forensic Coordinator

KP/dad
Enclosures

cc: K. Saunders
W. Benedict, Director / EPC
K. Moshier, Esq. *Elmira Psych*
G. Dentes, Esq.
R. Miraglia, Dir/Bureau Forensic Svcs.
C. Cocchiola, Esq. *→ 721-8794, 8771*

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4711 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

Tompkins County
MENTAL HEALTH SERVICES

Tompkins County Mental Health Center
201 East Green Street
Ithaca, New York 14850-5421

Anthony B. DeLuca, ACSW
Commissioner

FAX
(607) 274-6316

April 14, 1997


Honorable William C. Barrett
Tompkins County Court
320 N. Tioga Street
Ithaca, New York 14850

Re: Kevin E. Saunders

Dear Judge Barrett:

Enclosed please find the Article 730 evaluation reports which you requested on Kevin E. Saunders.

Sincerely,


Anthony B. DeLuca
Commissioner

ABD/pb

SERVICES:

Commissioner's Office
(607) 274-6300

Mental Health Clinic
Third Floor - (607) 274-6230
Fourth Floor - (607) 274-6200

Continuing Treatment
Skylight Club
(607) 274-6262

Community Support Services
(607) 274-6333

EXAMINATION REPORT
(C.P.L. Article 730)

STATE OF NEW YORK

County _____ COURT _____

COUNTY OF _____ Tompkins _____

THE PEOPLE OF THE STATE OF NEW YORK

VS

Kevin E. Saunders

DEFENDANT

EXAMINATION REPORT

Docket No.

Indictment No. 97-019

Information No.

Charge Burglary 2nd; Arson 3rd. (2cts.);Criminal Mischief 2nd; Criminal Contempt 1st

in violation of § _____

I, the undersigned, duly certified pursuant to law as a qualified psychiatrist or a ~~certified psychologist~~ ^(strike one), having been designated by Anthony B. DeLuca,
Director of Tompkins County Mental Health Services,
pursuant to an order signed by Hon. William C. Barrett, (Judge) (Justice)
of the _____ County Court, Tompkins County,
dated March 13, 1997, to examine the above-named defendant, pursuant to
Article 730 of the Criminal Procedure Law, to determine if the defendant is an incapacitated defendant,
have conducted such examination with due care and diligence.

The nature and extent of the examination was as follows:

Face to face
evaluation.

I have come to the following opinion as a result of such examination:

(NOTE TO EXAMINER: If the following paragraph sets forth the opinion of the examiner, sign the report where indicated below and do not complete Page 2. Otherwise, strike out the following paragraph, complete fully the remainder of this report and sign on Page 2.)

It is my opinion that the above-named defendant does not as a result of mental disease or defect lack capacity to understand the proceedings against him or to assist in his defense.

SIGNATURE: AJ Brink
(Qualified Psychiatrist) (~~Certified Psychologist~~)DATED: 4/8/19 97

STRIKE OUT ONE

ANETTE S. BRINIC
Print Name Signed

(Continued)

It is my opinion that the above-named defendant is an incapacitated person in that the said defendant as a result of mental disease or defect lacks capacity to understand the proceeding against him or to assist in his own defense. My opinion is based on the following:

1. History and Clinical Summary, including Mental Status: *(Attach additional sheets, if necessary)*
2. Diagnosis:
3. Prognosis:
4. Reasons for my opinion, specifying those aspects of the proceedings wherein the defendant lacks capacity to understand or to assist in his own defense: *(Attach additional sheets, if necessary)*

SIGNATURE: _____,
(Qualified Psychiatrist) (Certified Psychologist))
(STRIKE OUT ONE)

DATED _____, 19 _____

EXAMINATION REPORT
(C.P.L. Article 730)

STATE OF NEW YORK

County _____ COURT _____

COUNTY OF _____ Tompkins _____

THE PEOPLE OF THE STATE OF NEW YORK

VS

Kevin E. Saunders

DEFENDANT

EXAMINATION REPORT

Docket No.

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in violation of § _____

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 Director of Tompkins County Mental Health Services,
 pursuant to an order signed by Hon. William C. Barrett, (Judge) (Justice)
 of the County Court, Tompkins County,
 dated March 13, 1997, to examine the above-named defendant, pursuant to
 Article 730 of the Criminal Procedure Law, to determine if the defendant is an incapacitated defendant,
 have conducted such examination with due care and diligence.

The nature and extent of the examination was as follows:

full psychiatric
eval + interview

I have come to the following opinion as a result of such examination:

(NOTE TO EXAMINER: If the following paragraph sets forth the opinion of the examiner, sign the report where indicated below and do not complete Page 2. Otherwise, strike out the following paragraph, complete fully the remainder of this report and sign on Page 2.)

It is my opinion that the above-named defendant does not as a result of mental disease or defect lack capacity to understand the proceedings against him or to assist in his defense.

SIGNATURE:

(Qualified Psychiatrist)

(Certified Psychologist)

DATED:

April 11, 1997

Regina V. LeVerrier, MD
 (Continued)
 Print Name Signed

1. History and Clinical Summary, including Mental Status: (*Attach additional sheets, if necessary*)
2. Diagnosis:
3. Prognosis:
4. Reasons for my opinion, specifying those aspects of the proceedings wherein the defendant lacks capacity to understand or to assist in his own defense: (*Attach additional sheets, if necessary*)

SIGNATURE: _____, DATED _____, 19____
(Qualified Psychiatrist) (Certified Psychologist))
(STRIKE OUT ONE)

Print Name Signed

TOMPKINS COUNTY MENTAL HEALTH SERVICES

PROGRESS NOTES

CLIENT NAME: Kevin Saunders CASE #: _____ AGENCY: _____

Date	Goal # or significant event	Time Spent	Notes
4/11/97	MD	30'	7:30 eval. Pt. is a 40y/o DC → E 1 da. age 9 - pt lives alone + sees da. 2x/week. Pt. States he has his own computer programming corporation x 2 1/2 years. States he takes Prozac 20mg/day which helps him deal w stress - sleeping + eating OK - has NOT been using marijuana b/c of legal situation. Denies current AN/AD; 20 yr. hx of marijuana dependence w past acute withdrawal sx's.
CONFIDENTIAL PROFESSIONAL USE ONLY			Psych hx - 1992 Ellen Stotz - EAP Cornell
			Summer 1993 - pvt. counseling.
			⊖ hosp
			on Prozac 20mg QD - "Dysphoria"
			6/96 - F+C - case terminated b/c was using cannabis daily. - feels it helps neuropathy + keeps temper in check"

con't.

[Signature]
4/11/97

TOMPKINS COUNTY MENTAL HEALTH SERVICES

PROGRESS NOTES

CLIENT NAME: Saunders, Kevin CASE #: _____ AGENCY: _____

h/o mic. pneumonia

Notes back injury - 1983.

Date	Goal # or significant event	Time Spent	Notes
4/11/97		30'	730 Eval.
	MD		med hx - numbness in legs
			+ arms - tingling - lipoma removed 1993
			11/11/97 - CMC ER - told he was
			suffering from agitated depression
by Dr. Shuman;			will see Dr. Stackman for
			neurology consult - c/o memory,
MRI - last			confusion, par. delusions
was			subst. abuse - used marijuana x many
(20) years			daily - states he was using it for
			medicinal purposes - anti inflammatory
			+ immunosuppression - states he
			has "CIDP" or MS. - uses tobacco +
			occas ETOH.
			legal hx - charged c arson,
			felony violation of order of protection,
			crim. mischief. - states he was
			suffering from paranoid delusions
			DWI - 12/22/96
			CONFIDENTIAL
			PROFESSIONAL USE ONLY
			MS: A+O to "19", month, year, place,
			city, state, floor.
			mood - "OK - fairly irritable"
			memory - intact
			affect - broad.

c/o back pain

Con't Referral

PROGRESS NOTES

CLIENT NAME:

Saunders, Kevin

CASE #:

AGENCY:

Date	Goal # or significant event	Time Spent	Notes
4/11/97	MD.	30'	<p>⊕ somatic preoccupation above avg. intell. thoughts - over elaborate - when talking about neurological symptoms. uses med. terms "edema, immunosuppressant, nerve cond. studies, demyelinating polyneuropathy, polyradicular neuritis"</p> <p>⊖ S/H (⊕) add's "up to end of sentences" felt he was "set up" for DWI - feels his drink was spiked + he was set up</p> <p>Plus/Gudge - fair speech - sl. pressured,</p> <p>Imp: Competent to Stand Trial.</p> <p>Marijuana Dependence</p> <p>+ ? Brief Psychotic Episode</p> <p>pt feels he has Gender Ident. D/O,</p> <p>? Mood D/O - organic</p> <p>? neur. D/O. - pending.</p>

CONFIDENTIAL
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copies: DA Office } per Jdg. Baines's
Def. Atty } instructions

TOMPKINS COUNTY MENTAL HEALTH SERVICES

PROGRESS NOTES

CLIENT NAME: _____ CASE #: _____ AGENCY: _____

[illegible]

Tompkins County
MENTAL HEALTH SERVICES

Tompkins County Mental Health Center
201 East Green Street
Ithaca, New York 14850-5421

Anthony B. DeLuca, ACSW
Commissioner

FAX
(607) 274-6316

March 24 , 1997

Ezra G. Sherman, Attorney
308 N. Tioga Street
Ithaca, N.Y. 14850

Dear Attorney Sherman:

In order to fulfill the request for examination ordered by Judge William C. Barrett, I have scheduled the following appointments for your client:

Monday, March 31, 1997 at 11:00 a.m. with Dr. Joan Filler on the 4th floor.
Tuesday, April 1, 1997 at 1:00 p.m. with Dr. Anette Brink on the 3rd floor.

Both of these examinations will be conducted at the Tompkins County Mental Health Building, 201 E. Green Street. Please inform your client of these appointments as I have no way of notifying him.

Sincerely,

Pamela Bush

Pamela Bush
Administrative Assistant
Medical Records

cc: *Judge Barrett*

RECEIVED BY
TOMPKINS COUNTY
OFFICIALS OFFICE
97 MAR 31 AM 11:48

SERVICES:

Commissioner's Office
(607) 274-6300

Mental Health Clinic
Third Floor - (607) 274-6230
Fourth Floor - (607) 274-6200

Continuing Treatment
Skylight Club
(607) 274-6262

Community Support Services
(607) 274-6333

97-019 4-263

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TOMPKINS COUNTY
CORRECTOR'S OFFICE

98 MAY 26 AM 11:49

Ezra G. Sherman
Attorney at Law

RECEIVED BY
TOMPKINS COUNTY
CLERK'S OFFICE
97 FEB 25 PM 12:06

308 N. Tioga Street, Second Floor
P.O. Box 6864
Ithaca, New York 14851
office: (607) 256-0025
nights: (607) 274-9474

February 25, 1997

Hon. William C. Barrett
Tompkins County Court
320 North Tioga Street
Ithaca, NY 14850

RE: People v. Kevin Saunders
Indictment No. 97-019

Dear Judge Barrett:

Attached is defendant's confidential ex-parte application for expert witness fees, a supporting affirmation, and exhibits in support of defendant's application for expert services under Section 18-C of the County Law.

If you need additional information in support of this application, please call. If it is acceptable, let me know when the Order has been signed and I will pick it up and deliver it to the Clerk for sealing and filing.

Sincerely,

Ezra G. Sherman

Ezra G. Sherman

STATE OF NEW YORK
COUNTY COURT: COUNTY OF TOMPKINS

THE PEOPLE OF THE STATE OF NEW YORK,

-against-

KEVIN SAUNDERS.

EX-PARTE APPLICATION
Docket No. 97-019

TO: HONORABLE WILLIAM C. BARRETT

The undersigned does herewith make application to the Tompkins County Court, William C. Barrett presiding, pursuant to Section 18-C of the County Law, for authorization to obtain an expert to conduct a psychiatric evaluation upon the defendant in the present prosecution, which expert service is necessary for the defense of this case, and for appropriate compensation in the amount to be determined by the Court, together with such other and further relief which the Court deems just and proper, including sealing of this application and related records.

Dated: February 25, 1997
Ithaca, New York

Ezra G. Sherman
Attorney for Defendant
308 N. Tioga Street
PO Box 6864
Ithaca, NY 14851
(607) 256-0025

STATE OF NEW YORK
COUNTY COURT: COUNTY OF TOMPKINS

PEOPLE OF THE STATE OF NEW YORK,

-against-

AFFIRMATION
Docket No. 97-019

KEVIN SAUNDERS.

STATE OF NEW YORK)
COUNTY OF TOMPKINS) ss:

EZRA G. SHERMAN, ESQ., subscribes to and affirms the following to be true under penalty of perjury:

1. I am an attorney licensed to practice law in the State of New York, with an office located at 308 North Tioga Street, Ithaca, NY 14850.
2. I am the attorney of record for the defendant, Kevin Saunders, in the present case.
3. The defendant was charged by a five count indictment, dated February 18, 1997, with the following crimes: (1) Burglary in the Second Degree, (2&3) Arson in the Third Degree (2 counts), (4) Criminal Mischief in the Second Degree and (5) Criminal Contempt in the First Degree.
4. Based upon my preliminary investigation of this case, at the time of the alleged incident which resulted in the above indictment, Mr. Saunders was under extreme emotional distress and may have been legally insane.
 - a. Mr. Saunders has been treated by counselors and psychiatrists for symptoms which, upon information and belief, have been getting worse over time. He has most recently been seeing Amari Meader (counselor) at Family and Children's and also has seen Psychiatrist Robert Hamisch at Family and Children's. He has also been treated by Fran Markover, a private therapist. In addition, Dr. Anna Matusiewicz, a Cornell Psychiatrist, previously diagnosed defendant as bipolar.
 - b. On January 11, 1997, according to defendant, he went to the Emergency Room at Cayuga Medical Center, complaining of the symptoms of two self-diagnosed neurological ailments: Chronic Immune Demyelinating Polyneuropathy and Progressive Supranuclear Palsy.
 - c. In an evaluation with Dr. Annette Brink, after a referral from the Tompkins County Jail, on February 11, 1997, defendant described, in addition to his self-diagnosed neurological problems, paranoid delusions -- that something is out to get him.

d. In defendant's purported written confession, he describes receiving messages through the radio telling him to do certain things.

5. In order to adequately defend Mr. Saunders, it is necessary that he be evaluated by a forensic psychologist. I have spoken with Dr. Norman Lesswing, a forensic psychologist, who told me he has been certified and has testified as an expert 20 to 30 times, in cases where the mental health of a party was an issue.

6. Dr. Lesswing advised me that he charges \$100.00/hr. travel time, \$150.00/hr for consultation, evaluation of the client and report writing and \$200.00/hr. for in-court time. He estimates that it will cost \$1,500.00 to evaluate defendant and prepare a psychological report.

7. Depending on the results of Dr. Lesswing's evaluation, further preparation and court testimony may be required; application would be made at that time for approval of additional fees.

8. Kevin Saunders is, upon information and belief, the source of which is defendant's approval for assigned counsel representation, indigent and does not have the resources needed to pay for the expert services described above.

9. Counsel will not be able to provide effective legal assistance nor be able to mount an adequate defense, without assistance of a forensic psychologist and approval of the funds requested.

10. Authority for this application can be found in Ake v. Oklahoma, 470 US 68. In Ake, the United States Supreme Court reversed the defendant's conviction for the failure and the refusal of the trial court to appoint a psychiatrist to assist the defendant in presenting his insanity defense. The Ake Court stressed that "expert testimony is a basic tool of an adequate defense."

11. Further, while Ake concerned itself with an insanity defense, the High Court's language left no doubt that its concern over providing expert testimony was by no means limited to a psychiatrist. "A criminal trial is fundamentally unfair if the state proceeds against an indigent without making certain that he has access to the raw materials integral to the building of an effective defense." The Ake Court also rejected any notion that such an application should be denied due to any potential financial strain to the County.

12. Moreover, Ake made it clear that the decision on the necessity to appoint such expert rests with defense counsel, and not with the court.

13. The Appellate Division, First Department, has strictly adhered to Ake. In People v. Vale, 133 AD2d 297, the First Department reversed conviction for the refusal of the court to appoint a psychiatrist, describing the court's denial as "most improvident." The Appellate Division concluded that the trial court's opinion that such defense was "not

likely to succeed" was not a determinative factor. The Vale Court, citing Ake, said "Possibly, defendant's chances of prevailing on such a defense were minimal, but that was not the issue before the court on the application." The 4th Department reached the same conclusion in People v. Jones, 620 NYS2d 656 (1994), where the trial court refused defendant's request for the appointment of a neurologist to support a justification defense where defendant had suffered brain damage as a child and chronic alcoholism. As Ake observed, defendant need only show that such defense "might succeed."

14. There has been no prior application for the relief requested here to this or any other court.

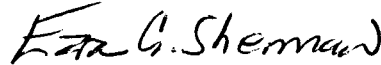
WHEREFORE, your deponent respectfully prays that this Court issue an Order, ex-parte and confidentially:

(a) Authorizing your deponent to incur liability for expert forensic psychologist services, not to exceed \$1,500.00;

(b) Directing the County Treasurer to reimburse the Defendant's attorney for any expert expenses incurred;

(c) Sealing this application, any Order entered under this application, and any related papers, pending the trial of this case, and granting to the defendant such other and further relief as the Court deems just and proper.

Dated: February 25, 1997
Ithaca, New York


Ezra G. Sherman

Rec'd 5/26/98 from Judge's Chambers
97-019 4-292

Ezra G. Sherman

Attorney at Law

308 N. Tioga Street, Second Floor

P.O. Box 6864

Ithaca, New York 14851

(607) 256-0025

April 2, 1997

Hon. William C. Barrett
Tompkins County Court
320 N. Tioga Street
Ithaca, NY 14850

RE: People v. Kevin Saunders
Indictment No. 97-019

Dear Judge Barrett:

Enclosed is my response to Deputy DA Surdell's March 17, 1997 motion to compel discovery.

Sincerely,

Ezra G. Sherman

Ezra G. Sherman

Encl.

RECEIVED BY
TOMPKINS COUNTY
CLERK
97 APR -2 PM 4:05

STATE OF NEW YORK
COUNTY COURT: COUNTY OF TOMPKINS

PEOPLE OF THE STATE OF NEW YORK,

-against-

KEVIN SAUNDERS.

AFFIRMATION IN RESPONSE
TO PROSECUTION MOTION
TO COMPEL DISCOVERY
Indictment No. 97-019

State of New York)
County of Tompkins) ss.:

Ezra G. Sherman, Esq., being duly sworn, affirms the following:

1. I am an attorney licensed to practice law in the State of New York.
2. I am the attorney assigned to represent the defendant and I make the following allegations based on my review of the case file, conversations with Deputy District Attorney Gary Surdell and investigation.

Compelling Discovery Pursuant to CPL 240.30 and CPL 240.40

3. On March 19, 1997, I received a Notice of Motion from Deputy District Attorney Surdell moving, in part, for the Court to compel discovery pursuant to CPL 240.30 and 240.40(2). I submit the following in response to such demand, pursuant to CPL 240.30.
4. On February 19, 1997 I received a prosecution discovery demand, stating: "The People hereby demand that defendant supply the District Attorney with (a) any written report or document, or portion thereof, concerning a physical or mental examination, or scientific test, experiment, or comparisons, made by or at the request or direction of the defendant; and (b) any photograph, drawing, tape, or other electronic recording which the defendant intends to introduce at trial.
5. On or about March 6, 1997, I mailed to Amari Meader, CSW, a therapist who treated my client at Family and Children's Services of Tompkins County, a request for a copy of Mr. Saunder's file. I enclosed a written release from Mr. Saunders.
6. On March 17, 1997, I filed with the Court and Deputy District Attorney Surdell, a Notice of Intent to Present Psychiatric Evidence pursuant to CPL 250.10.
7. On March 26, 1997 I received a phone call from Jan Smith, of Family and Children's Services, in response to my request for Mr. Saunder's treatment file. She told

me that her agency prefers to release such information to the client directly, to insure confidentiality. On that date, I phoned my client and asked him to pick up the file and deliver it to me.

8. On April 1, 1997, Mr. Saunders delivered to me a 53 page file provided by Family and Children's Services.

9. On April 2, 1997, I delivered 49 pages -- labeled "1-49" -- of the Family and Children's Services' file, to Deputy District Attorney Surdell, minus only Mr. Saunders' Curriculum Vitae, which does not fall within the scope of CPL 240.30.

10. The Family and Children's Services records also refer to drug evaluations done by Fran Markover, CSW, CAC, NCACII and treatment by "Anna M." who is Anna Matusiewicz, which resulted in a diagnosis of bi-polar disease. On April 2, 1997, I mailed Ms. Markover and Ms. Matusiewicz requests for their case file regarding Mr. Saunder's, along with signed releases.

11. I do not have in my possession any "photograph, drawing, tape or other electronic recording" which I intend to introduce at trial.

12. I have provided all materials in my possession to Deputy District Attorney Surdell in response to his CPL 240.30 demand and am making a diligent, good faith effort to make additional materials available which are not in my possession, pursuant to CPL 240.30 (para. 2). When I receive these materials, I will provide them to Mr. Surdell, where they are discoverable and I will indicate which materials I am not providing.

13. As I am complying with the discovery requirements of CPL 240.30, an order compelling discovery, pursuant to CPL 240.40, is not necessary.

WHEREAS deponent requests that the prosecution motion for an order compelling discovery be denied and for such other relief as the Court deems just and proper.

Affirmed under penalty of perjury pursuant to CPLR 2106

Dated: March 2, 1997



Ezra G. Sherman
Attorney for Defendant
308 N. Tioga Street
PO Box 6864
Ithaca, NY 14851
(607) 256-0025

To: Hon. William C. Barrett
County Court Clerk (1 copy)
Gary Surdell, Deputy District Attorney
Kevin Saunders

97-019 4-292-

RECEIVED BY
TOMPKINS COUNTY
CORRECTIONS OFFICE

98 MAY 26 AM 11:49

file

**Tompkins County
MENTAL HEALTH SERVICES**

Tompkins County Mental Health Center
201 East Green Street
Ithaca, New York 14850-5421

Anthony B. DeLuca, ACSW
Commissioner

FAX
(607) 274-6316

29 September 1998

Honorable William C. Barrett
Tompkins County Court
320 N. Tioga Street
Ithaca, New York 14850

RE: Kevin SAUNDERS
Indictment No. 97-019

Dear Judge Barrett:

I am writing to ask for assistance regarding the above referenced individual. On May 7, 1998 you signed an Order of Conditions for Mr. Saunders which had some stipulations regarding his living arrangements. Currently, Mr. Saunders is requesting he be allowed to have a roommate as he is having financial difficulty. I spoke with Mr. Gil Weakland, Elmira Psychiatric Center Forensic Coordinator, regarding this and he suggested that I seek your opinion on this matter.

Mr. Saunders is currently in treatment with me at this Clinic. He is prompt and regularly attends appointments. At this time he is not on any medications and is not acutely psychotic. I have also written to Judge Sherman (see Docket Nos. O-712-97 and V-220-97) supporting Mr. Saunders' request for unsupervised visitation with his minor daughter. As of this writing I have not heard from Judge Sherman.

At issue is whether or not having a roommate constitutes a change in "residing in a house meeting with the approval of the Commissioner or his designee" as cited in subparagraph d in the Order of Conditions. Please advise as how to proceed with this issue. Thank you for your attention to this matter. Should you have any questions please feel free to contact me at 274-6230.

Sincerely,

Linda Riley CSW, CCCJS

Linda Riley, CSW, CCCJS
Clinic Supervisor
Forensic Program

*→ refer to Gary Sundell.
Copy sender*

cc: Gil Weakland


SERVICES:

Commissioner's Office
(607) 274-6300

Mental Health Clinic
Third Floor - (607) 274-6230
Fourth Floor - (607) 274-6200

Continuing Treatment
Skylight Club
(607) 274-6262

Community Support Services
(607) 274-6333

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TOWSON COUNTY
CLERK'S OFFICE
98 OCT -1 PM 2:37
97-619
4-292

Per Dianne -
Chamber spoke w/
Gary Sordell + gave
him copy of this
letter -
10/1/98

original (SEAL 1)

Ezra G. Sherman

Attorney at Law

308 N. Tioga Street, Second Floor
P.O. Box 6864
Ithaca, New York 14851
(607) 256-0025

April 25, 1997

Hon. William C. Barrett
Tompkins County Court
320 N. Tioga Street
Ithaca, NY 14850

RE: People v. Kevin Saunders
Indictment No. 97-019

RECEIVED BY
TOMPKINS COUNTY
CLERK'S OFFICE
97 APR 25 PM 4:41

Dear Judge Barrett:

Pursuant to your March 11 order in the present case, trial is scheduled to begin April 28, 1997. In a conversation with your Law Clerk, Pam Fairbanks, Esq., on April 14, she indicated that this case is actually scheduled for trial on May 12 or 19th, based on scheduling of cases in line ahead of this one. This letter regards the Court's scheduling of this case for trial.

Defendant intends to present an insanity defense at trial. I will not be able to adequately represent Mr. Saunders and present such a defense without the assistance of a forensic psychologist, to first examine Mr. Saunders and then testify in Court. I submitted an application for expert witness fees on February 25, for approval of \$1,500.00 to have Mr. Saunders examined by Dr. N.J.L. (initials) and to have Dr. N.J.L. prepare an initial report of his findings. On March 20, Ms. Fairbanks left a message on my answering machine that you were holding off signing the order approving expert witness fees, until after a CPL 730 examine and Mr. Saunders was deemed competent to stand trial. On April 11, 1997, Mr. Saunders was deemed competent to stand trial. In a conversation with Ms. Fairbanks, Esq., on April 14, she indicated that you were probably now prepared to approve an order for some amount of expert witness fees.

Based on my expectation of approval of my application for expert witness fees, although I have not received such signed order yet, I called Dr. N.J.L. to check his availability. He will not be available to meet with Mr. Saunders until May 10 and his schedule is full the following week -- the week of May 12-16. Dr. N.J.L. said he may be able to produce an evaluation report by May 16. However, his schedule does not leave enough time for trial preparation for a May 19 trial date.

I was notified yesterday that Deputy District Attorney will have Mr. Saunders examined on Thursday, May 1, 1997, by the prosecution's forensic psychologist. As the defense requires a forensic psychologist to advance the defense theory of the case, that Mr. Saunders was legally insane at the time the incident occurred, and our proposed expert will not be able to prepare for a trial scheduled for the May term, we request scheduling of this case for trial during your next trial term.

Sincerely,

Ezra G. Sherman

Ezra G. Sherman

cc: County Court Clerk (1 copy)
Kevin Saunders

97-019 4-292

RECEIVED BY
TOMPKINS COUNTY
CLERK'S OFFICE

98 MAY 26 AM 11:49

copy
Seal

Ezra G. Sherman
Attorney at Law

308 N. Tioga Street, Second Floor
P.O. Box 6864
Ithaca, New York 14851
(607) 256-0025

April 25, 1997

Hon. William C. Barrett
Tompkins County Court
320 N. Tioga Street
Ithaca, NY 14850

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Sincerely,

Ezra G. Sherman

Ezra G. Sherman

cc: County Court Clerk (1 copy)
Kevin Saunders

99-019 *proof* 4-217

RECEIVED BY
TARRANT COUNTY
CLERK'S OFFICE

97 APR 25 PM 4:42

original to
~~EE~~ WCB

At an adjourned term of
the Tompkins County
Court held in and for
the County of Tompkins
at Ithaca, New York, in
Chambers, Ex-parte, on
submission of the
Defendant.

PRESENT: HONORABLE WILLIAM C. BARRETT
JUSTICE PRESIDING

STATE OF NEW YORK
COUNTY COURT: COUNTY OF TOMPKINS

THE PEOPLE OF THE STATE OF NEW YORK,

-against-

KEVIN SAUNDERS

EX-PARTE ORDER
Docket No. 97-019

The defendant having made application by his attorney, ex-parte, for authorization to secure expert services to be determined by the Court, all pursuant to Section 722-C of the County Law;

NOW, upon reading and filing the application and supporting Affirmation of the defendant's attorney, subscribed to and affirmed the 25th day of February, 1997, and upon the proceedings and papers already conducted and filed, it appearing that sufficient extraordinary circumstances have been shown and found to support the granting of the relief requested, therefore, upon motion of Ezra G. Sherman, Esq., attorney for defendant, it is

ORDERED that Ezra Sherman, Esq. is authorized to secure expert services for the purpose of a psychological evaluation of defendant and drafting a report, in an amount not to exceed \$1,500.00; and it is further

ORDERED that this Order is made without prejudice for further applications by the defendant for additional expert services as the need arises; and it is further

ORDERED that this Order, and the papers upon which it was granted, be sealed by the Clerk, until further Order of this Court.

Dated: ^{April} ~~February~~ 15, 1997
Ithaca, New York


Hon. William C. Barrett

ENTER

99-019

4-217

RECEIVED BY
TOWSON COUNTY
CLERK'S OFFICE

97 APR 15 PM 1:48

Copy: comp.
Atty. Skuman
Jdg. Bantel

Ezra G. Sherman

Attorney at Law

308 N. Tioga Street, Second Floor
P.O. Box 6864
Ithaca, New York 14851
(607) 256-0025

May 14, 1997

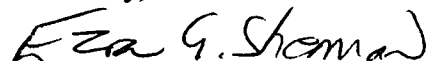
Hon. William C. Barrett
Tompkins County Court
320 N. Tioga Street
Ithaca, NY 14850

RE: People v. Kevin Saunders
Indictment No. 97-019

Dear Judge Barrett:

I again request signature of our submitted order for expert witness fees. Following - up on the rescheduling of this case for trial on June 23, 1997, I called Dr. N.J.L. (referring to the doctor named in our February 25, 1997 application) and he said he is available on June 23, 1997, to testify. He tentatively scheduled Mr. Saunders to be examined on May 30, 1997. However, since I have not yet received the signed order, it appears that Dr. N.J.L. will no longer be able to keep May 30 open. Mr. Saunders was examined by the prosecution expert on May 1. As it appears, at this point, that we are going to trial and I will need to call on a defense forensic psychologist as part of our defense, please approve our application for expert witness fees, so our expert has an adequate amount of time to examine Mr. Saunders.

Sincerely,



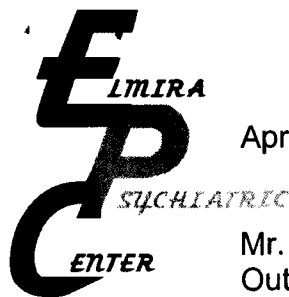
Ezra G. Sherman

cc: County Court Clerk
Dr. "N.J.L."
Kevin Saunders

97-019 4-217

RECEIVED BY
TOWNSHIP CLERK
TOWNSHIP CLERK'S OFFICE

97 MAY 15 AM 9:21



April 7th, 2003

RECEIVED APR 14 2003

James L. Stone, MSW, CSW
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Veena Garyali, M.D.
Clinical Director

Smith B. Paulison
Operations Director

Mark E. Stephany
Administration Director

William P. Hayes
Quality Director

Mr. Harry Huguley
Outpatient Services
Bureau of Forensic Services
44 Holland Drive
Albany, NY 12229

RE: Kevin E. Saunders (DOB:5/1/56)

Dear Mr. Huguley:

Attached, please find the Clinical Summary of Mr. Kevin Saunders, requesting a re-commitment to a secure facility.

Mr. Saunders was discharged from Rochester Psychiatric Center on 3/31/98 and was referred to Tompkins County Mental Health Clinic. However, because of his consistent noncompliance, he was referred to EPC Community Clinic by the DCS of Tomkins County. He continued to refuse medications and also violated many other conditions of his release. However, he kept his appointments and did not reach the point of being dangerous.

You will see clearly from Dr. Roberts' summary that currently the patient is floridly psychotic and dangerous. Since he continues to refuse medications, we are in the process of applying for medication-over-objection. Instead of rewriting, I am also enclosing the Core History, done in May 2002, which tells us about the long and precarious road of mental illness that the patient has traveled.

Based on the long violation of order of conditions since 1998, his refusal to take medication, his lack of insight, current psychotic episode and dangerousness, we are requesting a re-commitment to a secure facility. Should you have any other questions, please feel free to call.

Sincerely,

Veena Garyali, M.D.

VG/edb

enclosures

cc. Mr. William Benedict

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4711 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

STATE OF NEW YORK
COUNTY OF CHEMUNG
IN THE MATTER OF AN APPLICATION
FOR KEVIN E. SAUNDERS

OMH PHI

PURSUANT TO CPL 330.20

April Roberts, D.O., being duly sworn, deposes and says:

I am a physician, duly licensed to practice in the State of New York:

I currently hold the position of Psychiatrist I at the Elmira Psychiatric Center.

I submit this affidavit in support of the Commissioner's application for recommitment to a secure facility for Kevin E. Saunders (D.O.B. 05/01/56), presently residing at the Elmira Psychiatric Center;

I am familiar with the patient in that I examined him on April 4, 2003, pursuant to my position as the treating physician.


It is my opinion that the defendant's clinical diagnosis at this time is:

Axis I	Psychotic Disorder NOS Gender Identity Disorder Marijuana Dependence Rule out Hallucinogen Intoxication Rule out Alcohol Abuse Rule out Bipolar Disorder, Manic with Psychotic Features
AXIS II	Personality Disorder, NOS with Borderline and Narcissistic Features
AXIS III	Diagnosis Deferred
AXIS IV	Interaction with legal system
AXIS V	Global Assessment of Functioning (Enter two digit scores from 01-90)
	a. Current GAF Score <u>0</u> <u>3</u> b. Past year GAF score <u>5</u> <u>5</u>

A detailed analysis of the defendant's mental condition, upon which I base this opinion, is set forth as follows:

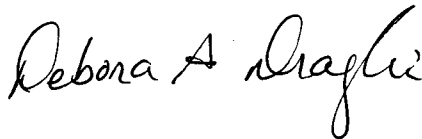
An analysis is set forth in the report attached hereto as Exhibit #1.

It is further my opinion that at this time, the defendant should be recommitted to a secure facility. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for recommitment to a secure facility.



April L. Roberts, D.O.
Psychiatrist I

Sworn to before me this 16th day of April, 2003



DEBORA A. DRAGHI
Notary Public, State of New York
Chemung County, No. 01DR6085876
Commission Expires January 13, 2007

CLINICAL SUMMARY	Patient: Saunders, Kevin C/Id# 01-51-81
OMH-PHI	Sex : Male DOB: 05/01/56
Admitted as Inpatient: 4/4/03	Facility/Agency Elmira Psychiatric Center
Summary completed: 4/9/03	Unit/Ward No. Adult Services Unit - 024

PURPOSE OF REPORT

Mr. Saunders is currently hospitalized on the Inpatient Unit of Elmira Psychiatric Center. The patient's legal status is CPL 330.20.

A court order is being sought for recommitment to a forensic inpatient psychiatric setting.

HISTORY OF PRESENT ILLNESS

Mr. Saunders is a 46-year-old Caucasian male who was admitted to Elmira Psychiatric Center Community Clinic on May 8th, 2002, at the request of the Tompkins County Commissioner of Mental Health Services. The charges which prompted his CPL status are Burglary - 2nd degree, Arson - 3rd degree, Criminal Mischief - 2nd degree, and Criminal Contempt - 1st degree.

The instant offense took place on February 6, 1997. While delusional, Mr. Saunders dressed as a woman in a long evening dress with stockings and high-heeled shoes and broke into his girlfriend's trailer. As per his statement to police, he intended to kidnap his former girlfriend, despite the fact that she had filed an order of protection against him, approximately one month before. While inside the trailer, Mr. Saunders used lighter fluid he found in the residence to set the place on fire. The trailer and a nearby car were totally destroyed.

Upon his arrest, Mr. Saunders was also in possession of knives. According to interviews following his arrest, Mr. Saunders stated that he "... began to make connections..." between his life, his "ex-girlfriend's life and the characters in the novel Silence of the Lambs. At the time of the crime, he believed that one of the principal characters, Hannibal Lecter (a cannibalistic, serial killer who was a psychiatrist) was sending him messages over the radio. One of these messages "instructed ..." him ".... to break into the trailer". Mr. Saunders had significant dependence and abandonment issues and told his girlfriend that "I'm not going to ever let you leave me".

Mr. Saunders has a past history of marital assault, rages, assaults of his girlfriend, telephone threats toward his girlfriend and a reported rape of his girlfriend, which is also the subject of the instant offense. It is reported that his girlfriend left him after he assaulted her, and the rape occurred after he repeatedly pleaded with her to come to his house for a visit over the 1996 Christmas season. Due to fears for her safety, she obtained a court order of protection. The instant offense occurred approximately one month later.

The patient was admitted to the Rochester Psychiatric Center Forensic Unit on January 30th, 1998, and discharged on March 31st, 1998. The client was then referred to Tompkins County Mental Health Clinic for follow-up services. He was noncompliant with the order of conditions, and had refused to take medication.

On the night of April 3, 2003, Mr. Saunders had a loud verbal altercation with his house-mate, Miss Richards, causing her to be fearful for her safety. On April 4, 2003, he presented to Cayuga Medical Center, after she sought help for him, due to an acute onset of agitation, following a forensic review while at Elmira Psychiatric Center. He had stopped eating and sleeping. While naked and hallucinating, he ran outside for five to six hours. He made threatening statements toward others and claimed to be Hitler. His house-mates said that he disconnected all of the electrical appliances in his home and left water running for hours. He made attempts to injure himself by running his hands under scalding water, banging his hands and scratching himself.

At Cayuga Medical Center, he was agitated and confused. Lorazepam was administered.

During the ambulance ride to Elmira Psychiatric Center, he had periods of silence, alternating with periods of screaming and violent shaking. During the ambulance ride, he had periods of somnolence, alternating with periods of screaming and violent shaking every 15 minutes on four separate occasions.

PRESENTING SYMPTOMS: Upon admission to Elmira Psychiatric Center, on April 4, 2003, Mr Saunders stated he had no intention of taking any type of medication, with the exception of marijuana. He admitted to smoking marijuana on a daily basis and denied having a mental disorder. He was confused and was hearing voices and responding to internal stimuli by talking to unseen others while looking at the walls. He was highly distractible and unable to respond appropriately to questions during the interview. The patient was disoriented to time and place and was unable to answer questions to assess orientation to person in a relevant manner. Insight was lacking; judgement was severely impaired.

COURSE OF HOSPITALIZATION: Mr. Saunders has refused to follow ward rules or routines. He assaulted a staff member for no apparent reason, while stating, "Spiders are from Mars". IM stat medication and four point restraint were required to prevent assaults to staff. When redirected, the patient responded by fighting and biting. He has been spitting out pills which were offered to him. He shows preoccupation with delusions, pertaining to genetic splicing and metabolism of medications. He has refused to remain clothed in public areas of the ward, requiring continual instruction from staff to put his clothes back on. Other patients have complained about Mr Saunders entering their rooms at night. He stalks female patients, including a young teenage female, who he chases around the ward. There have also been complaints from female patients that he follows them into the bathroom. Male patients have also complained about Mr Saunders stalking them at night. He threatens staff who redirect him away

CLINICAL SUMMARY
SAUNDERS, Kevin E.

Elmira Psychiatric Center
C# 01-51-81 DOB: 5/1/56

Adult Services Inpatient Unit - 024
Completed 4/9/03
Page 3

CURRENT DIAGNOSIS

Axis I: Bipolar Disorder with psychotic features
Cannabis Dependence
Generalized Anxiety Disorder
Gender Identity Disorder
Alcohol Abuse
Axis II: Personality Disorder NOS, with borderline & narcissistic features
Axis III: Infection of the right leg
Axis IV: Stressor: Interaction with the Legal System and Recent Forensic Hearing
Axis V: GAF Score: 03; Past year GAF Score: 55

Staff Signature



Date

4/11/03

Title

April L. Roberts, D.O.
Psychiatrist I

ALR/edb: R:4/9/03; T:4/10/03

44 Holland Avenue
Albany, New York 12229

April 3, 1998

Honorable William C. Barrett
County Court Judge
Tompkins County Court
320 N. Tioga Street
Ithaca, NY

Re: KEVIN SAUNDERS
CPL 330.20
Indictment #: 97-019

RECEIVED BY
COMMUNITY
CORRECTION OFFICE
APR 26 AM 11:22

Dear Judge Barrett:

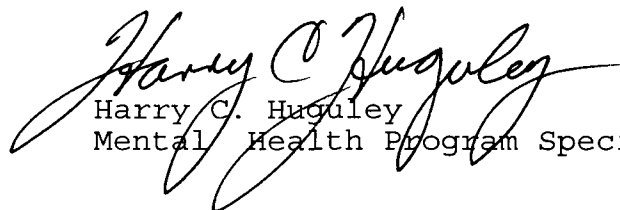
The Bureau of Forensic Services has been informed by the Rochester Regional Forensic Unit of the Rochester Psychiatric Center that two CPL 330.20 in-patient examination reports on the above named individual was delivered to your court last week.

The examinations were performed by Rajendra P. Singh, M.D. and John Kennedy, M.D. Both examiners agree that while Mr. Saunders does not have a dangerous mental disorder or a mental illness as these terms are defined in paragraph C of subdivision 1 of CPL 330.20, he is in need of outpatient treatment and monitoring for his current psychiatric condition and substance abuse problem.

If the Court should decide that Mr. Saunders clinical needs can be met through outpatient services, the Bureau stands ready to assist with the development of a service plan and an Order of Conditions.

If you have any questions about this matter, please bring them to my attention at the address on the letterhead or by phone at (518)474-7219.

Sincerely,



Harry C. Huguley
Mental Health Program Specialist II

cc: W. Wytrwal, CSW

97-019 4-263

BRYAN F. RUDES, EXECUTIVE DIRECTOR**EUGENE J. SCHNEIDER, M.D.**
Clinical Director**GEORGE A. ROETS, R.N., M.S.**
Director for Operations**CHIP TESTA, M.P.A.**
Director for Administration**GEOFFREY POROSOFF, Ph.D.**
Associate Director/Chief Psychologist**MARCIA ALISSANDRELLO, R.N., C.**
Director of Nursing

March 17, 1998

The Honorable William C. Barrett
County Court Judge
320 North Tioga St.
Ithaca, NY 14850**RE: Kevin E. Saunders - 085 274**
CPL 330.20 Examination Report

Dear Judge Barrett:

IDENTIFYING DATA: Mr. Saunders is a 42 year old, single, white male who was arrested on 2/6/97 and charged with the crimes of Burglary, 2nd Degree; Arson, 3rd Degree, two counts; Criminal Mischief, 2nd Degree; and Criminal Contempt, 1st Degree. He had set fire to the trailer home of his former girlfriend, Susan Hamann, early on the morning of 2/6/97. He was released on bail of \$50,000 on 3/20/97. His mother posted bail. He was found competent to stand trial by two examiners, Annette Brink dated 4/8/97, and Regina LeVerrier, M.D., dated 4/11/97. He was evaluated by Norman J. Lesswing, Ph.D., on 6/14/97 who found that patient was not responsible for his above mentioned crimes. Patient received Not Responsible by Reason of Mental Disease by a plea on 6/28/97 in the court of Judge William C. Barrett, County Court Judge, County of Tompkins. A CPL 330.20 examination was ordered by the judge on 8/4/97. The case was referred to RRFU in mid-October. Mr. Saunders was seen by R.P. Singh, M.D., for the first time on 11/4/97. It was recommended that patient be admitted for the examination and he was admitted to RRFU on 1/30/98.

SOURCES OF INFORMATION:

1. A letter from Kevin Saunders to Susan Heagney, SW Supv. from RPC, dated 10/31/97.
2. State of New York, Division of Criminal Justice Services Report on Kevin Saunders dated 10/22/97.
3. CPL 330.20 Examination Order by the Honorable William C. Barrett dated 8/4/97.
4. Report of psychological testing by Paul Povinelli, Ph.D., dated 6/14/97.
5. Report of psychological evaluation (not responsible plea report) by Norman J. Lesswing, Ph.D., dated 6/14/97.

RECEIVED BY
TOMPKINS COUNTY
CORRECTIONS OFFICE
98 MAY 26 AM 11:23

RE: Kevin E. Saunders

March 17, 1998

Page 2

6. Some medical and radiology report from April, 1997.
7. CPL 730 report by Annette Brink dated 4/8/97 and by Regina LeVerrier, M.D., dated 4/11/97.
8. Medical report from Tompkins County Mental Health Services dated 4/11/97.
9. Affirmation of Mr. Surdell, district attorney, dated 3/17/97.
10. Copies of photos taken at the time of defendant's arrest, showing the female garments he wore during the arson incident.
11. Witness statement by Michael B. Ovens dated 2/6/97.
12. Statement by Susan K. Hamann dated 2/6/97.
13. Voluntary statement by Kevin Saunders dated 2/6/97.
14. Initial assessment report from Cayuga Medical Center at Ithaca dated 1/11/97.
15. Emergency Department report by Lawrence Sheiman, M.D., dated 1/11/97 from Cayuga Medical Center.
16. Neurological evaluation by Jody Stackman, M.D., Ithaca, NY dated 1/20/97.
17. Closing summary/termination summary for treatment received between May, 1996 to January, 1997, total of 29 sessions.
18. Review of detailed progress notes from 5/8/96 until 1/30/97 from Family and Children's Services of Ithaca.
19. Mental health evaluation at Keuka Medical Center dated 1/11/96.
20. Mr. Saunders next received treatment by Anna Matusiewicz, M.D., on an outpatient basis from May, 1993 until December, 1993.
21. Progress reports from Cornell EAP Clinic from 1/29/92 until 6/12/92.
22. Details of criminal history of Mr. Saunders sent to us by Tompkins County District Attorney's office.

RE: Kevin E. Saunders

March 17, 1998

Page 3

23. Numerous letters and E-mail copies written by Mr. Saunders over the past 25 years to numerous people including his employers, newspaper editors, politicians and others. Mr. Saunders provided copies of these letters to the examiner on his own.

OPINION: It is my medical/psychiatric opinion, within a reasonable degree of medical certainty, that Mr. Saunders currently does not suffer from a dangerous mental disorder or acute signs and symptoms of his psychosis. I do not believe that at present he poses any appreciable risks to others or to himself. He can be managed with very close outpatient monitoring and ongoing evaluation. I have detailed my recommendation and my assessment under those headings at the end of this report.

BACKGROUND INFORMATION: Mr. Saunders was born and raised in Little Rock, Arkansas. His father was a commercial photographer who died of a stroke in 1977 at age 60. His mother, Jean Saunders, is 75 years old, is an ex-administrator for a security company, and lives in Little Rock (telephone # 501-663-2121). He is the younger of two children. His older brother, Mike, is 45 years old and is a hospital accountant. Patient graduated from Hall High School in Little Rock, Arkansas. He reported "People said I was weird because I had ideas about philosophy, I read quite a bit, and had different political beliefs but I was also socially quite awkward." Patient reported that he was a good student but got only mediocre grades (3.2 average) as he did not apply himself very well. When asked about his childhood and family life, patient replied "It was okay." When asked about the positive and negative aspects about his childhood, he said he had reliable parents and felt he was well taken care of. The negative aspects he characterized as parents being too argumentative and his mom being verbally mean. Patient graduated from high school at age 18 and subsequently attended the University of Texas for the next three years. He graduated with a Bachelor's Degree in Economics and Philosophy with high honors. At age 21, after graduation, he worked for one year for the University of Arkansas as a computer programmer. Patient reports that he took a few courses in college but mostly learned about computers by self-teaching. At age 22, patient moved to LA to live with his brother and work as a bookkeeper in the same hospital. He also played guitar in a rock band with his brother. In 1979 at age 23, he moved to Ithaca as he had been accepted in a graduate school in economics. He stopped going to school within two months after moving to Ithaca as he lost interest in math and there were no history or philosophy courses in the program.

He met his ex-wife, Annemarie Whelan (telephone # 607-273-6552) soon after he moved to Ithaca and lived with her for 14 years and they were married for seven years. She was also at Cornell studying soil microbiology. They together have a daughter, Rachel,

RE: Kevin E. Saunders

March 17, 1998

Page 4

who is now nine years old. From 1979 until 1985, after dropping from college at Cornell, patient did odd jobs of bookkeeping, delivering pizzas, and working at other restaurants. During this period he continued to study computer programming in an informal fashion. In 1985, he was hired by Cornell University as a computer programmer and worked there until 1992. In 1993, patient quit his job at Cornell and started working for a company in Rochester called Millenium Computing, however, due to his poor relationship with his supervisor, he quit the position and went back and started working with Cornell on a contract basis. Over the last few years, he has started his own software company where he is developing software programs and trying to sell them directly to various customers.

Patient's psychosocial history is remarkable for him identifying himself as a female. He described himself as a "transgender guy with feminine identity." He reported that he was described as a cry baby who got along better with females than males as a child. He denied having a gay orientation. Patient could remember when he was eight or nine years old he felt like a girl and started disliking boys' behavior and attitudes. He described himself in some ways to be a lesbian. Patient has been enjoying cross-dressing since his teenage years and reports increased sexual arousal during cross-dressing. He has been to various clubs dressed as a woman but has always been discreet about his sexual orientation with coworkers.

It appears that patient and his wife, at a later stage in their marriage, started experimenting with having other people join them in sexual relationships. There was one incident where they invited another male who allegedly raped the patient during one of their encounters. When asked why he got divorced, patient reported "My wife lost her mind." At this point he also mentioned that he and his wife had been experiencing "tantrik sex" which he described as a unique religious and philosophical experience where one identifies with God and goddesses and experiences ecstasy. He then reported that after that tantrik experience, his wife became promiscuous and started getting involved with the Eastern culture and Buddhism. After the divorce, patient's wife lost interest in their child and the daughter, Rachel, spent time with him on a regular basis, however, in June his wife got custody based upon his history of mental illness and patient does not have much interaction with Rachel any more. Patient met his girlfriend, Susan Hamann, through his ex-wife from a soup kitchen in 1994 and they allegedly became close soon after patient's divorce.

RE: Kevin E. Saunders

March 17, 1998

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PSYCHIATRIC HISTORY: Mr. Saunders reported that he had his first psychiatric therapy in 1988 when he went to see a counselor at Family and Childrens Service in Ithaca. One of his female friends believed that he was depressed and had suggested that he should seek therapy. Mr. Saunders went for counseling only three or four times and then stopped as he did not believe that counseling was helpful. He was not prescribed any medications. Mr. Saunders reported that he stopped the therapy because "The guy had nothing to offer, he was challenging and annoying." Mr. Saunders next received 12 sessions of counseling in 1990 at Cornell Employee Assistance Program. The records from this counseling session are not available. Mr. Saunders reported that he was referred to the EAP due to his conflict with his supervisor. In our records, we have a letter from Eric Saunders to David Lambert, Director CID/Network Resources, dated 11/15/90 in which he had complained about his supervisor to the director.

Mr. Saunders was referred back to EAP in 1992 at Cornell where he was seen from 1/29/92 until 6/11/92. This referral once again was due to his conflict at work. In January 1992, he had sent numerous E-mail messages to his supervisors complaining about his dissatisfaction with the work, chiefly about his compensation and lack of satisfaction with the team he was working with. His E-mails are notable for him planning to make a career in "show biz." These letters are somewhat rambling and show some disorganization of his thought process. The letters also contain some grandiosity. For example, at one place Mr. Saunders states "I'm trying to show them that I'm brilliant, that I have the correct answers, and that they're all fools if they disagree with me--which seems to be the traditional CCS/CID attitude." It is difficult to comment whether this is baseline for Mr. Saunders or there was a change in his thought organization and contents. In a memo dated 1/21/92, Mr. Saunders writes "it's better to do some work rather than be upset--when you wake up at 2:30 and can't get to sleep because your job situation is bugging you." At some point around this period, prior to him being referred to EAP, he allegedly had made some threats to introduce a virus to the program but this situation is not clear. The progress notes from the EAP encounter reveal the following: "client attended sessions because Cornell University requested he do so, very cooperative, told story in great detail; sees mother as the authority linked to situation at work place, does not see messages on computer as threatening, denies he would ever damage the network; says he would not sabotage program by virus' because it's against his moral standards, feels outraged at being suspected, not being rewarded for his work." During these sessions, there were issues of patient not being accepted by his mother which came up as a therapeutic issue. There was also a quote about this problem which said "realized he had internalized mother-voice, 'I'm stupid--an idiot'. Kevin and mom had permeable boundary." Patient's case was closed on 6/11/92 and he was

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referred for further therapy of pastoral counseling but patient did not follow through.

Mr. Saunders next received treatment by Anna Matusiewicz, M.D., on an outpatient basis from May, 1993 until December, 1993. Patient was going through divorce with his wife and had been seeing a therapist by the name of Micki Goldstein since February, 1993. Ms. Goldstein referred him for further evaluation of anxiety. He was seen by a psychiatrist on 5/17/93. Review of the records reveals the following information: patient reported that he experienced tantrik sex on 1/1/90 for the first time. The majority of the notes reveal that he and his wife had started dating others and there were multiple complaints regarding their sexual promiscuity. There are also some notes suggesting that patient might have lost his temper and become abusive towards his wife during this period of marital difficulty. During the initial assessment, after two interviews, the psychiatrist's impression contained--marital/relationship issues, parental issues, substance abuse, marijuana, alcohol, tobacco, rest ?, underlying mood disorders, self-medication. On 5/26/93, patient was referred for treatment of substance abuse. A report from June, 1993 states "impression--speech is more digressive, tangential, needs to be redirected, no clear flight of ideas, the description of his crisis at his work last year again suggests the presence of an affective disorder but again hard to determine because of self-medication." On 6/16, there was some mention about patient having a panic attack, getting drunk on the weekend, feeling depressed and having suicidal thoughts. Impression was anxiety, depression, R/O Bipolar risk of psychosis, on antidepressants, substance abuse. Patient was started on Stelazine 1 mg. bid prn. It appeared that patient was presenting with depressive features with some suicidal ideations. It is unclear why patient was started on low dose Stelazine. The next note talks about possible lithium trial vs antidepressant, use of beck scale, continue encouragement to discontinue marijuana use and also notes the fact that he has cut down alcohol. Further progress notes reveal that both patient and his wife were being seen by the doctor in joint sessions as well. There was also reference to John Money and his articles. Patient in one session talked about "I feel like most transvestites cross-dressing." Notes in October, 1993 reveal that the working diagnosis was of Cyclothymia and a trial of medication was suggested but patient believed that cyclothymia was not interfering with his life. It was also suggested that Stelazine be continued for insomnia. There were further concerns that patient could become depressed though there were no current evidence of symptoms of depression. The last note is for 1/31/94 which states that patient's mood is up and down but not feeling suicidal and he is planning to move to Rochester to apply for a job and at this point patient was not taking any medications. It is important to note that progress notes from this treatment are handwritten and some of it was difficult to

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understand.

Mr. Saunders next received treatment at Family and Childrens Services of Ithaca from 5/8/96 until January, 1997 when he was terminated due to failing to comply with suggestion of stopping abuse of marijuana and soon thereafter he was arrested on 2/6/97 for his instant offense. Preadmission screening form dated 5/8/96 states "Mr. Saunders is seeking counseling to address problems precipitated by difficult relationship with partner of two years. He would like to separate from her but she is unwilling. He is also wanting to discuss these issues, but feels that some of the people he has talked to have gossiped about him." It was further noted that patient was somewhat depressed, but this has been going on for awhile. In the past couple of months, patient has had suicidal ideation but wouldn't act on it. Patient thinks he has hysteroid dysphoria--relates to self-esteem, small slights are very distressful. There is a closing summary about this treatment from May, 1996 until January, 1997 which is undated and unsigned. It reports that patient had 29 individual sessions in which he worked to better understand and manage the root causes of his vulnerability to depression and anxiety. In the sessions he explored the impact of family and childhood experiences on his self-concept and his ability to trust others. It was noted that patient was quite sensitive and quite reactive to circumstances of day-to-day life which led to episodes of anxiety. The patient openly admitted his chronic use of mood altering substances to control his anxiety but continued to deny that his use was inappropriate and ultimately chose to dismiss the recommendation of the evaluator to discontinue abuse of drugs. It was further noted that over the last two months, December and January, patient reported several incidents which seemed to clearly indicate a pattern of increasingly problematic behaviors. These included an arrest for DWI, an arrest for possessing unlicensed handguns, and a harassment charge levied by his girlfriend after particularly volatile nights interactions. He also reported having a seizure-like collapse for which he admitted himself to the hospital. Patient's interpretation of these events indicated to this clinician mounting level of (paranoia ?) anxiety and delusional thinking on his part. It was noted that patient could see himself only as the victim of his circumstances, a pawn in the conspiracies of others: the police, the hospital doctors, and most prominently his girlfriend. Unable or unwilling to take responsibility for any of his own behaviors--he maintained that these separate events were all interrelated, planned and carried out to entrap him--his girlfriend being the central figure bent on manipulating him to her own ends. According to the day these ends were interpreted by Kevin as malicious, with an eye--to destroying him or as loving with the ultimate goal of marrying him. (The summary prepared by someone at the clinic at times becomes somewhat less clear). It was further noted that in the last two or three sessions patient

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insisted on dismissing the recommendations given to him for more comprehensive treatment and became fixated on the belief that all of his present symptoms and behaviors could be attributed to Guillain Barre Syndrome--for which he presented a lengthy self-diagnosis and treatment plan.

These are some of the highlights of the progress notes reviewed regarding treatment from May, 1996 until January, 1997. In the very beginning of therapy, patient was told to stop abusing marijuana but he was reluctant to have chemical dependency evaluations, however, he did start decreasing use of his cannabis. On 7/24, Prozac was recommended for his ongoing mild depression but patient expressed mixed feelings about it. He agreed to starting Prozac on 8/7. The rest of August notes reveal that he talked primarily about his deteriorating relationship with his girlfriend, them having physical fights, and patient planning to call either the police or contacting an attorney. His girlfriend left him on 8/26 and went to live with her friends. September sessions reveal that patient had mixed feelings about separating from his girlfriend but in some ways was glad. On 10/2, he reports that he had quit smoking but had fully resumed cannabis abuse. On 10/23, patient complained of Prozac causing excessive drowsiness and low productivity. On 10/30, he reported that he quit taking Prozac due to drowsiness, poor motivation and an increase in his sex drive.

At the end of November, patient continues to talk about his ongoing difficulty with his girlfriend, Susan. Her belongings are still in his house, she refuses to take them and would not tell him where she lives. She is claiming that she is considering filing charges against him through Battered Women's Program which enrages him and triggers his vulnerability and sense of conspiracy to victimize and demonize him. Patient talks about feeling persecuted for doing a good thing "saving Susan's life." At the end of November, patient again becomes very defensive when asked to go for substance abuse evaluation. He also becomes somewhat suspicious "patient feels that the entire process would be a set up guaranteed to be biased against him." The next session is from 12/26 which states "client very agitated after being arrested for DWI on the Saturday before Christmas, feeling adamant that he had been framed--set up by the policemen involved who he believes must have seen him coming out of the bar that night. Patient was encouraged to go to see a psychiatrist for possible medication to help lower his anxiety and contain his tendency for obsessive thinking about the incident. On 12/28/96, patient was contacted by phone and the message was left. On 12/30, the note said patient had called and reported having been arrested again. The police were called to his house by his girlfriend, Susan, who charged him with harassment and possibly with rape. The police returned later Sunday morning and arrested him for possession of unregistered handguns--two pistols he had inherited from his father. Susan went to a hospital for rape

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assessment, evidence was a bruise on her face, a scratch on chest and she had gotten an Order of Protection. Patient reports feeling very stressed out, besieged and victimized. On 12/31/96, patient spoke with a psychiatrist and resumed Prozac. Patient reported "profound state of agitation." Patient reports serious trouble sleeping and feeling fearful and threatened "I'm scared of Sergeant C", the officer who "framed me." During this meeting, patient expresses extreme suspiciousness that the police officer is planning to turn all his friends against him and to wreck his reputation. Around all these problems, patient is expressing concern about Susan's suicide potential and worries about her safety.

Patient was seen by psychiatrist again on 1/7/97 who prescribed Trazodone, continuing with presumed course of Prozac. Patient reports feeling better and calmer. In this session he had let go of the police conspiracy explanation, now believes Susan to be responsible for setting him up for both arrests. On 1/11/97, patient reported that he developed sensation loss in hands, heart palpation, dry mouth, foot pains, urination problems and shortness of breath in the early morning for which he went to the hospital for evaluation. He complained that the physician in ED had the attitude that "I was a mental case." On 1/14/97, patient quit trazodone believing that it was responsible for the panic-like symptoms he was experiencing. He had resumed smoking pot, wants to quit cigarettes but feels it's unlikely given the stressful factors in his life. He is now preoccupied with finding a physical answer for all his anxiety and other symptoms and finding the right medication to alleviate his symptoms so that he can quit pot altogether. It was further stated that patient was actively depressed and unable to stay focused enough to work at present but his mood appeared more stable. On 1/18, telephone call over the weekend to another therapist where the patient claimed he had been infected with HIV by Susan but he is suffering primarily from the effects of neurological disorder, Guillain-Barre Syndrome. By 1/19, his therapist starts pressuring him to get into a detox program so that he can be evaluated without the impact of cannabis on his presentation. On 1/21, patient appeared slightly more agitated and geared up about Guillain-Barre Syndrome, convinced that the condition lies at the heart of his difficulties. In this session, the therapist discussed termination issues and patient interprets it as a fundamental difference of opinion. 1/30/97 is the last session. Patient talks about having resumed pot smoking and his unwillingness to participate in any detox program. The last note, 2/6/97, states client arrested for allegedly having set fire to Susan's residence.

Mr. Saunders presented to Cayuga Medical Center Emergency Dept. on 1/11/97 at 5:00 a.m. complaining of being awakened by sensation of palpation in chest associated with sensation of numbness in the

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face, hand and feet. He also complained of chills and shortness of breath. He was seen by Lawrence Sheiman, M.D., who thought that most of his somatic complaints are probably stress related. Dr. Sheiman wrote "with his history of depression, I think that now he is in a state of agitated depression with substantial denial of the gravity of his problems. Though he is amenable to speaking to our mental health workers now, and I have summoned one of them to come and evaluate him, I doubt very much there is an organic basis for these sensations of palpitations and/or hand numbness." Patient was seen by mental health team and diagnosed as dysthymia. It was noted that he has been under increased stress for the last three weeks after being charged with DWI on 12/22/96 and harassment of girlfriend after assaulting her on 12/26/97. At that time, patient was taking Prozac 20 mg. and had also been started on Trazodone 50 mg. in the last few days. Mental status examination was characterized as mildly fidgety, fully oriented, mood mildly elevated, thought process illogical and organized, thought content was characterized as "emphasizing irrelevant history rather than current stressors." Judgment and insight good. It was noted that patient has 20 years history of cannabis abuse but had stopped abusing it three weeks ago and intended to stop it for good.

Patient was next seen by Jody Stackman, M.D., for neurological evaluation. She noted "this gentleman is a difficult historian, rambling on with what seems like loose associations, indicating to me that he was seen at the CCC on 1/11 secondary to palpitation and numbness, describing a six to 12 month history if not longer of numbness involving his feet, hands and legs." She noted that patient was presenting with six to 12 month history of numbness, weakness, visual spot in front of his eyes, possibly some balance difficulties, and does not have any history of progressive neurological symptoms/signs prior to this to suggest demyelinating disease. The neurological exam was normal. Nonetheless, Dr. Stackman suggested further medical workup to find etiology of patient's complaints. Mr. Saunders had the following tests which were all normal: neuroconduction EMG report dated 3/26/97, MRI of head dated 5/7/97, and numerous chemistry studies done on 5/7/97.

Patient reported that following his arrest he continued to take the Prozac and was seen only twice by mental health staff. He reported that he was seen by Ms. Karen Kallista, CSW, and once by Dr. Brink. He reported that Dr. Brink recommended antipsychotic medication but he refused to take it. Records from Tompkins County Mental Health Center which provide coverage of the local jail are not yet available. Patient was released on bail on 3/20/97. After release from jail, patient continued to see his physician, Dr. Brieman, who continued to prescribe Prozac which he took until July and then stopped taking it. Patient reports that Dr. Madura prescribed him antipsychotic medications but he did not take it. Further, patient was seen for competency evaluation by Dr. Leverrier on 4/11/97. In

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this interview, patient was reported to be irritable, somatically preoccupied, thoughts being over elaborate especially when talking about his neurological symptoms and continued to believe that he was set up for DWI and that his drink was spiked. His speech was slightly pressured. The impression was "competent to stand trial, marijuana dependence, ? brief psychotic episode, ? mood disorder--organic, ? neurological disorder."

Mr. Saunders was evaluated by Norman J. Lesswing, Ph.D., for not responsible plea. This report is dated 6/14/97. Dr. Lesswing reported that in the wake of his deteriorating relationship with Ms. Hamann, patient started to exhibit increasingly bizarre behavior. It was reported that patient had started exhibiting an increase in paranoia and delusional thinking with his perception of himself as a pawn in conspiracies involving his paramour. He was preoccupied with Susan Hamann and "What the hell she was up to" since he was not allowed contact with her due to an Order of Protection. He had also resumed smoking marijuana, which he had stopped for a time, around the middle of January in order to calm his mind which had become "unpleasantly clouded." On 2/3/97, he started to read The Silence of the Lambs and became embroiled in a complex web of delusional thinking, including belief that the main character of the book, Claris Starlings, was based upon his girlfriend, Susan Hamann. He also started believing that the character Hannibal Lecter was based on John Money, Ph.D., and the conviction that Hannibal Lecter had threatened to cause Armageddon through release of Anthrax virus. The MSC was remarkable for dramatic range of affect incongruent with dysphoric mood, extreme logorrhea, and a stylish presentation with frequent inflection of "uh" or "eh" at the end of sentences; extreme circumstantiality and tangentiality. During that exam, patient was also somatically preoccupied with self-diagnosis of numerous neurological and autoimmune disorders. Dr. Lesswing also commented on patient presenting with significant symptoms suggestive of temporal lobe epilepsy. Dr. Lesswing also performed the following psychological tests: Shippley's Living Scale which revealed superior range of intelligence, MMPI-2 which did not reveal malingering, and all scales were elevated which showed symptoms consistent with psychosis involving bizarre ideation and paranoid thinking. He also obtained elevated raw score of 28 on MacAndrew Addiction Revised Scale consistent with problems with chemical dependency. He also administered Millon Clinical Multiaxial Inventory - 2 but patient did not show signs of Antisocial Personality Disorder.

Mr. Saunders was examined by Paul Povinelli, Ph.D., for psychological testing. His report is dated 6/14/97. The tests administered were MMPI-2, Millon Clinical Multiaxial Inventory - 3, Wechsler Intelligence Scale, House-Tree-Person, Bender-Gestalt and Rorschach test. Dr. Povinelli also commented on patient's unusual mannerisms especially his speech where he ended all his sentences

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with the "um." Patient was cooperative and his mood was euthymic. During that exam, patient reported that he experiences auditory hallucinations and "the voices at times are command in nature." However, further details regarding his hallucinations were not documented. During that exam, patient was preoccupied with somatic problems, talking about neurological symptoms and used numerous medical terms like immuno suppressant nerve condition studies, polyneuropathy, and polyreticular neuritis. Patient, in this exam, was found to have some insight into his behavior and his judgment abilities were described as "not grossly impaired." Patient also reported episodes of derealization where "the world around him seems as though it is a dream." During this exam, patient reported that he has had suicidal feelings on and off for quite some time but had no plans to act on them. In this exam, patient was reported as "clearly paranoid." It is further noted, "he feels that the radio is able to talk to him and direct him. He feels that he was set up for DWI. He feels that his drink was spiked and that the Police Department has it in for him." The summary was that patient was exhibiting symptoms of an Affective Disorder With Transient Periods of Psychosis. He also is addicted to marijuana. He is of superior intelligence and his full scale IQ score was 127. Dr. Povinelli further concluded that "the florid psychosis that the patient describes as having occurred when he set his girlfriend's house on fire is not present at this time. He does have the capacity to hide some of his more pathological feelings from those around him." He ultimately found him competent to stand trial. He gave him the final diagnosis of Major Depressive Disorder, Recurrent, With Psychotic Features, Mood Congruent and Cannabis Dependence.

Patient was seen again by Dr. Leverrier on 8/22/97 regarding court ordered mental health evaluation for custody of nine year old daughter. The impression during that evaluation was "cannabis dependence, alcohol abuse, organic mood disorder--depression, R/O chronic paranoid schizophrenia, R/O schizophreniform disorder, R/O delusional disorder, R/O organic induced psychosis secondary to cannabis." Patient's ex-wife had reported that in June, 1997 patient was talking irrationally about violence and rape in front of daughter. He also spoke about the "truth" regarding The Silence of the Lambs and feels it is okay to talk about these things in front of his nine year old daughter. Patient also reported that he believed that he suffers from temporal lobe epilepsy and he can be hypomanic at times. He further believed that his anger can get out of control and marijuana helps keep his anger under control. Mental status revealed a calm and cooperative individual who was preoccupied with numerous neurological problems and having temporal lobe epilepsy, his mood was "not too great--fairly depressed about all this stuff--I do have some kind of organic basis for my problems." He also shared that he always thought about the end of the world, for example, by a virus. His thought process was

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described as "tangential at times, illogical at times." Patient denied believing that the beliefs he expressed in the past regarding The Silence of the Lambs being true. Dr. Leverrier recommended starting the patient on antipsychotic medications though there were no clear reasons indicated for this recommendation.

ALCOHOL AND SUBSTANCE ABUSE HISTORY: Patient reported that he started abusing marijuana in his late teens and has been using "controlled amount of" marijuana ever since. Patient also experimented with mushrooms in his early 20's but denies ever abusing cocaine, heroin, LSD or other substances. He reported that he developed mild visual hallucinations when he abused mushrooms. Patient stopped abusing cannabis for six months in 1994 after his girlfriend, Susan, asked him to do so. However, it's unclear whether he was totally abstinent or had significantly decreased the usage. He also decreased his use in 1996 from July until December, while he was in therapy. There are also reports suggesting that patient had completely stopped using marijuana a few weeks prior to his instant offense. Patient clearly did not use marijuana for almost three months after the instant offense. He has recently started abusing marijuana again and smokes about .25 grams a day divided into six to eight doses. He uses marijuana in a pipe and claims that it helps him treat his numerous physical problems. He currently believes that marijuana acts as an anticonvulsant and also treats his "auto immune disorder and neurological problems."

Patient also has been drinking alcohol since his late teenage years and it appears that he goes through periods when he abuses alcohol. In the past, it has been reported that patient got intoxicated from time to time. Patient reports that he currently drinks once or twice a week and takes three to four drinks. He drinks beer, liquor and sometimes wine.

HOSPITAL COURSE: Mr. Saunders was initially seen by Drs. Singh and Kennedy on an outpatient basis for this examination. However, after careful review of his case, the examiners requested that he be hospitalized for further close observation especially after he stopped smoking cannabis which he had continued to do so on an outpatient basis. Mr. Saunders came on his own by a taxi and admitted himself to RRFU on 1/30/98. He was pleasant and cooperative and quickly adjusted to the unit. He started participating in various unit activities and quickly went up through our level system which is based on good behavior and active participation in activities.

After being in the hospital for a few days (being off cannabis for a few days), Mr. Saunders started complaining of numbness and tingling in his extremities and attributed this to a "chronic immunodeficiency syndrome" and lack of cannabis. These complaints

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were purely subjective and there was no objective neurological deficit. In spite of these complaints, there was no clear symptoms of psychosis or mood disorder and he continued to be pleasant and cooperative. He spent his time usually watching television or reading books and newspapers.

Patient underwent a 72 hour EEG monitoring at the Comprehensive Epilepsy Program at the University of Rochester. There was no electrical seizure noted during this observation. Patient was found to have thrashing movements of his body which he called as seizures and these were labeled as pseudoseizures. He also underwent a routine EEG test on 2/11/98 which showed "mildly abnormal EEG because of occasional left temporal slowing seen best in drowsiness. This finding can suggest a functional or structural abnormality involving the same region."

In the latter part of the hospitalization, patient became much more assertive and demanding. He also became more critical of others, especially the staff members. This was attributable to his personality style rather than major mental illness.

Admission physical examination revealed psoriasis of the scalp. His admission labs, including RPR and TFT's were normal. He was found positive on initial tox urine for cannabinoid 20 and 100 strengths.

MENTAL STATUS EXAMINATION: Mr. Saunders is a short statured, white male who has long hair. He maintains good personal hygiene and dresses casually in a shirt and jeans. He is fully alert and oriented. There is no evidence of any abnormal motor movements. His speech is of normal rate and rhythm. His speech is characteristic for him saying "uh" at end of sentences. He is usually pleasant and cooperative but does tend to take an assertive approach during interviews. He often throws out his own diagnoses and minimizes others' assessment of him from the past. He also shows a generalized tendency to blame others for the problems from the past. His mood is euthymic and his affect is of full range and appropriate. His thought flow is mildly increased with extreme circumstantiality but there is no evidence of pressure of speech or flight of ideas. There is no evidence of delusions, preoccupations or hallucinations. There is no perceptual abnormality. His cognitive examination reveals above average intelligence, good memory functions and good abstraction. His judgment usually is good. His insight is influenced by his preoccupation with his various somatic complaints and the diagnoses he has made for himself.

During our interviews, when asked about his problems, patient responded "I might have a mental illness but I'm capable of functioning as an outpatient." When asked about his mental

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illness, he replied "I have depression by DSM category, depression with atypical features, I have sensitivity to interpersonal rejection, sort of hysteroid dysphoria, I might have mild chemical dysfunction." When asked if he could be dangerous, patient replied "of course I can be dangerous, anyone can be dangerous." Patient seems to have a fair understanding about the possibility that he could have relapse of his mental illness which would lead him to become dangerous again but he tends to normalize his problems. When asked about if he could stop abusing cannabis, he replied "I can stop using marijuana if that's what is important in my case."

DIAGNOSIS AND ASSESSMENT:

Axis I: Psychotic Disorder, NOS
R/O Bipolar Disorder, NOS
Transvestic Fetishism, With Gender Dysphoria
Undifferentiated Somatoform Disorder
Cannabis Dependence, in forced remission
Alcohol Abuse, in forced remission

Axis II: Personality Disorder, NOS (Cluster B Syndrome With
Predominant Features of Borderline Personality
Disorder)

Axis III: ? History of psoriasis
Abnormal EEG showing left temporal slowing

Mr. Saunders is a 42 year old, single, white male with a very complicated and confusing psychiatric history. He allegedly became acutely psychotic a few days prior to indulging in arson and this psychosis quickly remitted after his arrest. There is no clear indication of him being psychotic prior to this episode. However, he has in the past been noted to have mood swings and some mild form of mood disorder. However, it remains less than clear whether he clearly was having episodes of bipolar illness or these were mood swings related to his personality disorder. The etiology of the psychotic episode also remains very unclear and confusing. The possibilities include episode of mood disorder with psychotic symptoms, a mini-psychotic episode related to borderline personality disorder, and brief reactive psychosis. It always is a remote possibility that patient might not have become as psychotic as it is believed and malingering mild have played a role. However, the records do not support the likelihood of malingering.

Though no clear neurological abnormality has been found, patient was found to have some vague nonspecific abnormality during his routine EEG. The diagnosis of seizure disorder has pretty much been ruled out. There is no understandable physiological basis for

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his ongoing fixed somatic complaints and, therefore, the diagnosis of Undifferentiated Somatoform Disorder is quite likely. The implications of ongoing cannabis abuse is also unclear. There is no clear indication that cannabis played any significant role in precipitating his psychosis. Nonetheless, given the unclear picture of his psychiatric disorders, ongoing abuse of cannabis definitely complicates the picture. His sexual disorder of cross dressing does not seem to be any significant problem for him. Patient has had this disorder for the last many years and has not suffered any untoward consequences. He clearly denies any significant distress related to this.

At present, patient does not exhibit any active signs or symptoms of mood disorder or psychosis and he is fully alert and exhibits fair insight into his past dangerous behavior. For the last many months, he has lived on his own in an outpatient setting and has not exhibited any further relapse of his illness or dangerous behavior. In my opinion, patient at present does not pose any serious risk to others. However, due to lack of clarity of his diagnosis, it is difficult to predict the future course of his psychiatric disorder and his behavior. Since patient is agreeable to follow all our recommendations, I recommend that he be monitored in an outpatient setting as per my recommendations.

RECOMMENDATIONS:

1. Patient must be followed in an outpatient setting very closely. This may entail him being seen by his team at least once or twice a week for ongoing evaluation and clarification of his diagnosis.
2. Patient must refrain from abuse of cannabis or alcohol. He should undergo random urine tox screen.
3. If any changes are noticed in patient's mental state or behavior, he should immediately be hospitalized to ensure safety to others and for close monitoring and evaluation. Hospitalization would help further clarify his diagnosis through close and intense monitoring that will eliminate any risks associated with him developing another episode of psychosis.
4. His psychotherapy and follow-up should also further explore his preoccupation with vague somatic complaints and if no physiological basis is found, patient must receive treatment for the diagnosis of Somatoform Disorder.
5. If Mr. Saunders fails to comply with these important follow-up recommendations, he then should immediately be hospitalized for reevaluation. I recommend his hospitalization due to the

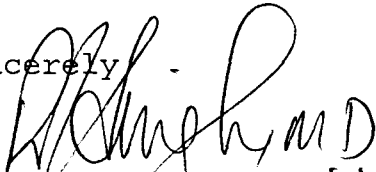
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unclear nature of his mental illness. The lack of clarity about his illness makes it very important that he must be under close observation until his diagnosis becomes clear.

Sincerely,

A handwritten signature in cursive script, appearing to read "R.P. Singh, M.D.", written in dark ink.

R.P. Singh, M.D.
Chief Psychiatrist, RRFU

RPS:cl

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TOMPKINS COUNTY
CORRECTIONS OFFICE

98 MAY 26 AM 11:23

FORM Y
EXAMINATION REPORT
BY QUALIFIED PSYCHIATRIC EXAMINER

STATE OF NEW YORK
__ SUPREME COURT X COUNTY COURT
PART: ____ COUNTY TOMPKINS

In the Matter of An Examination
Report by a Qualified Psychiatric
Examiner Pursuant to CPL 330.20 in
Relation to

Kevin E. Saunders,
Defendant

(1) The undersigned is a qualified psychiatric examiner who pursuant to the regulations adopted by the State Commissioner of Mental Health is authorized to conduct an examination of the above-named defendant pursuant to an Examination Order issued by the court on 12/15/97 to determine whether the defendant has a dangerous mental disorder, and if the defendant does not have a dangerous mental disorder, to determine whether the defendant is mentally ill.

(2) Pursuant to the aforementioned Examination Order, the above named defendant was personally observed and examined by the undersigned on the following date or dates: as an outpatient and 2/5/98, 2/18/98, and 2/27/98.

(3) On the basis of facts and information that the undersigned has obtained and on the basis of the observation and examination referred to in paragraph (2) of this report, it is the opinion and clinical judgement of the undersigned that:

__ (a) the above-named defendant has a dangerous mental disorder in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgement to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

__ (b) the above-named defendant does not have a dangerous mental disorder, as that term is

defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the inpatient services of a psychiatric facility under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgement is so impaired that he is unable to understand the need for such care and treatment.

X (c) the above-named defendant does not have a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, and the above-named defendant is not mentally ill, as that term is defined in paragraph (d) of subdivision one of CPL 330.20.

(4) Annexed hereto and made a part of this examination report is a detailed statement prepared by the undersigned which sets forth the following:

- (a) The diagnosis and prognosis made by the undersigned concerning the defendant's mental condition; and
- (b) The findings and evaluation made by the undersigned concerning the defendant's mental condition; and
- (c) Pertinent and significant factors in the defendant's medical and psychiatric history; and
- (d) The psychiatric signs and symptoms displayed by the defendant; and
- (e) The reasons for the opinion stated by the undersigned in paragraph (3) of this report [including, when defendant has a dangerous mental disorder, an explanation as to why, because of defendant's mental condition, he currently constitutes a physical danger to himself or others].

Date: 3/17/98


Signature

R. P. Singh, M.D.
Print or Type Name

97-019

4-263

BRYAN F. RUDES, EXECUTIVE DIRECTOR

EUGENE J. SCHNEIDER, M.D.
Clinical Director

GEORGE A. ROETS, R.N., M.S.
Director for Operations

CHIP TESTA, M.P.A.
Director for Administration

GEOFFREY POROSOFF, Ph.D.
Associate Director/Chief Psychologist

MARCIA ALISSANDRELLO, R.N., C.
Director of Nursing

March 24, 1998

Via Certified Mail

The Honorable William C. Barrett
Tompkins County Court Judge
320 N. Tioga Street
Ithaca, NY 14850

Dear Judge Barrett:

RE: SAUNDERS, KEVIN
Indictment #: 97-019
330.20 CPL Examination Reports

Enclosed for the Court's review are the two Examination Reports for the above-named defendant, prepared by Rajendra P. Singh, M.D. and John Kennedy, M.D., in accordance with your Order dated February 25, 1998.

Sincerely,



Eugene J. Schneider, M.D.
Clinical Director

EJS:jgn
Encs.

cc: Mr. Miraglia, OMH Forensic Services
Health Information Management Service
Patient's Record

EUGENE J. SCHNEIDER, M.D.
Clinical Director

GEORGE A. ROETS, R.N., M.S.
Director for Operations

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Associate Director/Chief Psychologist

MARCIA ALISSANDRELLO, R.N., C.
Director of Nursing

March 19, 1998

The Honorable William C. Barrett
County Court Judge
320 North Tioga Street
Ithaca, NY 14850

RE: Kevin E. Saunders - 085 274
330.20 CPL Examination

Dear Judge Barrett,

The following report has been prepared as per your order dated 8/4/97.

REASON FOR EXAMINATION:

Mr. Saunders is a 41-year-old, single, white male arrested on 2/6/97 and charged with the crimes of Burglary, 2nd Degree, Arson, 3rd, Degree, Criminal Mischief, 2nd Degree, and Criminal Contempt, 1st Degree, for which he was found Not Responsible by Reason of Mental Disease by plea on 6/28/97 in Tompkins County Court. On 8/4/97, Judge William C. Barrett ordered a CPL 330.20 examination, which was referred to the Rochester Regional Forensic Unit (RRFU) for evaluation by Dr. R.P. Singh and Dr. John Kennedy. Due to the chronic nature of Mr. Saunders' marijuana use, it was determined that an outpatient examination was not possible and on 1/30/98, Mr. Saunders was admitted to the RRFU for a 60-day inpatient examination.

SOURCES OF INFORMATION:

1. Voluntary statement by Kevin Saunders dated 2/6/97.
2. Copies of police photographs of Mr. Saunders taken on 2/6/97.
3. Criminal history record via crimnet search in the State of New York on Kevin Saunders dated 10/22/97.
4. Summary of facts dated 3/17/97 by District Attorney Gary Surdell.
5. CPL Article 730 examination report dated 4/8/97 by Annette Brink, M.D.

RECEIVED BY
TOMPKINS COUNTY
CLERK'S OFFICE
98 MAR 26 AM 11:23

Re: Kevin E. Saunders

March 19, 1998

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6. CPL Article 730 examination report dated 4/11/97 by Regina LeVerrier, M.D.
7. Statement of facts dated 2/6/97 by Susan K. Hamann.
8. Statement of facts dated 2/6/97 by Brian Ovens.
9. Report of psychological evaluation dated 6/14/97 by Norman Lesswing, Ph.D.
10. Report of psychological testing by Paul Povinelli, Ph.D. dated 6/14/97.
11. Psychiatric evaluation by Regina LeVerrier, M.D., dated 8/22/97.
12. Letter from Kevin Saunders to Susan Heagney, SWS I, dated 10/31/97.
13. Emergency department report, Cayuga Medical Center at Ithaca, dated 1/11/97 by Lawrence Sheiman, M.D.
14. Cayuga Medical Center at Ithaca Mental Health Unit report by Eric Stevens, dated 1/11/97.
15. Tompkins County Mental Health Services mental health assessment dated 8/18/97 by Karen Kalista.
16. Tompkins County Mental Health Clinic inmate assessment form dated 2/7/97 by Karen Kalista.
17. Tompkins County Mental Health Clinic inmate psychiatric consult dated 2/11/97 by Annette Brink, M.D.
18. Family and Children's Service of Ithaca/Family Mental Health Program preadmission screening form dated 5/8/96 by Sheila Stone.
19. Employee Assistance Program intake and progress notes by Ellen Stotz dated 1/23/92-6/11/92.
20. Report of neurology examination dated 1/20/97 by Jodi Stackman, M.D.
21. Progress note dated 3/17/97 by Jodi Stackman, M.D.
22. Nerve conduction/electromyography report dated 3/26/97 by Jodi Stackman, M.D.

Re: Kevin E. Saunders

March 19, 1998

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23. Letter from Robert Breiman, M.D. to Strong Memorial Hospital Neuromuscular Clinic dated 4/23/97.
24. Report of Neuromuscular Disease Center evaluation by John Olson, M.D. and Rabi Tawil, M.D., dated 5/7/97.
25. Mental health intake screening dated 5/6/96 by Judy Rothenberg.
26. Closing summary by Amari Meader dated 2/12/97.
27. Medication consultation by Amari Meader to Dr. Hamlish dated 7/17/96.
28. Family and Children's Service of Ithaca progress notes by Amari Meader dated 5/8/96-2/6/97.
29. Case notes by Fran Markow dated 12/18/96-1/18/97.
30. Secondary school record, Little Rock, Arkansas from 1968-1971.
31. Note by Susan Heagney, SWS I, regarding enrollment in Cornell Graduate School.
32. EEG report dated 2/11/98 by Maria Toczek, M.D.
33. Undated packet of information from Kevin Saunders consisting of *Silence of the Lambs* web sites.
34. Statement by Kevin Saunders entitled "A statement regarding my alleged Misdemeanors" dated 12/27/96.
35. Ithaca Police Department memorandum by Captain R. Haus dated 12/30/96.
36. Tompkins County Sheriff's Department incident report dated 8/26/96.
37. Tompkins County Sheriff's Department report dated 8/29/96.
38. Statement by Kevin Saunders dated 2/6/97 entitled "Susan Hamann and Clarice Starling: Impersonation or Reality."
39. Packet of correspondence between Kevin Saunders, David Lambert and Dick Cogger between the dates of 1990-1992.
40. Progress notes from Anna Matusiewicz, M.D., dated 5/17/93-1/31/94.

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41. Letter from Kevin Saunders to Susan Heagney, SWS I, dated 10/27/97.
42. Curriculum vitae of Kevin Eric Saunders.
43. Personal statement of medical history and recent physical and psychological symptoms dated 4/28/97 by Kevin Saunders.
44. Information from various web pages dated 5/21/97 on complex partial seizures and Geschwind Syndrome printed by Kevin Saunders.
45. MEDLINE search by Kevin E. Saunders results dated 10/16/97 on side effects of SSRI's.
46. Web page printouts by Kevin Saunders on medical uses of marijuana dated 10/27/97.
47. Library research printout on Borderline Personality Disorder conducted 1993 by Kevin Saunders.
48. Approximately 100 pages of letters to the editors, letters to political figures, poems, songs, and other diatribes by Kevin Saunders with various dates.
49. Coding productivity estimates for Kevin Saunders dated 1995-1997.
50. Medical records from St. Vincent Infirmary, Little Rock, Arkansas dated 9/5/72.

ADDITIONAL SOURCES OF INFORMATION VIA INTERVIEW:

1. Conference interview with Dr. Singh, Dr. Ciccone, and Dr. Kennedy dated 11/4/97 lasting approximately 1½ hours.
2. Personal interviews with patient dated 1/30, 2/6, 2/9, 2/13, and 2/20, 2/27/, and 3/20/98, lasting approximately 6 hours.
3. Phone interview with New York State Investigator Jeffrey Hall dated 2/24/98 for approximately 30 minutes.
4. Phone interview with David Lambert on 2/24/98 for approximately 30 minutes.
5. Phone interview with Susan Hamann on 2/26/97 for approximately one hour.
6. Phone interview with Dick Cogger by Susan Heagney, SWS I, on 3/17/98 for approximately 30 minutes.

Re: Kevin E. Saunders

March 19, 1998

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7. Team conference review by the Comprehensive Epilepsy Program at the University of Rochester with case discussion of Mr. Saunders' initial and 72-hour video monitored EEG's on 2/17/98 lasting approximately 30 minutes.
8. Conference interview of Mr. Saunders by Drs. Ciccone, Singh, and Kennedy dated 3/24/98 for approximately 1½ hours.

STATEMENT OF NON-CONFIDENTIALITY:

Mr. Saunders was made aware of the non-confidential nature of his examination in that the results of his examination would be made available in a report to the court. He indicated an understanding of this and agreed to proceed with the examination.

OPINION:

It is my opinion within a reasonable degree of medical certainty that Mr. Saunders does not currently suffer from mental illness, as defined by CPL 330.20. Although meets DSM-4 diagnostic criteria for Borderline Personality Disorder, Undifferentiated Somatoform Disorder, and Marijuana Dependence, these mental disorders are not present to such a degree that Mr. Saunders requires inpatient care treatment. He does not currently represent a physical danger to himself or others because of these mental conditions. Given that patients with Borderline Personality Disorder in general, and Mr. Saunders in particular, have a very high likelihood of decompensating during periods of stress, it is my opinion that Mr. Saunders receive as an order of condition continued outpatient mental health treatment for the purposes of rehabilitation as well as monitoring his illness for signs of relapse and dangerousness. In addition, he should refrain from any use of alcohol, marijuana, or other illicit substances. He requires outpatient substance dependence rehabilitation.

NATURE OF THE OFFENSE:

On 2/6/97, Mr. Saunders drove to the trailer park where his ex-girlfriend had been living. He was dressed in a women's long evening dress with stockings and high heel shoes. He had in his car two kitchen knives. He broke in through the window of the trailer and, using lighter fluid (which he found in the trailer) and his own lighter, set the trailer on fire. He exited through the door and drove off in his car where he was stopped less than a mile down the road by the State Police, who had been informed by an eyewitness of the crime in progress.

Mr. Saunders states that he was suffering from chronic inflammatory demyelinating polyneuropathy and temporal lobe epilepsy which caused him to become paranoid. He states that this was made worse by Prozac and that on 2/3/97, while reading *The Silence of the Lambs*, he began to make connections between his life, his ex-girlfriend's life and the characters in the book. He states over

Re: Kevin E. Saunders
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the next three days he began believing that Hannibal Lecter (or a person in real life upon whom the character Hannibal Lecter was based) was involved in sending messages to Mr. Saunders over the radio commanding him to do things such as dance and break into the trailer. Upon his arrest, he stated that he felt that his life was in danger if he did not follow these commands, and after spending 30 minutes to an hour with the investigating officers after the incident, he stated that his reality testing returned to him and that he realized that his beliefs were not true.

PERSONAL HISTORY:

Mr. Saunders was born and raised in Little Rock, Arkansas. He has one brother, Mike, who is three years older and is a hospital accountant. His mother is currently 75 and is an ex-administrator for a security company. His father was a commercial photographer, who died at the age of 60 in 1977, of a stroke. Mr. Saunders stated that starting at about the age of eight, he became very sensitive emotionally. He felt that he did not fit in with the group and had a difficult time dealing with rejections. He noted that he would watch sad movies and cry, and in fact, would have crying spells at other times to the point where he would lose control over his breathing and become "disabled." He stated that this behavior lasted until about the age of 18. He stated that he had reliable parents and was well taken care of, but that his parents were argumentative and that his mother was critical of him.

At the age of 17, he met Jodi Hochberg while in a summer program at Cornell before attending college. Mr. Saunders developed an intense attachment to Ms. Hochberg, which he reported as being nonsexual. Mr. Saunders stated that they ended up going to different colleges and through correspondence he found out that she had lied to him, was interested in another man, and broke up with him. He stated "I had my heart broken, it was awful, and I started continually contemplating suicide after that. It was terribly sad that life can have such pain." He reported dreaming about her every night for years, "I was plagued by dreams that I was near Jodi, but I couldn't see her or talk to her. For example, I was in a van and Jodi was rolled up in a blanket and I wanted to talk to her but I couldn't. It was awful." When asked to explain why Jodi lied to him, Mr. Saunders stated, "she liked my adulation and praise."

Mr. Saunders attended the University of Texas and graduated in 1977 with a Bachelor's Degree in Economics and Philosophy with high honors.

At the age of 21, he began dating an older woman named Linda who was a friend of his mother's and 13 years older than he. Mr. Saunders reported that she had Borderline Personality Disorder, was erratic, promiscuous, and had unstable, intense relationships.

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They broke up after a brief period because Linda wanted to sleep with other men.

At about that time, Mr. Saunders was working for the University of Arkansas in Little Rock as a programmer. He stated that people there were not rational and "there was too much politics." He also stated that his manager and director were "clueless."

At the age of 22, Mr. Saunders moved to Los Angeles to live with his brother and work as a bookkeeper in a hospital while at the same time playing in a rock band with his brother. Mr. Saunders described himself at that time as having "stickiness and a tendency to be clingy. I was all into another person and very serious when I was in a relationship. I would drag things out too long and I couldn't read social cues. I would perceive normal social cues as being rejecting." Mr. Saunders described having love-hate relationships and stated "if you really identify with a person and they reject you, you identify with the rejection." During one interview with me Mr. Saunders broke on into a song entitled "You really got a hold on me" in which he sang "you treat me badly, I love you madly."

In 1979 at the age of 23, Mr. Saunders was accepted to Cornell Graduate School in Economics and he moved to Ithaca, NY. He states that he did not do well in the academic environment and had some difficulty with courses and he dropped out after a few months.

He met his wife, Ann Marie Whelan, in 1979, while living in a co-op in Ithaca. He noted that she was "insecure and clingy." Mr. Saunders describes getting along together for 12 years, but after the relationship became sexual he noticed a change in Ann Marie and stated "she was lying to me," although he had no evidence of this. He felt that she was intentionally destructive to their relationship and that he admitted to getting angry with her, "I dealt with it poorly, I tended to hang on. I felt that she might have HIV and if so, if she slept with me she would be a murderer. I would get angry, mostly yelling and breaking things. I did hit her." Mr. Saunders stated that she was unfaithful in January of 1992. An interview with Susan Hamann, an ex-girlfriend who was a worker in a battered women's shelter, revealed that there is history of alleged physical abuse of Ms. Whelan for approximately 14 years.

In March of 1988, his daughter, Rachel, was born.

From 1979-1985, Mr. Saunders did odd jobs such as bookkeeping, pizza delivery, and working at restaurants.

In 1985, Mr. Saunders was hired by Cornell Information Technologies as a computer programmer. David Lambert and Dick Cogger were his

Re: Kevin E. Saunders
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supervisors while at Cornell. They stated that they felt uncomfortable with Kevin and he had made references to war in his writings. Kevin was noted to be unusual even for the profession of computer programmers. He thought of himself as very bright and creative, but really operated about the 60th percentile of others in the department. Mr. Saunders was excitable and could get very upset about pet-issues such as management. He could get along with coworkers, but would harangue people over and over about his pet-issues. When he first came to Cornell in 1985, he was very much counterculture and shy, and had a slight stutter. He gained confidence and talked more as time went on. He had trouble in work because of his inability to present professionally, remain organized, and keep schedules. When his supervisors tried to interact with Kevin, even in normal interactions, they felt that 20% of the time there was difficulty in figuring out what his comments had to do with reality, as he felt they were many conspiracies involving management and him. He was noted not to take personal responsibility for issues. He was placed on administrative leave twice; once in 1990 and once in 1992, after conflicts with management. He was sent to EAP for engaging in antagonistic situations and getting very angry. During the second episode, Mr. Saunders was described as behaving with absolute irrationality and responding with vague, disconnected responses, conspiratorial in tone. Mr. Saunders felt that only he could recognize what the problems were and that management was too stupid to see things. It should be noted that management at Cornell was so concerned about Mr. Saunders' behaviors, they had his security clearance revoked and they changed the locks on the doors of the computer programming offices. Management eventually counselled Mr. Saunders to find employment elsewhere and ceded the rights of his work product to him for \$250 and in 1993, the patient left his job at Cornell and started working for Millennium Computer in Rochester.

His relationship with his supervisor at Millennium was poor and he quit his job at Millennium and worked for Cornell on a contract basis after that.

Mr. Saunders divorced Ann Marie Whelan in 1993. Around this same time, he met Susan Hamann, who is a nurse, and who actually was a friend of Ann Marie. Ms. Hamann described Mr. Saunders as initially being very charming and knowing the language of feminism, however, she felt he became "an incredibly manipulative person." She stated that Kevin had a house and she needed a place to stay and in July of 1996, she officially moved in. Mr. Saunders was quoted as saying, "you can't come and go as you please, you must stay in the house full-time because of my daughter Rachel." Ms. Hamann stated that Mr. Saunders would fly into rages over

Re: Kevin E. Saunders
March 19, 1998
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misperceptions, even over the words that she used. He would scream "you're contradicting me" and sometimes bang his head on the ground or verbally attack her. She stated that the word abandonment was used a lot by Mr. Saunders; that he had a difficult time with people abandoning him. She stated that she felt he held a lot of seemingly contradictory ideas and that "everything he knows about medicine and psychiatry is in connection with himself" and that he uses "psychiatry as a way to support what he already thinks. He has a theory and then he researches evidence to support his point and becomes an expert on a topic." She states that he Xeroxed the DSM-4 and had access to a multitude of psychological tests, which he research prior to the incident. In terms of his marijuana use, Ms. Hamann stated that Mr. Saunders smoked pot daily when he got up in the morning and that he never had any psychotic symptoms when he smoked pot, in fact, it would calm his anger down. Ms. Hamann stated that he never wore his transvestite clothes outside of the house. She recalls many instances of the two of them sleeping together in bed and hearing Kevin wake up and run his hands through her hair and whisper to her "I'm not going to ever let you leave me," over and over again. On 8/25/96, Ms. Hamann stated that during an argument Mr. Saunders was "out of control, although it seemed so calculated to get results." The argument continued on for three days until 8/28/96, when Mr. Saunders threw an electric fan, which was plugged in and running, at Ms. Hamann necessitating a trip to the emergency room for injuries. At that point, Ms. Hamann moved out of the house and into a trailer with a friend. She stated that Mr. Saunders would leave "raving, frightening phone tirades on her answering machine" and several months later in December of 1996, he typed up a wedding proposal, which she states was "bizarre and formal" promising to stop cigarettes and drugs if she would marry him. She said no to him. The next contact they had was around Christmas time of 1996, when Ms. Hamann stated that Mr. Saunders called her and told her that his daughter Rachel would really appreciate if she would visit. She said that against her better judgment she did go over to their house and claims to have been forcibly raped by Mr. Saunders, at that time. She states she has not pressed charges because she's concerned for her safety if she did. Since the trailer burning incident she states that Mr. Saunders has had some phone contact with her and told her that after the arson he went back and reread *Silence of the Lambs* and underlined parts that seemed to fit his story. He has also left, according to her, numerous threatening phone messages on her machine as late as December 1997 and January 1998.

FAMILY HISTORY:

There is no reported mental illness in the patient's family.

SUBSTANCE ABUSE HISTORY:

There are reports from Family and Children Services of excessive alcohol use in the remote past when the patient has attempted to

Re: Kevin E. Saunders
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stop smoking marijuana. In December of 1996, the patient was arrest for DUI. Mr. Saunders has reported smoking a quarter gram of marijuana on an almost daily basis for the past 20 years (he has had several periods of abstinence during this time). He does not feel that his drug use is a problem; he states that marijuana is an immuno suppressant and is used to keep his polyneuropathy under medical control. In addition, he states that it is an anticonvulsant and keeps his temporal lobe epilepsy under control. He does note that it makes him sedated, clouds his thinking, and makes his thinking less productive at times. He denies use of other substances.

PAST PSYCHIATRIC HISTORY:

Family and Children Services, 1988

In 1988, Mr. Saunders saw a counselor at Family and Children Services in Ithaca. He states that he went for counseling only three or four times and stopped because he did not believe it was helpful. He was not given a diagnosis or prescribed any medications.

Cornell EAP, 1990

Records from these sessions are not available, however, Mr. Saunders reports that he was referred to EAP due to conflict with supervisor. He states that there was no diagnosis given.

Cornell EAP, 1992

From 1/29/92-6/11/92, Mr. Saunders saw Ellen Stotz for 12 sessions while he was placed on administrative leave. Mr. Saunders states that he was not given a diagnosis or placed on any medications. Notes from Ms. Stotz indicate that Mr. Saunders was not allowed to come to work and was given a three-week leave with pay; there was a conflict over pay equity. He irritated others by disagreeing with them. There were no depressive features at the time and no diagnosis was made.

Micki Goldstein, M.D., 1993

Mr. Saunders saw Ms. Goldstein starting in February 1993, related to the patient's impending divorce. She referred him to Dr. Anna Matusiewicz for further evaluation of anxiety. There are no records from Dr. Goldstein.

Anna Matusiewicz, M.D., 1993 and 1994

Dr. Matusiewicz saw Mr. Saunders from 5/17/93-1/31/94. She initially had no impression or diagnosis. Her notes reveal that he had symptoms that he felt worse if he was alone, being lied to made him incredibly upset and triggered punitive behavior on his part. She eventually diagnosed him as having marital and relationship issues, parental losses, substance

Re: Kevin E. Saunders
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abuse, and a questionable underlying mood disorder, but in no acute distress. In June of 1993, Mr. Saunders was stated to have quit marijuana and felt hyper and less organized because of it. Dr. Matusiewicz entertained a diagnosis of an affective disorder, but stated it was hard to determine because of his marijuana use. She prescribed an antipsychotic for sleep problems and anxiety centered around Mr. Saunders' concern that his wife would read poetry about their sexual experiences to a poetry group. Later in June, Mr. Saunders was noted to be feeling better and "crazy in love." Dr. Matusiewicz's impression was left blank. In July, manic symptoms were explored and it was determined that the patient had never been manic. He was quoted as saying that he got so angry at work he was fired. He was noted to refuse the treatment plan in late July 1993. In August, again, the impression was left blank. In September, Mr. Saunders stated that he feels good when he is "romantically challenged" and Dr. Matusiewicz's impression was that he is highly intelligent and social but still uses excess substances even within sessions and that "he has a slightly paranoid stance." In October, she sought consultation because she felt "the risk of collusion and acting out is great." In late October, Mr. Saunders was struggling to cut down on his marijuana and in November he described episodes of hitting his wife when he was angry. His sessions tailed off in December of 1993, and in January of 1994 he called Dr. Matusiewicz saying that he was doing well and he didn't feel the need for further services.

Amari Meader

Family and Children Services, 1996 and 1997

Mr. Saunders had an initial intake in May of 1996 at Family and Children Services. On the intake he reported problems with cigarettes, alcohol, and marijuana and in July reported that when he stopped marijuana he noticed increased irritability, hyperness, and decreased ability to focus. He also commented on a hypersensitivity to rejection. He was started on Prozac in August of '97 and stated he noticed an immediate effect on decreasing obsessive thoughts and a critical self-voice and an increase in spontaneity. Throughout September he reported to note the continued positive effect of Prozac. In late September he noted his outrage at women, stated that he was a victim and that women don't appreciate him. He portrayed himself as an abuser who "cracks under pressure." In October 1997, he resumed smoking marijuana and noticed increased drowsiness, decreased productivity and motivation, but attributed this to Prozac, and therefore, stopped the Prozac. In November of 1997, Mr. Saunders was quoted as saying that "he feels his options are to, one, get into an aggressors face, express rage, and meet aggression with aggression and mount an attack, or two,

Re: Kevin E. Saunders

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collapse, retreat, and repress anger and turn it on himself." Six days later he stated that he felt enraged over the possibility of Susan Hamann filing charges for the August incident and that he felt persecuted. In mid-December, he stated he would quit marijuana. On December 30, he stated he felt stressed out after being arrested for DUI and also for possession of unregistered guns and felt victimized. On the 31st, he said he had a profound state of agitation, preceded by the events of the prior week and was aggravated with Susan Hamann whom he felt was wrecking his reputation. He, therefore, resumed taking Prozac. On 1/7/97, he stated that he was continuing the Prozac and felt that it was helping him; he felt calmer, less afraid and less agitated, and had let go of the police conspiracy about his arrests. He felt that Susan Hamann was responsible for both of his arrests in order to "clean him up." He denied smoking marijuana and started trazodone. On 1/11/97, patient had an evaluation at Cayuga Medical Center by Eric Stevens and Dr. Sheiman. No physical symptoms were found. Patient had a normal neurologic exam. Diagnosis was Agitated Depression with Denial, probably stress related symptoms and Mr. Saunders was quoted to saying, "he intends to stop marijuana now." On 1/14/97, Mr. Saunders stopped his trazodone, resumed marijuana smoking and publicly declared his intent to marry Susan Hamann. On 1/21/97, he was more agitated and convinced that he had Guillain-Barré syndrome, however, by the 30th, he noticed that his mood and sense of well-being were greatly improved and stated he was functioning at 70% of peak capacity, attributing this to marijuana use. This was his last session at Family and Children Services. His case was terminated by his therapist for refusal to stop smoking marijuana and a lack of following the treatment plan.

Tompkins County Mental Health Services, Jail Examinations, February 1997

Mr. Saunders was first evaluated on February 7, the day after the arson, by Karen Kalista, Social Worker, who quoted Mr. Saunders as saying, "I used to have an alcohol problem." He denied any suicidal or homicidal ideation, and denied any hallucinations or delusions. He stated that he believed he had a neurologic condition. His speech was regular rate and rhythm. His mood was euthymic and his affect was congruent. Diagnosis of R/O Psychotic Disorder, R/O Organic Disorder, Cannabis Dependence, Alcohol Abuse, Depressive Disorder, NOS, and Personality Disorder, NOS, were made. On 2/11/97, Dr. Annette Brink stated that Mr. Saunders told her that his paranoia was present for years and that he felt "trapped in a plot," that Mr. Saunders stated the Prozac helped for

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hysteroid dysphoria, and that "voices on the radio told him to burn down the trailer," although there were no current psychotic symptoms.

CPL 730 Examination by Regina LeVerrier, M.D., 1997

On 4/11/97, Mr. Saunders was noted to have no auditory/visual hallucinations, his mood was stated as "okay", his speech was slightly pressured. There was no diagnosis made; he was found to be competent to stand trial.

CPL 330.20 examinations by Drs. Norman Lesswing and Paul Povinelli, 1997

Dr. Lesswing noted logorrhea circumstantial and tangential speech, but no current auditory hallucinations. There was a question of past delusional thinking and current somatic preoccupation. No formal diagnosis was made by Dr. Lesswing, although he felt that Mr. Saunders was psychotic at the time of his crime.

Dr. Povinelli felt that Mr. Saunders' current mood was variable, but he was not markedly depressed or manic and there was a questionable history of auditory hallucinations. He was currently preoccupied with somatic problems. He had suicidal feelings on and off for some time with no plans to act. There was a question of paranoia on whether or not the radio was able to talk to him and direct him. His reality testing was stated as borderline. He was described as narcissistic entitled and exploitative. Diagnosis of Major Depression, current with psychotic features, mood congruent and Cannabis Dependence was made. Bender-Gestalt and House-Tree-Person drawings showed no organicity. MMPI results showed that the patient was impulsive, unreflective and theatrical in response pattern. His personality was narcissistic and minimally constrained by objective reality. His major defense was rationalization. He was self-deceptive and facile in devising plausible reasons to justify his inconsiderate behaviors. He tried to place himself in the best possible light despite evidence of his shortcomings and failures. Rorschach testing indicated poor impulse control, he was self-centered, manipulative, and sexually fixated. Wais-R: IQ of 131.

Child custody exams at Tompkins County Mental Health Center, 1997

On 8/8/97, Karen Kalista again evaluated Mr. Saunders and stated that his thought process was tangential at times, no current delusions, his mood was stable in sessions with congruent affect. She made a diagnosis of Psychosis, NOS, R/O Cannabis Induced Psychosis, Gender Identity Disorder, NOS, Mood Disorder, NOS, and Cannabis Dependence.

Re: Kevin E. Saunders
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On 8/22/97, Dr. LeVerrier stated that the patient denied believing in the *Silence of the Lambs* connection, had a chronic preoccupation that he had a neurologic problem, he stated that his mood was "fairly depressed about all this stuff," denied any hallucinations, suicidal or homicidal ideation, his thoughts were tangential and illogical at times. She made a diagnosis of Cannabis Dependence, Alcohol Abuse, Organic Mood Disorder, depressed, R/O Chronic Paranoid Schizophrenia, R/O Schizophreniform Disorder, R/O Delusional Disorder, R/O Organic-induced Psychosis, secondary to cannabis.

PAST MEDICAL HISTORY:

Patient had an episode of mycoplasma pneumonia treated with erythromycin as a teenager. He's had a lipoma removal and a history of one patch behind his left ear that was reported at one time to be psoriasis by his primary care physician. Mr. Saunders has had an extensive neurological workup consisting of examinations by his primary care physician as well as at Cayuga Medical Center Emergency Department. In addition, he has been referred to two specialists: Dr. Jodi Stackman, a neurologist in Ithaca, and Dr. Tawil, a neurologist sub-specializing in neuromuscular disorders, at the University of Rochester. Examinations by every physician involved have indicated no neurologic deficits whatsoever and a normal neurologic exam, even in the midst of complaints of symptoms. In addition, Mr. Saunders has had routine laboratory studies, advanced laboratory studies, nerve-conduction velocity tests, X-rays and MRI's of his brain, which have all been within normal limits. As a part of his examination while on the inpatient unit at the RRFU, he had a routine EEG, which showed mildly slowing in one temporal region upon sleep. This was followed-up with a 72-hour video monitored EEG at the University of Rochester's Comprehensive Epilepsy Program. Results of this were reviewed with the entire neurology team. It was noted that Mr. Saunders indicated through several episodes that he was having neurologic symptoms. Despite this his EEG was perfectly normal and there was no clinical evidence of any abnormal seizure-like movements or other brain dysfunction. The conclusion of the neurologic team at the University of Rochester was that Mr. Saunders has absolutely no neurologic deficits. He does not suffer from CIDP or from temporal lobe epilepsy. In addition, they felt that the use of marijuana was neither an immuno suppressant sufficient to treat CIDP nor was it an anticonvulsant sufficient to treat temporal lobe epilepsy. Further, they stated that there is no laboratory testing such as what Mr. Saunders is requesting in terms of blood work that would either prove or disprove his claims of having an autoimmune disorder. Their conclusion was that given all the testing and examinations there is simply no evidence of any neurologic dysfunction in Mr. Saunders.

Re: Kevin E. Saunders
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EXAMINATION ON THE ROCHESTER REGIONAL FORENSIC UNIT:

Mr. Saunders took the bus from Ithaca to be admitted in late January to the RRFU. He was noted to eat and sleep well throughout his stay. There were no symptoms of depression, mania, or psychosis. In addition, there were no panic attacks or anxiety symptoms. His toxicology screens were negative for marijuana. He did have an episode where he was sleeping and awoke with a squeal. He called nursing staff to see him, stating he was having neurologic symptoms, perhaps of a seizure disorder. In fact, what he had done was sleep on his one arm folded. He had numbness and tingling in his fourth and fifth digits and hypothenar eminence, which resolved within a minute. This is entirely consistent with ulnar nerve compression secondary to sleeping on his arm; in layman's terms, his hand was asleep. This was noted as indicative of over-reporting of symptoms. Mr. Saunders was noted to cling tightly to the notion that he had a demyelinating polyneuropathy and was quite upset when told that we would not do any further testing of it and stated, "don't worry, I'm going to go to court and claim that I have a polyneuropathy and that you've done nothing to test for it."

DIAGNOSIS:

Mr. Saunders currently suffers from the following mental illnesses:

1. Borderline Personality Disorder. Mr. Saunders makes significant efforts to avoid real or imagined abandonment. He has a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation. He has had a markedly unstable self-image or sense of self given his identity disturbance of gender. Although he has not had recurrent suicidal behavior, gestures, or threats, he has had chronic suicidal ideation. He has had an affective instability due to a marked reactivity of mood. There have been chronic feelings of emptiness. He has had inappropriate, intense anger or difficulty controlling anger. He has transient stress related paranoid ideation in a severe dissociation of symptoms.
2. Marijuana Dependence. Mr. Saunders has had characteristic withdrawal symptoms from marijuana and he has taken a closely related substance, namely alcohol, to relieve or avoid withdrawal symptoms. He has had unsuccessful efforts to cut down or control his substance abuse. His occupational and interpersonal activities have been reduced because of substance abuse and the substance use has continued in spite of knowledge of having a persistent recurrent physical or psychological problems, which has likely been caused or exacerbation by the substance.

Re: Kevin E. Saunders

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3. Undifferentiated Somatoform Disorder. Mr. Saunders has had several physical complaints of a neurologic nature that after appropriate investigation can not fully be explained by a known general medical condition or the direct effects of the substance. These symptoms have caused clinically significant distress and they are not intentionally produced or feigned.
4. V71.01 Adult Antisocial Behavior. This is diagnostically met when there is an adult antisocial behavior that is not due to a mental disorder.

Mr. Saunders does not meet criteria for the following disorders:

1. Substance-induced Mood Disorder. Mr. Saunders' history of mood reactivity is in contradistinction to having a persistent mood problem and in addition, he has had two months of stable mood in the absence of substance use while here on the unit.
2. Dysthymic Disorder. Mr. Saunders has been on the Forensic Unit for two months and has not been depressed. This eliminates the possibility of dysthymia. He has not had a two-year period of continuously low mood.
3. Major Depression. Mr. Saunders reports that he has never had a continuous two-week period of depressive symptoms. He feels he has an atypical depression, but does not satisfy criteria for that depression either.
4. Bipolar Disorder. Mr. Saunders reports never having any of the seven symptoms necessary to meet a manic episode lasting for one week or even for four days (thus, also ruling out hypomania as well).
5. Psychotic Disorder due to general medical condition. The patient has no documented general medical conditions which could cause a psychosis.
6. Substance-induced Psychotic Disorder. There is no history ever of Mr. Saunders becoming psychotic on marijuana despite a 20-year history of using it.
7. Cyclothymia. The patient has had stable mood for two months on the unit, thus, ruling out cyclothymia.

Re: Kevin E. Saunders

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8. Mood Disorder due to general medical condition. Mr. Saunders doesn't have a general medical condition which would explain any problems with mood.
9. Gender Identity Disorder. Mr. Saunders does not have persistent discomfort with his sex or sense of any inappropriateness in the gender role of that sex. In addition, it does not cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
10. Schizotypal Personality Disorder. Although Mr. Saunders has odd thinking and speech and is over elaborate and stereotyped and has behavior and appearance that is odd, eccentric, or peculiar, he does not fully meet criteria for Schizotypal Personality Disorder.
11. Narcissistic Personality Disorder. Although Mr. Saunders has a grandiose sense of self-importance and has a sense of entitlement, can be interpersonally exploitative and lack empathy, he does not fully meet criteria for Narcissistic Personality Disorder.

DETERMINATION OF DANGEROUSNESS:

There is no reliable evidence apart from Mr. Saunders' statements that he was psychotic at the time of the offense. It would appear that if Mr. Saunders was indeed psychotic at all, it was only transient and clearly associated with stressors as a result of intense anger and interpersonal conflict with his ex-girlfriend. To the extent that such stressors could push Mr. Saunders over the edge and to behavior for which he could not be responsible, it would be important to continually monitor his mental status on an ongoing basis in order to provide treatment for his personality condition, allow him to come to terms with the fact that it is not caused by neurologic condition, and to assess his safety to himself and the community on an ongoing basis within option for involuntary civil commitment if he began to decompensate and showed a risk of violence. I do not believe that any psychiatric medications are warranted at this point. There is not a current need for hospitalization of Mr. Saunders.

Mr. Saunders has a history of violent behavior, which is unrelated to mental illness. He continues to pose a risk of physical harm, independent of any mental illness, to others, including Ann Marie

Re: Kevin Saunders
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Whelan and Susan Hamann. Mr. Saunders is both currently and for the foreseeable future, capable of understanding the nature and consequences of his actions. He is also able to appreciate the wrongfulness of unlawful behavior.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Kennedy".

John Kennedy, M.D.
Resident Physician

JK/lb

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TOYOTA SECURITY
CORPORATION OFFICE

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FORM Y
EXAMINATION REPORT
BY QUALIFIED PSYCHIATRIC EXAMINER

STATE OF NEW YORK
__ SUPREME COURT X COUNTY COURT
PART: ____ COUNTY TOMPKINS

In the Matter of An Examination
Report by a Qualified Psychiatric
Examiner Pursuant to CPL 330.20 in
Relation to

Kevin E. Saunders,
Defendant

(1) The undersigned is a qualified psychiatric examiner who pursuant to the regulations adopted by the State Commissioner of Mental Health is authorized to conduct an examination of the above-named defendant pursuant to an Examination Order issued by the court on 12/15/97 to determine whether the defendant has a dangerous mental disorder, and if the defendant does not have a dangerous mental disorder, to determine whether the defendant is mentally ill.

(2) Pursuant to the aforementioned Examination Order, the above named defendant was personally observed and examined by the undersigned on the following date or dates: 11/4/1997, 1/30, 2/6, 2/9, 2/13, 2/20, 2/27, 3/20, 3/24/1998.

(3) On the basis of facts and information that the undersigned has obtained and on the basis of the observation and examination referred to in paragraph (2) of this report, it is the opinion and clinical judgement of the undersigned that:

— (a) the above-named defendant has a dangerous mental disorder in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgement to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

— (b) the above-named defendant does not have a dangerous mental disorder, as that term is


defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric facility under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgement is so impaired that he is unable to understand the need for such care and treatment.

 X (c) the above-named defendant does not have a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, and the above-named defendant is not mentally ill, as that term is defined in paragraph (d) of subdivision one of CPL 330.20.

(4) Annexed hereto and made a part of this examination report is a detailed statement prepared by the undersigned which sets forth the following:

- (a) The diagnosis and prognosis made by the undersigned concerning the defendant's mental condition; and
- (b) The findings and evaluation made by the undersigned concerning the defendant's mental condition; and
- (c) Pertinent and significant factors in the defendant's medical and psychiatric history; and
- (d) The psychiatric signs and symptoms displayed by the defendant; and
- (e) The reasons for the opinion stated by the undersigned in paragraph (3) of this report [including, when defendant has a dangerous mental disorder, an explanation as to why, because of defendant's mental condition, he currently constitutes a physical danger to himself or others].

Date: March 19, 1998



Signature

John Kennedy, M.D.
Print or Type Name

97-019 4-263

Paul Thaddeus Povinelli, Ph.D.

45 Congress Street
Trumansburg, New York 14886

Telephone 607-387-5741

CLINICAL &
COUNSELING PSYCHOLOGY

NY #8450 MASS #3187
NJ #1654 PENN #4085

Report of Psychological Testing
for Tompkins County Court

Indictment No.	97-019
Patient	Kevin E. Saunders
Date of Birth	May 1, 1956
Date of Referral	June 2, 1997
Examined By	Paul T. Povinelli, Ph.D.
Date of Examination	June 14, 1997

Reason for Referral: Intellectual and emotional assessment pursuant to Article 730 of Criminal Procedure Law to determine the current mental state of this defendant.

Tests Administered: Minnesota Multiphasic Personality Inventory 2, Millon Clinical Multiaxial Inventory III, Wechsler Adult Intelligence Scale Revised, House Tree Person, Bender-Gestalt, Thematic Apperception Test, Rorschach Inkblot Technique, Mental Status Examination.

Observations and Test Behavior: The defendant is a 41 year old, Caucasian, single male of medium height and slight build who came to this interview clad in a silk shirt and black jeans. He wears his hair long over his shoulders and wants to be addressed by the name Bonze Blayk. He was charged with burglary 2nd degree; arson 3rd degree (2 counts); criminal mischief 2nd; and criminal contempt 1st. History indicates that on February 6, 1997 the patient believed that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He broke into her trailer and poured flammable liquid on the floors and set her trailer on fire.

At today's meeting the defendant presented himself neatly groomed and clothed sitting across from me in a variable position. His facial expression was extremely variable during the course of the examination. His general body movements were somewhat atypical. Amplitude and quality of speech was quite atypical. He ended all his sentences with the word "Um". As I was listening to him speak this seemed to be an affectation of his. Doctor/patient relationship was cooperative. This patient's general mood tends to be variable and at this time he does not seem to be markedly depressed or manic. The patient does state that he has had panic attacks in the past, the last being in 1995. He has a long history of poly-drug and alcohol abuse and extolled the merits of smoking marijuana to all those present at today's examination. He states that he is a heavy marijuana user and has been using for a number of years. He also stated today that he experiences auditory hallucinations and that the voices at times are

command in nature. No other perceptual distortions, illusions or hallucinations are noted. This defendant appears well oriented to all 3 spheres of person, place and time. During the course of the exam he was preoccupied with somatic problems talking about neurological symptoms utilizing medical terms such as immunosuppressant nerve condition studies, polyneuropathy and polyreticular neuritis. He seems to have some insight into his behavior at this time. His judgement abilities are not grossly impaired at the time of this examination. I found no obsessions, compulsions or phobias presented today. The patient talks of periodic episodes of derealization where the world around him seems as though it is a dream. The patient states that he has had suicidal feelings on and off for quite some time but has no plans to act on them. No homicidal mentation is present. This patient is clearly paranoid. He feels that the radio is able to talk to him and direct him. He feels that he was "set-up" for DWI. He feels that his drink was spiked and that the police department has it in for him. His stream of thought as manifested by his speech shows a somewhat increased thought flow. This defendant is a cross dresser and is sexually ambivalent.

Intellectual Functioning: On the Wechsler Adult Intelligence Scale Revised, this patient received a verbal I.Q. score of 131, superior range of intellectual functioning, a performance I.Q. score of 113, above average range of intellectual functioning and a full scale I.Q. score of 127, superior range of intellectual functioning of which 6.9% of the general population falls. He is at the 96th percentile. This patient's thought processes are rambling and at times disorganized. His range of knowledge and interests is commensurate with someone of a superior intelligence. His organizing, planning and synthesizing abilities seem to be moderately impaired at this time. His capacity for abstraction and conceptualization is intact. His attention and concentration spans as checked by digit span and arithmetic are not grossly impaired at all. His memory for past, present and immediate events seems to be intact. Judgement skills at this time are questionable secondary to his psychotic thought process. Perceptual motor functioning is decreased relative to his verbal functioning. Reality testing at this time is borderline.

Emotional Functioning: The dominant emotions being experienced by this individual and influencing his behavior revolve around what appears to be an affective disorder with periods of transient psychosis. He is a very heavy marijuana user and has used it for many years. His behavioral presentation was extremely affected. He is over reactive, stimulus seeking and intolerant of inactivity. He is impulsive, unreflective and theatrical in his response pattern. Testing indicates that his personality structure is quite narcissistic and at times that he is minimally constrained by objective reality. He uses rationalization as a major defense. He is self deceptive and facile in devising plausible reasons to justify his inconsiderate behaviors. He will try to place himself in the best possible light despite evident shortcomings and failures. His Rorschach indicates that his impulse control was very poor, that he is very self centered and manipulative. His Rorschach was also

sexually fixated.

Concept of Self: The patient describes himself as being "flaming, cute and hyperbolic." He tends to confidently exhibit himself and acts in a very self assured manner in displaying what he thinks are his achievements. He has a very high sense of self worth despite being seen by others around him as being egotistical, inconsiderate and arrogant. This patient's ego strength at this time is moderately impaired secondary to his psychosis.

Interpersonal Functioning: This patient has the possibility of being extremely exploitative. He feels entitled. He is unemphatic and he expects special favors without assuming reciprocal responsibilities. He will take people for granted and use them to enhance himself and indulge in his desires. He describes his father as having been fat, humorous, and intelligent, his mother as being worried, intense and hardworking. The patient very clearly has sexual identification problems. He tends to cross dress and he sees no real problem with wearing female clothing. This patient does not appear to be homicidal or suicidal on any of his test response patterns.

Summary and Recommendations: We are herein dealing with a 41 year old, Caucasian, single male exhibiting the symptomatology of an affective disorder with transient periods of psychosis. He is also heavily addicted to abusing marijuana. He is of superior intelligence and has a full scale I.Q. score of 127. The florid psychosis that the patient describes as having occurred when he set his girlfriend's house on fire is not present at this time. He does have the capacity to hide some of his more pathological feelings from those around him. It is herein recommended:

- 1) Even though this patient presents with a major affective disorder with transient psychotic features he is not psychotic at this time. He understands the charges against him and is competent to stand trial.
- 2) There is the good possibility that this patient's affective psychosis was exacerbated by his abuse of marijuana.
- 3) This patient tends to act in a very strange and peculiar manner with affectations about his dress and speech patterns.

Diagnostic Impression DSM-IV: Having taken into consideration the aforesaid mental status examination, diagnostic tests and available clinical history, it is felt the diagnosis should be rendered of:

Axis I - 296.34 - Major Depressive Disorder Recurrent With
Psychotic Features - Mood Congruent
304.30 - Cannabis Dependence
Axis III - - No Diagnosis
Axis IV - - Problems in the legal situation.

Axis V - GAF Scale - 45 - Some impairments in both social relationships and occupational functioning.

Prognosis: With Treatment - Fair
Without Treatment - Poor

Quantifiable Test Results

MMPI-2-T Scores

L-48, F-74, K-42, HS-79, D-84, HY-85, PD-73, MF-75, PA-97, PT-74, SC-84, MA-70, SI-55.

Millon Clinical Multiaxial Inventory III

Disclosure	48	Schizotypal	67
Desirability	47	Borderline	70
Debasement	71	Paranoid	24
Schizoid	36	Anxiety	100
Avoidant	21	Somatoform	64
Depressive	68	Bipolar;Manic	69
Dependent	65	Dysthymia	75
Histrionic	54	Alcohol Dependence	60
Narcissistic	89	Drug Dependence	62
Antisocial	45	Post-Traumatic Stress	
Aggressive(Sadistic)	51	Disorder	77
Compulsive	44	Thought Disorder	70
Passive-Aggressive	45	Major Depression	71
(Negativistic)		Delusional Disorder	60
Self-Defeating	35		

Wechsler Adult Intelligence Scale Revised

Verbal Tests	SS	Performance Tests	SS
Information	14/14	Picture Completion	10/11
Digit Span	14/15	Picture Arrangement	15/15
Vocabulary	19/19	Block Design	14/15
Arithmetic	17/17	Object Assembly	7/8
Comprehension	10/10	Digit Symbol	9/10
Similarities	14/15	Performance Score	55
Verbal Score	88	Performance I.Q. Score	113
Verbal I.Q. Score	131	Above Average Range of	
Superior Range of Intellectual		Intellectual Functioning	
Functioning			

Full Scale I.Q. Score - 127 - Superior range of intellectual functioning of which 6.9% of the general population falls. He is at the 96th percentile.

Quantifiable Test Results

Rorschach Summary R-29

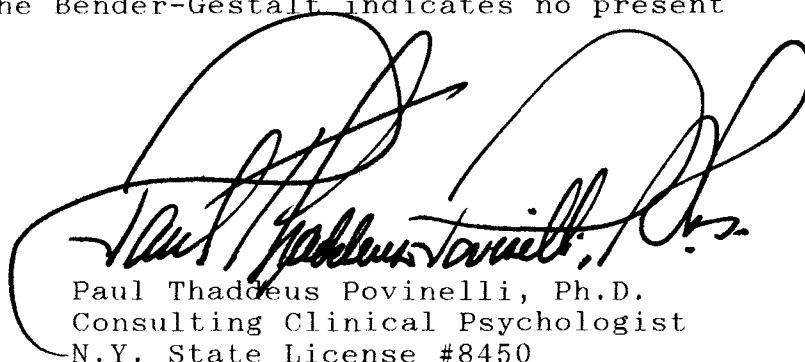
W%	27	M	5	H	5	F%	27
D%	41	FM	8	Hd	5	Ext.F+%	86
Dr&S	20	Fm	1	A	8	F Plus	62
d%	10	FC	5	Ad	3	A%	37
Approach	DR&S!	Fcc'	4	Anat	2	P	4
Sequence	Loose	F+ 5/25		Im	1	S	3
W:M	8:5	F- 3/4		Sex	6	T/R	32.06 sec
Sum C	2.5			Maps	1	T/IR	6.8 sec
Msum C	5:2.5					Chrom. T/R	32.22 sec
M:FM	5:8					Achro. T/R	31.81 sec
(H+A):(Hd+Ad)	13:8					Additional	1 Time
A:P	12:1					Shocks	To Cards
3r+(2):R	.44						6, 7 & 9
						Fabulized	6 Times

House Tree Person

The female figure is quite large and encompasses most of the page. He drew a female ballerina on a wall bar with a facial expression that was his. He sees himself as being very feminine at times. His male figure is extremely short and looks like a scarecrow with high heels on. His house is bizarre. It's a big cube with a second story where there are bay windows. His tree is quite strange and dead with a good root system. Testing indicates the possibility of an ongoing affective disorder with underlying psychosis. No organicity is present.

Bender-Gestalt

All figures are laid out in a methodical manner. There are no collisions, rotations, fragmentations or distortions of the Gestalt. It is done extremely well. On memory he was able to reproduce 5 figures extremely well. The Bender-Gestalt indicates no present organicity.



Paul Thaddeus Povinelli, Ph.D.
Consulting Clinical Psychologist
N.Y. State License #8450

VOLUNTARY STATEMENT

PAGE ONE OF TWO PAGES

Date: ~~JANUARY 31, 1997~~

February 6, 1997

State of New York)

County of Tompkins) ss: KEVIN E. SAUNDERS DOB 05/01/56

Town of Dryden)

I, Kevin E. Saunders do hereby state that I am 40 years old, having been born on May, 01, 1956. I presently reside at 1668 Trumansburg Rd., Ulysses, NY 14850

I am giving this statement to Investigator Jeffery D Hall and Trooper Robert R. Turnbull, members of the New York State Police after being advised of the following:

I have the right to remain silent.

If I give up that right, anything I do say can and will be used against me in a court or courts of law.

I have the right to talk to a lawyer, and have that lawyer present while I am being questioned.

If I cannot afford to hire a lawyer, one will be appointed to represent me free of charge, and, before any questioning if I wish.

I may decide at any time to exercise these rights, and to not answer any questions or make any statements.

I fully understand these rights, and having these rights in mind, I wish to make the following statement: That on February 06, 1997, at approximately 5:00 A.M. I left my residence and drove to Hillside Trailer Park, lot #312. I believed that I was receiving messages through the radio telling me to kidnap my estranged girlfriend Susan Hamann who I thought was living at the above mentioned address. I brought along with me a butcher knife and another kitchen knife to use in my attempt to "kidnap" my estranged girlfriend. I arrived at Hillside Trailer Park, lot #312 at approximately 5:30 A.M. I went to the door and started to knock on it but nobody answered. I began to knock on it vigorously for a few more minutes. Then I decided to enter the trailer so I opened the window located to the immediate left of the door and climbed inside. Upon entering the trailer I was thinking that I had to hurry because I had to kidnap Susan so I went through all the rooms in the trailer looking for her. ~~I could not find her so~~ I saw a bunch of cans in the kitchen that I thought to be paint remover or paint thinner. I took one of the cans which was a rectangular can approximately 8 inches tall and I believe it was white in color with red and black letters. I poured the contents of the cans out onto the kitchen floor and took a lighter that I carried with me in my right

~~Threaten~~

believe
I had to
do

I believed that ~~the~~ ~~trailer~~ had to burn down the

skirt pocket and lit the liquid. A fire started on the kitchen so I quickly left the trailer out the trailer door. I ran to my car which was parked in front of the trailer and proceeded to drive out of the trailer park. I observed a police car entering the trailer park and it passed me on the way out. I turned left out of the trailer park onto ST-366 when I noticed the police car was following me. ~~I was thinking about trying to get away so I began to drive very fast.~~ The police car continued to follow me until I was near Cornell University where it pulled me over. KE

I feared I would be ~~be~~ killed if I was apprehended.

I have read this statement which consists of 2 pages and the facts contained therein are true and correct to the best of my knowledge.

NOTICE: False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Alta Gonzales
DEPONENT

Subscribed and Sworn to before me
this 6th day of February, 1997.

Witness: Jeffrey D. Hall

JEFFREY D. HALL
NOTARY PUBLIC, STATE OF NEW YORK
Cortland County, NO. 407723
My Comm. Expires Nov. 24, 1997

gus

Ezra G. Sherman

Attorney at Law

308 N. Tioga Street, Second Floor

P.O. Box 6864

Ithaca, New York 14851

(607) 256-0025

June 19, 1997

Gary Surdell, Deputy District Attorney

Tompkins County Courthouse

320 N. Tioga Street

Ithaca, NY 14850

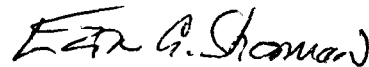
RE: People v. Kevin Saunders

Indictment No. 97-019

Dear Gary:

Enclosed is a copy of Dr. Lesswing's report. The information which he cites as the bases for his conclusions, not including the tests which are outside my knowledge, are consistent with what I have seen of Mr. Saunders from the outset, at my first meeting with him at the jail, and from what the doctors and therapists say, who had been seeing him close in time to February 6, 1997.

Sincerely,



Ezra G. Sherman

Encl.

16 JUN 24 1997

HAND DELIVERED

17 JUN 24 1997

NORMAN J. LESSWING, Ph.D.

Licensed Clinical Psychologist
Benjamin Rush Center
650 South Salina Street
Syracuse, New York 13202
Telephone: (315) 476-2316
Fax: (315) 476-5939

REPORT OF PSYCHOLOGICAL EVALUATION

CONFIDENTIAL - FOR PROFESSIONAL USE ONLY

NAME: Kevin Eric Saunders

REFERRED BY: Ezra G. Sherman, Esq.

DATE OF BIRTH: 5/1/56

REPORT BY: Norman J. Lesswing, Ph.D.

DATES TESTED: 5/30/97

DATE OF REPORT: 6/14/97

BACKGROUND AND REFERRAL ISSUES:

Kevin Saunders is a 41-year-old white male who has been charged in Tompkins County with Burglary in the Second Degree, Arson in the Third Degree, Criminal Mischief in the Second Degree, and Criminal Contempt in the First Degree, surrounding his reportedly having set fire to the residence of his former paramour, Susan Hamann, early on the morning of February 6, 1997. In view of Mr. Saunder's history of psychiatric disorder and treatment and indication of his bizarre mental status around the time of the Offense, the undersigned was contacted by Attorney Ezra Sherman to perform a psychological evaluation, in order to assess whether Mr. Saunders might qualify for an exculpatory defense under Statute 40.15 of the New York State Penal Code, on the basis of his psychiatric dysfunction.

PROCEDURES:

Pursuant to this evaluation, Mr. Saunders was psychologically examined at my offices on May 30, 1997, including extensive clinical interview; administration of: the Shipley Institute of Living Scale, the Minnesota Multiphasic Personality Inventory - 2, and the Millon Clinical Multiaxial Inventory - II; and review of records, including: legal documents, past treatment records, and Mr. Saunders' voluminous personal writings. Efforts to contact his former paramour, Susan Hamann, were unsuccessful.

SUMMARY OF HISTORY RELEVANT TO THE INSTANT OFFENSE:

Mr. Saunders reported a family history positive for psychiatric disorder, substance abuse, and neurological illness. He described himself as "high-strung" since childhood, with problems with hypersensitivity, anxiety, and neuropathic traits, such as nail biting, hair chewing and pulling, bed wetting, and sleep walking. His sexual identity, since adolescence, is that of a transgender lesbian and he has engaged in transvestitism for 25 years. He was an excellent student and was elected to Phi Beta Kappa at the University of Texas where he graduated in 1977. He attended graduate school in economics at Cornell University briefly in 1979. His career has been in computer programming

**REPORT OF PSYCHOLOGICAL EVALUATION
CONFIDENTIAL - FOR PROFESSIONAL USE ONLY**

Name: K. Saunders

Page 2

and he is the president of his own company, "Databeast, Inc." Mr. Saunders was married and has a young adolescent daughter from that relationship, which ended in the early 1990's. He and his wife experimented with an "open marriage" and he reportedly was homosexually raped by her lover. He also harbored intense, delusional fears of having contracted HIV from her. He met his recent paramour, Susan Hamann, who was a friend of his former wife, in 1993. He described a passionate and stormy relationship with her and claimed that she had Posttraumatic Stress Disorder from childhood sexual abuse, which led her to "see me as the enemy." Mr. Saunders had no legal history until late in 1996 when, in the wake of his deteriorating relationship with Ms. Hamann, he started to exhibit increasingly bizarre behavior.

His history of psychiatric treatment includes involvement with Cornell University EAP in 1990, comprising about twelve outpatient counseling sessions. In 1993, he received outpatient psychiatric treatment from Dr. Anna Matusiewicz, who diagnosed him with Bipolar Disorder. In 1996 through the end of January 1997, Mr. Saunders had outpatient treatment at Family and Children's Service in Ithaca, in order to deal with symptoms of anxiety and depression and relationship difficulties. It should be noted that he has abused alcohol and has a 20-year history of Cannabis Dependence, which he legitimates on the basis of the alleged therapeutic efficacy of marijuana in calming his recurrent anger and agitation. Mr. Saunders was terminated from services at Family and Children's Service on January 30, 1997, with recommendation that he seek inpatient treatment for his chemical dependency problems. At that time, there was indication of increasing paranoia and delusional thinking by Mr. Saunders, with his perception of himself as a pawn in conspiracies involving his paramour.

Mr. Saunders also has been preoccupied with a host of different physical symptoms and complaints throughout life, which he has described in considerable detail. During January 1997, he developed and presented a panoply of strange and varied somatic and quasi-neurological symptoms, which he staunchly believes to have an organic basis, while physicians consulted by him attributed them to psychiatric causes.

Late in 1996, his relationship with Ms. Hamann became increasingly turbulent and they briefly separated. On December 22, 1996, he was arrested for a DWI and became extremely agitated, distraught, and paranoid, with claims that he had been "set up." He also reported that the police officer who had been following his car was "crawling up my butt," which reactivated traumatic associations to his homosexual rape. On December 29, 1996, he stated that he was falsely accused of rape by Susan Hamann, and was charged with Harassment and possession of a weapon.

During the next two months, he became increasingly preoccupied with apparent somatic delusions. Mr. Saunders also was preoccupied with Susan Hamann and "what the hell she was up to," since he was not allowed contact with her due to an Order of Protection. He resumed smoking marijuana, which he had stopped for a time, around the middle of January of this year, in order to calm his mind which had become "unpleasantly crowded."

On February 3, 1997, he started to read *The Silence of the Lambs*, and became embroiled in a complex web of delusional thinking, including gathering of evidence that the main character of the book, Clarice Starling, was based upon his girlfriend, Susan Hamann. He also believed that the character of Hannibal Lecter was based on a real person (which he later, through research, established as John Money, Ph.D., a noted researcher in the area of human sexuality), with a conviction that Hannibal Lecter had threatened to cause Armageddon through release of anthrax virus.

CLINICAL INTERVIEW AND BEHAVIORAL OBSERVATIONS:

Kevin Saunders, who is also known as bonz blayk, arrived late for his appointment, and acknowledged that he had used marijuana early that morning. Indeed, he described a maintenance use of marijuana with frequent, daily consumption, which he claims helps him to focus and maintain emotional equilibrium. Mr. Saunders presented as

**REPORT OF PSYCHOLOGICAL EVALUATION
CONFIDENTIAL - FOR PROFESSIONAL USE ONLY**

Name: K. Saunders

Page 3

a moderately short white male who was dressed casually in dark clothing and had very long, dark hair. He was open

about his gender issues, in terms of his identification of being a lesbian-transsexual, reflecting his sense of being a woman inside of a man's body who prefers sexual relations with women. He established good rapport and was fully cooperative with the assessment. Mr. Saunders displayed a responsive, rather dramatic range of affect which was incongruent with his dysphoric mood. His speech was marked by extreme logorrhea and a stylized presentation with frequent inflection of "uh" or "eh" at the end of sentences. His thought processes revealed a great deal of ideational overactivation with intellectualized, circumstantial thinking, tangentiality, and difficulty reaching thought goals. He described auditory hallucinations around the time of the Instant Offense, which are no longer evident. However, he continues to report delusional thinking, while some of the more severe delusions concerning Hannibal Lecter have abated. He remains somatically preoccupied with self-diagnosis of a variety of arcane neurological conditions. However, he did describe behavior consistent with Temporal Lobe Epilepsy Interictal Syndrome, which nonetheless has not been formally diagnosed. These symptoms include hypergraphia, abundantly evident from his documentation; hyperreligiosity; "stickiness" in terms of his chronic tendency to prolong interpersonal interactions; problems with anger; altered sexuality; and a host of emotional, somatic, and psychiatric symptoms which may be related to Temporal Lobe Epilepsy.

In summary, Mr. Saunders presented as a highly intelligent, self-absorbed, and bizarre individual who is prone to develop extraordinarily complex delusional systems of thought and belief, about which he becomes absolutely logically convinced.

MENTAL STATE AT THE TIME OF THE OFFENSE:

After reading the *Silence of the Lambs* for three days, Kevin Saunders became totally convinced that he was involved in a plot orchestrated by Hannibal Lecter, which he was drawn into because Susan Hamann was actually Clarice Starling. Furthermore, he believed that Hannibal Lecter, who had escaped from prison in the book, was threatening the end of the world with anthrax. Mr. Saunders described "reeking piles of symbolism" which pervaded his mental experience and produced a myriad of associations and connections between him and Clarice Starling/Susan Hamann and Hannibal Lecter. He stated that he was "pretty much freaking out" and was experiencing incredible stress and a desperate wish to contact Susan Hamann in order to find out "what the hell is going on." On February 6, 1997, he reported hearing auditory hallucinations, together with songs on the radio which provided "interpretive cues" as to what Hannibal Lecter wanted him to do, in order to prevent release of the deadly anthrax. Indeed, he continued to respond to these "cues" while feeling "sheer terror." Mr. Saunders stated that he was "supposed to do something, and I would be judged on how well I did it -- everyone was in terrible danger." His task was to "figure out a diabolical puzzle" and this led him to go to Ms. Hamann's residence. The radio gave him advice about how to break in. He saw a cutout of a hand with three fingers, which he interpreted as a message that he was going to get surgically altered. He also saw a can of shellac or paint thinner, and recalled thinking "that's what I'm supposed to do." He experienced himself as a "rat in a maze who arrived at the end of the tableau." He poured out the paint thinner, lit it, and was "in extreme panic" while at the time "perfectly persuaded." Mr. Saunders stated that he "just did" the action of the arson, with no reflection. He continued to experience a delusional belief that his actions and events around him were being orchestrated by Hannibal Lecter, to the point of his arrest and for some time into his incarceration. He claimed that he had a telepathic conversation with Hannibal Lecter while in jail and also heard people being tortured and electrocuted.

However, by the time of my interview with Mr. Saunders, he was able to recognize that his actions were "stupid -- it was wrong because I was mistaken." He no longer believes in the complex of delusions surrounding Hannibal Lecter and the anthrax, but continues to believe that there is a connection between Susan Hamann and Clarice Starling and that the character of Hannibal Lecter is fashioned after Dr. John Money.

**REPORT OF PSYCHOLOGICAL EVALUATION
CONFIDENTIAL - FOR PROFESSIONAL USE ONLY**

Name: K. Saunders

Page 4

PSYCHOLOGICAL TEST FINDINGS:

Consistent with clinical impressions, Mr. Saunders performed extremely well on the Shipley Institute of Living Scale. He obtained a perfect score on measures of abstract reasoning and vocabulary, and it is likely that his intellectual functioning falls in the Very Superior range.

He produced a valid Minnesota Multiphasic Personality Inventory - 2 profile, which contained no indications of malingering. Nearly all clinical scales were markedly elevated ($T > 65$), and he showed symptoms consistent with psychosis involving bizarre ideation and paranoid thinking. He shows a great deal of hypersensitivity and problems with anger. There is a mixture of anxious agitation and depressive dysphoria. Mr. Saunders also experiences extreme somatic preoccupation, which may take on delusional characteristics. He obtained an elevated raw score of 28 on the MacAndrew Addiction - Revised Scale, consistent with problems with chemical dependency. Thus, symptoms reported on the MMPI-2 were highly consistent with his clinical history and self-report.

On the Millon Clinical Multiaxial Inventory - II, Mr. Saunders did not show signs of Antisocial Personality Disorder and his behavior in the arson therefore does not appear to be related to fundamental criminal inclinations within his characteristic pattern of personality adjustment.

CONCLUSIONS/RECOMMENDATIONS:

On the basis of information obtained within the present evaluation, it is my professional opinion that Kevin Saunders suffered from a severe mental disorder on February 6, 1997, at the time of the Instant Offense, such that his capacity for rational deliberation, judgment, and insight were grossly impaired by psychotic disturbance, including paranoid delusions and hallucinations. As a result, he lacked the capacity to realistically understand what he was doing and to appreciate the consequences of his behavior.

Thank you for referring Kevin Saunders for psychological evaluation. Please contact me if there are any questions regarding my report or if I may be of further assistance in this matter.

Norman J. Lesswing, Ph.D.

Licensed Clinical Psychologist
Diplomate, American Board of Forensic Examiners
Director of Psychology, Benjamin Rush Center
Adjunct Assistant Professor of Psychology, Syracuse University
Assistant Clinical Professor of Psychiatry, SUNY Health Science Center

NJL/wnl

Gus

Ezra G. Sherman

Attorney at Law

308 N. Tioga Street, Second Floor

P.O. Box 6864

Ithaca, New York 14851

(607) 256-0025

April 18, 1997

Gary Surdell, Deputy District Attorney

Tompkins County Courthouse

320 N. Tioga Street

Ithaca, NY 14850

RE: People v. Kevin Saunders

Indictment No. 97-019

Dear Gary:

Enclosed are more mental health records, that I received yesterday, marked defense discovery pages 50 through 62. I will copy more records to you as they come in.

Mr. Saunders tells me that your client left allergy medicine, medications, cat supplies, at Mr. Saunders residence. If she wants any of the stuff she left, give me a list and I will get them from Mr. Saunders.

Sincerely,



Ezra G. Sherman

Encl.

16 APR 21 1997
TOMPKINS COUNTY CLERK
607-256-0025

HAND DELIVERED

Case Notes

Rec'd 4/17/97
San Fran Markov CSW
1668 Trumansburg Rd.
Athaca, NY

Kevin "Bonze" Saunders

phone 217-5808

referral: Family + children (Amari)

50

12/18/96 Intake. Begin evaluation

Confidentiality discussed

Referral information.

Process of evaluation explained

Genogram

Releases for FICS

See set

presenting problems

1/6/97 phone call - Amari - FICS

what her concerns - to Bonzo's alc/drug use
and how I can be helpful

Explained how I most likely would not be
able to tell any underlying diagnosis due to
client's alc/drug involvement

1/8/97

Alc/Drug History

my progression

regular use

controlling use

times or sleeping

others concerned - Alcohol

Alcohol Abuse

fairly high risk factors

rather use "damp" him

1/2 gm. daily average

how alcohol/my night use gave w Prozac / Trazodone

how client felt while drug taking days

early notes observed. Bona "boring fat"

using my to self-medicate

difficultly got off job

depression of brain

Jan. 15th - first appearance

began education. client said record was

"all govt. / political"

1/11/91

Client under at home, told me he had smoked pot.

Primarily followed at/d drug history.

Recommended: Under medical supervision,

Safe distance from all mood-altering chemicals.

One detoxed, could best be assessed for mood

disorder. 3) Complete physical including blood work, liver panel, urinalysis

3) Low plate, possible nutritional

4) lifestyle changes to support above.

5) need for medically monitored program.

6) possible therapeutic program.

7) I'd be willing to refer to ALIC + to ask Dr. Ballard to speak to him.

Stated to Barize his issues/reluctance were

too complex for me on one patient basis. He needed

a program and medical supervision.

Barize wants to see Dr. Staccini. Complains of neurological symptoms. I spoke to him re ALIC services.

Student session after Barize told me he

started a program. I asked about what to send

medical stuff.

1/17/91 (phone call) Amari

Amari asking for info. how to get medical help
Bryanstoning in Amari low to get medical help
for client. Amari's, complexities of case
Asked if I could facilitate referral. Computer broke.

January 18, 1997

Family and Children's Service
204 N. Cayuga St.
Ithaca, NY 14850

Re: Kevin E. Saunders
Confidential

Dear Amari:

I recommended the following for Kevin Eric Saunders, as part of a drug assessment:

- 1) Working toward abstinence from marijuana, alcohol, all mood-altering chemicals. This will allow for more accurate evaluation of any underlying diagnoses. Because Kevin has a probable mood disorder, this process will be more safely done under medical supervision.
- 2) a general physical, including blood chemistry and urinalysis.
- 3) proper nutrition
- 4) lifestyle changes to support above.
- 5) Support for these changes. This could include continuation of treatment at Family + Children's Services for dysthymia, continued assessment, education, treatment for drug issues at Alcoholism Council here, individual/group treatment for drug addiction, self-help groups.

Certification No. R 028574

(c) Referral to the Alcoholism Council of Tompkins County for continued assessment and medical consultation for Kevin's complex, chronic concerns. I am willing to initiate this process with Kevin's agreement to proceed.

1) Possible hospital-based, in-patient dual diagnosis program if Kevin continues to be unable, or too ill to initiate, follow through with these recommendations. Initial referral could be made for Kevin's mood disorder. Two suggestions are Elmira's St. Joseph's Behavioral Science Unit, or Binghamton General Hospital. Both hospitals have substance abuse programs, too.

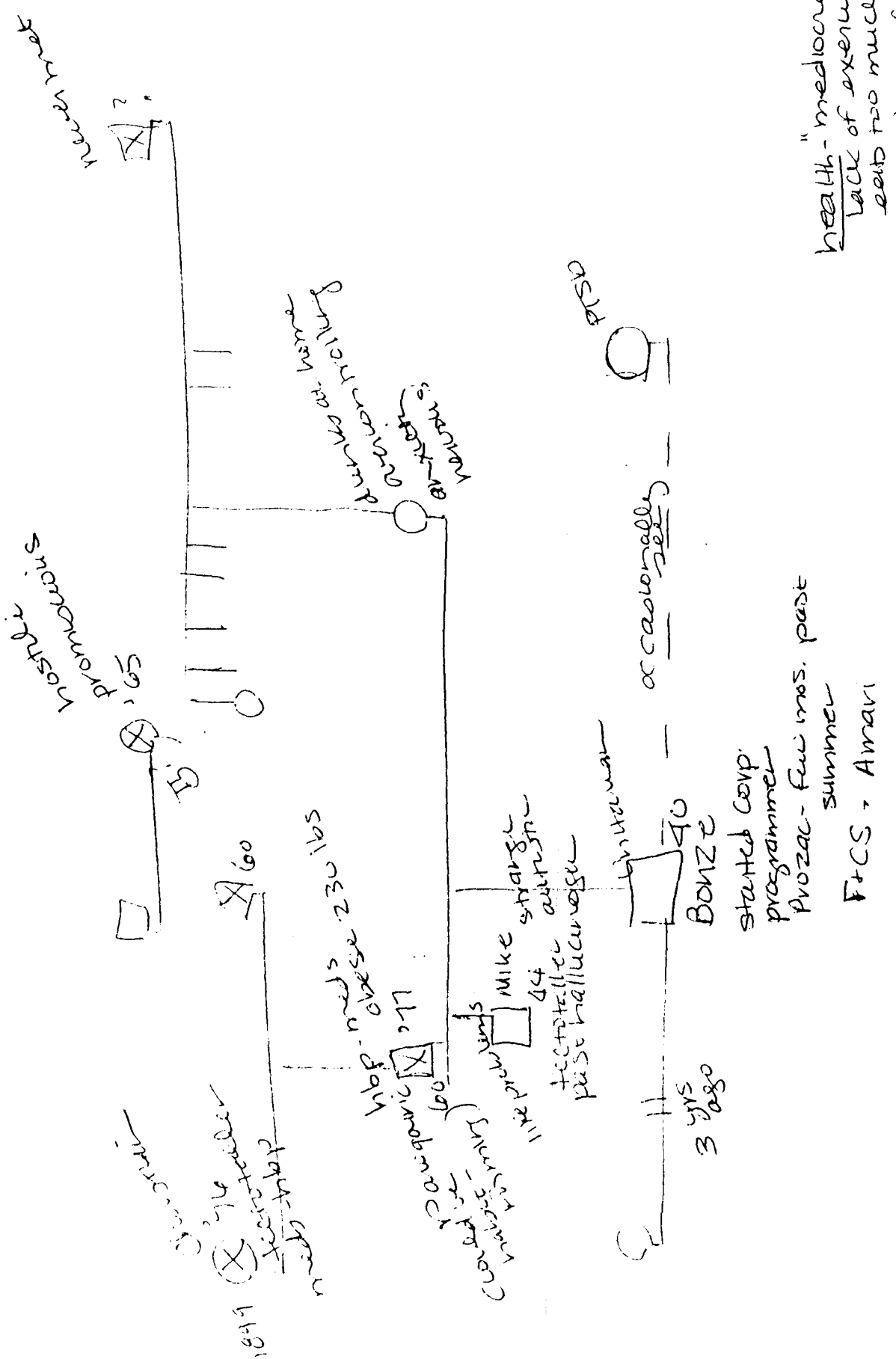
Diagnosis for Kevin is: Cannabis Dependence 304.30
Alcohol Abuse 305.00

Kevin did not agree to the above except for the necessity of medical help. He had shared with me that just previous to discussion of these recommendations made on 1/17/97, he had smoked pot.

I hope the above is helpful. Please call if there are questions.

Sincerely,

John Markaver, CSW, CAC,
NCAC II



SNOWDERS, Kevin Eric

Case No.

56

Facility

Unit

INSTRUCTIONS:

Prepare one (1) copy for Patient's Case Record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency with a request for information, prepare a second copy for the Patient's Case Record.

DISCLOSURE WITH PATIENT'S CONSENT

Extent or nature of information to be disclosed: evaluation results
diagnosis, dates
client status

Purpose or need for the disclosure: get back to referral source

From: Name or title of person or organization disclosing information: John Markowski, CSW, CAC

To: Name or title of the person or organization to which the disclosure is to be made: Family +
Children's Services, Ithaca, NY

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. In any event, this consent shall expire six months from its signing. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

NOTE: Any information released through this form will be accompanied by Form A-4400 — Prohibition on Redisclosure of Information Concerning Alcoholism Patient

Kevin Eric Sanders
 (Signature of Patient)

 (Signature of Patient/Guardian when required)

Kevin Eric Sanders

(Print Name of Patient)

 (Print Name of Parent/Guardian)

12/18/96

(Date)

 (Date)

Saunders, Kevin Enc

67

Unit

Prepare one (1) copy for Patient's Case Record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency with a request for information, prepare a second copy for the Patient's Case Record.

Extent or nature of information to be disclosed: evaluation results

Purpose or need for the disclosure: Referral

From: Name or title of person or organization disclosing information: John Marshall

To: Name or title of the person or organization to which the disclosure is to be made: Dr. Stallman

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. In any event, this consent shall expire six months from its signing. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

NOTE: Any information released through this form will be accompanied by Form A-4400 — Prohibition on Redisclosure of Information Concerning Alcoholism Patient

(Signature of Patient)

(Signature of Patient/Guardian when required)

(Print Name of Patient)

(Print Name of Parent/Guardian)

1/17/97
(Date)

(Date)

POLICE WATCH

Devastating blaze strikes Caroline trailer

CAROLINE — A trailer was destroyed Monday afternoon in Caroline in a blaze to which four fire companies responded.

According to a Tompkins County Fire Control dispatcher, the report of a trailer fire at 300 Buffalo Road was called in at 5 p.m.

The trailer and an addition were fully involved when firefighters arrived on the scene. Firefighters and units from Richford, Dryden, Brooktondale and Speedsville responded to the scene, as well as a unit from New York State Electric & Gas.

The trailer and addition were total losses, the dispatcher said. No injuries were reported.

No further information was available from fire control or from the Tompkins County Sheriff's Department Monday night.

A team from the sheriff's department had not yet returned from the fire scene as of 11 p.m.

Cortland man faces felony DWI charge

ITHACA — A Cortland man was arrested and charged with felony driving while intoxicated early Monday by Ithaca police.

Police said they stopped Michael E.

Predmore, 33, of Pierce Street, Cortland, at 2:15 a.m. after he drove in the wrong lane in the 100 block of West Buffalo Street and was found to be intoxicated.

Predmore was charged with the felony because of a previous DWI conviction. He was later arraigned and released to a third party.

Two Ithacans face DWI charges

ITHACA — Two Ithacans face drunken driving charges after they were stopped during the weekend by Ithaca police.

■ Kevin E. Saunders, 40, of Trumansburg Road, was stopped on Seneca Street for speeding early Sunday morning.

Saunders was charged with speeding, driving while intoxicated and driving with a blood-alcohol content greater than .10 percent. He is to appear in Ithaca City Court Jan. 15.

■ Elizabeth A. Hill, 47, of Spencer Road, was stopped by police after they saw four people in the cab of a pickup truck.

Hill was pulled over for the seat belt violation but then officers found her to be intoxicated, police said.

Hill was charged with driving while intoxicated and driving with a blood-alcohol content greater than .10 percent.

She is to appear in Ithaca City Court Jan. 15.

HOLIDAY HOURS

Here is a list of public services and recreational opportunities for the holiday:

TRANSPORTATION

Bus service: closed.

GARBAGE AND RECYCLING

- City of Ithaca: closed
- Collins Garbage Service: closed
- Superior Disposal Service: closed
- Tompkins County Recycles: closed

• American Recycling: closed

GOVERNMENT OFFICES, SCHOOLS AND COLLEGES

- All area schools are closed.
- Tompkins County Clerk Office: closed
- City of Ithaca: closed
- Town of Ithaca: closed

• Cornell University: closed Dec. 25-Jan. 31

• Ithaca College: closed Dec.

Jan. 20.

• TC3: closed Dec. 20-Jan. 2

• Social Security Offices: clo

• U.S. Postal Service: clo

• NYS

Tioga State Bank: closed

Tompkins Employee Federal Credit Union: closed

Tompkins County Trust: closed

Savings Bank of the Finger Lakes: closed

- Woolworth's: closed
- Center Ithaca: closed
- Pyramid Mall: closed
- Kmart: closed
- The Service League

Dec. 24 and 25

- Tops: closed
- Wegman
- A & P
- Gr

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SENT FOR RELEASE OF INFORMATION
CONCERNING ALCOHOLISM PATIENT

SAUNDERS KEVIN

Case No.

Facility

Unit

RECEIVED
4/17/97

INSTRUCTIONS:

Prepare one (1) copy for Patient's Case Record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency with a request for information, prepare a second copy for the Patient's Case Record.

DISCLOSURE WITH PATIENT'S CONSENT

Extent or nature of information to be disclosed: assessment summary
copy of letter sent to Family - Children's Service, diagnosis,
dates of assessment, contact notes

Purpose or need for the disclosure: attorney request

From: Name or title of person or organization disclosing information: Jan Markover, CSW, CAC, NCACTI

To: Name or title of the person or organization to which the disclosure is to be made: Eyra Sherman, Esq.
James Baker, Esq.

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. In any event, this consent shall expire six months from its signing. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

NOTE: Any information released through this form will be accompanied by Form A-4400 — Prohibition on Redisclosure of Information Concerning Alcoholism Patient

X Kevin Saunders
(Signature of Patient)

KEVIN SAUNDERS
(Print Name of Patient)

4/7/97
(Date)

(Signature of Patient/Guardian when required)

(Print Name of Parent/Guardian)

(Date)

THIS FORM IS TO BE STAPLED TO ALL DISCLOSURES OF INFORMATION
CONCERNING ALCOHOLISM PATIENTS.

**PROHIBITION OF DISCLOSURE OF INFORMATION
CONCERNING ALCOHOLISM PATIENTS.**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization of the release of medical and other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

SENT FOR RELEASE OF INFORMATION
CONCERNING ALCOHOLISM PATIENT

Name of Patient (Last)		(First)	(MI)
SAUNDERS		KEVIN	
Case No.			
Facility		Unit	
INSTRUCTIONS: Prepare one (1) copy for Patient's Case Record. If this form is used for billing purposes, prepare additional copy for Patient Resources Office. If this form is sent to another agency with a request for information, prepare a second copy for the Patient's Case Record.			

61

DISCLOSURE WITH PATIENT'S CONSENT

Extent or nature of information to be disclosed: assessment summary,
copy of letter sent to Family & Children's Service, diagnosis,
dates of assessment, contact notes

Purpose or need for the disclosure: attorney request

From: Name or title of person or organization disclosing information: Eyra Sherman, Esq.
James Baker, Esq.

To: Name or title of the person or organization to which the disclosure is to be made: John W. Parlowe, CSW, CAC, NCAC II

I, the undersigned, have read the above and authorize the staff of the disclosing facility named to disclose such information as herein contained. I understand that this consent may be withdrawn by me at any time except to the extent that action has been taken in reliance upon it. In any event, this consent shall expire six months from its signing. I also understand that any disclosure is bound by Title 42 of the Code of Federal Regulations governing the confidentiality of alcohol and drug abuse patient records and that redisclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

NOTE: Any information released through this form will be accompanied by Form A-4400 — Prohibition on Redisclosure of Information Concerning Alcoholism Patient

X Kevin
(Signature of Patient)

(Signature of Patient/Guardian when required)

KEVIN SAUNDERS
(Print Name of Patient)

(Print Name of Parent/Guardian)

4/7/97
(Date)

(Date)

THIS FORM IS TO BE STAPLED TO ALL DISCLOSURES OF INFORMATION
CONCERNING ALCOHOLISM PATIENTS.

PROHIBITION OF DISCLOSURE OF INFORMATION
CONCERNING ALCOHOLISM PATIENTS.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization of the release of medical and other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Ezra G. Sherman

Attorney at Law

308 N. Tioga Street, Second Floor

P.O. Box 6864

Ithaca, New York 14851

(607) 256-0025

April 2, 1997

Gary Surdell, Deputy District Attorney

Tompkins County Courthouse

320 N. Tioga Street

Ithaca, NY 14850

RE: People v. Kevin Saunders

Indictment No. 97-019

Dear Gary:

Enclosed is my response to your March 17, 1997 motion to compel discovery and 49 pages of mental health records from Family and Children's Services.

Sincerely,

Ezra G. Sherman

Ezra G. Sherman

Encl.

HAND DELIVERED

16 APR 1 2 47 PM '97

STATE OF NEW YORK
COUNTY COURT: COUNTY OF TOMPKINS

PEOPLE OF THE STATE OF NEW YORK,

-against-

KEVIN SAUNDERS.

AFFIRMATION IN RESPONSE
TO PROSECUTION MOTION
TO COMPEL DISCOVERY
Indictment No. 97-019

State of New York)
County of Tompkins) ss.:

Ezra G. Sherman, Esq., being duly sworn, affirms the following:

1. I am an attorney licensed to practice law in the State of New York.
2. I am the attorney assigned to represent the defendant and I make the following allegations based on my review of the case file, conversations with Deputy District Attorney Gary Surdell and investigation.

Compelling Discovery Pursuant to CPL 240.30 and CPL 240.40

3. On March 19, 1997, I received a Notice of Motion from Deputy District Attorney Surdell moving, in part, for the Court to compel discovery pursuant to CPL 240.30 and 240.40(2). I submit the following in response to such demand, pursuant to CPL 240.30.
4. On February 19, 1997 I received a prosecution discovery demand, stating: "The People hereby demand that defendant supply the District Attorney with (a) any written report or document, or portion thereof, concerning a physical or mental examination, or scientific test, experiment, or comparisons, made by or at the request or direction of the defendant; and (b) any photograph, drawing, tape, or other electronic recording which the defendant intends to introduce at trial.
5. On or about March 6, 1997, I mailed to Amari Meader, CSW, a therapist who treated my client at Family and Children's Services of Tompkins County, a request for a copy of Mr. Saunder's file. I enclosed a written release from Mr. Saunders.
6. On March 17, 1997, I filed with the Court and Deputy District Attorney Surdell, a Notice of Intent to Present Psychiatric Evidence pursuant to CPL 250.10.
7. On March 26, 1997 I received a phone call from Jan Smith, of Family and Children's Services, in response to my request for Mr. Saunder's treatment file. She told

me that her agency prefers to release such information to the client directly, to insure confidentiality. On that date, I phoned my client and asked him to pick up the file and deliver it to me.

8. On April 1, 1997, Mr. Saunders delivered to me a 53 page file provided by Family and Children's Services.

9. On April 2, 1997, I delivered 49 pages -- labeled "1-49" -- of the Family and Children's Services' file, to Deputy District Attorney Surdell, minus only Mr. Saunders' Curriculum Vitae, which does not fall within the scope of CPL 240.30.

10. The Family and Children's Services records also refer to drug evaluations done by Fran Markover, CSW, CAC, NCACII and treatment by "Anna M." who is Anna Matusiewicz, which resulted in a diagnosis of bi-polar disease. On April 2, 1997, I mailed Ms. Markover and Ms. Matusiewicz requests for their case file regarding Mr. Saunder's, along with signed releases.

11. I do not have in my possession any "photograph, drawing, tape or other electronic recording" which I intend to introduce at trial.

12. I have provided all materials in my possession to Deputy District Attorney Surdell in response to his CPL 240.30 demand and am making a diligent, good faith effort to make additional materials available which are not in my possession, pursuant to CPL 240.30 (para. 2). When I receive these materials, I will provide them to Mr. Surdell, where they are discoverable and I will indicate which materials I am not providing.

13. As I am complying with the discovery requirements of CPL 240.30, an order compelling discovery, pursuant to CPL 240.40, is not necessary.

WHEREAS deponent requests that the prosecution motion for an order compelling discovery be denied and for such other relief as the Court deems just and proper.

Affirmed under penalty of perjury pursuant to CPLR 2106

Dated: March 2, 1997

Ezra G. Sherman
Attorney for Defendant
308 N. Tioga Street
PO Box 6864
Ithaca, NY 14851
(607) 256-0025

To: Hon. William C. Barrett
County Court Clerk (1 copy)
Gary Surdell, Deputy District Attorney
Kevin Saunders

Disposition At Closing

Rec'd 4/1/97

1

- ☐ Terminated before assessment completed ☒ Assessment completed, no referral desired by client
☐ Assessment completed, no referral needed by client ☐ Client/Employee no longer with employer ☐ Death

If termination was the result of a no-show, please fill out the appropriate Closing Summary section below.

Referrals Made

- ☐ Physician ☐ Outpatient-Psychiatrist for therapy ☒ 12 step (Name N/A)
☒ Psychiatrist for medication ☐ Outpatient-Psychologist ☐ Support group (Name _____)
☐ Inpatient facility or hospital ☒ Outpatient-Social worker ☐ Educational program
☐ Intermediate level care* ☐ Outpatient-Group Therapy ☐ Credit counseling
☐ Intensive outpatient ☐ Outpatient-Other ☐ Other _____
 *(halfway house, supervised living)

Provider name(s)

* Robert Hamlich, MD - For medication evaluation
7/17/96 (initial referral)

Facility name(s)

* Fran Markover, CSW, CAC, NCACII - for drug eval-
uation - 7/31/96 / 12/3/96

Date(s) of referral

* Alcoholism Council - 1/19/97

What issues did clinician and client address?

- ☒ Family Issues ☒ Anxiety ☐ Work-related concern
☒ Marital/couple concerns ☒ Other emotional difficulty ☐ Supervisor difficulty
☐ Parent/child conflict ☐ Traumatic incident ☐ Subordinate difficulty
☐ Step-family issues ☐ Illness or accident ☐ Other work relationship(s)
☒ Concerns about Alcohol ☐ Physical abuse ☐ Financial concerns
☒ Other- Concerns about Marijuana use.

DSM IV Diagnosis At Discharge:

Axis I 304.3 / 300.4 Axis III None Axis V 40

Axis II 301.83 features Axis IV Problems w/support group

Did client feel that they met their stated goals? ☐ Yes ☐ No ☒ Somewhat

Closing Summary

NAME Kevin Saunders

D.O.B. 05/01/56

Number of sessions: 29

Reason for termination Client was unwilling to follow through with the recommendations

for treatment of his chronic substance use and was therefore terminated. After a
lengthly deliberation he began a course of anti-depressants-which he started to
help him control his obsessive-negative thinking. In session he explored the impac
Summary of treatment of family and childhood experiences on his self concept and
his ability to trust others.

** SUMMARY OF TREATMENT: See attached

Was termination result of no-show and/or cancellations by client?

☐ Yes

☒ No

2

If yes, date letter sent _____

If yes, date phone call made _____

Client response _____

Additional follow up conducted _____

DISCHARGE UTILIZATION - MEDICAL/SUPERVISORY REVIEW

Closing Summary consistent with Clinical policy and practice?

Yes No

If case closed due to no-shows/cancellations, has there been follow-up and referral?

Yes No

Closing Summary completed within 90 days of termination?

Yes No

MEDICAID CLIENTS ONLY:

Physician Signature _____

date _____

ALL CLIENTS:

Supervisor Signature _____

date _____

Closing Summary

Re: Kevin Saunders (D.O.B. 5/1/56)

Number of Sessions: 29

Reason for termination:

Over the course of 29 individual sessions between 5/96 - 1/97, Kevin worked to better understand and manage the root causes of his vulnerability to depression and anxiety. The symptoms of which were triggered by what he describes as his "acute sensitivity" to the world around him. After a lengthy deliberation Kevin began a course of anti-depressants. In session he explored the impacts of family and childhood experiences on his self concept and his ability to trust others. Although different therapeutic interventions were implemented to assist Kevin in gaining control of his anxiety - little progress was noted by this therapist in his ability to set appropriate boundaries for himself and others and to moderate his reactivity to daily interactions with others. Though Kevin openly admitted his chronic use of mood-alerting substances to control his anxiety - and ultimately submitted to a drug evaluation with a qualified professional - he adamantly denied that his use was inappropriate and chose ultimately to dismiss the recommendations of the evaluator and this clinician. At this point his treatment was terminated as a clear determination regarding the true nature of his underlying issues (condition?) and the most effective treatment direction were, in this clinician's estimation, confounded by his unwillingness to take responsibility to control his chronic use of mood altering drugs.

Over the last 2 months of therapy, Kevin reported on several incidents which seemed to clearly indicate a pattern of increasingly problematic behaviors. These included an arrest for DWI, an arrest for possessing unlicensed handguns and a harassment charge levied by his girlfriend after a particularly volatile night's interactions. He also reported having a seizure-like collapse for which he admitted himself to the hospital. Kevin's interpretation of these events indicated to this clinician a mounting level of (paranoia?) anxiety and delusional thinking on his part.

-2-

Kevin could see himself only as the victim of his circumstances, a pawn in the conspiracies of others: the police, the hospital doctors, and most prominently, his girlfriend. Unable or unwilling, to take responsibility for any of his own behaviors - he maintained that these separate events were all inter-related, planned and carried out to entrap him - his girlfriend being the central figure bent on manipulating him to her own ends. According to the day, these ends were interpreted by Kevin as malicious, with an eye - to destroying him or as loving, with the ultimate goal of marrying him.

Over the course of the last 2 or 3 sessions Kevin insisted on dismissing the recommendations given him for more comprehensive treatment and became fixed on the belief that all of his present symptoms and behaviors could be attributed to the neurological disorder - Guillanne Barre Syndrome - for which he presented a lengthy self-diagnosis and treatment plan. It was at this point that he was terminated and the following recommendations and referrals were made:

- 1.) Alcoholism Council - for further assessment, ~~and~~ medical consultation and support services to facilitate Kevin regarding detoxification.
- 2.) Fran Markover, CSW, CAC, NCAC - for further counseling regarding drug abuse.
- 3.) A comprehensive physical with a general physician.
- 4.) A neurological evaluation with an appropriate specialist.
- 5.) Possible hospital-based in-patient dual diagnosis program
e.g.. Elmira's St. Josephs.

EAP: ☒ NO ☐ YES
ACE: ☒ NO ☐ YES

BONZE "

#19,

NAME:

Kevin Saunders

ADDRESS:

1668 T. Bury Rd. Ithaca

PHONE #:

277-5808 (H) (W)

SPECIAL INFORMATION:

ADMISSION SCREENING APPT:

Wed 5/8

DATE

11

HOUR

SS ✓
CLINICIAN

INCOMING DATE:

5-6-96

TIME OF CALL:

12

AM/PM

BEST TIME TO REACH BY PHONE:

AM/PM

OK TO CONTACT BY MAIL?

☒ YES

NO

OK TO LEAVE MESSAGE ON MACHINE?

☒ YES

NO

EMERGENCY?

YES

☒ NO

called June 1996 - 2ppt. made for June 1996 "Amiri Murder

I. PHONE SCREENING

Exclusionary Factors:

Alcohol/Drugs

ORS

Other

Identified Client (s) and Age (s):

Presenting Problem:

Somewhat depressed; having serious relationship problems - has been going on for a while

In the past couple of months have had suicidal ideation - wouldn't act on it - doesn't feel there's anyone to talk to who isn't a gossip. He thinks he has

hysteroid dysphoria - relates to self esteem - small slights are very distressing. Had tx w/ psychiatrist 3 yrs ago - she thought he was bi-polar + should go on lithium - he thought that was very extreme especially after seeing him only a few times

None

Has client been notified: 1.) to arrive early for paperwork?, 2.) to bring insurance or Medicaid info?, 3.) that fee will be determined prior to 1st session?, and 4.) that fee will be assessed for 1st session?

Referred Out: (where)

Call Back Clinician:

Tedi Rothermel

Signature

Psychiatric Evaluation: (when) _____

Recommendations to Disposition Team: (example - ASAP, WL, Modality of Treatment) _____

6

Client Request: (example - best time/day for appts., gender of therapist) _____

Stipulations: (example - alcohol evaluation, parental involvement) _____

Have relevant records been requested? (example - school, DSS, in-patient discharge plan) _____

Refer to other services - Reason: _____

Admission Screening Clinician: _____

Signature

5/10
Date

III. Disposition Team

Date of Review: _____

Disposition (WL, Immediate Treatment, Modality of Treatment, Client request) _____

If not admitted, reason (including referral to other service) _____

Who will inform client of disposition? _____
initials

Date of Admission: _____ No Admission: _____

Initials of Disposition Team Coordinator: _____

Assigned To: _____ Date of Assignment: _____

IV. 30 Day Wait List Review

A. Review Date: _____

B. Has Client Been Contacted? _____ By Whom? _____

C. Is Client Still Interested In Service? _____

D. Disposition: _____

PRE-ADMISSION SCREENING FORM

Intake Screening Date: 5/8/96

Emergency: _____

Admission to Program: _____

Non-Emergency: X

Client Name: Kevin Saunders

D.O.B. 5/11/56 Case #: 24,069-01

Therapist: Sheila Stone, CSW

Person interviewed if other than/in
addition to client: _____

relation to client: _____

DSM IV (List Principal Dx First. If
Provisional, Indicate with "P".)

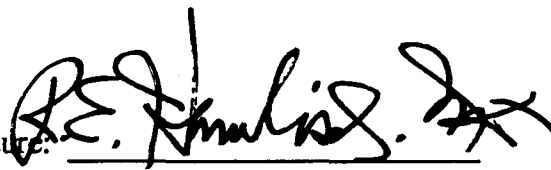
I 309.0

II _____

III healthy

IV Problems in primary support group

V _____

Physician's Signature: 

PRESENTING PROBLEM (Include Onset, Duration, Intensity, Intake Precipitant)

Mr. Saunders is seeking counseling to address problems precipitated by difficult relationship with partner of 2 years. He would like to separate from her, but she is unwilling. He is also wanting to discuss these issues, but feels that some of the people he has talked to have gossiped about him.

DESCRIPTION OF CLIENT/PRESENT FUNCTIONING (Behavior, Appearance, Affect, Judgement, Thought Process, Suicidal Risk Evaluation):

Appropriate in all regards related opening to interviewer but focused primarily on partner's problems.

Acknowledged daily, regular use of marijuana, and potential detrimental effects, but not in his case. Oriented x3. Judgement fair. Suicidal ideation in the past - not current.

BRIEF SIGNIFICANT HISTORY

Divorced 3 years from wife of 14 years 8 years old daughter - shared custody. With current partner 2 years - she is PTSD and frequently dissociates.

PREVIOUS AND/OR CURRENT PSYCHOTHERAPY (Testing, Assessments)

Yes. Anna Matusiewicz

MEDICAL PROBLEMS/MEDICATION (Include Significant Illnesses, Current Health Problems, Current Meds)**ADDITIONAL EVALUATIONS CLINICALLY INDICATED** (Health Screening, Psychiatric Evaluation, Alcohol and/or Drug Abuse Evaluation)**CLIENT'S OR GUARDIAN'S OBJECTIVES IN SEEKING TREATMENT**

1. to clarify relationship

CLIENT'S STRENGTHS/SUPPORTS

1. President of own software business
2. plays music
3. intelligent, verbal

CLINICAL INTERVENTIONS (e.g., Recommendations, Referrals, Records Requested, etc.)**RECOMMENDATIONS TO DISPOSITION COMMITTEE** (Include Services Identified To Accomplish Objectives)

Wait List - individual

SS/lr

Diagnosis and Treatment Plan

Client Name: Kevin Saunders D.O.B. 5-11-56 Date: 7-24-96

DSM IV Diagnosis: Axis I 300.4/304.3 Axis III none Axis V _____

Axis II 301.83 Axis IV problems GAF (current) _____

w/primary support grp. 52

Medicaid Client(s)

(Must be completed by *3rd Session for Medicaid Clients.)

Admit to Tx:

Yes: _____ Date: _____

No: _____ **Please explain:**

If No Go To Closing Disposition Summary

***Crisis Visits DO NOT count**

Treatment Plan:

Date: 7.24.96

(Must be completed within 30 days of admission for Medicaid Clients.)

- Date of first appointment: 5-8-96
- Please List Other Formal Assessment Measures Used if Applicable:

• Goal(s):	Date for Evaluation/Completion
------------	--------------------------------

- Address & better manage long-standing feelings of low self-esteem, depression & anxiety
- Manage & gain control of tendency to get lost in obsessive negative thinking
- Increase tolerance for social interactions - learn how to better manage self in context of the group
- Improve ability to trust others

- Objectives:

- Explore possibility of using anti-depressants to alleviate symptoms of depression & anxiety
- Explore implications of long-standing substance use & how to limit it
- Explore family & childhood issues that ~~may~~ have contributed to chronic low self-esteem
- Work to control & lessen reactivity to others - learn what triggers ~~the~~ defensiveness & feelings of being threatened and how to control for them.
- Develop increased confidence about setting appropriate boundaries & about cultivating a ^{more} neutral self
- Articulate short-term goals - become more proficient at evolving a pro-active agenda on a daily basis

•List Possible Collateral Contacts To Be Seen:

Relationship:

-
-
-
-
-

Tx modality: individual sessions

Frequency: weekly

Therapist: Ameli Meader

Who participated in plan? Kevin Szundels/ Ameli Meader

If Client did not participate in planning, please explain:

Define Tentative Discharge Criteria:

go to next page-->

Be sure all appropriate Release of Information forms have been obtained and are in file, as needed.

[Signature] 7/24/96
Signature of Client date

Ameri Meador 7.24.96 Ameri Meador 10.9.96
Signature of Therapist date

DATE CHART REVIEWED BY SUPERVISOR:

D. Furlay 7/29/96 D. Furlay 10/9/96
Signature of Supervisor date

FOR MEDICAID CLIENTS ONLY:

Psychiatric Rehabilitation Readiness Screening Completed?

Psychiatric Rehabilitation Readiness Evaluation Indicated?

DATE CHART REVIEWED BY PHYSICIAN:

RE. Amulias 7.29.96
Signature of Physician date

MEDICATION CONSULTATION

12

Request/Response

Dx: 300.4 / 304.3

Client's Name Kevin 'Bonze' Saunders D.O.B. 5 / 01 / 56 Therapist Ameri M.

Date of Request 7 / 17 / 96

Doctor REH

1668 T-BURG RD 277-5808

Reason for Request:

Kevin hopes to explore the pros & cons of available medications in helping him ^{long-standing} contend with his vulnerability to episodic depression & to better manage his anxiety. He has smoked marijuana 2-3x a day for 20 years to help him manage his symptoms. We have discussed at length how his substance use confounds his potential for significant change and that the appropriate medication, used in its stead, might promote his change process. Kevin has diagnosed himself with 'hysteroid dysphoria' - a condition discussed in 'Listening to Prozac' & which the author believes to be highly responsive to prozac. / It should be noted that Kevin saw Dr. Matusewicz several years ago (at Cornell) & was diagnosed by her with bi-polar d.o. - a diagnosis he believed to be extreme & unfounded.

Medical Problems:

Medications:

Allergies:

Assessment:

40 yr old man w depression.
Trial of PROZAC.

Rx PROZAC 10mg $\dot{\bar{+}}$ AM. #30-1R.

Prozac® 10 mg/20 mg

fluoxetine hydrochloride

Sample: 30 10 mg/20 mg capsules

Dosage: 10 mg

Compliments of Law Pharmaceuticals, Inc. a

Return 2-3 wks.

Date of Consultation 7 23 96

RE. [Signature]

M.D.

Signature

F&CS 8/84

* OVER *

FAMILY MENTAL HEALTH PROGRAM

CLIENT INFORMATION SHEET

(For Confidential Use Only)

PLEASE PRINT

Date of Intake Appointment 5 / 8 / 96

M // F

Saunders Kevin E "bonze"
 LAST NAME FIRST NAME MIDDLE INITIAL PREVIOUS NAME (circle one)
1668 Trumansburg Rd Ithaca NY 14850
 House or Apt. # Street Name P.O. Box/R.D.# City/Town State Zip Code

Home Telephone Number: 277-5808

Referred By _____

Work Telephone Number: "

Check One: New to Agency _____

Other: _____
(Specify)

Prior Contact _____

(Prior Contact under _____)

Emergency Contact: _____
Name

Phone (Home) _____

Address _____

Phone (Work) _____

Members of Household
(give first/last name)

Date of Birth

Employer/
Source of Income

Occupation

Korze Saunders
(Self)5/1/56database, Inc.President / software developerSusan Hamann8/5/52~~spouse/spouse equivalent~~

Children

Sex

Date of Birth

School/Grade
EmployerWhereabouts
(if other than above address)RachelF3/22/88BTM / 2nd

FINANCIAL INFORMATION

Total Household Yearly Income (before taxes) \$ 10,000# of Persons Dependent on That Income 2Health Insurance? No ☒ Yes ☐ If Yes, Company _____Social Security #: 431-88-9647

Policy# _____

Are You a Veteran? CC

Medicaid# _____

Medicare# _____

STATUS (CHECK ONE)

Single

Unmarried Couple ☒

Married Couple _____

Separated _____

Divorced _____

Widowed _____

If married, date of
marriage: / /

FAMILY & CHILDREN'S SERVICE OF ITHACA

CLIENT MEDICAL INFORMATION FORM

NAME: Kevin Eric Saunders DOB: 5/1/56 TODAY'S DATE: 5/18/96 SEX: (M) F
 DATE OF MOST RECENT PHYSICAL EXAM: 2/94 PERFORMED BY: ~~Dr. [unclear]~~ MD Breiman
 DATE OF MOST RECENT HOSPITALIZATION: 9/72 WHERE: Little Rock, AR
 REASON FOR: pneumonia
 NAME & ADDRESS OF PERSONAL PHYSICIAN: Family Medicine Associates

CURRENT HEALTH STATUS: (CIRCLE ONE) GOOD FAIR POOR

DO YOU TAKE MEDICATION ON A DAILY BASIS (PILLS, SHOTS, OTHER)? YES _____ NO ✓

IF YES, WHICH ONES AND WHY?

MEDICATION

REASON FOR USE

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR, HOSPITAL, OR OTHER HEALTH FACILITY? YES (NO)

IF YES, WHO AND WHERE? _____

HAVE YOU OR A FAMILY MEMBER HAD IN THE PAST OR CURRENTLY HAVE ANY OF THE FOLLOWING?
 (PLEASE CHECK THE APPROPRIATE BLANK FOR EACH COLUMN IF THE ANSWER IS YES)

<u>FAMILY</u>	<u>SELF</u>		<u>FAMILY</u>	<u>SELF</u>	<u>DRUG USAGE</u>
_____	_____	DIABETES	_____	<u>✓</u>	CIGARETTES/COFFEE
_____	_____	HEAD INJURY	_____	_____	HALLUCINOGENS
_____	_____	SEIZURES/EPILEPSY	<u>✓</u>	<u>✓</u>	ALCOHOL
_____	_____	HEART DISEASE/RAPID HEART BEAT	<u>✓</u>	_____	TRANQUILLIZERS*
_____	_____	HIGH/LOW BLOOD PRESSURE	<u>✓</u>	_____	BARBITUATES*
_____	_____	CANCER	_____	<u>✓</u>	MARIJUANA
<u>✓</u>	_____	THYROID/GLAND PROBLEMS	<u>✓</u>	_____	AMPHETEMINES*
_____	_____	CONTINUAL FATIGUE	_____	_____	COCAINE
_____	_____	EATING PROBLEMS	_____	_____	HEROIN
_____	_____	SEXUAL DIFFICULTIES	_____	_____	OTHER
_____	_____	BLACKOUTS/FAINTING/DIZZY SPELLS	_____	_____	* by prescription
_____	_____	STROKE			
_____	_____	INFERTILITY			
_____	_____	SELF-INDUCED VOMITING			
_____	_____	FREQUENT USE OF LAXATIVES			
_____	_____	HEPATITIS/JAUNDICE			
_____	_____	RECENT WEIGHT CHANGE			
_____	_____	ASTHMA/ALLERGIES			
_____	_____	FREQUENT INFECTIONS			
_____	_____	OPERATIONS/SURGERY			
_____	_____	_____			
_____	_____	KIDNEY/BLADDER/BOWEL PROBLEMS			
_____	_____	ULCERS			
<u>✓</u>	_____	LEARNING DISABILITY			
<u>✓</u>	_____	OTHER <u>PKSD</u>			

<u>WOMEN</u>	
_____	CURRENTLY PREGNANT
_____	PREGNANCY LOSS/STILLBIRTH
_____	MENOPAUSE
_____	PRE-MENSTRUAL/MENSTRUAL PROBLEMS
_____	GYNECOLOGICAL PROBLEMS (INFECTIONS, SURGERY, ETC.)
_____	NUMBER OF LIVE BIRTHS
_____	DATE OF LAST PAP SMEAR

PRE-ADMISSION SCREENING NOTES
(up to 3 excluding crisis)

Client: Kevin (Bonze) SaundersD.O.B.: 5-11-56

Date & Session #	Time	
#2 June 19, 96	1 hr.	<p>[Begin session count with Intake. Identify "Crisis" appointment when they occur. Therapist signature must accompany each entry.]</p> <p>Client very talkative, animated in session - seemingly intent on fleshing out the "bizarre" nature of his social group - the intensity & unpredictability of the people w/ whom he interacts - the untrustworthiness of others. Described a hist. of unscrupulous, unreliable relationships w/ ♀, including first love, ex-wife & current girlfriend - indicating that once a partner becomes secure w/ him she is apt to assert herself in unexpected intolerable ways in an attempt to control him: ^{as Susan is} demanding his exclusive attention, that he stop smoking & cigarettes, drinking etc & that he order & do things according to her ^{her} plan. "I tend to be taken advantage of". B disclosed that his resisting these controlling behaviors often leads to volatile arguments that he feels others misinterpret - frequently intimating that he is the dangerous & demanding, unstable one because ^{and not his} behaves partner, as he sees it to be. Client extremely ambivalent about cause of his current relationship w/ Susan - a survivor ^{w/} multiple physical & mental disabilities - stating he wishes to end the relt. as he finds it too draining & her too unstable, but clearly finding it difficult to focus on any concrete aspects for a plan of action. Client continually shifts the conversation away from self - preferring to detail the character flaws & failings of others. Reported relt. w/ his mom as one of the ^{his} few reliable in who believes it is her critical voice that he has internalized that surfaces in times of depression. Disclosed hist. of episodic suicidal ideation - currently waning - triggered, he believes, by the verbal abuses (demands) of others. Described long-term childhood difficulty of mounting a solid front self -</p> <p>"a front - impervious to the attacks Admission Progress Note of others" - that he predictably broke down when challenged - had been labeled a "cry-baby" until almost 18 yrs. old. / Discussed necessity of diagnosis & tx plan which stimulated B's criticisms of the DSM IV & his explaining his self-diagn of "hysteroid dysphoria" / Appt. set for July 3. <i>Amari Meader MSW</i></p>
July 3, 96 #3	1 hr	<p>Client 15 m. late - unacknowledged. Set out w/ fam of O. discussion as his mom & brother Mike had just visited for the weekend. Described mom as overcontrolling - capable of verbal abuse - calling B. "stop hurtful etc. Clients dad died at 60 of stroke when he was in early 20's. Reportedly his p's relations was conflict ridden - mom critical of dad's low motivation. Brother Mike - successful Heavy Metal musician - 4 yrs. older than B. - ^{described as:} dark, eccentric, genius - perpetual child, w/ serious probs. forming relationships w/ people. / Revisited dilemma of how to get Susan out of his house. "I can't kick her out, abandonment is her core issue" "I'm scared of what she might do if I were to kick her out" "I saved her, she is doing better" "I want her to move out on her own. I don't want to be resp. for precipitating another crisis in her life." - Codependency noted. / Client described threats ^{perceived} threats to his life -</p>

PROGRESS NOTES

CLIENT: Kevin (Barze) Saunders DATE: July 3-96 TO: July 10-96
 D.O.B.: 5-11-56 THERAPIST: Amari Meador

Date Sess #	Time	Goal	COMMENTS
July 3-96 #3 cont.	1 hr.	1	<p>from his ex-wife who "slept around w/ junkies & didn't tell me" & from her current b.f., a "vague street person." / Disclosed 20 yr. habit of smoking marijuana 2-3x day - discussed implications of this behav. - B. rejected an eval. immediately - reactive response - absolute distrust of evaluators ("ex junkies themselves") - certain that they would label him as an addict in denial. Thus nullifying any of his logic before engaging with it - "a set-up where I can't win." - Discussed agency policy, its purpose - determined we'd meet 1x more.</p> <p style="text-align: right;">Amari Meador MSW.</p>
July 10-96 #4	1 hr.	Obj. 2, 5, 1.	<p>Client 10 min early. Discussed need to make some determination re continuing therapy in light of what the agency deems an addiction to pot smoking. Client took 2 names of potential evaluators and said he would contact them re fees etc and also expressed a tentative willingness to contract to abstain from smoking pot while in therapy. Unexpected willingness to consider both these options in response to being firm re ag. policy. B. stopped smoking for 2 cpl. of months 2 yrs. ago to accommodate Susan's request - had a few acute withdrawal symptoms but an overall increase in his irritability, his energy level, and his "hyperness" - and a decrease in his ability to focus. He views quitting as somewhat self-defeating as he feels he functions less well when clean. ^{Client} Rejects that there might be any ^{low grade} residual paranoia induced by the his habit, and he frames that he is "self-medicating." / Discussed client's current diagnosis of "hysteroid dysphoria" - ^{suggested he} challenge himself speak w/ RHT re this diagnosis & ^{2 possible} the ^{2 yr. old} the trial of medication if this diagnosis responds, as it is said to by the expert who he values so much. ^{his} Noted concern that prozac etc. might put him at risk of a manic episode. / Discussed again sit. w/ Susan - offered to have him bring her here to help break their ^{wired} pattern of interaction - Client agreed that ^{system} she would perceive session work as confrontational & that it would provoke her. Very clearly apprehensive of "undermining her ego" in any way - believing that if it "collapses" the results could be life-threatening for him. Points out seriousness of the inertiz - can't call in the authorities to move her out, can't challenge her himself, can't bring her to counseling - he has no motivation to leave. ∆ ^{Process} she feels on him & he is already caught in a core-televis, codepend. role w/ her. Discussed need for self care in this situation - self focus - error boundaries - stopping any accommodation her in any way of supporting her remaining in this abuse. This triggered clear feelings of not</p>

PROGRESS NOTES

CLIENT: Kevin (Bonze) Szunders DATE: July 17-96 TO: July 24-96
 D.O.B.: 5-11-56 THERAPIST: Ameri Meader

Date Sess #	Time	Goal	COMMENTS (Treatment Plan must be completed no later than the 3rd post-admission session.)
July 17-96 #5	1 hr.	Obj. 1, 2,4, Goal 4	Client 1/2 hr. early. Began session saying "I don't think Susan's my friend" - like ex-wife "she doesn't care for me" as evidenced, he believes, by her "abusive" treatment, cold & distant, or harassing. K. intent on characterizing others as pathologically ill & unstable - seeing himself as victim - tho' acknowledges his hyper-sensitivity to the abuses & rejections of others - Thus the self-diagnosis of hysterical dysphoria. / K. admitted that it's unrealistic for him to think about abstaining from mj use on his own - esp seeing as he believes ^(using) to be in his own best interest. Discussed ppt. w/ RETH. & opportunity to explore medication possibilities to function in place of mj. ^{Client} did not follow through w/ calls re poss. eval. - discussed inevitability of termination w/out more active commitment on his part. to quit using. / More discussion about possible ways to encourage Susan to leave - ambivalence again surfaced as he found any means objectionable save for withholding intimacy & all affection / Discussed hist. around his cause of therapy w/ Anne M. - her efforts to encourage him to break his addiction - her diagnosis of him as bi-polar - what he got from his work w/ her & what he feels he is gaining from his current sessions w/ this therapist. Clear about wanting & needing someone "safe" to talk to - who won't gossip - who won't twist what he says to make it look like he's crazy, paranoid & abusive. Ameri Meader MSW.
July 24-96 #6	1 hr.	Obj. 1, 2,4 Goal 3,	Client has seen RETH - ^{who} prescribed trial of prozac which B. is considering - said that RETH was not particularly critical of his pot smoking. Further discussion re role of this substance in his life - its function as opposed to effects + functioning of meds - This clinician's unwillingness to work w/ him if his dependence on marijuana remains unchallenged. Talked about self-diagnosis differences btw. being sensitive to the "attacks of others" or "to rejection" - how this work needs to focus on him & his part rather than on the faults of others, in my opinion. / Discussed B's perception that the bulk of humanity is "willing to be duped" & that he is not - that he is - & apt to instigate conflict, which then sets him up to be rebuffed the scapegoat / fall guy - to be treated as paranoid & insecure. Affectedly noted in attempting to keep the client at all self-focused what part he plays in this typical unrelenting other than the only sane one. the Attempts made to help him focus on how this typical train of events makes him feel - where it hurts: why. Ameri Meader MSW.

by the power of
+ manipulations
of clever
others.

PROGRESS NOTES

CLIENT: Kevin 'Bonze' Saunders
 D.O.B.: 5-11-56

DATE: July 31-96 TO: Aug 7-96
 THERAPIST: Amari Meade

Date
Sess #

Time

Goal

COMMENTS

(Treatment Plan must be completed no later than the 3rd post-admission session.)

July 31-96 # 7	1 hr.	Obj. 1: 2	<p>Client disclosed having cut back significantly in his pot use this past week - 4x over all - still considering Prozac pros + cons - / Described ↑ in effect after last session - ambivalent reaction to this increase. Lapsed into conf. stance of focusing on 'craziness' of others & his 'stuck' position. I challenged this as static & unproductive non-productive - as succeeding only in increasing both his & my own frustration & sense of powerlessness. Trying to focus him on what <u>he</u> can change - where it might prove useful to focus ^{cumulative} his energies. Helped him see his discomfort w/ my attempts to do this. Client able to admit he's depressed, vulnerable & reactive - but acknowledged that he sees nothing therapeutic in exploring & encouraging his ^{reified} affect - characterizes this as "willowing" - as something destructive behavior that he indulged in for too long & has worked too hard to "overcome".</p> <p>Definitely Talked about his intellectualizing as the other extreme - the stance he has adopted - as a defense - the lack of a middle ground where head & heart merge & inform one another. Angry after stirred by my suggesting not overcoming has involved an armoring - why would I "deny a cripple his crutch" - a vulnerable person, his armor? Discussed his belief that pot increases his tolerance for frustration & that this is necessary in his ^{work as a} programming computer programmer - "Things rarely work" / "I expect nothing to work" - how this frame can be superimposed over his life experiences & expectations - how the pot works to ↑ his tolerance & keep him stuck + how it bolsters his belief & makes more tolerable his belief that there's little one can expect from life. Next session - will focus on his relationship with his mother how + why his relationship ^{here} became abusive - his anger, its roots - his relt. w/ his mom - her reaction to his using prozac etc.</p> <p>Amari Meade MSW</p>
Aug. 7-96 # 8	1 hr.	obj. 1, 3 3	<p>Client reports starting course of Prozac - noted immed. + effects - slowing of obsessive neg. self-thoughts - hushing of internalized critical voice - described how self-critical thoughts came to mind but are more readily dismissed. Reports feeling ↑ in spontaneity, less burdened by need to "fix" Susan - more resilient in face of her irritating behaviors + demands. Discussed client's low tolerance for frustration - how he suppresses his feelings & frustration - building inevitably to explosive reaction that ultimately isolates him further from others. Delved into historic experience of feeling outside the group - led to key disclosure re hist. of transvestic behaviors which link returning to his ex-wife.</p>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Aug 7. 96 TO: Sept. 4. 96
 D.O.B.: 5.11. 56 THERAPIST: Amari Meacham

Date	Time	Goal	COMMENTS
Sess#			(Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medical Only</u>
Aug 7. 96 (cont.)	1 hr.		sensitivity & his long-standing sense of being different, outside the male norm - an easy victim of attack. Powerful session - noticeable Δ in client's willingness to stay self-focused. <u>Amari Meacham MSW.</u>
Aug 26. 96			→ returned p.c. from B: reports volatile domestic situation - recommended he remove his daughter immed. and reconsider taking steps to have Susan removed from his house. Discussed his options.
Aug 26. 96			→ called client: child removed, client reports having made initial contact w/ lawyer re eviction, w/ Susan's case-worker and other imp. calls. Situation stabilizing. client reports feeling calmer & more able to maintain his control. <u>A. Meacham MSW.</u> Appt. set. for Aug. 28
Aug 28. 96 #9	1 hr.	obj. 4. 5	Client reported feeling drained ^{by} struggle w/ Susan & "angry" - relieved that she left his house Mon. evening to go stay w/ friends. Reported details of their dispute as he sees it - clearly feels victimized - that his own volatility & anger is ^{to} an understandable response to the kind of persistent verbal abuse he received from Susan. Discussed how these fights, regardless of whos responsible for starting them, put his relat. w/ his daughter at risk - clear need for outside intervention. Client believes S. left in response to his having told her that he would call in the police the next time the situation got out of control that he ^{she} he would call in the police the next time the situation got out of control - that she ^{remains} is very threatened by any ^{possible} outside intervention. Discussed how B. ^{should consider seriously how he might} might take advantage of her having left, to facilitate a real break b/w them - that this is the natural opportunity to state clearly ^{possibly} that she is not welcome to return, except to remove her effects. <u>A. Meacham MSW.</u>
Sept. 4. 96 #10	1 hr.	obj. 4. 5	Client reported that S. has not returned, or made any contact ^{w/ him} except for one phone call - expressed real relief at having her gone - from having to feel responsible for her in any way. Discussed history of their volatile conflicts, frequency & intensity.

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Sept 4, 96 TO: Sept. 25
 D.O.B.: 5-11-56 THERAPIST: Amzri Mezder

Date	Time	Goal	COMMENTS
Sess#			(Treatment Plan must be completed no later than the 3rd post-admission session) <u>Medicaid Only</u>
Sept 4-96 -10 cont.	1hr.	obj. 4, 5	Made some tentative plans re how to handle her moving out - ^{permanent} under what circumstances to whom he might turn to facilitate this process - someone neutral - to keep the potential for recriminations down. btw. Dem. / Discussed gender issues - B's pos. identification w/ his ♀ side - how was in his past relationships his partners have responded to this. - where he has found support & where he has not. / Client appeared much calmer overall - ^{reported} continued pos. effects of prozac, mostly 2 mtrked ↓ in tendency ad obsessive thinking - and a palpable relief at having S. out of his house. Much more able to focus on himself & his own concerns thru session. <u>Amzri Mezder MSW.</u>
Sept. 11-96 Fill	1hr.	1, 3	Client reports still feeling relief of having S. gone - but since her departure has been suffering physical pain from bruising or cracked rib sustained during their altercation - has seen a physician who prescribed codeine for relief. Reports feeling some lessened motivation, and sleeping more than usual - discussed whether these symptoms are result of phys. or psych. consequences reactions / Long discussion re gender identification & issues / Reports continued effects of Prozac in continuing obsessive neg. thinking. <u>Amzri Mezder MSW.</u>
Oct. 18			Clinician out of town unexpectedly - rescheduled
Sept 25-96 #12	1hr.	1, 2	Client recovering from wk. long illness - reports improvement re bruised rib - still feeling fairly exhausted. Focus of session was discussing client's lingering, entrenched sense of outrage at women who he believes fail totally to see him as he is, to give him credit for his exceptional efforts - the lengths he goes to support, create, tolerate their extreme behaviors etc. Acute sense of betrayal - that in spite of his unique sensitivity to their issues & troubles - he still winds up being victimized - being portrayed as the abuser when he cracks under pressure. Discussed 'feminist' ^{propaganda} literature that especially offends him - that assigns more blame & innocence along gender lines: ♂ is the perpetrator, the guilty ones, ♀s the blameless victims. Discussed poss. of his writing a response to this - creative circumvented ways he can combat this stance - and how it triggers his own anger & anxiety re his personal experiences... what is it that coheres to set him up for this type of experience w/ the ♀ w/ whom he gets involved - how can he take control of situations so that he doesn't allow himself to be driven to the point of cracking. <u>Amzri Mezder MSW.</u>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Oct. 2-96 TO: _____
 D.O.B.: 5-11-56 THERAPIST: Amri Mead

ate SS#	Time	Goal	COMMENTS (Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u>
12-96 #13	1hr.	1,2,3 obj. 3	<p>^{experiencing} Client lingering effects of bronchial illness - reports he's quit smoking cigarettes totally - suffered serious nicot. w/drawal symptoms. Disclosed that pot smoking back to original levels - pretty clear that this does impact pos. effects of prozac. Feeling "blank" / sleeping more than usual / inner critical voice more prominent / feeling like "overall loser" - ^{cumulative} negative effects of living w/ Susan & other past relationships. Clear depression around what sense of futility of it all - hopelessness about positive, supportin- potential of relat. w/ women. Discussed daughter Rachel's reaction to Susan's loss of Susan - her general way of handling the chaos she's exposed to. B. admits they meet on an intellectual, not feeling plane. Resisted my encouraging that kind of engagement - believing that's female to female domain. / Described childhood experience of not getting from his mom the comforting & soothing he needed - instead & his acute sensitivity to this. Believing his trauma was the <u>experience</u> of anxiety resulting from the rejections of others - not the actual rejections - which he feels were not the abnormal or extreme. It was <u>this</u> acute sensitivity that caused the panic attacks - something inherent to him - not the the external environment. Amri Mead MSW.</p>
14-96 #14	1hr.	Obj. 5	<p>Client brought in autobiographical materials - recent resumé, CD's & tapes of bands in which he's played. Clearly identifies with the bizarreness of the music scene w/ which he's involved - the fringe nature of it - testing the norm. Characterizes his brother as "a jester" - there to poke fun at everyone & everything - to satirize. / Client disclosed that S. returned 1 wk ago to rehab work - they kept had sex & she has stayed ever since - believes she is in process of moving to new apt. Discussed need for limit setting - what he's getting out of this - why he so easily capitulated - allowing her to return & stay. Amri Mead MSW</p>
16-96 #15	1hr.	1.4	<p>Client states he's feeling physically much better - Susan gone - but no sense of control re her possible return or her departure. Discussed again his interpretation of the ^{his} relationship ^{history} their interaction & how he sees his ^{behaviors} actions as warranted in the context of the relationship ^{in the context of the relationship} to protect himself ^{to protect himself} from her ^{from her} hostile ^{hostile} attacks ^{attacks} which he ^{which he} finds ^{finds} intolerable ^{intolerable} - unethical & immoral. Client acknowledges 2 residential years w/ women - feeling misinformed & much misled by Q in his past experience</p>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Oct. 16.96 TO: Oct. 30.96
 D.O.B.: 5.11.56 THERAPIST: Amari Mezder

ate	Time	Goal	COMMENTS
ess #			(Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u>
Oct. 16.96 #15 (mtg)	1hr	1,4	Discussed how might he approach & manage his relationships w/ ♀ differently in the future - how to process his feelings and concerns and concerns prior to their accumulating such power & force in his life. - in an effort to avoid feeling victimized, used for protection and then only to be attacked later on - how to better know & claim his limits, assert his boundaries. so as to avoid ever having again to ^{tolerate} suffer the worst kind of mental abuse at the hands of his partners. <u>Amari Mezder MSW</u>
Oct. 23.96 #16	1hr		Discussed client's ^{recent} concerns re ^{possible neg.} effects of prozac - ↑ drowsiness/ ↓ productivity - whether to attribute them to meds or to pot smoking which client reports ^{remains} unchanged. Focused on unresolved issues of divorce clients lingering anger, hurt & resentment around this break-up - continues to struggle w/ how to manage self in relation to other - how to maintain app. self-respecting boundaries - how to interpret & respond to others behavs. thru a lens of self. Clear about wanting, yearning for an ^{an} intimate relat. - but anxious about how to present & preserve self and how to know & gauge others & their limit the enmeshment control he w/ to merge & control. Discussed imp. of finding a more neutral strong way to engage w/ others. <u>Amari Mezder MSW</u>
Oct. 30.96 #17	1hr	3,4 ob: 5,4	Discussed client's response to others ^{re} others doubts & criticisms of his character - ^{prolonged} how it triggers ^{rejection} ^{engagement} ^{defensive} rejection rather than a clear statement about what he's willing to tolerate & engage in. Absence of neutrality - Discussion re B's "tormented idealism" - how difficult it becomes to engage with others who do not function on these ^{lead} w/ their ideals - w/ an eye to honor & protecting them at all cost - how this serves to isolate him from the grp (his unwillingness to conform & others intolerance of his strict adherence to his ideals.) No middle ground. as middle ground feels like a self-out ^{image management} something one does in order to belong or to preserve ^{because he's} Client reports stopping Prozac as of last week: ^{experiencing} keeping too much, compromised motivation, and: ^{increase in his} increasing sex drive to a problematic degree. Still smoking marijuana on daily basis. <u>Amari Mezder MSW</u>

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Nov. 6. 96 TO: _____
 D.O.B.: 5.11.56 THERAPIST: Ameri Meader

Date Sess#	Time	Goal	COMMENTS (Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u>
Nov. 6. 96 #18	1 hr.	obj. 3+4	Discussed B's difficulty tolerating the reactivity of others when he tries to assert a self-respecting boundary - how he often retreats in the face of it - giving up self to keep others calm. Spent bulk of session discussing his relat. w/ his brother - their hist. together & how M's eccentric behavs. have effected B's life. Worked on genogram - more key info re B's dad & his intolerance of B's sensitivity & emotionality. Ameri Meader MSW.
Nov. 13. 96 #19	1 hr.	3, 4	Client reports he's smoking pot continually again. Discussed its effectiveness at managing his anxiety vs. Prozac / fleeting reaction triggered by my suggesting ways he might alter his responses to difficult challenges to self that might lead to an alleviation of his dysphoria. "I have <u>never</u> been able to control my dysphoria. Prozac didn't help me & nothing will." My later attempt to contextualize an incident wherein he felt victimized, was perceived as an attack anxiety - a further victimization - because I wouldn't fall in line w/ his interpretation ^{interpretation} of the interaction. [My failure to "honor his feelings he said, was evidenced by my suggestion that there might exist more thinking, less executive ways of handling insults.] Intense session - first experience of being lumped w/ all the other ♀ B. feels so adamantly are untrustworthy & have betrayed him. Worked to regain his trust w/out losing self - to good effect. Ameri Meader MS
Nov. 20. 96 #20	1 hr.	3	Processed ^{our} interaction of wk. before - ^{reports} no residual anger, lingering distrust - explained how sits. like the one ^{experience} in the bar "restrict ^{his} choices" "leave me no gracious retreat." which enrages him & leaves him feeling victimized. Only way to rectify the situation ^{to his satisfaction} would be to explain his feelings & do how the other person <u>understand</u> him - which he knows is unlikely. ∴ "all I can do is try & avoid sits. like this." Discussed alternate reactions ways of managing problematic interactions like those which might ^{which might} prevent his ^{from} feeling victimized, and ^{and} left holding the intensity of the attack, singularly. Limited options of response: 1) get in aggressors face & meet aggression w/ aggression, manifest an attack ^{or} 2) collapse, retreat - repress one's rage - turn it on self. / Discussed his avoiding pressing Rachel re what's bothering her as of late - sympathizing w/ her need for space, her need to feel bad - triggered ^{deep} effort ^{express his rage} - response around "broken things" - as exemplified by broken glass in restaurant & having someone tell her that she shouldn't "feel bad" about them. Rachel's instrument in the bar - moment - introduced her name. Ameri Meader MS

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: Nov. 26. 96 TO: Dec. 17. 96
D.O.B.: 5.11.56 THERAPIST: Ameri Mezder

Date	Time	Goal	COMMENTS
2.26.96 #21	1hr	1, 2 obj. 4, 5	B. reports feeling stuck again w/ S - who refuses to move her things from his place & won't tell him where she lives - ends up involved in 3hr. phone calls - pulled into rehashing their relationship & having her blame him for their split-up / She claims she's considering filing charges against him thru Battered Women's TF - which enrages him, triggers his vulnerability & sense of conspiracy to victimize, demonize him / Discussed diff. he has letting go of the argument - wanting to put ^{leave} his innocence & assume her share of resp. for what occurred & believing it's rude to simply sever the connex. - persistent pursuit of an understanding. Feels persecuted for doing a good thing: "saving Susan's life." - no recognition, only hostility. ^{Discussed} Had to free himself from this web of feeling & from web of S's ambivalence. <i>Amari Meach MSW</i>
3.3.96 #22	1hr.	1, 3 obj. 4, 5	B. saw S. over weekend - pos. interaction for B as S apologized for having been verbally abusive - ^{in the past} she's prone to verbal attacks - stayed cpl nites - not plans to rekindle ^{rekindle} things - B reported had been successful, prior to their 'date', at ending potentially destructive pc's btw. them. Discussed again use & need for a drug eval - triggered B's anger - feels that the entire process would be a set-up - guaranteed to be biased against him - said that he'd call 2 referrals - try & control his reactivity & gauge what they each had to offer him. / Discussed what he feels he's accomplished per his goals. discussed what he's accomplished per his goals <i>Amari Meach MSW</i>
2.10.96 #23	1hr.	1 obj. 1, 2 4	B. came in 'armed' to defend himself concerning need for eval. - articles, arguments etc. - believes he needs "a crutch", something to help him handle his acute sensitivity & and that pot works for him. Believes world is biased against it w/out understanding the drug - angry that deon. cigs, coffee etc. are not scrutinized similarly. - believes he will not receive a fair eval., will not be heard. / Did mention that he would like to cut down his use. / Believes that his daughter should not smoke - concern re 2-motivational syndrome - feels he does not suffer from this - but that adolescents have been proven to be more susceptible. Said he would call evaluators. <i>Amari Meach MSW</i>
2.17.96 #24	1hr.	1, 4 obj. 2 4	B. reports that he made appt. w/ F.M. which resulted in a heightened state of increased anxiety for him feeling of being under ^{under} attacked by the agency - a "familiar feeling" - on the defensive - more an "War on Drug Users" how govt stonewalls any use research ^{research} evaluating MJ's positive benefits - how govt. ignores wt. of medical opinion. Discussed at what pt. he would consider

PROGRESS NOTESCLIENT: Kevin SzundersDATE: Dec. 17. 96TO: Dec. 31. 96D.O.B.: 5.11.56THERAPIST: Amari Mezder

Date	Time	Goal	COMMENTS
Sess#			(Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u>
2-17-96 #24 cont.	1hr.	1,4 obj-2,4	his use to be problematic - with increased constipation &/or increased depression / Discussed more re childhood exp. of dysphoria - the constriction - how painful school was for him - ^{how much painful} for more than his exp. of his fam. where he felt more accepted - protected by his mom who respected his chaoticity. Discussed how he managed the neg. experiences with his intellect - aggressively challenging others. Disclosed re 20 yr. habit of finger & toenail chewing - under control now - indicative of intense anxiety. Amari Mezder MSW.
2-26-96			returned pc from B.S dry after christmas - client very agitated after being arrested for DWI on Sat. before xmas - feeling edment that he'd been framed - set-up by the policeman involved who he believes must have seen him coming out of the bar that night. Discussed details of the incident, B's interpretation of the events involved and his plan for containing his anxieties triggered by the situation. Determined that he would talk again in a few days & that B. would contact Reth in the interim re poss. medication to help lower his anxiety & contain his ^{tendency ed} obsessive thinking about the incident. A.M. MSW.
2-28-96			called BS - no ans. / left message A.M.
2-30-96 #25			returned pc from BS - who reported having been arrested again - police called to his house by S who charged him w/ harassment & possibly w/ rape. police returned later Sun. morning & arrested him for possession of 2 unregistered pistols handguns - 2 pistols he'd inherited from his father. Discussed details of incident w/ S - context & content of their arguments & struggles. S. went to hosp. for rape assessment - evidence: bruise on her face, scratch on chest etc. / hzs gotten an order of protection against B. > B. reported feeling very "stressed-out" - besieged - victimized. Said he would call Reth today & would see me tomorrow for appt. as planned. A.Meader MSW
2-31-96 #25	1hr.	1,2 obj-2,4	B. reported having spoken w/ Reth - resumed prozac - feels he needs something more to help him manage what he termed his "profound state of agitation" triggered by preceding weeks events. Reported serious trouble sleeping, and feeling fearful & threatened: "I'm scared of Sgt. C," the officer who "framed me" and intentionally ^{seems} agitated w/ S. who he feels convinced to systematically & turn all their friends in common against him & to try wreck his reputation. B. has been formally charged w/ harassment & intimidation by S - not w/ rape. Posted \$1,000 bail for misdemeanor for which he was arrested. Plans to plead guilty to that charge & be ^{be} innocent to DWI - Court

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: 12-31-96 TO: 1-11-97
 D.O.B.: 5-11-56 THERAPIST: Amari Mezder

Date Sess #	Time	Goal	COMMENTS (Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u>
2-31-96 cont. #25	1 hr.	1, 4, 2 obj. 2, 4	appearances scheduled for Jan 8 & Jan 15 - Has hired lawyer to represent him in DWI case, who as of yet knows nothing about most recent arrest & charges. / Concern re S's having possibly planted or left a cache of her drugs hidden somewhere in his house - leaving him vulnerable. Also concerned about her suicidal potential - continues to worry for her safety. / Discussed session B. had w/ F.M. - his impressions, his sense of the usefulness of their mtg. Disclosed that he had quit smoking since their session & had not resumed use - and had made an appt. for a second session w/ F.M. / Determined that he would meet w/ REH again asap to discuss med. possibilities. & That we would talk again w/in following few days. Amari Mead MSW.
2-97			pc. to B to inform him of available appt. times w/ REH This afternoon. He said he would call to confirm a time directly. A.M. MSW.
7-97 #26	1 hr.	1 obj. 2, 5, 6	feels it's helping him B. saw REH - prescribed Trazadone / continuing w/ resumed course of Prozac - B. doing better feeling calmer - less agitated & afraid > has let go of police conspiracy explanation - now believes S. responsible for setting him up for both arrests - in an effort to clean him up - "tough love" feels "harmed" that she would care this much - seriously considering now offering to marry her. - believes they could make it work w/ a commitment. Discussed pitfalls, concerns, reality of such a commitment - B's prospective role as caretaker - living w/ S's disabilities ^{this am} / court date tomorrow - B. wondering whether S. will even show - w/draw charges - what she will do - Still abstaining from pot smoking, claiming "that's fixed now" - after 1 week. Amari Mead
11-97			pc. to B. to schedule next appt - client reported having gone to the hosp. early that morning w/ physical symptoms that concerned him greatly - sensation loss in hands/ heart palpitations / dry mouth, foot pains / urination probs / shortness of breath - believes he saw some dr. Susan saw - reported that his attitude was that "I was a mental case" that he appeared "more concerned re my state of mind than my state of health" / Performed EKG, x ray / eye reflex test / 1 hr. interview w/ psych. nurse / Reported on court hearing - advised by lawyer to plead innocent to all charges - to claim that he needs representation - reported next court appearance Jan 22 / Reported on seeing F.M. - much improved impression of her - evident. any hist & romantic hist w/ her - spoke of "make it tight" relationships w/ his mom. A - - 11. 0 11.01

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: 1-14-97 TO: 1-21-97
 D.O.B.: 5-11-56 THERAPIST: Amari Meador

Date Sess#	Time	Goal	COMMENTS (Treatment Plan must be completed no later than the 3rd post-admission session.) <u>Medicaid Only</u>
1-14-97 #27	1hr	1.50j 1/2	Client quit Trazzadone believing believing that it was responsible for the panic-attack like symptoms was experiencing. Has resumed smoking pot. Wants to quit cigarettes - but feels that its unlikely he could given the stress factors in his life at present. Discussed poss. of using F.M. to facilitate this process. Went to medicine test to determine whether any underlying physical condition is resp. for his anxiety, & for other symptoms still ^{of concern} present - like sensation loss. Wants to find "right medication" to alleviate his symptoms so that he can quit pot altogether / Seeing F.M. 1-11-97. Planning ^{2ppt for full} physical. / Cont. discussion of his conception of S's plan, scheme - where it leaves him sees his publicly claiming to others that he intends to marry her as ^{his formal} pursuit of her - in line w/ her tradition framework & needs. / Stated that he's actively depressed - as a result of his fatigued state ^{which is a result of} his degree of agitation in current sit. Unable to stay focused enough to work at present. Mood appeared more stable. Amari Meador MSW
1-18-97			pc from JS re B's call to her over wk end - believes he's been infected w/ HIV by S. - that he's suffering primarily from effects of Guillaine-Barre syndrome - anxiety up. Discuss w/ JS plans to terminate - now to let B. know that what needs to the care. believe he needs, for care agency is not qualified to give him - and what are my recommendation is. Amari Meador MSW
1-19-97			pc to BS in response to his call of 1-18 - listened to his explanation of his current symptoms - his self-diagnosis. Discussed briefly my recommendation for term treatment - involving detox ^{detox} couple physical w/ medicine dr. & neurologist work-up - and the need for detox - Decided to talk this over at length at next session. Amari Meador MSW
1-19-97			pc. to F.M. to discuss her recommendation & evaluation re BS - confirmed need for more in-depth services involving detox so as to allow for more accurate diagnosis of client's condition. Amari Meador MSW
1-21-97 #28	1hr.		Client appeared slightly more agitated - geared up about Guillaine-Barre syndrome - convinced that this condition is at the heart of his difficulties. Had pulled together a great deal of info. re the condition & matched the symptoms up w/ his own - wanting to sell this idea & concurrently his need for contin. pot use to control its effects. Discussed at length his reasoning ^{his reasoning} this up w/ ^{his} neurologist - details of his first 2ppt. - need for follow up 2ppt. / Discussed client's impression of his 1st 2ppt. w/ F.M. & his reaction to her recommendation. / Discussed my determined ^{determined} recommendation that he follow through he follow through w/ the recommended course of detox - that we work together

PROGRESS NOTES

CLIENT: Kevin Saunders DATE: 1-21-97 TO: 1
 D.O.B.: 5-11-56 THERAPIST: Amari Meade

Date
Sess#

COMMENTS

(Treatment Plan must be completed no later than the 3rd post-admission session.)

Medicaid Only

Date Sess#	Time	Goal	COMMENTS
1-21-97 #28 (cont)	1 hr.		appeared to be floundering as indicated by the recent surge in his symptoms & that other more comprehensive treatments were indicated now clearly indicated. Discussed Termination Issues - client appeared to understand my stand & did not respond negatively - interpreting it as 2 fundamental diff. of opinions. Determined we would meet for one additional session. <u>Amari Meade MSW.</u>
1-30-97 #29	1 hr.		Client claiming that his mood & sense of well-being has greatly improved - functioning at "app. 70% of peak capacity". Attributed turn-around to his having resumed pot-smoking - which ^{has} solidified for him his unwillingness to participate in any detox pgm - reifying his need for pot as the drug, currently available to him, that will control & alleviate his symptoms. Produced 3 pg. document detailing his self-diagnosis - which he wanted to sign in session & leave as his statement in his file - and did so. Also produced a photograph of himself dressed, as a woman, as "my truest self", to be included in his file. Discussed term. issues - client expressed his disappointment that we could not continue ^{but not} in understanding & respecting our different "choices" - and our ^{mutual} need to follow through with our determinations. This clinician expressed her willingness to re-engage at any time in the future when & if ^{we} ^{were to choose} was to discontinue his substance use. <u>Amari Meade MSW.</u>
1-6-97			Client arrested for allegedly having set fire to S's past place of residence.

scussed with my determination
need for termination in light
client's ~~continued use of pot & alcohol & my~~
commendation that he seek
discontinue

Saunders, Kevin
Client's Last Name, First Name,

same
Employee's Last Name, First Name

Client's Home mailing address:

721 W. Court St.
Ithaca, NY 14850

Home Phone # 273-6552

Work phone # (W) _____

Work phone # (M) 255-0525

Employee's Relationship to client _____

Other Dependents also being seen:

_____/_____/_____
_____/_____/_____
_____/_____/_____
_____/_____/_____

(Name / Age / Relationship)

Date of Intake Call 1/22/92

of business days between initial call and first offered appointment 2

Date of Intake appt 1/29/92

Date Case Closed 6/12/92

Contract/Employer CU

Intake ☒ / Reopen* _____

*Number of months since last scheduled appointment _____

Initial Direct Service Contacts
(Source of Referral into EAP):

1. Dependent Only _____
2. Self-Referral _____
3. Superv. Reccmd ☒ _____
4. Superv. Required _____

(Name of Supervisor, if supervisor referred: _____)

Employee Characteristics:

- A. Male ☒ B. Female _____
C. Faculty: Yes _____/No ☒/NA _____
D. Union+ _____ E. Non-Union+ ☒
F. Exempt+ ☒ G. Non Exempt _____
H. Endowed+ ☒ I. Statutory+ _____

J. Length of Employment:

- * 0 - 1 _____
- * 1 - 3 _____
- * 4 - 6 ☒ _____
- * 7 - 10 _____
- * 11 - 15 _____
- * 16 + _____

K. Age of Employee:

- * 17 - 25 _____
- * 26 - 30 _____
- * 31 - 39 ☒ 36
- * 40 - 49 _____
- * 50 - 59 _____
- * 60 + _____

Primary Problem Area:

1. Family/Marital/Couple _____
2. Emotional/Mental Health _____
3. Alcohol/Other Substance Abuse _____
4. Credit Counseling _____
5. AIDS-related _____
6. Work Related:
 - a. Work-Relationship _____
 - b. Work Performance _____
 - c. Work - Other ☒ _____
7. Other Problem Area _____

Job Classification (Tompkins County Only)

(position/title)

number++ Classification++

Administrative Unit (Cornell Only)

Info Tech
Administrative Unit++(from Intake Call Sheet)

+ information for Cornell only
++ See separate listing for correct category

Fill out one face sheet for each covered employee being seen.

Therapist ES

FAMILY & CHILDREN'S SERVICE FAMILY MENTAL HEALTH PROGRAM (CLIENT MEDICAL INFORMATION FORM)

NAME Kevin Eric Saunders DOB 5/1/56 TODAY'S DATE 1/29/97 SEX: ☒ M ☐ FDATE OF MOST RECENT PHYSICAL EXAM: 1/1/90 PERFORMED BY: ShallishDATE OF MOST RECENT HOSPITALIZATION: 1/1/75 WHERE: Little Rock, ArkansasWHY: PneumoniaNAME & ADDRESS OF PERSONAL PHYSICIAN: Shallish (Family Medicine Assoc.)
11 State StCURRENT HEALTH STATUS: (CIRCLE ONE) GOOD FAIR POORDO YOU TAKE MEDICATION ON A DAILY BASIS (PILLS, SHOTS, OTHER)? YES NO ☒

IF YES, WHICH ONES AND WHY?

MEDICATION

REASON FOR USE

1. _____
2. _____
3. _____
4. _____

ARE YOU CURRENTLY UNDER THE CARE OF A DOCTOR, HOSPITAL, OR OTHER HEALTH FACILITY? YES ☒ NO ☐
IF YES, WHO AND WHERE? _____HAVE YOU OR A FAMILY MEMBER HAD IN THE PAST OR CURRENTLY HAVE ANY OF THE FOLLOWING?
(PLEASE CHECK THE APPROPRIATE BLANK FOR EACH COLUMN IF THE ANSWER IS YES).

FAMILY SELF

FAMILY SELF

☐ Diabetes
☐ Head Injury
☐ Seizures/Epilepsy
☒ Heart Disease
☒ High/Low Blood Pressure
☐ Cancer
☐ Thyroid/Gland Problems
☐ Continual Fatigue
☐ Eating Problems
☐ Sexual Difficulties
☐ Sleep Disorders
☐ Blackouts/Fainting Dizzy Spells
☐ Infertility
☐ Self-Induced Vomitting
☐ Frequent Use of Laxatives
☒ Hepatitis/Jaundice B, 1979
☒ Recent Weight Change exercise and 1 lb
☐ Asthma/Allergies
☐ Frequent Infections
☐ Operations/Surgery

☐ Kidney/Bladder/Bowel Problems
☐ Ulcers
☐ Other
☐ Pregnancy Loss/Still Birth
☐ Infections, Surgery
☒ Pre-Menstrual/Menstrual Problem
☒ Live Births # 1 1988
☐ Other

DRUG USAGE: 4-5 days
☒ Cigarettes/Coffee 3-4 cups
☐ Hallucinogens
☒ Alcohol 4 beers a wk. maybe
☐ Tranquilizers
☐ Barbituates
☐ Marijuana
☐ Amphetamines
☐ Cocaine
☐ Heroin
☐ Other

CHILDREN

☒ Hemorrhoids
☒ Muscle pains
☐ Hyperactivity
☐ Learning Disability

EMPLOYEE ASSISTANCE PROGRAM
INTAKE

31

To: Ellen
CIT Network

Employer* _____

Name of Caller Kevin Saunders

Home (mailing) Address 721 W. COURT ST
Ithaca N.Y.

Name of Employee if other than Caller: _____

Incoming Date 1/23/92

Time of Call: 4:35

Call taken by: ME

Work Phone # _____
(_____)

When available

Home Phone # 273-6552
(_____)

When available

Have you ever been to EAP before? ☐ Yes ☐ No

* IF CORNELL: WAS EMPLOYEE ON CURRENT EAP-ELIGIBILITY LIST?

☒ YES, is eligible

CIT
Administrative Unit

☐ NO, is NOT on eligibility list

WHY NOT? _____

Other information given: confidentiality issues/sense of urgency/presenting problem:

Management referred him
He's not allowed to come in to work

(ES, THERE WAS TALK OF MAKING THIS
CONDITION-OF-EMPLOYMENT but we haven't
gotten formal notice)

Date/Time Therapist Call to Client	Outcome
<u>1/24/92 10am</u>	<u>no ans.</u>
<u>1/24/92 1pm</u>	<u>line busy</u>
<u>1/24/92 2pm</u>	
Letter Sent: _____	

1-29-92 Intake - 3 wk. leave w pay & see E.G.P. Conflict over pay & equity. The work environment here very unfriendly, hasn't gotten promised promotions & pay raises. Feels he has missed out because he irritates people (by disagreeing w them). Recently raised from 28 → 34, & allowed to work 1/2 time. Person brought in to work w him on project was someone no one wanted. Told people to send in buds for him.

When he is in, w/out his work, didn't sleep well, heart beating high.

He's worried re electronic mail that admin. saw threats.

2-5-92 Indiv. sees no future at C.U., but wants to complete this current project.

PROGRESS NOTES

PLEASE include the following: 1) Date; 2) Type of contact, e.g., appointment, walk-in, telephone, no-show; 3) If appointment, note all persons present; and focus of discussion; 4) Your initials or signature.

Date

Signature

1/24/92 Indiv Assessment. Did not identify pp. ES
 Client attended this session because C.U. requested
 he do so. Very cooperative. Told story in great
 detail. Started genogram. Will continue that
 w/ more he & will start "genogram" of workplace.

2-5-92 Indiv sees future at C.U. resistant. To
 search own way. Not "life story" - extensive
 from his developed awareness. See 2/11

2-11-92 Indiv assessment for Kevin's work.

2-20-92 Indiv assessment for Kevin's work.

2-20-92 Indiv Mother as authority linked it to situation
 at the workplace. Does not see messages ~~on~~ on computer
 as threatening. Denies he would "ever" damage
 the network.

• next - eval. how stress of this affects Kevin
 and family.

3-27-92 Indiv seen that this is about that mortgage

for his father's business. Kevin Moral standard.

He thought it was disputed. Not to be handled for his
 work.

in work to how once associated with his work,
 his suggestions.

3/6/92 Indiv Kevin seemed very tense. Able to speak
 abt his anger at the unethical way dept & especially
 his leave has been handled. Indiv He is

reasonable & maybe able to find another position at
 C.U. Given the indication of wish to sabotage in
 any way. Indiv He is able to handle what he

is asked to say he learned to deal w/ mother
 from this next time.

3/16/92 Call from Kevin upset over letter from D. Lambert. ES

3/18/92 Indiv. Used hour to answer upon reply asked
 from me by Kevin's supervisors. Will have L.M. ES
 approve in rough draft form & will return on
 3/30 to sign release & approve of my letter.

3/20/92 Indiv in C.U. assessment for Kevin's work.

3/20/92 Indiv assessment for Kevin's work.

Born at 11

5/28/92. Judd. The boy, more + on Leon. Their lives that
of his influence - modest. Not stubbornness.
and is connected in kind a Mother? Reaction to
social abuse. And from the baby's side by Mom.
"I want Mom to accept me." Realized a not a realized Mother -
vice. I am shaped - an idiot. "Kerla & Mom have permeable
boundary - tell her about it." "Mom's 'yes-planning' as
she is on, or even safety - kind of 'her family'." Train of
to "Kerla" (a little in Mom's blood) by Mom.
mother to him on when on the same idea too.
Discuss that notes of stimulation, internal?
around me 6/11/92. Solid connection with
being used by mother to protect & being used in
prior to place situation.

ES

6/11/92 ~~Indiv~~ Summed up to close -
JHAT - ~~Don't see how~~ ~~some~~ ~~that of~~ ~~Summary~~
of the Mother's perspective.
JHAT

21

I. Presenting Problem

Client presented on leave by C.I.I. after behaviors which were perceived as threatening.

Data Documenting Problem: (Include information from supervisor with required referrals)

1.

2.

3.

ASSESSMENT

A. Mental/Systems Status Slight, quite slender man, long dark hair. Casual, appropriate dressed. Articulate but speech has slight, "er" stuttering sound at ends of phrases. Angry, feels underpaid, undervalued at work. Oriented x 3. Speaks clearly & coherently. No suicide ideation. No depressive features.

Kevin Eric Saunders, Systems Programmer/Analyst III
CIT/NR
November 15, 1990

David Lambert
Director, CIT/Network Resources
For your eyes ONLY:

Dear Dave,

I'm writing to give you a chance to help resolve my problems, so they might be worked out without causing too much hassle and bad feeling. I have come to believe that my job as a Systems Programmer III under Dick Cogger is a dead end. I do not intend to linger any longer in his dismal empire. Since I've achieved my goal of producing a version of *Comet* which I believe is free of malignant bugs, I feel free to pursue other opportunities. (I'm referring to Version 2.0D25, and also Version 2.1D3, which adds support for scrolling text windows—but has not yet received enough criticism and polishing to be ready for broad release.) I am willing to continue working on *Comet* (although I'd rather work on UNIX machines) and/or on other projects in Network Resources, *but* if I am to do so I wish 1) to be made a half-time employee, 2) under some other manager's authority, 3) with a promotion to Senior Systems Programmer. If these requests cannot be met, I request that I be granted a Leave of Absence so I can seek other employment within Cornell.

My grievances have been festering for years, so I beg your patience as I catalogue the prime pricking points and related matters... to summarize briefly, I don't *dislike* Dick, but I don't really trust him, and I am *bone-tired* of being his subordinate. It's not that he doesn't have lots of good ideas; it's just that he has trouble figuring out when he has *bad* ones.

1) I first asked Dick that I be returned to half-time status in December 1988. I have clearly reiterated this request, more than once, since January 1990. No action whatsoever has been taken to fulfill this simple, straightforward request. In contrast, when I requested four years ago that my status go from 20 to 30 hours/week, and then requested a change from 30 to 40 hours/week, my requests were fulfilled *retroactively*.

2) I have not received a job performance review this year, which should have been performed in May. Curiously, Dick had promised his staff that *we* would get a chance to report on *his* performance during this review. Despite the fact that I deliver high quality software products with *truly minimal* supervision, and have progressed steadily in my knowledge of technical *arcana*, I have not received a promotion, or a pay raise *in real terms*, since I was first hired as a permanent half-time employee in early 1986 (after my promotion from a *radically* underpaid casual employee—I was the *only* one of the employees in Dick's Little Shop of Network Planning and Development who already knew C when I was hired). I am not being paid in accordance with my skills or my contribution to Cornell: new hires with no experience relevant to their job are being paid more than I am.

Over the years Dick has acknowledged this repeatedly *to me*, but maintains that the Personnel Department is the obstacle. I find this increasingly difficult to believe. Does the Personnel Department really want to promote job-hopping? have they never heard of The Peter Principle? The difficulty of programming the Macintosh at the Toolbox level is by now legendary, and it gets more difficult with every System release. Both *Comet* and the OmniTalk driver/bridge which I completed to *Corvus' satisfaction* are highly complex high-performance C-language programs, interfacing to Pascal Toolbox routines, and also use 68000 assembly language extensively. Applications programs for the Macintosh are ordinarily developed by programming teams. Surely the Personnel Department is not completely deaf to their own rhetoric regarding pay for merit.

Even though Dick has claimed he sympathizes, he has discouraged me from applying for job openings within NR/T&S, including the position which Rich Kennerly now holds and the two (undefined) full-time positions which will open when the IBM contract is signed. In response to my complaints, he claims some new position will be created for me in the IBM project so I can get the raise he claims to believe I deserve, but I am dubious, and I no longer want to work under Dick's supervision.

Dick is an exceptionally clever guy, but he *does not know his limitations*. He shoots from the hip: this works well for infighting, but is *not* good for hitting targets at a long range. Dick believes that he can evaluate programmer quality and productivity without examining code; his evaluations are, as a consequence, arbitrary and without merit. Furthermore, the development process as practiced in T&S lacks *all* formal rigor, including the one requirement I believe is essential for both for developing quality code and improving staff skills: peer review through the process of structured walk-throughs.

In addition, Dick has an obstructionist, negativist attitude which limits the development of systems to suit his (largely arbitrary) preferences. Dick is famous throughout Cornell for stubbornness. I've *defended* him and some of the policies he was crucial in formulating. But I myself have learned NOT to ask Dick for approval of work I think must be done, because almost invariably Dick's response to my proposals is "DON'T do it/DON'T do it *that way*." E.g., I proposed to write an almost-trivial Macintosh Desk Accessory which would allow the user to set a fixed AppleTalk bridge address. This would have the twin benefits of 1) enhancing security by foiling any security cracker on the network who runs a program posing as a router by transmitting RTMP packets (admittedly, it's probably a lot more likely that someone would just use AppleTalk Peek!), and 2) enhancing performance of LocalTalk networks which have an AppleTalk bridge used to extend the length of the network or provide dial-up AppleTalk access, which results in packet transmissions, as packets intended for the backbone router get re-directed to the bridge to some nodal network. Dick's response was "we don't promise AppleTalk users security." I told him, damn, I'll do it anyway—but what's the point, if it couldn't be distributed?

The fast OmniTalk driver died a similar death after I spent an 25-hour work-weekend designing and recoding the Omninet driver interface to do AppleTalk *right*—Dick dumped cold water all over it, saying we should try to get Corvus to pay for it first, and generally disdaining my ability to implement the Zilog SCC chip interface ~~even though I vowed that a working driver was but weeks away (that's a lot less time than it took to debug the background bridge~~

which *I* had *always* thought would be a bear). Now Corvus *has* come back, flourishing dollars once again, but... "we're no longer interested in Omninet development."

Dick does *not* get the best out of his employees. *I* produced *Comet* because I'm a hacker born and raised (honest! I've got a pedigree from the Arkansas Valley Model Railroad club... *my dad was a hacker!*) and I decided to bypass Dick and **do what needed to be done according to the most common user requests and my own sense of priorities:** provide color support, extend the fast screen drawing routines to support arbitrary screen locations and offer a larger (and FASTER) font, implement the Telnet Terminal Type Negotiation RFC, support the library character set, etc. (I'd love to convene a committee of some sort to get broader agreement on what *Comet* should offer and promote more consensus, but Dick would kill that *pronto*.) When Dick saw my first implementation of color, he didn't say, Gee Whiz, that's Nifty! Nope. It was: "Hmmm. Why didn't you provide a way to make the controls appear in color and let the user change the colors?" BAH! This is management by negation...

(Parenthetically—I'm really disturbed by the attitude that Cornell management seems to have toward the security issue; rhetoric about morality is just not enough, you've *got* to make an effort to *nail* the perpetrators. After all, Marxism is a dead ideology because the promised transformation of human nature toward altruism failed to occur. And hey, come to think of it—who *knows* what *Comet* does except me? *Nobody!* Is *Comet* logging user IDs and passwords and transmitting them discreetly via UDP to a host of my choice? All you have is my assurance that this is not the case! This a good argument, by the way, for restricting distribution of the source... God only knows whether the copy of NCSA Telnet you yank off some random AppleShare server is *really* NCSA Telnet...)

3) I am not provided with the tools I need to do my job, nor am I provided the authority to acquire them. (A sad contrast with our "In Search of Excellence" video training, which stressed that *employees must be empowered to get the job done*.) When I am in Caldwell 125, I do not even have my own *phone*, and I am interrupted *continually* by calls for Rich, who is often not at his desk. Dick knows this; nothing has been done. Dick's attitude when I request equipment is that I should scrape it up somewhere. When I took my Mac II development system home in May 1990—I sure didn't ask Dick—my productivity *soared*, because I could perform my primary duty of developing and debugging software, which requires *intense* concentration, in a comfortable environment free of distraction. *A programmer needs a private office. Two programmers sharing an office is an often fun but inevitably distracting company. Three programmers is a crowd in need of control.* Furthermore, as a father, it is not possible for me to turn in the 80 and 100 hour weeks in the office—but I worked those long hours *regularly* in developing *Comet* this summer.

My productivity as a developer of Macintosh software has been hampered as the Macintosh hardware upgrades I receive lag behind that of other CIT Macintosh programmers, and indeed, *non-programmers*, by more than a year. The IIfx is the first upgrade I've received in over two years—and it came long after it would have been most useful, during the grinding edit/compile cycles required to extend TN to offer support for multiple windows. If I hadn't wiped A/UX 1.0 off the 80MB drive I use—in direct violation of Dick's orders, I made the mistake of asking him whether I could do it—*Comet* would be a real *Kohoutek*, i.e., nowhere in sight. I have repeatedly

requested, and have been promised, that I will get a UNIX workstation, but in five years it has yet to materialize—although a PS2/80 running AIX sits almost unused under Dick's desk. *If I had not purchased a sophisticated workstation of my own at extravagant expense and installed my very own home Ethernet, the current state of development of Comet would have been unreachable.*

4) *Comet* and its predecessors are good products which get lousy distribution and support by CIT. I respond to user input. Yet... the CIT/Information Resources "Look and Feel Committee" developed a memorandum slamming TN3270 (stating, roughly, that "Brown TN3270 is the preferred program for both demonstrations and internal use in IR") and listing its demerits, but *somehow* failed to distribute it to *us*—an action which I can only attribute to bad blood between Dick and the IR management. IR politics practiced in response to my incorporation of a driver interface in TN3270 for use by Mandarin had a similar flavor: after more than a year of waiting for IR to produce some response beyond "it mostly works but it needs a few changes," suddenly the interface deemed "unacceptable" and "buggy" (when HyperCard 1.2.5 was the source of the bugs!). In contrast, the HyperFTP HyperCard stack, developed by Doug Hornig of IR, has been distributed nationwide. Development versions of NCSA Telnet, Brown TN3270, and other products similar to *Comet* are freely available *nationwide* via FTP servers. These products benefit substantially from having a broader base of users of development versions who can and do report bugs. PC/IP and Stanford licensing provisions restrict distribution of *Comet* to academic sites that have signed a license, but there is no reason why licensees should not have access to more recent versions via restricted FTP access. As far as I know, there is not even an electronic mailing list of licensees for *Comet* and PC TN.

I thought the distribution situation would improve with the Technology Fair release—which happened *only* because *I* was insistent that the TN1.1, TN1.1U, TN32701.1, TN32701.1U, C191.1, and C191.1U products which *Comet* replaces were unsatisfactory as a basis for the mail system documentation to be offered at the Technology Fair, and because *I swore* to the CIT Products Committee *that Comet would be ready*, and Steve Worona supported me by averring that my promises were generally reliable. Tom Young was incredulous; he was assured by *his* staff that it would be *impossible*. Dick was not supportive, saying he'd rather wait for the program to be more stable. *I insisted, I swore I would deliver, I worked my ass off, and I succeeded in delivering a usable if still buggy version which incorporated numerous features demanded by the critics.* Cecilia Cowles later told me it was one of the most exciting meetings she had attended because we agreed to *do something*. I had to tell her it was depressing for me to hear so much negativism when I had been working so hard, and was *volunteering* even more hard work against a close deadline—not just making *Comet* work, but agreeing to provide documentation which Tom Young demanded as a prerequisite for the release. (Documentation which Dick has always told me not to do, "that's not what you're being paid for, someone else should do it"—but until recently, that job was disdained... speaking of which documentation, Teresa Craighead told me "I'm amazed you did such a good job in so little time!" Why is it that I receive positive feedback on my work from users and other employees, who apparently can figure out that I'm working hard, but *rarely* from my own management?)

So why do I receive a call last week from Oscar Larsen of Admissions asking how to get a copy of *Comet*? I have to tell him that I'm not allowed to distribute my current development version outside CIT, whether it's better or not, and that even then I have no straightforward means of offering 2.0D15, which I would rather he not use--no AppleShare server visible outside CIT, no FTP server. (Thinking about it now, I suppose I should get Mark to put it up on nmc...) He wants to know why he can't get it off an IR or WR server; I have the same question. He has the illegitimately-distributed TN1.2D9: "There are a lot of people using this program--why is it so hard to get?" I told him I would appreciate it if users would complain, because I don't think my complaints will register. Should I sally forth and impolitically offend yet more CIT directors and ADs? I don't want to--I really don't think pestering the managers in IR or WR is part of my purview, even if I was compelled to respond to the *absolutely hideous* Technologies Draft 0.8. (Which scared me shitless, because I thought it was about to become CIT *policy*--Draft 1.0 is fairly realistic. Recall that the timeline in 0.8 slated the 68000 for demise by 1991: just in time for the arrival of the Mac Classic!).

When I suffered through the Employee Job Review survey, I was told by Dick that I should fill out the form with the prescribed responses, that that would be 'mature' and would be rewarded, even if it would mean that my response would be, in reality, fraudulent: that I had no managerial or administrative role whatsoever, no communicative role whatsoever, no real involvement in the design of the major development project that is now *Comet*, that I worked under close supervision, etc. As usual, I stuck with what I believe to be the truth. But I'm fed up with having to behave like an entrepreneur while I'm stuck within a web of bureaucracy, and I'm very unhappy when worthy rhetoric from top management regarding the need for collaboration across the matrix and UNIXification is ignored by middle management.

I hope that we can work something out, because I've got a family to feed and I really enjoy the parts of my job that are not intertwined with the politics of personality in CIT and connotations of wage slavery. If you think that some arrangement can be worked out, or if you'd like to discuss some of the issues I raise about Dick's management style, I'm free to meet with you anytime.

Sincerely,

Kevin Eric Saunders

>>> MAIL 90.01.00 <<< From: CQU at CORNELLC

Line 1 of 72

====>

* * * Top of File * * *

Date: Thu, 16 Jan 92 11:44:13 EST
 From: Kevin Saunders <CQU@CORNELLC>
 Subject: Re: Things
 To: Dick Cogger <RHX@CORNELLC>,
 dave lambert <hdl@cornella>,
 stuart lynn <msl@cornella>

----- 1 line(s) not displayed -----

The speed with which I leave Cornell is going to depend entirely on Cornell successfully fulfilling agreements which I have to make with Stuart and Compensation (which will require lawyers, certes). I'm willing to cooperate (with Nick, too, even though his presence on this team against my--and everybody else's!--expressed wishes is the straw that broke this patient camel's back), but I'm leaving Cornell to make a career in **show biz**, where I can expect to be treated like a piece of meat--which **I** feel will be a step up from being treated like a machine.

Part of my inspiration--just part--is the fact that my "work" with the Angry Samoans in '79, which showed up on half of "Inside My Brain" in 1988, has hit Chuck Eddy's Stairway to Hell: The 500 Best Heavy Metal Albums in the Universe at #74. (Though I'm lumped with the "three other nitwits", it is **me** playing live, improvised, solo guitar.) Chuck is described on the blips on the cover as "the best voice of the second generation of rock critics," so this is not half bad--it's **baddddd**. It's **really** GOOD--for a \$5/hr demo recorded in one evening, and a couple of songs recorded on a cassette recorder in the back of Rhino Records... (Gee, sounds like the resources with which I implemented Comet!) Of course, my brother's material and persistence deserves most of the credit.

Back to **this** business: I think the Annex does have the horsepower, but only for ~4 sessions or so. AppleTalk/PPP on the Annex is obviously the answer, along with a Mac PPP/MacBridge implementation--which I don't **really** want to do, because I'm **not** going to be here to maintain it: you need to bring somebody else on to handle Mac network stuff, and I can help bring them up to speed on the AppleTalk link layer stuff. Likewise with Comet, the responsibility for which needs to go to some organization that recognizes that it is a mission-critical application for Cornell, and will be for some years to come. (I've informed some users that Comet is "peripheral" to our "mission": expect fireworks. Paying network users expect **enhancements** and **bug-fixes**, not ABANDONMENT.)

As I pointed out to Dave, I'd love to wrestle the ARA threat to the ground and will help prepare the arguments to counter Apple's combination protocol megalomania/revenue maximization scheme.

(Dick: If you want to try logging on to my IIx, get the ARA disks from Karen, and try rhx (password "rox") at 2550525. Please don't hog it, though, since I want to do some

performance testing...)

Of course, my continuing cooperation will be contingent on my *finally* getting a _truly good_ deal out of Cornell (after some 13 years of patience!). Like anybody else, I can leave with two weeks notice, and I can leave with a *clear conscience*. I've been pursuing excellence at Cornell for > 6.5 years in this position, and I am *damn proud* of my accomplishments, achieved in the face of (at best) administrative indifference, with the goal of serving CIT's user community *as best I can.*

I *know* I'm not wanted here as a permanent, full-fledged, well-paid *colleague*, so I'm willing to leave without kicking--*if*. If I continue to be treated like a "donkey,"--Dimock's term, at the meeting where he said "Dick needs more donkeys," and Tom Young averred on the authority of his staff that my promised delivery date for Comet (2.0D15) was "impossible"--I'll act like one, using every legal means I can bring to bear.

Yours Truly,
Semper Fidelis,
kevin

* * * End of File * * *

PF1=Help PF2=Next PF3=Quit PF4 =Print PF5 =Reply PF6 =Forward
PF7=ScrollUp PF8=ScrollDown PF9=Discard PF10=Switch PF11=Log PF12=Cursor

* * * Top of File * * *

Date: Thu, 16 Jan 92 19:42:14 EST
 From: Kevin Saunders <CQU@CORNELLC>
 Subject: Shapes of Things
 To: Dick Cogger <RHX@CORNELLC>,
 dave lambert <hdl@cornella>,
 msl@cornella

----- 1 line(s) not displayed -----

Thanks. Show business has no idea what's on the way...

As for my "idea of how an organization should treat me", I'd expect at a minimum that an organization should abide by its own published standards... check 'em out sometime. Personnel Manual #201, Administering Wages and Salaries, delineates a number of standards and policy goals... which you have repeatedly told me are real howlers. I, however, take enunciated organizational values VERY seriously, and I intend to hold Cornell to them, whether you accept them or not, whether you believe they are simply a joke Personnel plays on us or not. Dave's "Network Resources Organizational Values" are pertinent also:
 "10) Relations among the staff of Network Resources should be characterized by *respect*, helpfulness, sharing, tolerance, forgiveness, openness, honesty, and (above all) good humor."
 The emphasis is mine, and I think that value does belong first.

It's weird--I get so much positive feedback from Comet users, when at last I bother to ask them to help *me* out... "Comet is the best product offered by CIT." And they don't understand why *I'm* not valued... maybe they feel that way because I try to *show* respect for them and try to meet their felt needs, rather than trying to show them that I am brilliant, that I have the correct answers, and that they're all fools if they disagree with me--which seems to be the traditional CCS/CIT attitude. Or maybe they feel that way because it's a fine product, which embodies the way that I care about them, and that I share their feelings about the importance of *their* work and *their* need to communicate--*efficiently*. If IR happens to originate a good idea that users like, I'll adopt it. If the non-standard position of the Reset menu-key gives Tom Young the hives, I'll change it. And when bugs crop up, I do my best to fix them, and Comet users *know it*.

You oughta haul that copy of Gerald Weinberg's "Psychology of Computer Programming" down from your bookshelf and *read it*. I suggested to Dave that he do so also. Fred Brooks' "The Mythical Man-Month" might also help enlighten you on the reasoning behind the UNIVERSAL response to bringing on Gimbrone: You CAN'T speed up a car by adding cylinders that DON'T FIRE! Gimbrone is a proven *disaster* with modems...

But hey, I'm willing to work with Dimock, even if I ~~do~~ believe he is an *immoralist*... as for incompetence, as I ~~told~~ Bill

Turner the other day, if you don't reach your level of incompetence in this business... you're not trying.
My last-straw feeling derives not so much from having to work with Nick as the WAY the decision was made, in complete disregard of the desires of the ENTIRE NR-Tech staff:

If you won't take no for an answer, don't bother asking.

Anyway...

I'm perfectly willing to make a meeting with *everybody* who's supposed to work on this thing. Porting the router should be a piece of cake (~ 1 month FTE--remember, I did the same for the foreground-only MacBridge...). The MacBridge is slightly hairier... as I had mentioned B.G. (Before Gimbrone) I made progress in November towards cleaning up the assembly-language LAP interface so it called C routines, which use code adapted from Comet. This will of course greatly ease migration to future interfaces... PPP will provide automatic net/node # negotiation, so users will need only to enter a valid password for the Annex server to approve; the server can then communicate the net # to the MacBridge (net/node negotiation is defined in the current PPP standard).

Of course, the Annex PPP implementation has to work correctly. If we can lift the PPP negotiation stuff from the Annex implementation, that'll speed up work on the Mac end correspondingly.

And finally...

My goal here is not to screw Cornell: it's to arrange a fair divorce settlement. Divorce does not *have* to be hell... but it usually is, if the parties do not divide jointly-produced assets in an equitable manner. Comet is an helluva asset: the basic concept is your *idea*, but the blood, sweat, and yes, tears, are mine.

"To hold it upright and fill it,
Is not so good as stopping in time.
When you pound it out and give it a point,
It won't be preserved very long.
When gold and jade fill your rooms,
You'll never be able to protect them.
Arrogance and pride with wealth and rank,
On their own bring on disaster.
When the deed is accomplished you retire;
Such is Heaven's Way!"

-- Te-Tao Ching, Lao Tzu (Trans. Robert G Henricks)

Date: Thu, 16 Jan 92 14:13:45 EST
From: Dick Cogger <RHXC@CORNELLC>
Subject: Re: Things
To: Kevin Saunders <CQU@CORNELLC>
cc: Dave Lambert <hdl@cornella>

----- 1 line(s) not displayed -----

Kevin, glad to hear that show-biz is opening up for you-- I have to doubt that Cornell could ever match up to your idea of how an organization should treat you over the long run. But as you're dealing with Dave and Stuart, there's probably not a lot for me to do, at least until you have things worked out at that level. If there is something you want me to do, let me know.

My assumption would be that whatever is to be worked out won't happen instantly or even within days, so what's your idea of what you and I should do in the meantime? I agree with your assessment that the right direction is appletalk over ppp and the corresponding macbridge implementation. Are you willing to participate in discussions with the team (or part of it)? Or do you think that's inappropriate until the other issues are resolved? My concern is that if we don't have a plan and functional spec documented in the next couple weeks, Xylogics will kiss us off. Then we may see ARA go the way of quickmail.

If I don't respond to all the points you raise, don't think I'm ignoring them. We can discuss, if you like, when there's time.

-Dick

* * * End of File * * *

Tue Jan 21 05:37:44 EST 1992...

It's better to do some work rather than be upset... when you wake up at 2:30 and can't get to sleep because your job situation is bugging you.

Anyway, I just want to point out again what I want, to make it perfectly clear:

- 1) extraordinary reward for extraordinary effort, as allowed for by Cornell's personnel policy manual. (Dave: check out that productivity report I gave you last year: my productivity, on Comet **alone**, works out to about 30 lines of code per day, three times the industry norm. Remember, I've done 95% of the work on this product, part-time, wearing about 5 different hats...) I printed out Comet for the first time this weekend--I mean, this is the **first time** that c19/tn/tn3270/Comet have been printed out **ever**.... (think of the paper savings over 6.5 years...) And it has... heft. Monaco, 7 pt., 0 margin, compact K&R C coding style, and it is BIG. And then I realized... Comet is **my rendition** ... of Atlas Shrugged. Weird but true: it's my response to Cornell's welfare-socialist mentality. If I'm rewarded properly for it, you might have a new model of how a person can Make It At Cornell, even though the pay is low. I want **market level compensation** for the work... which, after all, is supposed to be Cornell policy to begin with... Cornell can spread the payments out, and I/we'll consider real property in lieu of cash (I know cash is a little tight now for Cornell), and if you give me what I deserve, I'll throw in other interesting stuff, i.e. source for dumb virtue, (300K) which is what made me so productive in my early days here... Cornell, BTW, possesses a license for this program, but has never made any use of it ("dumb virtue: the shell programmer's little friend"--I think **my** idea of a shell interface beats the pants off of Apple's MPW Shell interface ... ugh, Dick: "Why, every programmer writes at least one text editor..." Hah! Very few have tags/shift/undo/etc incorporated with a VT102 and Tek 4014... the editor is Mac ToolBox TextEdit based, and is immediately applicable to Comet's .edit window. Naturally, this is where the Comet "Find..." command came from, because I couldn't resist adding the functionality, even though it compromised my copyright on the code. Originally, all the stuff I developed for Comet that was acceptable under Dick's interface religion got added to C19/TN...)

Of course, the amount of the payment can be kept confidential if you prefer.

Look: My hands can no longer handle this coding business, I've gotta take a long break from the keyboard. I'm an extradinarily fast and accurate typist, but it's beating the knuckle of my left pinky (a critical guitar finger) into mush. I DO NOT want to wind up CRIPPLED like RMS (Richard Stallman, of EMACS/GNU/etc. fame). My problem is the keyboard, not guitar.

- 2) a transfer to a higher level temp position, e.g. Applications Specialist 1, where I could work (even full time) to help Comet and the PPP/MacBridge get transferred over to other hands and put on a fully-supported production basis... And then leave.
- 3) Handshakes and smiles **all around** as we assess the benefits we've jointly produced and present them to top management. (Which will have to be done anyway to justify paying me what I've been worth, invisibly, to Cornell...) ~~3270's and Sytek eliminated... UTP-Ethernet supported...~~
~~Standardization on Mac systems... Convenient and powerful systems~~

for "distributed processing", even into the home environment.
 Mann Library forced to accept Comet and Macs as their
 Technical Services Workstation... (Eat that, Jan Olsen!)
 All these goals we've been announcing as "strategic"... Achieved.
 It's NACUBO time, folks! We'll win the nationals! We're heroes!

- 4) It's not my decision, but gee guys, can't you kick Dick upstairs somewhere so he doesn't get in the way while he's envisioning a new future, rather than having him sit in a managerial role in which he's maladroit and obstruct the implementation of the vision he had five years ago? (Which *I* have implemented...) Why do techies have to be managers to get paid?

I got a couple of copies of Sun Tzu's The Art of War for you as presents, for being so tolerant of my (occasional) lapses into flames. The Japanese swear by it. I do too, being something of a reincarnated Taoist Bonze... :-> (Remember, the best kind of war is the one you avoid... the Japanese have learned the hard way...)

Later,
 kevin

PS: Please get back to me soon, or I'll carry the grievance procedure forward with Personnel. I want a resolution SOON, not next year.
 If I feel any knives in my back I'll be MAD, not just upset and confused.
 PPS: Oh yeah, I'm planning to change my name. Cool, huh?

Here's a kudo from Olin lib, kind of typical of the mail I get on Comet.
 "This is great stuff, there's a little feature we'd like..."
 I'm not much on brag, so I don't redistribute this stuff to the world at large. Arkies aren't inclined to brag; the Japanese aren't much inclined to brag, either. (If you think about it, many of my problems with Dick and CIT's "traditional" "management style" are problems of multi-culturalism: In Arkansas you JUST DON'T snub other people to their face unless you're spoiling for a fight... We may be Rebels, but we're generally polite about it...)

Hello,
 People are extremely happy with Comet so far. I'm going to hold a Tech. Services "user group" meeting next week sometime to answer questions, show features and such. I'll ask about any freeze-up problems. Do the folks in Day Hall have the ethernet cards with the math coprocessors? Are they still necessary for Comet?

I had one suggestion future development (if there is any) for the edit window. It would be really useful for us to be able to see where the system intends to insert page breaks when it prints, or to be able to insert them ourselves. We make thousands of print-outs of variable length cataloging records which we would like to be able to split out 1 per sheet, for example.

Thanks for the great program.
 Betsy Gamble

Thanks very much for responding... I really hope that somehow we can arrange something equitable for me, and at the same time spark this organization into adopting a more proactive, entrepreneurial attitude...

sincerely,
 kevin

Wed Jan 22 02:07:44 EST 1992

>>> MAIL 90.01.00 <<< From: CQU at CORNELLC

Line 1 of 39

====>

* * * Top of File * * *

Resent-Date: Thu, 23 Jan 92 09:42:47 EST
Resent-From: Kevin Saunders <CQU@CORNELLC>
Resent-To: hdl@cornella.cit.cornell.edu,
msl@cornella.cit.cornell.edu

----- 4 line(s) not displayed -----
Date: Thu, 23 Jan 92 08:03:40 +0200
From: Jaime Prilusky <LSPRILUS@WEIZMANN.WEIZMANN.AC.IL>
Subject: tn3270 Hypercard Interface
To: Kevin Eric Saunders <cqu@cornellc>

What do I say? This only works with old versions of tn3270; is the stack in the public domain?

I've wanted to fix this to work with Comet, but IR shat all over it (i.e. I lost my major customer for it), and I've certainly been *extremely* busy with other things.

?,
kevin

-----Original message-----
Kevin,

I got a description on a TN3270/Hypercard interface you developed. On the documentation I got, you mention a Hypercard stack which uses the driver to connect with a host, check the state of TN3270, send data and commands and put the screen into a HyperCard global.

Can you mail me that Hypercard stack ?

Best regards, Jaim

Dr Jaime Prilusky	
Israel National Node INN	! LSPRILUS@WEIZMANN.WEIZMANN.AC.IL
Weizmann Institute of Science	! fax: 972-8-344113
76100 Rehovot - Israel	! tel: 972-8-342470 / 2979
* * * End of File * * *	

Curriculum Vitae

Kevin Eric Saunders (a/k/a bonze blayk!)

<mailto:bonze@databaseast.com>

1668 Trumansburg Rd.

Ithaca, NY 14850-9213

607-277-5808

Founder and President: 9/94 – present, databaseast, Inc. <<http://databaseast.com/>>

Contracted with Cornell for support of "Comet", the Cornell Macintosh Terminal Emulator.

Developed "dataComet", an enhanced shareware version of Comet, which databaseast has licensed on an exclusive basis from the Cornell Research Foundation (as of 5/1/95). GUI conformance, functionality, performance, and reliability have been greatly improved over Comet.

Developed the "databaseast, inc." web page, focussed currently on the dataComet application. The page offers access to current dataComet distributions and documentation, along with pointers to truly useful reference sites on the web.

Developed the web site for the Cornell Vet School Image Lab <<http://imagelab.vet.cornell.edu/>>. The system is a Macintosh PowerMac 7200/75 running MacHTTP with a web-based order entry system implemented using AppleScript.

Developed "dataHTML-Extractor", a Macintosh application for efficiently extracting form data from HTML documents for use in table processors such as spreadsheets. Text documents containing ordered lists of names corresponding to HTML "NAME=" labels are used to specify which HTML "VALUE=" values to extract and save in the specified output document as a tab-delimited line.

Senior Software Engineer: 2/94 – 8/94. Millennium Computer Corporation (Rochester, NY).

Developed Macintosh implementation of multiplatform GUI front end to manage application launching and automatic logon scripting for Project MAIN (an IBM/ISSC project to provide Internet connectivity for the State of Michigan).

MPW C++ and MacApp were used to develop the GUI launchpad and administration applications, while Think C and TMON were used to develop the driver which controls the applications (TCP/Connect II, CTC MacBridge, Pilot Command Center, and Clear Access).

Systems Programmer: 7/85 – 3/94. Cornell University Information Technologies, Network Resources.

Primary developer of Comet, supporting multiple VT100, Heath-19, and IBM 3278 emulations over either Telnet (using MacTCP) or serial connections. Comet is a custom Macintosh application developed using the Aztec ANSI C compiler with MPW Tools.

Developed OmniTalk, an ALAP driver supporting AppleTalk on Corvus' 1-Mbps Omninet LAN, which incorporated an OmniTalk to LocalTalk AppleTalk bridge driver running in the background. MPW C and 68K assembly language were used to implement OmniTalk. The Omninet driver also had to be debugged for this project; it had been implemented using Consulair C.

Responsible for backline support of Macintosh EZ-REMOTE, MacTCP, and TCP/IP and AppleTalk network troubleshooting. Developed the EZ-REMOTE MacSLIP installer for the Macintosh; provided EZ-REMOTE troubleshooting checklist for the Service Help Desk.

UNIX programming/administration: 6/84 – 6/85. The Bookery.

Specified PC/AT running MicroSoft XENIX 1.0 for small business data processing; from 1/85 – 6/85 developed programs to manage Purchase Order generation, and automated Telex communications.

Macintosh programming: 1/84 – present.

Learned ToolBox environment by developing "dumb virtue", a UNIX-shell-oriented multi-window terminal emulator supporting VT102 emulation with variable-sized fonts, a tty emulator/editor using TextEdit, Tek 4010 graphics, and the uw multiplexing protocol.

Word Processing: 9/82 – 12/84.

d/b/a databeast. Self-employed in word processing business serving the graduate thesis market, using WordStar on an Osborne I with a homebrewed keyboard and a TEC F-10 daisywheel printer.

Computer Science studies: 4/80 – present.

Self-guided studies of programming languages, data structures, file systems, systems design, and other topics in computer science. Hooked by The White Book in 1981, and the UNIX issue (Jul/Aug 1978) of the Bell Systems Technical Journal in 1982.

Ithaca Junk Jobs: 12/79 – 9/82. Bookkeeping, pizza delivery, inventory counting:

Welcome to Ithaca!

Graduate studies: 9/79 – 11/79. Graduate study in the Doctoral Program in Economics at Cornell's Graduate School of the Arts and Sciences.

Dismal, yes; science, no.

Accounting Supervisor: 7/78 – 7/79. Community Hospital of North Hollywood.

Progressed to position of supervisor of bookkeeping department. Oversaw two subordinates. Reduced posting errors for \$5,000,000/year business to negligible levels.

Applications Programmer: 8/77 – 6/78. University of Arkansas at Little Rock.

Business application programming in COBOL on a Honeywell 6000-series mainframe. Responsible for maintenance of Payroll and Vacation and Sick Leave systems; designed, programmed, tested, debugged, and documented Personnel system.

Undergraduate studies: 9/74 – 5/77. University of Texas at Austin.

Phi Beta Kappa 8/77.

B.A. with High Honors in Social and Behavioral Sciences (Economics with a Minor in Philosophy).

Official Beauford H. Jester Center 12th Floor Resident Nickname: Bonzo (1974).

Graduated Hall High School, Little Rock, May 1974.

Telluride Association Summer Program, June–July 1973: Cremona, "Public Policy and the Environment"

Graduated Forest Heights Junior High School, Little Rock, May 1971.

Graduated Jefferson Elementary School, Little Rock, May 1968.

Born: Little Rock, Arkansas, 1956.

Publications

"Thumbnail Sketches of UNIX/Expo" in "Unique: The UNIX System Information Source" (Volume 3, Number 11, 10/84).

Musical Projects

Solo Artiste: 5/93 – present. "bonze blayk!"

Compose and perform original solo material in a moderately sensitive folk-metal vein (a la Al Stewart).

From the OED:

bonze, a Buddhist or Taoist monk;
blayk, a pale shining yellow,
the color of the midwinter sun
(a cognate of black, bleak, blake, and bloke).

Alternative rocker: 9/87 – 1/90. "Auld I' Anxiety."

Singer/Guitarist and co-founder of Auld I' Anxiety.

Composed and performed original material in an alternative power-pop quartet with punk leanings (and strong backgrounds in particle physics). "Auld I' Anxiety" EP released (no label).

Punk rocker: 7/78 – 6/79. "Angry Samoans."

Lead guitarist and co-founder of the Angry Samoans. Guitarist on "The Angry Samoans Live at Rhino Records" Triple XXX Records.

Guitarist on side 2 of the Angry Samoans' "Inside My Brain," listed in Chuck Eddy's "Stairway to Hell—the 500 Best Heavy Metal Albums in the Universe" at #74. Also included on "The Unboxed Set", Triple XXX Records.

Buyer beware! (This is my brother's band, OK?)

The "basement" years: 3/68 – 6/78. "The Rockin' Blewz."

Rock and Roll drummer accompanying my brother (Metal Mike Saunders).

A tape recorded during the summer of 1969 will soon be available on CD from Triple XXX Records...

A Statement Regarding My Alleged Misdemeanors

Sgt. Curatolo (IPD) charges that I sped from Seneca Street through the West End to Cliff Street at a very high average speed over 50 MPH on 12/22/97 ending at 1:51 AM (LB 960783-5, LB 960784-6, LB960785-0).

Unbelievable! ... Why? Because I care passionately about traffic safety in the West End!

I was a West End resident myself for 9 years, and a professional pizza delivery person for 1 1/4 years working from Domino's old "downtown" location on Taughannock Blvd.

Domino's Pizza: 1980 3 mos. 20 hours/week; 1981-82 1 year full time driver serving Ithaca Area except North Campus of Cornell, including Ithaca College and West Hill. Performance reference: Bruce Stark (owner/manager).

In July 1984 I moved into 607 W. Buffalo #1 (Nicholas residence). (Would I willingly endanger, e.g., Mr. Nichols Senior, who worked for 20-years as a cook at Joe's, his wife deceased—she used to bring us cookies!—, resident at 607 for 40 years? Absurd!).

In June 1986 I purchased the house at 721 W. Court St., and resided there until June 1993 with my ex-wife Anne Marie Whelan and my daughter Rachel Anne Whelan. They still reside there; Rachel attends Beverly J. Martin Elementary School (one of the reasons we separated is because I wanted to move out of the West End promptly before it became the traffic and crime disaster zone it is today, while my wife wanted to stay and keep her garden and the convenience of pedestrian travel downtown: she just didn't want to give up on the West End).

° I walked regularly to Cornell from 721 W. Court St.; I was employed by CIT throughout this period and occupied offices in Caldwell Hall.

° I used the Cornell OmniRide program as soon as it became available (walking regularly from home to the Greyhound Station on W. State St. to make the commute) and continued to use OmniRide (sacrificing a subsidized 'N' lot sticker in return for an unlimited bus pass) until I moved to Trumansburg in June 1993.

Through 1987 and 1988 I was an active advocate of pedestrian rights and the only known public advocate of the Route 96 "Null Alternative" to do "nothing" to "improve" traffic flow in the West End during the debates and public hearings. I entered a statement at the NYSDOT Route 96 hearings also (Anne Marie did also; we attended this in a driving snowstorm with Rachel, then still an infant), along with many other public statements on this matter.

(I was actually videotaped at at "public meeting" in January 1988, and my statements appeared in a cable program aired repeatedly on Cable 13 by the advocates of Plan D, which mixed a heated statement I made regarded traffic hazards, speeding, running red lights etc. in the West End in after another bunch of very reasonable statements about the needs for improved traffic flows... in fact my taking the microphone was provoked by Reuben Weiner assailing me as a "cynic" for my letters in the Journal opposing the "improvements", and the more reasonable advocates in fact appeared at a wholly different "Coalition for Improved Roads" "public meeting"! At the end of this particular meeting I discussed these problems with Noel Desch, then the Town Supervisor of Lansing, who told me that running through red lights [just after the light has turned red] was customary in the Ithaca area!)

This accusation is infamous and outrageous: it is based ONLY on Sgt. Curatolo's provocation and radar clocking of a speeding "offense" by aggressively tailgating me on lower Cliff Street near Kolar's while falsifying his position reports (probably claiming he was in "hot pursuit" through the Octopus, as he then "hung back" on Cliff St. waiting to "catch up" with me), which made it appear that I travelled at a high rate of speed through the West End after I left Micawbers' and started to drive to my home at 1668 Trumansburg Rd. at 1:41 AM (the time I noted on the Commons clock at Buffalo and Tioga, which I faced as I entered my car and made the right turn onto Seneca St.).

After being pulled over for this completely fabricated "violation" I was charged, falsely, I believe, with DWI. I firmly believe that I am innocent of all charges made, and also that Sgt. Curatolo committed several major crimes in the process of falsely arresting me.

Sincerely,

Kevin Eric Saunders

☒ E.D. Visit
☐ Direct Admit

ARRIVAL DATE
 1/11/97

ARRIVAL TIME
 0510

Cayuga Medical Center
 at Ithaca

SAUNDERS, KEVIN E
 SHEIMAN, LAWRENCE MD.
 32204893 ED
 05/01/56 0597460

INITIAL ASSESSMENT FORM

CHIEF COMPLAINT
*Palps - awake @ 0330
 face/hand/feet numb
 chills*

Revisit within 72 hours?
☒ No
☐ Yes

Pre-Hospital Interventions
☒ None
☐ Ice
☐ Immobilization
☐ Dressing
☐ Meds

Arrival Mode
☐ Ambulatory
☐ Ambulance
☐ Wheelchair
☐ Carried

MENTAL STATUS	VITALS					HEIGHT	WEIGHT	SKIN		
<input checked="" type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive	161 110 B/P	102 PULSE	26 RESP	98.5 TEMP	99% O ₂ SAT	5'7"	165	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Pale <input type="checkbox"/> Flushed COLOR	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Dry <input type="checkbox"/> Moist CONDITION	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Hot <input type="checkbox"/> Cold TEMP

CURRENT MEDICATIONS / DOSE	MEDICAL HISTORY	ALLERGIES
<i>Prozac 20mg qd Trazodone 50mg HS</i>	<i>Smoker Depression</i>	Specify: <input type="checkbox"/> DRUG <input type="checkbox"/> FOOD <input type="checkbox"/> CHEMICAL <i>Dust</i>

Primary MD: *Breiman*

INTERVENTIONS
☐ Dressing ☐ Xray
☐ Ice ☐ Lab *EKG*
☐ Immobilization ☐ None

TRIAGE CATEGORY
☐ Life threatening ☐ Urgent
☒ Non-urgent ☐ Fast Track

LMP: ☐ N/A
 TETANUS: ☒ N/A
☐ IMMUNIZATION/LEAD FORM DONE ☒ N/A

RN Signature: *Handwritten Signature* Date: *1/11/97* Time: *0515*

E.D. NURSING: Subjective		Objective		Analysis		Plan		Implementation		Expected Outcome below	
PSYCHOSOCIAL RISKS:	Yes	No		Yes	No						
Cultural	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Support	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Social Work	
Living conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Psychiatric	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Referral?	
Educational	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Language/Communication	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

TIME Ambulance Run Sheet Reviewed ☐ Yes ☒ N/A INITIALS

N-129

0515 ⑤ % being awakened by sensation of palpitation @ 0330 in chest assoc sensation of face/hand/feet feely numb. % also of chills & SOB.

⑥ Lungs clear, Resp easy. @admg. @JVD when upright. @puph pulses. No % chest pain. % heel/foot pains. No % p/MP. Speech clear-rapids. PERL. Denies any similar episodes.

⑦ Alt. in comfort.

⑧ CM, ✓ 12 lead EKG, ERP eval

0530 EKG done CM. 1182502 #6
 0540 Dr. Scheiman in for see #6
 0600 To Xray for Cxr. Labs drawn #6
 0628 Call to MHU for MH eval. #6

SAUNDERS, KEVIN E
 SHEIMAN, LAWRENCE MD.
 32204893 ED
 05/01/58 0597460

40

0597460

IV Fluid					MEDICATION	Dose	Route	Time	Given by	#
Site										
Cath Size										
Tubing										
Time ↑										
RN Sig										
Time ↓										
Amt Absorbed										
TIME										110
BP										
Pulse/ Rhythm										
Resp										
Temp										
SpO ₂										
Oxygen										
Mental Status										
Neuro-vascular										
Pain 0 → 10										
Med Admin										
Pain response										

ASSESSMENT ABBREVIATIONS

INITIALS

Mental Status

- + Alert & responds to verbal stimuli
- Responds only to painful stimuli
- No response

Neurovascular

- + Intact
- Diminished
- Not intact

Response to Medication

- + Good response
- Minimal response
- No response

Pain Scale 0 → 10 (No pain → worst pain)

NA Not applicable

SIGNATURES

David Saunders #6

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

1385
EMERGENCY DEPARTMENT REPORT

ACCT# 32204893
MR# 0597460

SAUNDERS, KEVIN E
DOB: 05/01/56
LAWRENCE SHEIMAN, MD.

01/11/97

cc: Emergency Physicians Billing Service-----sent 01/11/97

This is a very pleasant 40 year old gentleman who presents with a sensation of cardiac palpitations that I believe awakened him from sleep. He has had a history of them in the past but never this bad. They lasted about 3-5 minutes. He also has a sensation of "generally feeling bad".

HISTORY OF PRESENT ILLNESS: He has had numbness and tingling to his hands and feet recently. He has been under some significant stress with a recent DWI and an arrest for an alleged assault on his girlfriend, both of these cases are still pending before the courts. A restraining as a matter of fact had to be rendered against him in regard to his girlfriend. They have subsequently become separated. He has lost knowledge of where she is living at this current time. They had been together approximately two years. He has recently, I think within the last couple of weeks, been placed back on his Prozac and Trazodone had also been added to his regimen by some doctor downtown. I am unsure of the name. He had had use of Prozac several months ago but took it for only a week as he said it interrupted his ability to work and think and concentrate properly.

PAST MEDICAL HISTORY: Negative for diabetes or arteriosclerotic heart disease. He is not hypertensive.

SOCIAL HISTORY: He is a self-employed programmer, says he owns his own company. He is a college graduate, as a matter of fact he wears a Phi Beta Kappa key that he has taken to wearing around his neck quite conspicuously ever since his DWI arrest. He smokes he thinks perhaps too much, certainly at least a pack a day. As mentioned he has had recent run-ins with the law, DWI and this arrest for an alleged assault on his girlfriend.

REVIEW OF SYSTEMS: He complains of occasional sensation of chills. He denies nausea or vomiting. He has been eating okay. He sleeps poorly. He denies specific suicidal ideation but confesses to a history of depression. I do not believe he has ever been admitted here for depressive disorder. He, as mentioned before, smokes but only drinks occasionally. He denies street drugs.

PHYSICAL EXAMINATION

Reveals a very alert, Calvin male who makes very poor eye contact.

HEENT: Unremarkable. Pupils are equal, round, and reactive to light and accommodation. Cranial nerves are within normal limits.

CHEST: Clear to auscultation and percussion. There are no rales or rhonchi.

HEART: Reveals a regular rate and rhythm without murmurs. There is no ectopy on either auscultation or on the monitor.

ABDOMEN: Soft. There is a small, right sided scar from a prior lipoma

CAYUGA MEDICAL CENTER AT ITHACA
101 DATES DRIVE, ITHACA, NY 14850

EMERGENCY DEPARTMENT REPORT

ACCT# 32204893
MR# 0597460

SAUNDERS, KEVIN E
DOB: 05/01/56
LAWRENCE SHEIMAN, MD.

01/11/97

removal. His abdomen is otherwise soft and unremarkable.

EXTREMITIES: Reveal good grips, good neurovascular status to his hands and feet. He has strong pulses in his wrists and dorsalis pedis bilaterally.

Electrocardiogram had been performed showing essentially normal electrocardiogram with certainly no evidence of acute changes there, nor any cardiac irregularities. Chest x-ray was accomplished and was perfectly was normal. A CBC and ER profile are within normal limits. So to be thorough, a sed rate was done.

MEDICAL DECISION MAKING: I think that the vast bulk of this gentleman's somatic complaints are probably stress related. With his history of depression I think that now he is in a state of agitated depression with substantial denial of the gravity of his problems. Though he is amenable to speaking to our mental health workers now, and I have summoned one of them to come and evaluate him, I doubt very much there is an organic basis for these sensations of palpitations and/or hand numbness. It still remains possible that there is some neurologic cause for this, but I doubt it. As mentioned, mental health evaluator is going to come down and speak with him. He is as I said amenable to this. He demonstrates relatively poor insight as how much stress he has been under or how significant this might be with regard to these somatic complaints and cannot seem to connect the concept of the two of them. His private medical doctor is Dr. Breiman, and if necessary medical consult might be necessary if he is not felt to be a candidate for evaluation at the mental health unit.

LAWRENCE SHEIMAN, MD.
DICT. 19970111 0638

TR. 19970111 0833

KLCA

LOCATION
EMERGENCY DEPARTMENT

137

PATIENT: SAUNDERS, KEVIN E
REG DR: SHEINMAN, LAWRENCE MD.ACCT #: 32204893
AGE/SX: 40/M
STATUS: DEP ERLOC: ED
ROOM:
BED:U #: 0597460
REG: 01/11/97
DIS:

*** GENERAL HEMATOLOGY ***

Date Time	1/11 0607	Reference Units
=> WBC	11.7 H	(4.8-10.8) CUMM
=> RBC	4.40 L	(4.6-6.2) CUMM
=> HGB	13.6 L	(14.0-18.0) G/DL
=> HEMATOCRIT	40 L	(42-52) %
=> MCV	91	(80-94) um3
=> MCH	31	(27-31) pg
=> MCHC	34	(32-36) g/dl
=> RDW	13	(10.5-15) %
=> PLATELETS	299	(150-450) CUMM
=> MEAN PLATE VOL	7.9	(7.4-10.4) um3
=> POLY	62	(38-83)
=> LYMPH	33	(5-47)
=> MONO	4	(0-13)
=> BASO	1	(0-2)
=> MORPHOLOGY	NORMAL	

*** SPECIAL HEMATOLOGY ***

Date Time	1/11 0607	Reference Units
=> SED RATE	1	(0-15) MM/HR

*** GENERAL CHEMISTRY ***

Date Time	1/11 0607	Reference Units
=> SODIUM	140	(135-145) MMOL/L
=> POTASSIUM	3.7	(3.5-5.0) MMOL/L
=> CHLORIDE	108	(95-108) MMOL/L
=> CO2	25.0	(21-33) MMOL/L
=> GLUCOSE	105	(70-105) MG/DL
=> BUN	12	(6-22) MG/DL
=> CREATININE	0.8	(0.5-1.4) MG/DL
=> BUN/CREAT RATIO	15.0	(8-20)

LOCATION
EMERGENCY DEPARTMENT

138

Patient: SAUNDERS, KEVIN E

#32204893

(Continued)

*** ENZYMES ***

Date Time	1/11 0607	Reference Units
=> ALT (SGPT)	27	(1-40) U/L
=> AMYLASE	64	(23-121) U/L
=> CK	144	(0-200) U/L



Cayuga
Medical Center
at Ithaca

101 DATES DRIVE • ITHACA, N.Y. 14850

MEDICAL RECORDS COPY

139
RADIOLOGY SERVICE REPORT

PATIENT'S NAME: SAUNDERS, KEVIN E
REFERRED BY: SHEIMAN, LAWRENCE MD.
EXAMINATION OF: CHEST PA & LATERAL XRAY
DATE OF EXAMINATION: 01/11/77

ROOM NO: ED
X-RAY NO: 13690
PATIENT NO: 05774
ACCT. NO: 32204
DATE OF BIRTH: 05/0

HISTORY:

REPORT:

Indication: Palpitations.

PA AND LATERAL CHEST:

The lung fields are well expanded and clear. The heart and mediastinum are normal. The bony structures are normal for age.

IMPRESSION: Normal exam.

COPIES TO: BREIMAN, ROBERT MD.; SHEIMAN, LAWRENCE MD.

TRANSCRIBED DATE/TIME: 01/13/77 (0835)

TRANSCRIPTIONIST: LM

RADIOLOGY TECH: BICKHAM, WENDY S

PRINTED DATE/TIME: 01/13/77 (0910)

Henry P. Talarico, MD.

Room:
Oper:

Rate 91 . Normal sinus rhythm, rate 91.....Normal P axis PR, rate & rhythm
PR 150 . LVH by voltage.....S V1[V2]+ R V5,V6 3.5 [4.0] mV
QRSD 85
QT 323
QTc 397

[Handwritten signature]

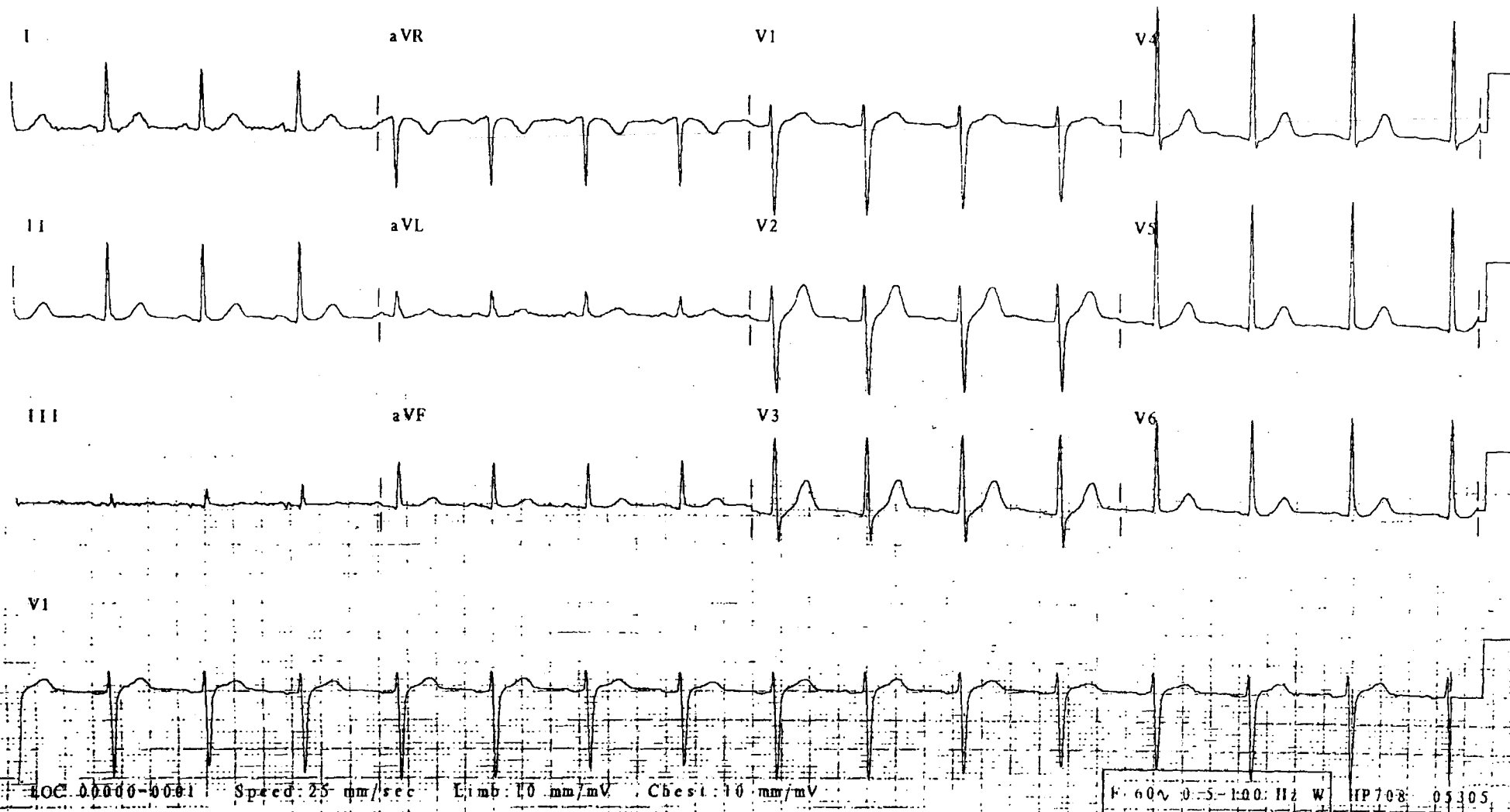
Requested by:
L. SHEIMAN MD

--AXIS--

P 40
QRS 37
T 33

- BORDERLINE ECG -

PRELIMINARY-MD MUST REVIEW



Practice: ICA
2643688

ACCOUNT #

NAME

1411

**CAYUGA MEDICAL CENTER AT ITHACA
ARROWHEAD EMERGENCY PHYSICIAN
(EMERGENCY DEPARTMENT)
PATIENT SIGNATURE ON FILE**

SAUNDERS, KEVIN E
SHEIMAN, LAWRENCE MD.
32204893 ED
05/01/86 0597460

40

Advanced Directives
Provided to: _____ (Initials)

On File: Yes: _____
No: _____

Patient's Rights Reviewed
By: _____ (Initials)

Organ Donor: Yes: _____
No: _____

GENERAL

CONSENT AND TREATMENT - I have come of my own volition, seeking urgent/emergency treatment. I hereby give my permission to the physician and professional staff of Cayuga Medical Center to give a treatment or perform test(s) or diagnostic procedures (including x-rays) which may be ordered by a medical center physician(s), his/her assistant, or designees as are necessary in their judgment. I am aware the practice of medicine is not an exact science, and I acknowledge that no guarantees will be made to me as to the results of treatments or examinations in Cayuga Medical Center. I voluntarily consent to emergent treatment and subsequent care, including admission, if deemed necessary by a medical center physician.

Initials KES

RELEASE OF INFORMATION - Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians may disclose any or all parts of the clinical record to my (our) insurance company(s) or employer(s) for purposes of satisfying charges billed by Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians. I further understand that it may be necessary to contact my (our) past or present employer(s) in regards to this claim. This authorization does not cover 3rd party liability claims.

I authorize Cayuga Medical Center physician(s) to direct that copies of relevant portions of my medical record be forwarded to such medical practitioners or facilities as may be responsible for my subsequent care.

I authorize Cayuga Medical Center representatives to review my record for quality assurance and/or utilization review procedures. I also hereby authorize and direct Cayuga Medical Center, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my stay at the Medical Center and medical care, and to permit representatives thereof to examine and make copies of all records relating to such care and treatment.

I authorize the release of my social security number to manufacturers for the purpose of tracking medical devices.

Initials KES

GUARANTEE OF ACCOUNT - Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians. For and in consideration of services rendered by Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians to the below named patient, the undersigned (jointly and severally if more than one) guarantees payment of all charges incurred for said patient in accordance with the policy of payment of such bills.

I agree that in consideration of the services rendered I hereby obligate myself to pay the account of the medical center in accordance with the rate and terms of the medical center. Should the account be referred to an attorney for collection, I shall pay reasonable attorney's fees and collection expense.

I understand that I will receive separate bills for services rendered by specialists such as radiologists, anesthesiologists, private physicians, emergency physicians, and other specialists my attending physician consulted with.

Initials KES

MEDICARE

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I request that payment authorized Medicare benefits be made either to me or on my behalf to Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians for all services furnished to me by that physician/provider. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Initials _____

MEDIGAP

I request that payment of authorized Medigap benefits be made either to me or on my behalf to Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians for any services furnished to me by that physician or organization. I authorize any holder of medical information about me to release to my Insurance Company any information needed to determine these benefits or the benefits payable for related services.

Initials _____

OTHER THIRD-PARTY PAYORS

ASSIGNMENT OF INSURANCE BENEFITS - I hereby authorize payment directly to Cayuga Medical Center at Ithaca and/or Arrowhead Emergency Physicians for medical insurance benefits including any Major Medical benefits otherwise payable to me under the terms of my policy but not to exceed the balance due to the physicians or organization furnishing the services performed during this period of hospitalization. In making this assignment, I understand and agree that I am financially responsible to the above party and/or parties for charges not paid under this insurance policy. I permit a copy of this authorization to be used in place of the original.


Initials KES

PATIENT SIGNATURE

This form has been fully explained to me and I certify that I understand its contents. This consent does not constitute a waiver of the right to informed consent to specific procedures or treatment where it is feasible for me or my health care proxy to give, withhold, or revoke consent. I certify that I have read the foregoing and am the patient or am duly authorized by the patient as patient's general agent to execute the above and accept its terms.

THE UNDERSIGNED CERTIFIES THAT EACH HAS READ AND UNDERSTANDS THE ABOVE TERMS AND CONDITIONS.

Initials KES


Patient Signature

Insurance Identification Number

Patient's Agent Representative and Guarantor Signature

Date

Witness

**CAYUGA MEDICAL CENTER AT ITHACA
MENTAL HEALTH UNIT**

Interviewer Eric StephensTime Pt. Cleared /
Interviewer Notified 0630
Time of Eval. 0645Date 1/11/97**BIO PSYCHO SOCIAL EVALUATION**

Client: Saunders Kevin DOB: 5/1/56
 Address: 1668 Trumansburg Rd Ithaca NY
 County: _____ Telephone Number: 277-5808

Identifying Data:

[Age, Sex, Marital Status, Employment, How were they referred, Level of care at referral source, Reason for referral]

40 y/o ♂ divorced, employed brought self to E.R. for evaluation of "pulsations & numbness of hands, feet & face"

Current Complaint: [From the client's and the interviewer's perspective]

Pt has been under ↑ stress last 3 wks p being charged w/ DWI 12/22/96 & harassment of GF p assaulting her 12/26. Pt recognizes h/s ↑ stress but does not feel it is connected to h/s physical symptoms

History of Current Episode/Illness:

Has had minor symptoms of numbness for several months but ↑ lately. Has had more serious periods of depression in the past that & has had no somatic manifestations similar to those he is experiencing now

Diagnosis, by History (if available):AXIS I: Dysthymia

AXIS II: _____

AXIS III: _____

Have you ever had inpatient psychiatric treatment?

YES

NO

<u>Where</u>	<u>When</u>	<u>Reason</u>	<u>Length of Stay</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Most recent Out-Patient Treatment: F + C

Where	When	Therapist	Frequency
since 5/96 Dr. Hamisch		Amara Meador - F + C	

Current Medications: (Prescribed and OTC)

Medication	Dosage/Frequency	Prescribed by?	Why
Prozac 20mg	Dr. Hamisch	for 9 days	
Trazadone 50mg	x 4 days for sleep		

Are you running out of meds right now? If so which kind?

No

How will you get them?

Do you take medications regularly?

YES

NO

If NO, why not?

Are you currently experiencing any side effects or adverse effects with your medications? YES NO (also note any involuntary movement or tremors)

⊕ response to Prozac starting - has had ⊖ S/E from Trazadone -
dry mouth & difficulty urinating

Do you feel that your medications are helping you?

No

Does the client experience...

- ☐ suicidal ideation
- ☐ homicidal ideation
- ☐ persecutory ideation
- ☐ appetite disturbances
- ☐ weight loss/gain
- ☐ constipation
- Yes ☒ sleep disturbances difficulty sleeping x 3 wks
- ☐ nightmares
- Yes ☒ violent behavior toward others angry outburst during sex EGF-facing
- Yes ☒ anxiety mild - mod
- ☐ anhedonia
- ☐ mental confusion; difficulty concentrating or remembering
- ☐ difficulty getting along with people
- ☐ hallucinations (auditory, visual, tactile, gustatory)

charge

Has the client ever attempted suicide?

<u>Date</u>	<u>Plan/Method</u>	<u>Tx required</u>
Ø		

Has the pt. ever intentionally sought to physically harm self [i.e. cut, burn, or choke self]?

<u>Date</u>	<u>Plan/Method</u>	<u>Location</u>
Ø		

Has the client ever harmed anyone else? (give the dates, injuries, legal charges)

Charged w/ harassment - during intercourse scratched GF badly + pulled her along by her hair

Mental Status: (brief description of physical appearance, motor activity, relationship to counselor)

sitting in chair, mildly fidgety

Orientation: (place, time, person, situation)

fully oriented

Affect: (appropriate, inappropriate, labile, normal or reduced range)

full + appropriate range

Mood: (euthymic, depressed, angry, anxious, apathetic, euphoric)

mildly elevated

Thought Process: (productivity, coherence, speed of reaction, rational, racing, flight of ideas, loose associations)

logical + organized

Thought Content: (use client's words, note preoccupations)

Emphasizing irrelevant hx rather than current stressors

Intellectual Ability: (estimate or use developmental age if available)

Below Average: _____
 Average: _____
 ✓ Above Average: *well above average*

Memory: (short and long term)

Poor: _____
 Fair: _____
 ✓ Good: _____

Speech: (rate, loudness, pressure)

normal rate tone rhythm

Judgement/Insight:

good

Do you believe that you might have a problem with drugs or ETOH? YES NO

Hx of DWI: *Yes*

Previous Rehab: *Ø*

Family concerns: *Ø*

Legal issues r/t drugs or etoh: *Yes*

(If YES to either then proceed to the following Chemical Assessment section)

CHEMICAL DEPENDENCY ASSESSMENT

Substances used in the last three months (frequency, quantity, pattern):

Drug of Choice	Frequency of Use	Ave. Daily Use	Route
Alcohol	<i>long hx of occasional abuse - drinks @ X's of stress to excess</i>		
Marijuana	<i>20 yr use until 3 wks ago - intends to stop now</i>		
Opiates	<i>Ø</i>		
Cocaine			
Amphetamines			
Benzos			
Sed/Hyp			
PCP			
Inhalants			
Other			

Current or Past History of...

<i>Ø</i> Blackouts	<i>Ø</i> Insomnia
<i>Ø</i> Shakes	<i>Ø</i> Seizures
<i>Ø</i> (inside or outside)	<i>Ø</i> Hepatitis
<i>Ø</i> Liver Problems	<i>Ø</i> Tension
<i>Ø</i> Hallucinations	<i>Ø</i> *DT's

* ALERT DR IF THERE IS A HX OF
 DT'S AND PT HAS BEEN DRINKING.

Please explain any areas checked:

Do any family members have a problem with drug use (Past or Present)?

Ø

Recovering spouse, parent or sibling?

Ø

Have you ever gone to an AA/NA meeting? (sponsorship, last meeting attended)

Ø

Do you believe that you are addicted or have a problem with drugs?

Does not believe it is a significant issue

Do you believe that you can stop drugging?

intends to stop marijuana use

Have you ever been in a treatment program for drinking/drugging? (detox, rehabs outpatient, give dates, length of treatment, client's opinion of how this treatment helped/didn't help, whether mandated by court)

Court mandated evaluation by Fran Markover

Relationship between chemical dependency and psychiatric symptoms: (client's and evaluator's opinions)

Pt denies - unclear connection

MEDICAL STATUS

How many times in your life have you been hospitalized for medical problems? Describe:

Ø

Do you have any chronic medical problems that interfere with your life?

Ø

Do you have now or have you ever experienced or been diagnosed with any of the following...

<input checked="" type="checkbox"/> seizure disorder	<input checked="" type="checkbox"/> movement disorder	<input checked="" type="checkbox"/> cardiac problem
<input checked="" type="checkbox"/> memory loss	<input checked="" type="checkbox"/> respiratory ailment	<input checked="" type="checkbox"/> difficulty walking
<input checked="" type="checkbox"/> allergies	<input checked="" type="checkbox"/> hearing loss	<input checked="" type="checkbox"/> diabetes
<input checked="" type="checkbox"/> hypertension	<input checked="" type="checkbox"/> head trauma	<input checked="" type="checkbox"/> visual limitations
<input checked="" type="checkbox"/> neuroleptic malignant syndrome		<input checked="" type="checkbox"/> tardive dyskinesia

Describe any areas checked:

Allergies:

Is there any chance you are pregnant? ***** NOTIFY M.D. IF YES *****
 Last Menstrual Period? _____ Birth Control? (Type) _____

Have you ever had a sexually transmitted disease? (name all and describe treatment history)

*was obsessed w/ fear of HIV & being raped
 several yrs ago - has been tested & practices monogamy*

Are you concerned that you might have been exposed to sexually transmitted diseases including HIV? And if so would you like to be tested?

see above

EMPLOYMENT/SUPPORT STATUS

Number of years of education completed *college* (GED-12)

Describe any community program involvement (VESID, BOCES, Consolidated)

Usual employment pattern, in the past five years:

☒ full time _____ part time _____ student _____ military service
 _____ unemployed _____ in a controlled environment

Types of jobs held including present employment if any:

self employed - President of own Computer Programming & Co.

Source of income:

self
 _____ unemployment _____ unemployment compensation _____ SSI _____ SSD
 _____ public assistance _____ spouse/family/friends _____ other

Amount of monthly income? *comfortable*

Do you have a case manager? Name:

Do you have a payee? Name:

Have you ever been in the service? YES

NO

Branch :

Length of service: _____ Discharge type: _____

Legal Status

Are you presently awaiting charges, trial or sentencing?
Describe:

YES

NO

DWT

Harassment

Have you ever been convicted of a criminal offense?

_____ shoplifting	_____ burglary/B&E	_____ vandalism	_____ robbery
_____ assault	_____ drug charges	_____ rape	_____ forgery
_____ arson	_____ weapons off.	_____ homicide/manslaughter	
_____ parole/prob.	_____ other		
_____ violations			

Have you ever been arrested for public intoxication/DWI? (dates)

see above

SOCIAL RESIDENTIAL STATUS

Marital Status:

married ☒ divorced ☐ widowed ☐ never married ☐ separated ☐

Living Environment:

✓ own a home

rent an apartment

parent's home

rooming/boarding house (name)

group home (name)

institution (name)

With whom do you live?

☒ alone ☐ spouse ☐ children (ages) _____
☐ siblings ☐ other relatives ☐ roommates ☐ other

Problems with current living situation: 8 y/o daughter was staying c
him 3 days prior but that is on hold until charges are resolved

Family History: (Brief description, Hx mental illness, current level of involvement with family)

Collateral Information: _____

Pt. Strengths: intelligence willing to seek treatment

Weaknesses: neurotic

Where can you be reached:

Address: see front

Phone #:

Person who we can contact to reach you if we lose contact with you?

Name: Annie Marie Whelan

Address: 1668 Trumansburg Rd Ithaca

Telephone #: 277 5808

Relationship: ex-wife

Please list telephone contacts, requests for information, contact with outside agencies: _____

Interventions in E.R.: Med eval, 1:1 c pt, consulted c Dr Allen
med teaching re: S/E of Trazadone + Prozac + other potentially
useful medications

Assessment / Treatment Recommendations and Plans / Disposition of Case:
(Releases of Information should correspond with Disposition)

Pt has already implemented all reasonable interventions to address his
↑ stress. Is in continuing therapy; has begun to see a psychiatrist & has
begun taking Prozac. Pt intends to f/u c medical Dr (Brennan) &
Dr Hambrick

E.R. Staff Member Notified Prior to Transfer:

Dr Allen

Name / Title

Cris Stept
Evaluator's Signature

1/11/97
Date

CAYUGA MEDICAL CENTER AT ITHACA
MENTAL HEALTH EMERGENCY EVALUATION
DISCHARGE INSTRUCTIONS

NAME : Kevin Saunders
DOB : 5/1/56
TELEPHONE: (277) 5808

151

DISCHARGE INSTRUCTIONS: (Check One)

[] We have scheduled the following appointment(s) for you:

[] You have requested assistance in arranging outpatient Mental Health Services. Please contact the Behavioral Services Department at 274-4304 on the next business day and ask to speak with the Social Work Assistant on call.

[X] You have declined our offer of assistance and have chosen to arrange your own Mental Health Services.

will make appt with Dr Hamisch

[X] Other: (Explain) *Will be seeing Dr. Berman on Mon 1/13*

ADDITIONAL INSTRUCTIONS:

CONSENT FOR RELEASE OF INFORMATION: (Check One)

☒ CONSENT FORM(S) SIGNED

[] PATIENT REFUSES TO SIGN

Note: Your mental health evaluation is confidential. In order for us to arrange follow-up services on your behalf you must sign a consent for release of information for the mental health provider located in your county of residence.

Should your condition worsen please return immediately to the Emergency Department.

Your signature on this form indicates understanding and agreement of the discharge instructions outlined above.

Patient Signature: *[Signature]*

Date: 1/11/97

Physician Signature: *[Signature]*

Date: 1/11/97

Evaluator's Signature: *[Signature]*

Date: 1/11/97

IMPORTANT PHONE NUMBERS:

- Cayuga Medical Center Emergency Department 274 - 4411
- Suicide Prevention and Crisis Service 24hr Hotline 272 - 1616
- New York State Police 273 - 4671

CAYUGA MEDICAL CENTER AT ITHACA
MENTAL HEALTH EMERGENCY EVALUATION
DISCHARGE INSTRUCTIONS

NAME : Kevin Saunders
DOB : 5/1/56
TELEPHONE: (277) 5808

152

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[X] You have declined our offer of assistance and have chosen to arrange your own Mental Health Services.

*will make appt :
Dr. Hamelisch*

[X] Other: (Explain) *Will be seeing Dr. Bruman on Mon 1/13*

ADDITIONAL INSTRUCTIONS:

CONSENT FOR RELEASE OF INFORMATION: (Check One)

☒ CONSENT FORM(S) SIGNED

[] PATIENT REFUSES TO SIGN

Note: Your mental health evaluation is confidential. In order for us to arrange follow-up services on your behalf you must sign a consent for release of information for the mental health provider located in your county of residence.

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Date: 1/11/97

Physician Signature: *[Signature]*

Date: 1/11/97

Evaluator's Signature: *[Signature]*

Date: 1/11/97

IMPORTANT PHONE NUMBERS:

- Cayuga Medical Center Emergency Department 274 - 4411
- Suicide Prevention and Crisis Service 24hr Hotline 272 - 1616
- New York State Police 273 - 4671

JODY M. STACKMAN, M.D.
JAMES S. GAFFNEY, M.D.
 119 West Buffalo Street
 Ithaca, New York 14850
 (607) 273-6757

Pat: Kevin Saunders Date: 03/26/97
 RefMD: Stackman/Breiman DOB: 05/01/36

purpose r/o neuropathy

Nerve Conductive Studies
 (Normal Value in Parentheses)

	Amplitude (μ V or mV)		(Conduction Velocity (M/s)		Distal Latency (ms)		Distance (mm)
Nerve	R	L	R	L	R	L	
Sensory (Antidromic)							
Median							
Wrist	_____	80 (>9)			_____	3.3 (<3.6)	13
Elbow	_____	70	_____	54.9 (>48)		7.0	
Orthodromic	_____	_____			_____	_____ (<2.2)	80
Ulnar							
Wrist	_____	70 (>9)			_____	2.9 (<3.0)	11
Elbow	_____	_____	_____	_____			
Radial							
Wrist	_____	_____ (>9)			_____	_____ (<2.9)	10
Sural	_____	_____			_____	_____	10
Ankle	_____	_____ (>7)			_____	_____ (<4.5)	14
	_____	_____			_____	_____	21

Motor

Median							
Wrist		12.2 (>4)				3.3 (<4.5)	80
Elbow		12.3		57.5 (>48)		6.7	
F-Wave						26.6 (<31)	
Ulnar							
Wrist		(>5)				(<3.6)	80
B. Elbow				(>48)			
A. Elbow							
F-Wave						(<31)	
Peroneal							
Ankle		3.8 (>2)				4.0 (<6.9)	80
Knee		3.7		49.6 (>40)		11.5	
F-Wave						(<60)	
Tibial							
Ankle		(>2.7)				(<6.9)	80
Knee				(>40)			
F-Wave						(<60)	
H-Reflex						(R-L <1.3)	

January 20, 1997

Mr. Saunders is a 40 year old left handed caucasian male referred by Dr. Breiman for neurologic evaluation. This gentleman is a difficult historian, a rambling on with what seems like loose associations, indicating to me that he was seen at the CCC on 1/11 secondary to palpitations and "numbness" describing a six to twelve month history if not longer of numbness involving his feet, hands, and legs and arms, for example occurring at night when he goes to sleep and also more recently during the day although not with using a computer, more with driving an automobile. He says that he awakens with it in the morning with a "jolt" and that it is as if "I can't feel my arms" but also with similar symptoms involving his legs, noting that there is a numbness as if it were "asleep" with possibly no perioral numbness. He says that he has had weakness of both of his legs for several months, which also is more severe more recently, but denies any change in bladder nor bowel function. He apparently is having a "spot" in front of his eyes which he says is "similar to when I was a kid", not related to prolonged usage of his eyes, occurring randomly, present in front of both eyes without any suggestion of a hemifield distribution. He notes no pain in his eyes with usage, no pain with eye movements, no desaturation of colors, nor any loss of image sharpness. He is not sure as to whether or not he has any balance difficulties, but he certainly denies any neck pain or radicular symptoms. He has not noted any electric shocks up or down his spine with neck flexion or extension.

He denies any chemical or toxin exposure, denies any history of diabetes, collagen vascular disease, nor any tick bites. He has no history of any joint swelling, redness, nor warmth. He has been on Prozac for three weeks, and was previously on Trazadone which he was given to help him sleep and to control his agitation, taking it at night, but this was discontinued because of dry mouth, urinary retention and palpitations. Of note, he is a weekend alcohol drinker and smokes marijuana daily.

He denies any family history of spinal cord nor peripheral nerve disease.

His past medical history is remarkable for removal of an abdominal lipoma, allergies, and depression. He is not allergic to any medications. He presently is on Prozac.

Social history shows that he smokes one pack of cigarettes per day, occasionally drinks alcohol, and is employed as a computer programmer.

Family history is remarkable for a father who died of a stroke.

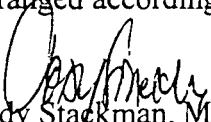
General physical exam shows a healthy looking male with a somewhat odd affect, normocephalic without any cranial nor retroorbital bruits. Fundoscopic exam showed sharp disk margins with normal vessels. No optic atrophy nor papilloedema was noted. His neck was supple, nontender, with FROM. Lungs were clear to auscultation. Cardiac exam revealed a regular rhythm without murmurs nor gallops. The abdomen was benign. Extremities showed no evidence of hemihypoplasia nor any gross orthopedic deformity. Tinel's sign was equivocally positive with percussion over the median nerve at both wrists. No skin lesions were seen.

Neurological exam: cranial nerves - II visual fields intact to confrontation. III, IV, VI - PERRL, EOMI without nystagmus. V - facial sensation intact. VII - symmetric facies with full strength. VIII - audition intact bilaterally. IX, X - uvula elevated in the midline, phonation was intact. XII - tongue protruded in the midline, with FROM.

Motor exam revealed 5/5 strength on all four extremities with normal bulk and tone throughout, no pronator drift, and there was no weakness of intrinsic hand muscles on either side, and there was no spasticity, in particular of the lower extremities, and no weakness proximally nor distally on either upper nor lower extremities. Reflexes were 1+ at the triceps and brachial radialis, 1-2+ at the biceps, 3+ at the knees, 2-3+ at the ankles and grossly symmetric. Babinski sign was absent. Sensory exam was intact to pinprick, soft touch, proprioception, with no evidence of any sensory deficit distally on the legs, nor any clear peripheral sensory loss on the hands. Cerebellar testing showed finger to nose to be performed without dysmetria. Parietal lobe testing revealed right left orientation and stereoagnosia to be intact. No sensory extinction was noted.

Clinical impression: Paresthesias -- this gentleman describes at least a six to twelve month history of numbness involving his hands, feet, not seemingly present all the time although it seems to occur at night, but also more recently during the day, associated with a sense that he can't feel his arms and legs, that they are asleep, and that there is weakness there. He has a variety of other symptoms including visual spots in front of his eyes, possibly some balance difficulties, and does not have any history of progressive neurologic symptoms or signs prior to this to suggest demyelinating disease, and certainly has no clear cut abnormalities on neurologic exam to suggest any type of upper motor neuron process, demyelinating nor compressive, for example progressive cervical myelopathy, and there is no clear history of chemical nor toxin exposure nor alcohol excess, and the onset of his paresthesias antedated the use of Prozac which sometimes can cause paresthesias of extremities. I do not see clear evidence on examination of a lower motor neuron process either, with retained reflexes, normal sensation, and no muscle atrophy nor fasciculations. As such the etiology of his complaints are uncertain, and further evaluation is clearly indicated. At the CCC he already had a CBC which showed a white count mildly elevated 11,700 and a hemoglobin and hematocrit slightly reduced at 13.6 and 40 respectively, with a normal platelet count, a sedimentation rate of 1, and a normal ER profile.

I am going to send him for some additional blood work including a B12 and folic acid level, thyroid functions, and an RPR and if those are unrewarding then nerve conduction studies will be obtained to see if there is any electrophysiologic evidence for a peripheral neuropathy. Pending those results further diagnostic and/or therapeutic efforts can be decided upon in the future. Follow up will be arranged accordingly.


Jody Stackman, MD
119 W. Buffalo St.
Ithaca, NY 14850

JS/dlr

cc: Dr. Breiman

OUTPATIENT LABORATORY REPORT

156

RUN DATE: 01/23/97
 RUN TIME: 0036

Cayuga Medical Center
 DOCTOR REPORT

ALIVE

PAGE 1

PHYSICIAN
 STACKMAN, JUDY MD.

Name: SAUNDERS, KEVIN E

Copies to: STACKMAN, JUDY MD.

Acct#: 32243370

Age/Sex: 40/M

Unit#: 0597460

Location: I

Reg: 01/21/97

Status: REG REF

Specimen: 012115E000002R

Collected: 01/21/97-1000

Status: COMP

Reg#: 0034/451

Received: 01/21/97-1008

Subm Dr: STACKMAN, JUDY MD.

Ordered: RPR

Test

Low

Normal

High

Plus Reference

RPR

> RPR RESULT

NON REACTIVE

NEGATIVE

OUTPATIENT LABORATORY REPORT

157

RUN DATE: 01/22/97
RUN TIME: 0024

Cayuga Medical Center
DOCTOR REPORT

LIVE

PAGE 1

PHYSICIAN
STACKMAN, JODY MD.

Name: SAUNDERS, KEVIN F

Copies to: STACKMAN, JODY MD.

Acct#: 32243370

Age/Sex: 40/M

Unit#: 0597460

Location: L

Reg: 01/21/97

Status: REG. REF

Specimen: 0121:CH00040R

Collected: 01/21/97-1000

Status: COMP

Reg#: 00347451

Received: 01/21/97-1008

Sent to: STACKMAN, JODY MD.

Ordered: T4

Test	Low	Normal	High	Has Reference
THYROXINE		7.5		5-12 MCQ/DL

RUN DATE: 05/07/97
RUN TIME: 0737

Cayuga Medical Center *LIVE*
Specimen Inquiry

158 PAGE 1

PCI User: CEH Lab Database: LAB.LIVE
32243370 SAUNDERS, KEVIN E 40/M <REG REF 01/21> (0597460) L STACKMAN, JODY MD.

SPEC #: 0121:PRO0009R COLL: 01/21/97-1000 STATUS: COMP REQ #: 00347451
RECD: 01/21/97-1008 SUBM DR: STACKMAN, JODY MD.

ENTERED: 01/21/97-0944
ORDERED: B12
COMMENTS: SK-7019196

OTHR DR:

Test	Result	Flag	Reference
> B12	TEST RESULT RETURNED FROM REFERENCE LABORATORY; SEE SEPARATE REPORT.		
			190-1000 PG/ML

MO. 4CE) (0. 45-1xq (0018nV988)a
14880001 AREA/ROUTE/STOP: SYSS
CAYUSE MEDICAL CTR AT ITHACA
191 GATES DR.
ITHACA, NY 14850
JEROME NOSANCHUK, MD



159
SmithKline Beecham
Clinical Laboratories

PATIENT NAME SAUNDERS, KEVIN		PATIENT ID 32243376		ROOM NO.	AGE 50	SEX M	PHYSICIAN DR. STAMPA	
PAGE 1	REQUISITION NO. 7019102	ACCESSION NO. KP5723374	LAB REF #	COLLECTION DATE & TIME 01/24/97 10:00 AM		LOG-IN-DATE 01/28/97	REPORT DATE 01/22/97	& TIME 4:57

REMARKS

REPORT STATUS	TEST	RESULT		UNITS	REFERENCE RANGE	SI CO
		IN RANGE	OUT OF RANGE			

REFERENCE RANGE
GLUCOSE 100-120
CALCULATED 100-120
DIFFERENTIAL 180

RUN ON 05/07/97-0725

PCI RADIOLOGY REPORT

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32577843

PATIENT STATUS: OUT

LOC: X

RE: MRI/BRAIN MRI (**NOT** MAMOGRAPHY)

EXAM DATE: 04/08/97

ORDERED BY: STA - STACKMAN, JODY MD.

REPORT STATUS: SIGNED

REPORTED BY: MAS - Anthony F. Massi, M

Sagittal and axial proton density and T-2 weighted images were obtained. In addition, axial T-1 weighted images were obtained.

The ventricles, cisterns and sulci appear normal. No significant focal abnormality or mass effect is present. Specifically, there is no evidence for demyelinating disease.

Paranasal sinuses and mastoid air cells appear grossly clear.

IMPRESSION: NEGATIVE EXAM.

CC: STACKMAN, JODY MD.

TRANSCRIBED DATE/TIME: 04/08/97 (0902)

TRANSCRIPTIONIST: LM

FOR EXAM: 04/08/97-0731 MRI/BRAIN MRI

DIAGNOSIS? R/O DEMYLINATING DISEASE

COMMENTS? N

TRANS? AMB

RUN ON 05/07/97-0725

PCI RADIOLOGY REPORT

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32204893

PATIENT STATUS: ER

LOC: ED

RE: DX/CHEST-PA & LATERAL XRAY (**NOT** MAMOGRAPHY)

EXAM DATE: 01/11/97

ORDERED BY: SHEI - SHEIMAN, LAWRENCE MD.

REPORT STATUS: SIGNED

REPORTED BY: TAL - Henry P. Talarico,

Indication: Palpitations.

PA AND LATERAL CHEST:

The lung fields are well expanded and clear. The heart and
mediastinum are normal. The bony structures are normal for age.

IMPRESSION: Normal exam.

CC: BREIMAN, ROBERT MD.; SHEIMAN, LAWRENCE MD.

TRANSCRIBED DATE/TIME: 01/13/97 (0835)

TRANSCRIPTIONIST: LM

FOR EXAM: 01/11/97- DX/CHEST-PA & LATERAL XRAY

REASON FOR EXAM? PALPITATIONS

SPEC.INST/STAT? N

TRANSPORTATION? S - STRETCHER

IS PATIENT A DIABETIC? N

RUN ON 05/07/97-0725

PCI RADIOLOGY REPORT

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32577843

PATIENT STATUS: OUT

LOC: X

RE: MRI/BRAIN MRI (**NOT** MAMOGRAPHY)

EXAM DATE: 04/08/97

ORDERED BY: STA - STACKMAN, JODY MD.

REPORT STATUS: SIGNED

REPORTED BY: MAS - Anthony F. Massi, M

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The ventricles, cisterns and sulci appear normal. No significant focal abnormality or mass effect is present. Specifically, there is no evidence for demyelinating disease.

Paranasal sinuses and mastoid air cells appear grossly clear.

IMPRESSION: NEGATIVE EXAM.

CC: STACKMAN, JODY MD.

TRANSCRIBED DATE/TIME: 04/08/97 (0902)

TRANSCRIPTIONIST: LM

FOR EXAM: 04/08/97-0731 MRI/BRAIN MRI

DIAGNOSIS? R/O DEMYELINATING DISEASE

COMMENTS? N

TRANS? AMB

RUN ON 05/07/97-0726

PCI RADIOLOGY REPORT

136904 - SAUNDERS, KEVIN E M 05/01/56 41 ACCT # 32204893

PATIENT STATUS: ER

LOC: ED

RE: DX/CHEST-PA & LATERAL XRAY (**NOT** MAMOGRAPHY)

EXAM DATE: 01/11/97

ORDERED BY: SHEI - SHEIMAN, LAWRENCE MD.

REPORT STATUS: SIGNED

REPORTED BY: TAL - Henry P. Talarico,

Indication: Palpitations.

PA AND LATERAL CHEST:

The lung fields are well expanded and clear. The heart and
mediastinum are normal. The bony structures are normal for age.

IMPRESSION: Normal exam.

CC: BREIMAN, ROBERT MD.; SHEIMAN, LAWRENCE MD.

TRANSCRIBED DATE/TIME: 01/13/97 (0835)

TRANSCRIPTIONIST: LM

FOR EXAM: 01/11/97- DX/CHEST-PA & LATERAL XRAY

REASON FOR EXAM? PALPITATIONS

SPEC. INST/STAT? N

TRANSPORTATION? S - STRETCHER

IS PATIENT A DIABETIC? N

RUN DATE: 05/07/97
RUN TIME: 0736

Cayuga Medical Center *LIVE*
Specimen Inquiry

164

PAGE 1

PCI User: CEH Lab Database: LAB.LIVE
32243370 SAUNDERS,KEVIN E 40/M <REG REF 01/21> (0597460) L STACKMAN,JODY MD.

SPEC #: 0121:CE00008R COLL: 01/21/97-1000 STATUS: COMP REQ #: 00347451
RECD: 01/21/97-1008 SUBM DR: STACKMAN,JODY MD.
ENTERED: 01/21/97-0944 OTHR DR:
ORDERED: FOLIC ACID
COMMENTS: FR

Test	Result	Flag	Reference
> FOLIC ACID	11.9		2-16 NG/ML

DIAGNOSIS:

253661

① *Agitated - Depression* E MASON STATION 166
② *Somatic Complaints 2° TO #1*

DISCHARGE

DISPOSITION

TIME

STABLE UNSTABLE GUARDED

REPORT CALLED TO.

ACCEPTANCE OF PT. GIVEN BY:

☐ ADMITTED☐ TRANSFERRED☐ EXPIRED☒ DISCHARGED*WCM**0810**2*☐☐

COPY SENT TO:

PHYSICIAN BELOW INITIALS:

INSTRUCTION SHEET

SIGNED
ED
PHYS.SIGNED
ATTEND.
PHYS.MODE OF
TRANSPORT:☐ AMBULANCE☐ WHEEL CHAIR☐ CARRIED☐ STRETCHER☒ AMBULATORY☐ OTHER

ACCOUNT # PATIENT NAME/ADDRESS/PHONE #/SOCIAL SECURITY #

DATE OF BIRTH

AGE

SEX

M/S

FIN. CLASS

MEDICAL RECORD #

32204893

SAUNDERS, KEVIN E

05/01/56

40

M

M

PP

0597460

ADMIT DATE

1668 TRUMANSBURG ROAD

PERSON TO NOTIFY/NAME/ADDRESS

RELATIONSHIP

01/11/97

ITHACA, NY 14850

WHELAN, ANNE MARIE

WI

TIME

0510 607-277-5808

431-88-9647

1668 TRUMANSBURG ROAD

PHONE #

ITHACA, NY 14850

607-277-5808

PATIENT'S EMPLOYER/ADDRESS/PHONE

DATAEAST INC.

N

ITHACA, NY 14850

O

GUARANTOR NAME/CITY/STATE/PHONE #

SAUNDERS, KEVIN E

607-277-5808

ITHACA, NY 14850

GUARANTOR EMPLOYER NAME

RELATIONSHIP

SE

CORNELL UNIVERSITY ENDOWED

PHONE #

607-255-6885

RELIGION

ARRIVAL MODE

UNITARIAN

CAR

INSURANCE NAME

POLICY #

COVERAGE #

SUBSCRIBER/INSURED NAME

PURE SELF PAY

SPP

SAUNDERS, KEVIN E

ACC. INFO.

ONSET

REASON FOR VISIT

PALPITATIONS

ACC. DATE/TIME

01/11/97 0300

COMMENT

ED PHYSICIAN

FAMILY PHYSICIAN

USER

SHEIMAN, LAWRENCE MD.

BREIMAN, ROBERT MD.

PWH

RECORD ROOM COPY

Nerve Conduction / Electromyography Report

Name: Kevin Saunders

Date: 03/26/97

Referring Physician: Stackman/Breiman

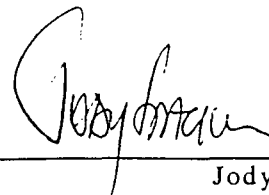
Date of Birth: 05/01/56

Clinical Information: Rule out neuropathy in a patient with paresthesias.

Results

Comments: The nerve conduction studies are within normal limits, demonstrating normal median and ulna sensory distal latencies, median sensory conduction velocity, and both the median and peroneal motor nerve conduction studies demonstrate normal distal latencies, conduction velocities, and amplitudes.

Interpretation: Normal nerve conduction study without demonstrating any evidence of a neuropathy.



Jody Stackman, MD
James Gaffney, MD

Filed

as exhibit 1

7/18/81 9-1 46 PM

97-219

4-589

FORM S

APPLICATION FOR A RECOMMITMENT
ORDER AND NOTICE OF
APPLICATION

STATE OF NEW YORK
[] SUPREME COURT [X] COUNTY COURT
PART: COUNTY: Tompkins

IN THE MATTER OF
AN APPLICATION FOR A RECOMMITMENT
ORDER PURSUANT TO CPL 330.20
IN RELATION TO

Kevin Saunders
DEFENDANT

Indictment #: 97-019

[x] (1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a recommitment order for and on behalf of the said Commissioner.

[] (1) The undersigned is authorized by the District Attorney of _____ County to submit this application for a recommitment order for and on behalf of the said District Attorney.

(2) This application for a recommitment order is being submitted to the following court:
(check one and print name and address of indicated court)

[X] Court that issued the existing order of conditions

Tompkins County Court

[] County court of the county wherein the defendant is now residing

[] Term of the Supreme Court for the county wherein the defendant is now residing

FORM S

(3) This application for a recommitment order is made pursuant to subdivision fourteen of CPL 330.20.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment pursuant to a commitment order issued under the provisions of subdivision six of CPL 330.20 by the following court on the following date:

(Name of court) **Tompkins County Court**
 (Date of order) **05/07/98**

[] (5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a first retention order on the following date:

(Name of court)
 (Date of first retention order)

[] (6) Subsequent to the issuance of the first retention order referred to in paragraph (5) of this application, the following court issued a second retention order on the following date:

(Name of court)
 (Date of second retention order)

[] (7) Following the issuance of the second retention order referred to in paragraph (6) of this application, the following court issued a subsequent retention order on the following date:

(Name of Court)
 (Dates of subsequent retention orders)

FORM S

[] (8) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a transfer order on the following date:

(Name of court)

(Date of transfer order)

[X] (9) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a release order on the following dates:

(Name of court) **Tompkins County Court**

(Date of release order) **05/07/98**

[X] (10) At the time of the issuance of the release order referred to in paragraph (9) of this application, the court that issued the said release order also issued, in accordance with the provisions of subdivision twelve of CPL 330.20, an order of conditions. The period prescribed in the current order of conditions expires on **05/07/03**. This application for a recommitment order is made during the period covered by the said order of conditions.

(11) This application is made upon the ground that the undersigned is of the view that the above-named defendant has a dangerous mental disorder, in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

(12) The annexed report is made a part of this application for a recommitment order and supports the view stated by the undersigned in paragraph (11) of this application.

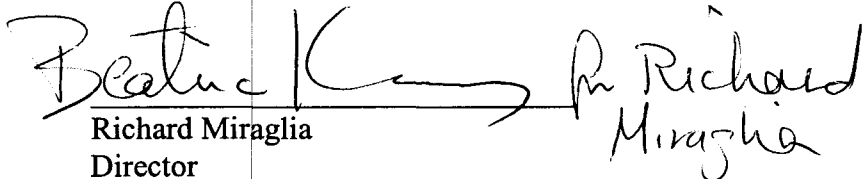
FORM S

(13) Written notice of this application for a recommitment order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Services, [xx] and the District Attorney [] and the State Commissioner of Mental Health.

(14) No previous application for a recommitment order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a recommitment order be issued committing the above-named defendant to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months from the date of the order.

Date: April 18, 2003


Richard Miraglia
Director
Bureau of Forensic Services

FORM S

NOTICE OF APPLICATION FOR A RECOMMITMENT ORDER

- To:
1. Above-named defendant
 2. Counsel for above-named defendant
 3. Mental Health Legal Services
 4. District Attorney of Tompkins County
 5. State Commissioner of Mental Health

PLEASE TAKE NOTICE that the above application for a recommitment order will be submitted to the court indicated in paragraph (2) of the application at a date and time to be determined by the court.

FORM S

SPECIAL NOTICE TO DEFENDANT :

You are hereby advised that the Mental Hygiene Legal Service, which is an agency of the County Supreme Court

Court of the State of New York, has been established to provide you with assistance and information as to your rights under the law and the procedures governing your commitment. You are entitled to communicate with a representative of the service at any time.

The location and telephone number of the Mental Hygiene Legal Service Office serving your hospital appear below.

You have a right to a court hearing on the above application for a recommitment order.

You have a right to be represented by counsel at such hearing and you have the right to have counsel assigned by court if you are financially unable to obtain your own lawyer.

Mental Hygiene Legal Service
C/o Elmira Psychiatric Center
100 Washington Street
Elmira, New York 14901-2898
Telephone No. (607) 737-4711

FORM S-1
ORDER TO APPEAR

STATE OF NEW YORK
[] SUPREME [X] COUNTY COURT

PART: COUNTY: Tompkins

IN THE MATTER

of

An Order to Appear Pursuant to

CPL 330.20 in Relation to

Kevin Saunders
DEFENDANT

Indictment #: 97-019

IN THE NAME OF THE PEOPLE OF THE

STATE OF NEW YORK:

TO: [Name of defendant] Kevin Saunders

AN APPLICATION having been filed with this court by [] District Attorney [x] the

Commissioner of Mental Health, pursuant to the provisions of subdivision fourteen of CPL 330.20,
for a recommitment order committing you to the custody of the Commissioner of Mental Health for
confinement in a secure facility for care and treatment for six months from the date of the order,

YOU ARE HEREBY ORDERED to appear before this court on the following

date and at the following time:

[Date] 4/28/03

[Time] 2:00 pm

Following your appearance before this court, a hearing will be conducted to determine whether you have a dangerous mental disorder.

UPON YOUR FAILURE to appear at the time and place herein mentioned a warrant may issue to a police officer directing that you be taken into custody and brought before this court.

Dated: _____

4/21/03

John R. Raley

[] Justice of the Supreme Court

[X] Judge of the County Court

[] This order shall be served personally upon the above-named defendant.

[X] This order shall be mailed to the last known address of the above-named defendant.

AFFIDAVIT OF SERVICE

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

Name: Kevin Saunders INDICTMENT#: 97-019

A patient of ELMIRA PSYCHIATRIC CENTER

State of New York, County of Albany Cheryl Flagler
being duly sworn, deposes and says:

THAT: she is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: On the 17th day of APRIL 2003 she served upon

Kevin Saunders, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901-2898

Mental Hygiene Legal Services, Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901-2898

William Benedict, Executive Director, Elmira Psychiatric Center, Attn: Karen Patterson, 100 Washington Street, Elmira, New York 14901-2898

Hon. Carol A. Cocciola, Esq., Assistant Attorney General, NYS Department of Law, State Office Bldg., 17th Floor, 44 Hawley Street, Binghamton, New York 13901

Hon. George M. Dentes, Tompkins County District Attorney, County Courthouse, 320 North Tioga Street, Ithaca, New York 14850-0326

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue, Albany, New York 12229 directed to said parties at the address within the State designated by them for that purpose.

Sworn to before me

This 17th day of April 2003

W. Ackery
(Notary)

Cheryl Flagler
(Sender)

WIL ACKERLY
Notary Public, State of New York
Qualified in Albany County
Commission Expires June 30, 2003



RECEIVED BY
TOMPKINS COUNTY
COURT CLERK'S OFFICE
03 APR 21 AM 10:56

James L. Stone, MSW, CSW, Commissioner

44 Holland Avenue
Albany, New York 12229

April 18, 2003

Chief Court Clerk
Tompkins County Court
PO Box 70
320 North Tioga Street
Ithaca, New York 14851-0070

RE: **Kevin Saunders**
CPL 330.20

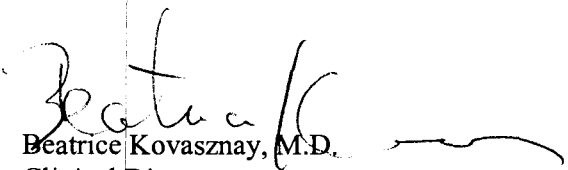
Dear Sir:

The above-named individual is currently a patient at Elmira Psychiatric Center. This individual was committed to the custody of the Commissioner of the Office of Mental Health pursuant to the provisions subdivision six of CPL 330.20 on May 7, 1998. This individual is currently the subject of an Order of Conditions issued pursuant to the applicable provisions of CPL 330.20.

Acting on behalf of the Commissioner of the Office of Mental Health, the Bureau of Forensic Services seeks to recommit this individual to a secure facility. Towards this end, the following documents are enclosed:

**FORM S APPLICATION FOR A RECOMMITMENT ORDER AND
NOTICE OF APPLICATION**
FORM S-1 ORDER TO APPEAR
FORM S-2 WARRANT
FORM S-3 TEMPORARY CONFINEMENT ORDER
FORM T RECOMMITMENT ORDER
Clinical Documentation
A Physician's Affidavit
An Affidavit of Service

This application for a RECOMMITMENT order is made pursuant to the provisions of subdivision fourteen on CPL 330.20. If you have any questions about this matter, please bring them to my attention.


Beatrice Kovaszny, M.D.
Clinical Director
Bureau of Forensic Services

Enclosure

AFFIDAVIT OF SERVICE

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

Name: Kevin Saunders INDICTMENT#: 97-019

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State of New York, County of Albany Cheryl Flagler
being duly sworn, deposes and says:

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THAT: On the 17th day of APRIL 2003 she served upon

Kevin Saunders, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901-2898

Mental Hygiene Legal Services, Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901-2898

William Benedict, Executive Director, Elmira Psychiatric Center, Attn: Karen Patterson, 100 Washington Street, Elmira, New York 14901-2898

Hon. Carol A. Cocciola, Esq., Assistant Attorney General, NYS Department of Law, State Office Bldg., 17th Floor, 44 Hawley Street, Binghamton, New York 13901

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Sworn to before me

This 17th day of April 2003

W. Ackerly
(Notary)

Cheryl Flagler
(Sender)

WIL ACKERLY
Notary Public, State of New York
Qualified in Albany County
Commission Expires June 30, 2003

97-019

4-292

RECEIVED BY
TOMPKINS COUNTY
COURT CLERK'S OFFICE

03 APR 21 PM 5:40

FORM S

APPLICATION FOR A RECOMMITMENT
ORDER AND NOTICE OF
APPLICATION

STATE OF NEW YORK
[] SUPREME COURT [X] COUNTY COURT
PART: COUNTY: Tompkins

IN THE MATTER OF
AN APPLICATION FOR A RECOMMITMENT
ORDER PURSUANT TO CPL 330.20
IN RELATION TO

Kevin Saunders
DEFENDANT

Indictment #: 97-019

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submit this application for a recommitment order for and on behalf of the said Commissioner.

[] (1) The undersigned is authorized by the District Attorney of _____ County
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(check one and print name and address of indicated court)

[X] Court that issued the existing order of conditions

Tompkins County Court

[] County court of the county wherein the defendant is now residing

[] Term of the Supreme Court for the county wherein the defendant is now residing

FORM S

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(Name of court) **Tompkins County Court**
 (Date of order) **05/07/98**

☐ (5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a first retention order on the following date:

(Name of court)
 (Date of first retention order)

☐ (6) Subsequent to the issuance of the first retention order referred to in paragraph (5) of this application, the following court issued a second retention order on the following date:

(Name of court)
 (Date of second retention order)

☐ (7) Following the issuance of the second retention order referred to in paragraph (6) of this application, the following court issued a subsequent retention order on the following date:

(Name of Court)
 (Dates of subsequent retention orders)

FORM S

[] (8) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a transfer order on the following date:

(Name of court)

(Date of transfer order)

[X] (9) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a release order on the following dates:

(Name of court) **Tompkins County Court**

(Date of release order) **05/07/98**

[X] (10) At the time of the issuance of the release order referred to in paragraph (9) of this application, the court that issued the said release order also issued, in accordance with the provisions of subdivision twelve of CPL 330.20, an order of conditions. The period prescribed in the current order of conditions expires on **05/07/03**. This application for a recommitment order is made during the period covered by the said order of conditions.

(11) This application is made upon the ground that the undersigned is of the view that the above-named defendant has a dangerous mental disorder, in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

(12) The annexed report is made a part of this application for a recommitment order and supports the view stated by the undersigned in paragraph (11) of this application.

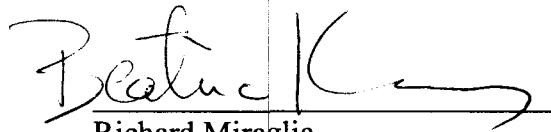
FORM S

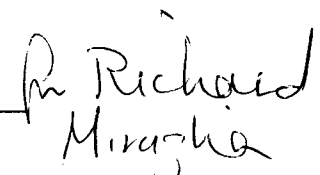
(13) Written notice of this application for a recommitment order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Services, [xx] and the District Attorney [] and the State Commissioner of Mental Health.

(14) No previous application for a recommitment order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a recommitment order be issued committing the above-named defendant to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months from the date of the order.

Date: April 18, 2003


Richard Miraglia
Director
Bureau of Forensic Services



~~300~~ 97-019

4-292

RECEIVED BY
TOMPKINS COUNTY
COURT CLERKS OFFICE

03 APR 21 PM 5:40

FORM S

NOTICE OF APPLICATION FOR A RECOMMITMENT ORDER

- To:
1. Above-named defendant
 2. Counsel for above-named defendant
 3. Mental Health Legal Services
 4. District Attorney of Tompkins County
 5. State Commissioner of Mental Health

PLEASE TAKE NOTICE that the above application for a recommitment order will be submitted to the court indicated in paragraph (2) of the application at a date and time to be determined by the court.

4-292

RECEIVED BY
TOWNSHIP CLERK'S OFFICE

03 APR 21 PM 5:40

FORM S

SPECIAL NOTICE TO DEFENDANT :

You are hereby advised that the Mental Hygiene Legal Service, which is an agency of the County Supreme Court

Court of the State of New York, has been established to provide you with assistance and information as to your rights under the law and the procedures governing your commitment. You are entitled to communicate with a representative of the service at any time.

The location and telephone number of the Mental Hygiene Legal Service Office serving your hospital appear below.

You have a right to a court hearing on the above application for a recommitment order.

You have a right to be represented by counsel at such hearing and you have the right to have counsel assigned by court if you are financially unable to obtain your own lawyer.

Mental Hygiene Legal Service
C/o Elmira Psychiatric Center
100 Washington Street
Elmira, New York 14901-2898
Telephone No. (607) 737-4711

91-014

4-292

RECEIVED BY
TOMPKINS COUNTY
COURT CLERKS OFFICE

03 APR 21 PM 5:40

FORM S-1
ORDER TO APPEAR

STATE OF NEW YORK
[] SUPREME [X] COUNTY COURT

PART: COUNTY: Tompkins

IN THE MATTER

of

An Order to Appear Pursuant to

CPL 330.20 in Relation to

Kevin Saunders
DEFENDANT

Indictment #: 97-019

IN THE NAME OF THE PEOPLE OF THE

STATE OF NEW YORK:

TO: [Name of defendant] Kevin Saunders

AN APPLICATION having been filed with this court by [] District Attorney [x] the

Commissioner of Mental Health, pursuant to the provisions of subdivision fourteen of CPL 330.20,

for a recommitment order committing you to the custody of the Commissioner of Mental Health for

confinement in a secure facility for care and treatment for six months from the date of the order,

YOU ARE HEREBY ORDERED to appear before this court on the following

date and at the following time:

[Date] 4/28/03

[Time] 2:00 PM

Following your appearance before this court, a hearing will be conducted to determine whether you have a dangerous mental disorder.

UPON YOUR FAILURE to appear at the time and place herein mentioned a warrant may issue to a police officer directing that you be taken into custody and brought before this court.

Dated: _____

4/21/03



☐ Justice of the Supreme Court

☒ Judge of the County Court

☐ This order shall be served personally upon the above-named defendant.

☒ This order shall be mailed to the last known address of the above-named defendant.

11-07

4-24-2

RECEIVED BY
TOLSON'S COUNTY
COURT CLERK'S OFFICE

03 APR 21 PM 5:39

St. Paul

FORM S-2

WARRANT

STATE OF NEW YORK
[] SUPREME COURT [X] COUNTY COURT

PART: COUNTY: Tompkins

IN THE MATTER

of

A Warrant Pursuant to CPL 330.20

in relation to

Kevin Saunders
DEFENDANT

Indictment #: 97-019

IN THE NAME OF THE PEOPLE OF THE STATE OF NEW YORK

To any peace officer:

An application having been filed with this court by [] the District Attorney
[x] the Commissioner of Mental Health, pursuant to the provisions of subdivision fourteen of
CPL 330.20, for a recommitment order committing the above-named defendant to the custody
of the Commissioner of Mental Health for confinement in a secure facility for care and treatment
for six months from the date of the order,

And the above-named defendant having been ordered to appear before this court for a hearing
to determine whether he has a dangerous mental disorder,

And, the above-named defendant having failed to appear in court as directed,

NOW THEREFORE,

You are hereby commanded to take the above-named defendant into custody and bring him forthwith before this court.

Dated: _____

[] Justice of the Supreme Court

[X] Judge of the County Court

FORM S-3

TEMPORARY CONFINEMENT ORDER

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: COUNTY: Tompkins

IN THE MATTER
of
A Temporary Confinement Order

Pursuant to CPL 330.20 in
Relation to

Kevin Saunders
DEFENDANT

Indictment #: 97-019

An application having been filed with this court by [] the District Attorney [x] the Commissioner of Mental Health, pursuant to the provisions of subdivision fourteen of CPL 330.20, for a recommitment order committing the above-named defendant to the custody of the Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months from the date of the order,

And, the above-named defendant having been ordered to appear before this court for a hearing to determine whether he has a dangerous mental disorder,

And, the above-named defendant having failed to appear in court as directed,

And, this court having issued a warrant pursuant to the provisions of subdivision fourteen of CPL 330.20 directing an appropriate peace officer to take the above-named into custody and bring him

FORM S-3

before the court,

And, the afore-mentioned warrant having been executed and the above-named now being before the court for a hearing to determine whether the said defendant has a dangerous mental disorder,

NOW THEREFORE, it is hereby

ORDERED that the above-named defendant be confined in the following institution designated by the Commissioner of Mental Health as suitable for the temporary and secure detention of mentally disabled persons, pending further order of the court.

Contact Director of Forensic Services, Telephone 518-474-7219.

Dated: _____

[] Justice of the Supreme Court

[X] Judge of the County Court



10th
April 7, 2003

RECEIVED APR 14 2003

Mr. Harry Huguley
Outpatient Services
Bureau of Forensic Services
44 Holland Drive
Albany, NY 12229

James L. Stone, MSW, CSW
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Veena Garyali, M.D.
Clinical Director

Smith B. Paulison
Operations Director

Mark E. Stephany
Administration Director

William P. Hayes
Quality Director

RE: Kevin E. Saunders (DOB:5/1/56)

Dear Mr. Huguley:

Attached, please find the Clinical Summary of Mr. Kevin Saunders, requesting a re-commitment to a secure facility.

Mr. Saunders was discharged from Rochester Psychiatric Center on 3/31/98 and was referred to Tompkins County Mental Health Clinic. However, because of his consistent noncompliance, he was referred to EPC Community Clinic by the DCS of Tomkins County. He continued to refuse medications and also violated many other conditions of his release. However, he kept his appointments and did not reach the point of being dangerous.

You will see clearly from Dr. Roberts' summary that currently the patient is floridly psychotic and dangerous. Since he continues to refuse medications, we are in the process of applying for medication-over-objection. Instead of rewriting, I am also enclosing the Core History, done in May 2002, which tells us about the long and precarious road of mental illness that the patient has traveled.

Based on the long violation of order of conditions since 1998, his refusal to take medication, his lack of insight, current psychotic episode and dangerousness, we are requesting a re-commitment to a secure facility. Should you have any other questions, please feel free to call.

Sincerely,

Veena Garyali, M.D.

VG/edb

enclosures

cc. Mr. William Benedict

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4711 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

RECEIVED BY
TOWNSHIP COURT
COURT OF RECORDS OFFICE

03 APR 21 PM 5:39

STATE OF NEW YORK
COUNTY OF CHEMUNG
IN THE MATTER OF AN APPLICATION
FOR KEVIN E. SAUNDERS

OMH PHI

PURSUANT TO CPL 330.20

April Roberts, D.O., being duly sworn, deposes and says:

I am a physician, duly licensed to practice in the State of New York:

I currently hold the position of Psychiatrist I at the Elmira Psychiatric Center.

I submit this affidavit in support of the Commissioner's application for recommitment to a secure facility for Kevin E. Saunders (D.O.B. 05/01/56), presently residing at the Elmira Psychiatric Center;

I am familiar with the patient in that I examined him on April 4, 2003, pursuant to my position as the treating physician.

It is my opinion that the defendant's clinical diagnosis at this time is:

Axis I	Psychotic Disorder NOS Gender Identity Disorder Marijuana Dependence Rule out Hallucinogen Intoxication Rule out Alcohol Abuse Rule out Bipolar Disorder, Manic with Psychotic Features
AXIS II	Personality Disorder, NOS with Borderline and Narcissistic Features
AXIS III	Diagnosis Deferred
AXIS IV	Interaction with legal system
AXIS V	Global Assessment of Functioning (Enter two digit scores from 01-90)
	a. Current GAF Score <u>0</u> <u>3</u> b. Past year GAF score <u>5</u> <u>5</u>

A detailed analysis of the defendant's mental condition, upon which I base this opinion, is set forth as follows:

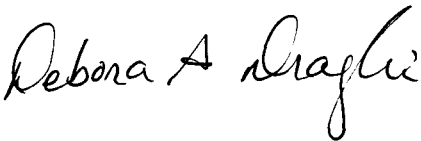
An analysis is set forth in the report attached hereto as Exhibit #1.

It is further my opinion that at this time, the defendant should be recommitted to a secure facility. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for recommitment to a secure facility.



April L. Roberts, D.O.
Psychiatrist I

Sworn to before me this 16th day of April, 2003



DEBORA A. DRAGHI
Notary Public, State of New York
Chemung County, No. 01DR6085876
Commission Expires January 13, 2007

RECEIVED BY
TOMPKINS COUNTY
COURT CLERKS OFFICE
03 APR 21 PM 5:39

CLINICAL SUMMARY	Patient: Saunders, Kevin	C/Id# 01-51-81
OMH-PHI	Sex : Male	DOB: 05/01/56
Admitted as Inpatient: 4/4/03	Facility/Agency	Elmira Psychiatric Center
Summary completed: 4/9/03	Unit/Ward No.	Adult Services Unit - 024

PURPOSE OF REPORT

Mr. Saunders is currently hospitalized on the Inpatient Unit of Elmira Psychiatric Center.

The patient's legal status is CPL 330.20.

A court order is being sought for recommitment to a forensic inpatient psychiatric setting.

HISTORY OF PRESENT ILLNESS

Mr. Saunders is a 46-year-old Caucasian male who was admitted to Elmira Psychiatric Center Community Clinic on May 8th, 2002, at the request of the Tompkins County Commissioner of Mental Health Services. The charges which prompted his CPL status are Burglary - 2nd degree, Arson - 3rd degree, Criminal Mischief - 2nd degree, and Criminal Contempt - 1st degree.

The instant offense took place on February 6, 1997. While delusional, Mr. Saunders dressed as a woman in a long evening dress with stockings and high-heeled shoes and broke into his girlfriend's trailer. As per his statement to police, he intended to kidnap his former girlfriend, despite the fact that she had filed an order of protection against him, approximately one month before. While inside the trailer, Mr. Saunders used lighter fluid he found in the residence to set the place on fire. The trailer and a nearby car were totally destroyed.

Upon his arrest, Mr. Saunders was also in possession of knives. According to interviews following his arrest, Mr. Saunders stated that he "... began to make connections..." between his life, his "ex-girlfriend's life and the characters in the novel Silence of the Lambs. At the time of the crime, he believed that one of the principal characters, Hannibal Lechter (a cannibalistic, serial killer who was a psychiatrist) was sending him messages over the radio. One of these messages "instructed ..." him ".... to break into the trailer". Mr. Saunders had significant dependence and abandonment issues and told his girlfriend that "I'm not going to ever let you leave me".

Mr. Saunders has a past history of marital assault, rages, assaults of his girlfriend, telephone threats toward his girlfriend and a reported rape of his girlfriend, which is also the subject of the instant offense. It is reported that his girlfriend left him after he assaulted her, and the rape occurred after he repeatedly pleaded with her to come to his house for a visit over the 1996 Christmas season. Due to fears for her safety, she obtained a court order of protection. The instant offense occurred approximately one month later.

The patient was admitted to the Rochester Psychiatric Center Forensic Unit on January 30th, 1998, and discharged on March 31st, 1998. The client was then referred to Tompkins County Mental Health Clinic for follow-up services. He was noncompliant with the order of conditions, and had refused to take medication.

On the night of April 3, 2003, Mr. Saunders had a loud verbal altercation with his house-mate, Miss Richards, causing her to be fearful for her safety. On April 4, 2003, he presented to Cayuga Medical Center, after she sought help for him, due to an acute onset of agitation, following a forensic review while at Elmira Psychiatric Center. He had stopped eating and sleeping. While naked and hallucinating, he ran outside for five to six hours. He made threatening statements toward others and claimed to be Hitler. His house-mates said that he disconnected all of the electrical appliances in his home and left water running for hours. He made attempts to injure himself by running his hands under scalding water, banging his hands and scratching himself.

At Cayuga Medical Center, he was agitated and confused. Lorazepam was administered.

During the ambulance ride to Elmira Psychiatric Center, he had periods of silence, alternating with periods of screaming and violent shaking. During the ambulance ride, he had periods of somnolence, alternating with periods of screaming and violent shaking every 15 minutes on four separate occasions.

PRESENTING SYMPTOMS: Upon admission to Elmira Psychiatric Center, on April 4, 2003, Mr Saunders stated he had no intention of taking any type of medication, with the exception of marijuana. He admitted to smoking marijuana on a daily basis and denied having a mental disorder. He was confused and was hearing voices and responding to internal stimuli by talking to unseen others while looking at the walls. He was highly distractible and unable to respond appropriately to questions during the interview. The patient was disoriented to time and place and was unable to answer questions to assess orientation to person in a relevant manner. Insight was lacking; judgement was severely impaired.

COURSE OF HOSPITALIZATION: Mr. Saunders has refused to follow ward rules or routines. He assaulted a staff member for no apparent reason, while stating, "Spiders are from Mars". IM stat medication and four point restraint were required to prevent assaults to staff. When redirected, the patient responded by fighting and biting. He has been spitting out pills which were offered to him. He shows preoccupation with delusions, pertaining to genetic splicing and metabolism of medications. He has refused to remain clothed in public areas of the ward, requiring continual instruction from staff to put his clothes back on. Other patients have complained about Mr Saunders entering their rooms at night. He stalks female patients, including a young teenage female, who he chases around the ward. There have also been complaints from female patients that he follows them into the bathroom. Male patients have also complained about Mr Saunders stalking them at night. He threatens staff who redirect him away

CLINICAL SUMMARY
SAUNDERS, Kevin E.

Elmira Psychiatric Center
C# 01-51-81 DOB: 5/1/56

Adult Services Inpatient Unit - 024
Completed 4/9/03 Page 3

CURRENT DIAGNOSIS

Axis I: Bipolar Disorder with psychotic features
Cannabis Dependence
Generalized Anxiety Disorder
Gender Identity Disorder
Alcohol Abuse
Axis II: Personality Disorder NOS, with borderline & narcissistic features
Axis III: Infection of the right leg
Axis IV: Stressor: Interaction with the Legal System and Recent Forensic Hearing
Axis V: GAF Score: 03; Past year GAF Score: 55

Staff Signature



Date

4/11/03

Title

April L. Roberts, D.O.
Psychiatrist I

ALR/edb: R:4/9/03; T:4/10/03

RECEIVED BY
TODD KINS COUNTY
COURT CLERKS OFFICE

03 APR 21 PM 5:39

FORM T
RECOMMITMENT ORDER

STATE OF NEW YORK
[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER
of
A Recommitment Order Pursuant
to CPL 330.20 in Relation to

Kevin Saunders
DEFENDANT

Indictment #: 97-019

PRESENT:

Honorable _____

[] Justice of the Supreme Court
[X] Judge of the County Court

An application having been filed with this court by [] the District Attorney
[x] the Commissioner of Mental Health, pursuant to the provisions of subdivision fourteen of CPL
330.20, or a recommitment order committing the above-named to the custody of the
Commissioner of Mental Health for confinement in a secure facility for care and treatment for
six months from the date of the order,

And the court having conducted the hearing required by subdivision fourteen of CPL 330.20
to determine whether the defendant has a dangerous mental disorder,

And, due deliberation thereon being had,

FORM T

And, the court having found that the above-named defendant has a dangerous mental disorder as that term is defined in paragraph (c) of subdivision one of CPL 330.20,

It is hereby

ORDERED that the above-named defendant is committed to the custody of the Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months from the date of this order.

Dated: _____

☐ Justice of the Supreme Court
☒ Judge of the County Court

FORM J
APPLICATION FOR A SECOND
RETENTION ORDER AND
NOTICE OF APPLICATION

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART:

COUNTY: TOMPKINS

IN THE MATTER OF
AN APPLICATION FOR A SECOND
RETENTION ORDER PURSUANT TO
CPL 330.20 IN RELATION TO

INDICTMENT #: 97-019

KEVIN SAUNDERS, DEFENDANT

- (1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a second retention order for and on behalf of the said Commissioner.
- (2) This application for a second retention order is being submitted to the following court: (check one and print name and address of indicated court)
- [X] Court that issued the first retention order:
- | | |
|--------------------------|------------------------------|
| (Name of court) | Tompkins County Court |
| (Date of original order) | May 22, 2003 |
- [] County court of the county wherein the facility in which the defendant is confined is located:
- [] Term of the Supreme Court for the county wherein the facility in which the defendant is confined is located:
- (3) This application for a second retention order is made pursuant to subdivision nine of CPL 330.20. If this application is granted, the undersigned requests that the second retention order issued by this court take effect at the expiration of the period referred to in [9] paragraph of this application and that it authorize continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months pursuant to
[] a commitment order issued under the provisions of subdivision six of CPL 330.20
[X] a re-commitment order issued under the provisions of subdivision fourteen of CPL 330.20
by the following court on the following date:

(Name of court) **Tompkins County Court**

(Date of order) **May 22, 2003**

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, a transfer order was issued by the following court on the following date:

(Name of court) **Monroe County Court**

(Date of transfer order) **August 30, 2004**

(6) Prior to the issuance of the re-commitment order referred to in paragraph (4) of this application, a release order was issued by the following court on the following date:

(Name of court)

(Date of release order)

(7) Subsequent to the issuance of the order referred to in paragraph (4) of this application, a first retention order was issued by the following court on the following date:

(Name of court) **Monroe County Court**

(Date of first retention order) **February 11, 2004 (Retroactive to 11/22/2003)**

(8) Pursuant to the first retention order referred to in paragraph (7) of this application, the above-named defendant is currently confined in the following [] secure facility [X] non-secure facility of the State Office of Mental Health: **ELMIRA PSYCHIATRIC CENTER. 100 Washington Street, Elmira, New York 14901.**

(9) The first retention order referred to in paragraph (7) of this application authorized the Commissioner of Mental Health to continue custody of the above-named defendant for care and treatment for a period prescribed in the order referred to in paragraph (4) of this application. The period prescribed in the said first retention order expires on: **November 22, 2004.**

(10) This application is made upon the ground that the undersigned is of the view that the above-named defendant: (check one):

[] currently suffers from a dangerous mental disorder in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgement to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

[X] does not currently suffer from a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric center under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgement is so impaired that he is unable to understand the need for such care and treatment.

(11) The annexed psychiatric reports are made a part of this application for a second retention order and support the opinion of the undersigned concerning the current mental condition of the above-named defendant.

(12) Pursuant to the provisions of subdivision nine of CPL 330.20, this application is being made at least thirty (30) days prior to the expiration of the period referred to in paragraph (9) of this application.

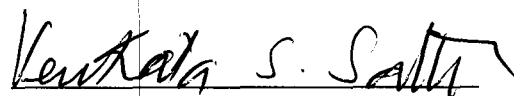
(13) Written notice of this application for a second retention order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Service and the District Attorney.

(14) No previous application for a second retention order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a second retention order be issued authorizing continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years from the date such retention order takes effect.

Date:

11.18.2004



Venkata S. Satti, M.D.
Acting Clinical Director
Elmira Psychiatric Center

FORM J

NOTICE OF APPLICATION FOR A SECOND RETENTION ORDER

To: 1. Above-named defendant
 2. Counsel for above-named defendant
 3. Mental Health Legal Service
 4. District Attorney of Tompkins County

PLEASE TAKE NOTICE that the above application for a second retention order will be submitted to the court indicated in paragraph (2) of the application on:

[Date] November 19, 2004

[Time] 4:30 p.m.

Upon receipt of the above application for a second retention order, the court may, on its own motion, conduct a hearing to determine whether the defendant has a dangerous mental disorder.

The court must conduct a hearing to determine whether the defendant has a dangerous mental disorder if a timely demand is made to the court by the defendant, counsel for the defendant the Mental Health Legal Service or the District Attorney.

A demand for a hearing is timely if it is made within ten (10) days from the date that this notice of application was given to you.

You may make a demand for a hearing by writing directly to the court indicated in paragraph (2) of the above application.

Failure to demand a hearing will permit the court to rule on the above application without a hearing.

97-019 4-504

97-019 4-504
JAN 10 1998
FBI

04 DEC -9 AM 10:10

AFFIDAVIT OF SERVICE

STATE OF NEW YORK
() SUPREME COURT (x) COUNTY COURT
PART: _____ COUNTY: TOMPKINS

IN THE MATTER OF:

KEVIN SAUNDERS

INDICTMENT #97-019

A PATIENT WITH:

ELMIRA PSYCHIATRIC CENTER

State of New York, County of Tompkins, Karen Patterson, being duly sworn, deposes and says:

That: She is employed in a facility operated by the New York State Office of Mental Health.

That: On the 19 day of November, 2004, she served upon:

Kevin Saunders
c/o Elmira Psychiatric Center
100 Washington Street
Elmira, New York 14901

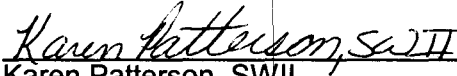
Kevin Moshier, Esq.
Mental Hygiene Legal Services
c/o Elmira Psychiatric Center
100 Washington Street, Bldg. 4
Elmira, New York 14901

George Dentes, District Attorney
Tompkins County Courthouse
320 North Tioga Street
Ithaca, New York 14850

Richard Miraglia, Director
Bureau of Forensic Services
NYS Office of Mental Health
44 Holland Avenue
Albany, New York 12229

Carol Cocchiola, Esq.
Assistant Attorney General
New York State Office of Law
State Office Building
44 Hawley Street, 17 Floor
Binghamton, NY 13901

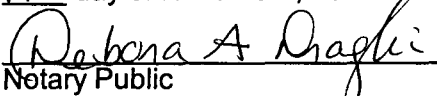
That: Within notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at Elmira, New York 14901 directed to said parties at the address within the state designated.



Karen Patterson, SWII
Forensic Coordinator

Sworn to before me the

19th day of November, 2004.



Notary Public

DEBORA A. DRAGHI
Notary Public, State of New York
Chemung County, No. 01DR6085876
Commission Expires January 13, 2007

97-019 S-504

RECEIVED
FBI
DEC 10 1997

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FORM K
SECOND RETENTION ORDER

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART:

COUNTY: **TOMPKINS**

IN THE MATTER OF A SECOND
RETENTION ORDER PURSUANT
TO CPL 330.20 IN RELATION TO

KEVIN SAUNDERS, DEFENDANT

INDICTMENT#: **97-019**

C. Rowley

Present: Honorable M. John Sherman

[] Justice of the Supreme Court

[X] Judge of the County Court

The above-named defendant having been found not responsible by reason of mental disease or defect and having been committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for a period of six months for care and treatment pursuant to a re-commitment order issued under the provisions of subdivision (14) fourteen CPL 330.20 by the following court on the following date:

[Name of court] **Tompkins County**

[Date] **May 22, 2003**

[X] And, a transfer order having been thereafter issued under the provisions of subdivision eleven of CPL 330.20 by the following court on the following date:

[Name of court] **Monroe County Court**

[Date of transfer order] **August 30, 2004**

[] And, a release order having been thereafter issued under the provisions of subdivision twelve of CPL 330.20 by the following court on the following date:

[Name of court] _____

[Date of release order] _____

[X] And, the above-named defendant having been thereafter committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for a period of six months for care and treatment pursuant to a re-commitment order issued under the provisions of subdivision (14) fourteen of CPL 330.20 by the following court on the following date:

[Name of court] Monroe County Court

[Date of commitment order] February 11, 2004

And, the Commissioner of Mental Health being thereafter authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed one year from the expiration of the period prescribed in the aforesaid *[] commitment order *[X] recommitment order by a first retention order issued under the provisions of subdivision eight of CPL 330.20 by the following court on the following date:

[Name of court] Monroe County Court

[Date of first retention order] February 11, 2004

(Retroactive Date: November 22, 2003)

And, pursuant to the aforesaid first retention order, the above-named defendant being currently confined in the following [] secure facility [X] non-secure facility of the State Office of Mental Health:

ELMIRA PSYCHIATRIC CENTER , 100 Washington Street, Elmira, NY 14901

And, the period prescribed in the aforesaid first retention order expires on:

November 22, 2004

And, an application having been made pursuant to subdivision nine of CPL 330.20 by the State Commissioner of Mental Health for a [] release order or [X] second retention order to authorize the continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years first retention order;

☒ And, a demand for a hearing not having been made;

☐ And, a demand for a hearing having been made, and such hearing having been held on:

☐ And, the court, on its own motion having conducted a hearing on _____

And due deliberation thereon having been had,

And the court having found that the above-named defendant

☐ currently suffers from a dangerous mental disorder as that term is defined in paragraph (c) of subdivision one of CPL 330.20;

☒ does not currently suffer from a dangerous mental disorder as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but that the said defendant currently suffers from a mental illness as that term is defined in paragraph (d) of subdivision one of CPL 330.20; [Note: If this box is checked the court must also issue a transfer order and an order of conditions if the above-named defendant is currently confined in a secure facility pursuant to the first retention order.]

ORDERED that the Commissioner of Mental Health is authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the aforesaid first retention order.

Dated: _____

Honorable M. John Sherman

☐ Justice of the Supreme Court

☒ Judge of the County Court

1) Things of Susan's which she might like to have:

Bionaire Air filter
several tapes & CDs
Bernadette's medication
A key for the new locks which my mother had installed

If Susan wishes to come over pick up some of her things,
or to verify that they have not been damaged or tampered with,
we could arrange a time for me to be out; she's free to leave
her possessions here as long as she wants to without charge.

2) I'd also like to know about Bernadette's state of health
and whether Susan would prefer to have me take care of Bernadette
if Bernadette is uncomfortable where she is, or if she's uncomfortable
with another person who might be taking care of her temporarily...

3) Is it possible to modify the Order of Protection so that Susan is
allowed to call me (not vice versa) on the telephone?

Disallowing "communication through third parties" in a small town
such as this implies that I can't discuss any matters relating
to Susan with *anyone*, since gossip travels like wildfire in this
county even when you request that people refrain from gossip...

Gossip also tends to distort information in damaging ways.

4) Information regarding Susan which I would like to have:

City of birth (Chicago or Manhattan?) and time of birth.

For a bioscope to be prepared by Katherine Raymond, author of texts
including

The Fetishized Me
Gender and Sexual Identity in Children of Lesbians
The Discourse of the Asterisk
Kurt Cobain: Tragedy on the 6/12 Axis
"Crazy": Is Lesbian Subjectivity Possible Within a Masculist Discourse?

**APPLICATION FOR CHANGE IN
STATUS/PRIVILEGES**

Patient's Name (Last, First, M.I.)

Saunders, Kevin

"C" No.

01-51-81

Unit/Ward No.

ASU

Facility

Elmira Psychiatric Center

PART I — Completed by Unit Chief and Team Psychiatrist

Patient's Status (check only one)

☐CIVIL INPATIENT
(Originally admitted Pursuant
to Sec. 730 C.P.L.)☒SEC. 330.20 (C.P.L.)
RETENTION, COMMITMENT
or RECOMMITMENT☐FINAL ORDER OF
OBSERVATION
Pursuant to Sec.
730.40(2), C.P.L.☐TEMPORARY ORDER
OF OBSERVATION
Pursuant to Sec.
730.40(2), C.P.L.☐ORDER OF
COMMITMENT
Pursuant to Sec.
730.50 C.P.L.☐ORDER OF
RETENTION
Pursuant to Sec.
730.50 C.P.L.

Action Requested (check only one)

☐

CONDITIONAL RELEASE

☐UNESCORTED FURLOUGHS — Describe
nature and duration☐

DISCHARGE

☐ESCORTED FURLOUGH — Describe
nature and duration☐

CONVERT TO CIVIL STATUS

☒

Second Retention Order

☐

RETURN TO CUSTODY OF COURT

☐

TRANSFER

Summary of Clinical, Social and Criminal History, Including Circumstances Surrounding the Act(s) Leading to C.P.L. Retention

Please see attached Clinical Summary and Physician's Affidavit

Rationale For Action Requested

Continuity of Mental Health Treatment and planning for reintegration
into the community.

We, the undersigned, believe that the present condition of the patient referenced above warrants the action requested.

Savithri Satti M.D.

Signature of Treatment Team Psychiatrist

Print Name Signed

Savithri Satti, M.D.

Date

11/17/04

Signature of Unit Chief

Venkata S. Satti

Print Name Signed

Venkata S. Satti, M.D.

Date

11/17/04

PART II — Completed by Hospital Forensic Committee

Patient's Name
Saunders, Kevin

Action Recommended <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Approved — (check one below) <input type="checkbox"/> Conditional Release <input type="checkbox"/> Unescorted Furlough <input type="checkbox"/> Discharge <input type="checkbox"/> Escorted Furlough <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Transfer <input type="checkbox"/> Return to Custody of Court <input checked="" type="checkbox"/> Second Retention Order		Comments The Hospital Forensics Committee concurs with the Treatment Team's recommendation for a second retention order.
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NOTE: Each member of the committee must sign below. Dissenting opinions must be submitted in writing to the Clinical Director.

Date 9/28/04	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Board Certified Psychiatrist <i>Mirlande Jordan MD</i>	Print Name Signed Mirlande Jordan MD.
Date 9/28/04	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker <i>Roger B...</i> LSW	Print Name Signed Roger B... LSW
Date 9/28/04	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker <i>Paul T. Pouinelli, Ph.D.</i>	Print Name Signed Paul T. Pouinelli, Ph.D.
Dissenting Opinion:			
		Date	Signature

PART III — APPROVAL/DISAPPROVAL — Completed by Clinical Director

Action Recommended <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Approved — (check one below) <input type="checkbox"/> Conditional Release <input type="checkbox"/> Unescorted Furlough <input type="checkbox"/> Discharge <input type="checkbox"/> Escorted Furlough <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Transfer <input type="checkbox"/> Return to Custody of Court <input checked="" type="checkbox"/> 2nd Retention Order		Comments The Clinical Director is in agreement with the Hospital Forensics Committee's recommendation.	
		Date 11/17/04	Signature <i>Venkata S. Satti</i>
Title		Print Name Signed Venkata S. Satti, Acting Clinical Dir.	

PART IV — APPROVAL/DISAPPROVAL — Completed by OMH Director of Forensic Services if Patient's Status is Sec. 330.20 (C.P.L.) Retention

Action Recommended <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved — (check one below) <input type="checkbox"/> Conditional Release <input type="checkbox"/> Unescorted Furlough <input type="checkbox"/> Discharge <input type="checkbox"/> Escorted Furlough <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Transfer		Comments	
		Date	Signature
Title		Print Name Signed	

PART V (REVOCATION OF STATUS/PRIVILEGES)

Revoke (Check one) <input type="checkbox"/> Conditional Release <input type="checkbox"/> Unescorted Furlough	Comments:		
Date	Signature of Unit Chief	Date	Signature of Clinical Director

AFFIDAVIT

IN THE MATTER OF

Kevin Saunders

STATE OF NEW YORK

COUNTY OF CHEMUNG

Savithri Satti, M.D. being duly sworn, deposes and says:

1. I am a psychiatrist duly licensed to practice in the state of New York.
2. I currently hold the position of Psychiatrist I at the Elmira Psychiatric Center.
3. I submit this affidavit in support of the Commissioner's application for Level IV Escorted Furlough Privileges for the above-referenced patient, who resides at the Elmira Psychiatric Center, Elmira, New York.
4. I am familiar with this patient in that I have examined the patient on several occasions since 9/14/04 in the capacity of Treating Psychiatrist .
5. It is my opinion that the patient's clinical diagnosis at this time is:

AXIS I: 296.44 Bipolar Type I Disorder Recent Episode Manic with Psychotic Features, Mood Congruent in Partial Remission
304.30 Cannabis Dependence in Forced Remission
305.00 Alcohol Abuse in Forced Remission
302.85 Gender Identity Adult with Transvestism

AXIS II: 301.9 Personality Disorder NOS Borderline with Narcissistic Traits

AXIS III: History of essential hypertension

AXIS IV: Problems with the legal system

AXIS V: GAF 70; past year GAF 50

6. A detailed analysis of the patient's condition, upon which I base this opinion is set forth in the report attached hereto.

7. It is further my opinion that at this time the patient should be granted Level IV Escorted Furlough Privileges.

8. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for Level IV Escorted Furlough Privileges for patient Kevin E. Saunders

Savithri Satti M.D.

Savithri Satti, M.D.
Psychiatrist I

Sworn to before me this 2ND

day of November, 2004.

Debora A. Draghi

Notary Public

DEBORA A. DRAGHI
Notary Public, State of New York
Chemung County, No. 01DR6085876
Commission Expires January 13, 2007

Elmira Psychiatric Center Forensic Committee Clinical Summary
November 2, 2004

**Statement of Opinion and Request
for Kevin Saunders**

Based upon the reasonable degree of medical certainty and Mr. Saunders Treatment Team at Elmira Psychiatric Center we are requesting Level IV Escorted Furlough Privileges.

Identifying Date: This forty-eight year old divorced white male was transferred from Rochester Regional Forensic Unit to Elmira Psychiatric Center on 9/14/04 pursuant to 330.20 Re-commitment Order issued by the Honorable John Rowley, Tompkins County Court Judge on 5/22/03.

On 2/6/97 he was arrested and charged with the crimes of burglary second degree, arson third degree, two counts criminal mischief second degree, criminal contempt first degree. He set fire to trailer home of his ex-girlfriend early in the morning of 2/6/97. As a result of fire the trailer home as well as his ex-girlfriends car were destroyed. On 6/14/97 Mr. Saunders was evaluated by Normal J. Lesswing, PhD. who found that Mr. Saunders was not criminally responsible for above mentioned crimes. Patient was adjudicated as non-responsible for reason of mental disease by plea on 6/28/97 by the court judge, William C. Barrett, Tompkins County Court Judge. CPL 330.20 Examination was ordered by the judge on 8/4/97. It was recommended that patient be admitted for examination and was admitted to RRFU on 1/30/98. Upon completion of 330.20 Examination patient was discharged in community on 3/31/98. He was examined by Dr. Singh and Dr. John Kennedy. Also opinion was that Mr. Saunders did not suffer from dangerous mental disorder as this term is defined as CPL 330.20. On 5/7/98 Honorable William Barrett, Tompkins County Court Judge, decided that Mr. Saunders did not suffer from dangerous mental disorder, however recommended continued mental health treatment for the defendant. The Order of Conditions was issued to Mr. Saunders in order to attend an outpatient mental health program designed by the Commissioner of Office of Mental Of Health for State of New York or by his designee. Initially Mr. Saunders was ordered in outpatient at Tompkins County Mental Health Center in Ithaca, New York . From May 1998 to May 2002 Mr. Saunders was followed by Linda Riley, CSW at Tompkins County Mental Health Center. However due to ongoing noncompliance with the violation of his Order of Conditions (ongoing use of cannabis and refusal to comply with urine toxicology screening) his treatment was transferred to EPC Outpatient Clinic on 5/8/02 by the request of Mr. Anthony DeLuca, Commissioner of Tompkins County Mental Health Services. Since his admission to EPC services Mr. Saunders has reported for his appointments as scheduled but has been noncompliant to treatment and monitoring recommendations developed by his treatment team. He was refusing to submit to prescribed medication therapy and drug and alcohol testing.

On 4/27/04 Mr. Saunders was committed to Cayuga Medical Center due to psychotic decompensation. He remained there until 5/2/02 according to the discharge summary done by Dr. Roemmert, MD. Mr. Saunders was brought to emergency department by his friend in evening of 4/26/02. At that time he reported an alarm at waking up and believing that he was

Hitler. Throughout the interview he was more coherent and did not report danger to self or others. He did not wish to stay. Friend then brought him back in the morning at which time patient was grossly delusional, not only claiming to be reincarnation of Adolph Hitler but stated that he had a mission. His judgement was grossly impaired. Presentation was psychotic, so he was admitted at that time. He was also agitated, both physically and mentally. He had grandiose, illogical ideations, thoughts were pressured and loosely associated. On 5/8/02 he was sent to EPC Outpatient Clinic. At that clinic patient felt the victim of more practice in the past. He refused to take Trazodone, Prozac and Vistaril due to interactions of these medications on his liver enzymes. He felt that prescribing psychiatrist intentionally was doing harm to him. He had another readmission to Cayuga Medical Center on 4/4/03 for his agitation, not sleeping at night, not eating. He was seen running around the house five to six hours with no clothes on. He made threatening statements to himself and others. He was transferred to EPC by ambulance and was admitted. On 4/6/03 he became aggressive, physically assaultive to female staff at EPC. On 5/22/03 Honorable John Rowley, Judge of the County Court, Tompkins County, found Mr. Saunders suffering from dangerous mental disorder and ordered him to be committed to the custody of the Commissioner of Office of Mental Health for confinement in a forensic facility for care and treatment. On 5/23/03 Mr. Saunders was transferred to Rochester Regional Forensic Unit from Elmira Psychiatric Center where he refused medications and was treated with Order of Medication Over Objection. There was gradual improvement in his mental condition and in November 2003 indication for escorted furlough privileges were approved by the Hospital Forensic Committee. The application for the first retention order as well request for escorted furloughs were reviewed by Honorable Judge Keenan on 2/11/04. Application for escorted furloughs were approved. He got one year court retention which expires on 11/22/04. He was transferred to Elmira Psychiatric Center, a non-secure psychiatric facility, which will allow the treatment team to observe the patient in less restrictive environment and facilitate his subsequent safe discharge into community.

Since his admission to Elmira Psychiatric Center on 9/14/04 he is involved with the pharmacotherapy, psychotherapy, cannabis abuse education and treatment. He needs further treatment and hospitalization to make sure that he will be able to handle his stressors in the community.

This is a request for escorted furloughs into community with staff which is Level IV, to evaluate how safe he will be living in community upon discharge in future.

Savithri Satti
Savithri Satti, MD, Psychiatrist I

**Elmira Psychiatric Center
Clinical Summary**

Kevin Saunders

October 20, 2004

DOB: 5/1/56

CPL 330.20

Consecutive No.: 01-51-81

Nature of Facility Request: The facility is seeking a 2 year court retention in order to continue with inpatient treatment and work on re-acclimating the patient to the community.

Identifying Information: Kevin Saunders is a 48 year old, divorced, Caucasian male , who was admitted to the Elmira Psychiatric Center on 9/14/04 from the Rochester Regional Forensic Unit (RRFU). He was admitted to RRFU on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Judge, on 5/22/03.

Mr. Saunders is CPL 330.20 status, Track III.

Initial Facility of CPL: Mr. Saunders was court ordered to Rochester Regional Forensic Unit on January 30, 1998. He was discharged from RRFU on 3/31/98 CPL status 330.20, Track III.

Subsequent Facilities: Prior to his admission to the Elmira Psychiatric Center, Mr. Saunders, had been at RRFU since 5/23/03. He was transferred to RRFU after a short stay the Elmira Psychiatric Center (EPC). He was admitted to EPC on 4/4/03 after being seen at the Cayuga Medical Center Emergency Room. At that time he was agitated, not eating or sleeping and had been running around outside in the snow naked. He was brought to the Cayuga Medical Center by his roommate Alice Richardson.

During his stay at EPC, Mr. Saunders, assaulted a staff member. This assault took place on 4/6/03. Patient was placed in 4 point restraint following the assault and received stat medication. He continued to escalate and needed to be place in 5 point restraint. Due to his assaultive behavior, the treating physician filed a request for the patient to be transferred to RRFU.

Instant Offense: Mr. Saunders instant offense consisted of Burglary, 2nd degree, Arson, 3rd degree-a class C Felony, Criminal Mischief, 2nd degree and Criminal Contempt, 1st degree.

On the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to the patient's statement, as well as the police report, he was dressed in a woman's evening dress, stockings and high heels. He was in possession of four kitchen knives, including a meat cleaver. Patient reports that a few days prior to the offense he read the book *The Silence of The Lambs* and began making connections between his life, his ex-girlfriend's life and some of the characters in the book. He came to the conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that the FBI was after him. Mr. Saunders was under the impression that Hannibal Lector (another character from the book who was a cannibal, serial killer and psychiatrist) was sending him messages

through the radio. Some of these were messages were of command nature ordering Mr. Saunders to dance or break into the trailer.

He stated that the night before the offense he had been up all night dancing and that he put on Susan's clothing. He state that he felt afraid that someone might be coming to his house to kill him. At that point he states he got in his car and drove to Susan's trailer. He states that he took the knives with him to protect himself. He stated that he wanted to see Susan and had not intention of hurting her. When he arrived at her trailer he saw that her car was there and he thought she was home. He proceeded to break into her trailer through a window. He then picked up lighter fluid that he found in her trailer and then set the trailer on fire using his own lighter.

He left the scene in his own car but was stopped less than a mile away by the state police who had been notified by a neighbor that he was at the trailer. Patient told the state police that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He stated that he brought the knives with him to use in his attempt to kidnap her. He stated that he felt his life was in danger if he did not follow the commands he was hearing through the radio. It should be noted that Mr. Saunders' ex-girlfriend had an order of protection against him at the time of the offense. She had requested the order of protection 1 month before the offense because she feared for her safety. She reports that he physically assaulted and raped her around Christmas 1996.

Risk Factors: Mr. Saunders was being prescribed Prozac and Trazodone by Dr. Singh at the time of the offense. He admits to not taking his medications as prescribed because he did not agree with his diagnosis and felt the medications were causing him to have unpleasant side effects. He felt that he had a neurological disorder known as Guillain-Barre Syndrome.

Patient admits to smoking Marijuana on a daily basis and also was drinking alcohol at the time of the offense. He has a history of alcohol dependence.

Mr. Saunders admits to having extreme difficulty with interpersonal relationships. He has narcissistic and borderline features which make it difficult for him to engage in meaningful relationships with others. He also believes that he has gender identity disorder and reports attractions to both males and females. Prior to the offense his girlfriend had ended their relationship which was very upsetting to Mr. Saunders.

Mr. Saunders had been physically and sexually assaultive in the past to his ex-girlfriend. Reports indicate that he was also physically assaultive towards his first wife, Ann Marie Whelan, from whom he is divorced.

Danger Signs: According to information from Tompkins County Mental Health, where he has received outpatient services in the past, when decompensated he suffers from auditory hallucinations, paranoid and persecutory delusions and preoccupation with physical health (CPL 330.20 Quarterly Monitoring Report dated 1/31/02 by Linda Riley, CSW-R). He also becomes physically assaultive when not on medication.

Victim Profile: His paramours

Type of Weapon: Mr. Saunders was carrying several knives with him at the time of the offense however he did not use these knives in any way during the offense. He used lighter fluid and a lighter to start the fire that destroyed his ex-girlfriends trailer.

Medical History: Mr. Saunders had indicated in the past that he believes that he has a neurological disorder such as Teshwin Syndrome or Guillain-Barre Syndrome. He was seen by a neurologist, Dr. Stackman, who did not agree with his interpretation of his situation. Dr. Stackman diagnosed him with alcohol dependence. He has a history of pseudo seizures.

Psychiatric History: Mr. Saunders has a long history of emotional difficulties.

He reports that he first received treatment for moderate symptoms of depression in 1979 while attending graduate school at Cornell University. He attended 3 sessions at Family and Children Services in Ithaca, NY.

Patient reports receiving services again from Family and Children Services in 1992 upon being referred through the Cornell EAP program where he was employed. He states he attended 12 sessions with Ellen Stotz from 1/9/92 to 6/11/92. He was placed on administrative leave from Cornell University.

He was seen by Ms. Micki Goldstein in May of 1993 for marital counseling with is former wife, Ann Marie Whelan.

From 5/17/93-1/31/94 he was seen by Anna Matusiewicz, M.D. for depression, marital/divorce issues and possible exposure to HIV. He states he attended approximately 17 sessions with her.

The precipitant to him seeking therapy was that Mr. Saunders reports that in February of 1993 that he was raped by a male acquaintance of his wife. He admits that he and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. He reports that the person who raped him had been sexually involved with his wife. Mr. Saunders had previous encounters with males. Mr. Saunders became concerned that he may have contracted HIV as a result of the rape. He was also concerned for his wife's health as she had been involved with this same man. He sought counseling to deal with his anxiety surrounding this situation.

Dr. Matusiewicz offered him a trial of Lithium. He declined the medication but continued with psychotherapy. He terminated therapy when he felt better and after testing for HIV was negative. Dr. Matusiewicz felt Mr. Saunders suffered from an affective disorder but stated it was hard to determine due to his cannabis use. During this time, Mr. Saunders, admitted to episodes of hitting his wife when he was trying to taper his use of marijuana.

From 5/96 to 1/97 Mr. Saunders was seen for 29 sessions by Amari Meader, MSW at Family and Children Services. He sought counseling for "relationship issues". His case was eventually

terminated because he refused to stop using cannabis. He was seen again during January of 1997 by Dr. Singh and was put on Trazodone and Prozac. Later that month he stopped both medications as he felt the Trazodone was causing panic like symptoms. He continued to smoke marijuana.

Mr. Saunders was charged with a DWI on 12/22/96 and reported being under stress as a result of this. He presented to the Cayuga Medical Center ER on 1/11/97 at 5:00 AM with reported heart palpitations, chills and shortness of breath.

On 2/6/97 Mr. Saunders was arrested on the charges listed in the Instant Offense. He was released on bail of \$50,000.00 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97 and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97 he was evaluated by Norman J. Lesswing, Ph.D. He received Not Responsible By Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, county court judge of Tompkins County. A CPL 330.20 examination was ordered on 8/4/97. Patient remained at RRFU from 1/30/98-3/31/98 for dangerousness examination. Both examiners (Dr. Singh and Dr. Kennedy) concluded that at that time Mr. Saunders did not suffer from a dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend and outpatient mental health treatment program at Tompkins County Mental Health Center. He was seen there by Linda Riley, CSW from May of 1998 to May of 2002. His treatment was then transferred to the EPC outpatient clinic at the request of the commissioner of mental health for Tompkins County, Anthony B. Deluca. He requested the transfer due to ongoing non-compliance with the order of conditions (ongoing use of cannabis and refusal to comply with urine toxicology screens).

He was hospitalized at Cayuga Medical Center on 4/27/02 for psychotic decompensation. He remained in the hospital until 5/2/02. He stated during this admission that he was the reincarnation of Adolf Hitler and that he had "a mission". He was discharged on no medications as he refused to take them.

Mr. Saunders did attend his appointments at the EPC outpatient clinic, starting in May of 2002, but he was non-compliant with treatment and refused to take medication. He was seeing both Dr. Belsare and Janet Stevens, CSW. He continually refused to accept education regarding his illness. He also continued to smoke marijuana.

On 4/4/03 Mr. Saunders was admitted to Cayuga Medical Center. He was brought there by his roommate Alice Richardson. She reports that he had not been eating or sleeping and that he was becoming increasingly more bizarre. He had been running around outside naked when there was still snow on the ground. She also reported that he had become loud and threatening towards her and that she feared for her safety. He was transferred by ambulance to Elmira Psychiatric Center.

While at EPC he physically assaulted a staff person on 4/6/03. He was in both 4 point and 5 point restraints and required stat medications to calm down. The treatment team requested that the patient be transferred to RRFU based on his CPL status, ongoing noncompliance and assaultive behavior.

Patient was ordered by the Honorable John Rowley of Tompkins County to be transferred to RRFU on 5/22/03. He was admitted to RRFU on 5/23/03. He remained there until he was transferred back to EPC on 9/14/04.

During his stay at RRFU, Mr. Saunders, condition improved significantly. He was started on an antipsychotic medication, Risperdal Consta, which is an injectable medication. Initially, Mr. Saunders refused to take medication but when Dr. Guttmacher explained to him that they would seek treatment over objection he agreed to begin the medication. He was started on medication on 8/29/03. He is currently compliant with medications and has gained some insight into his illness and the need for ongoing treatment.

While at RRFU he did participate in treatment by attending groups and meeting with his team individually. He gained the most insight in regards to his marijuana use. Through participation in MICA group he was able to understand how smoking marijuana affected his mental health. He was able to state that he should refrain from using marijuana in the future. He maintained appropriate interactions with both staff and peers. He was granted Level 3 privileges which is the highest level of privileges at RRFU. Patient was later granted escorted furloughs to the community on 2/17/04.

Since being admitted to the adult services unit at EPC on 9/14/04 he has been pleasant and cooperative with all aspects of treatment. He is attending MICA and psychotherapy as well as other therapeutic and recreational groups. He is quiet but does interact appropriately with staff and peers.

Substance/Alcohol use/abuse History: Mr. Saunders has a history of both cannabis and alcohol abuse. He states that he began smoking marijuana at the age of 21. He admits to daily use in the past and was not able to accept education regarding the negative impact cannabis use had on his mental status. He felt that his marijuana use was an appropriate way to treat his physical and neurological symptoms. Mr. Saunders was charged with a DWI in 1996 but denies his alcohol use was or is a problem. He refuses to accept his Substance abuse diagnoses. He recently has been able to state that he should stop smoking marijuana. He does participate in MICA group here at EPC and did while he was at RRFU as well. He was non-compliant with drug testing as an outpatient which was required in his order of conditions.

Patient's Current Perspective: Mr. Saunders has gained some insight into how his mental illness played a role in the decisions he made in the past. He has also gained some insight into the negative affects of marijuana use on his mental health. He continues to insist that he never meant to hurt Ms. Hamann when he set fire to her trailer. He realizes now that he was psychotic at the time and is remorseful regarding his behavior. In the past he expressed frustration with the legal system and often believed he was being "set-up". He is now able to state that he

understands why the legal system has been involved in his life and he is willing to comply with the recommendations of his treatment team and the legal system in regards to his ongoing treatment. He is currently medication compliant and states he will continue to take his medication as he himself notices the difference in his behavior.

Current Privilege Level: Mr. Saunders currently has level 2 and 3 privileges. He is able to go on grounds without staff but is not allowed to go off grounds unless it is for a medical appointment. He is able to attend day treatment and eat his meals with the other patients in the cafeteria. He has smoking privileges as well.

Risk Management: Mr. Saunders has been cooperative and compliant with all aspects of treatment since the time of admission, including medication. He is not threatening or assaultive at this time. He is considered low risk for elopement as he is agreeable to his current course of treatment. If Mr. Saunders remains compliant with medication and treatment the team feels that he is low risk for re-offending.

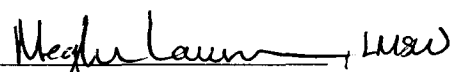
Progress and/or Setbacks: Mr. Saunders has made significant progress in regards to improving his insight and accepting his mental illness. He has been compliant with medications since August of 2003. He has gained insight into his history of substance abuse and is willing to engage in treatment. He has not been assaultive or threatening since April of 2003. He has made this progress while in an inpatient setting. He has been hospitalized since April of 2003.

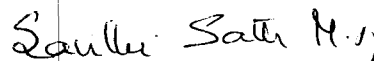
Current Diagnosis:

Axis I	296.44 Bipolar Disorder most recent episode manic with psychotic features 305.00 History of Cannabis Abuse
Axis II	301.90 Personality Disorder NOS
Axis III	History of Hypertension
Axis IV	Interaction with Legal System
Axis V	Gaf 60 past year Gaf 30

Current Medications: Ativan 0.5 Mg PO QHS and Risperdal Consta 25 MG IM every 2 weeks.

Recommendations: The team is requesting a 2 year court retention in order to continue providing inpatient treatment and to facilitate re-acclimation to the community. Continue with CPL 330.20, Track III.


Meghan Lawrence, LMSW


Dr. S. Satti, Psychiatrist I

RECEIVED BY
TOMPKINS COUNTY
COURT CLERKS OFFICE
2007 JUN 25 PM 12:38

97-19

Indictments 97-019

RECEIVED FILE
COMPTON COUNTY CLERK

00 JUL 13 PM 3:32

Kevin E. Saunders

* Sealed Info.

SEAL
97-019



NEW YORK STATE
OFFICE OF MENTAL HEALTH

ELMIRA PSYCHIATRIC CENTER

Seneca-Ontario Community Services
12 North Park Street
Seneca Falls, NY 14456
June 12, 2000

Hon. William C. Barrett
Tompkins County Court
County Court Chambers
PO Box 70
Ithaca, NY 14851-0070

Re: People v. Kevin E. Saunders, Indictment #97-019, CPL 330.20

Dear Judge Barrett:

I am writing in regard to Kevin E. Saunders, a CPL 330.20 client who Elmira Psychiatric Center has the responsibility for overseeing his compliance with Order of Conditions signed by you on May 7, 1998.

Mr. Saunders receives his psychiatric services on an outpatient basis through the Tompkins County Mental Health Clinic. Please be advised that I have been notified by Ms. Linda Riley, Forensic Supervisor at the Clinic, that Mr. Saunders has tested for the second time a confirmed positive drug screen for cannabis on April 13, 2000. The Order of Conditions state the following:

- (G) "Refraining from indulging in use of any unauthorized drugs and from indulging in the consumption of alcohol beverages.
- (H) Submitting specimens for laboratory/sobriety screenings administered for the purpose of detecting the presence of unauthorized use of illicit drugs or alcohol as directed by a physician."

Since this is a violation for the second time of his Order of Conditions, I have notified both the Assistant Attorney General's Office, Ms. Carol Cocchiola, and the Bureau of Forensic Services, as well as all necessary parties at Elmira Psychiatric Center. We are extremely concerned of the potential risk factors related to dangerousness with his present violation which demonstrates a limited capacity for Mr. Saunders to effectively manage his anxiety and stress associated with day-to-day living.

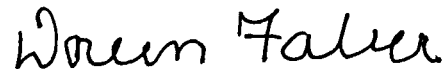
ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

I am sending for your review the following information regarding this matter:

1. Data Base Sheet with all relevant information regarding Mr. Saunders.
2. Letter dated October 15, 1999 from Elmira Psychiatric Center to Ms. Cocchiola, AAG, informing her of the first positive drug screen for cannabis on October 4, 1999.
3. Letter dated October 15, 1999 from Elmira Psychiatric Center to Mr. Saunders informing him of our actions regarding his positive screen.
4. Letter dated October 20, 1999 to you from Ms. Cocchiola informing you of the positive screen.
5. Letter dated November 16, 1999 from Elmira Psychiatric Center to Ms. Cocchiola regarding Mr. Saunders' interpretation of his current Orders and our agency's concern over the violation of his Condition.
6. A copy of random drug screen for second positive confirmed cannabis use forwarded to Elmira Psychiatric from the Tompkins County Mental Health Clinic dated April 17, 2000.
7. Letter dated April 19, 2000 to Ms. Cocchiola, AAG, from Elmira Psychiatric Center informing her of the second positive drug screen in violation of Order of Conditions.
8. Letter dated April 19, 2000 from Elmira Psychiatric Center to Mr. Saunders informing him of our actions regarding his second positive screen.
9. Copy of CPL 330.20 Outpatient Quarterly Monitoring Report dated May 2, 2000 forwarded to Elmira Psychiatric Center by the Tompkins County Mental Health Clinic.
10. A copy of a current evaluation dated May 11, 2000 by treating psychiatrist, John Bezirgianian, M.D, forwarded to Elmira Psychiatric Center by the Tompkins County Mental Health Clinic.

I appreciate your consideration in this matter and await the court's direction. If you have any remaining questions or concerns, please contact me directly. I can be reached Monday-Friday 8:00 a.m. to 4:30 p.m. at (315) 568-9412. I and the staff here at Elmira Psychiatric Center welcome your input in our continued mutual effort to ensure the safety of the community and the patient.

Very truly yours,

A handwritten signature in black ink that reads "Doreen Faber". The script is cursive and fluid.

DOREEN FABER, ACSW, CSAC
Social Worker II

DF:bc

cc: Mr. William Benedict, Executive Director, EPC
Dr. Albert Chen, Acting Clinical Director, EPC
Mr. Smith Paulison, Director for Operations, EPC
Ms. Carol Cocchiola, Assistant Attorney General
Mr. William Wytrwal, Bureau of Forensic Services
Mr. Richard Wenig, Associate Attorney, NYS MHLS
Mr. Anthony DeLuca, CSW, Tompkins County Mental Health Commissioner
Ms. Linda Riley, Tompkins County Mental Health Clinic

DATA BASE

Date: May 2, 2000

**Name: KEVIN SAUNDERS
(A.K.A. BONZE BLAKE)**

NYSID #: 08493564N

DMHIS #:

SS#: 431-88-9647

FBI #: 892819DB6

Sex: Male

DOB: 5/1/56

Age: 44

Race: White

**Contact: Linda Riley, Forensic Supervisor, Tompkins Mental Health Clinic at
1-607-274-6230**

**Current Address: 1668 Trumansburg Road
Ithaca, NY 14850
Telephone: 1-607-277-5808**

Current Order and Expiration Date: CPL 330.20, expires 5/6/2003

County of Origin: Tompkins

**Charges that Prompted CPL 330.20 Status: Burglary, 2nd Degree
Arson, 3rd Degree
Criminal Mischief, 2nd Degree
Criminal Contempt, 1st Degree**

**District Attorney: Hon. George Dentes
Tompkins County District Attorney
Tompkins County Courthouse
320 N. Tioga Street
Ithaca, NY 14850
Phone: 1-607-274-5461
FAX: 1-607-274-5429**

**Assistant Attorney General Contact: Carol Cocchiola
Assistant Attorney General
44 Hawley Street, 17th Floor
Binghamton, NY 13901
Phone: 1-607-721-8771
FAX: 1-607-721-8789**

MHLS: Richard Wenig, Associate Attorney
NYS Mental Hygiene Legal Service
44 Hawley Street
State Office Building
Binghamton, NY 13901
Phone: 1-607-721-8440
FAX: 1-607-721-8447

Joseph Chanecka, Sr. Information Officer
NYS Mental Hygiene Legal Service
44 Hawley Street
State Office Building
Binghamton, NY 13901
Phone: 1-607-721-8440
FAX: 1-607-721-8447

Present County of Residence: Tompkins

Present Diagnosis: **AXIS I:** 302.85 Gender Identity Disorder
304.30 Cannabis Dependence, partial remission
AXIS II: 301.90 Personality Disorder with narcissistic, borderline,
histrionic traits
AXIS III: Psoriasis, in remission
AXIS IV Legal and financial stressors, moderate
AXIS V GAF 60

Present Medications: Dr. Anette Brink recommended Depakote on 12/8/98 and Mr. Saunders refused because he wanted selegiline. Mr. Saunders has since begun taking D,L-phenylalanine, an amino acid, with reported improvement in mood.

Treatment Agency: Tompkins County Mental Health Clinic
Linda Riley, Forensic Supervisor (contact person)
Tompkins County Mental Health Clinic
201 East Green Street
Ithaca, NY 14850
Phone: 1-607-274-6230
FAX: 1-607-274-6258

Treating Psychiatrist: John Bezirgianian, M.D.

Clinical Director: Albert K. Chen, M.D.

Forensic Coordinator: Doreen Faber, Social Worker II, ACSW, CSAC



NEW YORK STATE
OFFICE OF MENTAL HEALTH

ELMIRA PSYCHIATRIC CENTER

Community Services
12 N. Park Street
Seneca Falls, NY 13148
October 15, 1999

Ms. Carol Cocchiola
Assistant Attorney General
44 Hawley Street, 17th Floor
Binghamton, NY 13901

Re: Kevin E. Saunders

Dear Ms. Cocchiola:

I am writing to request clarification from your office regarding Kevin Saunders, a CPL 330.20 client that Elmira Psychiatric has the responsibility for overseeing his compliance with Order of Conditions

On October 13, 1999, I was contacted by Linda Riley, Forensic Supervisor of the Tompkins County Mental Health Clinic, who works directly with Mr. Saunders regarding his psychiatric treatment. Ms. Riley reported that he tested positive for cannabis on October 4, 1999. The Order of Conditions, signed by Honorable William C. Barrett, on May 7, 1998 state:

- (G) "Refraining from indulging in use of any unauthorized drugs and from indulging in the consumption of alcohol beverages.
- (H) Submitting specimens for laboratory/sobriety screenings administered for the purpose of detecting the presence of unauthorized of illicit drugs or alcohol as directed by a physician."

Since this is a violation of his Order of Conditions, I have notified William Wyrwal of the Bureau of Forensic Services, as well as all necessary parties here at Elmira.

Please advise me of any further information or actions that our Agency can provide. Although on March 30, 1999, I provided you with relevant information regarding Mr. Saunders legal affairs, I am sending a copy of his current Order of Conditions, a Data Base Sheet, the random drug screen, and a letter to you June 6, 1999 regarding the question of Mr. Saunders having a roommate, and the letter to Ms. Riley requesting the drug screen be completed.

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

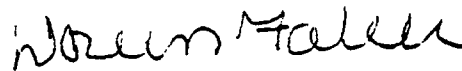
Ms. Carol Cocchiola

-2-

October 15, 1999

Please contact me with any questions or concerns at 315-568-9412 or 1-800-724-5368.

Very truly yours,



DOREEN FABER, CSW, SOCIAL WORKER II
Forensic Coordinator

DF:bc

Enclosures

cc: William Benedict, Executive Director, Elmira Psychiatric Center
Albert Chen, M.D., Clinical Director, Elmira Psychiatric Center
Smith Paulison, Director for Operations, Elmira Psychiatric Center
Mr. William Wyrwal, Bureau of Forensic Services
Linda Riley, Forensic Supervisor, Tompkins County Mental Health Clinic,
201 East Green Street, Ithaca, NY 14850
Anthony DeLuca, CSW, Tompkins County Mental Health Commissioner
201 East Green Street, Ithaca, NY 14850



NEW YORK STATE
OFFICE OF MENTAL HEALTH

ELMIRA PSYCHIATRIC CENTER

Community Services
12 North Park Street
Seneca Falls, NY 13148
October 15, 1999

Mr. Kevin Saunders
1668 Trumansburg Road
Ithaca, NY 14850

Dear Mr. Saunders:

I am writing in response to information provided by Linda Riley, Forensic Supervisor at the Tompkins County Mental Health Clinic, regarding the positive urine drug screen results of October 4, 1999. As you are aware, Elmira Psychiatric oversees your Order of Conditions and the positive results of the urine drug screen for cannabis is in direct violation of your Order of Conditions.

In response to the positive results of the drug screen, I have contacted the Assistant Attorney General's Office in Binghamton, New York, as well as the Bureau of Forensic Services. As you are aware, I am scheduled to meet with you, as well as Ms. Riley, on October 26, 1999 at 2:00 p.m. at the Tompkins County Mental Health Clinic. My hope is to discuss this with all parties involved and I advise you to contact Joe Chanecka, Sr. Information Officer, with New York State Mental Hygiene Legal Services at 607-721-8440 for assistance. Also, please contact me at 1-800-724-5368 or 315-568-9412 if I can be of any further assistance.

Yours truly,

Doreen Faber
DOREEN FABER
Forensic Coordinator

DF:bc

cc: William Benedict, Executive Director, EPC
Dr. Albert Chen, Clinical Director - EPC
Mr. Smith Paulison, Director for Operations, EPC
Mr. William Wytrwal, Bureau of Forensic Services
Ms. Linda Riley, Tompkins County MH Clinic
Mr. Joseph Chanecka, Sr. Information Officer, NYS MHLS
Ms. Carol Cocchiola, Assistant Attorney General

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ELIOT SPITZER
Attorney General

REGIONAL OFFICE DIVISION
BINGHAMTON REGIONAL OFFICE

October 20, 1999

Hon. William C. Barrett
Tompkins County Court
County Court Chambers
P. O. Box 70
Ithaca, New York 14851-0070

Re: People v. Kevin E. Saunders, Indictment # 97-019, CPL 330.20

Dear Judge Barrett:

As you will recall, this defendant is currently being treated on an out-patient basis at the Tompkins County Mental Health Clinic in connection with the Order of Conditions issued on May 7, 1998.

Please be advised that I have been notified by Doreen Faber, the Forensic Coordinator at the Elmira Psychiatric Community Services, that the defendant tested positive for cannabis on October 4, 1999, indicating a violation of the terms of the Order of Conditions [paragraph (g)]. A copy of the correspondence from Ms. Faber is attached for your reference.

I appreciate your consideration, and await the Court's direction in this matter.

Respectfully submitted,

Carol A. Cocchiola
Assistant Attorney General

cc w/o enc.: Doreen Faber, CSW, Forensic Coordinator ✓
Hon. George Dentes, Tompkins County District Attorney
Joseph Chanecka, Sr. Information Officer, MHLS



NEW YORK STATE
OFFICE OF MENTAL HEALTH

ELMIRA PSYCHIATRIC CENTER

Community Services
12 N. Park Street
Seneca Falls, NY 13148
November 16, 1999

Ms. Carol Cocchiola
Assistant Attorney General
44 Hawley Street, 17th Floor
Binghamton, NY 13901

Re: Kevin E. Saunders

Dear Ms. Cocchiola:

I am writing in regard to Kevin E. Saunders, a CPL 33.20 client whom Elmira Psychiatric has the responsibility of overseeing his Order of Conditions.

As you are aware, Mr. Saunders is in violation of his Order of Conditions regarding his alcohol and drug use, as noted in my previous correspondence to you dated October 15, 1999. Since that time, your office did contact Honorable William Barrett on October 20, 1999 to inform him of the violation of the terms of the Order of Conditions.

I met with Mr. Saunders and Ms. Riley at the Tompkins Mental Health Clinic on October 26, 1999, and during that meeting it became apparent that Mr. Saunders had some confusion regarding the interpretation of his Order of Conditions, and, by his own self-report, has been consuming alcoholic beverages periodically. A copy of the letter sent to Mr. Saunders of our meeting to clarify the issue of compliance with the Order of Conditions is enclosed.

The Elmira Psychiatric Center Hospital Forensic Committee convened on November 15, 1999, and due to the nature of charges that prompted his CPL 330.20 status (Burglary, 2nd Degree, Arson 3rd Degree, Criminal Mischief 2nd Degree, and Criminal Contempt 1st Degree), were extremely concerned of potential risk factors related to dangerousness with his present violation which demonstrates a limited capacity to effectively manage his anxiety and stress associated with day-to-day living. A possible re-commitment was discussed, however, at this time was not deemed warranted by the Hospital Forensic Committee.

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

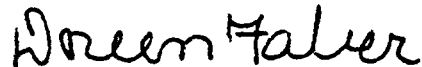
Ms. Carol Cocchiola

-2-

November 16, 1999

Please contact me at 315-568-9412 or 1-800-724-5368 to advise me of any further information or actions that our agency can provide, or in the event of any correspondence from the Court regarding the above-mentioned matter.

Very truly yours,

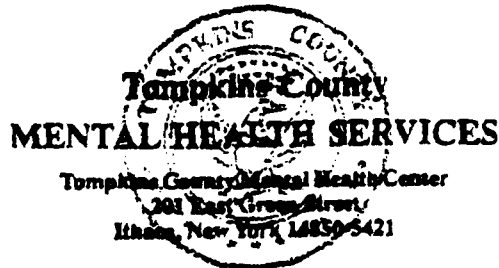
A handwritten signature in cursive script that reads "Doreen Faber".

DOREEN FABER, CSW, SOCIAL WORKER II
Forensic Coordinator

DF:bc

Enclosure

cc: William Wytrwal, Bureau of Forensic Services
Linda Riley, Forensic Supervisor, Tompkins County Mental Health Clinic,
Anthony DeLuca, CSW, Tompkins County Mental Health Commissioner
William Benedict, Executive Director, Elmira Psychiatric Center
Albert Chen, M.D., Clinical Director, Elmira Psychiatric Center
Smith Paulison, Director for Operations, Elmira Psychiatric Center



Anthony B. DeLuca, ACSW
Commissioner

FAX
(607) 274-6316

FAX COVER SHEET

This transmission may contain confidential information. If you received this fax in error and are not the identified recipient, please destroy all pages after notifying the sender at the telephone number below.

NOTE: This information has been disclosed to you from confidential records which are protected by Section 33.13 of New York State Mental Hygiene Law. This statute prevents any further disclosure of this information, unless specifically permitted by law. This information is intended only for the person to whom it is addressed. No responsibility can be accepted if it is made available to any other person, including the patient. Destruction after the stated need is fulfilled is required.

To: DOREEN FABER

Fax: 315-568-2241

Phone: 315-568-5412

Date: 04/17/00 Time: 1130

of pages (inc. cover sheet): 3

From: Linda Riley, CSW
Clinic Supervisor
Forensic Program

Fax: (607) 274-6258

Phone: (607) 274-6230

E-mail: lriley@tompkins-co.org

Comments:

Doreen - the SA on this sample
was very low
we questioned detention

SERVICES:

Commissioner's Office
(607) 274-6300

Mental Health Clinic
Third Floor - (607) 274-6230

Continuing Treatment
Skylight Club

Community Support Services
(607) 274-6333



SPECIALTY LABORATORIES

2211 Michigan Avenue Phone 800-421-7110
Santa Monica, CA 90404-3900 Fax 310-828-6634

Cayuga Medical Center

Attn: Laboratory
101 Dates Drive
Ithaca, NY 14850

Tel: / Fax: 607 274 4474 /

Patient:	SAUNDERS, KEVIN
Sex:	M
Age - DOB:	43 - 05/01/1956
Patient ID:	431-88-9647
Physician:	Dr. JOHN BEZIRGANIAN
Collection Date:	4/4/00 5:08:00 PM
Client Accession #	Specialty Accession #
0404/PRS	098-3948665
Received Date:	4/6/00 3:42:00 AM PST
Result Status:	Complete
Reported Date:	4/8/00 2:18:00 PM PST
Report Comments:	

DRUG SCREEN URINE NEW YORK (1868)

Analyte	Result	Reference Range
Opiates Urine	None detected	ng/mL
Cocaine Metabolites Urine	None detected	ng/mL
Benzodiazepines Urine	None detected	ng/mL
Cannabinoids Urine	See Below	ng/mL
After screening this specimen, the need for further testing was indicated. Upon completion, please refer to the final result.		
Amphetamine	None detected	ng/mL
Barbiturates Urine	None detected	mcg/mL
Methadone Urine	None detected	ng/mL
Methaqualone Urine	None detected	ng/mL
Phencyclidine Urine	None detected	ng/mL
Propoxyphene Urine	None detected	ng/mL

Analysis by Enzyme immunoassay (EIA)

Test(s) performed at:

NATIONAL MEDICAL SERVICE
3701 WELSH ROAD
WILLOW GROVE, PA 19090

gh

James B. Peter
James B. Peter, M.D., Ph.D.

RECEIVED

APR 14 2000

MENTAL HEALTH
OUTPATIENT CLINIC

SPECIALTY LABORATORIES

2211 Michigan Avenue Phone 800-421-7110
Santa Monica, CA 90404-3900 Fax 310-828-6634

Cayuga Medical Center

Attn: Laboratory
101 Dates Drive
Ithaca, NY 14850

Tel / Fax: 607 274 4474 /

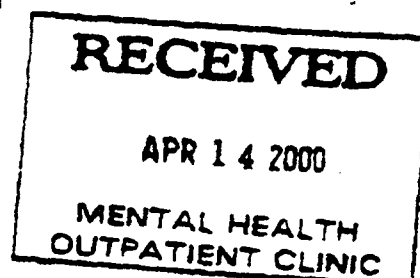
Patient:	SAUNDERS, KEVIN
Sex:	M
Age - DOB:	43 - 05/01/1956
Patient ID:	431-88-9647
Physician:	Dr. JOHN BEZIRGANIAN-05066
Collection Date:	4/4/00 5:08:00 PM
Client Accession #	Specialty Accession #
0404:PRS	098-3948665
Received Date:	4/6/00 3:42:00 AM PST
Result Status:	Complete
Reported Date:	4/13/00 7:37:00 PM PST
Report Comments:	

CANNABINOID CONFIRMATION NMS URINE [0964]

Analyte	Result	Reference Range
Delta-9 Carboxy THC	7.5	ng/mL
No reference data is provided for the specimen type submitted for this analysis.		
Analysis by Gas Chromatography/Mass Spectrometry (GC/MS)		

Test(s) performed at:
NATIONAL MEDICAL SERVICE
3701 WELSH ROAD
WILLOW GROVE, PA 19090


James B. Peter, M.D., Ph.D.





ELMIRA PSYCHIATRIC CENTER

Community Services
12 N. Park Street
Seneca Falls, NY 13148
April 19, 2000

Ms. Carol Cocchiola
Assistant Attorney General
44 Hawley Street, 17th Floor
Binghamton, NY 13901

Re: Kevin E. Saunders

Dear Ms. Cocchiola:

I am writing to request clarification from your office regarding Kevin Saunders, a CPL 330.20 client for whom Elmira Psychiatric Center has responsibility for overseeing his compliance with Order of Conditions.

On April 17, 2000, I was contacted by Linda Riley, Forensic Supervisor of the Tompkins County Mental Health Clinic, who works directly with Mr. Saunders regarding his psychiatric treatment. Ms. Riley reported that he tested positive for cannabis on April 8, 2000. The Order of Conditions, signed by Honorable William C. Barrett, on May 7, 1998 state:

- (G) "Refraining from indulging in use of any unauthorized drugs and from indulging in the consumption of alcohol beverages.
- (H) Submitting specimens for laboratory/sobriety screenings administered for the purpose of detecting the presence of unauthorized of illicit drugs or alcohol as directed by a physician."

Since this is a second violation of his Order of Conditions, I have notified William Wyrwal of the Bureau of Forensic Services, as well as all necessary parties here at Elmira.

Please advise me of any further information or actions that our agency can provide. Enclosed is a copy of the random drug screen for your review/reference.



Ms. Carol Cocchiola

-2-

April 19, 2000

Please contact me with any questions or concerns at 315-568-9412 or 1-800-724-5368.

Very truly yours,

Doreen Faber

DOREEN FABER, CSW, SOCIAL WORKER II
Forensic Coordinator

DF:sg

Enclosures

cc: William Benedict, Executive Director, Elmira Psychiatric Center
Albert Chen, M.D., Clinical Director, Elmira Psychiatric Center
Smith Paulison, Director for Operations, Elmira Psychiatric Center
Mr. William Wyrwal, Bureau of Forensic Services
Linda Riley, Forensic Supervisor, Tompkins County Mental Health Clinic,
201 East Green Street, Ithaca, NY 14850
Anthony DeLuca, CSW, Tompkins County Mental Health Commissioner
201 East Green Street, Ithaca, NY 14850



NEW YORK STATE
OFFICE OF MENTAL HEALTH

ELMIRA PSYCHIATRIC CENTER

Community Services
12 North Park Street
Seneca Falls, NY 13148
April 19, 2000

Mr. Kevin Saunders
1668 Trumansburg Road
Ithaca, NY 14850

Dear Mr. Saunders:

I am writing in response to information provided by Linda Riley, Forensic Supervisor at the Tompkins County Mental Health Clinic, regarding the positive urine drug screen results of April 8, 2000. As you are aware, Elmira Psychiatric Center oversees your Order of Conditions and the positive results of the urine drug screen for cannabis is in direct violation of your Order of Conditions.

In response to the positive results of the drug screen, I have contacted the Assistant Attorney General's Office in Binghamton, NY, as well as the Bureau of Forensic Services. The Elmira Psychiatric Center Hospital Forensic Committee will be convening on June 5, 2000 to conduct a bi-annual review of all CPL 330.20 clients, and your case will be presented by Ms. Riley to the Committee. I advise you to contact Richard Wenig, Associate Attorney with New York State Mental Hygiene Legal Services, at 607-721-8440 for assistance. Also, please contact me at 1-800-724-5368 or 315-568-9412 if I can be of any further assistance.

Yours truly,

DOREEN FABER
Forensic Coordinator

DF:sg

cc: William Benedict, Executive Director, EPC
Dr. Albert Chen, Clinical Director, EPC
Mr. Smith Paulison, Director for Operations, EPC
Mr. William Wytrwal, Bureau of Forensic Services
Ms. Linda Riley, Tompkins County MH Clinic
Mr. Richard Wenig, Assoc. Attorney, NYS MHLS
Ms. Carol Cocchiola, Assistant Attorney General

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

ELMIRA PSYCHIATRIC CENTER
CPL 330.20 OUTPATIENT QUARTERLY MONITORING REPORT

MARCH 02, 2000 - MAY 02, 2000

Patients Name: Kevin E. SAUNDERS

Patient's Address (if address has changed, please provide new address):

1668 Trumansburg Road, Ithaca, NY 14850

Scheduled appointments: ☐ Weekly ☒ Biweekly ☐ Monthly ☐ Other _____

Appointment Compliance: ☒ Good ☐ Fair ☐ Unacceptable

Comments: Mr. Saunders is scheduled to see Dr. Bezirgianian on 05-11-00.

Prescribed Medications & Dosages:

N/A, client is using OTC D,LPA

Medication Compliance: ☐ Good ☐ Fair ☐ Unacceptable

Comments: N/A

Compliance with Order of Conditions: ☐ Good ☐ Fair ☒ Unacceptable

Comments: Mr. Saunders has had a second positive urine drug screen. He admits to continuing to use cannabis despite clear instructions with last positive urine drug screen. Mr. Saunders states he feels that his use of cannabis is a "healthy" thing and promotes his ability to work. He also feels the Order of Conditions is too strict for him.

Patient remains suitable for continued community placement: ☐ Yes ☐ No

Comments: Mr. Saunders has violated his Order of Conditions for the second time without any consequences. He feels the Order is too strict. He continues to have a female housemate. We, Ms Faber and I, have asked for direction in this case and have not yet received any. While Mr. Saunders is not demonstrating delusional thinking he continues to exhibit severe characterological traits.

Primary Therapist:

Wendy Riley (M)

Psychiatrist:

John Bezirgianian, MD

Name: Kevin Saunders
DOB: 05/01/56

Date: May 11, 2000
SSN: 431-88-9647

EVALUATION

Chief Complaint CPL330.20(7)

Mr. Saunders was on CPL330.20 status following an incident in which he set fire to his ex-girlfriend's trailer. He was dressed up as a woman at that time. He says that he was having a psychotic episode at that time and was talking about a belief. He states that he believed then that his girlfriend, Susan, was a character from the book Silence of the Lambs and that there were voices on the radio telling him how to destroy humanity. He saw her the night he set the fire. He told me that he was hearing songs on the radio such as: "Burning down the house" and thought that this was a reference telling him to burn his girlfriend's house. In any case, he is on CPL status after having plead not responsible by reason of mental disease. His only complaint now is that he would like to have the Order of Conditions lifted and would like to be able to smoke as much marijuana as he likes. He believes that marijuana improves his concentration and decreases his anxiety. He also says he takes phenylalanine (an amino acid) and believes it improves his mood. He's reported numerous physical complaints in the past. He says he believed he had temporal lobe epilepsy though work-up was negative. He's complained of polyneuropathy as well. He feels that he does not have a diagnosis of Psychotic Disorder Not Otherwise Specified. He's really quite evasive about this, though he now minimizes the past episode and simply believes that perhaps Prozac, temporal lobe epilepsy or other things somehow led him to have these beliefs. I believe that his motivation in blaming things such as Prozac treatment, is a desire to eliminate the conditions of his plea including ongoing treatment and ongoing order not to use marijuana. From my initial meeting with him several years ago I questioned whether he was psychotic at the time, but this is now a moot point since the court plea is consistent with the view that he was insane at the time of the offense. Patient is on no medications at this time. There are no physical limitations at this time. He admits to having used marijuana as recently as one or two weeks ago. He says that he was occasionally drinking one or two drinks and says he has not had an alcohol problem, although, he was arrested for DWI some years ago. He says he stopped using alcohol when he was informed by Linda Riley that it would violate his Orders of Condition for the court. Patient past history is detailed in numerous prior evaluations.

Name: Kevin Saunders
DOB: 05/01/56

Date: May 11, 2000
SSN: 431-88-9647

Current Treatment:

Mr. Saunders sees Linda Riley every two weeks and brings in long articles on virtues of marijuana and focuses on this. He says that he sees Dr. Ronald Leifer in the community. He says that Dr. Leifer is also somewhat skeptical about the Psychotic Disorder Not Otherwise Specified diagnoses, but I have no independent verification of this.

Current Work Status:

Patient says that he takes care of his daughter two to three days a week. He says that he is now working again and expects to net about 30,000 dollars from his computer business this year.

Psychiatric View of Symptoms:

Patient denies obsessive thoughts, compulsive rituals, or panic attacks. He continues to be involved in relationships with somewhat difficult women but says he can deal with that. He continues to have some gender identity issues but is not troubled by these at this time. Patient denies panic attacks or eating disorder symptoms.

Substance Abuse History:

Patient has a past history of alcohol abuse including a DWI. He denies using alcohol since being warned not to use in the past month. He admits to using marijuana. He denies other current illicit drug use.

Mental Status Examination:

Patient is alert, oriented x 3, and cooperative with the examination but trying to control it to minimize pathology. He's quite ready to talk and to elaborate. Speech is circumstantial but coherent and there is no formal thought disorder present. There is no psychomotor agitation or retardation present. He denies suicidal, homicidal, or violent ideation. No psychotic symptoms were elicited and he is not internally preoccupied. The sensorium is clear. Concentration is good. Estimated intelligence is above average. Short term and long term memory are grossly intact. Fund of knowledge is good. Judgement, insight, and impulse control are fair impression on Axis I, a Gender Disorder Identity which does not really bother patient much. Most of the evaluators believe the patient was psychotic some years ago when he set the fire, so diagnosis of Psychotic Disorder Not Otherwise Specified would be reasonable. His mood is bright and his affect is full and he shows no symptoms of schizophrenia and no symptoms of psychosis at this time. He clearly has a personality disorder with borderline and narcissistic features. Under extreme stress, he could de-compensate with some paranoid and psychotic symptoms: Marijuana abuse could contribute to the development of a psychosis and alcohol use could disinhibit him leading to acting out behaviors such as setting fires.

Name: Kevin Saunders
DOB: 05/01/56

Date: May 11, 2000
SSN: 431-88-9647

All this said, however, the fact is the patient has not been psychotic for some years. His personality disorder leads him to difficulties in life, but Mr. Saunders himself is in no distress by this and believes that the problems are with the people in the outside world. He has no real desire for psychotherapy at this point. Given his lack of motivation, there is no therapy that could improve his personality disorder sufficiently to decrease a risk of decompensation under extreme stress. He is euthymic at this time and psychiatric medication is not indicated either.

Mr. Saunders claims that marijuana has been an excellent drug for him. On the other hand, marijuana is known to worsen psychosis. Although it may not bother him most of the time, under great stress it could contribute to a psychosis. If Mr. Saunders were to become psychotic again under great stress, alcohol use could certainly increase the likelihood of dangerous acting out. He has chosen to plead not responsible by reason of mental disease and certainly preventing marijuana and alcohol use could reduce the likelihood that a similar psychotic state would occur.

Treatment Recommendations:

1. No psychiatric medication is necessary at this time. If Mr. Saunders develops symptoms of a major depression or begins to develop symptoms of a psychosis, then antidepressants or antipsychotics would be recommended on an acute basis. His personality is such that he will be intact unless stressed severely and then there would be a risk of decompensation under stress.
2. The prohibition against alcohol use should be continued. Mr. Saunders has had a DWI arrest in the past and alcohol use could lead to difficulties of impulse control. I do not believe that a referral for specialty treatment is necessary for the alcohol use since this is not Mr. Saunders' drug of choice and there is no current evidence of abuse.
3. Strictly speaking, the prohibition against marijuana use should be maintained. While he is doing quite well at this time, it is hard to predict what stressors in relationships or with his daughter may come his way in the future. He has a vulnerable personality which certainly could decompensate into psychosis. He spends his time minimizing what happened some years ago not believing that any connection to drug or alcohol use or to his personality disorder. He insists that it was basically due to Prozac or perhaps other physical problems which he says are not issues now. I feel that Mr. Saunders will never stop using marijuana unless he has a successful stay at a rehabilitation program or unless he is faced with the threat of hospitalization. If prohibition on marijuana use is part of his conditions of his release, then it really must be backed up with a threat of rehabilitation or hospitalization.

Name: Kevin Saunders
DOB: 05/01/56


Date: May 11, 2000
SSN: 431-88-9647

Diagnosis

- Axis I: Gender Identity Disorder
 Psychotic Disorder Not Otherwise Specified
 Cannabis Dependence, in partial remission
 Alcohol Abuse, in early full remission
- Axis II: Personality disorder not otherwise specified with borderline and narcissistic features
- Axis III: Diagnosis deferred
- Axis IV: Stressors none
- Axis V: GAF currently 55
 ~~GAF currently 60~~ 2.4.

Final Treatment Recommendations:

1. Patient does not need psychiatric medication at this time but will need it as needed if he becomes symptomatic.
2. Patient should be monitored by forensic staff at least every two weeks for 15- to 30-minutes to check his current mental status and to monitor for symptoms of decompensation.
3. Psychotherapy at this time will have no value in terms of reducing his risk of decompensation or the re-offending and thus is not necessary at this time.
4. If there are conditions of release forbidding the use of alcohol, marijuana, and other illicit drugs, they need to be backed up by an explicit plan for placement in an inpatient rehabilitation facility or hospitalization. If there is no such plan with a set time for admission, then these conditions are essentially meaningless since I'm convinced that Mr. Saunders will continue to use marijuana indefinitely.



John Bezirgianian, MD
Diplomate of the Board of Psychiatry and Neurology ⁱⁿ Forensic Psychiatry
2.4.

91019
4292

XC: DA by Diane Valesse

97-019

Kevin Saunders

OMH - Papers

Psychiatric Reports

free

CPL 60.60 (1)

Form No. 218

STATE OF NEW YORK:

COUNTY OF TOMPKINS:

COUNTY COURT

Certificate of Disposition
Indictment No.: 97-019

The People of the State of New York,
Plaintiff

Against

Kevin E. Saunders,
Defendant

DOB: 05-01-1956

NYSID: 8493564N

ARREST: 02-06-1997

This is to certify that as to the charge(s) of:

One Count Burglary in the Second Degree, PL-140.25-02; Two Counts Arson in the Third Degree, PL-150.10-01; One Count Criminal Mischief in the Fourth Degree, PL-145.00-01; One Count Criminal Contempt in the First Degree, PL-215.51-0D.

On 07-28-1997, Defendant entered plea of Not Responsible which was accepted by the Court.

No Sentence was imposed.

Dated at:
Ithaca, New York
November 5, 2010

Aurora R Valente

Tompkins County Clerk



FORM Q
APPLICATION FOR A RELEASE
ORDER AND NOTICE OF
APPLICATION

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER OF
AN APPLICATION FOR A RELEASE
ORDER PURSUANT TO 330.20
IN RELATION TO

Kevin Saunders

INDICTMENT #: **97-019**

(1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a release order for and on behalf of the said Commissioner.

(2) This application for a release order is being submitted to the following court: (check one and print name and address of indicated court)

[] Court that issued the order under which the above-named defendant is now in custody:

[X] County court of the county wherein the facility in which the defendant is confined is located: **Tompkins County Court**

[] Term of the Supreme Court for the county wherein the facility in which the defendant is confined is located:

(3) This application for a release order is made pursuant to subdivision twelve of CPL 330.20.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment pursuant to

☒ [X] a commitment order issued under the provisions of subdivision six of CPL 330.20

☐ [] a recommitment order issued under the provisions of subdivision fourteen of CPL 330.20 by the following court on the following date:

(Name of court) **Tompkins County Court**

(Date of order) **05/07/98**

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a first retention order on the following date:

(Name of court) **Monroe County Court**

(Date of first retention order) **02/11/04**

☒ [X] (6) Subsequent to the issuance of the first retention order referred to in paragraph (5) of this application, the following court issued a second retention order on the following date:

(Name of court) **Tompkins County Court**

(Date of second retention order) **02/08/05**

☐ [] (7) Following the issuance of the second retention order referred to in paragraph (6) of this application, the following court issued a subsequent retention order on the following date:

(Name of Court)

(Date of each subsequent retention order, including last subsequent retention order)

[] (8) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a transfer order on the following date:

(Name of court) **Monroe County Court**

(Date of transfer order) **08/30/04**

(9) Pursuant to the order referred to in [] paragraph (4) [] paragraph (5) [X] paragraph (6) [] paragraph (7) of this application, the above-named defendant is currently confined in the following [] secure facility [X] non-secure facility of the State Office of Mental Health:

Elmira Psychiatric Center

(10) This application is made upon the ground that the undersigned is of the view that the above-named defendant no longer has a dangerous mental disorder in that the defendant does not currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgement to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others, and that the above-named defendant is no longer mentally ill in that the defendant currently does not suffer from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric center under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgement is so impaired that he is unable to understand the need for such care and treatment.

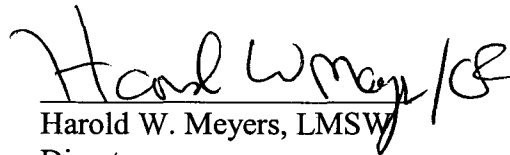
(11) The annexed psychiatric reports are made a part of this application for a release order and support the view stated by the undersigned in paragraph (10) of this application. The annexed reports contain the following: (a) a description of the above-named defendant's current mental condition; (b) the past course of treatment; and (c) a history of the said defendant's conduct subsequent to his commitment to the custody of the Commissioner of Mental Health pursuant to CPL 330.20. Also annexed to this application, and made a part hereof, are the following: (a) a written service plan for continued treatment which includes the information specified in Mental Hygiene Law section 29.15(g); and (b) a detailed statement of the extent to which supervision of the above-named defendant after release is proposed.

(12) Written notice of this application for a release order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Service and the District Attorney.

(13) No previous application for a release order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a release order be issued directing the Commissioner of Mental Health to terminate the above-named defendant's in-patient status without terminating the said Commissioner's responsibility for the above-named defendant.

Date: October 12, 2007

A handwritten signature in black ink, appearing to read "Harold W. Meyers" followed by a stylized flourish or initials.

Harold W. Meyers, LMSW
Director
Bureau of Institutional &
Transitional Services
Division of Forensic Services

FORM Q

NOTICE OF APPLICATION FOR A RELEASE ORDER

To: 1) Above-named defendant
 2) Counsel for above-named defendant
 3) Mental Health Legal Service
 4) District Attorney of **Tompkins** County

PLEASE TAKE NOTICE that the above application for a release order will be submitted to the court indicated in paragraph (2) of the application at a date and time to be determined by the court.



Sharon Carpinello
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Venkata Satti, M.D.
Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Paul Monachino
Quality Director

Pamela Seeley
Nursing Director

Matthew Schatzel, MHPS II
NYS Office of Mental Health
Division of Forensic Services
44 Holland Avenue
Albany, NY 12229

**Re: Kevin Saunders
CPL 330.20**

Dear Mr. Schatzel:

September 18, 2007

Enclosed please find the following, in support of our request for conditional release of the above named individual:

- OMH 495 (Application for Change in Status/Privileges)
- Risk-based clinical summary
- Physician's affidavit

Please know it has been requested of Mr. Saunders treatment team to submit in writing a proposed individual service plan. The team has made contact with Tompkins County Mental Health and specifics for outpatient treatment are being arranged. The treatment team was also provided with a copy of the standard Order of Conditions with the request that they review the conditions and provide suggestions for additional conditions. When the team has completed the aforementioned requests the documentation will be forwarded to your attention.

Please contact my office at 607-737-4830 if you require further information. My hours are Monday through Friday 7:45AM to 4:15PM.

Sincerely,

Janet Dunbar LMSW, SWI

Janet Dunbar LMSW, SWI
Forensics Coordinator

RECEIVED

SEP 21 2007

DIVISION OF
FORENSIC SERVICES

Enclosures

cc: file 100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

APPLICATION FOR CHANGES IN STATUS/PRIVILEGES

PART I - Completed by Unit Chief and Team Psychiatrist

Patient's Name (Last, First, M. I.)
Saunders, Kevin E.

"C" No.
015181

Unit/Ward No.
ASU 024

Patient's Status (check only one)

☐ CIVIL INPATIENT
(Originally admitted Pursuant to
Sec. 730 CPL.)

☒ SEC. 330.20 (C.P.L.)
RETENTION, COMMITMENT OR
RE-COMMITMENT

Facility

ELMIRA PSYCHIATRIC CENTER

☐ FINAL ORDER OF OBSERVATION
Pursuant to Sec. 730.40(2) C.P.L.

☐ TEMPORARY ORDER OF
OBSERVATION
Pursuant to Sec. 730.40(2) C.P.L.

☐ ORDER OF COMMITMENT
Pursuant to Sec. 730.50 C.P.L.

☐ ORDER OF RETENTION
Pursuant to Sec. 730.50 C.P.L.

Action Requested (check only one)

☒ CONDITIONAL RELEASE

☐ DISCHARGE

☐ CONVERT TO CIVIL STATUS

☐ RETURN TO CUSTODY OF COURT

☐ UNESCORTED FURLOUGH - Describe nature and duration

☐ ESCORTED FURLOUGH - Describe nature and duration

☐ TRANSFER

Summary of Clinical, Social and Criminal History, Including Circumstance Surrounding the Act(s) to C.P.L. Retention

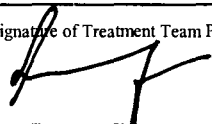
Please see Clinical Summary.

Rationale For Action Requested

The treatment team feels that Mr. Saunders has made significant progress in his psychiatric treatment. His psychosis is in remission and he is psychiatrically stable. Additionally, Mr. Saunders has maintained stability while on furloughs to the SOCR home as well as during unescorted furloughs to his home. He has remained medication and treatment compliant. Conditional discharge will further expand his ability to reintegrated into the community.

We, the undersigned, believe that the present condition of the patient referenced above warrants the action requested.

Signature of Treatment Team Psychiatrist



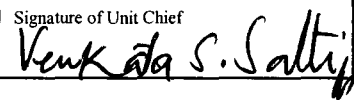
Print Name Signed

SAEED-UZ-ZAFAR KHAN

Date

9/10/07

Signature of Unit Chief



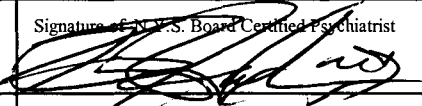
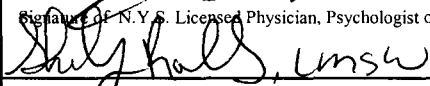
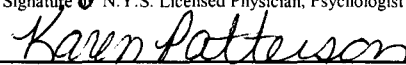
Print Name Signed

VENKATA S. SATTAI, MD

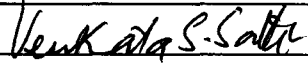
Date

9/10/07

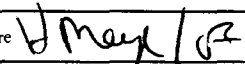
PART II - Completed by Hospital Forensic Committee

Action Recommended <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> APPROVED - (Check one below) <input checked="" type="checkbox"/> CONDITIONAL RELEASE <input type="checkbox"/> UNESCORTED FURLOUGH <input type="checkbox"/> DISCHARGE <input type="checkbox"/> ESCORTED FURLOUGH <input type="checkbox"/> CONVERSION TO CIVIL STATUS <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETURN TO CUSTODY OF COURT		Patient's Name Kevin Saunders Comments	
NOTE: Each member of the committee must sign below. Dissenting opinions must be submitted in writing to the Clinical Director.			
Date 9-11-07 Committee Decision <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DISSENT	Signature of N.Y.S. Board Certified Psychiatrist 		Print Name Signed Kurt R. Hahn MD
Date 9/11/07 Committee Decision <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DISSENT	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker 		Print Name Signed Shelly Kolk, LCSW
Date 9/11/07 Committee Decision <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> DISSENT	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker 		Print Name Signed Karen Patterson, LCSW
Dissenting Opinion			
		Date	Signature

PART III - APPROVAL/DISAPPROVAL - Completed by Clinical Director

Action Recommended <input type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/> APPROVED - (Check one below) <input checked="" type="checkbox"/> CONDITIONAL RELEASE <input type="checkbox"/> UNESCORTED FURLOUGH <input type="checkbox"/> DISCHARGE <input type="checkbox"/> ESCORTED FURLOUGH <input type="checkbox"/> CONVERSION TO CIVIL STATUS <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETURN TO CUSTODY OF COURT		Comments Date 9.12.2007 Signature 	
Title Clinical Director		Print Name Signed VENKATA S. SATTI	

PART IV - APPROVAL/DISAPPROVAL - Completed by OMH Director of Forensic Services if Patient's Status is Sec. 330.20 (C.P.L.) Retention

Action Recommended <input type="checkbox"/> DISAPPROVED <input checked="" type="checkbox"/> APPROVED - (Check one below) <input checked="" type="checkbox"/> CONDITIONAL RELEASE <input type="checkbox"/> UNESCORTED FURLOUGH <input type="checkbox"/> DISCHARGE <input type="checkbox"/> ESCORTED FURLOUGH <input type="checkbox"/> CONVERSION TO CIVIL STATUS <input type="checkbox"/> TRANSFER <input type="checkbox"/> RETURN TO CUSTODY OF COURT		Comments Date 10/12/07 Signature 	
Title Director, Bureau of Inst. & Trans. Servs. (DF)		Print Name Signed H. Meyer	

PART V (REVOCATION OF STATUS/PRIVILEGES)

Revoke (Check One) <input type="checkbox"/> CONDITIONAL RELEASE <input type="checkbox"/> UNESCORTED FURLOUGH	Comments:		
Date	Signature of Unit Chief	Date	Signature of Clinical Director

AFFIDAVIT

IN THE MATTER OF

KEVIN SAUNDERS

STATE OF NEW YORK

COUNTY OF TOMPKINS

Saeed-Uz Khan, M.D. being duly sworn, deposes and says:

1. I am a psychiatrist duly licensed to practice in the state of New York.
2. I currently hold the position of Psychiatrist III at the Elmira Psychiatric Center.
3. I submit this affidavit in support of the Commissioner's application for conditional discharge for the above-referenced patient, who resides at the Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901.
4. I am familiar with this patient in that I have examined the patient on 3 (three) occasions since July 1, 2007 in the capacity of treating psychiatrist.
5. It is my opinion that the patient's clinical diagnosis at this time is:

AXIS I: 296.44 Bipolar I Disorder Recent Episode Manic
305.0 History of Cannabis Abuse

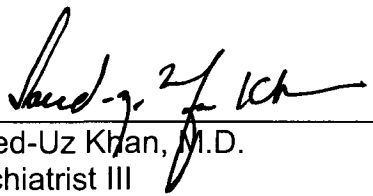
AXIS II: 301.9 Personality Disorder NOS

AXIS III: History of hypertension, left shoulder pain and numbness of upper arm.

AXIS IV: Interaction with the legal system.

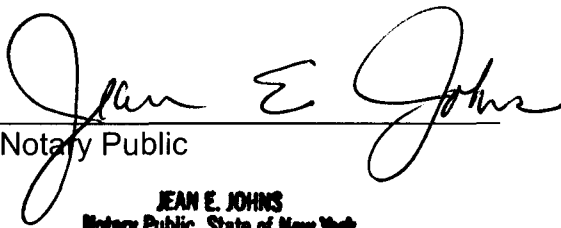
AXIS V: GAF present 60, GAF past 30

6. A detailed analysis of the patient's condition, upon which I base this opinion is set forth in the report attached hereto.
7. It is further my opinion that at this time the patient should be granted conditional discharge.
8. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for conditional discharge for patient Kevin Saunders.



Saeed-Uz Khan, M.D.
Psychiatrist III

Sworn to before me this 11th
day of September in the year 2007.



Notary Public
JEAN E. JOHNS
Notary Public, State of New York
Steuben County No. 01J06153461
Commission Expires October 2, 2010

**Elmira Psychiatric Center
Application for Change in Status/Privileges
Clinical Summary**

Kevin Saunders

September 10, 2007

DOB: 5/1/56

CPL 330.20

Consecutive No.: 01-51-81

Nature of Facility Request: The Elmira Psychiatric Center is seeking conditional discharge for Kevin Saunders to his home in Jacksonville, NY.

Identifying Information: Kevin Saunders is a 48 year old, divorced, Caucasian male , who was admitted to the Elmira Psychiatric Center on 9/14/04 from the Rochester Regional Forensic Unit (RRFU). He was admitted to RRFU on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Judge, on 5/22/03.

Mr. Saunders is CPL 330.20 status, Track I.

Initial Facility of CPL: Mr. Saunders was court ordered to Rochester Regional Forensic Unit on 1/30/1998. He was discharged from RRFU on 3/31/98 CPL status 330.20, Track I.

Subsequent Facilities: Mr. Saunders was admitted to the Elmira Psychiatric Center on 4/4/03 due to continued non-compliance with outpatient mental health services. On 4/6/03, Mr. Saunders, assaulted a staff member. Patient was placed in 4 point restraint following the assault and received stat medication. He continued to escalate and needed to be place in 5 point restraint. Additionally, he refused to follow ward rules and routines, refused to remain clothed in public areas, and patients, both male and female, complained that he was stalking them. Due to his assaultive behavior, the treating physician filed a request for recommitment to a forensic facility. In accordance with a court order, Mr. Saunders was transferred to RRFU on 5/23/03. After making significant progress and via court order, Mr. Saunders was transferred back to the Elmira Psychiatric Hospital, a civil hospital, on 9/14/04.

Instant Offense: Mr. Saunders instant offense consisted of Burglary, 2nd degree, Arson, 3rd degree-a class C Felony, Criminal Mischief, 2nd degree and Criminal Contempt, 1st degree.

On the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to the patient's statement, as well as the police report, he was dressed in a woman's evening dress, stockings and high heels. He was in possession of four kitchen knives, including a meat cleaver. Patient reports that a few days prior to the offense he read the book *The Silence of The Lambs* and began making connections between his life, his ex-girlfriend's life and some of the characters in the book. He came to the conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that the FBI

was after him. Mr. Saunders was under the impression that Hannibal Lector (another character from the book who was a cannibal, serial killer and psychiatrist) was sending him messages

through the radio. Some of these messages were of command nature ordering Mr. Saunders to dance or break into the trailer.

He stated that the night before the offense he had been up all night dancing and that he put on Susan's clothing. He stated that he felt afraid that someone might be coming to his house to kill him. At that point he states he got in his car and drove to Susan's trailer. He states that he took the knives with him to protect himself. He stated that he wanted to see Susan and had not intention of hurting her. When he arrived at her trailer he saw that her car was there and he thought she was home. He proceeded to break into her trailer through a window. He then picked up lighter fluid that he found in her trailer and then set the trailer on fire using his own lighter.

He left the scene in his own car but was stopped less than a mile away by the state police who had been notified by a neighbor that he was at the trailer. Patient told the state police that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He stated that he brought the knives with him to use in his attempt to kidnap her. He stated that he felt his life was in danger if he did not follow the commands he was hearing through the radio. It should be noted that Mr. Saunders' ex-girlfriend had an order of protection against him at the time of the offense. She had requested the order of protection 1 month before the offense because she feared for her safety. She reports that he physically assaulted and raped her around Christmas 1996.

Risk Factors: Mr. Saunders was being prescribed Prozac and Trazodone by Dr. Singh at the time of the offense. He admits to not taking his medications as prescribed because he did not agree with his diagnosis and felt the medications were causing him to have unpleasant side effects. He felt that he had a neurological disorder known as Guillain-Barre Syndrome.

Patient admits to smoking Marijuana on a daily basis and also was drinking alcohol at the time of the offense. He has a history of alcohol dependence.

Mr. Saunders admits to having extreme difficulty with interpersonal relationships. He has narcissistic and borderline features which make it difficult for him to engage in meaningful relationships with others. He also believes that he has gender identity disorder and reports attractions to both males and females. Prior to the offense his girlfriend had ended their relationship which was very upsetting to Mr. Saunders.

Mr. Saunders had been physically and sexually assaultive in the past to his ex-girlfriend. Reports indicate that he was also physically assaultive towards his first wife, Ann Marie Whelan, from whom he is divorced.

Since December of 2005 to the present time Mr. Saunders has been aware of risk factors related

to his bi-polar disorder and his past substance abuse history. He is able to share the depth of his pathology within psychotherapy groups. He has verbalized his need for ongoing treatment for both psychotherapy and psychiatric treatment which includes psychotropic medications. He has been in complete remission of his psychotic symptoms since December 2004 as indicated in his Treatment Plan.

Danger Signs: According to information from Tompkins County Mental Health, where he has received outpatient services in the past, when decompensated he suffers from auditory hallucinations, paranoid and persecutory delusions and preoccupation with physical health (CPL 330.20 Quarterly Monitoring Report dated 1/31/02 by Linda Riley, CSW-R). He also becomes physically assaultive when not on medication.

Since December of 2005 to the present time Mr. Saunders is aware of behaviors which would indicate for him that he may be decompensating. These behaviors include agitation, loss of appetite, insomnia, and a feeling of being watched. His safety plan is to notify the facility, specifically the social worker, during business hours from 8:00 a.m. to 4:30 p.m. (Monday - Friday), if he is experiencing any of these symptoms. During off hours, Mr. Saunders may contact the unit staff or the Safety Office and will have their numbers. He will also have access to a working phone. Mr. Saunders will know when and where AA meetings are held in his community and will be able to access his AA sponsor for needed support. Mr. Saunders is also around his roommate, Ms. Richardson, and she is aware of these symptoms also and will be able to assist Mr. Saunders if need be. In addition, she is willing to call the facility to report any concerns.

Victim Profile: Relationship based. Ex-wife and Ex-girlfriend.

Type of Weapon: Mr. Saunders was carrying several knives with him at the time of the offense however he did not use these knives in any way during the offense. There is no history of Mr. Saunders collecting weapons. He used lighter fluid and a lighter to start the fire that destroyed his ex-girlfriends trailer. Mr. Saunders was arrested on 12/29/96 for Criminal Possession of a Weapon, 4th Degree when he was caught in illegal possession of his fathers guns.

Medical History: Mr. Saunders had indicated in the past that he believes that he has a neurological disorder such as Teshwin Syndrome or Guillain-Barre Syndrome. He was seen by a neurologist, Dr. Stackman, who did not agree with his interpretation of his situation. Dr. Stackman diagnosed him with alcohol dependence. He has a history of pseudo seizures.

Psychiatric History: Mr. Saunders has a long history of emotional difficulties.

He reports that he first received treatment for moderate symptoms of depression in 1979 while attending graduate school at Cornell University. He attended 3 sessions at Family and Children Services in Ithaca, NY.

Patient reports receiving services again from Family and Children Services in 1992 upon being referred through the Cornell EAP program where he was employed. He states he attended 12 sessions with Ellen Stotz from 1/9/92 to 6/11/92. He was placed on administrative leave from Cornell University.

He was seen by Ms. Micki Goldstein in May of 1993 for marital counseling with his former wife, Ann Marie Whelan.

From 5/17/93-1/31/94 he was seen by Anna Matusiewicz, M.D. for depression, marital/divorce issues and possible exposure to HIV. He states he attended approximately 17 sessions with her.

The precipitant to him seeking therapy was that Mr. Saunders reports that in February of 1993 that he was raped by a male acquaintance of his wife. He admits that he and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. He reports that the person who raped him had been sexually involved with his wife. Mr. Saunders had previous encounters with males. Mr. Saunders became concerned that he may have contracted HIV as a result of the rape. He was also concerned for his wife's health as she had been involved with this same man. He sought counseling to deal with his anxiety surrounding this situation.

Dr. Matusiewicz offered him a trial of Lithium. He declined the medication but continued with psychotherapy. He terminated therapy when he felt better and after testing for HIV was negative. Dr. Matusiewicz felt Mr. Saunders suffered from an affective disorder but stated it was hard to determine due to his cannabis use. During this time, Mr. Saunders, admitted to episodes of hitting his wife when he was trying to taper his use of marijuana.

From 5/96 to 1/97 Mr. Saunders was seen for 29 sessions by Amari Meader, MSW at Family and Children Services. He sought counseling for "relationship issues". His case was eventually terminated because he refused to stop using cannabis. He was seen again during January of 1997 by Dr. Singh and was put on Trazodone and Prozac. Later that month he stopped both medications as he felt the Trazodone was causing panic like symptoms. He continued to smoke marijuana.

Mr. Saunders was charged with a DWI on 12/22/96 and reported being under stress as a result of this. He presented to the Cayuga Medical Center ER on 1/11/97 at 5:00 AM with reported heart palpitations, chills and shortness of breath.

On 2/6/97 Mr. Saunders was arrested on the charges listed in the Instant Offense. He was released on bail of \$50,000.00 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97 and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97 he was evaluated by Norman J. Lesswing, Ph.D. He received Not Responsible By Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, county court judge of Tompkins County. A CPL 330.20 examination was ordered on

8/4/97. Patient remained at RRFU from 1/30/98-3/31/98 for dangerousness examination. Both examiners (Dr. Singh and Dr. Kennedy) concluded that at that time Mr. Saunders did not suffer from a dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend and outpatient mental health treatment program at Tompkins County Mental Health Center. He was seen there by Linda Riley, CSW from May of 1998 to May of 2002. His treatment was then transferred to the EPC outpatient clinic at the request of the commissioner of mental health for Tompkins County, Anthony B. Deluca. He requested the transfer due to ongoing non-compliance with the order of conditions (ongoing use of cannabis and refusal to comply with urine toxicology screens).

He was hospitalized at Cayuga Medical Center on 4/27/02 for psychotic decompensation. He remained in the hospital until 5/2/02. He stated during this admission that he was the reincarnation of Adolf Hitler and that he had "a mission". He was discharged on no medications as he refused to take them.

Mr. Saunders did attend his appointments at the EPC outpatient clinic, starting in May of 2002, but he was non-compliant with treatment and refused to take medication. He was seeing both Dr. Belsare and Janet Stevens, CSW. He continually refused to accept education regarding his illness. He also continued to smoke marijuana.

On 4/4/03 Mr. Saunders was admitted to Cayuga Medical Center. He was brought there by his roommate Alice Richardson. She reports that he had not been eating or sleeping and that he was becoming increasingly more bizarre. He had been running around outside naked when there was still snow on the ground. She also reported that he had become loud and threatening towards her and that she feared for her safety. He was transferred by ambulance to Elmira Psychiatric Center.

While at EPC he physically assaulted a staff person on 4/6/03. He was in both 4 point and 5 point restraints and required stat medications to calm down. The treatment team requested that the patient be transferred to RRFU based on his CPL status, ongoing noncompliance and assaultive behavior.

Patient was ordered by the Honorable John Rowley of Tompkins County to be transferred to RRFU on 5/22/03. He was admitted to RRFU on 5/23/03. He remained there until he was transferred back to EPC on 9/14/04.

During his stay at RRFU, Mr. Saunders, condition improved significantly. He was started on an antipsychotic medication, Risperdal Consta, which is an injectable medication. Initially, Mr. Saunders refused to take medication but when Dr. Guttmacher explained to him that they would seek treatment over objection he agreed to begin the medication. He was started on medication on 8/29/03. He is currently compliant with medications and has gained some insight into his illness and the need for ongoing treatment.

While at RRFU he did participate in treatment by attending groups and meeting with his team individually. He gained most insight in regards to his marijuana use. Through participation in MICA group he was able to understand how smoking marijuana affected his mental health. He was able to state that he should refrain from using marijuana in the future. He maintained appropriate interactions with both staff and peers. He was granted Level 3 privileges which is the highest level of privileges at RRFU. Patient was later granted escorted furloughs to the community on 2/17/04.

Since being admitted to the adult services unit at EPC on 9/14/04 he has been pleasant and cooperative with all aspects of treatment. He has attended MICA and psychotherapy as well as other therapeutic and recreational groups. Mr. Saunders' treatment team has provided him with education regarding his mental illness. He has been receptive to teaching by staff as evidenced by his verbal interactions, use of positive coping skills, participation, compliancy with medications, and staff observations. He is quiet but does interact appropriately with staff and peers. He regularly goes out with staff in the community. His interpersonal relationship skills have greatly improved. He is able to initiate and engage in social conversations with others.

Mr. Saunders currently resides at the Seneca Falls SOCR home for 13 days, returning to EPC to get his medication injection on the 14th day. While at the SOCR he attends the SOCS program and attends one AA meeting weekly. According to staff at the SOCR home, Kevin continues to do exceptionally well. He is quiet and likes to read a lot, but does socialize with other clients daily. Additionally, Kevin attends the Social Connections club daily. He attends programming three days per week and is an active participant.

Kevin began having unescorted furloughs to his home on August 18, 2007 and is scheduled for these furloughs on Tuesdays, Fridays, Saturdays, Sundays. Thus far, all furloughs have been successful and productive. Kevin has been working with his roommate to clean the home in preparation for his discharge.

Mr. Saunders acknowledges he has a mental illness and is in need of on-going psychiatric treatment. He has verbalized his willingness to comply with outpatient mental health treatment when discharged from EPC. Furthermore, he recognizes he has a substance abuse issue and is accepting of substance abuse treatment both inpatient and when discharged. He has demonstrated his commitment to recovery as evidenced by his participation in treatment and discharge planning.

Substance/Alcohol use/abuse History: Mr. Saunders has a history of both cannabis and alcohol abuse. He states that he began smoking marijuana at the age of 12. He admits to daily use in the past and was not able to accept education regarding the negative impact cannabis use had on his mental status. He felt that his marijuana use was an appropriate way to treat his physical and neurological symptoms. Mr. Saunders was charged with a DWI in 1996 but denied his alcohol use was a problem. He does participate in MICA group here at EPC and did while he was at RRFU as well. While attending the SOCS program, Kevin participates in the Substance Abuse

Group. He did make a verbal commitment to himself and his treatment team to attend outpatient substance abuse treatment when he is discharged. Mr. Saunders stated he is willing to go for urine drug screens and breathalyzer screens after discharged if he is asked to do so. He was non-compliant with drug testing as an outpatient which was required in his order of conditions.

Patient's Current Perspective: Patient's verbatim written report: To give my perspective on my progress in managing my illness, I feel that I am ready to resume life in the community. I'm fully committed to taking medications to control my bi-polar disorder and monitoring my emotional and mental state to detect any symptoms that might indicate another episode of mania is coming on, and to contact my psychiatrist when this occurs. I'm also committed to remaining drug and alcohol free and I'm participating in AA to help in obtaining supports for a sober lifestyle. It has been almost three years since my brief psychosis in April 2003 and I look forward to being able to resume active work in my own software business where my inability to release upgrades to my software have had a negative impact on sales. I need to be able to return to working life in order to care for my house and contribute to my daughter's education. She will soon be entering college and I want to be able to offer her adequate support for her educational goals.

Current Privilege Level: Mr. Saunders currently has level 2, 3, and 4 privileges. He was granted unescorted furloughs in July 2007, allowing him to visit in his home weekly. Kevin currently drives himself between his home and the Seneca Falls SOCR four times weekly. He has returned on-time with each visit, usually arriving early. Mr. Saunders has made good use of his time while on his unescorted furloughs. He has been working to clean his home with the assistance of his roommate and to re-organize his computer business. These unescorted furloughs have given Mr. Saunders the opportunity to establish a support system, participate in healthy recreational activities, and increase positive social interactions. In addition, he is able to prepare for his eventual return into the community.

Mr. Saunders currently resides at the Seneca Falls SOCR home for 13 days, returning to EPC to get his medication injection on the 14th day. While at the SOCR he attends the SOCS program and attends one AA meeting weekly. According to staff at the SOCR home, Kevin continues to do exceptionally well. He is quiet and likes to read a lot, but does socialize with other clients daily. Additionally, Kevin attends the Social Connections club daily. He attends programming daily and is an active participant.

Risk Management: Mr. Saunders has been cooperative and compliant with all aspects of treatment since the time of admission, including medication. He has not been threatening or assaultive. He is considered low risk for elopement as he is agreeable to his current course of treatment. If Mr. Saunders remains compliant with medication and treatment the team feels that he is low risk for re-offending.

Mr. Saunders is aware of de-stabilizers he may be exposed to in the community such as the stress of activities of daily living, financial problems, drugs, alcohol, and contact with high-risk people

in the community. To prevent a relapse Mr. Saunders and his treatment team have developed a safety plan. The patient does have support from peers in the community. He is willing to engage in outpatient mental health and substance abuse treatment programs as recommended. AA meetings are available in the community in which he will reside. In addition, Mr. Saunders is willing to submit to random drug screens. Mr. Saunders will return to his own home. He is willing to accept an increase in professional supervision such as intensive case management services. He is self-employed as a computer software programmer and is preparing to seek gainful employment once discharged. Mr. Saunders has been able to maintain his business while receiving inpatient psychiatric services for over two years.

Since December 2005 to the present Mr. Saunders continues to present as a low risk for elopement. He has demonstrated this by cooperating fully with escorted and unescorted furloughs in the community. Mr. Saunders is in agreement with his treatment and continues to cooperate with all aspects of treatment in and out of the facility. He has not been assaultive or threatening as stated previously since April 2003 and he has been medication compliant since August of 2003.

One potential source of stress for Mr. Saunders involves his financial capabilities. Currently, Mr. Saunders is not eligible for programs such as Medicaid, Medicare, or Social Security. He relies solely on income generated from his computer business, which has not been bringing in much revenue over the last year. Mr. Saunders has been working with the team social worker to complete an application for a medication assistance program through the drug company and is prepared to seek employment with medical benefits once discharged to his home.

Progress and/or Setbacks: Mr. Saunders has made significant progress in regards to improving his insight and judgement. His progress is measured by his self report, staff observations, participation in assigned groups and treatment planning. He is accepting of his mental illness and substance abuse issue. He has been compliant with treatment and medications since August of 2003. He has not been assaultive or threatening since April of 2003.

Since December 2005 to the present Mr. Saunders has made progress while out on escorted and unescorted furloughs by visiting his home and house mate, Ms. Richardson, who keeps Mr. Saunders informed on personal matters. He was also able to fix his fax machine while home which he uses for his computer software business.

Mr. Saunders went to the Department of Motor Vehicles and got his driver's license. He also filled out financial aid paperwork on behalf of his teenage daughter and made out his tax application. When he was at Barnes and Noble he researched computer books on web pages to enhance his software business. He also wants to look for a job when he is out in the community to help supplement his income. He has contacted the Social Security Administration to see if he could qualify for Social Security Disability in order to have resources to pay for his medications and his psychiatric and physical health treatment. More recently, Mr. Saunders has been working with his roommate to clean his home in preparation for his discharge. He has made phone calls

and done internet research looking for affordable cleaning companies and to seek information regarding renting a dumpster. According to staff, he has been more open and has initiated conversations with both staff and peers. Mr. Saunders would also like to find an AA or NA sponsor in the community to help him to maintain his sobriety while out in the community.

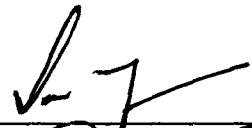
In conclusion, Mr. Saunders has verbalized an understanding of his illness. He sees the need to continue to take psychotropic medications to address his bi-polar disorder and to maintain his emotional and psychological stability. He states that he does not want to jeopardize himself or others in the community and is remorseful about his prior offense. He accepts full responsibility for his actions regarding the offense and he is intent on making sure that he does not re-offend by continuing psychiatric treatment and submitting to random drug screens. He also indicates that he will participate in either an AA or NA group in his area. In addition, he has identified the warning signs that would alert him that he might be decompensating. These behaviors include agitation, sleeplessness, loss of appetite, and thoughts that others are watching him. He continues to notice the benefits of being medication compliant and wishes to maintain his current state of well being. Mr. Saunders is also looking forward to resuming life back in the community and has a number of goals. These goals include seeing his daughter graduate high school, supporting his daughter's academic goals, re-engaging in his computer business, and performing home repairs and upkeep.

Current Diagnosis:

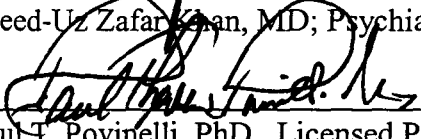
Axis I	296.44 Bipolar I Disorder
	305.0 History of Cannabis Abuse
Axis II	301.9 Personality Disorder NOS
Axis III	History of Essential Hypertension
Axis IV	Interaction with legal system
Axis V	Current GAF 60 Past GAF 30

Current Medications: Ativan 0.5 Mg PO QHS and Risperdal Consta 25 MG IM every 2 weeks.

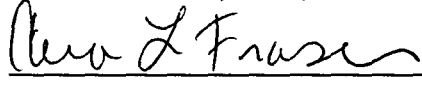
Recommendations: The treatment team is requesting conditional release for Mr. Kevin Saunders with placement in his home, located in Jacksonville, NY. The treatment team feels that Mr. Saunders has accomplished all required tasks as set forth by the terms of his CPL monitoring and is psychiatrically stable for discharge. He has been medication and treatment compliant since 2003. Additionally, Mr. Saunders has had successful furloughs, both escorted and unescorted, into the community and to his home. Mr. Saunders has remained free of drugs and alcohol, testing negative for all substances on every urine drug screen. Additionally, Mr. Saunders has continued to maintain his computer business while hospitalized and is ready to seek gainful employment once discharged. Thank you for your consideration in this matter.



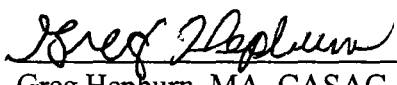
Saeed-Uz Zafar Khan, MD; Psychiatrist III



Paul T. Povinelli, PhD., Licensed Psychologist



Cara Fraser, LMSW I



Greg Hepburn, MA, CASAC

Historical Items 1-10	Comments
<p>1: Previous violence: Pertains to actual attempts and threats to cause physical harm. Includes sexual assaults. Threats must be unambiguous, not simply statements of hostility. Differentiate by severity of actions</p>	<p>Patient has a history of physical, verbal, and sexual violence towards women, namely his ex-wife, Ms. Annemarie Whelan, and his ex-girlfriend, Ms. Susan Hammond.</p> <p>Mr. Saunders was in a 14-year relationship with Ms. Whelan, and the couple were married for seven of those fourteen years (1988-1995). He was reportedly physically assaultive towards her on several occasions.</p> <p>Mr. Saunders' was in a 3-year relationship with ex-girlfriend Ms. Hammond (1994 - 1997), who alleges that Mr. Saunders physically assaulted and raped her around Christmas in 1996. Ms. Hammond filed for an order of protection against Mr. Saunders, which was in effect at the time of his instant offense, which occurred on February 6, 1997.</p> <p>Mr. Saunders was arrested on 12/29/96 for Criminal Possession of a Weapon, 4th Degree when he was caught in illegal possession of his fathers guns.</p> <p>The instant offense occurred on February 6, 1997 when Mr. Saunders went to the home of Ms. Hammond, clad in women's clothing, while responding to auditory command hallucinations via the radio from Hannibal Lector. He believed that Hannibal Lector was telling him to break into Ms. Hammonds trailer and kidnap her. Mr. Saunders then set the trailer on fire. The trailer home and the vehicle of Ms. Hammond were destroyed. In addition, he was found with kitchen knives that he said he wanted for protection and to use for kidnapping his girlfriend.</p> <p>On April 26, 2002, Mr. Saunders was brought to the emergency room at Cayuga Medical Center, by his housemate, Alice Richardson, after he said he was the reincarnation of Adolf Hitler and that he had a mission.</p> <p>On April 4, 2003 he was re-admitted to Cayuga Medical Center for being agitated, running around his home with no clothes on and making threatening statements to himself and others. He was running his hands under scalding hot water, burning his hands, and scratching himself. Additionally, Mr. Saunders had engaged in a verbal altercation with Ms. Richardson, had become verbally threatening, and she was fearful of him.</p> <p>On April 6, 2003 following his admission to the Elmira Psychiatric Center, he physically assaulted female staff there.</p>

<p>2: Young age at first violent incident: Age divisions are admittedly arbitrary. However research has consistently shown that early onset is correlated with future violence. Generally, serious violence prior to age 20 classify as severe .</p>	<p>There were not any indications in the records or any verbal accounts from Mr. Saunders' mother that Mr. Saunders was violent during his childhood. Furthermore, Mr. Saunders had never been adjudicated a person in need of supervision or as a juvenile delinquent.</p>
<p>3: Relationship instability: Item applies to romantic, intimate relationships and excludes family and friends. Instability is manifest by many short term relationships, absence of any relationship or presence of long-term conflicted relationship.</p>	<p>Mr. Saunders was in a relationship with Ms. Whelan for fourteen years, seven of which they were married. He and Ms. Whelan have a daughter as a result of their union. Their current relationship is amicable and Mr. Saunders has joint custody of his daughter who resides with Ms. Whelan. The relationship they had was conflictual during their marriage. It was reported that Mr. Saunders and Ms. Whelan began experimenting sexually at a later stage in their marriage, allowing others to join them in their sexual relationship. It was reported that Mr. Saunders would dress up like a woman and he and Ms. Whelan would bring other men into their bedroom. During one of these encounters, Mr. Saunders reported that he was raped. This "open marriage" seemed to cause stress in their relationship.</p> <p>Mr. Saunders experienced conflictual relationships with women which include his ex-wife and his ex-girlfriend. In both relationships, there have been instances where Mr. Saunders was reported to be physically assaultive and threatening. In the case of Ms. Hammond, his ex-girlfriend, he had been physically and sexually assaultive and had intended to kidnap her. He also had destroyed her trailer home and car by arson.</p>

<p>4: Employment problems: High score indicates refusal to seek employment, many short-term jobs or frequently being fired or quitting. Economics/Disability may lead to moderate classification.</p>	<p>At age 21, after graduating from the University of Texas with a Bachelors degree in Economics and Philosophy, Mr. Saunders worked for one year at the University of Arkansas as a computer programmer. He then moved to California after one year and worked as a bookkeeper at a hospital in L.A. In 1979, Mr. Saunders moved to Ithaca, NY to attend graduate school at Cornell University, however dropped out of school after only a few months. From 1979 to 1985, he did odd jobs of bookkeeping, delivering pizzas, and working at area restaurants. In 1985, Mr. Saunders was hired by Cornell University as a computer programmer and he worked there until 1993 when he quit in order to work for a company in Rochester called Millennium Computing. After a short time, he quit this job and went back to work at Cornell University on a contract basis. Mr. Saunders has been self-employed as a computer programmer for his company, Data Beast Software Company. He has developed his own website while he was attending Cornell University in the '80's and he still maintains his own business as a computer programmer. He does not have any employees and he has a male friend who helps in operating the business since the time of Mr. Saunders' hospitalization. Mr. Saunders is able to work from his laptop computer at Elmira Psychiatric Center in order to maintain his business. This is currently his only source of income.</p>
<p>5: Substance use problems: Includes misuse of Rx drugs. Severity is determined by impairment in ability to function in areas of health, employment, relationships etc.</p>	<p>Mr. Saunders began abusing alcohol and marijuana in his late teens. He experimented with mushrooms in his early 20's as well. On 12/22/96, Mr. Saunders was charged with a DWI. Mr. Saunders' abuse of alcohol and marijuana have contributed to his decompensation and psychotic symptoms. At the time that Mr. Saunders was using alcohol and marijuana, he was in denial of his mental illness and unwilling to follow treatment recommendations. This behavior led to decompensation which included responding to command hallucinations and leading to his dangerous behavior and of committing arson. Mr. Saunders use of substances were his attempts to self-medicate in lieu of taking psychotropic medications that would have addressed his psychotic symptoms.</p>
<p>6: Major mental illness: Dx of Major Mental Illness by history and independent of current acuity. Serious D/Os include major thought, affective and cognitive Dx.</p>	<p>Current Diagnosis: Axis I 296.44 Bipolar I Disorder 305.0 History of Cannabis Abuse Axis II 301.9 Personality Disorder NOS Axis III History of Essential Hypertension Axis IV Interaction with legal system Axis V Current GAF 60 Past GAF 30</p>

7: Psychopathy: Requires use of PCL-R or PCL-SV. Score Range 0-19= 0 Score Range 20-29=1 Score Range 30-40=2	Mr. Saunders does not exhibit psychopathic personality traits. Moreover, he is able to empathize with peers in psychotherapy sessions. He expresses remorse for his past criminal behaviors and harmful actions and states that he wishes to remain medication compliant so that this behavior does not occur again.
8: Early maladjustment: Maladjustment at home, school or community prior to age 17. Victimization a key indicator. High score warranted if Maladjustment is present in at least 2 domains.	According to Mr. Saunders and his mother, there is no indication of any early maladjustments in the home, school, or community. Mr. Saunders was never adjudicated as a person in need of supervision or as a juvenile delinquent. Furthermore, records indicate that Mr. Saunders was an excellent student throughout his academic career.
9: Personality disorder: Dx of Personality Disorder. Score less severe for personality traits.	Mr. Saunders carries a diagnosis of Axis II: 301.9 Personality Disorder NOS - Borderline with Narcissistic Features
10: Prior supervision failure: Pertains to community and institutional placements. Severe if failure resulted in apprehension or re-institutionalization.	Mr. Saunders disobeyed orders of conditions placed upon him by Honorable William Barrett to attend an outpatient mental health program at Tompkins County Mental Health Center. Due to ongoing non-compliance with order treatment, he was transferred to Elmira Psychiatric Center Community Clinic in May 2002. At the clinic he was non-compliant with treatment and monitoring recommendations as well. He had refused psychotropic medications as he felt the medications interacted with his liver enzymes and felt that the psychiatrist was intentionally doing harm to him. He also refused toxicology screenings at the time. As a result of this violation, his order of conditions was extended for five more years. On April 6, 2003, following his admission to the Elmira Psychiatric Center, Mr. Saunders physically assaulted a female staff member. As a result, he was re-committed to the Rochester Regional Forensic Unit.
Clinical Items 1-5:	Comments:
1: Lack of insight: Item refers to the degree to which the person acknowledges or comprehends his/her mental disorder.	It has been noted by the Treatment Team that Mr. Saunders has excellent insight and judgement. The Treatment Team further notes that he is an active participant in psychotherapy groups and that his statements are relevant and rational. He acknowledges that he has a mental illness and will need ongoing treatment if he is to remain stable in the community. He has also acknowledged that he will need to abstain from alcohol and marijuana use and that he will need the support of AA. Mr. Saunders is also willing to submit to random drug screens.

<p>2: Negative attitudes: Pertains to the presence of pro-criminal and anti-social attitudes and not occasional pessimistic attitudes.</p>	<p>Mr. Saunders does not demonstrate anti-social or pro-criminal attitudes or beliefs. His attitude about his past criminal behavior is remorseful and he regrets his prior actions. He also intends on preventing any relapse of psychotic symptoms by following treatment recommendations fully and being medication compliant. Furthermore, he verbalizes that he accepts full responsibility for his past actions. There's no indication of hostility towards others noted. Mr. Saunders is cooperative and pleasant towards staff and peers. There have not been any negative attitudes expressed by Mr. Saunders regarding institutions and social agencies.</p>
<p>3: Active symptoms of major mental illness: Self explanatory with active symptoms of psychosis (TCOs) warranting a severe classification.</p>	<p>Mr. Saunders psychotic symptoms have been in remission and this goal was obtained on Mr. Saunders' Treatment Plan since December of 2004. The psychotic symptoms included paranoia, delusional beliefs, and auditory hallucinations. Since this time, he has refrained from expressing bizarre comments noted in the past such as "I am Hitler". His behavior is coherent and he is cooperative and pleasant towards staff and peers.</p>
<p>4: Impulsivity: Refers to the dramatic hour to hour, day to day and week to week fluctuation in mood and general demeanor. Serious impulsivity is manifest by "hair trigger" disproportionate reactions to real or perceived slights. Both negative and positive reactions appear exaggerated.</p>	<p>Mr. Saunders is composed when under pressure or stress. He does not respond in an impulsive manner to stressful situations nor has he had any verbal or physical outbursts noted since April of 2003.</p>
<p>5: Unresponsive to treatment: Item pertains to treatment issues deemed relevant to the amelioration of criminal, psychological, social or vocational problems. More severe classification should be applied in situations of non-compliance, "shamming" etc.</p>	<p>Mr. Saunders has been responsive to all aspects of treatment to address criminal, psychological, social, and vocational problems. For example, Mr. Saunders is an active participant in therapy and addiction awareness groups. He is able to clearly address past problems and has a good understanding of his illness and what he needs to do to maintain emotional and psychological stability. He also attends AA groups and has verbalized his intention to remain abstinent of drugs and is willing to submit to random drug screens. He has met prior treatment goals while at the facility such as remission of psychotic symptoms through medication and treatment compliance, admitting to having a mental illness and substance abuse problem, and a willingness to continue receiving psychiatric treatment in the community.</p>

Risk Management Items 1-5	Comments
<p>1: Plans lack feasibility: Higher score reflects high probability that plan will not succeed. The extent to which the person, his indigenous supports and ministries/agencies are involved in the plan and commit needed resources to it are key to assessing feasibility.</p>	<p>Mr. Saunders has an emergency plan that he was able to verbalize to the Treatment Team. He stated that he would identify any early warning signs of decompensation when out in the community and would immediately call the facility and the social worker for assistance during normal working hours (Monday through Friday 8:00 a.m. - 4:30 p.m.) During off hours, Mr. Saunders will have the unit phone number to access or the Safety Office number. In addition, Mr. Saunders will know the number of his local Crisis Center. He identified the following as warning signs: agitation, insomnia, lost of appetite, and feelings of being watched. In addition, he has a roommate who would help him also by contacting the facility. Mr. Saunders would also have an AA sponsor from the community for additional support.</p>
<p>2: Exposure to destabilizers: Refers to the absence of professional and indigenous supports and/or situation that were present at the time of the index offense or behavior. Return to "hazardous conditions" or criminogenic environments (access to alcohol, drugs weapons etc.) heighten risk.</p>	<p>Mr. Saunders wants to remain abstinent while out in the community and has verbalized his willingness to avoid situations which might put him in danger of relapse. He is involved with the AA community and will have a sponsor in the community for support in maintaining abstinence. Mr. Saunders is willing to submit to random drug screens and is also willing to seek help from the Treatment Team when he returns from the community to help him address any concerns. We are also available to Mr. Saunders in the event of an emergency situation or if he feels the need for support.</p>
<p>3: Lack of personal support: Absence of positive, tolerant and encouraging relationships from family and peers leads to heightened risk. When assessing this domain, it is essential that the evaluator look beyond the good intentions or immediate goals (to secure release) of personal supports.</p>	<p>Mr. Saunders has indicated that his roommate, Ms. Richardson, is a supportive person in his life. Although they are not intimate partners, Ms. Richardson has offered Mr. Saunders companionship and help when he has needed it. Mr. Saunders also has an amicable relationship with his ex-wife and has a relationship with his teenage daughter, Rachel.</p>

<p>4: Noncompliance with remediation attempts: Evaluator should view this item broadly and assess motivation and willingness to succeed and comply in both therapeutic and supervision/management realms.</p>	<p>There is a low probability that Mr. Saunders will not comply with therapeutic, medication, supervision, or management plans. During this hospitalization, he has been treatment compliant for a substantial period of time and has verbalized his intention to remain treatment and medication compliant. He has used his recent unescorted furloughs home productively by working with his roommate to clean his home in preparation for his discharge. He has been able to spend time with his teenage daughter and has a noticeable improvement in his affect since being allowed to visit in his home weekly. Mr. Saunders also has his own computer programming business which he has tried to maintain while at the facility. Spending time in his home has allowed him to begin reorganizing his business and strategizing a new business plan. All of these goals are important to Mr. Saunders and are motivators for him to continuing on-going treatment compliance.</p>
<p>5: Stress: While it is difficult to forecast stressors the individual is likely to encounter, the evaluator needs to gauge the individual's particular vulnerabilities and coping mechanisms in the context of historical reactions to stress.</p>	<p>Mr. Saunders has exhibited good self-composure while on the unit. He has a positive relationship with his daughter and states that he wants to be a continuing support to her. He also has a positive relationship with his roommate, Ms. Richardson. One potential source of stress for Mr. Saunders involves his financial capabilities. Currently, Mr. Saunders is not eligible for programs such as Medicaid, Medicare, or Social Security. He relies solely on income generated from his computer business, which has not been bringing in much revenue over the last year. Mr. Saunders has been working with the team social worker to complete an application for a medication assistance program through the drug company and is prepared to seek employment with medical benefits once discharged to his home.</p>

Final risk judgment and rationale:

The Treatment Team feels that Mr. Saunders poses a low risk of re-offending to the community for the following reasons:

He has been medication and treatment compliant since his admission to the Elmira Psychiatric Center on September 14, 2004.

During his time at Elmira Psychiatric Center, he has been non-threatening and non-assaultive.

He verbally acknowledges that he has both a mental illness and substance abuse problem and that he is willing to follow treatment recommendations.

He also understands his need for continuing treatment. Furthermore, he understands that his medications are necessary for his continued stability in the community. Mr. Saunders has improved in his communication and social skills by engaging with peers and staff.

He also has a safety plan in place to help him to be aware of any early indicators of decompensation. In addition, he is aware of community resources that are available to him.

Mr. Saunders is also willing to submit to random drug screening to ensure that he maintains his abstinence while in the community.

Mr. Saunders has expressed an increased feeling of productivity and self-esteem since granting permission for unescorted furloughs in his home. He has had several successful home visits that he has used productively. Mr. Saunders has been highly motivated in preparing for his return to the community and has strategized with the treatment team a plan of action to get his home clean and safe in order to prepare for his discharge home. Additionally, Mr. Saunders has been working with the team social worker to apply for assistance to pay for medications once discharged and is fully prepared to seek out employment that will provide benefits to him. He looks forward to engaging more fully in his computer software business. He also looks forward to being more involved with his daughter.

t: 08-27-07 clf



State of New York
Eliot Spitzer
Governor



Office of Mental Health
44 Holland Avenue
Albany, New York 12229
www.omh.state.ny.us

October 12, 2007

Chief Court Clerk
Tompkins County Court
PO Box 70
North Tioga Street
Ithaca, New York 14851-0070

Re: Kevin Saunders
Indictment#: 97-019

Dear Chief Court Clerk:

The above named individual is currently a patient at the Elmira Psychiatric Center pursuant to a CPL 330.20 Second Retention Order.

Enclosed please find;

**FORM Q APPLICATION FOR A RELEASE ORDER AND
NOTICE OF APPLICATION
FORM R RELEASE ORDER
FORM N ORDER OF CONDITIONS**

as well as appropriate clinical documentation including a Physician's Affidavit.

This application for a conditional release is made pursuant to the provisions of subdivision twelve of CPL 330.20.

If you should have any questions about this matter, please bring them to my attention.

Sincerely,

Harold W. Meyers, LMSW
Director
Bureau of Institutional &
Transitional Services
Division of Forensic Services

Enclosures



AFFIDAVIT OF SERVICE

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

Name: Kevin Saunders INDICTMENT#: 97-019

A patient of ELMIRA PSYCHIATRIC CENTER

State of New York, County of Albany Cheryl Lynn Flagler
being duly sworn, deposes and says:

THAT: she is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: On the 12th day of October 2007 she served upon

Kevin Saunders, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

Kevin Mosher, Mental Hygiene Legal Service, c/o Elmira Psychiatric Center, 100 Washington Street,
Elmira, New York 14902-1527

William Benedict, Executive Director, Elmira Psychiatric Center, Attn: Janet Dunbar, SWI, 100 Washington
Street, Elmira, New York 14902-1527

Hon. Carol A. Cocchiola, Esq., Assistant Attorney General, NYS Department of Law, State Office Bldg.,
17th Floor, 44 Hawley Street, Binghamton, New York 13901

Hon. Gwen Wilkinson, Esq., Tompkins County District Attorney, Tompkins County Courthouse, 320 North
Tioga Street, Ithaca, NY 14850-0326

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper
in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue,
Albany, New York 12229 directed to said parties at the address within the State designated by them for that
purpose.

Sworn to before me

This 12th day of October 2007

Patricia A. Kelly

(Notary)

PATRICIA A. KELLY
NOTARY PUBLIC
STATE OF NEW YORK
QUALIFIED IN ALBANY COUNTY
REG. #01KE6021867
Exp 3/22/11

Cheryl Lynn Flagler
(Sender)



Alcohol & Drug Council of Tompkins County, Inc.

Prevention, Education & Treatment Services

201 E. Green Street, Suite 500
Ithaca, New York 14850

Tel: (607) 274-6288
Fax: (607) 274-6280

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

ASSESSMENT SUMMARY

To: Elmira Psychiatric Center Date: Nov, 15, 2007
Re: Name: Kevin Saunders DOB: 05/01/1956

RESULTS OF ASSESSMENT:

- ☒ Completed chemical dependency assessment
- ☐ Failed to complete chemical dependency assessment
- ☒ Recommended to outpatient chemical dependency treatment
- ☐ Admitted to outpatient chemical dependency treatment
- ☐ Recommended to inpatient chemical dependency treatment
- ☐ Referred to _____
- ☐ No treatment recommended

COMMENTS: Mr. Saunders completed his evaluation at ADC on Nov. 9 2007. Our recommendation is that Mr. Saunders attend outpatient MICA treatment at our agency. Specifically, we are recommending that he attend our MICA Relapse Prevention Group* and individual counseling sessions. Mr. Saunders will be admitted to treatment at ADC at his next appointment here on Nov. 30, 2007.

Signature: Allen Terry, LCSW-R

Assessment Summary
2/7/06jg

*MICA Relapse Prevention Group meets 1x/week for 12 weeks.



www.alcoholdrugcouncil.org

BRYAN F. RUDES, EXECUTIVE DIRECTOR

EUGENE J. SCHNEIDER, M.D.
Clinical Director

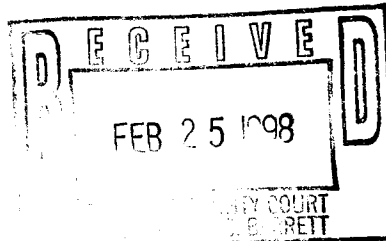
GEORGE A. ROETS, R.N., M.S.
Director for Operations

CHIP TESTA, M.P.A.
Director for Administration

GEOFFREY POROSOFF, Ph.D.
Associate Director/Chief Psychologist

MARCIA ALISSANDRELLO, R.N., C.
Director of Nursing

February 24, 1998



Via Certified Mail

The Honorable William C. Barrett
Judge of the County Court
320 North Tioga Street
Ithaca, NY 14850

Dear Judge Barrett:

RE: SAUNDERS, KEVIN E.
Indictment No. 97-019

The above named defendant is currently being evaluated at the Rochester Regional Forensic Unit pursuant to a 330.20 CPL Examination Order signed by yourself and dated December 15, 1997. The examiners assigned to conduct the examination for the Court have advised me that they will not be able to complete the examination within 30 days. They indicate that more time is needed to complete an unbiased report.

Therefore, we are submitting to the Court an Application to Extend the Inpatient Examination Period for an additional 30 days. We are also enclosing, for the convenience of the Court, a proposed Order to Extend the Inpatient Exam. As required, copies of our Application have been forwarded to the defendant, Mental Hygiene Legal Service, Tompkins County District Attorney, and the defendant's attorney.

Thank you for your attention and assistance in this matter.

Sincerely,

Eugene J. Schneider, M.D.
Clinical Director

EJS:jgn

Encs.

cc: Dr. Kennedy (w/o encs.)
Ms. Heagney (w/o encs.)
Patient's Chart
Health Information Management Service

BRYAN F. RUDES, EXECUTIVE DIRECTOR

EUGENE J. SCHNEIDER, M.D.
Clinical Director

GEORGE A. ROETS, R.N., M.S.
Director for Operations

CHIP TESTA, M.P.A.
Director for Administration

GEOFFREY POROSOFF, Ph.D.
Associate Director/Chief Psychologist

MARCIA ALISSANDRELLO, R.N., C.
Director of Nursing

November 14, 1997

Via Certified Mail

The Honorable William C. Barrett
Tompkins County Court Judge
320 N. Tioga Street
Ithaca, NY 14850

Dear Judge Barrett:

RE: SAUNDERS, KEVIN
Indictment No. 97-019

The above named defendant is currently being evaluated on an outpatient basis at the Rochester Regional Forensic Unit pursuant to a 330.20 CPL Examination Order signed by yourself and dated August 6, 1997. The examiners assigned to conduct the examination for the Court have advised me that they will not be able to complete the examination within 30 days. They indicate that more time is needed to assess the defendant and review the clinical history.

Therefore, we are submitting to the Court an Application to Extend the Outpatient Examination Period for an additional 30 days. We are also enclosing, for the convenience of the Court, a proposed Order to Extend Outpatient 330.20 Exam Period. As required, copies of our Application have been forwarded to the defendant, Mental Hygiene Legal Service, District Attorney, and the defendant's attorney.

Thank you for your attention and assistance in this matter.

Sincerely,



Eugene J. Schneider, M.D.
Clinical Director

EJS:jgn
Encs.

cc: Dr. Singh (w/o encs.)

[illegible]

07/01/19 10:56

BRYAN F. RUDES, EXECUTIVE DIRECTOR

EUGENE J. SCHNEIDER, M.D.
Clinical Director

GEORGE A. ROETS, R.N., M.S.
Director for Operations

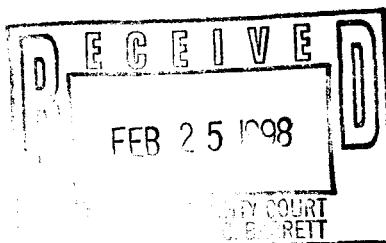
CHIP TESTA, M.P.A.
Director for Administration

GEOFFREY POROSOFF, Ph.D.
Associate Director/Chief Psychologist

MARCIA ALISSANDRELLO, R.N., C.
Director of Nursing

February 24, 1998

The Honorable William C. Barrett
Judge of the County Court
320 North Tioga Street
Ithaca, NY 14850



Via Certified Mail

Dear Judge Barrett:

RE: SAUNDERS, KEVIN E.
Indictment No. 97-019

The above named defendant is currently being evaluated at the Rochester Regional Forensic Unit pursuant to a 330.20 CPL Examination Order signed by yourself and dated December 15, 1997. The examiners assigned to conduct the examination for the Court have advised me that they will not be able to complete the examination within 30 days. They indicate that more time is needed to complete an unbiased report.

Therefore, we are submitting to the Court an Application to Extend the Inpatient Examination Period for an additional 30 days. We are also enclosing, for the convenience of the Court, a proposed Order to Extend the Inpatient Exam. As required, copies of our Application have been forwarded to the defendant, Mental Hygiene Legal Service, Tompkins County District Attorney, and the defendant's attorney.

Thank you for your attention and assistance in this matter.

Sincerely,

Eugene J. Schneider, M.D.
Clinical Director

EJS:jgn
Encs.

cc: Dr. Kennedy (w/o encs.)
Ms. Heagney (w/o encs.)
Patient's Chart
Health Information Management Service

RECEIVED BY
TOMPKINS COUNTY
CORRECTIONS OFFICE

98 FEB 25 PM 4:28

44 Holland Avenue
Albany, New York 12229

April 13, 2005

Chief Court Clerk
Tompkins County Court
PO Box 70
320 North Tioga Street
Ithaca, New York 14851-0070

Re: Kevin Saunders
Indictment#: 97-019

Dear Chief Court Clerk:

The above named individual is currently a patient at the Elmira Psychiatric Center pursuant to a CPL 330.20 Retention Order.

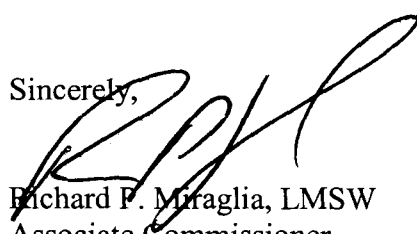
Enclosed please find;

**FORM U APPLICATION FOR A FURLOUGH ORDER AND
NOTICE OF APPLICATION,
FORM V FURLOUGH ORDER
CLINICAL DOCUMENTATION
PHYSICIAN'S AFFIDAVIT
AFFIDAVIT OF SERVICE**

This application for court authorization to grant furloughs is made in accordance with the provisions of subdivision (10) of CPL 330.20.

If you have any questions, please bring them to my attention at (518) 474-7219.

Sincerely,


Richard P. Miraglia, LMSW
Associate Commissioner
Division of Forensic Services

Enclosures

AFFIDAVIT OF SERVICE

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

Name: Kevin Saunders INDICTMENT#: 97-019

A patient of ELMIRA PSYCHIATRIC CENTER

State of New York, County of Albany Cheryl Lynn Flagler
being duly sworn, deposes and says:

THAT: she is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: On the 13th day of April 2005 she served upon

Kevin Saunders, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

Kevin Mosher, Mental Hygiene Legal Service, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

William Benedict, Executive Director, Elmira Psychiatric Center, Attn: Karen Patterson, SWII, 100 Washington Street, Elmira, New York 14902-1527

Hon. Carol A. Cocchiola, Esq., Assistant Attorney General, NYS Department of Law, State Office Bldg., 17th Floor, 44 Hawley Street, Binghamton, New York 13901

Hon. George M. Dentes, Esq., Tompkins County District Attorney, County Courthouse, 320 North Tioga Street, Ithaca, NY 14850-0326

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue, Albany, New York 12229 directed to said parties at the address within the State designated by them for that purpose.

Sworn to before me

This 13th day of April 2005

WIL ACKERLY
(Notary)

Cheryl Lynn Flagler
(Sender)

WIL ACKERLY
Notary Public, State of New York
Qualified in Albany County
Commission Expires June 30, 2007

FORM U
APPLICATION FOR A FURLOUGH
ORDER AND NOTICE OF APPLICATION

STATE OF NEW YORK

☐ SUPREME COURT ☒ COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER OF
AN APPLICATION FOR A FURLOUGH
ORDER PURSUANT TO CPL 330.20 IN
RELATION TO

Kevin Saunders

INDICTMENT #: **97-019**

Defendant

(1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a furlough order for and on behalf of the said Commissioner.

(2) This application for a furlough order is being submitted to the following court: (check one and print name and address of indicated court)

☐ Court that issued the commitment order if the above-named defendant is now in custody pursuant to such order:

☒ County court of the county wherein the facility in which the defendant is confined is located:
Tompkins County Court

☐ Term of the Supreme Court for the county wherein the facility in which the defendant is confined is located:

(3) This application for a furlough order is made pursuant to subdivision ten of CPL 330.20.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment pursuant to

[] a commitment order issued under the provisions of subdivision six of CPL 330.20.

[X] a recommitment order issued under the provisions of subdivision six of CPL 330.20 by the following court on the following date:

(Name of court) **Tompkins County Court**

(Date of order) **05/22/03**

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a first retention order on the following date:

(Name of court) **Monroe County Court**

(Date of first retention order) **02/11/04**

[X] (6) Subsequent to the issuance of the first retention order referred to in paragraph (5) of this application, the following court issued a second retention order on the following date:

(Name of court) **Tompkins County Court**

(Date of second retention order) **02/08/05**

[] (7) Following the issuance of the second retention order referred to in paragraph (6) of this application, the following court issued a subsequent retention order on the following date:

(Name of court)

(Date of Subsequent Retention Order)

(Date of each subsequent retention order, including last subsequent retention order)

(8) Pursuant to the order referred to in [] paragraph (4) [] paragraph (5) [X] paragraph (6) [] paragraph (7) of this application, the above-named defendant is currently confined in the following facility of the State Office of Mental Health: **Elmira Psychiatric Center**

(9) This application is made upon the ground that the undersigned is of the view that, consistent with the public safety and welfare of the community and the defendant, the clinical condition of the defendant warrants a granting of the privileges authorized by a furlough order.

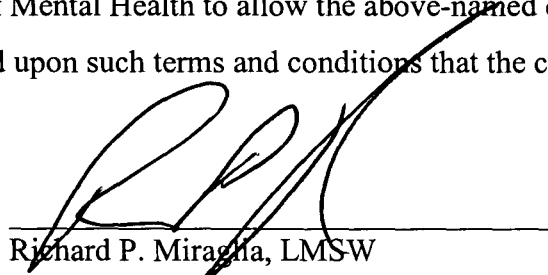
(10) The annexed psychiatric report is made a part of this application for a furlough order and supports the view stated by the undersigned in paragraph (9) of this application.

(11) Written notice of this application for a furlough order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Service and the District Attorney.

(12) No previous application for a furlough order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a furlough order issue authorizing the Commissioner of Mental Health to allow the above-named defendant to temporarily leave the facility wherein he is now confined upon such terms and conditions that the court deems necessary or appropriate.

Date: April 13, 2005

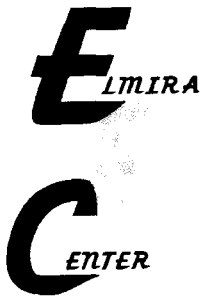


Richard P. Miraglia, LMSW
Associate Commissioner
Division of Forensic Services

NOTICE OF APPLICATION FOR FURLOUGH ORDER

- TO:
- 1) Above-named defendant
 - 2) Counsel for above-named defendant
 - 3) Mental Health Legal Services
 - 4) District Attorney of Tompkins County
 - 5)
 - 6)
 - 7)

PLEASE TAKE NOTICE that the above application for a furlough order will be submitted to the court indicated in paragraph (2) of the application at a date and time to be determined by the court.



January 11, 2005

James L. Stone, MSW, CSW
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Albert K. Chen, M.D.
Deputy Director Clinical

Smith B. Paulison
Operations Director

Mark E. Stephany
Administration Director

William P. Hayes
Quality Director

Mr. Harry Huguley
Mental Health Program Specialist II
Bureau of Forensic Services
44 Holland Avenue
Albany, New York 12229

Re: Kevin Saunders
Consecutive No. 01-51-81
DOB: 5/1/56
CPL 330.20

Dear Mr. Huguley:

Enclosed please find an application for change in privileges for Mr. Kevin Saunders. The Hospital Forensic Committee (HFC) has met and reviewed the request for escorted off grounds privileges up to 8 hours for Mr. Saunders, and has approved this request. Dr. Venkata Satti, Acting Clinical Director, has also reviewed and approved the request.

I await the Bureau of Forensic Services decision. Please let me know if you have any questions or if any additional information is needed.

Sincerely,

Karen Patterson
Karen Patterson
Forensic Coordinator

KP/dad
Enclosure

cc: File

RECEIVED JAN 13 2005

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4711 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

AFFIDAVIT

IN THE MATTER OF
KEVIN SAUNDERS

STATE OF NEW YORK
COUNTY OF TOMPKINS

Savithiri Satti, M.D. being duly sworn, deposes and says:

1. I am a psychiatrist duly licensed to practice in the state of New York.
2. I currently hold the position of Psychiatrist I at the Elmira Psychiatric Center.
3. I submit this affidavit in support of the Commissioner's application for escorted off-grounds furloughs for the above-referenced patient, who resides at the Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901.
4. I am familiar with this patient in that I have examined the patient on 12 occasions since September 14, 2004 in the capacity of treating psychiatrist.
5. It is my opinion that the patient's clinical diagnosis at this time is:

AXIS I: (Clinical syndromes, conditions attributable to mental disorder that are the focus of attention or treatment): Bipolar Type 1, recent episode manic with psychotic features, mod congruent in partial remission; Cannabis dependence in remission; alcohol abuse in remission due to readmission; gender identity - adult with transgender issues.

AXIS II: Personality Disorder, NOS Borderline with narcissistic features.

AXIS III: History of essential hypertension.

AXIS IV: Problems with legal system.

AXIS V: GAF current 70; past year 50

6. A detailed analysis of the patient's condition, upon which I base this opinion is set forth in the report attached hereto.
7. It is further my opinion that at this time the patient should be granted escorted off-grounds furloughs.
8. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for escorted off-grounds furloughs for patient Kevin Saunders.

Savithri Satti MD
Savithri Satti, M.D.
Psychiatrist I

Sworn to before me this 24th
day of March, 2005.

Debora A. Draghi
Notary Public

DEBORA A. DRAGHI
Notary Public, State of New York
Chemung County, No. 01DR6085876
Commission Expires January 13, 2007

**APPLICATION FOR CHANGE IN
STATUS/PRIVILEGES**

Patient's Name (Last, First, M.I.)

Saunders, Kevin

"C" No.

01-51-81

Unit/Ward No.

ASU

Facility

Elmira Psychiatric Center

PART I — Completed by Unit Chief and Team Psychiatrist

Patient's Status (check only one)

☐ CIVIL INPATIENT
(Originally admitted Pursuant
to Sec. 730 C.P.L.)☒ SEC. 330.20 (C.P.L.)
RETENTION, COMMITMENT
or RECOMMITMENT☐ FINAL ORDER OF
OBSERVATION
Pursuant to Sec.
730.40(2), C.P.L.☐ TEMPORARY ORDER
OF OBSERVATION
Pursuant to Sec.
730.40(2), C.P.L.☐ ORDER OF
COMMITMENT
Pursuant to Sec.
730.50 C.P.L.☐ ORDER OF
RETENTION
Pursuant to Sec.
730.50 C.P.L.

Action Requested (check only one)

☐ CONDITIONAL RELEASE☐ UNESCORTED FURLOUGHS — Describe
nature and duration☐ DISCHARGE☒ ESCORTED FURLOUGH — Describe
nature and duration☐ CONVERT TO CIVIL STATUS

Off grounds furlough with staff up to 8hrs.

☐ RETURN TO CUSTODY OF COURT☐ TRANSFER

Summary of Clinical, Social and Criminal History, Including Circumstances Surrounding the Act(s) Leading to C.P.L. Retention

Please see attached Clinical Summary.

Rationale For Action Requested

For the purpose of reintegrating Mr. Saunders into the Community in preparation
of his discharge from EPC.

We, the undersigned, believe that the present condition of the patient referenced above warrants the action requested.

Signature of Treatment Team Psychiatrist

Sachin Satti M.D.

Print Name Signed

S. Satti, M.D.

Date

1/5/05

Signature of Unit Chief

Venkata S. Satti

Print Name Signed

Venkata S. Satti, M.D.

Date

1/5/05

PART II — Completed by Hospital Forensic Committee

Patient's Name

Saunders, Kevin

Action Recommended ☐ Disapproved

Comments

☒ Approved — (check one below)☐ Conditional Release☐ Unescorted Furlough☐ Discharge☒ Escorted Furlough☐ Conversion to Civil Status☐ Transfer☐ Return to Custody of Court

The Hospital Forensics Committee agrees with the Treatment Team's recommendation for escorted off grounds privileges with a staff member.

NOTE: Each member of the committee must sign below. Dissenting opinions must be submitted in writing to the Clinical Director.

Date 12/8/04	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Board Certified Psychiatrist Mirlande Jordan MD	Print Name Signed Mirlande Jordan M.D.
Date 12/7/04	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker Savitri Satti MD	Print Name Signed SAVITRI SATTI MD
Date 12/7/04	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker [Signature]	Print Name Signed [Signature]
Dissenting Opinion:			
		Date	Signature

PART III — APPROVAL/DISAPPROVAL — Completed by Clinical Director

Action Recommended <input type="checkbox"/> Disapproved		Comments	
<input checked="" type="checkbox"/> Approved — (check one below)		I am in agreement with the Hospital Forensics Committee decision to approve the request for escorted off grounds privileges with a staff member.	
<input type="checkbox"/> Conditional Release <input type="checkbox"/> Discharge <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Return to Custody of Court		<input type="checkbox"/> Unescorted Furlough <input checked="" type="checkbox"/> Escorted Furlough <input type="checkbox"/> Transfer	
		Date 1/5/05	Signature [Signature]
Title Acting Clinical Director		Print Name Signed Venkata S. Satti, M.D.	

PART IV — APPROVAL/DISAPPROVAL — Completed by OMH Director of Forensic Services if Patient's Status is Sec. 330.20 (C.P.L.) Retention

Action Recommended <input type="checkbox"/> Disapproved		Comments	
<input checked="" type="checkbox"/> Approved — (check one below)			
<input type="checkbox"/> Conditional Release <input type="checkbox"/> Discharge <input type="checkbox"/> Conversion to Civil Status		<input type="checkbox"/> Unescorted Furlough <input checked="" type="checkbox"/> Escorted Furlough <input type="checkbox"/> Transfer	
		Date 04/13/05	Signature [Signature]
Title Associate Commissioner		Print Name Signed Richard P. Minghella, LMSW	

PART V (REVOCATION OF STATUS/PRIVILEGES)

Revoke (Check one)	Comments:		
<input type="checkbox"/> Conditional Release			
<input type="checkbox"/> Unescorted Furlough			
Date 1-8-05	Signature of Unit Chief Savitri Satti MD	Date 1-5-05	Signature of Clinical Director Venkata S. Satti MD

Kevin Saunders
CPL 330.20

The application for escorted furloughs is not supported at this time based on a review of the clinical documentation which was submitted in support of the request. I have listed below, several items that needs to be addressed before the application can be reconsidered.

Off-ground furlough privileges.

EPC states that escorted furlough privileges will be used for the purpose of “reintegrating” the patient into the Community. Can you be more specific as to how they will be used for instance, what kinds of therapeutic activities will he be engaged in?

What is the objective vis a vis the patient’s treatment plan and targeted treatment issues that implementation of this privilege is going to address?

You note that you want the furloughs for up to 8 hours in duration , what are the anticipated frequencies of the furloughs.

How will the outcome of the furloughs be evaluated? In other words, how will you know if you are successful in achieving you treatment objective? What is your compliance criteria?

The patient’s explanation of the crime.

What is the patient’s explanation for events leading up to the instant offense, his subsequent treatment non-compliance and recommitment?

Risk Factors: The patient’s view of his mental illness.

What is the patient’s understanding of her/his offense cycle, i.e. prodromal signs and symptoms, circumstances leading up to the criminal activity as well as the psycho social stressors that triggered the aggressive action. What does he identify as his triggers for substance Alcohol abuse? What is his specific relapse prevention plan?

As noted above, the Bureau will reconsider the application as the aforementioned points have been clinically addressed.

**Elmira Psychiatric Center
Clinical Summary**

Kevin Saunders

January 5, 2005

DOB: 5/1/56

CPL 330.20

Consecutive No.: 01-51-81

Nature of Facility Request: The facility is seeking a 2 year court retention in order to continue with inpatient treatment and work on re-acclimating the patient to the community.

Identifying Information: Kevin Saunders is a 48 year old, divorced, Caucasian male , who was admitted to the Elmira Psychiatric Center on 9/14/04 from the Rochester Regional Forensic Unit (RRFU). He was admitted to RRFU on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Judge, on 5/22/03.

Mr. Saunders is CPL 330.20 status, Track III.

Initial Facility of CPL: Mr. Saunders was court ordered to Rochester Regional Forensic Unit on January 30, 1998. He was discharged from RRFU on 3/31/98 CPL status 330.20, Track III.

Subsequent Facilities: Prior to his admission to the Elmira Psychiatric Center, Mr. Saunders, had been at RRFU since 5/23/03. He was transferred to RRFU after a short stay the Elmira Psychiatric Center (EPC). He was admitted to EPC on 4/4/03 after being seen at the Cayuga Medical Center Emergency Room. At that time he was agitated, not eating or sleeping and had been running around outside in the snow naked. He was brought to the Cayuga Medical Center by his roommate Alice Richardson.

During his stay at EPC, Mr. Saunders, assaulted a staff member. This assault took place on 4/6/03. Patient was placed in 4 point restraint following the assault and received stat medication. He continued to escalate and needed to be place in 5 point restraint. Due to his assaultive behavior, the treating physician filed a request for the patient to be transferred to RRFU.

Instant Offense: Mr. Saunders instant offense consisted of Burglary, 2nd degree, Arson, 3rd degree-a class C Felony, Criminal Mischief, 2nd degree and Criminal Contempt, 1st degree.

On the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to the patient's statement, as well as the police report, he was dressed in a woman's evening dress, stockings and high heels. He was in possession of four kitchen knives, including a meat cleaver. Patient reports that a few days prior to the offense he read the book *The Silence of The Lambs* and began making connections between his life, his ex-girlfriend's life and some of the characters in the book. He came to the conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that the FBI was after him. Mr. Saunders was under the impression that Hannibal Lector (another character from the book who was a cannibal, serial killer and psychiatrist) was sending him messages

through the radio. Some of these messages were of command nature ordering Mr. Saunders to dance or break into the trailer.

He stated that the night before the offense he had been up all night dancing and that he put on Susan's clothing. He stated that he felt afraid that someone might be coming to his house to kill him. At that point he states he got in his car and drove to Susan's trailer. He states that he took the knives with him to protect himself. He stated that he wanted to see Susan and had no intention of hurting her. When he arrived at her trailer he saw that her car was there and he thought she was home. He proceeded to break into her trailer through a window. He then picked up lighter fluid that he found in her trailer and then set the trailer on fire using his own lighter.

He left the scene in his own car but was stopped less than a mile away by the state police who had been notified by a neighbor that he was at the trailer. Patient told the state police that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He stated that he brought the knives with him to use in his attempt to kidnap her. He stated that he felt his life was in danger if he did not follow the commands he was hearing through the radio. It should be noted that Mr. Saunders' ex-girlfriend had an order of protection against him at the time of the offense. She had requested the order of protection 1 month before the offense because she feared for her safety. She reports that he physically assaulted and raped her around Christmas 1996.

Risk Factors: Mr. Saunders was being prescribed Prozac and Trazodone by Dr. Singh at the time of the offense. He admits to not taking his medications as prescribed because he did not agree with his diagnosis and felt the medications were causing him to have unpleasant side effects. He felt that he had a neurological disorder known as Guillain-Barre Syndrome.

Patient admits to smoking Marijuana on a daily basis and also was drinking alcohol at the time of the offense. He has a history of alcohol dependence.

Mr. Saunders admits to having extreme difficulty with interpersonal relationships. He has narcissistic and borderline features which make it difficult for him to engage in meaningful relationships with others. He also believes that he has gender identity disorder and reports attractions to both males and females. Prior to the offense his girlfriend had ended their relationship which was very upsetting to Mr. Saunders.

Mr. Saunders had been physically and sexually assaultive in the past to his ex-girlfriend. Reports indicate that he was also physically assaultive towards his first wife, Ann Marie Whelan, from whom he is divorced.

Danger Signs: According to information from Tompkins County Mental Health, where he has received outpatient services in the past, when decompensated he suffers from auditory hallucinations, paranoid and persecutory delusions and preoccupation with physical health (CPL 330.20 Quarterly Monitoring Report dated 1/31/02 by Linda Riley, CSW-R). He also becomes physically assaultive when not on medication.

Victim Profile: His paramours

Type of Weapon: Mr. Saunders was carrying several knives with him at the time of the offense however he did not use these knives in any way during the offense. He used lighter fluid and a lighter to start the fire that destroyed his ex-girlfriends trailer.

Medical History: Mr. Saunders had indicated in the past that he believes that he has a neurological disorder such as Teshwin Syndrome or Guillain-Barre Syndrome. He was seen by a neurologist, Dr. Stackman, who did not agree with his interpretation of his situation. Dr. Stackman diagnosed him with alcohol dependence. He has a history of pseudo seizures.

Psychiatric History: Mr. Saunders has a long history of emotional difficulties.

He reports that he first received treatment for moderate symptoms of depression in 1979 while attending graduate school at Cornell University. He attended 3 sessions at Family and Children Services in Ithaca, NY.

Patient reports receiving services again from Family and Children Services in 1992 upon being referred through the Cornell EAP program where he was employed. He states he attended 12 sessions with Ellen Stotz from 1/9/92 to 6/11/92. He was placed on administrative leave from Cornell University.

He was seen by Ms. Micki Goldstein in May of 1993 for marital counseling with is former wife, Ann Marie Whelan.

From 5/17/93-1/31/94 he was seen by Anna Matusiewicz, M.D. for depression, marital/divorce issues and possible exposure to HIV. He states he attended approximately 17 sessions with her.

The precipitant to him seeking therapy was that Mr. Saunders reports that in February of 1993 that he was raped by a male acquaintance of his wife. He admits that he and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. He reports that the person who raped him had been sexually involved with his wife. Mr. Saunders had previous encounters with males. Mr. Saunders became concerned that he may have contracted HIV as a result of the rape. He was also concerned for his wife's health as she had been involved with this same man. He sought counseling to deal with his anxiety surrounding this situation.

Dr. Matusiewicz offered him a trial of Lithium. He declined the medication but continued with psychotherapy. He terminated therapy when he felt better and after testing for HIV was negative. Dr. Matusiewicz felt Mr. Saunders suffered from an affective disorder but stated it was hard to determine due to his cannabis use. During this time, Mr. Saunders, admitted to episodes of hitting his wife when he was trying to taper his use of marijuana.

From 5/96 to 1/97 Mr. Saunders was seen for 29 sessions by Amari Meader, MSW at Family and Children Services. He sought counseling for "relationship issues". His case was eventually

terminated because he refused to stop using cannabis. He was seen again during January of 1997 by Dr. Singh and was put on Trazodone and Prozac. Later that month he stopped both medications as he felt the Trazodone was causing panic like symptoms. He continued to smoke marijuana.

Mr. Saunders was charged with a DWI on 12/22/96 and reported being under stress as a result of this. He presented to the Cayuga Medical Center ER on 1/11/97 at 5:00 AM with reported heart palpitations, chills and shortness of breath.

On 2/6/97 Mr. Saunders was arrested on the charges listed in the Instant Offense. He was released on bail of \$50,000.00 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97 and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97 he was evaluated by Norman J. Lesswing, Ph.D. He received Not Responsible By Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, county court judge of Tompkins County. A CPL 330.20 examination was ordered on 8/4/97. Patient remained at RRFU from 1/30/98-3/31/98 for dangerousness examination. Both examiners (Dr. Singh and Dr. Kennedy) concluded that at that time Mr. Saunders did not suffer from a dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend and outpatient mental health treatment program at Tompkins County Mental Health Center. He was seen there by Linda Riley, CSW from May of 1998 to May of 2002. His treatment was then transferred to the EPC outpatient clinic at the request of the commissioner of mental health for Tompkins County, Anthony B. Deluca. He requested the transfer due to ongoing non-compliance with the order of conditions (ongoing use of cannabis and refusal to comply with urine toxicology screens).

He was hospitalized at Cayuga Medical Center on 4/27/02 for psychotic decompensation. He remained in the hospital until 5/2/02. He stated during this admission that he was the reincarnation of Adolf Hitler and that he had "a mission". He was discharged on no medications as he refused to take them.

Mr. Saunders did attend his appointments at the EPC outpatient clinic, starting in May of 2002, but he was non-compliant with treatment and refused to take medication. He was seeing both Dr. Belsare and Janet Stevens, CSW. He continually refused to accept education regarding his illness. He also continued to smoke marijuana.

On 4/4/03 Mr. Saunders was admitted to Cayuga Medical Center. He was brought there by his roommate Alice Richardson. She reports that he had not been eating or sleeping and that he was becoming increasingly more bizarre. He had been running around outside naked when there was still snow on the ground. She also reported that he had become loud and threatening towards her and that she feared for her safety. He was transferred by ambulance to Elmira Psychiatric Center.

While at EPC he physically assaulted a staff person on 4/6/03. He was in both 4 point and 5 point restraints and required stat medications to calm down. The treatment team requested that the patient be transferred to RRFU based on his CPL status, ongoing noncompliance and assaultive behavior.

Patient was ordered by the Honorable John Rowley of Tompkins County to be transferred to RRFU on 5/22/03. He was admitted to RRFU on 5/23/03. He remained there until he was transferred back to EPC on 9/14/04.

During his stay at RRFU, Mr. Saunders, condition improved significantly. He was started on an antipsychotic medication, Risperdal Consta, which is an injectable medication. Initially, Mr. Saunders refused to take medication but when Dr. Guttmacher explained to him that they would seek treatment over objection he agreed to begin the medication. He was started on medication on 8/29/03. He is currently compliant with medications and has gained some insight into his illness and the need for ongoing treatment.

While at RRFU he did participate in treatment by attending groups and meeting with his team individually. He gained the most insight in regards to his marijuana use. Through participation in MICA group he was able to understand how smoking marijuana affected his mental health. He was able to state that he should refrain from using marijuana in the future. He maintained appropriate interactions with both staff and peers. He was granted Level 3 privileges which is the highest level of privileges at RRFU. Patient was later granted escorted furloughs to the community on 2/17/04.

Since being admitted to the adult services unit at EPC on 9/14/04 he has been pleasant and cooperative with all aspects of treatment. He is attending MICA and psychotherapy as well as other therapeutic and recreational groups. He is quiet but does interact appropriately with staff and peers.

Substance/Alcohol use/abuse History: Mr. Saunders has a history of both cannabis and alcohol abuse. He states that he began smoking marijuana at the age of 21. He admits to daily use in the past and was not able to accept education regarding the negative impact cannabis use had on his mental status. He felt that his marijuana use was an appropriate way to treat his physical and neurological symptoms. Mr. Saunders was charged with a DWI in 1996 but denies his alcohol use was or is a problem. He refuses to accept his Substance abuse diagnoses. He recently has been able to state that he should stop smoking marijuana. He does participate in MICA group here at EPC and did while he was at RRFU as well. He was non-compliant with drug testing as an outpatient which was required in his order of conditions.

Patient's Current Perspective: Mr. Saunders has gained some insight into how his mental illness played a role in the decisions he made in the past. He has also gained some insight into the negative affects of marijuana use on his mental health. He continues to insist that he never meant to hurt Ms. Hamann when he set fire to her trailer. He realizes now that he was psychotic at the time and is remorseful regarding his behavior. In the past he expressed frustration with the legal system and often believed he was being "set-up". He is now able to state that he

understands why the legal system has been involved in his life and he is willing to comply with the recommendations of his treatment team and the legal system in regards to his ongoing treatment. He is currently medication compliant and states he will continue to take his medication as he himself notices the difference in his behavior.

Current Privilege Level: Mr. Saunders currently has level 2 and 3 privileges. He is able to go on grounds without staff but is not allowed to go off grounds unless it is for a medical appointment. He is able to attend day treatment and eat his meals with the other patients in the cafeteria. He has smoking privileges as well.

Risk Management: Mr. Saunders has been cooperative and compliant with all aspects of treatment since the time of admission, including medication. He is not threatening or assaultive at this time. He is considered low risk for elopement as he is agreeable to his current course of treatment. If Mr. Saunders remains compliant with medication and treatment the team feels that he is low risk for re-offending.

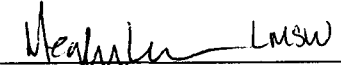
Progress and/or Setbacks: Mr. Saunders has made significant progress in regards to improving his insight and accepting his mental illness. He has been compliant with medications since August of 2003. He has gained insight into his history of substance abuse and is willing to engage in treatment. He has not been assaultive or threatening since April of 2003. He has made this progress while in an inpatient setting. He has been hospitalized since April of 2003.

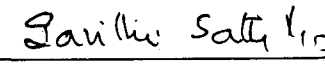
Current Diagnosis:

Axis I	296.44 Bipolar Disorder most recent episode manic with psychotic features 305.00 History of Cannabis Abuse
Axis II	301.90 Personality Disorder NOS
Axis III	History of Hypertension
Axis IV	Interaction with Legal System
Axis V	Gaf 60 past year Gaf 30

Current Medications: Ativan 0.5 Mg PO QHS and Risperdal Consta 25 MG IM every 2 weeks.

Recommendations: The team is requesting escorted off grounds privileges for up to 8 hours for the purpose of reintegrating Mr. Saunders into the Community in preparation of his discharge. Continue with CPL 330.20, Track III.


Meghan Lawrence, LMSW


Dr. S. Satti, Psychiatrist I

97-019 5-504

05 MAR 1997

05 MAR 1997 4:29 PM



Sharon Carpinello
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Venkata Satti, M.D.
Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Paul Monachino
Quality Director

Pamela Seeley
Nursing Director

October 26, 2006

Ms. Carol Cocchiola
Assistant Attorney General
State of New York
Office of the Attorney General
44 Hawley Street, 17th Floor
Binghamton, New York 13901

RE: Matter of Kevin Saunders
CPL 330.20 Track II

Dear Ms. Cocchiola:

The treatment team for Kevin Saunders is requesting an extension of his unescorted furloughs for up to 13 days at the Seneca Falls State Operated Community Residence (SOCR). Mr. Saunders is presently exercising unescorted furlough privileges at the Elmira Psychiatric Center pursuant to the Furlough Order issued by the court on June 23, 2006.

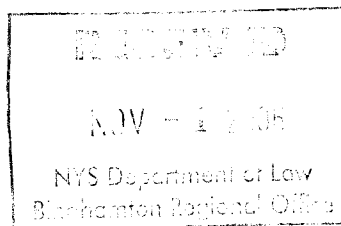
Mr. Saunders' treatment team would like to see an expansion of the terms of the order to prepare Mr. Saunders for his eventual discharge from the hospital into a community setting. The discharge plan is for Mr. Saunders to return to Tompkins County and to his home in Ithaca with follow-up services through Tompkins County Mental Health Center. Mr. Saunders has been on unescorted furloughs to the Seneca Falls State Operated Community Residence (SOCR) for up to three days since the end of June 2006. According to staff reports from both the residence and the Seneca/Ontario Community Services (SOCS), a state operated continuing day treatment program, Mr. Saunders' behavior is described as polite and cooperative. He regularly attends programming and interacts well with others according to reports received from both the SOCR and the SOCS staff. In addition, Mr. Saunders attends an evening AA meeting in Seneca Falls on Tuesdays. While at the Elmira Psychiatric Center, Mr. Saunders continues to cooperate with treatment recommendations and is fully compliant with medications prescribed and with programming. Mr. Saunders also interacts well with both staff and peers at the facility.

The next step for Mr. Saunders would be to have an expansion of his unescorted furloughs from three days to thirteen days of unescorted furloughs at the Seneca Falls SOCR.

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer



Page 2

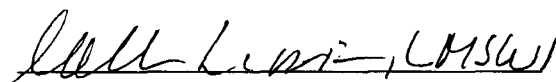
Ms. Carol Cocchiola
Assistant Attorney General
Matter of Kevin Saunders

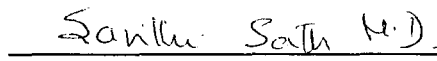
Accordingly, we are asking the court to approve amendment of the terms of the order to reflect the following:

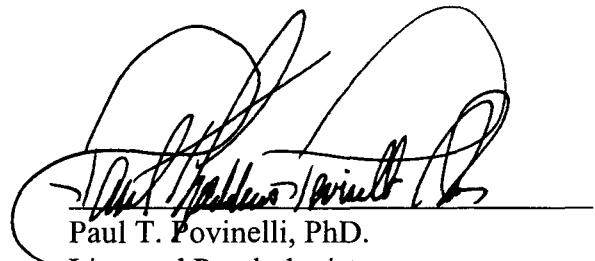
- Unescorted furloughs may be granted at the discretion of the patient's treatment team for up to thirteen (13) consecutive days and overnights at the Seneca Falls SOCR, with up to eight hours duration in the community daily.
- The trial leave will include the receipt of meals, medication, overnight accommodations, and any structured or unstructured activities provided at the Seneca Falls SOCR.
- To spend time on Monday and Wednesday from 9:00 a.m. - 3:00 p.m. and Thursday from 9:00 a.m. - 3:00 p.m. at the state operated community day treatment program (SOCS) for rehabilitation programming including counseling and psychiatric services.
- To continue to participate in AA meetings which are held on Tuesday evenings from 7:00 p.m. to 8:00 p.m.

We appreciate the court's consideration in this case.

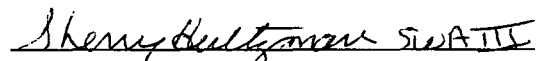
Respectfully submitted,


Colleen Larrison, LMSWI


Dr. Savithri Satti, Psychiatrist I

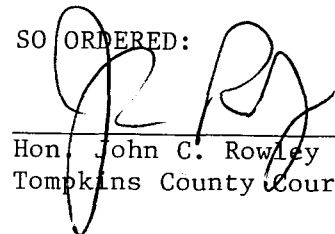

Paul T. Piovinelli, PhD.
Licensed Psychologist


Greg Hepburn, LMHC, CASAC


Sherry Hultzman, SWAIII

Ithaca, New York
November 9 2006

SO ORDERED:


Hon. John C. Rowley
Tompkins County Court Judge



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ELIOT SPITZER
Attorney General

REGIONAL OFFICE DIVISION
BINGHAMTON REGIONAL OFFICE

November 1, 2006

Hon. John C. Rowley
Tompkins County Judge
Tompkins County Court
P. O. Box 70
Ithaca, New York 14850-0070

Re: Matter of **Kevin Saunders**, Tompkins Co. Ind. # 97-019; CPL 330.20

Dear Judge Rowley:

I received the enclosed letter from the Elmira Psychiatric Center regarding an expansion of the unescorted furloughs Mr. Saunders is presently exercising pursuant to this Court's Order of June 23, 2006.

I have spoken with MHLS Attorney Kevin Moshier, who joins in the hospital's request for additional privileges. By copy of this letter to the Tompkins County District Attorney, we are asking that Ms. Wilkinson advise the Court of her position.

Should the proposed expansion of privileges meet with the Court's approval, we would ask that the hospital's letter be signed where indicated, and that the original be filed with the Clerk, with a copy returned to me for service on the parties.

Should you have any questions, please let me know.

Respectfully submitted,

Carol A. Cocchiola
Assistant Attorney General

Enc.

cc w/enc.: Hon. Gwen Wilkinson
Tompkins County District Attorney

Kevin Moshier, Esq.
Mental Hygiene Legal Service



44 Holland Avenue
Albany, New York 12229

Sharon E. Carpiello, RN, Ph.D.
Commissioner
2007 JUL 15 PM 12:45

July 12, 2007

J. Rowley

Chief Court Clerk
Tompkins County Court
PO Box 70
320 North Tioga Street
Ithaca, New York 14851-0070

Re: Kevin Saunders
Indictment#: 97-019

Dear Chief Court Clerk:

The above named individual is currently a patient at the Elmira Psychiatric Center pursuant to a CPL 330.20 Retention Order.

Enclosed please find;

**FORM U APPLICATION FOR A FURLOUGH ORDER AND
NOTICE OF APPLICATION,
FORM V FURLOUGH ORDER
CLINICAL DOCUMENTATION
PHYSICIAN'S AFFIDAVIT
AFFIDAVIT OF SERVICE**

This application for court authorization to grant furloughs is made in accordance with the provisions of subdivision (10) of CPL 330.20.

If you have any questions, please bring them to my attention at (518) 474-7219.

Sincerely,

Harold W. Meyers, LMSW
Director
Bureau of Institutional & Transitional Services
Division of Forensic Services

Enclosures



AFFIDAVIT OF SERVICE

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

Name: Kevin Saunders INDICTMENT#: 97-019

A patient of ELMIRA PSYCHIATRIC CENTER

State of New York, County of Albany Cheryl Lynn Flagler
being duly sworn, deposes and says:

THAT: she is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: On the 12th day of July 2007 she served upon

Kevin Saunders, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

Kevin Mosher, Mental Hygiene Legal Service, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

William Benedict, Executive Director, Elmira Psychiatric Center, Attn: Janet Dunbar, SWI, 100 Washington Street, Elmira, New York 14902-1527

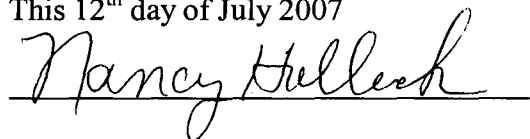
Hon. Carol A. Cocchiola, Esq., Assistant Attorney General, NYS Department of Law, State Office Bldg., 17th Floor, 44 Hawley Street, Binghamton, New York 13901

Hon. Gwen Wilkinson, Esq., Tompkins County District Attorney, Tompkins County Courthouse, 320 North Tioga Street, Ithaca, NY 14850-0326

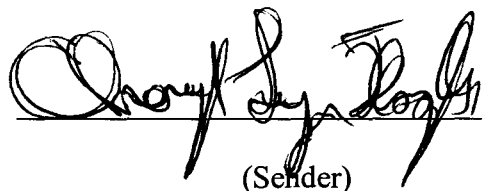
The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue, Albany, New York 12229 directed to said parties at the address within the State designated by them for that purpose.

Sworn to before me

This 12th day of July 2007



(Notary)


(Sender)

THE CLERK
TOWN OF JEFF
COURT CLERKS OFFICE
2007 JUL 23 PM 3:21

FORM U
APPLICATION FOR A FURLOUGH
ORDER AND NOTICE OF APPLICATION

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: COUNTY: Tompkins

IN THE MATTER OF
AN APPLICATION FOR A FURLOUGH
ORDER PURSUANT TO CPL 330.20 IN
RELATION TO

Kevin Saunders

INDICTMENT #: **97-019**

Defendant

(1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a furlough order for and on behalf of the said Commissioner.

(2) This application for a furlough order is being submitted to the following court: (check one and print name and address of indicated court)

[] Court that issued the commitment order if the above-named defendant is now in custody pursuant to such order:

[X] County court of the county wherein the facility in which the defendant is confined is located:
Tompkins County Court

[] Term of the Supreme Court for the county wherein the facility in which the defendant is confined is located:

(3) This application for a furlough order is made pursuant to subdivision ten of CPL 330.20.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment pursuant to

☐ a commitment order issued under the provisions of subdivision six of CPL 330.20.

☒ a recommitment order issued under the provisions of subdivision six of CPL 330.20 by the following court on the following date:

(Name of court) **Tompkins County Court**

(Date of order) **05/22/03**

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a first retention order on the following date:

(Name of court) **Monroe County Court**

(Date of first retention order) **02/11/04**

☐ (6) Subsequent to the issuance of the first retention order referred to in paragraph (5) of this application, the following court issued a second retention order on the following date:

(Name of court) **Tompkins County Court**

(Date of second retention order) **02/08/05**

☒ (7) Following the issuance of the second retention order referred to in paragraph (6) of this application, the following court issued a subsequent retention order on the following date:

(Name of court) **Tompkins County Court**

(Date of Subsequent Retention Order) **Out to Court (anticipated expiration 11/22/07)**

(Date of each subsequent retention order, including last subsequent retention order)

(8) Pursuant to the order referred to in ☐ paragraph (4) ☐ paragraph (5) ☐ paragraph (6) ☒ paragraph (7) of this application, the above-named defendant is currently confined in the following facility of the State Office of Mental Health: **Elmira Psychiatric Center**

(9) This application is made upon the ground that the undersigned is of the view that, consistent with the public safety and welfare of the community and the defendant, the clinical condition of the defendant warrants a granting of the privileges authorized by a furlough order.


(10) The annexed psychiatric report is made a part of this application for a furlough order and supports the view stated by the undersigned in paragraph (9) of this application.

(11) Written notice of this application for a furlough order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Service and the District Attorney.

(12) No previous application for a furlough order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a furlough order issue authorizing the Commissioner of Mental Health to allow the above-named defendant to temporarily leave the facility wherein he is now confined upon such terms and conditions that the court deems necessary or appropriate.

Date: July 12, 2007



Harold W. Meyers, LMSW
Director
Bureau of Institutional & Transitional Services
Division of Forensic Services

RECEIVED BY
TOMPAH COUNTY
COURT CLERK'S OFFICE

2007 JUL 23 PM 3:21

NOTICE OF APPLICATION FOR FURLOUGH ORDER

- TO:
- 1) Above-named defendant
 - 2) Counsel for above-named defendant
 - 3) Mental Health Legal Services
 - 4) District Attorney of Tompkins County
 - 5)
 - 6)
 - 7)

PLEASE TAKE NOTICE that the above application for a furlough order will be submitted to the court indicated in paragraph (2) of the application at a date and time to be determined.

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TOMBRIEN'S OFFICE
COURT CLERKS OFFICE

2007 JUL 23 PM 3:22



Michael F. Hogan, Ph.D.
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Venkata Satti, M.D.
Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Paul Monachino
Quality Director

Pamela Seeley
Nursing Director

July 11, 2007

Mr. Matthew Schatzel
Mental Health Program Specialist II
NYS OMH
Division of Forensic Services
44 Holland Avenue
Albany, New York 12229

Re: Matter of Kevin Saunders
Consecutive No. 01-51-81
D.O.B. 05/01/56
CPL 330.20

Dear Mr. Schatzel:

Enclosed please find the following in support of our request for expanded unescorted furloughs for Mr. Kevin Saunders:

- Cover letter from Treatment Team
- OMH 495 (Application for Change in Status/Privileges)
- Risk Assessment
- Clinical Summary
- Physician's Affidavit

If you require further information, please do not hesitate to contact my office.

Sincerely,

Karen Patterson
Karen Patterson
Forensic Coordinator

KP/jej

Enclosures

cc: file

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

RECEIVED

JUL 12 2007

DIVISION OF
FORENSIC SERVICES



Sharon Carpinello
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Venkata Satti, M.D.
Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Paul Monachino
Quality Director

Pamela Seeley
Nursing Director

July 5, 2007

Elmira Psychiatric Center
Hospital Forensics Committee
100 Washington St.
Elmira, NY 14901

RE: KEVIN SAUNDERS - CPL 330.20
C# 01-51-81
DOB: 5/1/56

Dear Committee Members:

The facility is requesting an expanded furlough for Kevin Saunders to go to his home in Jacksonville, New York on week-ends. This request includes allowing him to drive his car from the State Operated Community Residence (SOCR) to his home and back to the SOCR. Every other week-end he would be driving back to EPC. Home visits will start at eight-hour-day-visits, slowly increasing to two overnights. The purpose of this expanded furlough is to begin to integrate him back into the community. It is also requested that the week-end furloughs be for six (6) months. At the successful completion of the six (6) months furloughs the patient would be considered for conditional release.

IDENTIFYING INFORMATION:

All past information and history remains unchanged.

SUBSTANCE ABUSE/USE PERSPECTIVE:

Substance Use Problem - Kevin was admitted to Elmira Psychiatric Center on 9/15/04. I have been working with him since his admission, on his substance abuse issues. He attended Addictions Awareness and Chemical Dependency Process Groups. Client verbalizes and identified the need for additional support within the community in order to maintain sobriety and was attending at least one AA Meeting off grounds per week with staff as well as one AA meeting on grounds independently. Client has continued to participate in recovery activities when privileges were granted for him to stay at the group home in Seneca Falls starting in November 2006. Client has been attending Addictions Awareness Group up there

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Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

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CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

and is compliant in following all rules and regulations. He is attending one AA meeting per week. Client is showing some minimal progress at this point and would benefit from some off grounds passes to his home where he could establish a sober support system within his home, recovery community and attend AA or NA meetings to help identify a sponsor, to develop a recovery team and identify the support of people within his home community. Client would be suggested to attend at least two AA Meetings per week with a Relapse Prevention Program upon discharge to help him integrate back into the community. It is believed that exposing Kevin to his home community would allow him to establish relationships, develop a sober support system within his local community by identifying and developing a phone list and seeking out a possible or temporary sponsor to help with the transition. This would also allow client to help develop management strategies and allow him to integrate the necessary behavior changes for long term sobriety.

PATIENT'S CURRENT PERSPECTIVE:

Patient is currently attending all of his assigned programs. He handles himself in a appropriate manner. He is neatly groomed and clothed. He has a variable position when being addressed. His facial expression is quite broad. His general body movements tend to be within normal parameters. His speech is of normal quality however when anxious he still continues to follow whatever he says with the verbalization "hum". Dr./Patient relationship is very cooperative. His general mood is broad at this time. He does not suffer from any major shifts. I find no perceptual distortions, illusions or hallucinations of any kind presented. His level of consciousness is currently intact with a very good attention span. Abstract thinking abilities, calculation abilities are both intact and he is above average intelligence. He is well oriented to all three spheres of person, place and time and does not show any marked memory impairments. There are no obsessions, compulsions, phobias, derealizations or depersonalizations presented. He is not suicidal nor is he homicidal. No paranoid mentation is present at this time. The past delusions of thinking that he was an agent of Hannibal Lecter have totally come under control and have been under control for more than a year. There are no ideas of reference or influence. During the instant offense he felt Hannibal Lecter was talking to him via the radio. He is able to talk about these symptoms very clearly and share with other patients what it was like at that point in his life to be extremely psychotic. No associational disturbances are noted. His thought flow is normal at this time. He does show insight into his behaviors and fully realizes that the incident offense with regard to burning down his girlfriend's trailer was born out of a very severe psychotic episode. He verbalizes now that this psychotic episode was a product of both the medications he was taking and his chronic marijuana abuse. He is currently following through with all recommendations for therapy, has been successfully going on leaves to the SOCR home in Geneva, NY. He states clearly that he will follow through with his medications as prescribed and has done so now

consistently for more than a year. It is his intent in the future to return to his home in Jacksonville, NY and re-immense himself in his computer business. It is felt that his psychiatric state is stable to the point that continued treatment can take place on an outpatient basis in his community of residence. It is with that in mind that the treatment team has requested the enclosed recommendations to the forensic committee.

CURRENT PRIVILEGE LEVEL:

Mr. Saunders currently resides at the Seneca Falls SOCR home for 13 days, returning to EPC to get his medication injection on the 14th day. While at the SOCR he attends the SOCS program and attends one AA meeting.

RISK MANAGEMENT:

Kevin Saunders has been cooperative and compliant with all aspects of his treatment since his admission to EPC. He has been medication compliant during this period. There have been no assaultive or threatening behaviors during this time. He is considered a low elopement risk. He is in agreement with his current treatment plan. The treatment team feels that if he remains medication and treatment compliant he is low risk of re-offending.

PROGRESS AND SETBACKS:

Mr. Saunders continues to grow in his insight and his acceptance of his mental illness. He has been medication compliant since August 2003. He has participated in both substance abuse groups and AA. Through these groups he has gained insight into his abuse history and a willingness to engage in treatment for this abuse. Kevin Saunders has not been assaultive or threatening since August, 2003. He has been hospitalized since April 2003. This progress has been accomplished while at EPC and during his furloughs to Seneca Falls SOCR and SOCS program. While at the SOCR he has participated in assigned activities without resistance. He has completed his chores as assigned. These chores included assisting with meal preparation and clean up after meals, his personal laundry, and room care. He attends the SOCS program and attends the following groups: DTR/Substance Abuse, Psycho-education, Computers, Wellness and Mind/Body. He is attentive in groups, pleasant and cooperative. He is independent in the computer group, asking for little help. In other groups he is quiet, answering appropriately, knowledgeable and relevant to the subject. He attends one AA meeting per week in Seneca Falls. Mr. Saunders has successfully managed day passes into the community prior to his furloughs to Seneca Falls SOCR. He has interacted with his peers at EPC and has met new peers at Seneca Falls SOCR and SOCS. He has adjusted well to residing in the SOCR with 12 other mental health residents. He is also attending a group to help patient identify their triggers, understand the results of not controlling these triggers, what to do in an emergency and the connection between their mental

illness and their actions as he will have contact phone numbers for Elmira Psychiatric Center and Seneca Falls SOCR

CURRENT DIAGNOSIS:

Axis I	296.44 Bipolar I Disorder
	305.0 History of Cannabis Abuse
Axis II	301.9 Personality Disorder NOS
Axis III	History of Essential Hypertension
Axis IV	Interaction with legal system
Axis V	Current GAF 60 Past GAF 30

CURRENT MEDICATIONS:

Ativan 0.5 mg po hs
Risperdal Consta 25 mg IM q 2 weeks

SUPPORT OF HIS HOUSEMATE:

Alice Richardson met with the team and provided input as to her role when the patient would be in the home. She reported that there are household repairs that need to be completed that the patient is capable of doing. She will be looking for his assistance to make some decisions regarding the items that are stored in the home. She would support and encourage his abstinence from drug and alcohol use. She is willing to accompany him to AA meeting and will encourage him to develop a support network in that community. She will encourage and support him obtaining employment. She understands the importance of having a job with benefits that would pay for his treatment and medications. She would support his time to develop updates for his computer business to enable additional business and to better meet the needs of his current clients. She is aware of what to do in a crisis, what to do if he is not taking his medications and how to contact EPC 24 hours a day 7 days a week.

ANTICIPATED WEEK-END FURLOUGH ACTIVITIES:

If the patient has unescorted week-end furloughs to his home in Jacksonville he would spend his time doing the following activities: Attending an AA meeting; cleaning his home and doing household chores and repairs one day of the week-end; meeting with Bill about his computer program business several hours to begin with then approximately 1 to 2 hours (as he is home more Kevin will pick up and assume more of the operation of the computer program business); visiting with his house-mate Alice Richardson; visiting with his daughter when she is home; and visiting with friends. He will also begin the process of updating his computer program to meet the current needs of his customers. A portion of his time at home would be to establish a core of support people from an AA sponsor to other people

who will be supportive and assist him in reintegrating back into the community. He will assume responsibility for taking his oral H.S. medications. He will know and understand when to call the facility (nurses' station) in crisis situation for help. Additionally, Mr. Saunders will resume responsibility for managing his finances (paying his bills).

RECOMMENDATIONS:

In order to ensure the success of Mr. Saunders during his weekend furloughs, the following will be in place:

1. Social Worker will complete a home visit to determine if the home is safe and suitable for Mr. Saunders to visit in.
2. While on leave at the SOCR, Mr. Saunders will visit his home on Saturdays and Sundays only. Home visits will start at eight-hour-day-visits, slowly increasing to two overnights.
3. Mr. Saunders will be drug screened randomly, at least twice per month, as decided by his treating Psychiatrist.
4. Alice Richardson will notify the Social Worker by Wednesday of each week as to whether she will be available to supervise Mr. Saunders for his weekend visit.
5. Mr. Saunders and Ms. Richardson will be responsible for all transportation between the SOCR and his home for weekend visits. The treatment team is also requesting that Kevin Saunders have his car and be allowed to drive to and from these week-end furloughs. The patient has a current driver's license and his automobile is licensed and insured.
6. Alice Richardson will report on Monday to the Social Worker how the visit went, including medication compliance and whether Mr. Saunders attended an AA meeting close to his residence.

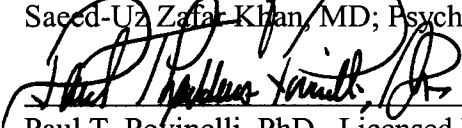
The treatment team is requesting week-end furloughs to the patient's home in Jacksonville for the purpose of :

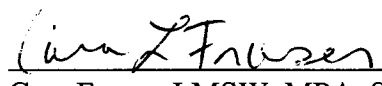
1. Integrating him back into the community.
2. For the development of a support network around his substance abuse issues.
3. To begin the process of assuming the operational activities of his computer business.
4. To develop other business opportunities that would increase his livelihood..
5. To re-establish his home and to take responsibility for some of the maintenance of this home.
6. To secure employment to supplement his income until such time as his computer business produced revenue to sustain him..
7. To establish healthy relationships with friends and family .

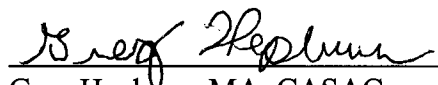
It is requested that these week-end furloughs be for the term of six (6) months and then the patient be considered for conditional release.

Thank you for your consideration in this matter.


Saeed-Uz Zafar Khan, MD; Psychiatrist III


Paul T. Povinelli, PhD., Licensed Psychologist


Cara Fraser, LMSW, MPA, Social Worker I


Greg Hepburn, MA, CASAC

APPLICATION FOR CHANGE IN STATUS/PRIVILEGES

Patient's Name (Last, First, M.I.)

Saunders, Kevin

"C" No.

01-51-81

Unit/Ward No.

ASU

Facility

Elmira Psychiatric Center

PART I — Completed by Unit Chief and Team Psychiatrist

Patient's Status (check only one)

☐ CIVIL INPATIENT
(Originally admitted Pursuant
to Sec. 730 C.P.L.)

☒ SEC. 330.20 (C.P.L.)
RETENTION, COMMITMENT
or RECOMMITMENT

☐ FINAL ORDER OF
OBSERVATION
Pursuant to Sec.
730.40(2), C.P.L.

☐ TEMPORARY ORDER
OF OBSERVATION
Pursuant to Sec.
730.40(2), C.P.L.

☐ ORDER OF
COMMITMENT
Pursuant to Sec.
730.50 C.P.L.

☐ ORDER OF
RETENTION
Pursuant to Sec.
730.50 C.P.L.

Action Requested (check only one)

☐ CONDITIONAL RELEASE

☐ DISCHARGE

☐ CONVERT TO CIVIL STATUS

☐ RETURN TO CUSTODY OF COURT

☒ UNESCORTED FURLOUGHS — Describe
nature and duration
Expanded to home visits in
Jacksonville, New York

☐ ESCORTED FURLOUGH — Describe
nature and duration

☐ TRANSFER

Summary of Clinical, Social and Criminal History, Including Circumstances Surrounding the Act(s) Leading to C.P.L. Retention

See Clinical Summary.

Rationale for Action Requested

Patient's psychosis is in remission. He is currently psychiatrically stable and has maintained stability while on leaves to the SOCR home. Expansion of unescorted furloughs will begin reintegration into the community.

We, the undersigned, believe that the present condition of the patient referenced above warrants the action requested.

Signature of Treatment Team/ Psychiatrist

Print Name Signed

SA ECDJ2-ZAFAR KHAN

Date

7/5/07

Signature of Unit Chief

Print Name Signed

VENKATA S. SATYI, MD

Date

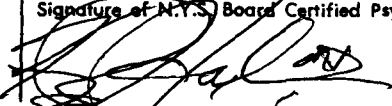
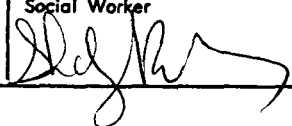
7.5.2007

PART II — Completed by Hospital Forensic Committee

Patient's Name
Saunders, Kevin

Action Recommended <input type="checkbox"/> Disapproved <input type="checkbox"/> Approved — (check one below) <input type="checkbox"/> Conditional Release <input checked="" type="checkbox"/> Unescorted Furlough — expanded <input type="checkbox"/> Discharge <input type="checkbox"/> Escorted Furlough <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Transfer <input type="checkbox"/> Return to Custody of Court	Comments The Hospital Forensic Committee agrees with the Treatment Team's request for expanded unescorted furloughs.
--	---

NOTE: Each member of the committee must sign below. Dissenting opinions must be submitted in writing to the Clinical Director.

Date 7-3-07	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Board Certified Psychiatrist 	Print Name Signed KURT L. HARRIS, MD
Date 7/3/07	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker Karen Patterson, LCSW	Print Name Signed Karen Patterson
Date 7/3/07	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker 	Print Name Signed Shelly Rollis
Dissenting Opinion:			


Date

Signature

PART III — APPROVAL/DISAPPROVAL — Completed by Clinical Director

Action Recommended <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Approved — (check one below) <input type="checkbox"/> Conditional Release <input checked="" type="checkbox"/> Unescorted Furlough — expanded <input type="checkbox"/> Discharge <input type="checkbox"/> Escorted Furlough <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Transfer <input type="checkbox"/> Return to Custody of Court	Comments
Date 7-3-07	Signature Venkata S. Sattim
Title Clinical Director	Print Name Signed VENKATA S. SATTI, MD

PART IV — APPROVAL/DISAPPROVAL — Completed by OMH Director of Forensic Services if Patient's Status is Sec. 330.20 (C.P.L.) Retention

Action Recommended <input type="checkbox"/> Disapproved <input checked="" type="checkbox"/> Approved — (check one below) <input type="checkbox"/> Conditional Release <input checked="" type="checkbox"/> Unescorted Furlough — expand <input type="checkbox"/> Discharge <input type="checkbox"/> Escorted Furlough <input type="checkbox"/> Conversion to Civil Status <input type="checkbox"/> Transfer	Comments
Date 07/12/07	Signature 
Title Director, BIT, DFS	Print Name Signed Harold W. Meyers, LMSW

PART V (REVOCATION OF STATUS/PRIVILEGES)

Revoke (Check one) <input type="checkbox"/> Conditional Release <input type="checkbox"/> Unescorted Furlough	Comments:
Date	Signature of Unit Chief
Date	Signature of Clinical Director

Historical Items 1-10	Comments
<p>1: Previous violence: Pertains to actual attempts and threats to cause physical harm. Includes sexual assaults. Threats must be unambiguous, not simply statements of hostility. Differentiate by severity of actions</p>	<p>Patient has a history of physical, verbal, and sexual violence towards women, namely his ex-wife, Ms. Annemarie Whelan, and his ex-girlfriend, Ms. Susan Hammond.</p> <p>Mr. Saunders was in a 14-year relationship with Ms. Whelan, and the couple were married for seven (1988-1995). He was reportedly physically assaultive towards her on several occasions.</p> <p>Mr. Saunders' was in a 3-year relationship with ex-girlfriend Ms. Hammond (1994 - 1997), who alleges that Mr. Saunders physically assaulted and raped her around Christmas in 1996. Ms. Hammond filed for n order of protection against Mr. Saunders, which was in effect at the time of his instant offense, which occurred on February 6, 1997.</p> <p>Mr. Saunders was arrested on 12/29/96 for Criminal Possession of a Weapon, 4th Degree when he was caught in illegal possession of his fathers guns.</p> <p>The instant offense occurred on February 6, 1997 when Mr. Saunders went to the home of Ms. Hammond, clad in women's clothing, while responding to auditory command hallucinations via the radio from Hannibal Lector. He believed that Hannibal Lector was telling him to breaking into Ms. Hammonds trailer and kidnap her. Mr. Saunders then set the trailer on fire. The trailer home and the vehicle of Ms. Hammond were destroyed. In addition, he was found with kitchen knives that he said he wanted for protection and to use for kid napping his girlfriend.</p> <p>On April 26, 2002, Mr. Saunders was brought to the emergency room at Cayuga Medical Center, by his housemate, Alice Richardson, after he said he was the reincarnation of Adolf Hitler and that he had a mission.</p> <p>On April 4, 2003 he was re-admitted to Cayuga Medical Center for being agitated, running around his home with no clothes on and making threatening statements to himself and others. He was running his hands under scalding hot water, burning his hands, and scratching himself. Additionally, Mr. Saunders had engaged in a verbal altercation with Ms. Richardson, had become verbally threatening, and she was fearful of him.</p> <p>On April 6, 2003 following his admission to the Elmira Psychiatric Center, he physically assaulted female staff there.</p>

<p>2: Young age at first violent incident: Age divisions are admittedly arbitrary. However research has consistently shown that early onset is correlated with future violence. Generally, serious violence prior to age 20 classify as severe .</p>	<p>There were not any indications in the records or any verbal accounts from Mr. Saunders' mother that Mr. Saunders was violent during his childhood. Furthermore, Mr. Saunders had never been adjudicated, a person in need of supervision, or as a juvenile delinquent.</p>
<p>3: Relationship instability: Item applies to romantic, intimate relationships and excludes family and friends. Instability is manifest by many short term relationships, absence of any relationship or presence of long-term conflicted relationship.</p>	<p>Mr. Saunders was in a relationship with Ms. Whelan for fourteen years, seven of which they were married. He and Ms. Whelan have a daughter as a result of their union. Their current relationship is amicable and Mr. Saunders has joint custody of his daughter who resides with Ms. Whelan. The relationship they had was conflictual during their marriage. It was reported that Mr. Saunders and Ms. Whelan began experimenting sexually at a later stage in their marriage, allowing others to join them in their sexual relationship. It was reported that Mr. Saunders would dress up like a woman and he and Ms. Whelan would bring other men into their bedroom. During one of these encounters, Mr. Saunders reported that he was raped. This "open marriage" seemed to cause stress in their relationship.</p> <p>Mr. Saunders experienced conflictual relationships with women which include his ex-wife and his ex-girlfriend. In both relationships, there have been instances where Mr. Saunders was reported to be physically assaultive and threatening. In the case of Ms. Hammond, his ex-girlfriend, he had been physically and sexually assaultive and had intended to kidnap her. He also had destroyed her trailer home and car by arson.</p>

<p>4: Employment problems: High score indicates refusal to seek employment, many short-term jobs or frequently being fired or quitting. Economics/Disability may lead to moderate classification.</p>	<p>At age 21, after graduating from the University of Texas with a Bachelors degree in Economics and Philosophy, Mr. Saunders worked for one year at the University of Arkansas as a computer programmer. He then moved to California after one year and worked as a bookkeeper at a hospital in L.A. In 1979, Mr. Saunders moved to Ithaca, NY to attend graduate school at Cornell University, however dropped out of school after only a few months. From 1979 to 1985, he did odd jobs of bookkeeping, delivering pizzas, and working at area restaurants. In 1985, Mr. Saunders was hired by Cornell University as a computer programmer and he worked there until 1993 when he quit in order to work for a company in Rochester called Millennium Computing. After a short time, he quit this job and went back to work at Cornell University on a contract basis. Mr. Saunders has been self-employed as a computer programmer for his company, Data Beast Software Company. He has developed his own website while he was attending Cornell University in the '80's and he still maintains his own business as a computer programmer. He does not have any employees and he has a male friend who helps in operating the business since the time of Mr. Saunders' hospitalization. Mr. Saunders is able to work from his laptop computer at Elmira Psychiatric Center in order to maintain his business. This is currently his only source of income.</p>
<p>5: Substance use problems: Includes misuse of Rx drugs. Severity is determined by impairment in ability to function in areas of health, employment, relationships etc.</p>	<p>Mr. Saunders began abusing alcohol and marijuana in his late teens. He experimented with mushrooms in his early 20's as well. On 12/22/96, Mr. Saunders was charged with a DWI. Mr. Saunders' abuse of alcohol and marijuana have contributed to his decompensation and psychotic symptoms. At the time that Mr. Saunders was using alcohol and marijuana, he was in denial of his mental illness and unwilling to follow treatment recommendations. This behavior led to decompensation which included responding to command hallucinations and leading to his dangerous behavior and of committing arson. Mr. Saunders use of substances were his attempts to self-medicate in lieu of taking psychotropic medications that would have addressed his psychotic symptoms.</p>

<p>6: Major mental illness: Dx of Major Mental Illness by history and independent of current acuity. Serious D/Os include major thought, affective and cognitive Dx.</p>	<p>Current Diagnosis: Axis I: 296.44 Bipolar 1 disorder Recent episode - manic 305.0 - History of cannabis abuse Axis II: 301.9 Personality Disorder - not otherwise specified. Axis III: History of hypertension - left shoulder pain and numbness of upper arm. Axis IV: Interaction with the legal system. Axis V: Present GAF -60 Past GAF - 30</p>
<p>7: Psychopathy: Requires use of PCL-R or PCL-SV. Score Range 0-19= 0 Score Range 20-29=1 Score Range 30-40=2</p>	<p>Mr. Saunders does not exhibit psychopathic personality traits. Moreover, he is able to empathize with peers in psychotherapy sessions. He expresses remorse for his past criminal behaviors and harmful actions and states that he wishes to remain medication compliant so that this behavior does not occur again.</p>
<p>8: Early maladjustment: Maladjustment at home, school or community prior to age 17. Victimization a key indicator. High score warranted if Maladjustment is present in at least 2 domains.</p>	<p>According to Mr. Saunders and his mother, there is no indication of any early maladjustments in the home, school, or community. Mr. Saunders was never adjudicated as a person in need of supervision or a juvenile delinquent. Furthermore, records indicate that Mr. Saunders was an excellent student throughout his academic career.</p>
<p>9: Personality disorder: Dx of Personality Disorder. Score less severe for personality traits.</p>	<p>Mr. Saunders carries a diagnosis of Axis II: 301.90 of personality disorder - not otherwise specified.</p>
<p>10: Prior supervision failure: Pertains to community and institutional placements. Severe if failure resulted in apprehension or re-institutionalization.</p>	<p>Mr. Saunders disobeyed orders of conditions placed upon him by Honorable William Barrett to attend an outpatient mental health program at Tompkins County Mental Health Center. Due to ongoing non-compliance with order treatment, he was transferred to Elmira Psychiatric Center Community Clinic 1n May 2002. At the clinic he was non-compliant with treatment and monitoring recommendations as well. He had refused psychotropic medications as he felt the medications interacted with his liver enzymes and felt that the psychiatrist was intentionally doing harm to him. He also refused toxicology screenings at the time. As a result of this violation, his order of conditions was extended for five more years. On April 6, 2003, following his admission to the Elmira Psychiatric Center, Mr. Saunders physically assaulted a female staff member. As a result, he was re-committed to the Rochester Regional Forensic Unit.</p>

Clinical Items 1-5:	Comments
<p>1: Lack of insight: Item refers to the degree to which the person acknowledges or comprehends his/her mental disorder.</p>	<p>It has been noted by the Treatment Team that Mr. Saunders has excellent insight and judgement. The Treatment Team further notes that he is an active participant in psychotherapy groups and that his statements are relevant and rational. He acknowledges that he has a mental illness and will need ongoing treatment if he is to remain stable in the community. He has also acknowledged that he will need to abstain from alcohol and marijuana use and that he will need the support of AA. Mr. Saunders is also willing to submit to random drug screens.</p>
<p>2: Negative attitudes: Pertains to the presence of pro-criminal and anti-social attitudes and not occasional pessimistic attitudes.</p>	<p>Mr. Saunders does not demonstrate anti-social or pro-criminal attitudes or beliefs. His attitude about his past criminal behavior is remorseful and he regrets his prior actions. He also intends on preventing any relapse of psychotic symptoms by following treatment recommendations fully and being medication compliant. Furthermore, he verbalizes that he accepts full responsibility for his past actions. There's no indication of hostility towards others noted. Mr. Saunders is cooperative and pleasant towards staff and peers. There have not been any negative attitudes expressed by Mr. Saunders regarding institutions and social agencies.</p>
<p>3: Active symptoms of major mental illness: Self explanatory with active symptoms of psychosis (TCOs) warranting a severe classification.</p>	<p>Mr. Saunders psychotic symptoms have been in remission and this goal was obtained on Mr. Saunders' Treatment Plan since December of 2004. The psychotic symptoms included paranoia, delusional beliefs, and auditory hallucinations. Since this time, he has refrained from expressing bizarre comments noted in the past such as "I am Hitler". His behavior is coherent and he is cooperative and pleasant towards staff and peers.</p>
<p>4: Impulsivity: Refers to the dramatic hour to hour, day to day and week to week fluctuation in mood and general demeanor. Serious impulsivity is manifest by "hair trigger" disproportionate reactions to real or perceived slights. Both negative and positive reactions appear exaggerated.</p>	<p>Mr. Saunders is composed when under pressure or stress. He does not respond in an impulsive manner to stressful situations nor has he had any verbal or physical outbursts noted since April of 2003.</p>

<p>5: Unresponsive to treatment: Item pertains to treatment issues deemed relevant to the amelioration of criminal, psychological, social or vocational problems. More severe classification should be applied in situations of non-compliance, "shamming" etc.</p>	<p>Mr. Saunders has been responsive to all aspects of treatment to address criminal, psychological, social, and vocational problems. For example, Mr. Saunders is an active participant in therapy and addiction awareness groups. He is able to clearly address past problems and has a good understanding of his illness and what he needs to do to maintain emotional and psychological stability. He also attends AA groups and has verbalized his intention to remain abstinent of drugs and is willing to submit to random drug screens. He participates in the work for pay program at the facility and interacts well with peers when he is performing his job. He has met prior treatment goals while at the facility such as remission of psychotic symptoms through medication and treatment compliance, admitting to having a mental illness and substance abuse problem, and a willingness to continue receiving psychiatric treatment in the community.</p>
Risk Management Items 1-5	Comments
<p>1: Plans lack feasibility: Higher score reflects high probability that plan will not succeed. The extent to which the person, his indigenous supports and ministries/agencies are involved in the plan and commit needed resources to it are key to assessing feasibility.</p>	<p>Mr. Saunders has an emergency plan that he was able to verbalize to the Treatment Team. He stated that he would identify any early warning signs of decompensation when out in the community and would immediately call the facility and the social worker for assistance during normal working hours (Monday through Friday 8:00 a.m. - 4:30 p.m.) During off hours, Mr. Saunders will have the unit phone number to access or the Safety Office number. In addition, Mr. Saunders will know the number of his local Crisis Center. He identified the following as warning signs: agitation, insomnia, lost of appetite, and feelings of being watched. In addition, he has a roommate who would help him also by contacting the facility. Mr. Saunders would also have an AA sponsor from the community for additional support.</p>
<p>2: Exposure to destabilizers: Refers to the absence of professional and indigenous supports and/or situation that were present at the time of the index offense or behavior. Return to "hazardous conditions" or criminogenic environments (access to alcohol, drugs weapons etc.) heighten risk.</p>	<p>Mr. Saunders wants to remain abstinent while out in the community and has verbalized his willingness to avoid situations which might put him in danger of relapse. He is involved with the AA community and will have a sponsor in the community for support in maintaining abstinence. Mr. Saunders is willing to submit to random drug screens and is also willing to seek help from the Treatment Team when he returns from the community to help him address any concerns. We are also available to Mr. Saunders in the event of an emergency situation or if he feels the need for support.</p>

<p>3: Lack of personal support: Absence of positive, tolerant and encouraging relationships from family and peers leads to heightened risk. When assessing this domain, it is essential that the evaluator look beyond the good intentions or immediate goals (to secure release) of personal supports.</p>	<p>Mr. Saunders has indicated that his roommate, Ms. Richardson, is a supportive person in his life. Although they are not intimate partners, Ms. Richardson has offered Mr. Saunders companionship and help when he has needed it. Mr. Saunders also has an amicable relationship with his ex-wife and has a relationship with his teenage daughter, Rachel.</p>
<p>4: Noncompliance with remediation attempts: Evaluator should view this item broadly and assess motivation and willingness to succeed and comply in both therapeutic and supervision/management realms.</p>	<p>There is a low probability that Mr. Saunders will not comply with therapeutic, medication, supervision, or management plans. During this hospitalization, he has been treatment compliant for a substantial period of time and has verbalized his intention to remain treatment and medication compliant. He looks forward to an increase in privilege level as he would like to do some maintenance and up keep work on his home. He would also like to spend time with his teenage daughter. Mr. Saunders also has his own computer programming business which he tries to maintain while at the facility. He would like to spend time getting his business back on track. All of these goals are important to Mr. Saunders and are motivators for him to continuing on-going treatment compliance.</p>
<p>5: Stress: While it is difficult to forecast stressors the individual is likely to encounter, the evaluator needs to gauge the individual's particular vulnerabilities and coping mechanisms in the context of historical reactions to stress.</p>	<p>Mr. Saunders has exhibited good self-composure while on the unit. He has a positive relationship with his daughter and has recently helped her fill out forms to assist her with receiving financial aid for college. He states that he wants to be a continuing support to her. He also has a positive relationship with his roommate, Ms. Richardson. He is a self-employed computer programmer and has his own web page so he is able to meet his financial needs.</p>

Final risk judgment and rationale:

The Treatment Team feels that Mr. Saunders poses a low risk of re-offending to the community for the following reasons:

He has been medication and treatment compliant since his admission to the Elmira Psychiatric Center on September 14, 2004.

During his time at Elmira Psychiatric Center, he has been non-threatening and non-assaultive.

He verbally acknowledges that he has both a mental illness and substance abuse problem and that he is willing to follow treatment recommendations.

He also understands his need for continuing treatment. Furthermore, he understands that his medications are necessary for his continued stability in the community. Mr. Saunders has improved in his communication and social skills by engaging with peers and staff.

He also has a safety plan in place to help him to be aware of any early indicators of decompensation. In addition, he is aware of community resources that are available to him.

Mr. Saunders is also willing to submit to random drug screening to ensure that he maintains his abstinence while in the community.

Mr. Saunders looks forward to resuming his life in the community and is highly motivated to prepare for a return to the community. He looks forward to engaging more fully in his computer software business. He also looks forward to being more involved with his daughter.

t: 07-09-07 clf

Elmira Psychiatric Center
Application for Change in Status/Privileges
Clinical Summary

Kevin Saunders

July 10, 2007

DOB: 5/1/56

CPL 330.20

Consecutive No.: 01-51-81

Nature of Facility Request: The Elmira Psychiatric Center is seeking unescorted furloughs into the community.

Identifying Information: Kevin Saunders is a 48 year old, divorced, Caucasian male , who was admitted to the Elmira Psychiatric Center on 9/14/04 from the Rochester Regional Forensic Unit (RRFU). He was admitted to RRFU on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Judge, on 5/22/03.

Mr. Saunders is CPL 330.20 status, Track III.

Initial Facility of CPL: Mr. Saunders was court ordered to Rochester Regional Forensic Unit on 1/30/1998. He was discharged from RRFU on 3/31/98 CPL status 330.20, Track III.

Subsequent Facilities: Mr. Saunders was admitted to the Elmira Psychiatric Center on 4/4/03 due to continued non-compliance with outpatient mental health services. On 4/6/03, Mr. Saunders, assaulted a staff member. Patient was placed in 4 point restraint following the assault and received stat medication. He continued to escalate and needed to be place in 5 point restraint. Additionally, he refused to follow ward rules and routines, refused to remain clothed in public areas, and patients, both male and female, complained that he was stalking them. Due to his assaultive behavior, the treating physician filed a request for recommitment to a forensic facility. In accordance with a court order, Mr. Saunders was transferred to RRFU on 5/23/03. After making significant progress and via court order, Mr. Saunders was transferred back to the Elmira Psychiatric Hospital, a civil hospital, on 9/14/04.

Instant Offense: Mr. Saunders instant offense consisted of Burglary, 2nd degree, Arson, 3rd degree-a class C Felony, Criminal Mischief, 2nd degree and Criminal Contempt, 1st degree.

On the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to the patient's statement, as well as the police report, he was dressed in a woman's evening dress, stockings and high heels. He was in possession of four kitchen knives, including a meat cleaver. Patient reports that a few days prior to the offense he read the book *The Silence of The Lambs* and began making connections between his life, his ex-girlfriend's life and some of the characters in the book. He came to the conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that the FBI was after him. Mr. Saunders was under the impression that Hannibal Lector (another character from the book who was a cannibal, serial killer and psychiatrist) was sending him messages

through the radio. Some of these messages were of command nature ordering Mr. Saunders to dance or break into the trailer.

He stated that the night before the offense he had been up all night dancing and that he put on Susan's clothing. He stated that he felt afraid that someone might be coming to his house to kill him. At that point he states he got in his car and drove to Susan's trailer. He states that he took the knives with him to protect himself. He stated that he wanted to see Susan and had not intention of hurting her. When he arrived at her trailer he saw that her car was there and he thought she was home. He proceeded to break into her trailer through a window. He then picked up lighter fluid that he found in her trailer and then set the trailer on fire using his own lighter.

He left the scene in his own car but was stopped less than a mile away by the state police who had been notified by a neighbor that he was at the trailer. Patient told the state police that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He stated that he brought the knives with him to use in his attempt to kidnap her. He stated that he felt his life was in danger if he did not follow the commands he was hearing through the radio. It should be noted that Mr. Saunders' ex-girlfriend had an order of protection against him at the time of the offense. She had requested the order of protection 1 month before the offense because she feared for her safety. She reports that he physically assaulted and raped her around Christmas 1996.

Risk Factors: Mr. Saunders was being prescribed Prozac and Trazodone by Dr. Singh at the time of the offense. He admits to not taking his medications as prescribed because he did not agree with his diagnosis and felt the medications were causing him to have unpleasant side effects. He felt that he had a neurological disorder known as Guillain-Barre Syndrome.

Patient admits to smoking Marijuana on a daily basis and also was drinking alcohol at the time of the offense. He has a history of alcohol dependence.

Mr. Saunders admits to having extreme difficulty with interpersonal relationships. He has narcissistic and borderline features which make it difficult for him to engage in meaningful relationships with others. He also believes that he has gender identity disorder and reports attractions to both males and females. Prior to the offense his girlfriend had ended their relationship which was very upsetting to Mr. Saunders.

Mr. Saunders had been physically and sexually assaultive in the past to his ex-girlfriend. Reports indicate that he was also physically assaultive towards his first wife, Ann Marie Whelan, from whom he is divorced.

Since December of 2005 to the present time Mr. Saunders has been aware of risk factors related to his bi-polar disorder and his past substance abuse history. He is able to share the depth of his pathology within psychotherapy groups. He has verbalized his need for ongoing treatment for both psychotherapy and psychiatric treatment which includes psychotropic medications. He has been in complete remission of his psychotic symptoms since December 2004 as indicated in his Treatment Plan.

Danger Signs: According to information from Tompkins County Mental Health, where he has received outpatient services in the past, when decompensated he suffers from auditory hallucinations, paranoid and persecutory delusions and preoccupation with physical health (CPL 330.20 Quarterly Monitoring Report dated 1/31/02 by Linda Riley, CSW-R). He also becomes physically assaultive when not on medication.

Since December of 2005 to the present time Mr. Saunders is aware of behaviors which would indicate for him that he may be decompensating. These behaviors include agitation, loss of appetite, insomnia, and a feeling of being watched. His safety plan is to notify the facility, specifically the social worker, during business hours from 8:00 a.m. to 4:30 p.m. (Monday - Friday), if he is experiencing any of these symptoms. During off hours, Mr. Saunders may contact the unit staff or the Safety Office and will have their numbers. He will also have access to a working phone. Mr. Saunders will know when and where AA meetings are held in his community and will be able to access his AA sponsor for needed support. Mr. Saunders is also around his roommate, Ms. Richardson, and she is aware of these symptoms also and will be able to assist Mr. Saunders if need be. In addition, she is willing to call the facility to report any concerns.

Victim Profile: Relationship based. Ex-wife and Ex-girlfriend.

Type of Weapon: Mr. Saunders was carrying several knives with him at the time of the offense however he did not use these knives in any way during the offense. There is no history of Mr. Saunders collecting weapons. He used lighter fluid and a lighter to start the fire that destroyed his ex-girlfriends trailer. Mr. Saunders was arrested on 12/29/96 for Criminal Possession of a Weapon, 4th Degree when he was caught in illegal possession of his fathers guns.

Medical History: Mr. Saunders had indicated in the past that he believes that he has a neurological disorder such as Teshwin Syndrome or Guillain-Barre Syndrome. He was seen by a neurologist, Dr. Stackman, who did not agree with his interpretation of his situation. Dr. Stackman diagnosed him with alcohol dependence. He has a history of pseudo seizures.

Psychiatric History: Mr. Saunders has a long history of emotional difficulties.

He reports that he first received treatment for moderate symptoms of depression in 1979 while attending graduate school at Cornell University. He attended 3 sessions at Family and Children Services in Ithaca, NY.

Patient reports receiving services again from Family and Children Services in 1992 upon being referred through the Cornell EAP program where he was employed. He states he attended 12 sessions with Ellen Stotz from 1/9/92 to 6/11/92. He was placed on administrative leave from Cornell University.

He was seen by Ms. Micki Goldstein in May of 1993 for marital counseling with is former wife, Ann Marie Whelan.

From 5/17/93-1/31/94 he was seen by Anna Matusiewicz, M.D. for depression, marital/divorce issues and possible exposure to HIV. He states he attended approximately 17 sessions with her.

The precipitant to him seeking therapy was that Mr. Saunders reports that in February of 1993 that he was raped by a male acquaintance of his wife. He admits that he and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. He reports that the person who raped him had been sexually involved with his wife. Mr. Saunders had previous encounters with males. Mr. Saunders became concerned that he may have contracted HIV as a result of the rape. He was also concerned for his wife's health as she had been involved with this same man. He sought counseling to deal with his anxiety surrounding this situation.

Dr. Matusiewicz offered him a trial of Lithium. He declined the medication but continued with psychotherapy. He terminated therapy when he felt better and after testing for HIV was negative. Dr. Matusiewicz felt Mr. Saunders suffered from an affective disorder but stated it was hard to determine due to his cannabis use. During this time, Mr. Saunders, admitted to episodes of hitting his wife when he was trying to taper his use of marijuana.

From 5/96 to 1/97 Mr. Saunders was seen for 29 sessions by Amari Meader, MSW at Family and Children Services. He sought counseling for "relationship issues". His case was eventually terminated because he refused to stop using cannabis. He was seen again during January of 1997 by Dr. Singh and was put on Trazodone and Prozac. Later that month he stopped both medications as he felt the Trazodone was causing panic like symptoms. He continued to smoke marijuana.

Mr. Saunders was charged with a DWI on 12/22/96 and reported being under stress as a result of this. He presented to the Cayuga Medical Center ER on 1/11/97 at 5:00 AM with reported heart palpitations, chills and shortness of breath.

On 2/6/97 Mr. Saunders was arrested on the charges listed in the Instant Offense. He was released on bail of \$50,000.00 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97 and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97 he was evaluated by Norman J. Lesswing, Ph.D. He received Not Responsible By Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, county court judge of Tompkins County. A CPL 330.20 examination was ordered on 8/4/97. Patient remained at RRFU from 1/30/98-3/31/98 for dangerousness examination. Both examiners (Dr. Singh and Dr. Kennedy) concluded that at that time Mr. Saunders did not suffer from a dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend and outpatient mental health treatment program at Tompkins County Mental Health Center. He was seen there by Linda Riley, CSW from May of 1998 to May of 2002. His treatment was then transferred to the EPC outpatient clinic at the request of the commissioner of mental health for Tompkins County, Anthony B. Deluca. He requested the transfer due to ongoing non-compliance with the order of conditions (ongoing use of cannabis and refusal to comply with urine toxicology

screens).

He was hospitalized at Cayuga Medical Center on 4/27/02 for psychotic decompensation. He remained in the hospital until 5/2/02. He stated during this admission that he was the reincarnation of Adolf Hitler and that he had "a mission". He was discharged on no medications as he refused to take them.

Mr. Saunders did attend his appointments at the EPC outpatient clinic, starting in May of 2002, but he was non-compliant with treatment and refused to take medication. He was seeing both Dr. Belsare and Janet Stevens, CSW. He continually refused to accept education regarding his illness. He also continued to smoke marijuana.

On 4/4/03 Mr. Saunders was admitted to Cayuga Medical Center. He was brought there by his roommate Alice Richardson. She reports that he had not been eating or sleeping and that he was becoming increasingly more bizarre. He had been running around outside naked when there was still snow on the ground. She also reported that he had become loud and threatening towards her and that she feared for her safety. He was transferred by ambulance to Elmira Psychiatric Center.

While at EPC he physically assaulted a staff person on 4/6/03. He was in both 4 point and 5 point restraints and required stat medications to calm down. The treatment team requested that the patient be transferred to RRFU based on his CPL status, ongoing noncompliance and assaultive behavior.

Patient was ordered by the Honorable John Rowley of Tompkins County to be transferred to RRFU on 5/22/03. He was admitted to RRFU on 5/23/03. He remained there until he was transferred back to EPC on 9/14/04.

During his stay at RRFU, Mr. Saunders, condition improved significantly. He was started on an antipsychotic medication, Risperdal Consta, which is an injectable medication. Initially, Mr. Saunders refused to take medication but when Dr. Guttmacher explained to him that they would seek treatment over objection he agreed to begin the medication. He was started on medication on 8/29/03. He is currently compliant with medications and has gained some insight into his illness and the need for ongoing treatment.

While at RRFU he did participate in treatment by attending groups and meeting with his team individually. He gained the most insight in regards to his marijuana use. Through participation in MICA group he was able to understand how smoking marijuana affected his mental health. He was able to state that he should refrain from using marijuana in the future. He maintained appropriate interactions with both staff and peers. He was granted Level 3 privileges which is the highest level of privileges at RRFU. Patient was later granted escorted furloughs to the community on 2/17/04.

Since being admitted to the adult services unit at EPC on 9/14/04 he has been pleasant and cooperative with all aspects of treatment. He has attended MICA and psychotherapy as well as other therapeutic and recreational groups. Mr. Saunders' treatment team has provided him with

education regarding his mental illness. He has been receptive to teaching by staff as evidenced by his verbal interactions, use of positive coping skills, participation, compliancy with medications, and staff observations. He is quiet but does interact appropriately with staff and peers. He regularly goes out with staff in the community. His interpersonal relationship skills have greatly improved. He is able to initiate and engage in social conversations with others.

Mr. Saunders currently resides at the Seneca Falls SOCR home for 13 days, returning to EPC to get his medication injection on the 14th day. While at the SOCR he attends the SOCS program and attends one AA meeting weekly. According to staff at the SOCR home, Kevin continues to do exceptionally well. He is quiet and likes to read a lot, but does socialize with other clients daily. Additionally, Kevin attends the Social Connections club daily. He attends programming daily and is an active participant.

Mr. Saunders acknowledges he has a mental illness and is in need of on-going psychiatric treatment. He has verbalized his willingness to comply with outpatient mental health treatment when discharged from EPC. Furthermore, he recognizes he has a substance abuse issue and is accepting of substance abuse treatment both inpatient and when discharged. He has demonstrated his commitment to recovery as evidenced by his participation in treatment and discharge planning.

Substance/Alcohol use/abuse History: Mr. Saunders has a history of both cannabis and alcohol abuse. He states that he began smoking marijuana at the age of 12. He admits to daily use in the past and was not able to accept education regarding the negative impact cannabis use had on his mental status. He felt that his marijuana use was an appropriate way to treat his physical and neurological symptoms. Mr. Saunders was charged with a DWI in 1996 but denied his alcohol use was a problem. He does participate in MICA group here at EPC and did while he was at RRFU as well. He did make a verbal commitment to himself and his treatment team to attend outpatient substance abuse treatment when he is discharged. Mr. Saunders stated he is willing to go for urine drug screens and breathalyzer screens after discharged if he is asked to do so. He was non-compliant with drug testing as an outpatient which was required in his order of conditions.

Patient's Current Perspective: Patient's verbatim written report: To give my perspective on my progress in managing my illness, I feel that I am ready to resume life in the community. I'm fully committed to taking medications to control my bi-polar disorder and monitoring my emotional and mental state to detect any symptoms that might indicate another episode of mania is coming on, and to contact my psychiatrist when this occurs. I'm also committed to remaining drug and alcohol free and I'm participating in AA to help in obtaining supports for a sober lifestyle. It has been almost three years since my brief psychosis in April 2003 and I look forward to being able to resume active work in my own software business where my inability to release upgrades to my software have had a negative impact on sales. I need to be able to return to working life in order to care for my house and contribute to my daughter's education. She will soon be entering college and I want to be able to offer her adequate support for her educational goals.

Current Privilege Level: Mr. Saunders currently has level 2, 3, and 4 privileges. He was granted escorted off-grounds furloughs in February of 2005. Staff take him out for individual day passes one to two times per week. The day passes have consisted of visiting museums, taking care of personal banking, checking on his home, his self-operated business, and attending AA groups. Mr. Saunders has been fully cooperative during escorted furloughs with staff. Staff reports indicate that these furloughs occur without incident, and have gone well. Mr. Saunders has made good use of his time while on his escorted furloughs. Recently, he was able to go to the Department of Motor Vehicles to obtain his license, and to Barnes and Noble bookstore to research computer information to enhance his business. The off-grounds furloughs have given Mr. Saunders the opportunity to establish a support system, participate in healthy recreational activities, and increase positive social interactions. In addition, he is able to prepare for his eventual return into the community.

Mr. Saunders currently resides at the Seneca Falls SOCR home for 13 days, returning to EPC to get his medication injection on the 14th day. While at the SOCR he attends the SOCS program and attends one AA meeting weekly. According to staff at the SOCR home, Kevin continues to do exceptionally well. He is quiet and likes to read a lot, but does socialize with other clients daily. Additionally, Kevin attends the Social Connections club daily. He attends programming daily and is an active participant.

Risk Management: Mr. Saunders has been cooperative and compliant with all aspects of treatment since the time of admission, including medication. He has not been threatening or assaultive. He is considered low risk for elopement as he is agreeable to his current course of treatment. If Mr. Saunders remains compliant with medication and treatment the team feels that he is low risk for re-offending.

Mr. Saunders is aware of de-stabilizers he may be exposed to in the community such as the stress of activities of daily living, financial problems, drugs, alcohol, and contact with high-risk people in the community. To prevent a relapse Mr. Saunders and his treatment team have developed a safety plan. The patient does have support from peers in the community. He is willing to engage in outpatient mental health and substance abuse treatment programs as recommended. AA meetings are available in the community in which he will reside. In addition, Mr. Saunders is willing to submit to random drug screens. Mr. Saunders will return to his own home. He is willing to accept an increase in professional supervision such as intensive case management services. He is self-employed as a computer software programmer.

Mr. Saunders has been able to maintain his business while receiving inpatient psychiatric services for over two years.

Since December 2005 to the present Mr. Saunders continues to present as a low risk for elopement. He has demonstrated this by cooperating fully with escorted furloughs in the community in which he was with one staff person. Mr. Saunders is in agreement to his treatment and continues to cooperate with all aspects of treatment in and out of the facility. He has not been assaultive or threatening as stated previously since April 2003 and he has been medication compliant since August of 2003.

Progress and/or Setbacks: Mr. Saunders has made significant progress in regards to improving his insight and judgement. His progress is measured by his self report, staff observations, participation in assigned groups and treatment planning. He is accepting of his mental illness and substance abuse issue. He has been compliant with treatment and medications since August of 2003. He has not been assaultive or threatening since April of 2003.

Since December 2005 to the present Mr. Saunders has made progress while out on escorted furloughs by visiting his home and house mate, Ms. Richardson, who keeps Mr. Saunders informed on personal matters. He was also able to fix his fax machine while home which he uses for his computer software business.

Mr. Saunders went to the Department of Motor Vehicles and got his driver's license. He also filled out financial aid paperwork on behalf of his teenage daughter and made out his tax application. When he was at Barnes and Noble he researched computer books on web pages to enhance his software business. He also wants to look for a job when he is out in the community to help supplement his income. He has contacted the Social Security Administration to see if he could qualify for Social Security Disability in order to have resources to pay for his medications and his psychiatric and physical health treatment. According to staff, he has been more open and has initiated conversations with both staff and peers. Mr. Saunders would also like to find an AA or NA sponsor in the community to help him to maintain his sobriety while out in the community.

In conclusion, Mr. Saunders has verbalized an understanding of his illness. He sees the need to continue to take psychotropic medications to address his bi-polar disorder and to maintain his emotional and psychological stability. He states that he does not want to jeopardize himself or others in the community and is remorseful about his prior offense. He accepts full responsibility for his actions regarding the offense and he is intent on making sure that he does not re-offend by continuing psychiatric treatment and submitting to random drug screens. He also indicates that he will participate in either an AA or NA group in his area. In addition, he has identified the warning signs that would alert him that he might be decompensating. These behaviors include agitation, sleeplessness, loss of appetite, and thoughts that others are watching him. He continues to notice the benefits of being medication compliant and wishes to maintain his current state of well being. Mr. Saunders is also looking forward to resuming life back in the community and has a number of goals. These goals include seeing his daughter graduate high school, supporting his daughter's academic goals, re-engaging in his computer business, and performing home repairs and upkeep.

Current Diagnosis:

Axis I 296.44 Bipolar I Disorder, Recent Episode Manic
 305.00 History of Cannabis Abuse

Axis II 301.90 Personality Disorder NOS

Axis III History of Hypertension, left shoulder pain & numbness of upper arm

Axis IV Interaction with Legal System

Axis V Present GAF60. Past GAF 30.

Current Medications: Ativan 0.5 Mg PO QHS and Risperdal Consta 25 MG IM every 2 weeks.

Recommendations: In order to ensure the success of Mr. Saunders during his weekend furloughs, the following will be in place:

1. Social Worker will complete a home visit to determine if the home is safe and suitable for Mr. Saunders to visit in.
2. While on leave at the SOCR, Mr. Saunders will visit his home on Saturdays and Sundays only. Home visits will start at eight-hour-day-visits, slowly increasing to two overnights.
3. Mr. Saunders will be drug screened randomly, at least twice per month, as decided by his treating Psychiatrist.
4. Alice Richardson will notify the Social Worker by Wednesday of each week as to whether she will be available to supervise Mr. Saunders for his weekend visit.
5. Mr. Saunders and Ms. Richardson will be responsible for all transportation between the SOCR and his home for weekend visits. The treatment team is also requesting that Kevin Saunders have his car and be allowed to drive to and from these week-end furloughs. The patient has a current driver's license and his automobile is licensed and insured.
6. Alice Richardson will report on Monday to the Social Worker how the visit went, including medication compliance and whether Mr. Saunders attended an AA meeting close to his residence.

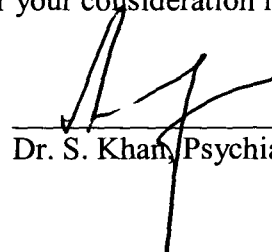
The treatment team is requesting week-end furloughs to the patient's home in Jacksonville for the purpose of :

1. Integrating him back into the community.
2. For the development of a support network around his substance abuse issues.
3. To begin the process of assuming the operational activities of his computer business.
4. To develop other business opportunities that would increase his livelihood..
5. To re-establish his home and to take responsibility for some of the maintenance of this home.
6. To secure employment to supplement his income until such time as his computer business produced revenue to sustain him..
7. To establish healthy relationships with friends and family .

It is requested that these week-end furloughs be for the term of six (6) months and then the patient be considered for conditional release. Thank you for your consideration in this matter.



Cara Fraser, SW I



Dr. S. Khan, Psychiatrist III

AFFIDAVIT

IN THE MATTER OF

KEVIN SAUNDERS

STATE OF NEW YORK

COUNTY OF TOMPKINS

Saeed-Uz Khan, M.D. being duly sworn, deposes and says:

1. I am a psychiatrist duly licensed to practice in the state of New York.
2. I currently hold the position of Psychiatrist III at the Elmira Psychiatric Center.
3. I submit this affidavit in support of the Commissioner's application for expanded unescorted furloughs for the above-referenced patient, who resides at the Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901.
4. I am familiar with this patient in that I have examined the patient on 1 occasion since June 25, 2007 in the capacity of treating psychiatrist.
5. It is my opinion that the patient's clinical diagnosis at this time is:

AXIS I: 296.44 Bipolar I Disorder Recent Episode Manic
305.0 History of Cannabis Abuse

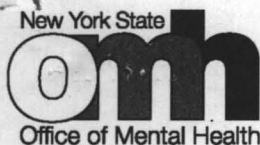
AXIS II: 301.9 Personality Disorder NOS

AXIS III: History of hypertension, left shoulder pain and numbness of upper arm.

AXIS IV: Interaction with the legal system.

AXIS V: GAF present 60, GAF past 30

JCR



Sharon E. Carpinello, RN, Ph.D.
Commissioner

44 Holland Avenue
Albany, New York 12229

June 14, 2006

Chief Court Clerk
Tompkins County Court
PO Box 70
320 North Tioga Street
Ithaca, New York 14851-0070

Re: Kevin Saunders
Indictment#: 97-019

Dear Chief Court Clerk:

The above named individual is currently a patient at the Elmira Psychiatric Center pursuant to a CPL 330.20 Retention Order.

Enclosed please find;

**FORM U APPLICATION FOR A FURLOUGH ORDER AND
NOTICE OF APPLICATION,
FORM V FURLOUGH ORDER
CLINICAL DOCUMENTATION
PHYSICIAN'S AFFIDAVIT
AFFIDAVIT OF SERVICE**

This application for court authorization to grant furloughs is made in accordance with the provisions of subdivision (10) of CPL 330.20.

If you have any questions, please bring them to my attention at (518) 474-7219.

Sincerely,

Rebecca N. Briney, LMSW
Deputy Director
Division of Forensic Services

Enclosures



This app/order for furlough is captioned "County Court, Chemung County". I don't know whether that is an error, or if this is a copy for W.O. NW.

Please contact them to find out - it will need correction

AFFIDAVIT OF SERVICE

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

Name: Kevin Saunders INDICTMENT#: 97-019

A patient of ELMIRA PSYCHIATRIC CENTER

State of New York, County of Albany Cheryl Lynn Flagler
being duly sworn, deposes and says:

THAT: she is employed in the Office of the Commissioner of the Office of Mental Health.

THAT: On the 14th day of June 2006 she served upon

Kevin Saunders, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

Kevin Mosher, Mental Hygiene Legal Service, c/o Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14902-1527

William Benedict, Executive Director, Elmira Psychiatric Center, Attn: Karen Patterson, SWII, 100 Washington Street, Elmira, New York 14902-1527

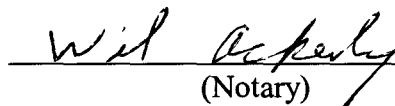
Hon. Carol A. Cocchiola, Esq., Assistant Attorney General, NYS Department of Law, State Office Bldg., 17th Floor, 44 Hawley Street, Binghamton, New York 13901

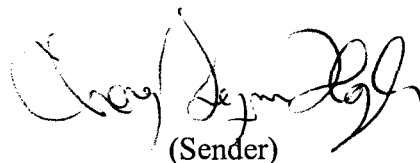
Hon. George M. Dentes, Esq., Tompkins County District Attorney, County Courthouse, 320 North Tioga Street, Ithaca, NY 14850-0326

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 44 Holland Avenue, Albany, New York 12229 directed to said parties at the address within the State designated by them for that purpose.

Sworn to before me

This 14th day of June 2006


(Notary)


(Sender)

WIL ACKERLY
Notary Public, State of New York
Qualified in Albany County
Commission Expires June 30, 2007

FORM U
APPLICATION FOR A FURLOUGH
ORDER AND NOTICE OF APPLICATION

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: COUNTY: Chemung

IN THE MATTER OF
AN APPLICATION FOR A FURLOUGH
ORDER PURSUANT TO CPL 330.20 IN
RELATION TO

Kevin Saunders

INDICTMENT #: 97-019

Defendant

(1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a furlough order for and on behalf of the said Commissioner.

(2) This application for a furlough order is being submitted to the following court: (check one and print name and address of indicated court)

[] Court that issued the commitment order if the above-named defendant is now in custody pursuant to such order:

[X] County court of the county wherein the facility in which the defendant is confined is located:
Chemung County Court

[] Term of the Supreme Court for the county wherein the facility in which the defendant is confined is located:

(3) This application for a furlough order is made pursuant to subdivision ten of CPL 330.20.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment pursuant to

[] a commitment order issued under the provisions of subdivision six of CPL 330.20.

[X] a recommitment order issued under the provisions of subdivision six of CPL 330.20 by the following court on the following date:

(Name of court) **Chemung County Court**

(Date of order) **05/22/03**

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, the following court issued a first retention order on the following date:

(Name of court) **Monroe County Court**

(Date of first retention order) **02/11/04**

[] (6) Subsequent to the issuance of the first retention order referred to in paragraph (5) of this application, the following court issued a second retention order on the following date:

(Name of court) **Tompkins County Court**

(Date of second retention order) **02/08/05**

[X] (7) Following the issuance of the second retention order referred to in paragraph (6) of this application, the following court issued a subsequent retention order on the following date:

(Name of court) **Tompkins County Court**

(Date of Subsequent Retention Order) **Out to Court**

(Date of each subsequent retention order, including last subsequent retention order)

(8) Pursuant to the order referred to in ☐ paragraph (4) ☐ paragraph (5) ☐ paragraph (6) ☒ paragraph (7) of this application, the above-named defendant is currently confined in the following facility of the State Office of Mental Health: **Elmira Psychiatric Center**

(9) This application is made upon the ground that the undersigned is of the view that, consistent with the public safety and welfare of the community and the defendant, the clinical condition of the defendant warrants a granting of the privileges authorized by a furlough order.


(10) The annexed psychiatric report is made a part of this application for a furlough order and supports the view stated by the undersigned in paragraph (9) of this application.

(11) Written notice of this application for a furlough order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Service and the District Attorney.

(12) No previous application for a furlough order has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a furlough order issue authorizing the Commissioner of Mental Health to allow the above-named defendant to temporarily leave the facility wherein he is now confined upon such terms and conditions that the court deems necessary or appropriate.

Date: June 14, 2006



Rebecca N. Briney, LMSW
Deputy Director
Division of Forensic Services

NOTICE OF APPLICATION FOR FURLOUGH ORDER

- TO:
- 1) Above-named defendant
 - 2) Counsel for above-named defendant
 - 3) Mental Health Legal Services
 - 4) District Attorney of Tompkins County
 - 5)
 - 6)
 - 7)

PLEASE TAKE NOTICE that the above application for a furlough order will be submitted to the court indicated in paragraph (2) of the application at a date and time to be determined.

FORM V
FURLOUGH ORDER

STATE OF NEW YORK

☐ SUPREME COURT ☒ COUNTY COURT

PART: _____ COUNTY: Chemung

IN THE MATTER OF
A FURLOUGH ORDER PURSUANT TO
CPL 330.20 IN RELATION TO

Kevin Saunders

INDICTMENT #: 97-019

Present:

Honorable: _____

☐ Justice of the Supreme Court

☒ Judge of the County Court

The above-named defendant being found not responsible by reason of mental disease or defect and now being in the custody of the State Commissioner of Mental Health and confined in a facility for care and treatment pursuant to (check one of the following)

☐ a commitment order issued under the provisions of subdivision six of CPL 330.20

☐ a recommitment order issued under the provisions of subdivision fourteen of CPL 330.20

☐ a first retention order issued under the provisions of subdivision eight of CPL 330.20

☐ a second retention order issued under the provisions of subdivision nine of CPL 330.20

☒ a subsequent retention order issued under the provisions of subdivision nine of CPL 330.20 by the following court on the following date:

[Name of court] **Tompkins County Court**

[Date of order] **Out to Court (anticipated expiration 11/22/07)**

And, due deliberation thereon being had,

And, the court having found that the issuance of a furlough order is consistent with the public safety and welfare of the community and the above-named defendant, and that the clinical condition of the above-named defendant warrants a granting of privileges authorized by a furlough order,

It is hereby

ORDERED that the Commissioner of Mental Health is directed to allow the above-named defendant, now in confinement in a facility pursuant to the aforesaid order, to temporarily leave the facility under the following terms and conditions:

[] (a) While outside the facility pursuant to this order, the above-named defendant shall be under the constant supervision of at least one employee of the facility; and it is further ordered,

Escorted Furlough will be used to take part in community-based therapeutic programs.

The patient may leave the facility and travel to a Community Residence as designed by the treatment team.

The patient may be permitted to stay overnight in the group home for up to three days per week.

While residing in the group home, the patient will participate in the treatment program of the Seneca Falls Clinic.

The patient will be required to "call-back" to the group residence or to a designee after he has arrived at his destination.

The patient will not be permitted to travel to his home without being escorted by a staff member.

Each furlough will be monitored and evaluated by the treatment staff prior to the implementation of the next furlough.

The patient must submit to random toxicology screens for the detection of illicit drugs and/or alcohol.

The patient will be assessed for readiness prior to the implementation of each furlough.

Dated: _____

☐ Justice of the Supreme Court
☒ Judge of the County Court



May 4, 2006

Sharon Carpinello
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Venkata Satti, M.D.
Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Frederick Manzella
Quality Director

Pamela Seeley
Nursing Director

Mr. Harry Huguley
Mental Health Program Specialist II
Division of Forensic Services
44 Holland Avenue
Albany, New York 12229

Re: Kevin Saunders
Consecutive No. 01-51-81
DOB: 5/1/56
CPL 330.20

Dear Mr. Huguley:

Enclosed please find the following, in support of our request for unescorted furloughs for the above-named individual:

- OMH 495 (Application for Change in Status/Privileges)
- Risk Assessment
- Clinical Summary
- Physician's affidavit

If you require further information, please do not hesitate to contact my office.

Sincerely,

Karen Patterson
Forensic Coordinator

KP/jej
Enclosures

cc: File

RECEIVED MAY 10 2006

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

APPLICATION FOR CHANGE IN STATUS/PRIVILEGES

Patient's Name (Last, First, M.I.)

Saunders, Kevin

"C" No.

01-51-81

Unit/Ward No.

ASU

PART I — Completed by Unit Chief and Team Psychiatrist

Patient's Status (check only one)

☐

CIVIL INPATIENT

(Originally admitted Pursuant
to Sec. 730 C.P.L.)☒

SEC. 330.20 (C.P.L.)

RETENTION, COMMITMENT
or RECOMMITMENT

Facility

Elmira Psychiatric Center

☐

FINAL ORDER OF

OBSERVATION

Pursuant to Sec.
730.40(2), C.P.L.☐

TEMPORARY ORDER

OF OBSERVATION

Pursuant to Sec.
730.40(2), C.P.L.☐

ORDER OF

COMMITMENT

Pursuant to Sec.
730.50 C.P.L.☐

ORDER OF

RETENTION

Pursuant to Sec.
730.50 C.P.L.

Action Requested (check only one)

☐

CONDITIONAL RELEASE

☒UNESCORTED FURLOUGHS — Describe
nature and duration☐

DISCHARGE

☐ESCORTED FURLOUGH — Describe
nature and duration☐

CONVERT TO CIVIL STATUS

☐

RETURN TO CUSTODY OF COURT

☐

TRANSFER

Summary of Clinical, Social and Criminal History, including Circumstances Surrounding the Act(s) Leading to C.P.L. Retention

Please refer to clinical summary.

Rationale For Action Requested

The treatment team would like to give Mr. Saunders the opportunity for unescorted furloughs into the community to further his reacclimation into the community.

We, the undersigned, believe that the present condition of the patient referenced above warrants the action requested.

Signature of Treatment Team Psychiatrist

Savithri Satti M.D.

Print Name Signed

Savithri Satti, M.D.

Date

3/29/06

Signature of Unit Chief

Venkata S. Satti M.D.

Print Name Signed

Venkata Satti, M.D., Clinical Director

Date

3/29/06

PART II — Completed by Hospital Forensic Committee

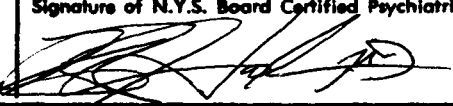
Action Recommended ☐ Disapproved☒ Approved — (check one below)☐ Conditional Release☐ Discharge☐ Conversion to Civil Status☐ Return to Custody of Court☒ Unescorted Furlough☐ Escorted Furlough☐ Transfer

Comments

Patient's Name: Saunders, Kevin

The Hospital Forensic Committee supports the request for unescorted furloughs.

NOTE: Each member of the committee must sign below. Dissenting opinions must be submitted in writing to the Clinical Director.

Date 5-1-06	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Board Certified Psychiatrist 	Print Name Signed Kurt R. Hahn, MD
Date 5-1-06	Committee Decision <input type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker William Crimmins LCSW	Print Name Signed WILLIAM CRIMMINS LCSW
Date 5/1/06	Committee Decision <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Dissent	Signature of N.Y.S. Licensed Physician, Psychologist or Social Worker Brendan Basan LCSW	Print Name Signed Brendan Basan

Dissenting Opinion:

Date

Signature

PART III — APPROVAL/DISAPPROVAL — Completed by Clinical Director

Action Recommended ☐ Disapproved☒ Approved — (check one below)☐ Conditional Release☐ Discharge☐ Conversion to Civil Status☐ Return to Custody of Court☒ Unescorted Furlough☐ Escorted Furlough☐ Transfer

Comments

I approve the Hospital Forensic Committee's decision.

Date

Signature

5/4/06

Venkata S. Satti

Title

Clinical Director

Print Name Signed

Dr. Venkata S. Satti

PART IV — APPROVAL/DISAPPROVAL — Completed by OMH Director of Forensic Services if Patient's Status is Sec. 330.20 (C.P.L.) Retention

Action Recommended ☐ Disapproved☒ Approved — (check one below)☐ Conditional Release☐ Discharge☐ Conversion to Civil Status☒ Unescorted Furlough☐ Escorted Furlough☐ Transfer

Comments

Date

Signature

06/14/06

Rebecca Briney

Title

Deputy Director

Print Name Signed

Rebecca N. Briney, LMSW

PART V (REVOCATION OF STATUS/PRIVILEGES)

Revoke (Check one)

☐ Conditional Release☐ Unescorted Furlough

Comments:

Date

Signature of Unit Chief

Date

Signature of Clinical Director

AFFIDAVIT

IN THE MATTER OF
KEVIN SAUNDERS

STATE OF NEW YORK
COUNTY OF TOMPKINS

Savithiri Satti, M.D. being duly sworn, deposes and says:

1. I am a psychiatrist duly licensed to practice in the state of New York.
2. I currently hold the position of Psychiatrist I at the Elmira Psychiatric Center.
3. I submit this affidavit in support of the Commissioner's application for unescorted furloughs for the above-referenced patient, who resides at the Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901.
4. I am familiar with this patient in that I have examined the patient on 36 occasions since September 14, 2004 in the capacity of treating psychiatrist.
5. It is my opinion that the patient's clinical diagnosis at this time is:

AXIS I: (Clinical syndromes, conditions attributable to mental disorder that are the focus of attention or treatment): Bipolar Type 1, recent episode manic with psychotic features, mod congruent in partial remission; Cannabis dependence in remission; alcohol abuse in remission due to readmission; gender identity - adult with transgender issues.

AXIS II: 296.44 Bipolar/Disorder, Recent episode Manic
305.00 History of cannabis abuse
301.90 Personality Disorder, NOS

AXIS III: History of hypertension, left shoulder pain and numbness of upper arm

AXIS IV: Interaction with legal system.

AXIS V: GAF current 60; past year 30

6. A detailed analysis of the patient's condition, upon which I base this opinion is set forth in the report attached hereto.
7. It is further my opinion that at this time the patient should be granted unescorted furloughs.
8. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for unescorted furloughs for patient Kevin Saunders.

Savithri Satti M

Savithri Satti, M.D.
Psychiatrist I

Sworn to before me this 27th

day of April, 2006

Elizabeth A. Hess

Notary Public

ELIZABETH A. HESS CROUT
Notary Public, State of New York
Chemung County No. 01HE6008699
Commission Expires June 15, 20 10

**Elmira Psychiatric Center
Application for Change in Status/Privileges
Clinical Summary**

Kevin Saunders

April 25, 2006

DOB: 5/1/56

CPL 330.20

Consecutive No.: 01-51-81

Nature of Facility Request: The Elmira Psychiatric Center is seeking unescorted furloughs into the community.

Identifying Information: Kevin Saunders is a 48 year old, divorced, Caucasian male , who was admitted to the Elmira Psychiatric Center on 9/14/04 from the Rochester Regional Forensic Unit (RRFU). He was admitted to RRFU on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Judge, on 5/22/03.

Mr. Saunders is CPL 330.20 status, Track III.

Initial Facility of CPL: Mr. Saunders was court ordered to Rochester Regional Forensic Unit on January 30, 1998. He was discharged from RRFU on 3/31/98 CPL status 330.20, Track III.

Subsequent Facilities: Prior to his admission to the Elmira Psychiatric Center, Mr. Saunders, had been at RRFU since 5/23/03. He was transferred to RRFU after a short stay the Elmira Psychiatric Center (EPC). He was brought to the Cayuga Medical Center by his roommate Alice Richardson.

During his stay at EPC, Mr. Saunders, assaulted a staff member. This assault took place on 4/6/03. Patient was placed in 4 point restraint following the assault and received stat medication. He continued to escalate and needed to be place in 5 point restraint. Due to his assaultive behavior, the treating physician filed a request for recommitment to a forensic facility. The patient was transferred to RRFU.

Instant Offense: Mr. Saunders instant offense consisted of Burglary, 2nd degree, Arson, 3rd degree-a class C Felony, Criminal Mischief, 2nd degree and Criminal Contempt, 1st degree.

On the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to the patient's statement, as well as the police report, he was dressed in a woman's evening dress, stockings and high heels. He was in possession of four kitchen knives, including a meat cleaver. Patient reports that a few days prior to the offense he read the book *The Silence of The Lambs* and began making connections between his life, his ex-girlfriend's life and some of the characters in the book. He came to the conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that the FBI was after him. Mr. Saunders was under the impression that Hannibal Lector (another character from the book who was a cannibal, serial killer and psychiatrist) was sending him messages

through the radio. Some of these messages were of command nature ordering Mr. Saunders to dance or break into the trailer.

He stated that the night before the offense he had been up all night dancing and that he put on Susan's clothing. He stated that he felt afraid that someone might be coming to his house to kill him. At that point he states he got in his car and drove to Susan's trailer. He states that he took the knives with him to protect himself. He stated that he wanted to see Susan and had not intention of hurting her. When he arrived at her trailer he saw that her car was there and he thought she was home. He proceeded to break into her trailer through a window. He then picked up lighter fluid that he found in her trailer and then set the trailer on fire using his own lighter.

He left the scene in his own car but was stopped less than a mile away by the state police who had been notified by a neighbor that he was at the trailer. Patient told the state police that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He stated that he brought the knives with him to use in his attempt to kidnap her. He stated that he felt his life was in danger if he did not follow the commands he was hearing through the radio. It should be noted that Mr. Saunders' ex-girlfriend had an order of protection against him at the time of the offense. She had requested the order of protection 1 month before the offense because she feared for her safety. She reports that he physically assaulted and raped her around Christmas 1996.

Risk Factors: Mr. Saunders was being prescribed Prozac and Trazodone by Dr. Singh at the time of the offense. He admits to not taking his medications as prescribed because he did not agree with his diagnosis and felt the medications were causing him to have unpleasant side effects. He felt that he had a neurological disorder known as Guillain-Barre Syndrome.

Patient admits to smoking Marijuana on a daily basis and also was drinking alcohol at the time of the offense. He has a history of alcohol dependence.

Mr. Saunders admits to having extreme difficulty with interpersonal relationships. He has narcissistic and borderline features which make it difficult for him to engage in meaningful relationships with others. He also believes that he has gender identity disorder and reports attractions to both males and females. Prior to the offense his girlfriend had ended their relationship which was very upsetting to Mr. Saunders.

Mr. Saunders had been physically and sexually assaultive in the past to his ex-girlfriend. Reports indicate that he was also physically assaultive towards his first wife, Ann Marie Whelan, from whom he is divorced.

Since December of 2005 to the present time Mr. Saunders has been aware of risk factors related to his bi-polar disorder and his past substance abuse history. He is able to share the depth of his pathology within psychotherapy groups. He has verbalized his need for ongoing treatment for both psychotherapy and psychiatric treatment which includes psychotropic medications. He has been in complete remission of his psychotic symptoms since December 2004 as indicated in his Treatment Plan.

Danger Signs: According to information from Tompkins County Mental Health, where he has received outpatient services in the past, when decompensated he suffers from auditory hallucinations, paranoid and persecutory delusions and preoccupation with physical health (CPL 330.20 Quarterly Monitoring Report dated 1/31/02 by Linda Riley, CSW-R). He also becomes physically assaultive when not on medication.

Since December of 2005 to the present time Mr. Saunders is aware of behaviors which would indicate for him that he may be decompensating. These behaviors include agitation, loss of appetite, insomnia, and a feeling of being watched. His safety plan is to notify the facility, specifically the social worker, during business hours from 8:00 a.m. to 4:30 p.m. (Monday - Friday), if he is experiencing any of these symptoms. During off hours, Mr. Saunders may contact the unit staff or the Safety Office and will have their numbers. He will also have access to a working phone. Mr. Saunders will know when and where AA meetings are held in his community and will be able to access his AA sponsor for needed support. Mr. Saunders is also around his roommate, Ms. Richardson, and she is aware of these symptoms also and will be able to assist Mr. Saunders if need be. In addition, she is willing to call the facility to report any concerns.

Victim Profile: Relationship based. Ex-wife and Ex-girlfriend.

Type of Weapon: Mr. Saunders was carrying several knives with him at the time of the offense however he did not use these knives in any way during the offense. There is no history of Mr. Saunders collecting weapons. He used lighter fluid and a lighter to start the fire that destroyed his ex-girlfriends trailer.

Medical History: Mr. Saunders had indicated in the past that he believes that he has a neurological disorder such as Teshwin Syndrome or Guillain-Barre Syndrome. He was seen by a neurologist, Dr. Stackman, who did not agree with his interpretation of his situation. Dr. Stackman diagnosed him with alcohol dependence. He has a history of pseudo seizures.

Psychiatric History: Mr. Saunders has a long history of emotional difficulties.

He reports that he first received treatment for moderate symptoms of depression in 1979 while attending graduate school at Cornell University. He attended 3 sessions at Family and Children Services in Ithaca, NY.

Patient reports receiving services again from Family and Children Services in 1992 upon being referred through the Cornell EAP program where he was employed. He states he attended 12 sessions with Ellen Stotz from 1/9/92 to 6/11/92. He was placed on administrative leave from Cornell University.

He was seen by Ms. Micki Goldstein in May of 1993 for marital counseling with is former wife, Ann Marie Whelan.

From 5/17/93-1/31/94 he was seen by Anna Matusiewicz, M.D. for depression, marital/divorce

issues and possible exposure to HIV. He states he attended approximately 17 sessions with her.

The precipitant to him seeking therapy was that Mr. Saunders reports that in February of 1993 that he was raped by a male acquaintance of his wife. He admits that he and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. He reports that the person who raped him had been sexually involved with his wife. Mr. Saunders had previous encounters with males. Mr. Saunders became concerned that he may have contracted HIV as a result of the rape. He was also concerned for his wife's health as she had been involved with this same man. He sought counseling to deal with his anxiety surrounding this situation.

Dr. Matusiewicz offered him a trial of Lithium. He declined the medication but continued with psychotherapy. He terminated therapy when he felt better and after testing for HIV was negative. Dr. Matusiewicz felt Mr. Saunders suffered from an affective disorder but stated it was hard to determine due to his cannabis use. During this time, Mr. Saunders, admitted to episodes of hitting his wife when he was trying to taper his use of marijuana.

From 5/96 to 1/97 Mr. Saunders was seen for 29 sessions by Amari Meader, MSW at Family and Children Services. He sought counseling for "relationship issues". His case was eventually terminated because he refused to stop using cannabis. He was seen again during January of 1997 by Dr. Singh and was put on Trazodone and Prozac. Later that month he stopped both medications as he felt the Trazodone was causing panic like symptoms. He continued to smoke marijuana.

Mr. Saunders was charged with a DWI on 12/22/96 and reported being under stress as a result of this. He presented to the Cayuga Medical Center ER on 1/11/97 at 5:00 AM with reported heart palpitations, chills and shortness of breath.

On 2/6/97 Mr. Saunders was arrested on the charges listed in the Instant Offense. He was released on bail of \$50,000.00 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97 and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97 he was evaluated by Norman J. Lesswing, Ph.D. He received Not Responsible By Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, county court judge of Tompkins County. A CPL 330.20 examination was ordered on 8/4/97. Patient remained at RRFU from 1/30/98-3/31/98 for dangerousness examination. Both examiners (Dr. Singh and Dr. Kennedy) concluded that at that time Mr. Saunders did not suffer from a dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend and outpatient mental health treatment program at Tompkins County Mental Health Center. He was seen there by Linda Riley, CSW from May of 1998 to May of 2002. His treatment was then transferred to the EPC outpatient clinic at the request of the commissioner of mental health for Tompkins County, Anthony B. Deluca. He requested the transfer due to ongoing non-compliance with the order of conditions (ongoing use of cannabis and refusal to comply with urine toxicology

screens).

He was hospitalized at Cayuga Medical Center on 4/27/02 for psychotic decompensation. He remained in the hospital until 5/2/02. He stated during this admission that he was the reincarnation of Adolf Hitler and that he had "a mission". He was discharged on no medications as he refused to take them.

Mr. Saunders did attend his appointments at the EPC outpatient clinic, starting in May of 2002, but he was non-compliant with treatment and refused to take medication. He was seeing both Dr. Belsare and Janet Stevens, CSW. He continually refused to accept education regarding his illness. He also continued to smoke marijuana.

On 4/4/03 Mr. Saunders was admitted to Cayuga Medical Center. He was brought there by his roommate Alice Richardson. She reports that he had not been eating or sleeping and that he was becoming increasingly more bizarre. He had been running around outside naked when there was still snow on the ground. She also reported that he had become loud and threatening towards her and that she feared for her safety. He was transferred by ambulance to Elmira Psychiatric Center.

While at EPC he physically assaulted a staff person on 4/6/03. He was in both 4 point and 5 point restraints and required stat medications to calm down. The treatment team requested that the patient be transferred to RRFU based on his CPL status, ongoing noncompliance and assaultive behavior.

Patient was ordered by the Honorable John Rowley of Tompkins County to be transferred to RRFU on 5/22/03. He was admitted to RRFU on 5/23/03. He remained there until he was transferred back to EPC on 9/14/04.

During his stay at RRFU, Mr. Saunders, condition improved significantly. He was started on an antipsychotic medication, Risperdal Consta, which is an injectable medication. Initially, Mr. Saunders refused to take medication but when Dr. Guttmacher explained to him that they would seek treatment over objection he agreed to begin the medication. He was started on medication on 8/29/03. He is currently compliant with medications and has gained some insight into his illness and the need for ongoing treatment.

While at RRFU he did participate in treatment by attending groups and meeting with his team individually. He gained the most insight in regards to his marijuana use. Through participation in MICA group he was able to understand how smoking marijuana affected his mental health. He was able to state that he should refrain from using marijuana in the future. He maintained appropriate interactions with both staff and peers. He was granted Level 3 privileges which is the highest level of privileges at RRFU. Patient was later granted escorted furloughs to the community on 2/17/04.

Since being admitted to the adult services unit at EPC on 9/14/04 he has been pleasant and cooperative with all aspects of treatment. He is attending MICA and psychotherapy as well as

other therapeutic and recreational groups. Mr. Saunders' treatment team has provided him with education regarding his mental illness. He has been receptive to teaching by staff as evidenced by his verbal interactions, use of positive coping skills, participation, compliancy with medications, and staff observations. He is quiet but does interact appropriately with staff and peers. He regularly goes out with staff in the community. His interpersonal relationship skills have greatly improved. He is able to initiate and engage in social conversations with others.

Mr. Saunders acknowledges he has a mental illness and is in need of on-going psychiatric treatment. He has verbalized his willingness to comply with outpatient mental health treatment when discharged from EPC. Furthermore, he recognizes he has a substance abuse issue and is accepting of substance abuse treatment both inpatient and when discharged. He has demonstrated his commitment to recovery as evidenced by his participation in treatment and discharge planning.

From December 2005 to the present Mr. Saunders continues to attend all psychotherapy groups and the Art Therapy and Addictions Group. In addition, he attends AA and a Rehabilitation Readiness Group. In all groups, it is reported that Mr. Saunders is an engaged and empathetic participant.

Substance/Alcohol use/abuse History: Mr. Saunders has a history of both cannabis and alcohol abuse. He states that he began smoking marijuana at the age of 21. He admits to daily use in the past and was not able to accept education regarding the negative impact cannabis use had on his mental status. He felt that his marijuana use was an appropriate way to treat his physical and neurological symptoms. Mr. Saunders was charged with a DWI in 1996 but denied his alcohol use was a problem. He does participate in MICA group here at EPC and did while he was at RRFU as well. He did make a verbal commitment to himself and his treatment team to attend outpatient substance abuse treatment when he is discharged. Mr. Saunders stated he is willing to go for urine drug screens and breathalyzer screens after discharged if he is asked to do so. He was non-compliant with drug testing as an outpatient which was required in his order of conditions.

Patient's Current Perspective:

Patient's verbatim written report: To give my perspective on my progress in managing my illness, I feel that I am ready to resume life in the community. I'm fully committed to taking medications to control my bi-polar disorder and monitoring my emotional and mental state to detect any symptoms that might indicate another episode of mania is coming on, and to contact my psychiatrist when this occurs. I'm also committed to remaining drug and alcohol free and I'm participating in AA to help in obtaining supports for a sober lifestyle. It has been almost three years since my brief psychosis in April 2003 and I look forward to being able to resume active work in my own software business where my inability to release upgrades to my software have had a negative impact on sales. I need to be able to return to working life in order to care for my house and contribute to my daughter's education. She will soon be entering college and I want to be able to offer her adequate support for her educational goals.

Current Privilege Level: Mr. Saunders currently has level 2, 3, and 4 privileges. He was granted escorted off-grounds furloughs in February of 2005. Staff take him out for individual day passes one to two times per week. The day passes have consisted of visiting museums, taking care of personal banking, checking on his home, his self-operated business, and attending AA groups. Mr. Saunders has been fully cooperative during escorted furloughs with staff. Staff reports indicate that these furloughs occur without incident, and have gone well. Mr. Saunders has made good use of his time while on his escorted furloughs. Recently, he was able to go to the Department of Motor Vehicles to obtain his license, and to Barnes and Noble bookstore to research computer information to enhance his business. The off-grounds furloughs have given Mr. Saunders the opportunity to establish a support system, participate in healthy recreational activities, and increase positive social interactions. In addition, he is able to prepare for his eventual return into the community.

Risk Management: Mr. Saunders has been cooperative and compliant with all aspects of treatment since the time of admission, including medication. He has not been threatening or assaultive. He is considered low risk for elopement as he is agreeable to his current course of treatment. If Mr. Saunders remains compliant with medication and treatment the team feels that he is low risk for re-offending.

Mr. Saunders is aware of de-stabilizers he may be exposed to in the community such as the stress of activities of daily living, financial problems, drugs, alcohol, and contact with high-risk people in the community. To prevent a relapse Mr. Saunders and his treatment team have developed a safety plan. The patient does have support from peers in the community. He is willing to engage in outpatient mental health and substance abuse treatment programs as recommended. AA meetings are available in the community in which he will reside. In addition, Mr. Saunders is willing to submit to random drug screens. Mr. Saunders will return to his own home. He is willing to accept an increase in professional supervision such as intensive case management services. He is self-employed as a computer software programmer.

Mr. Saunders has been able to maintain his business while receiving inpatient psychiatric services for over two years.

Since December 2005 to the present Mr. Saunders continues to present as a low risk for elopement. He has demonstrated this by cooperating fully with escorted furloughs in the community in which he was with one staff person. Mr. Saunders is in agreement to his treatment and continues to cooperate with all aspects of treatment in and out of the facility. He has not been assaultive or threatening as stated previously since April 2003 and he has been medication compliant since August of 2003.

Progress and/or Setbacks: Mr. Saunders has made significant progress in regards to improving his insight and judgement. His progress is measured by his self report, staff observations, participation in assigned groups and treatment planning. He is accepting of his mental illness and substance abuse issue. He has been compliant with treatment and medications since August of 2003. He has not been assaultive or threatening since April of 2003.

Since December 2005 to the present Mr. Saunders has made progress while out on escorted furloughs by visiting his home and house mate, Ms. Richardson, who keeps Mr. Saunders informed on personal matters. He was also able to fix his fax machine while home which he uses for his computer software business.

Mr. Saunders went to the Department of Motor Vehicles and got his driver's license. He also filled out financial aid paperwork on behalf of his teenage daughter and made out his tax application. When he was at Barnes and Noble he researched computer books on web pages to enhance his software business. He also wants to look for a job when he is out in the community to help supplement his income. He has contacted the Social Security Administration to see if he could qualify for Social Security Disability in order to have resources to pay for his medications and his psychiatric and physical health treatment. According to staff, he has been more open and has initiated conversations with both staff and peers. Mr. Saunders would also like to find an AA or NA sponsor in the community to help him to maintain his sobriety while out in the community.

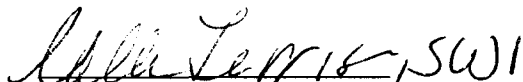
In conclusion, Mr. Saunders has verbalized an understanding of his illness. He sees the need to continue to take psychotropic medications to address his bi-polar disorder and to maintain his emotional and psychological stability. He states that he does not want to jeopardize himself or others in the community and is remorseful about his prior offense. He accepts full responsibility for his actions regarding the offense and he is intent on making sure that he does not re-offend by continuing psychiatric treatment and submitting to random drug screens. He also indicates that he will participate in either an AA or NA group in his area. In addition, he has identified the warning signs that would alert him that he might be decompensating. These behaviors include agitation, sleeplessness, loss of appetite, and thoughts that others are watching him. He continues to notice the benefits of being medication compliant and wishes to maintain his current state of well being. Mr. Saunders is also looking forward to resuming life back in the community and has a number of goals. These goals include seeing his daughter graduate high school, supporting his daughter's academic goals, re-engaging in his computer business, and performing home repairs and upkeep.

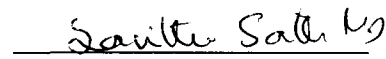
Current Diagnosis:

Axis I	296.44 Bipolar I Disorder, Recent Episode Manic 305.00 History of Cannabis Abuse
Axis II	301.90 Personality Disorder NOS
Axis III	History of Hypertension, left shoulder pain & numbness of upper arm
Axis IV	Interaction with Legal System
Axis V	Present GAF60. Past GAF 30.

Current Medications: Ativan 0.5 Mg PO QHS and Risperdal Consta 25 MG IM every 2 weeks.

Recommendations: The team is requesting unescorted furloughs into the community so that Mr. Saunders may have the opportunity to further his re-acclimation into the community. Mr. Saunders has had a remission of his psychotic symptoms and has been psychiatrically stable. He has been compliant with treatment recommendations and is willing to continue with psychiatric follow-up upon discharge. He is also willing to submit to random drug screens and to seek peer support for his past substance abuse problem.


Colleen Larrison, SWI


Dr. S. Satti, Psychiatrist I

Historical Items 1-10	Comments
<p>1: Previous violence: Pertains to actual attempts and threats to cause physical harm. Includes sexual assaults. Threats must be unambiguous, not simply statements of hostility. Differentiate by severity of actions</p>	<p>Patient's ex-wife, Ms. Whelan, reported that Mr. Saunders had been physically assaultive towards her. They had been married for seven years (1988-1995). Mr. Saunders' ex-girlfriend Ms. Hammond had an order of protection against Mr. Saunders at the time of his instant offense which occurred on February 6, 1997. She alleges that Mr. Saunders had physically assaulted and raped her around Christmas in 1996. The instant offense which occurred on February 6, 1997 happened when Mr. Saunders had set fire to his ex-girlfriend's trailer. The trailer home and the vehicle of his ex-girlfriend were destroyed. In addition, he was found with kitchen knives that he said he wanted for protection and to use for kidnapping his girlfriend. He had also made threatening comments on April 6, 2002 and was brought to the emergency room by a friend after he said he was the reincarnation of Adolf Hitler and that he had a mission. On April 4, 2003 he was re-admitted to Cayuga Medical Center for being agitated, running around his home with no clothes on and making threatening statements to himself and others. On April 6, 2003 following his admission to the Elmira Psychiatric Center, he physically assaulted female staff there.</p>
<p>2: Young age at first violent incident: Age divisions are admittedly arbitrary. However research has consistently shown that early onset is correlated with future violence. Generally, serious violence prior to age 20 classify as severe .</p>	<p>There were not any indications in the records or any verbal accounts from Mr. Saunders' mother that Mr. Saunders was violent during his childhood. Furthermore, Mr. Saunders had never been adjudicated, a person in need of supervision, or as a juvenile delinquent.</p>

<p>3: Relationship instability: Item applies to romantic, intimate relationships and excludes family and friends. Instability is manifest by many short term relationships, absence of any relationship or presence of long-term conflicted relationship.</p>	<p>He has maintained a relationship with both his mother and his brother. His mother lives in Little Rock, Arkansas and his brother lives in California. He was married for seven years prior to his divorce to Ms. Whelan. He and Ms. Whelan have a daughter as a result of their union. Their current relationship is amicable and Mr. Saunders has joint custody of his daughter who resides with Ms. Whelan. The relationship they had was conflictual during their marriage. It was reported to be an "open marriage" which probably had caused stress in their relationship. Mr. Saunders states that a male acquaintance of his ex-wife had raped him while he was married to Ms. Whelan. Mr. Saunders experienced conflictual relationships with women which include his ex-wife and his ex-girlfriend. In both relationships, there have been instances where Mr. Saunders was reported to be physically assaultive and threatening. In the case of Ms. Hammond, his ex-girlfriend, he had been physically and sexually assaultive and had intended to kidnap her. He also had destroyed her trailer home and car by arson.</p>
<p>4: Employment problems: High score indicates refusal to seek employment, many short-term jobs or frequently being fired or quitting. Economics/Disability may lead to moderate classification.</p>	<p>Mr. Saunders has been self-employed as a computer programmer. He has developed his own website while he was attending Cornell University in the '80's and he still maintains his own business as a computer programmer. He does not have any employees and he has a male friend who helps in operating the business since the time of Mr. Saunders' hospitalization. Mr. Saunders is able to work from his laptop computer at Elmira Psychiatric Center in order to maintain his business. This is his only source of income.</p>

<p>5: Substance use problems: Includes misuse of Rx drugs. Severity is determined by impairment in ability to function in areas of health, employment, relationships etc.</p>	<p>Mr. Saunders' abuse of alcohol and marijuana have contributed to his decompensation and psychotic symptoms. At the time that Mr. Saunders was using alcohol and marijuana, he was in denial of his mental illness and unwilling to follow treatment recommendations. This behavior led to decompensation which included responding to command hallucinations and leading to his dangerous behavior and of committing arson. Mr. Saunders use of substances were his attempts to self-medicate in lieu of taking psychotropic medications that would have addressed his psychotic symptoms.</p>
<p>6: Major mental illness: Dx of Major Mental Illness by history and independent of current acuity. Serious D/Os include major thought, affective and cognitive Dx.</p>	<p>Current Diagnosis: Axis I: 296.44 Bipolar 1 disorder Recent episode - manic 305.0 - History of cannabis abuse</p> <p>Axis II: 301.9 Personality Disorder - not otherwise specified.</p> <p>Axis III: History of hypertension - left shoulder pain and numbness of upper arm.</p> <p>Axis IV: Interaction with the legal system.</p> <p>Axis V: Present GAF -60 Past GAF - 30</p>
<p>7: Psychopathy: Requires use of PCL-R or PCL-SV. Score Range 0-19= 0 Score Range 20-29=1 Score Range 30-40=2</p>	<p>Mr. Saunders does not exhibit psychopathic personality traits. Moreover, he is able to empathize with peers in psychotherapy sessions. He expresses remorse for his past criminal behaviors and harmful actions and states that he wishes to remain medication compliant so that this behavior does not occur again.</p>

<p>8: Early maladjustment: Maladjustment at home, school or community prior to age 17. Victimization a key indicator. High score warranted if Maladjustment is present in at least 2 domains.</p>	<p>According to Mr. Saunders and his mother, there is no indication of any early maladjustments in the home, school, or community. Mr. Saunders was never adjudicated as a person in need of supervision or a juvenile delinquent. Furthermore, records indicate that Mr. Saunders was an excellent student throughout his academic career.</p>
<p>9: Personality disorder: Dx of Personality Disorder. Score less severe for personality traits.</p>	<p>Mr. Saunders carries a diagnosis of Axis II: 301.90 of personality disorder - not otherwise specified.</p>
<p>10: Prior supervision failure: Pertains to community and institutional placements. Severe if failure resulted in apprehension or re-institutionalization.</p>	<p>Mr. Saunders disobeyed orders of conditions placed upon him by Honorable William Barrett to attend an outpatient mental health program at Tompkins County Mental Health Center. Due to ongoing non-compliance with order treatment, he was transferred to Elmira Psychiatric Center Community Clinic on May 2002. At the clinic, he was non-compliant with treatment and monitoring recommendations made by the clinic. He had refused psychotropic medications as he felt the medications interacted with his liver enzymes and felt that the psychiatrist was intentionally doing harm to him. He had also refused a toxicology screening at the time. As a result of this violation, his order of conditions was extended for five more years. On April 6, 2003, following his admission to the Elmira Psychiatric Center, Mr. Saunders physically assaulted female staff there. As a result, he was re-committed to the Rochester Regional Forensic Unit.</p>
<p>Clinical Items 1-5:</p>	<p>Comments</p>

<p>1: Lack of insight: Item refers to the degree to which the person acknowledges or comprehends his/her mental disorder.</p>	<p>It has been noted by the Treatment Team that Mr. Saunders has excellent insight and judgement. The Treatment Team further notes that he is an active participant in psychotherapy groups and that his statements are relevant and rational. He acknowledges that he has a mental illness and will need ongoing treatment if he is to remain stable in the community. He has also acknowledged that he will need to abstain from alcohol and marijuana use and that he will need the support of AA. Mr. Saunders is also willing to submit to random drug screens.</p>
<p>2: Negative attitudes: Pertains to the presence of pro-criminal and anti-social attitudes and not occasional pessimistic attitudes.</p>	<p>Mr. Saunders does not demonstrate anti-social or pro-criminal attitudes or beliefs. His attitude about his past criminal behavior is remorseful and he regrets his prior actions. He also intends on preventing any relapse of psychotic symptoms by following treatment recommendations fully and being medication compliant. Furthermore, he verbalizes that he accepts full responsibility for his past actions. There's no indication of hostility towards others noted. Mr. Saunders is cooperative and pleasant towards staff and peers. There have not been any negative attitudes expressed by Mr. Saunders regarding institutions and social agencies.</p>
<p>3: Active symptoms of major mental illness: Self explanatory with active symptoms of psychosis (TCOs) warranting a severe classification.</p>	<p>Mr. Saunders psychotic symptoms have been in remission and this goal was obtained on Mr. Saunders' Treatment Plan since December of 2004. The psychotic symptoms included paranoia, delusional beliefs, and auditory hallucinations. Since this time, he has refrained from expressing bizarre comments noted in the past such as "I am Hitler". His behavior is coherent and he is cooperative and pleasant towards staff and peers.</p>

<p>4: Impulsivity: Refers to the dramatic hour to hour, day to day and week to week fluctuation in mood and general demeanor. Serious impulsivity is manifest by "hair trigger" disproportionate reactions to real or perceived slights. Both negative and positive reactions appear exaggerated.</p>	<p>Mr. Saunders is composed when under pressure or stress. He does not respond in an impulsive manner to stressful situations nor has he had any verbal or physical outbursts noted since April of 2003.</p>
<p>5: Unresponsive to treatment: Item pertains to treatment issues deemed relevant to the amelioration of criminal, psychological, social or vocational problems. More severe classification should be applied in situations of non-compliance, "shamming" etc.</p>	<p>Mr. Saunders has been responsive to all aspects of treatment to address criminal, psychological, social, and vocational problems. For example, Mr. Saunders is an active participant in therapy and addiction awareness groups. He is able to clearly address past problems and has a good understanding of his illness and what he needs to do to maintain emotional and psychological stability. He also attends AA groups and has verbalized his intention to remain abstinent of drugs and is willing to submit to random drug screens. He participates in the work for pay program at the facility and interacts well with peers when he is performing his job. He has met prior treatment goals while at the facility such as remission of psychotic symptoms through medication and treatment compliance, admitting to having a mental illness and substance abuse problem, and a willingness to continue receiving psychiatric treatment in the community.</p>
<p>Risk Management Items 1-5</p>	<p>Comments</p>

<p>1: Plans lack feasibility: Higher score reflects high probability that plan will not succeed. The extent to which the person, his indigenous supports and ministries/agencies are involved in the plan and commit needed resources to it are key to assessing feasibility.</p>	<p>Mr. Saunders has an emergency plan that he was able to verbalize to the Treatment Team. He stated that he would identify any early warning signs of decompensation when out in the community and would immediately call the facility and the social worker for assistance during normal working hours (Monday through Friday 8:00 a.m. - 4:30 p.m.) During off hours, Mr. Saunders will have the unit phone number to access or the Safety Office number. In addition, Mr. Saunders will know the number of his local Crisis Center. He identified the following as warning signs: agitation, insomnia, lost of appetite, and feelings of being watched. In addition, he has a roommate who would help him also by contacting the facility. Mr. Saunders would also have an AA sponsor from the community for additional support.</p>
<p>2: Exposure to destabilizers: Refers to the absence of professional and indigenous supports and/or situation that were present at the time of the index offense or behavior. Return to "hazardous conditions" or criminogenic environments (access to alcohol, drugs weapons etc.) heighten risk.</p>	<p>Mr. Saunders wants to remain abstinent while out in the community and has verbalized his willingness to avoid situations which might put him in danger of relapse. He is involved with the AA community and will have a sponsor in the community for support in maintaining abstinence. Mr. Saunders is willing to submit to random drug screens and is also willing to seek help from the Treatment Team when he returns from the community to help him address any concerns. We are also available to Mr. Saunders in the event of an emergency situation or if he feels the need for support.</p>

<p>3: Lack of personal support: Absence of positive, tolerant and encouraging relationships from family and peers leads to heightened risk. When assessing this domain, it is essential that the evaluator look beyond the good intentions or immediate goals (to secure release) of personal supports.</p>	<p>Mr. Saunders has indicated that his roommate, Ms. Richardson, is a supportive person in his life. Although they are not intimate partners, Ms. Richardson has offered Mr. Saunders companionship and help when he has needed it. Mr. Saunders also has an amicable relationship with his ex-wife and has a relationship with his teenage daughter, Rachel. It is his desire to see his daughter graduate high school in June of this year.</p>
<p>4: Noncompliance with remediation attempts: Evaluator should view this item broadly and assess motivation and willingness to succeed and comply in both therapeutic and supervision/management realms.</p>	<p>There is a low probability that Mr. Saunders will not comply with therapeutic, medication, supervision, or management plans. During this hospitalization, he has been treatment compliant, etc. He has been treatment compliant for a substantial period of time and has verbalized his intention to remain treatment and medication compliant. He looks forward to an increase in privilege level as he would like to do some maintenance and up keep work on his home. He would also like to spend time with his teenage daughter. Mr. Saunders also has his own computer programming business which he tries to maintain while at the facility. He would like to spend time getting his business back on track. All of these goals are important to Mr. Saunders and are motivators for him to continuing on-going treatment compliance.</p>
<p>5: Stress: While it is difficult to forecast stressors the individual is likely to encounter, the evaluator needs to gauge the individual's particular vulnerabilities and coping mechanisms in the context of historical reactions to stress.</p>	<p>Mr. Saunders has exhibited good self-composure while on the unit. He has a positive relationship with his daughter and has recently helped her fill out forms to assist her with receiving financial aid for college. He states that he wants to be a continuing support to her. He also has a positive relationship with his roommate, Ms. Richardson. He is a self-employed computer programmer and has his own web page so he is able to meet his financial needs.</p>

Final risk judgment and rationale:

The Treatment Team feels that Mr. Saunders poses a low risk of re-offending to the community for the following reasons:

He has been medication and treatment compliant since his admission to the Elmira Psychiatric Center on September 14, 2004.

During his time at Elmira Psychiatric Center, he has been non-threatening and non-assaultive.

He verbally acknowledges that he has both a mental illness and substance abuse problem and that he is willing to follow treatment recommendations.

He also understands his need for continuing treatment. Furthermore, he understands that his medications are necessary for his continued stability in the community. Mr. Saunders has improved in his communication and social skills by engaging with peers and staff.

He also has a safety plan in place to help him to be aware of any early indicators of decompensation. In addition, he is aware of community resources that are available to him.

Mr. Saunders is also willing to submit to random drug screening to ensure that he maintains his abstinence while in the community.

Mr. Saunders looks forward to resuming his life in the community and is highly motivated to prepare for a return to the community. He looks forward to engaging more fully in his computer software business. He also looks forward to being more involved with his daughter.


d:03-10-06 cl/t: 03-10-06 jej

Chief Court Clerk
Tompkins County Court
PO Box 70
320 North Tioga Street
Ithaca, New York 14851-0070



Kevin Saunders
Indictment 97-019

papers relating to 5/10/06
hearing

Please file this
original. I gave
a copy to the
DA. Parks,
6/13/00 



Sharon Carpinello
Commissioner
New York State
Office of Mental Health

William L. Benedict
Executive Director

Venkata Satti, M.D.
Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Frederick Manzella
Quality Director

Pamela Seeley
Nursing Director

April 17, 2006

Nancy M. Joch, Chief Clerk
Tompkins County Court
320 North Tioga Street
Ithaca, New York 14850

Re: Kevin Saunders
CPL 330.20 Patient
Indictment #97-019

Dear Judge John C. Rowley:

The above named individual is currently at the Elmira Psychiatric Center. Recently, December 2005, the Division of Forensic Services submitted an application for a "Retention Order" pursuant to the provisions of subdivision fourteen of CPL 330.20.

During the assembly process, the enclosed documents were inadvertently omitted. More specifically the documents are Form L (Application for a Subsequent Retention Order and Notice of Application), Form M (Subsequent Retention Order), and Affidavit of Services.

I ask that you take whatever actions that you deem appropriate to include the enclosed materials with aforementioned Retention Application. If you should have any questions about this matter, please bring them to my attention.

Sincerely,

Karen Patterson, LCSW
Forensic Coordinator

Enclosures

cc: Kevin Moshier, Esq. - MHLS
Carol Cocchiola, AAG
Hon. Gwen Wilkinson, DA
Dr. Venkata Satti, Clinical Director
Rebecca Briney, Division of Forensic Services
Kevin Saunders w/o enclosures
file

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer



Sharon Carpinello
Commissioner
New York State
Office of Mental Health

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Executive Director

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Clinical Director

M. Shawn Rosno
Operations Director

Mark E. Stephany
Administration Director

Frederick Manzella
Quality Director

Pamela Seeley
Nursing Director

April 17, 2006

Nancy M. Joch, Chief Clerk
Tompkins County Court
320 North Tioga Street
Ithaca, New York 14850

Re: Kevin Saunders
CPL 330.20 Patient
Indictment #97-019

Dear Judge John C. Rowley:

The above named individual is currently at the Elmira Psychiatric Center pursuant to a CPL 330.20 Retention Order.

Enclosed please find the following materials:

Form L - Application for a Subsequent Retention Order and
Notice of Application
Form M - Subsequent Retention Order
Physician's Affidavit
Affidavit of Service

This case will be presented to the Tompkins County Court on April 17, 2006. If you have any questions, please bring them to my attention.

Sincerely,

Karen Patterson
Forensic Coordinator

Enclosures

cc: Kevin Moshier, Esq. - MHLS
Carol Cocchiola, AAG
Hon. Gwen Wilkinson, DA
Dr. Venkata Satti, Clinical Director
Rebecca Briney, Division of Forensic Services
Kevin Saunders w/o enclosures
file

100 Washington Street, Elmira, NY 14901-2898
Phone: 607-737-4739 Fax: 607-737-9080 ElmiraPC@OMH.STATE.NY.US

ACCREDITED BY JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS
CERTIFIED BY HEALTHCARE FINANCIAL ADMINISTRATION

An EO/AA Employer

AFFIDAVIT OF SERVICE

STATE OF NEW YORK
() SUPREME COURT (x) COUNTY COURT
PART: _____ COUNTY: TOMPKINS

IN THE MATTER OF:

KEVIN SAUNDERS

INDICTMENT #97-019

A PATIENT WITH:

ELMIRA PSYCHIATRIC CENTER

State of New York, County of Chemung, Karen Patterson, being duly sworn, deposes and says:

That: She is employed in a facility operated by the New York State Office of Mental Health.

That: On the 17 day of April, 2006, she served upon:

Kevin Saunders
c/o Elmira Psychiatric Center
100 Washington Street
Elmira, New York 14901

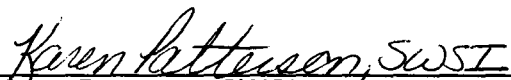
Kevin Moshier, Esq.
Mental Hygiene Legal Services
c/o Elmira Psychiatric Center
100 Washington Street, Bldg. 4
Elmira, New York 14901

Hon. Gwen Wilkinson, District Attorney
Tompkins County Courthouse
320 North Tioga Street
Ithaca, New York 14850

Rebecca N. Briney, Deputy Director
Division of Forensic Services
NYS Office of Mental Health
44 Holland Avenue
Albany, New York 12229

Carol Cocchiola, Esq.
Assistant Attorney General
New York State Office of Law
State Office Building
44 Hawley Street, 17 Floor
Binghamton, NY 13901

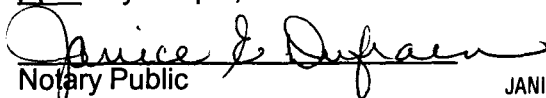
That: Within notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at Elmira, New York 14901 directed to said parties at the address within the state designated.



Karen Patterson, SWSI
Forensic Coordinator

Sworn to before me the

17th day of April, 2006.



Notary Public

JANICE E. DUFRAIN
Notary Public, State of New York
Chemung County No. 01DU6008864
Commission Expires June 15, 2012

97-019 4-504

~~97-019~~

10:11:07

AFFIDAVIT

IN THE MATTER OF
KEVIN SAUNDERS

STATE OF NEW YORK
COUNTY OF TOMPKINS

Savithiri Satti, M.D. being duly sworn, deposes and says:

1. I am a psychiatrist duly licensed to practice in the state of New York.
2. I currently hold the position of Psychiatrist I at the Elmira Psychiatric Center.
3. I submit this affidavit in support of the Commissioner's application for retention for the above-referenced patient, who resides at the Elmira Psychiatric Center, 100 Washington Street, Elmira, New York 14901.
4. I am familiar with this patient in that I have examined the patient on 18 occasions since September 14, 2004 in the capacity of treating psychiatrist.
5. It is my opinion that the patient's clinical diagnosis at this time is:

AXIS I: (Clinical syndromes, conditions attributable to mental disorder that are the focus of attention or treatment): Bipolar Type 1, recent episode manic with psychotic features, mod congruent in partial remission; Cannabis dependence in remission; alcohol abuse in remission due to readmission; gender identity - adult with transgender issues.

AXIS II: 296.44 Bipolar/Disorder, Recent episode Manic
305.00 History of cannabis abuse
301.90 Personality Disorder, NOS

AXIS III: History of hypertension, left shoulder pain and numbness of upper arm

AXIS IV: Interaction with legal system.

AXIS V: GAF current 60; past year 30

6. A detailed analysis of the patient's condition, upon which I base this opinion is set forth in the report attached hereto.
7. It is further my opinion that at this time the patient should be granted a retention order.
8. For the above-stated reasons, I respectfully request that the Court grant the Commissioner's application for retention for patient Kevin Saunders.

Savithri Satti M.D.
Savithri Satti, M.D.
Psychiatrist I

Sworn to before me this 30th
day of March, 2006

Janice E. Dufraen
Notary Public

JANICE E. DUFRAIN
Notary Public, State of New York
Chemung County No. 01DU6008864
Commission Expires June 15, 2006

97-019
610-62
4-5-04

10:11:07

**Elmira Psychiatric Center
Application for Change in Status/Privileges
Clinical Summary**

Kevin Saunders

April 14, 2006

DOB: 5/1/56

CPL 330.20

Consecutive No.: 01-51-81

Nature of Facility Request: The Elmira Psychiatric Center is seeking retention.

Identifying Information: Kevin Saunders is a 48 year old, divorced, Caucasian male , who was admitted to the Elmira Psychiatric Center on 9/14/04 from the Rochester Regional Forensic Unit (RRFU). He was admitted to RRFU on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Judge, on 5/22/03.

Mr. Saunders is CPL 330.20 status, Track III.

Initial Facility of CPL: Mr. Saunders was court ordered to Rochester Regional Forensic Unit on January 30, 1998. He was discharged from RRFU on 3/31/98 CPL status 330.20, Track III.

Subsequent Facilities: Prior to his admission to the Elmira Psychiatric Center, Mr. Saunders, had been at RRFU since 5/23/03. He was transferred to RRFU after a short stay the Elmira Psychiatric Center (EPC). He was brought to the Cayuga Medical Center by his roommate Alice Richardson.

During his stay at EPC, Mr. Saunders, assaulted a staff member. This assault took place on 4/6/03. Patient was placed in 4 point restraint following the assault and received stat medication. He continued to escalate and needed to be place in 5 point restraint. Due to his assaultive behavior, the treating physician filed a request for recommitment to a forensic facility. The patient was transferred to RRFU.

Instant Offense: Mr. Saunders instant offense consisted of Burglary, 2nd degree, Arson, 3rd degree-a class C Felony, Criminal Mischief, 2nd degree and Criminal Contempt, 1st degree.

On the morning of 2/6/97, Mr. Saunders drove to the trailer park where his estranged ex-girlfriend had been living. According to the patient's statement, as well as the police report, he was dressed in a woman's evening dress, stockings and high heels. He was in possession of four kitchen knives, including a meat cleaver. Patient reports that a few days prior to the offense he read the book *The Silence of The Lambs* and began making connections between his life, his ex-girlfriend's life and some of the characters in the book. He came to the conclusion that his girlfriend, Susan, was a character from the book (Clarice). He was also convinced that the FBI was after him. Mr. Saunders was under the impression that Hannibal Lector (another character from the book who was a cannibal, serial killer and psychiatrist) was sending him messages

through the radio. Some of these messages were of command nature ordering Mr. Saunders to dance or break into the trailer.

He stated that the night before the offense he had been up all night dancing and that he put on Susan's clothing. He stated that he felt afraid that someone might be coming to his house to kill him. At that point he states he got in his car and drove to Susan's trailer. He states that he took the knives with him to protect himself. He stated that he wanted to see Susan and had not intention of hurting her. When he arrived at her trailer he saw that her car was there and he thought she was home. He proceeded to break into her trailer through a window. He then picked up lighter fluid that he found in her trailer and then set the trailer on fire using his own lighter.

He left the scene in his own car but was stopped less than a mile away by the state police who had been notified by a neighbor that he was at the trailer. Patient told the state police that he was receiving messages through the radio telling him to kidnap his estranged girlfriend, Susan Hamann. He stated that he brought the knives with him to use in his attempt to kidnap her. He stated that he felt his life was in danger if he did not follow the commands he was hearing through the radio. It should be noted that Mr. Saunders' ex-girlfriend had an order of protection against him at the time of the offense. She had requested the order of protection 1 month before the offense because she feared for her safety. She reports that he physically assaulted and raped her around Christmas 1996.

Risk Factors: Mr. Saunders was being prescribed Prozac and Trazodone by Dr. Singh at the time of the offense. He admits to not taking his medications as prescribed because he did not agree with his diagnosis and felt the medications were causing him to have unpleasant side effects. He felt that he had a neurological disorder known as Guillain-Barre Syndrome.

Patient admits to smoking Marijuana on a daily basis and also was drinking alcohol at the time of the offense. He has a history of alcohol dependence.

Mr. Saunders admits to having extreme difficulty with interpersonal relationships. He has narcissistic and borderline features which make it difficult for him to engage in meaningful relationships with others. He also believes that he has gender identity disorder and reports attractions to both males and females. Prior to the offense his girlfriend had ended their relationship which was very upsetting to Mr. Saunders.

Mr. Saunders had been physically and sexually assaultive in the past to his ex-girlfriend. Reports indicate that he was also physically assaultive towards his first wife, Ann Marie Whelan, from whom he is divorced.

Since December of 2005 to the present time Mr. Saunders has been aware of risk factors related to his bi-polar disorder and his past substance abuse history. He is able to share the depth of his pathology within psychotherapy groups. He has verbalized his need for ongoing treatment for both psychotherapy and psychiatric treatment which includes psychotropic medications. He has been in complete remission of his psychotic symptoms since December 2004 as indicated in his Treatment Plan.

Danger Signs: According to information from Tompkins County Mental Health, where he has received outpatient services in the past, when decompensated he suffers from auditory hallucinations, paranoid and persecutory delusions and preoccupation with physical health (CPL 330.20 Quarterly Monitoring Report dated 1/31/02 by Linda Riley, CSW-R). He also becomes physically assaultive when not on medication.

Since December of 2005 to the present time Mr. Saunders is aware of behaviors which would indicate for him that he may be decompensating. These behaviors include agitation, loss of appetite, insomnia, and a feeling of being watched. His safety plan is to notify the facility, specifically the social worker, during business hours from 8:00 a.m. to 4:30 p.m. (Monday - Friday), if he is experiencing any of these symptoms. During off hours, Mr. Saunders may contact the unit staff or the Safety Office and will have their numbers. He will also have access to a working phone. Mr. Saunders will know when and where AA meetings are held in his community and will be able to access his AA sponsor for needed support. Mr. Saunders is also around his roommate, Ms. Richardson, and she is aware of these symptoms also and will be able to assist Mr. Saunders if need be. In addition, she is willing to call the facility to report any concerns.

Victim Profile: Relationship based. Ex-wife and Ex-girlfriend.

Type of Weapon: Mr. Saunders was carrying several knives with him at the time of the offense however he did not use these knives in any way during the offense. There is no history of Mr. Saunders collecting weapons. He used lighter fluid and a lighter to start the fire that destroyed his ex-girlfriends trailer.

Medical History: Mr. Saunders had indicated in the past that he believes that he has a neurological disorder such as Teshwin Syndrome or Guillain-Barre Syndrome. He was seen by a neurologist, Dr. Stackman, who did not agree with his interpretation of his situation. Dr. Stackman diagnosed him with alcohol dependence. He has a history of pseudo seizures.

Psychiatric History: Mr. Saunders has a long history of emotional difficulties.

He reports that he first received treatment for moderate symptoms of depression in 1979 while attending graduate school at Cornell University. He attended 3 sessions at Family and Children Services in Ithaca, NY.

Patient reports receiving services again from Family and Children Services in 1992 upon being referred through the Cornell EAP program where he was employed. He states he attended 12 sessions with Ellen Stotz from 1/9/92 to 6/11/92. He was placed on administrative leave from Cornell University.

He was seen by Ms. Micki Goldstein in May of 1993 for marital counseling with his former wife, Ann Marie Whelan.

From 5/17/93-1/31/94 he was seen by Anna Matusiewicz, M.D. for depression, marital/divorce

issues and possible exposure to HIV. He states he attended approximately 17 sessions with her.

The precipitant to him seeking therapy was that Mr. Saunders reports that in February of 1993 that he was raped by a male acquaintance of his wife. He admits that he and his wife had an agreement for an "open marriage" where both of them were free to participate in sexual relationships outside of the marriage. He reports that the person who raped him had been sexually involved with his wife. Mr. Saunders had previous encounters with males. Mr. Saunders became concerned that he may have contracted HIV as a result of the rape. He was also concerned for his wife's health as she had been involved with this same man. He sought counseling to deal with his anxiety surrounding this situation.

Dr. Matusiewicz offered him a trial of Lithium. He declined the medication but continued with psychotherapy. He terminated therapy when he felt better and after testing for HIV was negative. Dr. Matusiewicz felt Mr. Saunders suffered from an affective disorder but stated it was hard to determine due to his cannabis use. During this time, Mr. Saunders, admitted to episodes of hitting his wife when he was trying to taper his use of marijuana.

From 5/96 to 1/97 Mr. Saunders was seen for 29 sessions by Amari Meader, MSW at Family and Children Services. He sought counseling for "relationship issues". His case was eventually terminated because he refused to stop using cannabis. He was seen again during January of 1997 by Dr. Singh and was put on Trazodone and Prozac. Later that month he stopped both medications as he felt the Trazodone was causing panic like symptoms. He continued to smoke marijuana.

Mr. Saunders was charged with a DWI on 12/22/96 and reported being under stress as a result of this. He presented to the Cayuga Medical Center ER on 1/11/97 at 5:00 AM with reported heart palpitations, chills and shortness of breath.

On 2/6/97 Mr. Saunders was arrested on the charges listed in the Instant Offense. He was released on bail of \$50,000.00 on 3/20/97 posted by his mother. Mr. Saunders was examined by Dr. Brink on 4/8/97 and Dr. LeVerrier on 4/11/97 in regards of his mental capacity to proceed with the trial. On 6/14/97 he was evaluated by Norman J. Lesswing, Ph.D. He received Not Responsible By Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, county court judge of Tompkins County. A CPL 330.20 examination was ordered on 8/4/97. Patient remained at RRFU from 1/30/98-3/31/98 for dangerousness examination. Both examiners (Dr. Singh and Dr. Kennedy) concluded that at that time Mr. Saunders did not suffer from a dangerous mental disorder.

The Order of Conditions was issued and Mr. Saunders was ordered to attend and outpatient mental health treatment program at Tompkins County Mental Health Center. He was seen there by Linda Riley, CSW from May of 1998 to May of 2002. His treatment was then transferred to the EPC outpatient clinic at the request of the commissioner of mental health for Tompkins County, Anthony B. Deluca. He requested the transfer due to ongoing non-compliance with the order of conditions (ongoing use of cannabis and refusal to comply with urine toxicology

screens).

He was hospitalized at Cayuga Medical Center on 4/27/02 for psychotic decompensation. He remained in the hospital until 5/2/02. He stated during this admission that he was the reincarnation of Adolf Hitler and that he had "a mission". He was discharged on no medications as he refused to take them.

Mr. Saunders did attend his appointments at the EPC outpatient clinic, starting in May of 2002, but he was non-compliant with treatment and refused to take medication. He was seeing both Dr. Belsare and Janet Stevens, CSW. He continually refused to accept education regarding his illness. He also continued to smoke marijuana.

On 4/4/03 Mr. Saunders was admitted to Cayuga Medical Center. He was brought there by his roommate Alice Richardson. She reports that he had not been eating or sleeping and that he was becoming increasingly more bizarre. He had been running around outside naked when there was still snow on the ground. She also reported that he had become loud and threatening towards her and that she feared for her safety. He was transferred by ambulance to Elmira Psychiatric Center.

While at EPC he physically assaulted a staff person on 4/6/03. He was in both 4 point and 5 point restraints and required stat medications to calm down. The treatment team requested that the patient be transferred to RRFU based on his CPL status, ongoing noncompliance and assaultive behavior.

Patient was ordered by the Honorable John Rowley of Tompkins County to be transferred to RRFU on 5/22/03. He was admitted to RRFU on 5/23/03. He remained there until he was transferred back to EPC on 9/14/04.

During his stay at RRFU, Mr. Saunders, condition improved significantly. He was started on an antipsychotic medication, Risperdal Consta, which is an injectable medication. Initially, Mr. Saunders refused to take medication but when Dr. Guttmacher explained to him that they would seek treatment over objection he agreed to begin the medication. He was started on medication on 8/29/03. He is currently compliant with medications and has gained some insight into his illness and the need for ongoing treatment.

While at RRFU he did participate in treatment by attending groups and meeting with his team individually. He gained the most insight in regards to his marijuana use. Through participation in MICA group he was able to understand how smoking marijuana affected his mental health. He was able to state that he should refrain from using marijuana in the future. He maintained appropriate interactions with both staff and peers. He was granted Level 3 privileges which is the highest level of privileges at RRFU. Patient was later granted escorted furloughs to the community on 2/17/04.

Since being admitted to the adult services unit at EPC on 9/14/04 he has been pleasant and cooperative with all aspects of treatment. He is attending MICA and psychotherapy as well as

other therapeutic and recreational groups. Mr. Saunders' treatment team has provided him with education regarding his mental illness. He has been receptive to teaching by staff as evidenced by his verbal interactions, use of positive coping skills, participation, compliancy with medications, and staff observations. He is quiet but does interact appropriately with staff and peers. He regularly goes out with staff in the community. His interpersonal relationship skills have greatly improved. He is able to initiate and engage in social conversations with others.

Mr. Saunders acknowledges he has a mental illness and is in need of on-going psychiatric treatment. He has verbalized his willingness to comply with outpatient mental health treatment when discharged from EPC. Furthermore, he recognizes he has a substance abuse issue and is accepting of substance abuse treatment both inpatient and when discharged. He has demonstrated his commitment to recovery as evidenced by his participation in treatment and discharge planning.

From December 2005 to the present Mr. Saunders continues to attend all psychotherapy groups and the Art Therapy and Addictions Group. In addition, he attends AA and a Rehabilitation Readiness Group. In all groups, it is reported that Mr. Saunders is an engaged and empathetic participant.

Substance/Alcohol use/abuse History: Mr. Saunders has a history of both cannabis and alcohol abuse. He states that he began smoking marijuana at the age of 21. He admits to daily use in the past and was not able to accept education regarding the negative impact cannabis use had on his mental status. He felt that his marijuana use was an appropriate way to treat his physical and neurological symptoms. Mr. Saunders was charged with a DWI in 1996 but denied his alcohol use was a problem. He does participate in MICA group here at EPC and did while he was at RRFU as well. He did make a verbal commitment to himself and his treatment team to attend outpatient substance abuse treatment when he is discharged. Mr. Saunders stated he is willing to go for urine drug screens and breathalyser screens after discharged if he is asked to do so. He was non-compliant with drug testing as an outpatient which was required in his order of conditions.

Patient's Current Perspective:

Patient's verbatim written report: To give my perspective on my progress in managing my illness, I feel that I am ready to resume life in the community. I'm fully committed to taking medications to control my bi-polar disorder and monitoring my emotional and mental state to detect any symptoms that might indicate another episode of mania is coming on, and to contact my psychiatrist when this occurs. I'm also committed to remaining drug and alcohol free and I'm participating in AA to help in obtaining supports for a sober lifestyle. It has been almost three years since my brief psychosis in April 2003 and I look forward to being able to resume active work in my own software business where my inability to release upgrades to my software have had a negative impact on sales. I need to be able to return to working life in order to care for my house and contribute to my daughter's education. She will soon be entering college and I want to be able to offer her adequate support for her educational goals.

Current Privilege Level: Mr. Saunders currently has level 2, 3, and 4 privileges. He was granted escorted off-grounds furloughs in February of 2005. Staff take him out for individual day passes one to two times per week. The day passes have consisted of visiting museums, taking care of personal banking, checking on his home, his self-operated business, and attending AA groups. Mr. Saunders has been fully cooperative during escorted furloughs with staff. Staff reports indicate that these furloughs occur without incident, and have gone well. Mr. Saunders has made good use of his time while on his escorted furloughs. Recently, he was able to go to the Department of Motor Vehicles to obtain his license, and to Barnes and Noble bookstore to research computer information to enhance his business. The off-grounds furloughs have given Mr. Saunders the opportunity to establish a support system, participate in healthy recreational activities, and increase positive social interactions. In addition, he is able to prepare for his eventual return into the community.

Risk Management: Mr. Saunders has been cooperative and compliant with all aspects of treatment since the time of admission, including medication. He has not been threatening or assaultive. He is considered low risk for elopement as he is agreeable to his current course of treatment. If Mr. Saunders remains compliant with medication and treatment the team feels that he is low risk for re-offending.

Mr. Saunders is aware of de-stabilizers he may be exposed to in the community such as the stress of activities of daily living, financial problems, drugs, alcohol, and contact with high-risk people in the community. To prevent a relapse Mr. Saunders and his treatment team have developed a safety plan. The patient does have support from peers in the community. He is willing to engage in outpatient mental health and substance abuse treatment programs as recommended. AA meetings are available in the community in which he will reside. In addition, Mr. Saunders is willing to submit to random drug screens. Mr. Saunders will return to his own home. He is willing to accept an increase in professional supervision such as intensive case management services. He is self-employed as a computer software programmer.

Mr. Saunders has been able to maintain his business while receiving inpatient psychiatric services for over two years.

Since December 2005 to the present Mr. Saunders continues to present as a low risk for elopement. He has demonstrated this by cooperating fully with escorted furloughs in the community in which he was with one staff person. Mr. Saunders is in agreement to his treatment and continues to cooperate with all aspects of treatment in and out of the facility. He has not been assaultive or threatening as stated previously since April 2003 and he has been medication compliant since August of 2003.

Progress and/or Setbacks: Mr. Saunders has made significant progress in regards to improving his insight and judgement. His progress is measured by his self report, staff observations, participation in assigned groups and treatment planning. He is accepting of his mental illness and substance abuse issue. He has been compliant with treatment and medications since August of 2003. He has not been assaultive or threatening since April of 2003.

Since December 2005 to the present Mr. Saunders has made progress while out on escorted furloughs by visiting his home and house mate, Ms. Richardson, who keeps Mr. Saunders informed on personal matters. He was also able to fix his fax machine while home which he uses for his computer software business.

Mr. Saunders went to the Department of Motor Vehicles and got his driver's license. He also filled out financial aid paperwork on behalf of his teenage daughter and made out his tax application. When he was at Barnes and Noble he researched computer books on web pages to enhance his software business. He also wants to look for a job when he is out in the community to help supplement his income. He has contacted the Social Security Administration to see if he could qualify for Social Security Disability in order to have resources to pay for his medications and his psychiatric and physical health treatment. According to staff, he has been more open and has initiated conversations with both staff and peers. Mr. Saunders would also like to find an AA or NA sponsor in the community to help him to maintain his sobriety while out in the community.

In conclusion, Mr. Saunders has verbalized an understanding of his illness. He sees the need to continue to take psychotropic medications to address his bi-polar disorder and to maintain his emotional and psychological stability. He states that he does not want to jeopardize himself or others in the community and is remorseful about his prior offense. He accepts full responsibility for his actions regarding the offense and he is intent on making sure that he does not re-offend by continuing psychiatric treatment and submitting to random drug screens. He also indicates that he will participate in either an AA or NA group in his area. In addition, he has identified the warning signs that would alert him that he might be decompensating. These behaviors include agitation, sleeplessness, loss of appetite, and thoughts that others are watching him. He continues to notice the benefits of being medication compliant and wishes to maintain his current state of well being. Mr. Saunders is also looking forward to resuming life back in the community and has a number of goals. These goals include seeing his daughter graduate high school, supporting his daughter's academic goals, re-engaging in his computer business, and performing home repairs and upkeep.

Current Diagnosis:

Axis I	296.44 Bipolar I Disorder, Recent Episode Manic 305.00 History of Cannabis Abuse
Axis II	301.90 Personality Disorder NOS
Axis III	History of Hypertension, left shoulder pain & numbness of upper arm
Axis IV	Interaction with Legal System
Axis V	Present GAF60. Past GAF 30.

Current Medications: Ativan 0.5 Mg PO QHS and Risperdal Consta 25 MG IM every 2 weeks.

Recommendations: The team is requesting retention so that Mr. Saunders may continue to work on his treatment goals in preparation for his eventual discharge into the community.

Colleen Larrison, SWI
Colleen Larrison, SWI

S. Satti, Psychiatrist 1
Dr. S. Satti, Psychiatrist 1

d:03-10-06 cl/t: 03-10-06 jej

97-019 4-504

656 2 3 11:07

FORM L
APPLICATION FOR A SUBSEQUENT
RETENTION ORDER AND
NOTICE OF APPLICATION

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: COUNTY: Tompkins

IN THE MATTER
OF
AN APPLICATION FOR A SUBSEQUENT
RETENTION ORDER PURSUANT TO
CPL 330.20 IN RELATION TO

Kevin E Saunders ,

INDICTMENT #: 97-019

Defendant

(1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a subsequent retention order for and on behalf of the said Commissioner.

(2) This application for a subsequent retention order is being submitted to the following court: (check one and print name and address of indicated court)

[X] Court that issued the second retention order

Tompkins County Court

[] Court that issued the last issued subsequent retention order

☐ County court of the county wherein the facility in which the defendant is confined is located

☐ Term of the Supreme Court for the county wherein the facility in which the defendant is confined is located:

(3) This application for a subsequent retention order is made pursuant to subdivision nine of CPL 330.20. If this application is granted, the undersigned requests that the subsequent retention order issued by this court take effect at the expiration of the period referred to in ☐ paragraph (11) ☐ paragraph (12) ☐ paragraph (13) of this application and that it authorize continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years.

(4) The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months pursuant to

☐ a commitment order issued under the provisions of subdivision six of CPL 330.20

☒ a recommitment order issued under the provisions of subdivision fourteen of CPL 330.20 by the following court on the following date:

(Name of court) Tompkins County Court

(Date of order) 05/22/03

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, a transfer order was issued by the following court on the following date:

(Name of court) Monroe County Court

(Date of transfer order) 08/30/04

(6) Prior to the issuance of the recommitment order referred to in paragraph (4) of this application, a release order was issued by the following court on the following date:

(Name of court) _____
 (Date of release order) _____

(7) Subsequent to the issuance of the order referred to in paragraph (4) of this application, a first retention order was issued by the following court on the following date:

(Name of court) Monroe County Court

 (Date of first retention order) 02/11/04

(8) Subsequent to the issuance of the first retention order referred to in paragraph (7) of this application, a second retention order was issued by the following court on the following date:

(Name of court) Tompkins County Court

 (Date of second retention order) 02/08/05

(9) Subsequent to the issuance of the second retention order referred to in paragraph (8) of this application, a subsequent retention order was issued by the following court on the following date:

(Name of court) _____
 (Date of subsequent retention order) _____

(10) Following the issuance of the subsequent retention order referred to in paragraph (9) of this application, a new subsequent retention order was issued by the following court on the following date:

(Name of court) _____
 (Date:) _____

(Date of each subsequent retention order, including last subsequent retention order)

(11) Pursuant to the second retention order referred to in paragraph (8) of this application, the above-named defendant is currently confined in the following ☐ secure facility ☒ non-secure facility of the State of Office of Mental Health: **Elmira Psychiatric Center**

The aforesaid second retention order authorized the Commissioner of Mental Health to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the order referred to in paragraph (7) of this application. The period prescribed in the said second retention order expires on: 11/22/2005

(12) Pursuant to the subsequent retention order referred to in paragraph (9) of this application, the above-named defendant is currently confined in the following ☐ secure facility ☐ non-secure facility of the State Office of Mental Health:

The aforesaid subsequent retention order authorized the Commissioner of Mental Health to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the second retention order referred to in paragraph (8) of this application. The period prescribed in the said subsequent retention order expires on:

(13) Pursuant to the last issued subsequent retention order referred to in paragraph (10) of this application, the above-named defendant is currently confined in the following ☐ secure facility ☐ non-secure facility of the State Office of Mental Health:

The aforesaid last subsequent retention order authorized the Commissioner of Mental Health to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the previously issued subsequent retention order referred to in paragraph (10) of this application. The period prescribed in the last issued subsequent retention order expires on:

(14) This application is made upon the ground that the undersigned is of the view that the above-named defendant: (check one):

☐ currently suffers from a dangerous mental disorder in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgement to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

☒ [XX] does not currently suffer from a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric center under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgement is so impaired that he is unable to understand the need for such care and treatment.

(15) The annexed psychiatric reports are made a part of this application for a subsequent retention order and support the opinion of the undersigned concerning the current mental condition of the above-named defendant.

(16) Written notice of this application for a subsequent retention order has been given to the above-named defendant, counsel for the defendant, the Mental Health Legal Service and the District Attorney.

(17) No previous application for the relief requested herein has been made to any court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a subsequent retention order be issued authorizing continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years from the date such retention order takes effect.

Date:

Santhi Sath N.J.

NOTICE OF APPLICATION FOR A SUBSEQUENT RETENTION ORDER

- To:
1. Above-named defendant
 2. Counsel for above-named defendant
 3. Mental Health Legal Service
 4. District Attorney of **Tompkins** County

PLEASE TAKE NOTICE that the above application for a subsequent retention order will be submitted to the court indicated in paragraph (2) of the application on:

(Date)

Upon receipt of the above application for a subsequent retention order, the court may, on its own motion, conduct a hearing to determine whether the defendant has a dangerous mental disorder.

The court must conduct a hearing to determine whether the defendant has a dangerous mental disorder if a timely demand is made to the court by the defendant, counsel for the defendant, the Mental Health Legal Service or the District Attorney.

A demand for a hearing is timely if it is made within ten (10) days from the date that this notice of application was given to you.

You may make a demand for a hearing by writing directly to the court indicated in paragraph (2) of the above application.

Failure to demand a hearing will permit the court to rule on the above application without a hearing.

FORM M
SUBSEQUENT RETENTION ORDER

STATE OF NEW YORK

[] SUPREME COURT [X] COUNTY COURT

PART: _____ COUNTY: Tompkins

IN THE MATTER

OF

A SUBSEQUENT RETENTION ORDER
PURSUANT TO CPL 330.20 IN
RELATION TO

Kevin E. Saunders

DEFENDANT

INDICTMENT #: 97-019

Present:

Honorable _____

[] Justice of the Supreme Court
[X] Judge of the County Court

The above-named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for care and treatment for six months pursuant to a recommitment order issued under the provisions of subdivision fourteen of CPL 330.20 by the following court on the following date:

(Name of court) Tompkins County Court

(Date of order) 05/22/03

[X] And a transfer order having been thereafter issued under the provisions of subdivision eleven of CPL 330.20 by the following court on the following date:

[Name of court] Monroe County Court

[Date of transfer order] 08/30/04

[X] And, the above-named defendant having been thereafter committed to the custody of the State Commissioner of Mental Health for confinement in a secure facility for a period of six months for care and treatment pursuant to the provisions of subdivision fourteen of CPL 330.20 by the following court on the following date:

[Name of court] Tompkins County Court

[Date of recommitment order] 05/22/03

And, the Commissioner of Mental Health being thereafter authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed one year from the expiration of the aforesaid recommitment order by a first retention order issued under the provisions of subdivision eight of CPL 330.20 by the following court on the following date:

[Name of court] Monroe County Court

[Date of first retention order] 02/11/04

And, the Commissioner of Mental Health being thereafter authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the aforesaid first retention order by a second retention order issued under the provisions of subdivision nine of CPL 330.20 by the following court on the following date:

[Name of court] Tompkins County Court

[Date of second retention order] 02/08/05

And, the period prescribed in the aforesaid second retention order expiring on: 11/22/05.

And, an application having been made pursuant to subdivision nine of CPL 330.20 by the State Commissioner of Mental Health for release order or a subsequent retention order to authorize the continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years from the date of the expiration of the aforesaid second retention order.

[] And, a demand for a hearing not having been made;

[] And, a demand for a hearing having been made, and such hearing having been held on _____ ;

[] And, the court, on its own motion, having conducted a hearing on _____ ;

And due deliberation thereon having been had,

And, the court having found that the above-named defendant

ORDERED that the Commissioner of Mental Health is authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the aforesaid second retention .

Dated: _____

 [X] Judge of the County Court