Nevada Department of Parole and Probation Page 2 April 12, 2007

of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

A release to your agency signed by Mr. Rippo is enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS

Certified Legal Assistant

Criminal Law & Procedure Specialist

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ebs

Enclosures

ATTACHMENT A

TO: NEVADA PAROLE AND PROBATION RECORDS DEPARTMENT 1445 Hot Springs Rd., Suite 104 Carson City, Nevada 89706

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to records, documents and materials storage, retention, nature of and content of files of the *Nevada Department of Parole and Probation*, pertaining to:

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (2) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete a Certificate of Custodian of Records, in the form set forth in N.R.S. 52.260. Please produce or permit inspection and copying all scaled, official and/or non official memoranda, materials, files, tests, and/or documents of the following documents and things concerning:

MICHAEL DAMON RIPPO

DOB:

02-26-65

SSAN:

530-82-4903

For files compiled in 1982 and 1996.

- The complete file of the Nevada Department of Parole and Probation for Michael Damon Rippo.
- Investigation and/or prosecution files;
- Case reports;
- Memoranda prepared by any member of the Parole and Probation staff or its investigators;
- Internal memoranda;
- 6. Notes;
- 7. Interrogation reports:
- Notes of investigators or other Parole and Probation office personnel:
- Any and all physical or documentary evidence;
- Any and all video, audio recordings, all transcribed statements made by Michael Darnon Rippo:
- 11. Any and all video or audio recordings;

- All transcribed statements obtained from witnesses or other parties with information;
- Arrest and booking records;
- Crime reports;
- Crime scene investigation reports;
- 16. Follow up investigation reports:
- Antopsy reports;
- 18. Toxicology reports;
- Coroner investigation reports;
- 20. Victim information reports;
- 21. Correspondence:
- 22. Newspaper articles and press reports;
- 23. Secret witness information:
- Any materials on related crimes;
- 25. Telephone logs;
- 26. Any and all extradition documents:
- Polygraph examinations of Michael Damon Rippo;
- 28. Polygraph examinations of any witnesses;
- Any and all FBI investigative reports and/or memoranda;
- 30. Pre-sentence reports;
- Evaluations and evaluation reports, including psychiatric evaluation;
- 32. Any and all reports of medical treatment administered or provided to Michael Damon Rippo:
- 33. Disciplinary reports;
- 34. Punishment records;
- All other document relating or referring to Michael Damon Rippo in any way;
- A list of any and all purged, deleted, destroyed, documents transferred to storage;
- 37. Any and all microfilm, microfiche documents:
- 38. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, please provide a copy of Certificate of Destruction, evidencing what was destroyed and the date, as set forth in N.R.S. 239.124; N.A.C. 239.251.

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I,	٥	The agency requires a subpoena for the requested information, pursual please de
		here the statute or institutional rules; attach copy if not statutory]
2.	Ц	The requested documents were destroyed. Certificate of Destruction attached.
.		Additional information is required:
4.		Pre-payment in the sum of \$ is required for production of [number] copies.
5.		Other [please specify]:
If the	ere are	questions, my telephone number is
[date	c	(signature)
		[printed name]

28

DECLARATION OF CUSTODIAN OF RECORD

2		(, name	_, deciare under penalty of perjury:
3	1,	[am the [position]	of the Nevada Department of Parole and
4		Probation and in my capacity as [position]	am a custodian of the
5		records of the Nevada Department of Parole at	od Probation.
6	2.	That on the day of	, 20 I received a records request
7		in connection with Michael Damon Rippo req	nesting production of records [as set forth
8		in the exhibit(s) attached to the request[.	
4)	3.	I have examined the original of those records :	and have made or caused to be made a true
(O)		and exact copy of those records and the reproc	luction of those records as attached is true
11		and complete.	
12	4.	That the original of those records was made at	or near the time of the act(s), event(s),
13		condition(s), opinion(s), or diagnosis set forth	in them by or from information transmitted
14		by a person with knowledge, in the course of a	my regularly conducted activity of or for the
15		Nevada Department of Parole and Probation	
16			
17		Custodia	an of Records
18			
19		Print N	ame
20			
21			
22	ĺ		
23			
24			
25			
26			

07110-MSC00056

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DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

	f. name	·	, decla	ire under penalty of perjury:
1.	I am the [position]		of the	and in
	my capacity as [positio	13	, am a cust	odian of the records of
		the N	evada Department c	of Parole and Probation.
	That on the	day of	, 20	, the Nevada Department o
	Parole and Probation w	as served with a	records request in c	onnection with United States
	District Court case, Rip	po v. McDaniel,	et al., calling for the	e production of records as set
	forth in the exhibit(s) a	ttached to the rec	quest.	
	Records were destroyed	d pursuant to		cite here
	Nevada Revised Statut	es ("NRS"), agen	icy rules and regulat	ions authorizing destruction
	of documents (and atta	ch copy of rule o	r regulation, if other	than NRS)].
	The requested document	nts, pursuant to th	ne above statute, rul	cs and/or regulations were
	destroyed on or about			[date].
	No form of the request	ed documents rer	nain, whether paper	, microfilm, microfiche, or
	electronic.			
		C	USTODIAN OF RE	CORDS
		m		
		r)	tint Name]	

EXHIBIT 106

EXHIBIT 106

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Cepital Habese Unit Brien Abbington Chief, Cepital Habese Unit Rene L. Valladares Chief, Trial Unit Michael Pascetta Habese Resource Counsel

November 29, 2007

Pastor David Shears Assistant Pastor Andy Visser Word of Life Christian Center 3520 N. Buffalo Las Vegas, Nevada 89129

Re:

Carole Ann Duncan tka Carole Ann Anzini fka Carole Ann Rippo fka Carole Ann

Campanelli

Dear Pastors:

The Office of the Federal Public Defender represents Carole Ann Duncan's son, Michael Rippo, in his federal capital habeas proceedings. We are operating under court-imposed deadlines and would appreciate a prompt response. As part of our efforts, we are compiling a family history (medical, physical, emotional, religious – all aspects). Ms. Duncan told us of your efforts to help her with counseling and support in the months following Michael's conviction in 1996 and your continuing support, including following the death of her husband Oliver Anzini.

This is a formal request for all records, notes, counseling information, applications, membership applications and any and all other written or recorded information relating to Carole Ann Duncan under that name or any of her former last names.

If you cannot comply with this request, please complete the attached form stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide information regarding your retention policy. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Word of Life Christian Center Page 2 November 29, 2007

A release to you signed by Carole Ann Duncan is enclosed. Your prompt attention to this matter is greatly appreciated. Also, a declaration of custodian of records is enclosed for your use in verifying the source of the documents you will provide. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS

Certified Legal Assistant

Criminal Law & Procedure Specialist

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AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 29 Nov 2007

TO: WORD OF LIFE CHRISTIAN CENTER PASTOR DAVID SHEARS ASST. PASTOR ANDY VISSER

Re: CAROL ANN Duncan (aka Duzini, aka Campanelli, aka Rippo)

I, CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all ligibility arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

068-34-9587	Carole a Chemian
Social Security Number	Signature
12/85/42	Transplus 20,07
Date of Birth	Date

٦.

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101

(702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give <u>UIGEA OF LIFE</u> OF OF CENTED permission to release, use and/or share my medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. PORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the minimum accuracy requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(a) initialed by one for disclosure in paragraphs 4 and 5 below.

	mility(s) To Disclose My Protected Health Information: DE SHEARS: SEST SESTING SUBJECTED
	DOPLIFE CHONSTIAN CENTER
Address:	
City, State Zip Code:	
to release, use and/or share the medical in the person or organization that received in	give my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) information described below. I understand that once this information is released, used and/or shared, may share it again without my permission. If this happens, the information may no longer be protected and what type of information is going to be released, used and/or shared and how this is going to be done.
Patient Name (First, Middle, Last):	Carole ann Duncan, aka Carole ann Euppo, aka Carole ann Campanelli, Aka Carole ann Anzini
Patient Address:	39 Cartus Randi Rd
City, State, Zip:	Edgewood, NEW MEXICO 87015
Telephone No:	505-256-0477
Date of Birth:	12/38/42
Social Security No:	068-34-9587
3. Release of Information to: Name (First, Middle, Last):	ATTN: Elisabeth B. Stanton
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 R. Bonneville Avenue, STE. 250 Las Vegas, Nevada 89161
Telephone No:	(702) 388-4577
Fax No:	(702) 388-5819
FPD (rev. 2006)	

07333-RRX00054

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(x) of the record below that you would like released or that yo permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Descriptions	Date(s)	Descriptions	Date(s)
3 Admission		□ Immunization Rec	cords	□ Progress Notes	
Consultation Report(s)		☐ Inpatient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
Counseling Notes		□ Laboratory Repor	t(s)	Social Work Notas/Reports	
Designated Record Set/Abstract		C Nursing Notes		☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary		□ Operative Proceds Report(s)	rre .	O Transfer Porms	
C) Drug Administration Records		□ Outpatient Record	•	O Treatment Plans	
□ Emergency Record(s)		□ Puthology Report(s)	✓ Eathy Modical Record for all sections finted above:	
O History & Physical Report(s)		□ Physician's Notes			
Home Care Records		☐ Physician's Orders			
Other: Be Specific:					<u> </u>
of the records noted above	e, please list an	y areas of those records	that you do not wish t	o release, use and/or share:	
Records to Be Reje are/Treatment/Testing, a rationt <u>MUST INITIAL</u> of AIDS/HIV Records	and Contains ad Treatment/	ing Information Reb Testing for Drug and/	sted to my Treatme tr Alcohol Use/Abuse:	at for AIDS/HIV, Psychiatric/	Psycholog
AIDS/HIV Records		+ Co	Date(s) of Service:		
Drug and/or Alcohol Use/Abuse Records		Date(s) of Service:			
Psychiatric/Psychological F	Records	+ <u>Ck</u>	Date(s) of Service:		_,,
Sychotherapy Notes		- (1)	Date(s) of Service:		

07333-RRX00055

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, entrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

A photocopy or fax copy of this authorization shall be acceptable as an original.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make the request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one shove disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

Signature of Patient/Parent/Legal Guardian: Crick On Consum Date: 11/30/07

CAROLE ANN DUNCAN

Signature of Witness: + Robert C. Duncar Date: 11/20/07

Print Name

If a person cannot provide a written signature, two witnesses must sign below:

Witness:

Address:

Address:

FPD (rev. 2006)

Witness:

EXHIBIT 107

EXHIBIT 107



Division of Parole & Probation

1445 Old Hot Springs Rd, Suite 104 Carson City, NV 89706 Telephone: 775-684-2657 Fax: 775-684-2693

From: Jennifer Langstaff Adminstrative Assistant III

3 2007

Command: Headquarters ~ GSB~ Records

FAX COVER SHEET

TO: Elizabeth Stanton

DATE: 12/3/2007

FAX#: 702-388-5819

PAGES: 01 including this cover sheet

SUBJECT: Michael Damon Rippo v. McDaniel

ATTENTION:

Urgent

As Requested

Por Review

As We Discussed

Please Comment/Recommend

For Your Information

Please Handle/Reply

Other

COMMENTS: We are unable to comply with your request. The documents requested are deemed privileged and confidential and may not be disseminated except by order of the court of jurisdiction.

****CONFIDENTIAL****

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE AND ANY AND ALL ACCOMPANYING DOCUMENTS ARE THE PROPERTY OF THE STATE OF NEVADA, DEPARTMENT OF PUBLIC SAFETY, DIVISION OF PAROLE AND FROBATION, AND ARE PRIVILEGED AND CONFIDENTIAL. THE INFORMATION CONTAINED HEREIN IS INTENDED ONLY FOR THE USE OF THE DESIGNATED RECIPIENT NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF TRIS COMMUNICATION, OR THE TAKING OF ANY ACTION IN RELIANCE ON THIS INFORMATION IS STRICTLY PROHIBITED.

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS SHOWN ABOVE VIA THE U. S. POSTAL SERVICE. THANK YOU.

Committed to Nevada's Public Safety

Surequest et.

EXHIBIT 108

EXHIBIT 108



OFFICE OF THE DISTRICT ATTORNEY

CRIMINAL APPEALS UNIT

DAVID ROGER
District Attorney

CHRISTOPHER J. LALLI Assistant District Attorney

ROBERT W. TEUTON Assistant District Attorney

MARY-ANNE MILLER County Counsel NANCY BECKER Chief Deputy

January 28, 2008

Elisabeth B. Stanton, CLAS Law Offices of the Federal Public Defender 411 E. Bonnoville Avenue, Suite 250 Las Vegas, Nevada 89101

Re: Damon Michael Rippo, 2:07-cv-00507-ECR-PAL

Dear Ms. Stanton:

On January 28, 2008, this office received via United States mail, a copied "second request" of your letter dated December 5, 2007, requesting any and all records relating to Victim Witness information of Lauri Jacobson and Denise Lizzi, their family and relatives from the Eighth Judicial District Court case C106784. The first request from you did not include the above-mentioned victims and had been responded to on December 11, 2007. District Attorney prosecution files are not considered public record and are in large part attorney work-product. Your request also calls for the production of information regarding persons other than the defendant, petitioner in your case. <u>See</u> NRS Chapter 179A, <u>Donrey of Nevada, Inc. v Bradshaw</u>, 106 Nev. 630, 798 P.2d 144 (1990) including but not limited to, NCIC Documents (28 CFR Part 20; 28 CFR § 50.12) and Felony registration records (NRS Chapter 179C and 179D). Therefore, we cannot provide you with access to the information based upon your request.

Should this office be provided with a court order authorizing discovery and then be properly served with a subpoena issued in compliance therewith, we will evaluate your request in accordance with the Federal Rules of Procedure at that time. Be advised that this office asserts all applicable privileges with regard to the content of the prosecution files, and until this office is properly served with a valid subpoena within the confines of a court issued discovery order, I am unable to respond further to your request.

Sincerely,

Steven S. Owens

Chief Deputy District Attorney

Regional Justice Center • 200 Lewis Avenue • PO Box 552212 • Las Vegas NV 89155-2212 (702) 671-2750 • Fax: (702) 382-5815 • TDD: 1-800-326-6868

08032-RRX00003

EXHIBIT 109

EXHIBIT 109



WORD OF LIFE CHRISTIAN CENTER

3520 N. Buffalo Drive ● La≰ Vegas, NV 89129 ● Phone: (702) 645-1990 ● Fax: (702) 645-3841 info@wordoflifelasvegas.com ● www wordoflifelasvegas.com

PASTORS: DAVID AND VICKI SHEARIN



December 11, 2007

Elisabeth B. Stanton, CLAS Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, NV 89101

RE: Carole Ann Duncan

Dear Ms. Stanton:

1 am in receipt of your letter dated November 29, 2007 wherein you requested information regarding Carole Ann Duncan. I apologize that I did not respond to your letter sooner, as I had to research my files regarding your request.

Ms. Duncan attended Word Of Life Christian Center from 1990 through approximately 1999. During Ms. Duncan's church attendance, I do remember counseling and praying with her after Sunday services on different occasions, however, I did not keep record of such dates.

You further requested that I provide you with records, notes, counseling information, applications, membership applications and all written or recorded information. Pursuant to your request and Ms. Duncan's signed Authorization For Release, please find the following: Word Of Life Christian Center Member Family Profile; Word of Life Christian Center Worker's Covenant; Word of Life Christian Center Helps Ministry Application; and Memorandum/Department Head Contact.

I hope the information provided will be of assistance.

Sincerely,

Pastor Andy Visser, Assistant Pastor

Word of Life Christian Center

EXHIBIT 110

EXHIBIT 110

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

CUSTODIAN OF RECORDS FRANKLIN GENERAL HOSPITAL 900 Franklin Avenue Valley Stream, New York 11580

Re: Stacie Anne Campanelli, aka Roterdam, aka Gliszczynski

SSAN: 530-82-4882 DOB: October 4,1969 Time period: 1960 to 1973

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Campanelli) in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of Franklin General Hospital section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski).

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages

Franklin General Hospital Page 2 May 16, 2008

and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

HIPAA releases to your hospital signed by Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

ATTACHMENT A

TO: CUSTODIAN OF RECORDS FRANKLIN GENERAL HOSPITAL 900 Franklin Avenue Valley Stream, New York 11580

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or non-official records, documents and materials storage, retention, nature of and content of files of the *Franklin General Hospital*

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete the Certificate of Custodian of Records, enclosed for that purpose. Please produce or permit inspection and copying all sealed, unsealed, official and/or non official memoranda, correspondence, materials, files, tests, and/or documents of the following items and things concerning:

Stacie Anne Campanelli, aka Roterdam, aka Gliszczynski

SSAN: 530-82-4882 DOB: October 4,1969 Time period: 1960 to 1973

Dates of service would be approximately 1960 through 1973.

This request includes, without limitation:

- 1. Admission records:
- Admitting diagnosis;
- Discharge diagnosis;
- Discharge records;
- 5. Notes;
- Medication prescribed;
- 7. Medication logs:
- 8. Medication records:
- Nurse's notes;
- 10. Nurse's progress notes;

- 11. Physician's notes;
- 12. Physician's progress notes;
- 13. Doctor's notes;
- 14. Doctor's progress notes;
- 15. Counseling sessions notes
- 16. Mental health progress notes;
- 17. Medical and diagnostic test and test results, including without limitation, x-rays, EEG's, MRI, CT scans, and/or any other neurological or neuro-radiological tests;
- 18. Medical evaluations:
- 19. Mental health evaluations:
- 20. Psychological evaluations;
- 21. Psychiatric evaluations;
- 22. Psychiatric and/or psychological treatment;
- 23. Doctor's orders;
- 24. Emergency room records;
- 25. Surgical records;
- 26. In-patient and out-patient records;
- 27. Follow-up treatment records;
- 28. Billing records to include records of any payments made;
- 29. Any and all documents regarding guardianship and/or power of attorney for the above-named patient;
- 30. DNR directives, requests, orders or other such documents related to wishes of the above-named patient;
- 31. Any and all microfilm, microfiche documents;
- 32. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; computer print outs; computer diskettes; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, provide a Certificate of Destruction evidencing what was destroyed and the date.

l DECLARATION OF CUSTODIAN OF RECORD 2 I, [name] ______, declare under penalty of perjury: I am the [position] _____ of Franklin General Hospital and in my 3 1. capacity as [position] am a custodian of the records of Franklin 4 5 General Hospital. That on the _____ day of ______, 20___, I received a records request 6 7 in connection with Carole Ann Duncan (aka Rippo, aka Campanelli), Carole Ann 8 Campanelli, and Michael Damon Campanelli (aka Rippo) requesting production of 9 records [as set forth in the exhibit attached to the request]. 10 3. I have examined the original of those records and have made or caused to be made a true 11 and exact copy of those records and the reproduction of those records as attached is true 12 and complete. 13 That the original of those records was made at or near the time of the act(s), event(s), condition(s), opinion(s), or diagnosis set forth in them by or from information transmitted 14 15 by a person with knowledge, in the course of my regularly conducted activity of or for Franklin General Hospital. 16 17 18 Custodian of Records 19 20 [Print Name] 21 22 23 24 25

26

27

28

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [n	ame]	, am the records custodian for Franklin
General Ho	spital. I	have reviewed the records request from the Federal Public Defender for the
		I am unable to comply with the request because:
1.		The agency requires a subpoena for the requested information, pursuant to [please detail
		here the statute or institutional rules; attach copy if not statutory]
		, 10
2.		The requested documents were destroyed. Certificate of Destruction attached.
3,		Additional information is required:
J,	1	
4.		Pre-payment in the sum of \$ is required for production of
		[number] copies.
5.		Other [please specify]:
If th	ere are	questions, my telephone number is
dat	e]	[signature] .
***	-	• • •
		[printed name]

DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

-				
3		I, [name]	, declare under penalty of	f perjury:
4	1.	I am the [position]	of Franklin General Hospital ar	nd in my
5		capacity as [position]	, am a custodian of the records of	:
6			[entity].	
7	2.	That	is licensed to do busine	ess as a
8			in the State of New York.	
9	3.	That on the day o	of, 2007	was
10		served with a records request	t in connection with Carole Ann Rippo (aka Camp	oanelli, aka
11		Duncan), Carole Ann Campa	melli, and Michael Damon Campanelli (aka Rippo	o), calling
12		for the production of records	as set forth in the exhibit(s) attached to the reques	st.
13	4.	Records were destroyed purs	uant to[cite here
14		Statutes, agency rules and reg	gulations authorizing destruction of documents (a	nd attach
15		copy of rule or regulation.]		
16	5.	The requested documents, pu	arsuant to the above statute, rules and/or regulation	ns were
17		destroyed on or about	[date].	
18	6.	No form of the requested doc	cuments remain, whether paper, microfilm, microf	fiche, or
19		electronic.		
20				
21			•	
22			CUSTODIAN OF RECORDS	
23				
24			[Print Name]	
25				
26				
27				
28				

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5 16 18

To: Franklin General Hospital

Re: Stacie Anne Campanelli aka Reterdam aka Chszazynski

I, STACIE ANNE CAMPANELLIAKA STACIE ROTERDAM, AKA STACIE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	this authorization shall be as valid as the original.
4-29-08	Java Comment
DATED	(signature)
530-82-4882	10/04/69
Social Security Number	Date of Birth

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give in my medical Information pursuant to the II voluntarily.	ealth Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission
Purpose or Need For Releasing. Us is the subject of this information, be representatives, or agents.	ing and/or Sharing My Protected Health Information; disclosure to me, the individual who y and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates,
Pursuant to 45 CFR 164.502(b)(2) to the whole or entire medical reco	the minimum necessary requirement does NOT apply to this request. This request pertains and of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.
1. Person(s) and/or Organization(s)/Entit	y(s) <u>To Disclose</u> My Protected Health Information:
Name(s):	
Organization/Entity: Free	oktion General Hospital
	Franklin ave.
City, State Zip Code: Value	y Stream ny 11580
Patient Name (First, Middle, Last):	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLISZCZYNSKI 10221 Portiku Oaks Name
Patient Address:	44 Verne Neverla
City, State, Zip:	8905
Telephone No:	<u>*2- 373-8888</u>
Date of Birth:	10/4/1969
Social Security No:	530-82-4882
3. Release of Information to:	A TRANSPORT OF THE A STATE OF
Name (First, Middle, Last):	ATTN: David Authony
Соприну:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
Fax No:	(702) 388-5819

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Bo Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description:	Date(s)	Description:	Date(s)
□ Admission		☐ Immunization Record	ds	□ Progress Notes	
□ Consultation Report(s)		□ Impatient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
□ Counseling Notes		□ Laboratory Report(s)	,	☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		☐ Operative Procedure Report(s)		□ Transfer Forms	
⊔ Drug Administration Records		□ Outpatient Records		☐ Treatment Plans	
□ Emergency Record(s)		□ Pathology Report(s)		✓ Entire Medical Record for all sections listed above:	
□ History & Physical Report(s)		☐ Physician's Notes			
☐ Home Care Records		D Physician's Orders			
Other; Be Specific:					J
	c, picase list any	y areas of those records t	hat you do not wish	to release, use and/or share:	
Care/Treatment/Testing, a Patient MUST INITIAL (and Treatment/	Testing for Drug ##d/or disclosed.)	Alcohol Use/Abuse		/Psychologic
AIDS/HIV Records			Date(s) of Service: _		
Drug and/or Alcohol Use/	Abuse Records	→ <u>5</u> 1	Date(s) of Service: _		
Psychiatric/Psychological	Records	+ <u>SC</u> 1	Date(s) of Service: _		
Psychotherapy Notes					

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to
 the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, corollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Legal Guardian:	Date: 4-29-08
Signature of Witness:	Date: 4429/08
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Witness:	Date:
Address:	
Witness:	Date:
Address:	

EXHIBIT 111

EXHIBIT 111

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lembrose Chief, Non-Capital Habeas Unit Brian Abhington Chief, Capital Habeas Unit Rone L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

November 27, 2007

Susan A. Nellor, Director
Office of Legal Services
Executive Offices for
United States Attorneys -- FOIA
ROOM 6320, PAT BUILDING
6TH and D Streets, N.W.
Washington, D.,C. 20530

Dear Ms. Nellor:

This is a request under the Freedom of Information Act (FOIA), 5 U.S.C. section 552, et seq. and 28 C.F.R. section 16 et seq., for a copy of any and all records relating to Bureau (FBI) investigation into Gerard Bongiovanni from 1994 through 1998.

If you determine that some or all of the material is exempt from release, I would appreciate your advising me as to which exemption you believe covers the material which you are not releasing. Since it is my understanding that no proceedings are pending or contemplated involving this information, the records sought are not exempt from disclosure under 5 U.S.C section 552 subdivision (b)(7). See, e.g., N.L.R.B. v. Robbins Tire & Rubber Co., 437 U.S. 214, 215-216 (1978). Barney v. IR.S., 618 F.2d 1268, 1273-1274 (8th Cir.1980), Committee On Masonic Homes, etc. v. N.L.R.B., 556 F.2d 214, 219 (3d Cir.1977).

I request that you waive any fees for locating and reproducing the requested information pursuant to 5 U.S.C. section 552, subdivision (a)(4)(A)(iii). If this request for a waiver of fees is denied, I am prepared to pay the reasonable standard charges for document search and duplication; however, please contact Elisabeth Stanton if those charges exceed fifty dollars.

As provided for in the Act, I will expect to receive a reply within ten working days,

Very truly yours,

FEDERAL PUBLIC DEFENDER

David Anthony

Assistant Federal Public Defender

DA/ebs

I request a complete and thorough search of all filing systems and locations for all records maintained by your agency pertaining to Gerard Bongiovanni, including but not limited to files and documents captioned in, or whose captions include Gerard Bongiovanni, or other names as listed below, in the title. This request specifically includes "main" files and "see references," including but not limited to numbered and lettered sub-files, 1A envelopes, enclosures behind files (EBFs), Bulky Exhibits and control files. I request that all records be produced with the administrative markings and all reports to include the administrative pages.

I wish to be sent copies of "see reference" cards, abstracts, search slips including search slips used to process this request, file covers, multiple copies of the same document if they appear in a file, and tapes of any electronic surveillance. Please search "Do Not File" files, SAC safes, special files rooms, and offices of FBI officials. I request that all pages be released regardless of the extent of excising, even if all that remains are the stationery headings or administrative markings.

In addition to a search of the General Index, please search the ELSUR Index.

Please place any "missing" files pertaining to this request on "special locate" and advise me that you have done this.

If documents are denied in part or in whole, please specify which exemption(s) is (are) claimed for each passage or whole document denied. Please provide a complete itemized inventory and a detailed factual justification of total or partial denial of documents. Specify the number of pages in each document and the total number of pages pertaining to this request. For "classified" material denied please include the following information: the classification (confidential, secret, or top secret); identity of the classifier; date or event for automatic declassification, classification review, or downgrading; if applicable, identity of official authorizing extension of automatic declassification or review past six years; and, if applicable, the reason for extended classification past six years.

In excising material, please "black out" the material rather than "white out" or "cut out." I expect, as provided by the Freedom of Information Act, the remaining nonexempt portions of documents will be released.

I believe my request qualifies as a waiver of fees since Mr. Rippo is indigent and his indigency is an obstacle to disclosure, if fees would be required. Further, since I believe that the context of some of the records would be of public interest and release of the same information would contribute to understanding of the subject, a waiver of fees should be granted. If a fee waiver is not granted, please consult me before proceeding if the fee is in excess of \$100.00. I reserve all rights to recover any money paid for fees not waived.

Please send a memo (copy to me) to the appropriate units in your office to assure that no records related to this request are destroyed. Please advise of any destruction of records and include the date of and authority for such destruction.

I can be reached at the telephone number listed in the cover letter. Please call rather than write if there are any questions or if you need additional information from me.

Please respond to this request within ten (10) working days as provided for in the Freedom of Information Act.

EXHIBIT 112

EXHIBIT 112

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeze Unit Beian Abbington Chief, Capital Habese Unit Rume L. Valladares Chief, Trial Unit Michael Pescetta Habeze Resource Connect

November 27, 2007

Freedom of Information Act Unit Federal Bureau of Investigation J. Edgar Hoover Building 935 W. Pennsylvania Avenue, N.W. Washington, D.C. 20535-0001

Re: Freedom of Information Act Request

Dear Custodian:

This is a request under the Freedom of Information Act (FOIA), 5 U.S.C. section 552, ct seq. and 28 C.F.R. section 16 et seq., for a copy of any and all records relating to Bureau (FBI) investigation into Gerard Bongiovanni from 1994 through 1998. Clark County District Judge Gerard Bongiovanni presided at the capital trial of Michael Rippo (our client). At the same time, Judge Bongiovanni was investigated by the FBI and a criminal case was opened in United States District Court for the District of Nevada, Case No. 2:96 CR-00098-LDG-RJJ.

This is a formal request under the Freedom of Information Act (FOIA), 5 U.S.C. section 552, et seq. and 28 C.F.R. section 16 et seq., for any and all records, documents, or materials, pertaining to Gerard Bongiovanni, including without limitation, investigation records, case reports, interrogation reports, FD-302's, FD-395's, notes, memos, video and audio records, all transcribed statements, transfers of physical evidence, releases of physical evidence, diagrams, crime reports, follow-up investigation reports, toxicology reports, forensic reports, laboratory reports, evidence impound reports, warrants of arrest, search warrants, consent to search documents, extradition documents, polygraph examinations, and/or any communications between, and/or among, the FBI and any other law enforcement agencies, including without limitation, the Las Vegas Metropolitan Police Department.

If your office determines that some or all of the material requested are exempt from release, please provide a <u>Vaughn</u> index. <u>See Vaughn v. Rosen</u>, 484 F.2d 820 (D.C. Cir. 1973).

We respectfully request that you waive any fees for locating and reproducing the requested information pursuant to 5 U.S.C. section 552, subdivision (a)(4)(A)(iii). If this request for a waiver of fees is denied, our office is prepared to pay the reasonable standard charges for document search and

Freedom of Information Act Unit November 27, 2007 Page 2

duplication.

As provided for in the Act, we will expect to receive a reply within ten working days.

Very truly yours,

FEDERAL PUBLIC DEFENDER

David Anthony Assistant Federal Public Defender

DA/ebs

EXHIBIT 113

EXHIBIT 113



U.S. Department of Justice

Executive Office for United States Attorneys
Freedom of Information & Privacy Staff
600 E Street, N.W., Suite 7300, Bicentennial Building
Washington, DC 20530-0001

	(202) 616-6757 FAX: 616-6478 (www.usdai.gov/usgo)
Requester: David Anthony	Request Number: 08-290
Subject: Gerard Bongiovanni (FBI Records)	
Dear Requester:	

The Executive Office for United States Attorneys (EOUSA) has received your Freedom of Information Act and/or Privacy Act request. The EOUSA is the official record keeper for all records located in this office and the various United States Attorney's offices.

You requested information which is not information maintained by the EOUSA or by the individual United States Attorney's Offices, but is maintained by the Federal Bureau of Investigation (FBI). Please contact the bureau directly at the following address:

Federal Bureau of Investigation
Department of Justice
935 Pennsylvania Avenue, N.W.
Washington, DC 20535-0001

Please note that your original letter was split into separate files ("requests"), for processing purposes, based on the nature of what you sought. Each file will have a separate Request Number (listed below), for which you will receive a separate response:

NOT SPLIT

This is a final action on this above-numbered Request. You may appeal my decision on this request by writing within 60 days from the date of this letter, to Office of Information and Privacy, Department of Justice, 1425 New York Avenue, Suite 11050, Washington, D.C. 20530-0001. Both the envelope and letter of appeal should be marked "FOIA Appeal." If you are dissatisfied with the result s of any such administrative appeal, judicial review may thereafter be available in U.S. District Court. 28 C.F.R. §16.9.

Sincerely,

William G. Stewart II Assistant Director

Lillia G. Shund =

Form No. 842 - 3/97

EXHIBIT 114

EXHIBIT 114

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

Nevada Division of Child and Family Services Attn: Records 4126 Technology Way, 3rd Floor Carson City, Nevada 89706

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Stacie Anne Campanelli aka Roterdam aka

Gliszczynski

SSAN: 530-82-4882 DOB: October 4,1969

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Michael Damon Campanelli) in his federal capital habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Nevada Division of Child and Family Services from the time it was collected, including without limitation the categories of documents listed in specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Stacie Campanelli (aka Roterdam aka Gliszczynski) or her children.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages

Nevada Division of Child and Family Services Page 2 May 15, 2008

and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Releases (general and HIPAA) to your agency signed by Stacie Anne Campanelli are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/10/08

To: nevada orvision of child and family services

Re: Stricie Anne companelli aka Poterdam aka Gliszczynski

I, STACIE ANNE CAMPANELLIAKA STACIE ROTERDAM, AKA STACIE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	this authorization shall be as valid as the original.
4-29-08	Jane Comment
DATED	(signature)
530-82-4882	10/04/69
Social Security Number	Date of Birth

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/perent/legal guardian give Octoba Diaston of Child Brannile Schulch permission to release, use and/or share my medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the <u>minimum recessary requirement</u> does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 holow.

1. Person(s) and/or Organization(s)/Entity(s) To Discluse My Protected Health Information:

Name(s):						
Organization/Entity: <u>NOU</u>	ada Division of Child & family Scruices					
Address: 4)	Carson city no 897000					
to release, use and/or share the medical in the person or organization that received it	give my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) information described below. I understand that once this information is released, used and/or shared may share it again without my permission. If this happens, the information may no longer be protected what type of information is going to be released, used and/or shared and how this is going to be done					
Putient Name (First, Middle, Last):	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLIBZCZYNSKI					
Patient Address:	10221 BenTley Oaks Ave					
City, Statu, Zip:	Las Vegas, Nevada 89135					
Telephone No:	702 - 373 - 8888					
Date of Birth:	10/4/1969					
Social Security No:	530-82-4882					
3. Release of Information to:						
Name (First, Middle, Last):	ATTN: David Authory					
Соприку:	OFFICE OF THE FEDERAL PUBLIC DEFENDER					
Address: City, State, Zip:	411 E. Bonneville avenue, STE. 250 Las vegas, Nevada 89101					
Telephone No:	(702) 388-6577					
Fax No:	(702) 386-5819					
FPD (rev. 2006)						

DRION SCARMONIO

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Descriptions	Date(s)	Description:	Date(s)
□ Admission		☐ Immunization Records		□ Progress Notes	
□ Consultation Report(s)		☐ Inputient Records		□ Radiology Report(s)	
□ Correspondence		🗆 intake/Outtake		□ Releases	
□ Counseling Notes		☐ Laboratory Report(s)		☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		□ Operative Procedure Report(s)		U Transfer Forms	
Li Drug Administration Records		O Outpatient Records		□ Treatment Plans	
C) Emergency Record(s)		☐ Pathology Report(a)		✓ Entire Medical Record for all sections listed above:	
☐ History & Physical Report(s)		☐ Physician's Notes			
☐ Home Care Records		□ Physician's Orders			
Other: Re Specific:		· · · · · · · · · · · · · · · · · · ·			
	c, picase list an	y areas of those records that	you do not wish	to release, use and/or share:	
	nd Treatment	Testing for Drug and/or Ald disclosed.)	cokel Use/Abuse	nent for AIDS/HIV, Psychiatric/	•
Drug and/or Alcobol Use/	Abuse Records	+ SC Date	e(s) of Service: _		
Psychiatric/Psychological	Records	+ SC Date	e(s) of Service: _		
Psychotherapy Notes		→ <u>SC</u> Date	c(s) of Service: _		
Other: Re Specific:					

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or 368 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fex copy of this authorization shall be acceptable as an original.	
Ct. (11/1/2	. 00.463
Signature of Patient/Parent/Legal Guardian:	Dute: 4-29-08
STACIB ANNE CAMPANIES	
Signature of Witness: + Morale 5 Georalli	Date: 4129 lox
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Witness:	Date:
Address:	
Witness:	Date:
Address:	

EXHIBIT 115

EXHIBIT 115

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

Claude I. Howard Children's Center Attn: Records 701K North Pecos Las Vegas, Nevada 89101

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Stacie Anne Campanelli

SSAN: 530-82-4882 DOB: October 4,1969

Information Requested on Carole Ann Campanelli (deceased)

SSAN: 530-82-4875 DOB: May 23, 1968

Dear Sir or Madam:

On or about March 27, 1976, Mr. Rippo's parents (Carole Ann Campanelli aka Anzini and Oliver Anzini) were arrested and Mr. Rippo and his siblings, Stacie Ann Campanelli, and Carole Ann Campanelli (deceased) were placed at Child Haven. Mr. Rippo is now our client and we are conducting a records search relating to that placement. We would like to obtain any and all records, including any psychological or counseling records, for Stacie Anne Campanelli, and Carole Ann Campanelli during this placement.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Human Resources Administration Office of Legal Affairs Page 2 May 15, 2008

Releases (general and HIPAA) to your agency signed by Carole Ann Campanelli (signed by her mother), and Stacie Anne Campanelli are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5116108

To: Claude I Howard Children's Center

Re: Steicie Anne Campanelli aka Roterdam aka Gliszezyski

I, STACTE ANNE CAMPANELLIAKA STACIE ROTERDAM, AKA STACIE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	ese records and to release copies to the above mentione this authorization shall be as valid as the original.
4-29-08	Jours -
DATED	(signature)
530-82-4882	10/04/69
Social Security Number	Date of Birth

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/purent/legal guardian give Claude. I through Children's Centre permission to release, use and/or share my medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the minimum processary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.

I. Person(s) and/or Organization(s)/Enti	ty(s) <u>To Disciose</u> My Protected Health Information:					
Name(s):						
Organization/Entity: Clau	Claude I Huard Children's Centre					
Address: 401	K Noth Peros					
	Las vegas, nu 89/01					
to release, use and/or share the medical infi the person or organization that received it m	ve my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) or matter described below. I understand that once this information is released, used and/or shared sy share it again without my permission. If this happens, the information may no longer be protected what type of information is going to be released, used and/or shared and how this is going to be done					
Patient Name (First, Middle, Last):	Stacie Anne Campanelli aka Stacie Rotterdam aka Stacie Gliszczynski					
Patient Address:	10221 Bentley Oaks Ave					
City, State, Zip:	Lau Vegne, Nevada 89135					
Telephone No:	762 - 373 - 8888					
Date of Birth;	19/4/1969					
Social Security No:	530-82-4882					
3. Release of Information to:						
Name (First, Middle, Last):	ATTN: David Anthony					
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER					
Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STR. 250 LAS VEGAS, NEVADA 89101					
Telephone No:	(702) 388-6577					
Fax No:	(702) 388-5819					

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shured: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description:	Date(s	Description:	Date(s)
□ Admission		☐ Immunization Reco	rds .	□ Progress Notes	
□ Consultation Report(s)		☐ Imputient Records		☐ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releasos	
☐ Counseling Notes		☐ Laboratory Report(s)	□ Social Work Notes/Re	срокв
☐ Designated Record Sat/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitatio Records	n
O Discharge/Clinical Summary		☐ Operative Procedure Report(s)		□ Transfer Forms	
U Drug Administration Records		□ Outpetient Records		□ Treatment Plans	
□ Emergency Record(s)		□ Pathology Report(s)		✓ Entire Medical Reco	
□ History & Physical Report(s)		□ Physician's Notss			
D Home Care Records		☐ Physician's Orders			
Other; Re Specific:					
	picase list any	areas of those records	that you do not	wish to release, use and/or share	*
5. Records to Se Relea Care/Treatment/Testing, an (Patient MUST JNITIAL ca	d Treatment/	Festing for Drug and/or disclosed.)	r Alcubal Üse/A		
AIDS/HIV Records		+ <u>SC</u>	Date(s) of Servi	se:	
Drug and/or Alcohol Use/Al	nuse Records		**	Se:	7744
Psychiatric/Psychological Re	ecords	→ Date(s) of Serv			
Psychotherapy Notes		+ 54	Detc(s) of Servi	ce:	·
Other: Be Specifie:					

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- Expiration Date: This authorization is valid for one year or <u>365</u> days from the date signed unless revoked by me in writing, except to
 the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fex copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Logal Guardian:	Date: 4-29-08
Signature of Witness:	Date: 4 29 10 K
Print Name If a person cannot provide a written signature, two witnesses must sign below:	
Wimess:	Date:
Address:	•
Witness:	Date:
Address:	

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/14/08

To: Claude I Howard Children's Center

Re: Carole Anne Ouncan (deceased)

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender. and/or their designated representatives, any and all information and/or records relating to my daughter, CAROLE ANN CAMPANELLI (DECHASED), including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data. notes, test results, narrative reports and recordings, together with all time and billing records pertaining to my daughter, Carole Ann Campanelli (deceased). I specifically consent to the disclosure of any and ail records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

Social Security Number Carole Ann Campanelli

5/23/68

Date of Birth Carole Ann Campanelli Signature

Carole Ann Duncan as mother of Carole Ann

Campanelli (deceased)

Monumelier 20,07

07330-RELCD007

JA011152

FEDERAL PUBLIC DEFENDER

District of Navada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give Claude I. Howard Children's Center permission to release, use and/or share my medical information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing, Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Pederal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the <u>minimum necessary requirement</u> does NOT apply to this request. This request pertains to the whole or entire medical necessary of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.

•
laude I children's antee
OIK AGTO Peges
asbegas, no 89101
I give my authorization/permission for the above specified person(s) and/or organization(s) or entity(il information described below. I understand that once this information is released, used and/or share it may share it again without my permission. If this happens, the information may no longer be protect stand what type of information is going to be released, used and/or shared and how this is going to be don
: CAROLE ANN CAMPANELLI (as authorized by her mother, Carole Ann Duncan)
Decemed
The state of the s
3/43/60
530-82-4875
ATTN:
OFFICE OF THE FEDERAL PUBLIC DEFENDER
411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89161
•
(702) 388-4577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Desc	ription:		Date(s)	Descriptions	Date(s)
□ Admission		☐ Immunization Records			© Progress Notes		
☐ Consultation Report(s)		□ Inp	□ Inpatient Records			□ Radiology Report(s)	
□ Соптевроаdенсе		□ Int	ake/Outtake			□ Releases	
□ Counseling Notes		O La	boratory Report	(1)		☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		O Nu	rxing Notes			Therapy/Rehabilitation Records	
☐ Discharge/Clinical Summary		•	erative Procedu port(r)	re		□ Transfer Forms	
☐ Drug Administration Records		□ Qu	□ Outpatient Records			Treatment Plans	
□ Emergency Record(s)		□ Pa	□ Pathology Report(s)			✓ Entire Medical Record for all sections inted above:	gui Éas Gui Éas
☐ History & Physical Report(s)		□ Ph	□ Physician's Notes				
☐ Home Care Records		□ Pft	ysician's Orders				
Other: Be Specific:							
Of the records noted above,	please list any	Arens	of those records	thet you	do not wish to	release, use and/or share:	
5. Records to Be Reica Care/Treatment/Testing, and (Patient MUST INITIAL ca	d Treatment/	cuting	for Drug and/o			t for AJDS/HIV, Psychiatric/	Psychological
AIDS/HIV Records		→	<u> </u>	Date(s)	of Service:		
Drug and/or Alcohol Use/Al	xuse Records	→	<u> </u>	Date(s)	of Service:	·	
Psychiatric/Psychological Re	ecords	→	<u> </u>	Date(s)	of Service:		
Psychotherapy Notes		>	14	Date(s)	of Service:		
Other: Be Specific:							

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or _365_ days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization,

A photocopy or fax copy of this authorization shall be acceptable as an original.

Address:

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

Signature of Patient/Parent/Legal Guardian:

CAROLE ANN DUNCAN ON
BEILALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness:

Print Name

If a person cannot provide a written signature, two witnesses must sign below:

Witness:

Date: 11/20/07

Date: 11/20/07

Date: 11/20/07

Date: 11/20/07

Date: 11/20/07

FPD (rev. 2006)

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA -- DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS 008930 CERTIFICATE OF DEATH OFCEASED LOCAL TE FILE NUMBER DATE OF CHATH (Month, Day, Year) Carson City . August 20, 1997 Carole Ann CAMPANELLI CITY, TOWN, OR LOCATION OF BEATH HOSPITAL OR OTHER INSTITUTION—Name of rais astrony 42 If from ar inst. Ind Pag., impatient (Spec ,Female m Carson City Marren Springs Correctional Center PECEDENT Course Specify Cryon & no if you, AGE—and RACE—(4 g., Witten, Black, An instan, etc. (Species) 29 • May 23, 1968 White 7£. Ta. STATE OF BIFTISH (If not U.S.A., nome pountry) F 1923A COCLAMICS IN MATERIALISM AND RESIDENCE MEANING THEM COMPLETION OF RESIDENCE THEM Never Married New York 12 U.S.A. UNUAL OCCUPATION (SI SCCIAL SECURITY NUMBER O OF BLUMBER OF MOUNTAIN 379 Office Work 15.530-82-4875 Clerical HERITENCE-STATE FRENCH AND HUMBER COUNT OITY, TOWN, OR LOCATION Nevada Clark in Las Vegas w.5765 N. Campbell Tes TATEL HALF PARENTS Rippo Carole Domiano Campanalli 17. INFORMANT—NAME (Type or Pring) (Great of R.F O. No., City or Town, State, 295 🖦 Carola Duncan- Mother 18. 5765 N. Campbell Rd., Las Vegas, Nevada 89129 BURNAL CREMATION, REMOVAL, OTHER (SHAP) CHARTERY OF CHEMPORY-MAKE LOCATION Burial Las Vegas, Nevada Memory Gardens DISPUSITION PUNKAL DIRECTOR FUNDAL CONCTON | WANT AND ADDRESS OF FACILITY FITZHERRY & FUNETAL HOME 833 N. Edmonds Dr., Carson City, Nevada 89701 25g. On the back of greater at the sine, date and p ue ano linal 🗩 HOUR OF DEATH DATE MONITO AND CAN. TO TOTAL STREET DATE BIOLING ALL, Day, VA. CENTERINGS 0745 2 ie CERTIFIER HAME OF ATTENOMO PHYSICIAN & OTHER THAN CONTINUE / PACHOUNCED DEAD (MAN) PR AT 0745 8/20/97 NAME AND ADDRESS OF CONTINUES (PHYRICAN), ATTRIBUTED PROFESSION, MINISTER, EXCHANGE, CA CONCORD 230 CO-6 Eric Cantlin, Coroner, 901 E. Musser St., Cerson City, Nevada DATE AT LEVED BY MEDITIES (AM. DIN VI) DEATH OLD TO COMMUNICABLE DISEASE REMETRA 9.1997 YES [7] ES MANUATE CAUSE HART POLICE RINGS IN AN Acute Subarachnoid Hemorrhage DUE TO, OR AS A CONSEQUENCE OF DUE TO, UN AN A CONSEQUENCE OF Break bathratic grount and door CAUSE OF WAS CAME HENRINGS TO OTHER ENDANGLANT CONDITIONS—Conditions consciously to deapt but not required to the u ALITOPSY CEATH Yes Yes 27. HOUR OF BUILTY DESCRIBE HOW HUURY AT WORK CITY OF TOWN STATE PLACE OF INCIDEN. 10.53 STREET OR M.F.D. No. No.117902 STATE REGISTRAR This is to cartify that the above is a true and correct off owner. Sylvan of the cartificate on file in this office. Date (9997 State Registrer

EXHIBIT 116

EXHIBIT 116

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

Clark County School District Student Data Services 4260 Eucalyptus Avenue - Bldg. B Las Vegas, Nevada 89121

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Stacie Anne Campanelli

SSAN: 530-82-4882 DOB: October 4,1969

Information Requested on Carole Ann Campanelli (deceased)

SSAN: 530-82-4875 DOB: May 23, 1968

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Clark County School District, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Stacie Anne Campanelli and Carole Ann Campanelli.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under

Clark County School District Student Data Services Page 2 May 15, 2008

which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$25.00 (twenty-five dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Releases (general and HIPAA) to your agency signed by Stacie Campanelli, and Carole Ann Campanelli (signed by her mother) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

l, [na	ame]	, am the records custodian for the Clark
		, am the records custodian for the Clark rict I have reviewed the records request from the Federal Public Defender for
the District	of Neva	da. I am unable to comply with the request because:
1.		The agency requires a subpoena for the requested information, pursuant to[please detail
		here the statute or institutional rules; attach copy if not statutory]
2.		The requested documents were destroyed. Certificate of Destruction attached.
3.		Additional information is required:
J.	_	Additional information is required.
4.		Pre-payment in the sum of \$ is required for production of [number] copies.
		[managed]ooptoo
5.		Other [please specify]:
70.1		
If the	ere are o	questions, my telephone number is
[date	:1	[signature]
·	•	
		[printed name]

1 DECLARATION OF CUSTODIAN OF RECORD I, [name] ______, declare under penalty of perjury: 2 I am the [position] _____ of the Clark County School District and in 3 1. my capacity as [position] ____ am a custodian of the records of the Clark 4 5 County School District That on the _____ day of _____, 20__, I received a records request 6 2. 7 in connection with Michael Damon Rippo requesting production of records [as set forth 8 in the exhibit(s) attached to the request]. 9 3. I have examined the original of those records and have made or caused to be made a true 10 and exact copy of those records and the reproduction of those records as attached is true 11 and complete. 12 4. That the original of those records was made at or near the time of the act(s), event(s), 13 condition(s), opinion(s), or diagnosis set forth in them by or from information transmitted 14 by a person with knowledge, in the course of my regularly conducted activity of or for the 15 Clark County School District 16 17 Custodian of Records 18 19 Print Name 20 21 22 23 24 25 26 27 28

DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

1

~				
3		I, [name]	, decla	are under penalty of perjury:
4	1.	I am the [position]	of the	and in
5		my capacity as [position]	, am a cust	odian of the records of
б			the Clark County School	District.
7	2.	That on the day of	, 20	, the Clark County School
8		District was served with a recor	rds request in connection wit	h United States District Court
9		case, Rippo v. McDaniel, et al.,	, calling for the production o	f records as set forth in the
10		exhibit(s) attached to the reque	st.	
11	3.	Records were destroyed pursua	nt to	[cite here
12		Nevada Revised Statutes ("NR	S"), agency rules and regulat	ions authorizing destruction
13		of documents (and attach copy	of rule or regulation, if other	than NRS)].
14	4.	The requested documents, purs	uant to the above statute, rul	es and/or regulations were
15		destroyed on or about		[date].
16	5.	No form of the requested docur	ments remain, whether paper	, microfilm, microfiche, or
17		electronic.		
18				
19				
20			CUSTODIAN OF RE	CORDS
21			[Print Name]	
22				
23				
24				
25 26				
26 27				
28				
∠o 				
	II .			

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5 14 08

To: Clark canty school pistrict

Re: Stacie Anne companelli aka loterdam aka Gliszcynski

I, STACIE ANNE CAMPANELLI AKA STACIE ROTERDAM, AKA STACIE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

legal representatives. A photographic copy 4-29-08	y these records and to release copies to the above mentions of this authorization shall be as valid as the original.		
. •	Jour Comment		
DATED	(signature)		
530-82-4882	10/04/69		
Social Security Number	Date of Birth		

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give CCSD-Student octo Scribe permission to release, use and/or share my medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. PORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164,502(b)(2) the minimum necessary requirement, does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.

Name(s):	
Organization/Entity;	CCSD Student Data Services
Address:	4260 Eucalyphus Are Bldg. B
City, State Zip Code:	4260 Eucalyptus Are Bidg. B Las Legas, nu 89121
to release, use and/or share the r the person or organization that re	tement: I give my authorization/permission for the above specified person(s) and/or organization(s) or entity medical information described below. I understand that once this information is released, used and/or share received it may share it again without my permission. If this happens, the information may no longer be protectly indicated and the information is going to be released, used and/or shared and how this is going to be de-
Putient Name (First, Middle,	», Lart): Stache Anne Campanelli aka Stache Rotterdam aka Stache Glbzczynski
Patlent Address:	10221 BenTley Oaks Ave
City, State, Zip:	Las Vegus, Nevada 89435
Telephone No:	742 - 373 - 8888
Date of Birth:	10/4/1969
Social Security No:	530-82-4882
	ł
3. Release of Information to:	
3. Release of Information to: Name (First, Middle, Last):	ATTN: David Anthony
	ATTN: <u>David Anthony</u> OFFICE OF THE FEDERAL PUBLIC DEFENDER
,	
Name (First, Middle, Last): Company: Address:	OFFICE OF THE FEDERAL PUBLIC DEFENDER 411 E. BONNEVILLE AVENUE, STE. 250

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(1)	Description:	Date(s)	Description:	Date(s)
□ Admission		□ Immunization Rec	ords	☐ Progress Notes	
□ Consultation Report(s)		☐ Impatient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
□ Counscling Notes		☐ Laboratory Report	(8)	□ Social Work Notes/Reports	
□ Designated Record Set/Abstract		□ Nursing Notes		□ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		□ Operative Procedu Report(s)	re	□ Transfer Forms	
U Drug Administration Records		□ Outpatient Records		□ Treatment Plans	
□ Emergency Record(s)		☐ Pathology Report(:	s)	▼ Entire Medical Record for all sections listed above:	
□ History & Physicai Report(s)		☐ Physician's Notes			
☐ Home Care Records		□ Physician's Orders			
Other: Re Specific:					
	, picase list any	arcas of those records	that you do not wisl	to release, use and/or share:	
Care/Treatment/Testing, a Patient <u>MUST INSTIAL</u> e AIDS/HIV Records	nd Treatment/ ach item to be	Testing for Drug and/disclosed.)	or Alcohol Use/Ahos Date(s) of Service:		
Drug and/or Alcohol Use/Abuse Records					
Psychiatric/Psychological Records		+ <u>SC</u>	Date(s) of Service:		
Psychotherapy Notes		+ 56	Date(s) of Service:		
Other: Be Specific:					

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Legal Guardian:	Date: 4-29-08
Signature of Wilness: + March 5 Capable	Date: 4 29 10 K
Print Name If a person cannot provide a written signature, two witnesses must sign below:	
at a bassast annual busy trans a transmission of the same and the same	
Witness:	Date:
Address:	
Witness:	Date:
Address:	

IPD (rev. 2006)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 516 08

To: Clark Canty School District

Re: Carole Ann Duncan

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to my daughter, CAROLE ANN CAMPANELLI (DECEASED), including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to my daughter. Carole Ann Campanelli (deceased). I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

Social Security Number Carole Ann Campanelli

Date of Birth

Carole Ann Campanelli

Signature

Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

november 20,07

Date

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

1. the patient/parent/legal guardian give CCSD-Student data Sorvicus ___ permission to release, use and/or share my medical information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily,

Purpose or Newl For Releasing. Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

1. Person(s) and/or Organizat	tion(s)/Entity(s) To Disclose My Protected Health Information:	
Name(s):		
Organization/Entity:	CCSD Student data sonvices	
Address:	4360 Augustus Aug-BHg B	
City, State Zip Code:	4360 Aucalyphus Ave-Bldg B Las Legas, nu 89121	
to release, use and/or share the : the person or organization that n	ement: I give my authorization/permission for the above specified person(a) and/or organization(s) or en medical information described below. I understand that once this information is released, used and/or s eccived it may share it again without my permission. If this happens, the information may no longer be pro understand what type of information is going to be released, used and/or shared and how this is going to be	hared. rected
Patient Name (First, Middle	, Last): CAROLE ANN CAMPANELLI (as authorized by her mother, Carole Ann Duncam)	
Patient Addresa:	Deceaned	-
City, State, Zip:		
City, State, Zip: Telephone No:	·	
· -	5/23/68	
Telephone No:	530-82-4875	
Telephone No: Date of Birth:	530-82-4875	
Telephone No: Date of Birth: Social Security No:	530-82-4875	
Telephone No: Date of Birth: Social Security No: 3. Release of Information to:	530-82-4875	
Telephone No: Date of Birth: Social Socurity No: 3. Release of Information to: Nume (First, Middle, Last):	530-82-4875	
Telephone No: Date of Birth: Social Security No: 3. Release of Information to: Name (First, Middle, Last): Company: Address:	530-82-4875 ATTN: OFFICE OF THE FEDERAL PUBLIC DEFENDER 411 E. BONNEVILLE AVENUE, STE. 250	

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description:	Date(s)	Description:	Date(s)
D Admission		☐ Immunization Re	cords	□ Progress Notes	
Consultation Report(s)		□ Inpatient Record	•	□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
□ Counseling Notes		□ Laboratory Repo	rr(s)	□ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		O Nursing Notes		☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary		Operative Proces Report(s)	iure	□ Transfer Forms	
☐ Drug Administration Records		□ Outpatient Recor	rds	□ Treaument Plans	
© Emergency Record(s)		□ Pathology Repor	t(u)	✓ Entire Madical Record for all sections listed above:	
☐ History & Physical Report(s)		□ Physician's Note			
□ Home Care Records		□ Physician's Order	•		
Other: Be Specific:	e, please list a	ny areas of those recor	ds that you do not wish	to release, use and/or share:	
. Records to Be Reid are/Treatment/Testing, a Patient <u>MUST INSTIAL</u> e	nd Treatment	Testing for Drug and		nent for AIDS/HIV, Psychiatric Bi	Psycholog
AIDS/HIV Records		→ 12	Date(s) of Service:		
Drug and/or Alcohol Use/Abuse Records		→ <u>(k)</u>	Date(s) of Service: _		
Psychiatric/Psychological Records		→ <u>W</u>	Date(s) of Service: _		
Psychotherapy Notes		- 'K	Date(s) of Service: _		

FPD (rev. 2006)

- 6. Expiration Date: This authorization is valid for one year or _365_ days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

A photocopy or fax copy of this authorization shall be acceptable as an original.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

Signature of Patient/Parent/Legal Guardian: CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: Date: 11/20/07

Print Name

If a person cannot provide a written signature, two witnesses must sign below:

Witness: Date: Date:

FPD (rev. 2006)

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH 008930 COCAL FILE NUMBER DATE OF DEATH (March, Day, Year) ¿ August 20, 1997 _ Carson City Carole Ann CAMPANELLI CITY, YOWR, OR LOCATION OF OBATH HOSPITAL OR OTHER INSTITUTION - Home I'll not offer, give at If From or less, India Are, Impeliant (Open Warren Springs Correctional Center Carson City .Fenale DECEMENT RACE-reg, white, black Ar White *May 23, 1968 STATE OF BIFTH OF NOT U.S.A., FINANCE COUNTY! Décadent's Es-U.S.A. New York 12 Mever Married O OF MINNESS OF MOUSERY 379 13.530**-82-**4875 wa Clerical Office Work RELISENCE—STATE CITY, YOWN, OR LOCATION STREET AND HUMBER Tes m. Nevada Clark 🛌 5765 N. Campbell ъ Las Vegas A 100 TO WITE A LINES PARENTS Domiano Carole Rippo Campanalli 17. MPORMANT - NAME (Type or French MALING ACOM (Street of FLF D. No., City or Town, State, Zige 🖦 Carola Duncan- Mother 🖦 5765 N. Campbell Rd., Las Vegas, Nevada 89129 BURNAL CROMATION, REMOVAL, CTHER (GROUP) METHY OF CHEMATORY - NAME DEATION Burial Las Vegas, Navada Memory Gardens DISPOSITION FUNERAL DIRECTOR MANE AND ADDRESS OF FACILITY FitzHenry's Funeral Rome 833 N. Edmonds Dr., Carson City, Nevada 89701 re and That 📂 TOTAL OF CHATH 0745 CENTIFIER HAME OF ATTENDING PHYSICIAN IF OTHER THAN CENTERER (TIPE OF FIRE PROMOUNCED DEAD (How 24 AT 0745 8/20/97 214. HANE AND ACCHESE OF CENTRER (PHYRICAN, ATTENDING PHYRICAN, MIDICAL EXAMINATE ON OCHORER), (1) pro = Princ) Eric Captlin, Coroner, 901 E. Musser St., Carson City, Nevada DATE PRICES AND BY REGISTRIAN DAME DOG 112 DEATH DUE TO COMMUNICASE & DIRECTOR MEGISTRAR 9.1997 Acute Subarachnoid Hemorrhage والمصاريق المساولة OUR TO, OR AS A COMPEQUENCE OF DUE TO, UH AN A COMPECUENCE OF CAUSE OF OTHER SECRETARIANT CONDITIONS (Specify WAS CASE REPERMED TO You at AM COMONER (Specify Yes at PART DEATH Yes Yes DATE OF NULRY MA, Day 971 HOUR OF BLUTTY DESCRIPTION MULTAY OCCUPATED CITY ON TOWN STREET OF P.F.D. No. No.117902 STATE REGISTRAR This is to certify that the above is a true and correct capty onnie Sylva of the certificate on file in this office. Date (seved: 0 C T 0 3 1997 State Registrer

EXHIBIT 117

EXHIBIT 117

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

University Medical Center Attn: Medical Records Department 1800 West Charleston Blvd. Las Vegas, NV 89102

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Stacie Anne Campanelli, aka Roterdam, aka

Gliszczynski

SSAN: 530-82-4882 DOB: October 4,1969

Information Requested on Carole Ann Campanelli (deceased)

SSAN: 530-82-4875 DOB: May 23, 1968

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Campanelli) in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of University Medical Center section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) and Carole Ann Duncan.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents

University Medical Center Page 2 May 16, 2008

have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

HIPAA releases to your hospital signed by Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) and Carol Anne Campanelli (signed by her mother) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

ATTACHMENT A

TO: CUSTODIAN OF RECORDS
University Medical Center
1800 West Charleston Blvd.
Las Vegas, NV 89102

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or non-official records, documents and materials storage, retention, nature of and content of files of the *University Medical Center*

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete the Certificate of Custodian of Records, enclosed for that purpose. Please produce or permit inspection and copying all sealed, unsealed, official and/or non official memoranda, correspondence, materials, files, tests, and/or documents of the following items and things concerning:

Re: Carole Ann Campanelli (deceased)

DOB: May 23, 1968 SS#: 530-82-4875

Re: Stacie Campanelli DOB: October 4, 1969 SS#: 530-82-4882

This request includes, without limitation:

- 1. Admission records;
- Admitting diagnosis;
- 3. Discharge diagnosis;
- Discharge records;
- 5. Notes;
- 6. Medication prescribed:
- 7. Medication logs;
- 8. Medication records:
- 9. Nurse's notes;

- 10. Nurse's progress notes;
- 11. Physician's notes;
- 12. Physician's progress notes;
- 13. Doctor's notes;
- 14. Doctor's progress notes;
- 15. Counseling sessions notes
- 16. Mental health progress notes;
- 17. Medical and diagnostic test and test results, including without limitation, x-rays, EEG's, MRI, CT scans, and/or any other neurological or neuro-radiological tests;
- 18. Medical evaluations:
- 19. Mental health evaluations;
- 20. Psychological evaluations;
- 21. Psychiatric evaluations;
- 22. Psychiatric and/or psychological treatment;
- 23. Doctor's orders;
- 24. Emergency room records;
- 25. Surgical records;
- 26. In-patient and out-patient records;
- Follow-up treatment records;
- Billing records to include records of any payments made;
- 29. Any and all documents regarding guardianship and/or power of attorney for the above-named patient;
- 30. DNR directives, requests, orders or other such documents related to wishes of the above-named patient;
- 31. Any and all microfilm, microfiche documents;
- 32. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; computer print outs; computer diskettes; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, provide a Certificate of Destruction evidencing what was destroyed and the date.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/10/08

To: university medical center

Re: Stoice Anne Campanelli aka Roterdam aka Gliszczynski

I, STACIE ANNE CAMPANELLIAKA STACIE ROTERDAM, AKA STACIE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	nese records and to release copies to the above mentioned this authorization shall be as valid as the original.
4-29-08	Nove -
DATED	(signature)
530-82-4882	10/04/69
Social Security Number	Date of Birth

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

(702) 300-0317	
I, the patient/parent/legal guardian given my medical Information pursuant to voluntarity.	the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permiss
	ine. Using and/or Sharing My Protected Health Information: disclosure to me, the individual who ation, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates,
	(b)(2) the minimum recessary requirement does NOT apply to this request. This request pertains call record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.
I. Person(s) and/or Organization(s)/Entity(s) <u>To Disclose</u> My Protected Health Information:
Name(s):	
Organization/Entity:	university medical Centre
Address;	1500 W. Charleston Bld.
City, State Zip Code:	Las Legas nu sara
to release, use and/or share the medi the person or organization that receiv	nt: I give my authorization/permission for the above specified person(s) and/or organization(s) or entity ical information described below. I understand that once this information is released, used and/or show and it may show it again without my permission. If this happens, the information may no longer be protecuted in the protecute of information is going to be released, used and/or shared and how this is going to be due to the protecute of information is going to be released.
Pelioni Name (First, Middle, Las	
Patient Address:	10221 BenTley Oaks Ave
City, State, Zip:	Lax Vegas, Nevada 89135
Telephone No:	742 - 373 - 8888
Date of Birth:	19/4/1969
- Social Security No:	530-52-4852
3. Release of Information to:	
Name (First, Middle, Last):	ATTN: David Anthony
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER

411 E. BONNEVILLE AVENUE, STE. 250

LAS VEGAS, NEVADA 89101

(702) 388-6577

(702) 388-5819

FPD (rev. 2006)

Address:

Fax No:

City, State, Zip: Telephone No:

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(1)	Description:	Date(s)	Description:	Date(s)
1 Admission		☐ Immunization Records		□ Progress Notes	
Consultation Report(s)		□ Impatient Records		□ Radiology Report(s)	
Correspondence	†	□ Intake/Outtake		□ Releases	
□ Counseling Notes		☐ Laboratory Report(s)		☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		© Operative Procedure Report(s)		U Transfer Forms	
⊔ Drug Administration Records		□ Outpatient Records		☐ Treatment Plans	
☐ Emergency Record(s)		☐ Pathology Report(s)		✓ Entire Medical Record for all sections listed above:	
□ History & Physical Report(s)		□ Physicism's Notes			
☐ Home Care Records		□ Physician's Orders			
Other: Re Specific:					<u></u>
	c, picase list any	y areas of those records the	t you do not wish	to release, use and/or share:	
	ad Treatment/	Testing for Drug and/or A disclosed.)	iculal Use/Abune	ent for AIDS/HIV, Psychiatric	/Psycholog
Drug and/or Alcohol Use/A	Abuse Records	→ <u>5</u> Da	ne(s) of Service: _		
Psychiatric/Psychological l	Records	+ <u>SC</u> Da	ste(s) of Service: _		
Psychotherapy Notes		+ <u>SC</u> Da	ite(s) of Service: _		
-					

FPD (rev. 2006)

- 6. Expiration Date: This authorization is valid for one year or _368_ days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(a) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Legal Guardian:	Dute: 4-29-08
Signature of Witness:	Date: 429/08
Print Name If a person cannot provide a written signature, two witnesses must sign below:	
it a betaou certior broader a attenti viliumore' rate attinesses ilmist silli bista.	
Witness:	Date:
Address:	
Witness:	Date:
	,
Address:	

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5 10 08

To: Leniversity medical Center

Re: Carole ann Duncan

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to my daughter, CAROLE ANN CAMPANELLI (DECEASED), including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to my daughter, Carole Ann Campanelli (deceased). I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: <u>NOT LIMITED</u>

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

Social Security Number Carole Ann Campanelli

Date of Birth

Carole Ann Campanelli

Signature

Signature

Carole Ann Duncan as mother of Carole Ann

Campanelli (deceased)

Monentin 20,07

FEDERAL PUBLIC DEFENDER

District of Neveda 411 E. Bonnsville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give LYD) USTS; to Modical Countability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing, Using aud/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164-502(b)(2) the minimum necessary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initiated by me for disclosure in paragraphs 4 and 5 below.

Name(s):		
Organization/Entity:	iversity medical Center	
Address: 180	10 W. Crayueston Blud.	
City, State Zip Code: Las	suegas nu souca	
to release, use and/or share the medical infi the person or organization that received it m	ive my authorization/permission for the above specified person(s) and/or organization(s) or formation described below. I understand that once this information is released, used and/or say share it again without my permission. If this happens, the information may no longer be pit what type of information is going to be released, used and/or shared and how this is going to	shared,
Patient Name (First, Middle, Last):	CAROLE ANN CAMPANELLI (as authorized by her mother, Carole Ann Duncas	i)
Patient Address:	Deceased	_
City, State, Zip:		
Telephone No:		
Date of Birth:	3/23/68	
Social Security No:	530-82-4875	
3. Release of Information to:		
Name (First, Middle, Last):	ATTN:	
	OFVICE OF THE FEDERAL PUBLIC DEFENDER	
Company:		
Company: Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89101	
Address:		

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description:	Date(s)	Description:	Date(s)
□ Admission		□ Immunization R	ecorda	□ Progress Notes	
☐ Consultation Report(a)		□ Inpatient Record	is	□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
☐ Counseling Notes		□ Laboratory Rep	ort(a)	☐ Social Work Notes/Reports	
☐ Designated Record Sat/Abstract		O Nursing Notes		☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary		Operative Proce Report(s)	dure	Transfer Forms	
☐ Drug Administration Records		□ Outpatient Reco	rrda	□ Treatment Plans	
☐ Emergency Record(s)		□ Pathology Repo	ri(s)	✓ Entire Medical Record for all sections inted above:	
☐ History & Physical Report(s)		□ Physician's Note	34		
☐ Home Care Records		D Physician's Orde	41		
Other: Be Specific:					
	. picase list an	y areas of those reco	rds that you do not wish	In release, use and/or share:	
i. Records to Be Relea Care/Treatment/Testing, as Patient MUST INITIAL ex	d Treatment/	Testing for Drug as		ent for AIDS/HIV, Psychiatric/	Psychologica
AIDS/HIV Records		→ · · · · · · · · · · · · · · · · · · ·	_ Date(s) of Service: _		
Drug und/or Alcohol Use/A	buse Records	• <u>u</u>	Date(s) of Service: _		
Psychiatric/Psychological R	tecords	→ <u>\@</u>	_ Date(s) of Service: _		
Psychotherapy Notes		+ 1	_ Date(s) of Service: _		
Other: Be Specific:					

FPD (rev. 2006)

- 6. Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization,

A photocopy or fax copy of this authorization shall be acceptable as an original,

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

Signature of Patient/Parent/Logal Guardian:

CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness:

Print Name

If a person cannot provide a written signature, two witnesses must sign below:

Witness:

Date:

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EXHIBIT 118

EXHIBIT 118

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habess Unit Brian Abbington Chief, Capital Habess Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habess Resource Counsel

May 16, 2008

Desert Springs Hospital Medical Center Attn: Medical Records Department 2075 E. Flamingo Road Las Vegas, Nevada 89119

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Stacie Anne Campanelli, aka Roterdam, aka

Gliszczynski

SSAN: 530-82-4882 DOB: October 4,1969

Information Requested on Carole Ann Campanelli (deceased)

SSAN: 530-82-4875 DOB: May 23, 1968

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Campanelli) in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of Desert Springs Hospital Medical Center section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) and Carole Ann Duncan.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents

Desert Springs Hospital Medical Center Page 2 May 16, 2008

have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

HIPAA releases to your hospital signed by Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) and Carol Anne Campanelli (signed by her mother) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

ATTACHMENT A

TO: CUSTODIAN OF RECORDS

Desert Springs Hospital Medical Center

2075 E. Flamingo Road Las Vegas, Nevada 89119

OR:

PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or non-official records, documents and materials storage, retention, nature of and content of files of the

Desert Springs Hospital Medical Center

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete the Certificate of Custodian of Records, enclosed for that purpose. Please produce or permit inspection and copying all sealed, unsealed, official and/or non official memoranda, correspondence, materials, files, tests, and/or documents of the following items and things concerning:

Re:

Carole Ann Campanelli (deceased)

DOB:

May 23, 1968

SS#:

530-82-4875

Re: DOB: Stacie Campanelli

October 4, 1969

SS#:

530-82-4882

This request includes, without limitation:

- 1. Admission records;
- 2. Admitting diagnosis;
- 3. Discharge diagnosis;
- 4. Discharge records;
- Notes: 5.
- 6. Medication prescribed;
- 7. Medication logs;
- 8. Medication records;
- 9. Nurse's notes:

- 10. Nurse's progress notes;
- 11. Physician's notes;
- 12. Physician's progress notes;
- 13. Doctor's notes;
- 14. Doctor's progress notes;
- 15. Counseling sessions notes
- 16. Mental health progress notes:
- 17. Medical and diagnostic test and test results, including without limitation, x-rays, EEG's, MRI, CT scans, and/or any other neurological or neuro-radiological tests;
- 18. Medical evaluations;
- 19. Mental health evaluations;
- 20. Psychological evaluations;
- 21. Psychiatric evaluations;
- 22. Psychiatric and/or psychological treatment;
- 23. Doctor's orders;
- 24. Emergency room records;
- 25. Surgical records;
- 26. In-patient and out-patient records;
- 27. Follow-up treatment records;
- 28. Billing records to include records of any payments made;
- 29. Any and all documents regarding guardianship and/or power of attorney for the above-named patient;
- 30. DNR directives, requests, orders or other such documents related to wishes of the above-named patient;
- 31. Any and all microfilm, microfiche documents;
- 32. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; computer print outs; computer diskettes; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, provide a Certificate of Destruction evidencing what was destroyed and the date.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5 14 08

To: Descriptings Hospital Medical Center

Re: Carole Ann Companelli

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to my daughter, CAROLE ANN CAMPANELLI (DECHASED), including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to my daughter, Carole Ann Campanelli (deceased). I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

Social Security Number Carole Ann Campanelli

5/23/68

Date of Birth Carole Ann Campanelli Signature

Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

November 20,07

Date

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

1, the patient/parent/legal guardian give OSCIT Springs Hos. Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the minimum necessary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initiated by me for disclosure in paragraphs 4 and 5 below.

1. Person(s) and/or Organization(s)/Entity	y(s) <u>To Disclose</u> My Protected Health Information:
Name(s):	
Organization/Entity:	en Springs Hosiphal Modical Center
Address:	15 E. Flaminso Rd.
City, State Zip Code: Las	vegasinu 89119
to release, use and/or share the medical infor the person or organization that received it ma	e my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) mation described below. I understand that once this information is released, used and/or shared, y share it again without my permission. If this happens, the information may no longer be protected what type of information is going to be released, used and/or shared and how this is going to be done.
Patient Name (First, Middle, Last):	CAROLE ANN CAMPANELLI (as authorized by her mother, Carole Ann Duncan)
Patient Address:	Decensed
City, State, Zip:	
Telephone No:	
Date of Birth:	5/23/68
Social Security No:	530-82-4875
3. Release of Information to:	
Name (First, Middle, Last):	ATTN: David Anthony
Соптрапу:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-4577
Fax No:	(702) 388-5819
FPD (rev. 2006)	

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Desc	ription:		Dute(s)	Description:	Date(s)
□ Admission		O Im	munization Rec	ords		□ Progress Notes	
□ Consultation Report(s)		O Jnj	patient Records			□ Radiology Report(s)	
□ Correspondence			ake/Outtake			□ Releases	
□ Counseling Notes		OLA	horatory Report	(a)		□ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		U Ni	ursing Notes			☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary			perative Procedu	re		□ Transfer Forms	
☐ Drug Administration Records		□ Ou	apatient Records			□ Treatment Plans	
☐ Emergency Record(s)		□ Pa	thology Report(ı)		✓ Entire Medical Record for all sections listed above:	234 <u>6</u> 41 - 234 641 - 24 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
☐ History & Physical Report(s)		o Ph	ysician's Notes				
☐ Home Care Records		□ Ph	ysician's Orders				
Other: Be Specific:Of the records noted above	, please list an	y areas	of those record	that you	do not wish to	release, use and/or share:	
5. Records to Be Relea Care/Freatment/Testing, an (Patient <u>MUST INITIAL</u> ea	d Treatment/	Certing	for Drug and/o			t for AIDS/HIV, Psychiatric/	Psychological
AIDS/HIV Records		→	\	Date(s)	of Service:		
Drug and/or Alcohol Use/Al	nise Records	->	16	Date(s)	of Service:		
Psychiatric/Psychological Re	ecords	→	<u> </u>	Date(s)	of Service:		
Psychotherapy Notes		→	16	Date(s)	of Service:		
Other: Be Specific:							

FPD (rev. 2006)

- 6. Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

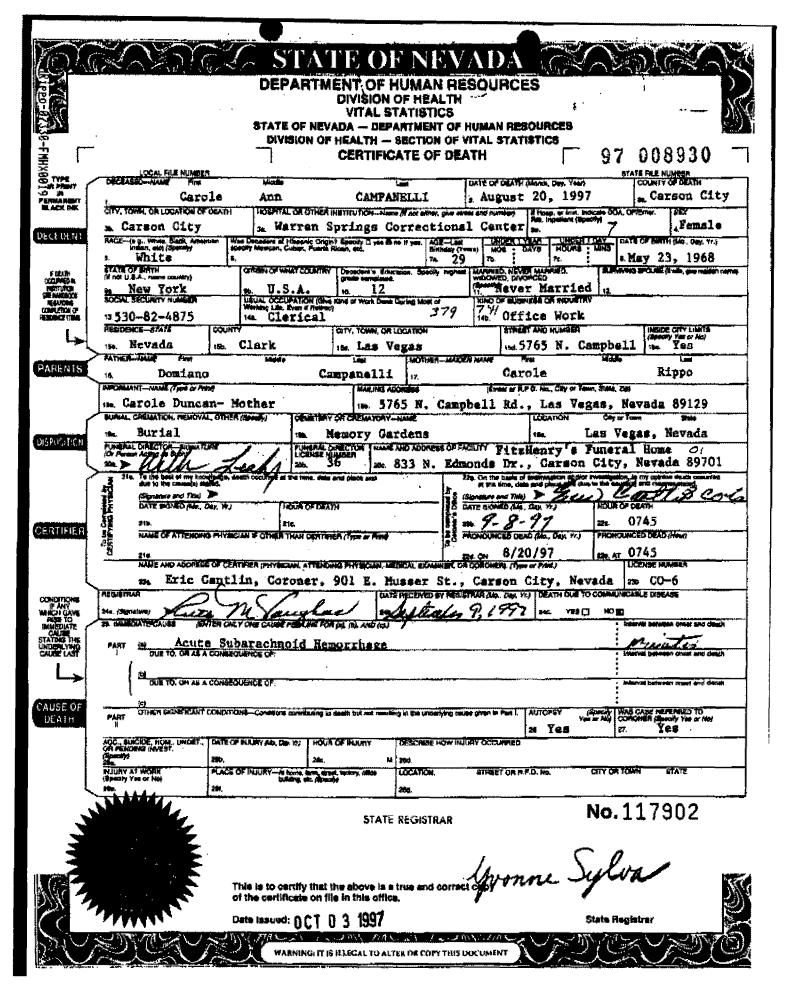
I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.

Signature of Patient/Parent/Legal Guardian:	CAROLE ANN DUNCAN ON BETIALF OF CAROLE ANN CAMPANELLI, Deceased	Date: 11/20/07
Signature of Witness: →	Sobert C. Duncon	Date: 11/20/07
If a person cannot provide a written signatur	Print Name	
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Ackircas:		
Wkness:		Date:
Address:		

FPD (rev. 2006)



07330-FMXH0019

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Desert Springs Hospital medical Center

Re: Stacle Anne Campainelli ata Boterdam aka 617520zynski

I, STACIE ANNE CAMPANELLI AKA STACIE ROTERDAM, AKA STACIE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	this authorization shall be as valid as the original. \wedge
4-29-08	Jane - man
DATED	(signatura)
530-82-4882	10/04/69
Social Security Number	Date of Birth

FEDERAL PUBLIC DEFENDER

District of Nevada 411 R. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

my medical Information pursuant to the voluntarily.	DESCA Springs to pto i med othe permission to release, use and/or share I lealth Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission
Purpose or Need For Releasing is the subject of this informatio representatives, or agents.	Using and/or Sharing My Protected Usaith Information; disclosure to me, the individual who n, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates,
Pursuant to 45 CPR 164.502(b) to the whole or entire medical:	(2) the minimum necessary requirement does NOT appty to this request. This request permins record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.
1. Person(a) and/or Organization(s)/K	ntity(s) <u>To Disclose</u> My Protected Health Information:
Name(s):	
Organization/Entity:	sen-Springs Hosiphal mod. Ote
Address: 20	75. E flamingo Rd.
	stegas nu 89119
to release, use and/or share the medical	information described below. I understand that unce this information is released, used and/or shared
under applicable privacy laws. I understi	t may share it again without my permission. If this happens, the information may no longer be protecte and what type of information is going to be released, used and/or shared and how this is going to be dust
under applicable privacy laws. I understa Patient Name (First, Middle, Last):	and what type of information is going to be released, used and/or shared and how this is going to bu dum STACIE ANNE CAMPANELLI ARA STACIE ROTTERDAM AKA STACIE GLISZCZYNSKI
under applicable privacy laws. I understi	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLEZCZYNSKI 10221 Berttley Oaks Mare Lau Verre, Nevede
under applicable privacy laws. I understa Patient Name (First, Middle, Last):	and what type of information is going to be released, used and/or shared and how this is going to bu dum STACIE ANNE CAMPANELLI ARA STACIE ROTTERDAM ARA STACIE GLISZCZYNSKI
under applicable privacy laws. I understi Patient Name (First, Middle, Last): Patient Address:	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLISZCZYNSKI 10221 Berttley Oaks Mare Lau Verm. Nevede
under applicable privacy laws. I understi Patient Name (First, Middle, Last): Patient Address: City, Stata, Zip:	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLESZCZYNSKI 10221 Berttich Oaks Mare Lau Vogas, Nevada 89136
under applicable privacy laws. I understa Putient Name (First, Middle, Last): Patient Address: City, State, Zip: Telephone No:	STACIE ANNE CAMPANKELI AKA STACIE ROTTERDAM AKA STACIE GLESZCZYNSKI 10221 Berttich Ooks Mare Lau Vegns, Neveds 89135
under applicable privacy laws. I understa Patient Name (First, Middle, Last): Patient Address: City, State, Zip: Telephone No: Date of Birth: Social Security No:	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLEZCZYNSKI 10221 Berttley Oaks Mase Lau Vegus, Nevedu 89135 762 - 373 - 8888

411 E. BONNEVILLE AVENUE, STE. 250

LAS VEGAS, NEVADA 89101

(702) 388-6577

(702) 388-5819

FPD (rev. 2006)

Address

Fax No:

City, State, Zip:

Telephone No:

4. Records to Be Released, Used And/or Shured: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Veseription:	Date(s)	Description:	Date(s)
□ Admission		□ Immunization Records		☐ Progress Notes	
□ Consultation Report(s)		() Imputient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
☐ Counseling Notes		□ Laboratory Report(s)		□ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
O Discharge/Clinical Summary		□ Operative Procedure Report(s)		□ Transfer Forms	
□ Drug Administration Records		□ Outpetient Records		□ Trestment Plans	
□ Emergency Record(s)		☐ Pathology Report(s)		✓ Entiry Medical Record for all sections listed above:	
□ History & Physical Report(s)		☐ Physician's Notes			
☐ Home Care Records		□ Physician's Orders			
Other: Re Specific:					·
	, please list an	y areas of those records that ye	ou do not wish t	to release, use and/or share:	
. Records to Be Rule Care/Treatment/Testing, at Patient <u>MUST INITIAL</u> e AIDS/HIV Records	ad Treatment/	Testing for Drug and/or Alcol disclosed.)	hat Unn/Ahmer:	at for AIDS/HIV, Psychiatric/	Psychological
	· 				
Drug and/or Alcohol Use/A) of Service:		
Psychiatric/Psychological I	lecords	→ SC Date(s)) of Service:		
Psychotherapy Notes		→ SC_ Date(s) of Service:		

FPD (rev. 2006)

- Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to
 the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in peragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) anti/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Legal Guardian:	Dute: 4-29-08
Signature of Witness:	Date: CH 29/OK
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Witness:	Date:
Address:	
Witness:	Date:
Address:	

EXHIBIT 119

EXHIBIT 119

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

Valley Hospital Medical Center Attn: Medical Records Department 620 Shadow Lane Las Vegas, Nevada 89106

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Stacie Anne Campanelli, aka Roterdam, aka

Gliszczynski

SSAN: 530-82-4882 DOB: October 4,1969

Information Requested on Carole Ann Campanelli (deceased)

SSAN: 530-82-4875 DOB: May 23, 1968

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Campanelli) in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of Valley Hospital Medical Center section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) and Carole Ann Duncan.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents

Valley Hospital Medical Center Page 2 May 16, 2008

have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

HIPAA releases to your hospital signed by Stacie Anne Campanelli (aka Roterdam, aka Gliszczynski) and Carol Anne Campanelli (signed by her mother) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5173 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

ATTACHMENT A

TO: CUSTODIAN OF RECORDS Valley Hospital Medical Center 620 Shadow Lane Las Vegas, Nevada 89106

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or non-official records, documents and materials storage, retention, nature of and content of files of the Valley Hospital Medical Center

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete the Certificate of Custodian of Records, enclosed for that purpose. Please produce or permit inspection and copying all sealed, unsealed, official and/or non official memoranda, correspondence, materials, files, tests, and/or documents of the following items and things concerning:

Re: Carole Ann Campanelli (deceased)

DOB: May 23, 1968 SS#: 530-82-4875

Re: Stacie Campanelli DOB: October 4, 1969 SS#: 530-82-4882

This request includes, without limitation:

- 1. Admission records;
- Admitting diagnosis;
- Discharge diagnosis;
- 4. Discharge records;
- Notes:
- Medication prescribed;
- 7. Medication logs;
- 8. Medication records;
- 9. Nurse's notes;

- 10. Nurse's progress notes;
- 11. Physician's notes;
- 12. Physician's progress notes;
- 13. Doctor's notes;
- 14. Doctor's progress notes;
- 15. Counseling sessions notes
- 16. Mental health progress notes;
- 17. Medical and diagnostic test and test results, including without limitation, x-rays, EEG's, MRI, CT scans, and/or any other neurological or neuro-radiological tests;
- 18. Medical evaluations;
- 19. Mental health evaluations;
- 20. Psychological evaluations;
- 21. Psychiatric evaluations;
- 22. Psychiatric and/or psychological treatment;
- 23. Doctor's orders;
- 24. Emergency room records;
- 25. Surgical records;
- 26. In-patient and out-patient records;
- 27. Follow-up treatment records;
- 28. Billing records to include records of any payments made;
- 29. Any and all documents regarding guardianship and/or power of attorney for the above-named patient;
- 30. DNR directives, requests, orders or other such documents related to wishes of the above-named patient;
- 31. Any and all microfilm, microfiche documents;
- 32. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; computer print outs; computer diskettes; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, provide a Certificate of Destruction evidencing what was destroyed and the date.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Valley Hospital medical acritice

Re: Stacie Anne Companelli axa Botherdam aka Gliszczynski

I, STACTE ANNE CAMPANELLI AKA STACIE ROTERDAM, AKA STACIE GLISZCZVNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	f this authorization shall be as valid as the original.		
4-29-08	Jone Jones		
DATED	(xignature)		
530-82-4882	10/04/69		
Social Security Number	Date of Birth		

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardia my medical Information pursus voluntarily.	ive Valley Hospital Medical Ctp permission to release, use and/or sh to the Health Insurance Pertability and Accountability Act of 1996 (HIPAA), and give this permiss
	asing. Using and/or Sharing My Protected Health Information: disclosure to me, the individual who mation, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates,
Pursuant to 45 CFR 164 to the whole or entire n	02(b)(2) the minimum accessary requirement does NOT apply to this request. This request pertains tical record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.
1. Person(s) and/or Organizat	(s)/Entity(s) <u>To Discisse</u> My Protected Health Information:
Name(s):	
Organization/Entity:	Valley Hospital Medical Center
Address;	valley Hospital Medical Center
City, State Zip Code:	Las begas, no 89106
Putient Name (First, Middle, Patient Address:	STACIE ANNE CAMPANELLI AKA STACIE ROTTERDAM AKA STACIE GLBZCZYNSKI 10221 Bentley Oaks Mare Las Verm, Neveda
City, State, Zip:	89135
Telephone No:	<u> </u>
Date of Birth:	19/4/1969
Social Security No: J. Release of Information to:	530-82-4882
Name (First, Middle, Last):	ATTN: David Authory
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
Fax No:	(702) 388-5819

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Sharesh: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(1)	Description: Duto(s)		Description:	Date(s)
7 Admission		☐ Immunization Records		☐ Progress Notes	: -
☐ Consultation Report(s)		□ Impatient Records		□ Radiology Report(s)	
☐ Correspondence		□ Intake/Outtake		☐ Releases	
□ Counseling Nates		□ Laboratory Report(s)		□ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		☐ Operative Procedure Report(s)		□ Transfer Forms	
☐ Drug Administration Records		□ Outpatient Records		CI Treatment Plans	
□ Emergency Record(s)		□ Pathology Report(s)		✓ Entire Medical Record for all sections listed above:	
☐ History & Physical Report(s)		☐ Physician's Notes			
☐ Home Care Records		☐ Physician's Orders			
Other: Re Specific:					<u> </u>
	c, picase list ar	ny areas of those records that ;	vou do not wisi	h to release, use and/or share:	
	and Treatment	t/Testing for Drug and/or Alex e disclosed.)	ondAlmu lado	nent for AIDS/HIV, Psychiatrics	-
Drug und/or Alcohol Use//	Alessa Darryija				
-					
Psychiatric/Psychological I	decoras	UEIQ	(a) Of Service:		
Psychotherapy Notes		→ <u>⊃</u>	(s) of Service: _		

PPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- Expiration Date: This authorization is valid for one year or 363 days from the date signed unless revoked by me in writing, except to
 the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Legal Guardian:	Date: 4-29-08
Signature of Witness:	Date: CH 29/08
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Witness:	Date:
Address:	,
Witness:	Dute:
Address:	

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: valley Hospital medical Center

Re: Carole Ann Campanelle

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to my daughter, CAROLE ANN CAMPANELLI (DECEASED), including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to my daughter, Carole Ann Campanelli (deceased). I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: <u>NOT LIMITED</u>

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

30-82-4875 Social Security Number Carole Ann Campanelli

Date of Birth

Carole Ann Campanelli

Signature

Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

November 30,07

FEDERAL PUBLIC DEFENDER

District of Neveda 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

1. the patient/parent/legal guardian give Valley Hospital Medical Che __permission to release, use and/or share my medical information pursuant to the Health insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Newl For Releasing, Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Pederal Public Defender, and/or her associates, representatives, or agents.

Supplement to 45 CTD 164 5/12/bV2\the minimum

1. Person(s) and/or Organization(s)/Ent	tity(s) To Discione My Protected Health Informations	
Name(s):		
Organization/Entity:	lley Hospital Medical Center	
Address:	30 Shadow lane	
City, State Zip Code:	SUEGAS, AU 8910U	
to release, use and/or share the medical inf the person or organization that received it a	ive my authorization/permission for the above specified person(s) and/or organization(s) or formation described below. I understand that once this information is released, used and/o nay share it again without my permission. If this happens, the information may no longer be a dwhat type of information is going to be released, used and/or shared and how this is going to	r shared, moscused
Patient Name (First, Middle, Last):	CAROLE ANN CAMPANELLI (as authorized by her mother, Carole Ann Duncas	ŋ
Patient Address:	Deceased	
City, State, Zip:		
Telephone No:		
Date of Birth:	5/23/68	
Traine As man ens		7.8
Social Security No:	530-82-4875	
— 4.0 4.1	530-82-4875	
Social Security No:	ATTN: David Anthony	m _s ,
Social Security No: 3. Release of Information to:	530-82-4875 ATTN: David Anthony OFFICE OF THE FEDERAL PUBLIC DEFENDER	ms.
Social Security No: 3. Release of Information to: Name (First, Middle, Last):		, m, ,
Social Security No: 3. Release of Information to: Name (First, Middle, Last): Company: Address:	OFFICE OF THE FEDERAL PUBLIC DEFENDER 411 E. BONNEVILLE AVENUE, STE. 250	

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Picase indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description: Dute(s)		Description:	Date(s)
□ Admission		☐ Immunization Records		□ Progress Notes	
□ Consultation Report(s)		□ Impatient Records □		☐ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
☐ Counseling Notes		□ Laboratory Report	(3)	☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary		☐ Operative Procedu Report(s)	□ Operative Procedure □ Transfer Ferms		
☐ Drug Administration Records		☐ Outpatient Record	da 🗆 Treatment Plans		
☐ Emergency Record(s)				√ Entire Medical Record for all sections issed above:	
☐ History & Physical Report(s)		□ Physician's Notes			
☐ Home Care Records		□ Physician's Orders			
Other: Be Specific:			,,,,,,		<u> </u>
	e, picase list au	ly areas of those record	s that you do not wisi	to release, use and/or share:	
S. Records to Be Reic Core/Treatment/Testing, a Patient <u>MUST INITIAL</u> c	nd Treatment,	Testing for Drug and/		nent for AIDS/HIV, Psychiatric et	/Psychologica
AIDS/HIV Records		→ <u>(k</u>	Date(s) of Service:		
Drug and/or Alcohol Use//	Abuse Records	• <u>U</u>	Date(s) of Service:		
Psychiatric/Psychological	Records	+ <u>W</u>	Date(s) of Service:		
Psychotherapy Notes		+ 14	Date(s) of Service:		······································
Other: Be Specific:					

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HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization,

A photocopy or fax copy of this authorization shall be acceptable as an original.

Address:

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

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Witness:

Date: __

STATE OF NEVADA DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH VITAL STATISTICS STATE OF NEVADA - DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH - SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH 008930 OCAL FILE NUMBER COUNTY OF DEATH DATE OF DEATH MOUNT, Day, Year . August 20, 1997 Carson City Carole Ann CAMPANELLI LACK INK CITY, TOWN, ON LOCATION OF DEATH HOSPITAL OR OTHER INSTITUTION. Name (Wast other, give series and number) A Ficep. or lines, includes OCIA, CH 60 * Warren Springs Correctional Center Carson City .Female DECEDENT RACE—(e.g., Pinne, Black, A Indian, was (Specify C Origin? Specify I yee & no if you. AGE-Last Fuerto Ricen, etc. DATE OF BUILTH DAG . Day, Yr. 29 White «May 23, 1968 CHARLES OF SOLAT COLUMN MED. DOVOMCED Maria sould find pro-FOLIN New York Never Married 12 WEUNE OCCUPATION (Ship VALUE OF BUSINESS TO CHAIN 379 19 530-82-4875 Office Work Clerical PREDENCE-STATE CITY, TOWN, OF LOCATION THE TAND NUMBER PARCE CITY LIMITS 154 Nevada Clark the Las Vegas ⊯5765 N. Campbell Yes PATIES PARENTS Domiano Rippo Companelli Carole PHICHMANT—NAME (Type or French (Great of R.F.D. No., City or Yours, State, Zin-- Carole Duncan- Mother im. 5765 N. Campbell Rd., Las Vegas, Nevada 89129 BUMAL CHEMATION, PROMOVAL, OTHER CHANGE COMMITTERY OF CHEMATORY-LAME City or Teams Burisl Les Vegas, Navada Memory Gardens DISPOSITION FUNDAM DARCKIE NAME AND ADDRESS OF FACILITY FITZHenry's Funeral Home 833 N. Edmonds Dr., Carson City, Nevada 89701 22a. On the charte of everyoneeum magnitor in If the since, date and piece, and then (Sprature and This) 🕨 HOUR OF BEATH DATE BOUNDS AND COME TO HOUR OF DEATH an 9. 0745 f e CERTIFIER HAVE OF ATTENDING PHYSICIAN IT OTHER THAN OPPORTED !! PROMOTER SECTION OF AD Albert 8/20/97 20745 216. 324 ON 5/2U/9/ MANE AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINE), OR ODRICHER, (P)po or Print) Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada DATE RECEIVED BY MOUTHAN AM. DOW WY DEATH OLD TO COMMUNICABLE DISEASE CONDITIONS IF ANY WHICH GAWE PASE TO INMIDIATE 9.1997 YWE I'T CAUSE PRESENCE FOR (M. CIL AND Acute Subarachnoid Hemorrhage PART antes DUE TO, OH AS A CORRECUENCE OF INCOVER DESIGNATION OF SHIP CARRY CAUSE OF BY IN GRANT SHE NO REAL IN GRANT OF THE PROPERTY OF THE PROPER WAS CASE NEW PARC TO CONONER (Specify You or A AUTOPEY DEATH PART Yes CATE OF MARY AND, COL. IT! HOUR OF BUILDIN STREET OR P.P.D. No. LOCATION CITY OR TOWN STATE 26n No.117902 STATE REGISTRAR This is to certify that the above is a true and correct of wonne. Sylva of the certificate on file in this office. Date (amund: 0 CT 0 3 1997 State Registrar

EXHIBIT 120

EXHIBIT 120

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-6261 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

May 16, 2008

Reno Police Department Records & ID Section Attn: Custodian of Records Po Box 1900 Reno, Nevada 895025

Re:

Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada represents Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Reno Police Department, Records & ID Section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to David Jeffrey Levine.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If

Reno Police Department May 16, 2008 Page 2

you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due.

Enclosed is an authorization for release of records signed by Mr. Levine. Because this is a capital case and we are under court imposed filing deadlines, it is essential that we obtain any and all records as soon as possible. We appreciate your prompt response and thank you in advance for your assistance. If you have any questions or require additional information, please call me at 702-388-5173.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

RIPPO v. STATE et al.,

ATTACHMENT "A" SUBPOENA DUCES TECUM

TO: CUSTODIAN OF RECORDS

Reno Police Department 455 East Second Street Reno, Nevada 89505

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or non-official records, documents and materials storage, retention, nature of and content of files of the *Reno Police Department*

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (2) organized and labeled to correspond with the categories as set forth below. Nev. R. Civ. Pro. 45.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim. Nev. R. Civ. Pro. 45(d).

Please complete a Certificate of Custodian of Records, in the form set forth in N.R.S. 52.260. Please produce or permit inspection and copying all sealed, unsealed, official and/or non official memoranda, correspondence, materials, files, tests, and/or documents of the following items and things concerning:

Information requested on the following individuals and cases:

Name/Identification Information	Case Numbers
Diana L. Hunt-Rice-Bracy	C106663
SS# 530-72-8328	
DOB: 12/27/1968	
Metro ID#1191448	
David Levine	96F11242X
SS# 530-84-0229	C136975
DOB: 06/24/1967	
Metro ID# 0589284	

Name/Identification Information	Case Number
Thomas M. Christos SS# 530-36-9787 DOB: 12/16/1950 Metro ID#0203921	94F02599X 98M11109X 99M13522 99W08312 7786394-3 85M00778Q 86T02720X
Michael Beaudoin SS# 530-80-3414 — also uses 476-30-3414, 330-80-3414, 530-848285 DOB: 01/22/1962 — also uses 03/22/65 Metro ID# 0677023	92T01630X C102962 C95279 C134430 95F07735X C130797X C152763 C148089 C140799 C73331 89F-3032 89T-1312 C69091 C69090 C69088 C69088 C69089 C339226 87M2537 87T1276
James Robert Ison SS# 263-43-3200 DOB: 05/19/1959 Metro ID# 0902654	86074948X 86F02323X 92FH0031X C74948
William Clinton Burkett DOB 11/01/1959 SS#: 431-08-7285 AKA Donald A. Hill DOB 11/03/1959 SS#: 431-08-7285	Unknown
Thomas Sims SS#530-54-9360 DOB 01-11-1958 Metro ID#0735379	97M13084X 93M12323X 93F09533X C136066

Name/Identification Information

Case Numbers

Michael Rippo

DOB: 02/26/1965 SSAN: 530-82-1903 C106784

Please produce or permit inspection and copying of all sealed and/or unsealed, official and/or non official files, records, documents, investigative materials, microfiched logbooks, handwritten logbooks, and/or tangible things including, but not limited to, the following:

- 1. All files, records and documents regarding any investigations;
- 2. Scope printouts for the above-named individual(s);
- 3. Declarations of arrest:
- Work cards;
- Incident crime report (ICR) and notes;
- Regular investigative reports (TSD 26) and notes;
- Evidence impound reports, notes and test results;
- 8. Property impound reports, notes and test results;
- Identifications documents and notes:
- All Las Vegas Metropolitan Police Department records related to the abovenamed individuals;
- 11. Event number documents;
- 12. Incident reports and notes;
- 13. Booking records and notes from and any all jurisdictions;
- 14. Arrest records and notes from any and all jurisdictions;
- 15. Charging documents and notes from any and all jurisdictions;
- 16. Affidavits of arrest from any and all jurisdictions;
- 17. Arrest warrants and search warrants from any and all jurisdictions;
- 18. Consent to search forms and notes;
- 19. Criminal complaint requests and notes;
- 20. Crime scene investigation reports and notes;
- 21. Further investigation requests, notes and reports;
- 22. Grand jury subpoenas, information, indictment;
- 23. Warrants of extradition and any other extradition documents, including notes, relating to proceedings from any and all jurisdictions;
- 24. Any and all statements of defendant, co-defendants, witnesses, suspects, snitches and informants including, but not limited to, the above-named individuals;
- 25. Any and all Las Vegas Metropolitan Police Department reports, including but not limited to:
 - a. Follow-up reports;
 - b. Continuation reports;
 - c. Field notes:
 - d. Initial arrest/incident reports;
 - e. Temporary custody reports;

- f. Voluntary statements or other statements;
- g. Crime Scene Reports;
- h. Property Reports;
- i. Witness statements;
- Newspaper clippings, press releases, press reports;
- 28. Any and all property release disposition reports and notes;
- 29. Any and all handwritten notes;
- Any and all autopsy reports, photographs and notes;
- 31. Any and all coroner's reports, investigation, photographs, and bench notes;
- 32. Toxicology reports, test results and notes;
- Forensic laboratory reports, test results and notes;
- 34. Victim information reports and notes;
- Suspect information reports and notes;
- Identification specialists work requests, reports and notes;
- Field identification section documents and notes;
- 38. Latent fingerprint section documents and notes;
- 39. Photographic laboratory section documents and notes;
- 40. Photographic lineup documents and notes;
- 41. All laboratory testing reports, results and notes;
- 42. All evidence testing reports, results and notes;
- 43. All requests for testing and notes;
- 44. All polygraph examinations, results and notes;
- 45. Correspondence;
- 46. Documents received from any other law enforcement agencies including, without limitation, the Federal Bureau of Investigation;
- 47. A list of any purged, destroyed, deleted documents, or documents transferred to storage;
- 48. Any and all microfilm, microfiche documents;
- 49. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.
- 50. All juvenile arrests records for the above-named individuals.

Please complete a Certificate of Custodian of Records, in the form set forth in NRS 52.260. If you are claiming that any of the documents described above have been destroyed or purged, please provide a copy of Certificate of Destruction, evidencing what was destroyed and the date, as set forth in NRS 239.124; NAC 239.251.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 5/10/08	
TO: Renc Palice Deposit	ne,ct
RE: Dand Jeffreylein	x 2
.	thorize and request you to release to the office of the
Federal Public Defender for Nevada, any and JEFFREY LEVINE. I specifically consent to the § 552a(b) and to any consent to disclosure provided to the second	all information and/or records relating to DAVID disclosure of any and all records pursuant to 5 U.S.C. vision of state and local law. In consideration of such ridual and/or institutional capacity) from any and all
This release is limited in the following ways:	Not limited.
mentioned individual. A photographic copy of	y these records and to release copies to the above of this authorization shall be as valid as the original.
11-20-07	dans Suffrentune
Dated	Signature (David Jethey Levine)
530-84-0229	June 24, 1967
Social Security Number	Date of Birth

IN THE SUPREME COURT OF THE STATE OF NEVADA

No. 53626

MICHAEL RIPPO,)
Appellant,	}
-vs-	\langle
E.K. McDANIEL, et al.,	{

Respondent.

|--|--|--|--|--|

OCT 19 2009

CLERY OF SUPPLEME COURT
BY CHIEF DEPUTY CLERK

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48	Reply to Opposition to Motion for Leave to Conduct Discovery	09/16/08	JA11575-JA11585
1	Reporter's Transcript of Arraignment	07/06/92	JA00242-JA00245
2	Reporter's Transcript of Arraignment	07/20/92	JA00246-JA00251
36	Reporter's Transcript of Defendant's Motion for Appointment of Counsel	02/11/08	JA08665-JA08668
2	Reporter's Transcript of Defendant's Motion to Continue Trial Proceedings; Defendant's Motion to Disqualify District	02/14/94	JA00378-JA00399

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	Attorney's Office		
19	Reporter's Transcript of Evidentiary Hearing	09/10/04	JA04347-JA04408
48	Reporter's Transcript of Hearing	09/22/08	JA11586-JA11602
2	Reporter's Transcript of Hearing in re Attorney General's Motion to Quash and for Protective Order	09/20/93	JA00316-JA00319
2	Reporter's Transcript of Hearing in re Motion to Continue Jury Trial	09/10/93	JA00304-JA00315
3	Reporter's Transcript of Motions Hearing	03/09/94	JA00565-JA00569
18	Reporter's Transcript of Preliminary [sic] Hearing	11/27/02	JA04202-JA04204
19	Reporter's Transcript of Proceedings before the Honorable Donald M. Mosely	08/20/04	JA04321-JA04346
17	Reporter's Transcript of Proceedings: Argument and Decision	05/02/02	JA04048-JA04051
1	Reporter's Transcript of Proceedings: Grand Jury	06/04/92	JA00001-JA00234
3	Reporter's Transcript of Proceedings: Jury Trial, Vol. 1; 10:00 a.m.	01/30/96	JA00634-JA00641
3 4	Reporter's Transcript of Proceedings: Jury Trial, Vol. II; 1:30 p.m.	01/30/96	JA00642-JA00725 JA00726
4	Reporter's Transcript of Proceedings: Jury Trial, Vol. III; 3:30 p.m.	01/30/96	JA00727-JA00795
4	Reporter's Transcript of Proceedings: Jury Trial, 11:15 AM	01/31/96	JA00796-JA00888
4 5	Reporter's Transcript of Proceedings: Jury Trial, 2:30 PM	01/31/96	JA00889-JA00975 JA00976-JA01025
5	Reporter's Transcript of Proceedings: Jury Trial, Vol. I; 10:20 a.m.	02/01/96	JA01026-JA01219
5	Reporter's Transcript of Proceedings: Jury Trial, Vol. VI; 10:20 a.m.	02/02/96	JA01220-JA01401
5B	Reporter's Transcript of Proceedings: Jury Trial, Vol. 1, 1:30 p.m.	02/05/96	JA01401-001 to JA01401-179
5 6	Reporter's Transcript of Proceedings: Jury Trial, Vol. II; 2:30 p.m.	02/02/96	JA01402-JA01469 JA01470-JA01506

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7	Reporter's Transcript of Proceedings: Jury Trial, 10:15 AM	02/06/96	JA01507-JA01688
8	Reporter's Transcript of Proceedings: Jury Trial, 2:30 PM	02/06/96	JA01689-JA01766
8	Reporter's Transcript of Proceedings: Jury Trial, 1:45 PM	02/07/96	JA01767 JA01872
8 9	Reporter's Transcript of Proceedings: Jury Trial, 10:15 AM	02/08/96	JA01887-JA01938 JA01939-JA02054
9 10	Reporter's Transcript of Proceedings: Jury Trial, 10:45 AM	02/26/96	JA02055-JA02188 JA02189-JA02232
10	Reporter's Transcript of Proceedings: Jury Trial, 11:00AM	02/27/96	JA02233-JA02404
11	Reporter's Transcript of Proceedings: Jury Trial, Vol. I, 10:30 a.m.	02/28/96	JA02405-JA02602
12 13	Reporter's Transcript of Proceedings: Jury Trial, Vol. I, 10:35 a.m.	02/29/96	JA02630-JA02879 JA02880-JA02885
13	Reporter's Transcript of Proceedings: Jury Trial 9:00 AM	03/01/96	JA02886-JA03064
13	Reporter's Transcript of Proceedings: Jury Trial Vol. I, 10:30 a.m.	03/04/96	JA03065-JA03120
14	Reporter's Transcript of Proceedings: Jury Trial, 11:00 a.m.	03/05/96	JA03121-JA03357
16	Reporter's Transcript of Proceedings: Jury Trial Vol. 1 11:30 a.m.	03/13/96	JA03594-JA03808
17	Reporter's Transcript of Proceedings: Jury Trial, 9:30 AM	03/14/96	JA03841-JA04001
3	Reporter's Transcript of Proceedings: Motions Hearing	03/18/94	JA00575-JA00582
3	Reporter's Transcript of Proceedings: Motions Hearing	04/14/94	JA00591-JA00618
15	Reporter's Transcript of Proceedings: Penalty Phase 10:00 a.m.	03/12/96	JA03413-JA03593
2 3	Reporter's Transcript of Proceedings Re: Defendant's Motion to Disqualify District Attorney's Office	03/07/94	JA00403-485 JA00486-564

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2	Reporter's Transcript of Proceedings re: Oral Request of District Attorney	01/31/94	JA00322-JA00333
3	Reporter's Transcript of Proceedings: Ruling on Defense Motion	03/11/94	JA00570-JA00574
17	Reporter's Transcript of Proceedings: Sentencing	05/17/96	JA04014-JA04036
15	Reporter's Transcript of Proceedings: Verdict	03/06/96	JA03403-JA03411
2	Response to Defendant's Motion for Discovery of Institutional Records and Files Necessary to His Defense	02/07/94	JA00351-JA00357
36 37	State's Motion to Dismiss and Response to Defendant's Petition for Writ of Habeas Corpus (Post-Conviction)	04/23/08	JA08673-JA08746 JA08747-JA08757
2	State's Motion to Expedite Trial Date or in the Alternative Transfer Case to Another Department	02/16/93	JA00268-JA00273
2	State's Opposition to Defendant's Motion for Discovery and State's Motion for Reciprocal Discovery	10/27/92	JA00260-JA00263
2	State's Opposition to Defendant's Motion to Exclude Autopsy and Crime Scene Photographs	02/07/94	JA00346-JA00350
18	State's Opposition to Defendant's Supplemental Points and Authorities in Support of Petition for Writ of Habeas Corpus (Post-Conviction)	10/14/02	JA04154-JA04201
2	State's Response to Defendant's Motion to Strike Aggravating Circumstance Numbered 1 and 2 and for Specificity as to Aggravating Circumstance Number 4	02/14/94	JA00367-JA00370
18	State's Response to Defendant's Supplemental Petition for Writ of Habeas Corpus (Post-Conviction)	04/06/04	JA04259-JA04315
2	State's Response to Motion to Disqualify the District Attorney's Office and State's Motion to Quash Subpoenas	02/14/94	JA00358-JA00366
18	Supplemental Brief in Support of Defendant's Petition for Writ of Habeas Corpus (Post-Conviction)	02/10/04	JA04206-JA04256

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Vol.	Title	Date	Page
17 18	Supplemental Points and Authorities in Support of Petition for Writ of Habeas Corpus (Post-Conviction)	08/08/02	JA04052-JA04090 JA04091-JA04153
15	Verdicts	03/06/96	JA03399-JA03402
16	Verdicts and Special Verdict	03/14/96	JA03835-JA03840

EXHIBIT 94

EXHIBIT 94

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habess Unit Brian Abbington Chief, Capital Habess Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habess Resource Counsel

May 15, 2008

Central Medicaid Office 330 West 34th Street New York, New York 10001

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on;

Carole Ann Campanelli fka Rippo aka Duncan;

SSAN 068-34-9587 DOB December 28, 1942

Michael Damon Campanelli, aka Rippo

SSAN: 530-82-4903; DOB: February 26, 1965 Stacie Anne Campanelli SSAN: 530-82-4882 DOB: October 4.1969

Carol Anne Campanelli (deceased)

SSAN: 530-82-4875 DOB: May 23, 1968

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Michael Damon Campanelli) in his federal capital habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Medicaid Agency for the state of New York from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Carole Ann Campanelli (mother) and her family, which includes Michael Damon Campanelli, Carole Ann Campanelli (daughter) and Stacie Campanelli, Carole Ann Campanelli received Medicaid benefits from approximately 1965-1974.

Central Medicaid Office Page 2 May 15, 2008

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Releases (general and HIPAA) to your agency signed by Ms. Duncan (fka Campanelli), Stacie Campanelli, Carol Anne Campanelli (signed by her mother), and Mr. Michael Rippo (fka Campanelli) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Katrina Lang

Senior Legal Secretary Capital Habeas Unit

/kml Enclosures

DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

2		1.2 = 2.2 1.10	
3		I, [name]	, declare under penalty of perjury:
4	1.	I am the [position]	of the and in
5		my capacity as [position]	, am a custodian of the records of
6		tł	ne Central Medicaid Office.
7	2.	That on the day of	, 20, the Central Medicaid
8		Office was served with a records rec	quest in connection with United States District Court
9		case, Rippo v. McDaniel, et al., call	ing for the production of records as set forth in the
10		exhibit(s) attached to the request.	
11	3.	Records were destroyed pursuant to	[cite here
12		Nevada Revised Statutes ("NRS"),	agency rules and regulations authorizing destruction
13		of documents (and attach copy of ru	le or regulation, if other than NRS)].
14	4.	The requested documents, pursuant	to the above statute, rules and/or regulations were
15		destroyed on or about	[date].
16	5.	No form of the requested documents	s remain, whether paper, microfilm, microfiche, or
17		electronic.	
18			
19			
20			CUSTODIAN OF RECORDS
21			[Print Name]
22			
23			
24			
25			
26			
27			
28			

1 DECLARATION OF CUSTODIAN OF RECORD 2 I, [name] ______, declare under penalty of perjury: I am the [position] _____ of the Central Medicaid Office and in my 3 1. capacity as [position] am a custodian of the records of the Central 4 5 Medicaid Office. That on the _____ day of ______, 20___, I received a records request 6 2. 7 in connection with Michael Damon Rippo requesting production of records [as set forth 8 in the exhibit(s) attached to the request]. 9 3. I have examined the original of those records and have made or caused to be made a true 10 and exact copy of those records and the reproduction of those records as attached is true 11 and complete. 12 That the original of those records was made at or near the time of the act(s), event(s), 4. 13 condition(s), opinion(s), or diagnosis set forth in them by or from information transmitted 14 by a person with knowledge, in the course of my regularly conducted activity of or for the 15 Central Medicaid Office. 16 17 Custodian of Records 18 19 [Print Name] 20 21 22 23 24 25 26 27 28

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

	[name]	, am the records custodian for the Central
Medicaid	Office.	I have reviewed the records request from the Federal Public Defender for the
District o	f Nevad	a. I am unable to comply with the request because:
1.		The agency requires a subpoena for the requested information, pursuant to [please detail
		here the statute or institutional rules; attach copy if not statutory]
2.		The requested documents were destroyed. Certificate of Destruction attached.
3.		Additional information is required:
J.		Additional information is required.
4.		Pre-payment in the sum of \$ is required for production of
		[number] copies.
5.		Other [please specify]:
If	there are	e questions, my telephone number is
Γά	late]	[signature]
r	· · .	E. Commond
		[printed name]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Duted: 5/15/08

TO CENTRAL MEDICAID OFFICE

RO: CARDLE ANN CAMPANELL, ata Rippo, ata Duncan MICHAEL DAMON CAMPANELLI, aka RIPPO

I. Michael Damon Rippo, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, Michael Pescetta, Assistant Federal Public Defender, ansider their designated representatives, any and all information and/or records relating to Michael Damon Rippo, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including sicohol and drug rehabilitation) records as well as any files propared in connection with prior civil or criminal lizigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to Michael Damon Rippo. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552s(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclorure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways:	NOT LIMITED
mentioned legal representatives. A photogra	these records and to release copies to the above phic copy of this authorization shall be as valid as
the celginul.	
4-9-0)	Val like
Date	MAL Properties
530-82-4903	0726/65
Social Security Number	Date of Birth

07110-MSC00028

EDERAL PUBLIC DEFENDER

lutriet of Neveda 11 E. Bonneville Avenue, #250 as Vegas, Neveda #9101 102) 388-4577 HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

i so patient/parent/legal guardism give. CC medical Information pursuant to the He vocuntarity.	STRUC HEARTHO OFFICE permission to release, we and/or share with Innurance Portability and Accountability Act of 1996 (NIPAA), and give this permission
	g and/or Sharing bly Protected Health Information; disclosure to me, the individual who multirough my attorney, FRARNY A. FXXSMAN, Federal Public Defender, and/or her t.
Pursuant to 45 CFR 164,502(b)(2) the so the whole or entire medical recon-	e <u>minimum nucessary municement</u> done NOT apply to this requess. This request permiss of the specific section(s) initiated by me for disclosure in paragraphs 4 and 5 below.
1. Pérsonis) amilier Ovganization(s)/Entity	(a) In Discione My Protected Statish information:
Namo(s):	
Organization/Builty:	MAL MEDICALO CRACE
Address: 330.11	nesr 34 th St
City, State Zip Code: March	York, NY 10001
the person or organization that specimed it may	mation described below. I understand that once this information is released, used scalor stared, shore it again without my permission. If this happens, the information may no lunger be protected has type of information is going to be done. Michael Signo.
Patient Address	P.O. Box 1969
City, State, Zim	Elv. Nevada 85301
Telephone No.	NVA
Date of Mirih:	
Sould Security No.	530-62-6983
3. Release of information is:	C
Name (First, Middle, Leety:	ATTN: Clisabeth Stanton
Сынарапу:	OFFICE OF THE PEDERAL PUBLIC DEPENDER
A ddense: City, Slate, Zip:	111 E. Bonneville Avenue, Str. 760 Las Vegae, Nevada exiot
Telephone Net	(702) 388-4877
Par No:	(70 2) 388-4261
1°PD (mv. 2406)	

07110-MSC00025

- PAA AUTHORIZATION TO RELEASE
 F OTECTED HEALTH INFORMATION
- P pe No. 2

HPD (rev. 2006)

4 topords to the Releasest, Used Andrer Shared: Please indicate the section(s) of the reduct below that you would like released or that you p nit us to use and/or share, and specify the dates of treotment, if known.

eveription:	Darin(s)	Description:	Date(s)	Descriptions	Date(s)
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리 Cossultation Report(a)		🗆 Impatient Records		☐ Radiology Repon(s)	
D Correspondence		🗆 (otoke/Outtake		C) Rolinates	
© Counseling Notes		C Laboratory Maport(s)		□ Social Work Note#Reports	
□ Designated Record Set/Abstract		□ Nursing Notes		C Therapy/Rehabilitation Records	
Discharge/Clinical Summary		(Operative Procedure Report(s)		🗆 Transfer Porgo	
Ci Drug Administration Records		D Outpurium Records		O Treatmest Plant	
© Emergency Record(s)		∏ Pathology Rapon(s)		₹ Entire Medical Record for all sections fiscal above:	4
□ History & Physical Report(s)		D Physician's Notes			
D Home Care Records		© Physician's Orders			

5. Records to No Relumed Containing information Related to my Treatment for AIDS/REV, Psychiatric/Psychological Care/Treatment/Posting, and Treatment/Testing for Drug and/or Alcohol Use/Absec:

(Patient MUST INITIAL met Records

Dute(s) of Service:

Drug and/or Akushol Use/Absec Records

Dute(s) of Service:

Psychiatric/Psychological Records

Dute(s) of Service:

Dute(s) of Service:

Other: He Specific:

Of the records noted above, please list any areas of those meaning that you do not wish to release, use and/or abuses

07110-MSC00026

F 10 No. 3

- f. Expiration Date: This audiorization is valid for <u>one year or _369</u> doys from the date signed unless revoked by me in writing, except to it extent that taking has already been inless or as required by law,
- 7 Your Rights: This amborization to release health information is voluntary. Trustment, payment, enrollment or eligibility for benefits may be conditioned on signing this authorization except in the following cases: (1) to condition research-releast treatment, (2) to obtain information in connection with eligibility or smulment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a shird party.

You are excited to receive a copy of this Authorization.

I understand that I may rewrite (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, and/or organization(s) inted in puragraph one above. I waterstand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used antifer shared. I also understand that it will take time for the person(s) and/or organization(s)/avoky(s) listed in peragraph one to receive and process my request.

I release the person(s) and/or organization(n)/intext in puragraph one above disclosing this information from any Hability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above,

A photocopy or fait copy of this authorization shall be acceptable as on original.

Signature of Patient/PercutLegal	Churchen - Molal Rps	Dete: 4-9-0?
Signature of Witness:	Alwanell Akara	m=19107
	Mutual Shrives	
ll'a person caract provida a wrist	un signature, two witnesses must sign below:	
Wines:	THE RESERVE THE PROPERTY OF TH	Date:
Address:		
Wister		Dein:
Address		

FPD (sev. 2006)

07110-MSC00027

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DA- 5/15/08

TO: PENTRAL MEDICALD DEACE

RE: CAROLE ANN CAMPANELLI, aka Rippo, aka Duncan. MICHAGE DOMON CAMPANELLI, aka Poppo.

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to CAROLE AHN DUNCAN, AKA CABOLE ÁNN RIPPO, AKA CABOLE ÁNN CANDANIELL, AKA CABOLE ÁNN ANCENG, including but not limited to, birth certificates and records, death certificates and records. autopsy findings, records and recordings, marriage certificates and records, dissoluting files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records permissing to CAROLE ANN DUNCAN, AKA CAROLE ANN REPO, AKA CAROLE ANN CAMPANELL, AKA CAROLE ANN ANZING. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. \$ 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes may physicians, experts of other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

068-34-9587	Couls a Cleaning
Social Security Number	Signature
12/18/42	Marindon 26,02
Date of Birth	Date

FEDERAL PUBLIC DEFENDER District of Neveda 411 E. Bonzeville Avenus, #259 Las Vegas, Neveda 89161 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the petient/parent/legal genedian give	COUNTRY A	LEDKELD C	ecice.	Bermietion to rele	tat, and ancidor abure
my medical Information pursuant to					
voluntarily.					

Persons at Need For Releasing, Lising antity Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Pederal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the <u>minimum recentery requirement</u>, does NOT apply to this request. This request parties to the whole or entire statical record of the specific section(s) initiated by one for disclosure in paragraphs 4 and 5 below.

1. Person(s) and/or Organization(s)/Entity(s) To Plantes My Protected Health Information

Nanta(s):	
	TRAL MEBILAIO OFFICE
Address: 330	WEST 34T ST
City, State Zip Code: Negui	beec, NY 1000 1
to relatio, use encifor share the medical infi the purson or organization that received it m	we my sufficiention/permission for the above specified person(s) and/or organization(s) or entity(s) pression described below. I understand that once this information is released, used and/or shared, sy share it again without my purmission. If this happens, the information may no longer be protected what type of information is going to be released, used and/or shared and how this is going to be done.
Putient Nume (First, Middle, Last):	CARGLE ANN DUNCAN, AKA CARGER ANN RRYO, AKA CARGLE ANN CANGANGLA. AKA CARGLE ANN ANEDG
Patient Address	39 Cartus Rank Rd
Chy, State, Zipe	Edgewood New MEXICO 87015
Tulaphone No.	505-256-0477
Date of Mirtig	12/25/42
Social Security Not	068-34-9587
3. Release of information to	ATTHE Elizabeth Stanton
Name (First, Middle, Last):	ATTN: CLISABETA STANTON
Сомунаут	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zipe	411 E. Bonneville Avenue, Ste. 250 Las Vegas, Nevada 87101
Tolophone Nex	(702) 3 11-6577
Fax Ne:	(762) 365-5619
FPD (rev. 2006)	

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HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to the Malmond, Used And/or Starreck Please indicate the section(s) of the record below that you would like released or that you permit us to use end/or share, and specify the dates of treatment, if knows.

Descriptions	Dute(s)	Descriptions	Date(s)	Descriptions	Date(s)
© Admission		□ immediation Records		© Progress Notes	
© Consultation Report(s)		C Inpetient Records		□ Radiology Report(s)	
C Correspondence		□ Intuke/Outtake		□ Reieuses	
□ Connecting Notes		□ Laboratory Repuri(s)		O Social Work Notice/Reports	
□ Designated Record Set/Abstract		C Nursing Notes		□ Therapy/Rehabilitation Records	
Discharge/Clitical Summery		© Operative Procedure Report(s)		5 Transfer Porum	
□ Drug Administration Records		C Companient Records		5 Treatment Please	
□ Emergency Record(s)		□ Pathology Report(s)		√ <u>Boths</u> Modford Brossed for all methors Mind above:	
History & Physical Report(s)		(7 Physician's Notes			
□ Hous Care Records		□ Physician's Onters			
Other: Be Specific:	L				
	pieme list say	areas of those records that	you do not wish to	release, use and/or share:	
ero/Trestment/Twiting, to Patient <u>MUST INITIAL</u> on	d Treatment	Feeting for Drug and/or Ai Miclasoft	Icohol Use/Abussa	d for AEDG/EEV, Psychiatrial	
AIDS/HIV Records		~~ -~	n(s) of Service:		
Drug and/or Alcohol Use/Abuse Records					
Psychiatric/Psychological Records		- Charles	e(s) of Service:		•
Psychothurnpy Notes		+ Cole	io(s) of Service:		

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Explication Date: This suchorization is valid for one ment or __368_ days from the date signed unless revoked by the in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, caroliment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an early's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wisk to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in puragraph one shows. I understand that if I send a lumar withdrawing my permission, that letter cases bring back my information that was already released, used anxion shows. I also understand that it will miss time for the person(s) and/or organization(s)/entity(s) listed in puragraph one to receive and process my request.

I release the person(s) ancilor organization(s)/testity(s) limited in puragraph one above discioning this information from any liability spining from the release of information to the person(s) and/or organization(s)/antity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original,

Signature of Patient/Percut/Legal G	CANOLE ANN DIZACAN	Desc. 11/00/09
Signature of Witness:	- Robert C. Duncan	11/20/07
If a namen consent remains a written	Print Name signature, two witnesses must sign below:	
	suffraencial take Assessment Clark 250s DETOM.	
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Address:		
Witness:		Dute:
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<u></u> -		

PPD (nev. 2006)

07333-RRX00006

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5 15 08

To: Central medicaid office

Re: Stacie Anne camponelli aka Poterdam aka Gliszczynski

I, STACTE ANNE CAMPANELLI AKA STACTE ROTERDAM, AKA STACTE GLISZCZYNSKI, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to me, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to me. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

	hese records and to release copies to the above mention this authorization shall be sevalid as the original.
4-29-08	aua - man
DATED	(signature)
530-82-4882	10/04/69
Social Security Number	Date of Birth

FPD (rev. 2006)

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give Central red and office permission to release, use and/or share my medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing, Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CPR 164.502(b)(2) the <u>minimum necessary requirement</u> does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initiated by me for disciosure in paragraphs 4 and 5 below.

1. Person(s) and/or Organiza	ation(*)/Entity((s) <u>To Disclose</u> My Protected Health Information:
Name(s):	-	
Organization/Entity:	Centr	al medicaid office
Address:	<u> 330</u>	west 34th St
City, State Zip Code:	Neu	u yarc, ny 10001
to release, use and/or share the the person or organization that	e medical inform received it may s	my authorization/permission for the above specified person(s) and/or organization(s) or entity(s mation described below. I understand that once this information is released, used and/or shared share it again without my permission. If this happens, the information may no longer be protected hat type of information is going to be released, used and/or shared and how this is going to be done
Patient Name (First, Middl	ie, Last):	STACIE ANNE CAMPANELIJI AKA STACIE ROTTERDAM AKA STACIE GLISZCZYNSKI
Patient Address:		10221 BenTley Oaks Ave
City, State, Zip:		Lax Yegus, Nevada 89135
Telephone No:		<u> 742 - 373 - 8888</u>
Date of Birth:		10/4/1969
Social Security No:		530-82-4882
3. Release of Information to	4	
Name (First, Middle, Last):	2	ATTN:David Authony
Company;		OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:		411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89101
Telephone No:		(792) 388-6577
Fax No:		(702) 388-5819
Pax No:		(702) 388-5819

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description:	Date(s)	Description:	Date(s)
□ Admission		☐ Immunization Records		☐ Progress Notes	
□ Consultation Report(*)		O Inpatient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		☐ Releases	
☐ Counseling Notes		☐ Laboratory Report(s)		☐ Social Work Nates/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
D Discharge/Clinical Summary		☐ Operative Procedure Report(s)		□ Transfer Forms	
⊔ Drug Administration Records		□ Outpatient Records		CI Treatment Plans	
□ Emergency Record(s)		☐ Pathology Report(s)		✓ Entire Medical Record for all sections listed above:	
☐ History & Physical Report(s)		☐ Physician's Notes			
☐ Home Care Records		D Physician's Orders			
Other: Re Specific:			I		
	c, picase list ar	ny areas of those records tha	ut you do not wish	to release, use and/or share:	
arc/Treatment/Testing, a Patient <u>MUST INITIAL</u> e	nd Treatment	t/Testing for Drug and/or A disclosed.)	alcohol Use/Albusi		/Psycholog
AIDS/HIV Records		- 4	* *		
Drug and/or Alcohol Use//	Abuse Records		ate(s) of Service: _		······
Psychiatric/Psychological i	Records	→ _ <u>SC</u> 0a	ate(s) of Service: _		
Psychotherapy Notes		+ <u>SC</u> Da	ate(s) of Service: _		

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or <u>365</u> days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.	
Signature of Patient/Parent/Legal Guardian: →	Date: 4-29-08
STACIF ANNE CAMPANITAL	
Signature of Wilness: - Myordu S Organillo	Date: 4 29/08
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Wimess:	Date:
Address:	
Witness:	Date:
Address:	

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5) 15) 64

Date of Birth

Carole Ann Campanelli

To: Central medicaid office

Re: Carole Ann Jamean, Carole Ann Campunelli (deceased)

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to my daughter, CAROLE ANN CAMPANELLI (DECRASED), including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to my daughter. Carole Ann Campanelli (deceased). I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

<u>~30-82-4875</u>	Cieda Q. Wierea.
Social Security Number	Signature
Carole Ann Campanelli	Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)
5/23/68	November 20,07

Date

07330-RELCD007

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101

(702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

voluntarity. Purpose or Need For	Releasing, Using : aformation, by an	th Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission and/or Sharing My Protected Health Information: disclosure to me, the individual who at through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates,
		ninimum necessary requirement, does NOT apply to this request. This request pertains of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.
1. Person(s) and/or Organiza	rtion(s)/Entity(s)	<u>To Disclose</u> My Protected Health Information:
Name(s):		4 · · · · · · · · · · · · · · · · · · ·
Organization/Entity:	Cien	tral Medicaid IBBICE
Address:	<u>330</u>	West 31th St.
City, State Zip Code:		yrk, my 10001
to release, use and/or share the the person or organization that	medical information may sl	by authorization/permission for the above specified person(a) and/or organization(s) or entity(a) ation described below. I understand that once this information is released, used and/or shared, hare it again without my permission. If this happens, the information may no longer be protected at type of information is going to be cleased, used and/or shared and how this is going to be done.
Patient Name (First, Middl	ic, Last):	CAROLE Ann Campanelli (as authorized by her mother, Carole Ann Duncan)
Patient Address:		Deceased
City, State, Zip:		
Telephone No:		
Date of Birth:		5/23/68
Social Security No:		530-82-4875
3. Release of Information to Name (First, Middle, Last)		ATTN: Elisabeth Stanton

OFFICE OF THE FEDERAL PUBLIC DEFENDER

411 E. BONNEVILLE AVENUE, STE. 250

LAS VEGAS, NEVADA 89101

(702) 388-6577

(702) 388-5819

PPD (nev. 2006)

Company:

Address: City, State, Zip:

Fax No:

Telephone No:

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Page No. 2

4. Records to Be Released, Used And/or Shared: Picase indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description:	Date(s)	Description:	Date(s)
□ Admission		☐ Immunization Records		□ Progress Notes	
□ Consultation Report(s)		☐ Inpatient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Releases	
□ Counseling Notes		□ Laboratory Report	(s)	☐ Social Work Notes/Reports	
□ Designated Record Set/Abstract	All and the second seco	☐ Nursing Notes		☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary		☐ Operative Procedu Report(s)	re	☐ Transfer Forms	
☐ Drug Administration Records		☐ Outpatient Records	•	□ Treatment Plans	
☐ Emergency Record(s)		□ Pathology Report(s	s)	✓ Entire Medical Record for all sections listed above:	
□ History & Physical Report(s)		□ Physician's Notes			
☐ Home Care Records		☐ Physician's Orders			
Other: Be Specific:			· · · · · · · · · · · · · · · · · · ·		•
	please list any	areas of those records	that you do not wis	n to release, use and/or share:	
5. Records to He Releas Care/Treatment/Testing, and (Patient MUST INITIAL eac	Treatment/	Cesting for Drug and/o		nent for AIDS/HIV, Psychiatric e:	/Psychological
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Drug and/or Alcohol Use/Abi	Drug and/or Alcohol Use/Abuse Records -		Date(s) of Service:		
Psychiatric/Psychological Rec	cords	→ <u>\@</u>	Date(s) of Service:		<u> </u>
Psychotherapy Notes		• (8	Date(s) of Service:		
Other: Be Specific:					

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization,

A photocopy or fax copy of this authorization shall be acceptable as an original.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization. I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

1 release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

Signature of Patient/Parent/Legal Guardian; CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness:

Print Name

If a person cannot provide a written signature, two witnesses must sign below:

Witness:

Address:

Date: 11/20/07

FPD (rev. 2006)

Witness: _

Date: _____

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EXHIBIT 95

EXHIBIT 95

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vogas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lembrose Chief, Nos-Capital Habese Unit Brian Ahhington Chief, Capital Habese Unit Rene L. Vallederee Chief, Trial Unit Michael Pescetta Habese Resource Counsel

November 29, 2007

Central Medicaid Office 330 West 34th Street New York, New York 10001

Re:

Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on;

Carole Ann Campanelli fka Rippo aka Duncan;

SSAN 068-34-9587 DOB December 28, 1942

Michael Damon Campanelli, aka Rippo

SSAN: 530-82-4903; DOB: February 26, 1965

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row immate Michael Damon Rippo (aka Michael Damon Campanelli) in his federal capital habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Medicaid Agency for the state of New York from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Carole Ann Campanelli (mother) and her family, which includes Michael Damon Campanelli, Carole Ann Campanelli (daughter) and Stacie Campanelli. Carole Ann Campanelli received Medicaid benefits from approximately 1970 to 1973.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If

Central Medicaid Office Page 2 November 29, 2007

you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Releases (general and HIPAA) to your agency signed by Ms. Duncan (fka Campanelli) and Mr. Michael Rippo (fka Campanelli) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS

Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 29 Nov 2007

TO: CENTRAL MEDICALD DEFICE

RE: CAROLE ANN CAMPANELLI, aka Rippo, aka Duncan MICHAEL DOMON CAMPANELLI, aka Rippo.

I, CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, parrative reports and recordings, together with all time and billing records pertaining to CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: <u>NOT LIMITED</u>

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

068-34-9587	Course a leccusion
Social Security Number	Signature
12/28/42	Translar 20,07
Date of Birth	Date

FEDERAL PUBLIC DEFENDER

District of Nevada

411 E. Bonneville Avenne, #250 Las Vegas, Nevada 89101

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

(702) 388-6577	
I, the patient/parent/legal guardian give	SNTREL MEDICOLO CECCG permission to release, use and/or shi Health Insurance Portability and Accountability Act of 1996 (RIPAA), and give this permission
Purpose or Need For Releasing, Usis the subject of this information, I representatives, or agents.	sing and/or Sturing My Protected Health Information: disclosure to me, the individual who by and through FRANNY A. FORSMAN, Faderal Public Defender, and/or her associates,
Pursuant to 45 CFR 164.502(b)(2) to the whole or entire medical rec	the minimum necessary requirement does NOT apply to this request. This request pertains cord of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.
1. Person(s) and/or Organization(s)/Ent	ity(s) <u>To Disclose</u> My Protected Health Information:
Name(s):	
Organization/Entity:	TRACIMEDICATO OFFICE
	WEST 3AP ST
City, State Zip Code: NGW	YORK, NY 1000 1
the person or organization that received it munder applicable privacy laws. I understand Patient Name (First, Middle, Last):	my share it again without my permission. If this happens, the information may no longer be protect what type of information is going to be released, used and/or shared and how this is going to be dose. CAROLE ANN DUNCAN, AEA CAROLE ANN REPTO, AEA CAROLE ANN CAMPANELLS, AEA CAROLE ANN ANZING
Patient Address:	39 Cactus Randi Rd
City, State, Zipe	Edgewood, New MEXICO \$7015 505-256-0477
Telephone No:	505-256-0477
Date of Birth:	12/38/42
Social Security No:	068-34-9587
3. Release of Information to:	ATTN: Elizabeth Stanton
Name (First, Middle, Last):	ATTN: <u>Clisabeth Stanton</u>
Сопрану:	OFFICE OF THE FEDERAL PUBLIC DEPENDER
Addrem: City, Stata, Zip:	411 R. RONNEVILLE AVENUE, STR. 250 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
Fax No:	(702) 38 5-5\$19

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Descriptions	Date(s)	Descriptions	Date(s)	Description:	Date(s)
Cl Admission		☐ Immunization Record	5	□ Progress Notes	
☐ Consultation Report(s)		□ Impatient Records		□ Radiology Report(s)	
□ Correspondence		□ Intake/Outtake		□ Rélesses	
© Counseling Notes		□ Laboratory Report(s)		☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
☐ Discharge/Clinical Summary		☐ Operative Procedure Report(s)		C Transfer Portos	
Drug Administration Records		□ Outpatient Records		□ Treatment Plans	
☐ Emergency Record(s)		□ Pathology Report(s)		√ <u>Enths</u> Modent Record for all sections listed above:	
☐ History & Physical Report(s)		□ Physician's Notes			
☐ Home Care Records		☐ Physician's Orders			
. Records to Se Reits	und Containi	ng Information Related	to my Treatm	o release, use and/or share:	
Care/Treatment/Testing, an Patient <u>MUST INITIAL</u> on AIDS/HIV Records	CE KINN SO DE (Carciosed.	*****		
		$\overline{\Omega}$			
There are the Alexand The AA	buse Records		ste(s) of Service:		
Drug and/or Alcohol Use/Al		a Che a	Date(s) of Service:		
-	ecords				
Psychiatric/Psychological R Psychotherapy Notes	ecords	$r = 1_{\mathcal{L}}$	uic(s) of Service:		

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or <u>365</u> days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan. (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original,

Signature of Patient/Parent/Legal Guardian:	Date: 11/20/07
Signature of Witness: - Robert C. Durican	Data: 11/30/07
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Witness:	Date:
Address:	_
Witness:	Date:
Address:	

FPD (sev. 2006)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Duled: 29 Nov 2007

TO: CENTRAL MEDICAIO OFFICE

RE: CAROLE ANN CAMPANELLI, aka Rippo, aka DUNCAN MICHAEL DAMON CAMPANELLI, OLKA RIPPO

I, Michael Damon Rippo, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, Michael Pescetta, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to Michael Damon Rippo, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rchabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to Michael Damon Rippo. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, expens or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following way	s: NOT LIMITED
	py these records and to release copies to the above raphic copy of this authorization shall be as valid as
4-9-02	Vilal Coe
Date	Signature
530-82-4903	02-26/65
Social Security Number	Date of Birth

EDERAL PUBLIC DEFENDER

latrict of Nevada

FPD (rev. 2006)

(1 E. Bonneville Avenue, #250 as Vegas, Nevada 89101 (12) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

1 ie patient/parent/legal guardian give CENTRAC MEDICALO OFFICE ____ permission to release, two and/or share medical information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission vogintarily. Purpose or Need For Releasing, Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through my attorney, FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents. Pursuant to 45 CFR 164.502(b)(2) the minimum peressary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initiated by me for disclosure in paragraphs 4 and 5 below. 1. Person(s) and/or Organization(s)/Entity(s) To Disclose My Projected Health Information: Name(s): DICALD OFACE Organization/Entity: Address: City, State Zip Code: 2. Patient Information & Statement: I give my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) to release, use aud/or share the medical information described below. I understand that once this information is released, used aud/or shared, the person or organization that received it may share it again without my permission. If this trappens, the information may no longer be protected under applicable privacy laws. I understand what type of information is going to be released, used and/or shared and how this is going to be done. Patient Name (First, Middle, Last): Michael Rippo P.O. Box 1989 Patient Address: City, State, Zip: Elv. Nevada H9301 N/A Telephone No: Date of Birth: _02/24/65 Social Security No: 530-82-4903 3. Release of Information for Name (First, Middle, Last): Сопарату: OFFICE OF THE FEDERAL PUBLIC DEPENDER Address: 411 E. BONNEVILLE AVENUE, STE. 700 City, State, Zip: LAS VEGAS, NEVADA 89101 Telephone No: (702) 388-6577 Fax No: (702) 388-6261

PAA - AUTHORIZATION TO RELEASE OTECTED HEALTH INFORMATION

≥ No. 2

4 tecords to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you plus to use and/or share, and specify the dates of treatment, if known.

escription:	Duta(s)	Description:	Date(s)	Description:	Date(s)
☐ Admission		□ Immunization Records		☐ Progress Notes	
(1 Consultation Report(s)		○ Inpatient Records		□ Radiology Report(s)	
□ Correspondence		□ (ntake/Outtake		□ Reicases	
D Counseling Notes		□ Laboratury Report(s)		☐ Social Work Notes/Reports	
☐ Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Ruhabilitation Records	
□ Discharge/Clinical Summary		(1 Operative Procedure Report(s)		□ Transfer Forms	
□ Drug Administration Records		O Outpatient Records		Cl Treatment Plans	
□ Emergency Record(s)		Pathology Report(∗)		✓ Entire Medical Record for all sections listed above:	+
Cl History & Physical Report(s)		☐ Physician's Notes			
□ Home Care Records		🗆 Physician's Orders			
. Records to Be Rele	essed Contain	y areas of those records that	a my Treatm	to release, use and/or share:	Peycholog
Patient MUSTINITIAL e	ach item to be	disclosed.)			
AIDS/HIV Records			(x) of Service: _	c 1000 -	-
Drug and/or Alcohol Use/	Abuse Records				
Psychiatric/Psychological	Records	→ ML Dutc(s) of Service:			
		→			
Psychotherapy Notes					

PAA - AUTHORIZATION TO RELEASE OTECTED HEALTH INFORMATION 10 No. 3

6 Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to extent that aution has already been taken or as required by law.

7 Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to put a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

A photocopy or fax copy of this authorization shall be acceptable as an original.

I understand that i may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability afteing from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

FPD (rev. 2006)

EXHIBIT 96

EXHIBIT 96

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Fronny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capitel Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescutta Habeas Resource Coursel

November 27, 2007

Office of the Clark County District Attorney Regional Justice Center 200 Lewis Avenue Las Vegas, Nevada 89155

Re:

Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Michael Damon Rippo

SSAN: 530-82-4903; DOB: February 26, 1965

Dear Sir or Madam:

This office represents Mr. Rippo in his federal capital habeas proceedings. Mr. Rippo's trial was conducted before Judge Gerard Bongiovanni at about the time he became the subject of investigation and criminal litigation.

This is a formal request for the Clark County District Attorney's investigation and prosecution files on Judge Bongiovanni, including without limitation any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Clark County District Attorney's Office from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Judge Bongiovanni.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoens, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Office of the Clark County District Attorney Page 2 November 27, 2007

Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs

EXHIBIT 97

EXHIBIT 97

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Novada 89101

Franny A. Forsman Foderal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrore Chief, Non-Capitel Habeas Unit Brian Abbington Chief, Capital Habeas Unit Rone L. Valladures Chief, Tetal Unit Michael Pescetta Habeas Resource Counsel

November 27, 2007

Office of the United States Attorney Daniel C. Bogden 333 Las Vegas Blvd. South #5000 Las Vegas, Nevada 89101

Rc:

Michael Damon Rippo, Rippo v. McDaniel. United States District Court

Information Requested on Gerard Bongiovanni

Dear Sir or Madam:

This office represents Mr. Rippo in his federal capital habeas proceedings. Mr. Rippo's trial was conducted before Judge Gerard Bongiovanni at about the time he became the subject of investigation and criminal litigation.

This is a formal request for the United States Attorney's investigation and prosecution files on Judge Bongiovanni, including without limitation any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the United States Attorney's Office from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Judge Bongiovanni.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoens, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Office of the United States Attorney Page 2 November 27, 2007

Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS

Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs

EXHIBIT 98

EXHIBIT 98

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lausbroee Chief, Non-Capital Habens Unit Brian Abbington Chief, Capital Habeas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsal

December 5, 2007

Clark County District Attorney Custodian of Records, Criminal Division 200 E. Lewis Las Vegas, Nevada 89155

Re:

Michael Rippo DOB: 2/26/1965 SSAN: 530-82-4903 SID: 01602868

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Clark County District Attorney from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Michael Beaudoin, James Ison, David Jeffrey Levine, Michael Thomas Christos, Thomas Edward Sims (Deceased), William Burkett (aka Donald Allen Hill), Diana Hunt and Michael Rippo.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$25.00 (twenty-five dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/IIN number for accounting purposes.

Clark County District Attorney Custodian of Records, Criminal Division Page 2 December 5, 2007

Releases to your agency signed by Mr. Rippo and Mr. Levine are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS

Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

Rippo v. E.K. McDANIEL, et al.,

ATTACHMENT A

TO: CLARK COUNTY DISTRICT ATTORNEY
CUSTODIAN OF RECORDS, CRIMINAL DIVISION
200 E. Lewis
Las Vegas, Nevada 89155

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below, Nev. R. Civ. Pro. 45.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim. Nev. R. Civ. Pro. 45(d).

Information requested on the following individuals:

Michael Beaudoin	David Jeffrey Levine	Thomas Edward Sims
DOB: 01/22/1962	DOB: 06/24/1967	(Deceased)
SSAN: 530-80-3414	SSAN: 530-84-0229	DOB 01/11/1958
SID: 01346395	SID: 02062552	SSAN: 530-54-9360
Case No. C134430	(Release Attached)	SID: 00735379
C95279X	Case No. C136975X	Case No. 97M13084X
C102962		93M12323X
96M08754X	Michael Thomas Christos	93F09533X
7785066-2	DOB 12/16/1950	C136066
C146323	SSAN: 530-36-9787	55362
C152763	SID: 00497276	
	Case No. 95M13522X	William Burkett
James Ison	7786394-3	aka Donald Allen Hill
DOB: 05/19/1959	7786394-2	DOB: 11/30/1959
SSAN: 263-43-3200	7786394-1	SSAN: 431-08-7285
SID: 02035191	94F02599X	
Case No. 92FH0031X		Diana Hunt
C74948		DOB: 12/27/1968
		SSAN: 530-72-8328

S1D: 01975160

Michael Rippo DOB: 2/26/1965 SSAN: 530-82-4903 SID: 01602868 Case No. C106784

Please produce or permit inspection and copying of all sealed and/or unsealed, official and/or non official files, records, documents, investigative materials, microfiched logbooks, handwritten logbooks, and/or tangible things including, but not limited to, the following:

- 1. The complete files of the Clark County District Attorney for the above-listed individuals and cases ("subject investigations");
- The complete file of the Victim Witness Assistance Center of the Clark County
 District Attorney's Office for the subject investigations including, but not
 limited to, payments made to any of the above-listed individuals and payments
 made to above-listed individuals;
- All non-trial disposition and/or internal memoranda regarding communications
 with the above-listed individuals, witnesses, suspects, informants and snitches
 including, but not limited to, any of the above-listed individuals;
- 4. Major Violator's Unit (M.V.U.) court files regarding the above-listed individuals (informants and snitches) including, but not limited to, any of the above-listed individuals:
- All polygraph results, including pre-test interviews and notes, regarding any individuals who were given polygraph examinations in the subject investigations;
- All communications and notes in any form with polygraph examiner relating to the above-referenced individuals and the subject investigations;
- 7. All communications and notes in any form with District Attorney investigators relating to the subject investigations and the above-listed individuals;
- 8. Investigation and/or prosecution files and notes;
- Case reports and notes;
- Memoranda and notes prepared by law enforcement and/or prosecutors during the course of the investigations and prosecutions;
- 11. Internal memoranda:
- 12. Notes:
- 13. Classification files;
- 14. Interrogation reports and notes;
- Transmittal of evidence to crime labs;
- Results or reports of crime lab work;
- 17. Notes of detectives, investigators, or other district attorney office personnel;
- 18. Any and all physical or documentary evidence and notes;
- 19. Photographs and other information pertaining to identity and background of all

- suspects and potential suspects in the subject investigations including, but not limited to any of the above-listed individuals;
- Log sheets or other records which reflect the physical location and or movements of any of the above-named individuals;
- Any and all video recordings, audio recordings and transcribed statements made by the above-named individuals;
- 22. Any and all video recordings, audio recordings and transcribed statements made by persons other than those identified in request No. 21;
- 23. Any and all plea documentation, notes, sentencing files, and/or charging files;
- 24. Arrest and booking records and notes;
- 25. Crime reports and notes;
- Crime scene investigation reports and notes;
- Follow up investigation reports and notes;
- 28. Toxicology reports and notes;
- 29. Victim information reports and notes;
- 30. Evidence impound reports and notes;
- 31. Criminalistics bureau reports and bench notes;
- 32. Affidavits of arrest:
- Criminal complaint requests and notes;
- 34. District attorney's further investigation reports and notes;
- 35. Correspondence;
- Search warrants:
- 37. Consent to search forms and notes;
- 38. Vehicle impound reports and notes;
- Newspaper clippings, articles and press reports;
- 40. Secret witness information;
- 41. Any materials on related crimes with regard to the defendant, co-defendants, witnesses, suspects, informants and snitches including, but not limited to, the above-named individuals;
- 42. Identification specialist work requests and notes;
- 43. Telephone logs and notes;
- 44. Grand jury subpoenas;
- 45. Crime scene photographs and notes;
- 46. Warrants of arrest:
- 47. Warrants of extradition:
- 48. Any and all extradition documents relating to the above-listed individuals;
- 49. Polygraph examinations of the above-named individuals;
- Any and all FBI investigative reports, notes, correspondence and/or memoranda;
- 51. The identification arrays and/or photographic lineups for the above-named individuals;
- Jail records:
- 53. Incarceration records;
- Pre-sentence reports;

- 55. Testing results and notes;
- 56. Evaluations, evaluation reports, including psychiatric evaluation;
- All reports of medical treatment administered or provided to any of the abovenamed individuals;
- 58. Disciplinary reports;
- 59. Punishment records;
- 60. Any and all correspondence and notes authored by any of the above-named individuals including, but not limited to, correspondence to each other, to other inmates, to any witnesses, and/or to outside persons;
- 61. Any records, forms and/or agreements regarding assistance provided to the Clark County District Attorney's Office and/or Las Vegas Metropolitan Police Department including, but not limited to, cooperating individual agreements, special consent forms, waiver of liability forms for all the above-named individuals:
- 62. Any other documents relating to the condition, care, confinement, custody, incarceration, investigation and/or prosecution of any of the above-named individuals generated by, received from and/or forwarded to or from the Clark County District Attorney's office and/or any other law enforcement agencies;
- 63. The entire file(s) wherein the District Attorney and/or law enforcement officials negotiated a plea agreement, entered into any agreement and/or deal to reduce charges and/or not file charges, regardless of whether formal charges were filed for any crime suspected and/or committed with regard to any of the abovenamed individuals;
- 64. All requests for prosecution and/or filing of formal charges from any law enforcement agencies for any crime;
- 65. All denials for prosecution and/or filing of formal charges for any crime;
- 66. All documents reflecting recommendations and/or requests for reductions in charges;
- 67. All records from the Clark County District Attorney's office pertaining to immunity for any of the above-listed individuals;
- 68. C-Track printouts for any cases relating to any of the above-named individuals;
- 69. Printouts of contents of any databases maintained by any individual district attorney or district attorney staff member relating to any of the above-named individuals;
- 70. Copies of certificates of destruction relating to materials relating or referring to any of the above-named individuals;
- 71. A list of any documents purged, destroyed, deleted, or transferred to storage;
- Any and all microfilm, microfiche documents;
- 73. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; c-mail messages and files; back-up c-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically

recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted' electronic data." This list is not exhaustive.

Please complete a Certificate of Custodian of Records, in the form set forth in NRS 52.260. If you are claiming that any of the documents described above have been destroyed or purged, please provide a copy of Certificate of Destruction, evidencing what was destroyed and the date, as set forth in NRS 239.124; NAC 239.251.

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

1.	a	The agency requires a subpoena for the requested information, pursuant
		[please deta here the statute or institutional rules; attach copy if not statutory]
2.		The requested documents were destroyed. Certificate of Destruction attached.
3.		Additional information is required:
4.	a	Pre-payment in the sum of \$ is required for production of [number] copies.
5.		Other [please specify]:
If the	ere are (questions, my telephone number is
[date	·J	[signature]
		[printed name]

DECLARATION OF CUSTODIAN OF RECORD

2		I, [name], declare under penalty of perjury:
3	1.	I am the [position] of Clark County District Attorney,
4		Criminal Division, and in my capacity as [position] am a custodian
5		of the records of Michael Beaudoin, James Ison, David Jeffrey Levine, Michael Thomas
6		Christos, Thomas Edward Sims (Deceased), William Burkett (aka Donald Allen Hill),
7		Diana Hunt and Michael Rippo.
8	2.	That on the day of, 20, I received a records request
9		in connection with Michael Beaudoin, James Ison, David Jeffrey Levine, Michael
10		Thomas Christos, Thomas Edward Sims (Deceased), William Burkett (aka Donald Allen
11		Hill), Diana Hunt and Michael Rippo, requesting production of records as set forth in the
12		exhibit attached to the request.
13	3.	I have examined the original of those records and have made or caused to be made a true
14		and exact copy of those records and the reproduction of those records as attached is true
15		and complete.
16	4.	That the original of those records was made at or near the time of the act(s), event(s),
17		condition(s), opinion(s), or diagnosis set forth in them by or from information transmitted
18		by a person with knowledge, in the course of my regularly conducted activity of or for the
19		Clark County District Attorney.
20		
21		Custodian of Records
22		
23		[Print Name]
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27	ì	
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DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

3		I, [name]	declare under penalty of per	jury:
4	1.	I am the [position]	of the Clark County District Attorne	у,
5		Criminal Division, and in my capacity as [position], am a	
6		custodian of the records of Michael Beaudo	oin, James Ison, David Jeffrey Levine, M	fichael
7		Thomas Christos, Thomas Edward Sims (D	Deceased), William Burkett (aka Donald	Allen
8		Hill), Diana Hunt and Michael Rippo.		
9	2.	That on the day of	, 2007,	was
10		served with a records request in connection	with Michael Beaudoin, James Ison, D	avid
11		Jeffrey Levine, Michael Thomas Christos,	Thomas Edward Sims (Deceased), Willi	am
12		Burkett (aka Donald Allen Hill), Diana Hur	nt and Michael Rippo calling for the	
13		production of records as set forth in the exh	nibit attached to the request.	
14	3.	Records were destroyed pursuant to	[cite	here
15		Nevada Revised Statutes ("NRS"), agency	rules and regulations authorizing destru	ction
16		of documents (and attach copy of rule or re-	gulation, if other than NRS)].	
17	4.	The requested documents, pursuant to the a	above statute, rules and/or regulations w	ere
18		destroyed on or about	[date].	
19	5.	No form of the requested documents remain	n, whether paper, microfilm, microfiche	, er
20		electronic.		
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23		CUST	TODIAN OF RECORDS	
24		IPrint	t Name]	
25		[
26				
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<u>AUTHORIZATION FOR RELEASE</u> OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: DECEMBER 5, 2007

TO: CLARK COUNTY DISTRICT ATTORNEY

RE: MICHAEL DAMON RIPPO

I. Michael Damon Rippo, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, Michael Pescetta, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to Michael Damon Rippo, including but not limited to, birth certificates and records, death certificates and records, autopay findings, records and recordings, marriage certificates and records, dissolution files, scademic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to Michael Damon Rippo. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional canacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following way	: NOT LIMITED
	ry these records and to release copies to the above raphic copy of this authorization shall be as valid as
4-9-07	Mila Wina
Date	Male Mps
530-82-4903	
Social Security Number	Date of Birth

07166-MISC0022

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 29 Nov 3007
TO: LLARK COUNTY DISTRICT ATTORNEY
RE: DAULD SEFFREY LEVILLE
I. DAVID JEFFREY LEVINE, by this release, authorize and request you to release to the office of the Federal Public Defender for Nevada, any and all information and/or records relating to DAVID JEFFREY LEVINE. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.
This release is limited in the following ways: Not limited.
You are specifically authorized to photocopy these records and to release copies to the above mentioned individual. A photographic copy of this authorization shall be as valid as the original.

EXHIBIT 99

EXHIBIT 99

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Haboas Unit Brien Abbington Chief, Capital Habeas Unit Rone L. Valladares Chief, Teial Unit Michael Pescetta Habeas Resonsur Counsel

December 5, 2007

Clark County District Attorney Custodian of Records, Victim/Witness 200 E. Lewis Las Vegas, Nevada 89155

Re:

Michael Rippo DOB: 2/26/1965 SSAN: 530-82-4903 SID: 01602868

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified below. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Clark County District Attorney from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Victim-Witness information relating to Lauri Jacobson and Denise Lizzi or their families and relatives, Case No. C106784.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$25.00 (twenty-five dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Clark County District Attorney Custodian of Records, Victim-Witness Page 2 December 5, 2007

Releases to your agency signed by Mr. Rippo and Mr. Levine are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

water & Starton

Elisabeth B. Stanton, CLAS Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

	I, [nar	ne]	, am the records custodian for the Clark
			rney, Victim-Witness. I have reviewed the records request from the Federal the District of Nevada. I am unable to comply with the request because:
	1.	0	The agency requires a subpoena for the requested information, pursuant to please detail
2. 5. 5.		here the statute or institutional rules; attach copy if not statutory]	
	2.	ū	The requested documents were destroyed. Certificate of Destruction attached.
	3.		Additional information is required:
	4.		Pre-payment in the sum of \$ is required for production of [number] copies.
	5.	o o	Other [please specify]:
	If ther	e are q	uestions, my telephone number is
	[date]	-	[signature]
			[printed name]

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DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

_	l	
3		I, [name], declare under penalty of perjury:
4	1.	I am the [position]of the Clark County District Attorney,
5		Victim-Witness, and in my capacity as [position], am a custodian
6		of the records of Lauri Jacobson and Denise Lizzi.
7	2.	That on the day of, 2007, was
8		served with a records request in connection with Lauri Jacobson and Denise Lizzi calling
9		for the production of records as set forth in the letter.
10	3.	Records were destroyed pursuant to [cite here
11		Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction
12		of documents (and attach copy of rule or regulation, if other than NRS)].
13	4.	The requested documents, pursuant to the above statute, rules and/or regulations were
14		destroyed on or about[date].
15	5.	No form of the requested documents remain, whether paper, microfilm, microfiche, or
16		electronic.
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18		
19		CUSTODIAN OF RECORDS
20		[Print Name]
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DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

3		I, [name]	, declare under penalty of perjury	<i>r</i> :
4	1.	I am the [position]	of the Clark County District Attorney,	
5		Victim-Witness, and in my capacity as [pos	sition], am a custod	lan
6		of the records of Lauri Jacobson and Denise	Lizzi.	
7	2.	That on theday of	, 2007,was	i
8		served with a records request in connection	with Lauri Jacobson and Denise Lizzi calli	ng
9		for the production of records as set forth in	the letter.	
10	3.	Records were destroyed pursuant to	[cite here	÷
11		Nevada Revised Statutes ("NRS"), agency r	rules and regulations authorizing destructio	n
12		of documents (and attach copy of rule or reg	gulation, if other than NRS)].	
13	4.	The requested documents, pursuant to the al	bove statute, rules and/or regulations were	
14		destroyed on or about	[date].	
15	5.	No form of the requested documents remain	n, whether paper, microfilm, microfiche, or	
16		electronic.		
17				
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19		CUST	ODIAN OF RECORDS	
20		(Print	Name]	
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EXHIBIT 100

EXHIBIT 100

Law Offices of the Foderal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Fedeval Public Defender District of Nevada

Michael J. Kennody First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Haheas Unit Brian Abbington Chief, Capital Haheas Unit Rene L. Valladares Chief, Trial Unit Michael Pescetta Habeas Resource Counsel

November 29, 2007

CUSTODIAN OF RECORDS FRANKLIN GENERAL HOSPITAL 900 Franklin Avenue Valley Stream, New York 11580

Re:

Carole Ann Rippo, aka Carole Ann Campanelli, aka Carole Ann Duncan

DOB:

December 28, 1942

SS#:

068-34-9587

Re:

Carole Ann Campanelli (deceased)

DOB:

May 23, 1968

SS#:

530-82-4875

Re:

Michael Damon Campanelli aka Michael Damon Rippo

DOB:

February 26, 1965

SS#:

530-82-4903

Time period: 1960 to 1973

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Campanelli) in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of Franklin General Hospital section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Carole Ann Duncan (aka Rippo, aka

Franklin General Hospital Page 2 November 29, 2007

Campanelli, aka Anzini), Carole Ann Campanelli, and Michael Damon Campanelli (aka Rippo).

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

HIPAA releases to your hospital signed by Carole Ann Duncan (for herself as Carole Ann Rippo, Carole Ann Campanelli) and for her daughter, Carole Ann Campanelli, as well as a release signed by Michael Damon Rippo (aka Michael Damon Campanelli), are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

ATTACHMENT A

TO: CUSTODIAN OF RECORDS

FRANKLIN GENERAL HOSPITAL

900 Franklin Avenue

Valley Stream, New York 11580

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or non-official records, documents and materials storage, retention, nature of and content of files of the *Franklin General Hospital*

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete the Certificate of Custodian of Records, enclosed for that purpose. Please produce or permit inspection and copying all sealed, unsealed, official and/or non official memoranda, correspondence, materials, files, tests, and/or documents of the following items and things concerning:

Re: Carole Ann Rippo, aka Carole Ann Campanelli, aka Carole Ann Duncan

DOB: December 28, 1942

SS#: 068-34-9587

Re: Carole Ann Campanelli (deceased)

DOB: May 23, 1968 SS#: 530-82-4875

Re: Michael Damon Campanelli

DOB: February 26, 1965 SS#: 530-82-4903

33#: 330-62-4703

Dates of service would be approximately 1960 through 1973.

This request includes, without limitation:

- Admission records;
- Admitting diagnosis;
- Discharge diagnosis;

- 4. Discharge records;
- 5. Notes:
- Medication prescribed;
- Medication logs;
- 8. Medication records:
- 9. Nurse's notes:
- 10. Nurse's progress notes;
- 11. Physician's notes;
- Physician's progress notes;
- 13. Doctor's notes;
- Doctor's progress notes;
- 15. Counseling sessions notes
- 16. Mental health progress notes;
- Medical and diagnostic test and test results, including without limitation, x-rays,
 EEG's, MRI, CT scans, and/or any other neurological or neuro-radiological tests;
- 18. Medical evaluations:
- 19. Mental health evaluations:
- 20. Psychological evaluations;
- Psychiatric evaluations;
- Psychiatric and/or psychological treatment;
- 23. Doctor's orders:
- 24. Emergency room records;
- 25. Surgical records;
- In-patient and out-patient records;
- Follow-up treatment records;
- 28. Billing records to include records of any payments made;
- Any and all documents regarding guardianship and/or power of attorney for the above-named patient;
- DNR directives, requests, orders or other such documents related to wishes of the above-named patient;
- 31. Any and all microfilm, microfiche documents;
- 32. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; computer print outs; computer diskettes; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, provide a Certificate of Destruction evidencing what was destroyed and the date.

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DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

3		I, (name)	, declare under penalty of p	erjury:
4	1.	I am the [position]	of Franklin General Hospital and	in my
5		capacity as [position]	, am a custodian of the records of	
6		[entit	yl.	
7	2.	That	is licensed to do business	88 8
8		in	the State of New York.	
9	3.	That on the day of	, 2007	_ was
10		served with a records request in connect	tion with Carole Ann Rippo (aka Campa	nelli, aka
11		Duncan), Carole Ann Campanelli, and l	Michael Damon Campanelli (aka Rippo),	, calling
12		for the production of records as set forth	in the exhibit(s) attached to the request.	,
13	4.	Records were destroyed pursuant to	[ci	te here
14		Statutes, agency rules and regulations a	uthorizing destruction of documents (and	attach
15	ļ	copy of rule or regulation.]		
16	5.	The requested documents, pursuant to the	he above statute, rules and/or regulations	were
17		destroyed on or about	(date].	
18	6.	No form of the requested documents rea	main, whether paper, microfilm, microfic	he, or
19		electronic.		
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REQUIREMENTS TO FULFILL DOCUMENT REQUEST

1.		The agency requires a subpoena for the requested information, pursuant to[please detail
		here the statute or institutional rules; attach copy if not statutory]
2.	O	The requested documents were destroyed. Certificate of Destruction attached.
3.	ū	Additional information is required:
4.	q	Pre-payment in the sum of \$ is required for production of [number] copies.
5.	n	Other [please specify]:
if the	ere are ç	questions, my telephone number is
date	<u> </u>	[signature]

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DECLARATION OF CUSTODIAN OF RECORD

2		I, [name], declare under penalty of perjury:
3	1.	I am the [position] of Franklin General Hospital and in my
4		capacity as [position] am a custodian of the records of Franklin
5		General Hospital.
6	2.	That on the day of, 20, I received a records request
7		in connection with Carole Ann Duncan (aka Rippo, aka Campanelli), Carole Ann
8		Campanelli, and Michael Damon Campanelli (aka Rippo) requesting production of
9		records [as set forth in the exhibit attached to the request].
10	3.	I have examined the original of those records and have made or caused to be made a true
11		and exact copy of those records and the reproduction of those records as attached is true
12		and complete.
13	4.	That the original of those records was made at or near the time of the act(s), event(s),
14		condition(s), opinion(s), or diagnosis set forth in them by or from information transmitted
15		by a person with knowledge, in the course of my regularly conducted activity of or for
16		Franklin General Hospital.
17		
18		Custodian of Records
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FEDERAL PUBLIC DEFENDER

District of Nevada

411 E. Bonneville Avenue, #250

Las Vegas, Nevada 89101

(702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardism give FRANKLIN GENERAL HOSPITAL permission to release, use and/or share my medical information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily. Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information: disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents. Pursuant to 45 CFR 164.502(b)(2) the minimum necessary remirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below. Person(s) and/or Organization(s)/Entity(s) To Disclose My Protected Health Information: Name(s): Organization/Entity: Address: City, State Zip Code: 2. Patient Information & Statement: I give my authorization/permission for the above specified person(2) and/or organization(1) or entity(1) to release, use anti/or share the medical information described below. I understand that once this information is released, used anti/or shared, the person or organization that received it may share it again without my permission. If this happens, the information may no longer be protected under applicable privacy laws. I understand what type of information is going to be released, used ancier shared and how this is going to be done. Patient Name (First, Middle, Last): CAROLE ÁNN DENCAN, AKA CAROLE ÁNN REFFO, AKA CAROLE ÁNN CAMPANELLE. ARA CAROLE ANN ANZINE Putiont Address: City, State, Zip; Telephone No: Date of Birth: Social Security No: 3. Release of Information to: Name (First, Middle, Last): OFFICE OF THE FEDERAL PUBLIC DEFENDER Company: 411 B. BONNEVILLE AVENUE, STR. 250 Address City, State, Zip: LAS VEGAS, NEVADA 89101 Telephone No: (702) 388-6577 Fax No: (702) 388-5819 FPD (nov. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Descubuent	i.Acce(x)	narcubaos:	Dese(s)	Discription:	Date(a)
2 Admission		□ Immunization Records		© Progress Notes	
Consultation Report(s)		☐ Inpatient Records		□ Radiology Report(s)	
□ Correspondence		□ intake/Outtake		□ Releases	
Counseling Notes		☐ Laboratory Report(s)		□ Social Work Notes/Reports	
Designated Record Set/Abstract		☐ Nursing Notes		☐ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		☐ Operative Procedure Report(s)		☐ Transfer Forms	
O Drug Administration Records		Outputient Records		C) Treatment Plans	
□ Emergency Record(s)		□ Pathology Report(s)		√ <u>Einthe</u> Modical Record for all sections listed above:	
□ History & Physical Report(s)		□ Physician's Notes			
□ Home Care Records	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ Physician's Orders			
Other: Be Specific:	····•	<u> </u>			
. Records to Be Relea	and Contains	ing Information Related to Testing for Drug and/or Alcoh	my Treatmen	release, use and/or share:	<u> </u>
AIDS/HIV Records		(\ X).	of Service:		
Drug and/or Alcohol Use/Abuse Records		Date(s)	of Service:		
	Psychiatric/Psychological Records		of Service:		
Psychiatric/Psychological R	ecords	Date(s)			
Psychiatric/Psychological R Psychotherapy Notes	ecords				

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or _365_ days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/emity(s) designated above.

Address: _____

FPD (rev. 2006)

Witness: "

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (702) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give FRANKLIN CENGRAL HOSPITHL permission to release, use and/or share my medical Information pursuant to the Health Insurance Portsbillity and Accountability Act of 1996 (HIPAA), and give this permission voluntarity.

Purpose or Need For Releasing, Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. PORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Pursuant to 45 CFR 164.502(b)(2) the minimum necessary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initiated by me for disclosure in paragraphs 4 and 5 below.

 Purson(s) and/or Organization(s)/R Name(s): 	Entity(s) To Disclose My Protected Health Informations
Organization/Entity: FR	DNKLIN GENERAL HOSPITAL
	O FRANKLIN AVENUE
City, State Zip Code:	LEY STREAM, NY 11580
to release, use and/or share the medical the person or organization that received i	give my authorization/permission for the above specified person(s) and/or organization(s) or entity information described below. I understand that once this information is released, used and/or share t may share it again without my permission. If this happens, the information may no longer be protect and what type of information is going to be released, used and/or shared and how this is going to be done
Patient Name (First, Middle, Last):	CAROLE ANN CAMPANELLI (as authorized by her mother, Carole Ann Dancass)
Patient Address:	Decemed
City, State, Zip:	
Telephone No:	
Date of Birth:	5/23/68
Social Security No:	530-82-4875
3. Release of Information to:	Girl O. C.
Name (First, Middle, Last):	ATTN: Elisabeth Stanton
Соправу:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 39 101
Telephone No:	(702) 388-4577
Fax No:	(702) 388-5919
FPD (rev. 2006)	1. Top con made

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Dute(s)	Description:	Date(s)	Description:	Date(s)	
3 Admission		○ Immunization Records		☐ Progress Notes		
Consultation Report(s)		□ Inpatient Records		□ Radiology Report(s)		
Correspondence		□ Intuke/Outtake		□ Releases		
Counseling Notes		□ Laboratory Report(a)	□ Laboratory Report(s) □ Social Work Notes			
Designated Record Set/Abstract		□ Nursing Notes □ Therapy/Rehabilitation Records				
Discharge/Clinical Summary		☐ Operative Procedure Report(s)		□ Transfer Forms		
O Drug Administration Records		O Outpatient Records		☐ Treatment Plans		
I Emergency Record(s)		□ Pathology Report(s)		√ <u>Enning</u> Medical Record for all sections flated above:	>, * · · • ‡	
□ History & Physical Report(s)		□ Physician's Notes				
J Home Care Records		O Physician's Orders				
Other: Be Specific:						
Records to Be Reles	sed Containi	ng Information Related to Testing for Drug and/or Alcol	orr Treatma	to release, use and/or share: out for AIDS/HIV, Psychiatric/		
AIDS/HIV Records		i i) of Service: _			
Orug and/or Alcohol Use/Abuse Records - Date(s)) of Service:	······································		
Aug and a Alcomi Car	sychiatric/Psychological Records Date(s) of					
_	ecords	17RIC(8				
_	econds]				

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or _365_days from the date signed unless revoked by me in writing, except to the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

Signature of Patient/Parent/Legal Guardian:

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.

BEHALF OF CAROLE ANN CAMPANELL Deceased

Signature of Witness:

Address:

CAROLE ANN DRINCAN ON OF CAROLE ANN CAMPANELLI, Decessed

Leef C. Duncay Dete: 11/20/07

Print Name

If a person cannot provide a written signature, two witnesses must sign below:

Witness:_

Address: ___

Witness:

FPD (rev. 2006)

Name(s):

Oceani stient/Entity

EDERAL PUBLIC DEFENDER latrict of Navada il E. Bonneville Avenue, #250

as Vegas, Nevada 89101 02) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

se patient/parent/legal guardian give ERANKLIN GENERAL AGENTAL permission to release, use and/or share medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily. Purpose or Need For Releasing, Using and/or Sharing My Projected Health Information; disclosure to me, the individual Who is the subject of this information, by and through my attorney, FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents. Pursuant to 45 CFR 164.502(b)(2) the minimum processary requirement does NOT apply to this request. This request permins to the whole or entire medical record of the specific section(s) initiated by me for disclosure in paragraphs 4 and 5 below.

1. Person(a) and/or Organization(a)/Entity(a) To Disclose My Protected Health information:

FRANKLIA) GENERAL

Or Banamana Caussia.	
Address:	900 FRANKLIN AVENUE
City, State Zip Code:	VALLEY STREAM, NY 11580
to release, use and/or share the n the person or organization that re-	ement: I give my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) recilied information described below. I understand that once this information is released, used and/or shared, ceived it may share it again without my permission. If this happens, the information may no longer be protected understand what type of information is going to be released, used and/or shared and how this is guing to be done.
Patient Name (First, Middle,	Last): Michael Aippo
Patient Address:	P.O. Box 1989
City, State, Zip:	Etv. Nevada 99301
Telephone No:	N/A
Date of Birth:	92/26/65
Social Security No: 3. Release of Information to: Name (Pirst, Middle, Last):	ATTN: Elisabeth Stanton
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. BONNEVILLE AVENUE, STE. 780 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
Fax No:	(702) 388-6261
PPD (rev. 2006)	

07110-MSC00025

PAA - AUTHORIZATION TO RELEASE OTECTED HEALTH INFORMATION

e No. 2

4 Lecords to Be Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you nit us to use and/or share, and specify the dates of treatment, if known.

escription:	Date(s)	Description:	Date(s)	Description:	Date(s)
☐ Admission		🗆 Immunization Records		□ Progress Notes	
☐ Consultation Report(s)		□ Inputient Records		□ Radiology Report(s)	
☐ Correspondence		□ Intake/Outtake		☐ Relcases	
□ Counseling Notes		□ Laboratory Report(s)		☐ Social Work Notes/Reports	
Designated Record Set/Abstract		D Nursing Notes		☐ Therapy/Rehabilitation Records	
□ Discharge/Clinical Summary		(1 Operative Procedure Report(s)		☐ Transfer Forms	
☐ Drug Administration Records		□ Outpatient Records		C Treatment Plans	
□ Emergency Record(s)		□ Pathology Repon(s)		✓ Entire Medical Record for all sections listed above:	-
History & Physical Report(x)		□ Physician's Notes			
□ Home Care Records		☐ Physician's Orden			
. Records to He Rela	med Contain nd Treatment/	ing Information Related Testing for Drug and/or Ale disclosed.)	to my Treatm	to release, use and/or shure: neut for AIDS/HIV, Psychiatric	Psycholog
Drug and/or Alcohol Use/Abuse Records - 11			(s) of Service:		
Psychiatric/Psychological Records - W			e(x) of Service:		
Psychothorapy Notes		→ M2 Date	(x) of Service: _	-	

FPD (rev. 2006)

07110-MSC00026

PAA - AUTHORIZATION TO RELEASE OTECTED HEALTH INFORMATION

;e No. 3

6 Expiration Date: This authorization is valid for one year or _365_days from the date signed unless revoked by me in writing, except to extent that action has already been taken or as required by law.

7 Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization,

A photocopy or fax copy of this authorization shall be acceptable as an original.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the passon(s) aud/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

FPD (rev. 2006)

07110-MSC00027

EXHIBIT 101

EXHIBIT 101

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brien Abbington Chief, Capital Habeas Unit Rone L. Valladares Chief, Triel Unit Michael Pescette Habeas Resource Counsel

December 5, 2007

Justice Court
Criminal Records

Via Facsimile 671-3183

Re:

Michael Rippo v. McDaniel

DOB: 2/26/1965 SSAN: 530-82-4903 SID: 01602868

Dear Clerk:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the following files in their entirety:

Michael Beaudoin DOB: 01/22/1962 SSAN: 530-80-3414 SID: 01346395

Case Nos. 96M08754X

James Ison

DOB: 05/19/1959 SSAN: 263-43-3200

SID: 02035191

Case No. 92FH0031X

Michael Thomas Christos

DOB 12/16/1950 SSAN: 530-36-9787 SID: 00497276

SID: 00497276

Case No. 95M13522X

94F02599X

Thomas Edward Sims

(Deceased)
DOB 01/11/1958

SSAN: 530-54-9360 SID: 00735379

Case No. 97M13084X

93M12323X 93F09533X

93F04256X

Justice Court Page 2 December 5, 2007

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoens, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs

Law Offices of the Federal Public Defender 411 E. Bonneville Avc., Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Fuderal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habess Unit Brian Abbington Chief, Capital Habess Unit Rune L. Valladares Chief, Trial Unit Michael Pescetta Habess Resource Counsel

DATE: December 5, 2007

TO: Justice Court, Criminal Clerk Fax # 671-3183

FROM: Elisabeth B. Stanton

TOTAL NUMBER OF PAGES, INCLUDING THIS COVER SHEET: 3

COMMENTS:

We are sending from an HP OfficeJet Model K80. If you experience any problems receiving this transmission, p (702) 388-6577

Original to follow:	Original will not follow: X
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CONFIDENTIALITY NOTE

The information contained in this facsimile message is legally privileged and confidential information intended use of the individual or entity named above. If the reader of this message is not the intended recipient, you are I notified that any dissemination, distribution or copy of this facsimile is strictly prohibited. If you have received in error, please immediately notify us by telephone and return the original message to us at the address above via Service. Thank you.

-

Transmission Report

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Local Name 1

7023885619

Local Name 2

This document : Confirmed (reduced sample and details below)

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DATE: December 5, 2007

TO: Justice Court, Criminal Clerk Fax # 671-3183

FROM: Elisabeth B. Stanton

TOTAL NUMBER OF PACIES ENCLUDING THIS COVER SHEET: 3

COMMENTS:

We set steading from an HF Officefor Madel KBO. If you experience any problems receiving this transmission, p (702) 388-6577

Oziginal to follows_____

Original will not follow: X...

CONFIDENTIALITY NOTE

The principalities established in this factorile resease is inguly principal.

The principal and combination in this factorile resease is ingully principal and combination interestion intended not of the individual or entire named above. If the reader of this message is not the interested excitation, you are to notified that any discontination, distribution or copy of this factorials to strictly problems. If you have received in every, places around a country to be supplied to the critical remains of the address above via Service. Thank you.

Total Pages Scanned . 3

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Abbreviations

HS: Host sond

HR: Host receive

PR: Polled local

MP: Mailbox print CP: Completed TU: Terminated by user

W5' Waiting send

MS: Mailbox save

FA: Fail

15: Terminated by system RP: Report

G3⁻ Group 3 EC: Error Correct

EXHIBIT 102

EXHIBIT 102

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Forsman Federal Public Defender District of Nevads

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habese Unit Beian Abbington Chief, Capital Habese Unit Rene L. Valladares Chief, Trial Unit Michael Pescetts Habese Resource Counsel

November 28, 2007

Nassau County Department of Social Services Attn: Alan Licht 60 Charles Lindberg Blvd. Uniondale, New York 11553-3656

Re:

Michael Damon Rippo, Rippo v. McDaniel, United States District Court Information Requested on Carole Ann Campaneili fka Rippo aka Duncan;

SSAN 068-34-9587 DOB December 28, 1942

Michael Damon Campanelli, aka Rippo

SSAN: 530-82-4903; DOB: February 26, 1965

Dear Mr. Licht:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo (aka Michael Damon Campanelli) in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Nassau County Department of Social Services from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Carole Ann Campanelli (mother) and her family, which includes Michael Damon Campanelli, Carole Ann Campanelli (daughter) and Stacie Campanelli.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoens, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment

Nassau County Department of Social Services Page 2 November 28, 2007

of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

Releases to your agency signed by Ms. Duncan (fka Campanelli) and Mr. Rippo (fka Campanelli) are enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

TO: NASSAU COUNTY DEPARTMENT OF SOCIAL SERVICES

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (b) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete a Certificate of Custodian of Records for any documents produced. Please produce or permit inspection and copying all sealed, official and/or non-official memoranda, materials, files, tests, and/or documents of the following documents and things concerning:

Carole Ann Campanelli (aka Carole Ann Duncan)
DOB 12/28/1942
SSAN 068-34-9587
and children (Michael Campanelli, Carole Ann Campanelli (daughter), Stacie
Campanelli)

This request includes, without limitation:

- 1. All applications for benefits;
- 2. All documents reflecting denial of any benefits;
- 3. All reports or other documents reflecting the type of benefits granted;
- Reports or other documents reflecting payment of benefits and amounts;
- All personal financial reporting documents;
- 6. All claims information;
- All disability records;
- All medical records:
- All documents reflecting use of medical care providers (including providers' addresses);
- 10. Billings to the Social Services Division from medical care providers for services rendered:
- 11. Employment records and/or histories;
- 12. Correspondence;
- 13. Notes;
- 14. Memoranda;
- 15. Status reports;
- 16. Case worker files:
- 17. Referrals to other governmental agencies;
- 18. Document reflecting cossation and/or termination of benefits;
- 19. Any other documents in your possession regarding the above-named individuals;
- 20. A list of any and all purged, deleted or destroyed documents, or documents

transferred to storage;

- 21. Any and all microfilm, microfiche documents;
- 22. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted electronic data." This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, please provide a copy of Certificate of Destruction, evidencing what was destroyed and the date.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 28 Nov 2007

TO: NASSAU COUNTY DEPT. OF SOCIAL SERVICES

RE: CAROLE ANN CAMPANELLI MICHAEL DAMON RIPAD

I, Michael Damon Rippo, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, Michael Pescetta, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to Michael Damon Rippo, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to Michael Damon Rippo. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

I ms retease is timized in the following way	. NOTEIMITED
You are specifically authorized to photocopmentioned legal representatives. A photographe original.	ry these records and to release copies to the above raphic copy of this authorization shall be as valid as
4-9-07	N-1 D Was
Date	Miles () po
530-82-4901	02-26/65
Social Security Number	Date of Birth

07166-MISC0022

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 28 NOV 2007

TO: NASSAU COUNTY DEPT. OF SOCIAL SERVICES

RE: CAROLE ANN CAMPANELLI MICHAEL DOMON RIPPO

I_CAROLE ANN DUNCAN, by this release, authorize and request you to release to the Federal Public Defender for the District of Nevada, David Anthony, Assistant Federal Public Defender, and/or their designated representatives, any and all information and/or records relating to CAROLE Ann Duncan, aka Carole Ann Rippo, aka Carole Ann Campanelli, aka Carole Ann ANZINI, including but not limited to, birth certificates and records, death certificates and records, autopsy findings, records and recordings, marriage certificates and records, dissolution files, academic, correctional, employment, law enforcement and military records, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation) records as well as any files prepared in connection with prior civil or criminal litigation; any other correspondence or document and all other records, raw data, notes, test results, narrative reports and recordings, together with all time and billing records pertaining to CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. This document also authorizes any physicians, experts or other personnel to discuss their otherwise confidential information with the above mentioned legal representatives. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.

This release is limited in the following ways: NOT LIMITED

You are specifically authorized to photocopy these records and to release copies to the above mentioned legal representatives. A photographic copy of this authorization shall be as valid as the original.

068-34-9587	Carole a Clumer.
Social Security Number	Signature
12/28/42	November 20,07
Date of Birth	Date

13

FEDERAL PUBLIC DEFENDER

District of Nevada 411 E. Bonneville Avenue, #250 Las Vegas, Nevada 89101 (762) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the peticent/perent/legal guardian give NeSSAO CONTY SEPT OF SCIAL SERVICES permission to release, use and/or share my medical Information pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and give this permission voluntarily.

Purpose or Need For Releasing. Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through FRANNY A. FORSMAN, Federal Public Defender, and/or her associates, representatives, or agents.

Paravant to 45 CFR 164.502(b)(2) the minimum necessary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) initialed by me for disclosure in paragraphs 4 and 5 below.

1. Person(s) and/or Organization(s)/Entity(s) To Disclose My Protected Health Information:

Name(s):	
Organization/Entity: <u>N45</u>	SAU COUNTY DEPT. OF SOCIAL SERVICES
Address:	
City, State Zip Code:	
to release, use and/or share the medical inf the person or organization that received it a	ive my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) formation described below. I understand that once this information is released, used and/or shared, any share it again without my permission. If this happens, the information may no longer be protected what type of information is going to be released, used and/or shared and how this is going to be done.
Patient Name (First, Middle, Last):	CAROLE ANN DUNCAN, AKA CAROLE ANN REPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINE
Putient Address:	39 Cactus Bandi Rd
City, State, Zipe	Edgewood MEW MEXICO 87015
Telephone No:	505-286-0477
Date of Birth:	12/38/42
Social Security No:	068-3-1-9587
3. Release of Information to: Name (First, Middle, Last):	ATTN: GUSABETH B. STANTON
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. BONNEVILLE AVENUR, STE. 250 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 3 88 45 77
Fax No:	(702) 382-5819

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HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 2

4. Records to Se Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you permit us to use and/or share, and specify the dates of treatment, if known.

Description:	Date(s)	Description;	Date(s)	Descriptions	Date(s)
7 Admission		☐ Immunization Records		☐ Progress Notes	
Consultation Report(s)		☐ Inpatient Records		□ Radiology Report(s)	
Correspondence		□ Intake/Outtake		□ Releases	
Counseling Notes		□ Laboratory Report(s)		☐ Social Work Notes/Reports	
Designated Record Set/Abstract		□ Nursing Notes		☐ Therapy/Rehabilitation Records	
Discharge/Clinical Summary		☐ Operative Procedure Report(s)		□ Transfer Forms	
□ Drug Administration Records		Outputient Records		O Treatment Plans	
D Emergency Record(s)		□ Pathology Report(s)		√ <u>Eaths</u> Medical Record for all sections listed above:	
O History & Physical Report(s)		O Physician's Notes			
Home Care Records		□ Physician's Orders			· · · · · · · · · · · · · · · · · · ·
Records to Be Rein	ased Contain	ing Information Related to	my Treatme	o relesse, use and/or share:	
atient MUST INITIAL o	ech item to be	i Wi			
AIDS/HIV Records) of Service:		·
Drug and/or Alcohol Use/A	ibuse Records	1) of Service:		
ran a ang banasa sa mga mga mga mga mga mga mga mga mga mg	lecords	Dute(s) of Service:		
Paychistric/Psychological F					
rayenmenersychological r Psychotherapy Notes		Date(s) of Service:		

07332-RRX00008

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION Page No. 3

- 6. Expiration Date: This authorization is valid for one year or _365_days from the date signed unless revoked by me in writing, except it the extent that action has already been taken or as required by law.
- 7. Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/entity(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/entity(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

A photocopy or fax copy of this authorization shall be acceptable as an original.

Signature of Patient/Parent/Legal Guardian:	Date: 1//30/07
Signature of Witness: + Refer C. Durican	Date: 11/20/07
Print Name	
If a person cannot provide a written signature, two witnesses must sign below:	
Witness:	Date:
Address:	
Witness:	Date:
Address:	,

FPD (rev. 2006)

EDERAL PUBLIC DEFENDER Istrict of Neveds 11 E. Bonneville Avenue, #250 as Vegas, Nevada 89101 (12) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

se patient/parent/legal guardian give MASIAU CONTY DOT OF Stone Sections permission to release, the and/or share medical information pursuant to the Health Losurance Pottability and Accountability Act of 1996 (HIPAA), and give this permission Yuruntarily.

Purpose or Need For Releasing, Using and/or Sharing My Protected Health Information; disclosure to me, the individual who is the subject of this information, by and through my attorney, FRANNY A. FORSMAN, Federal Public Defeader, and/or her association, representatives, or agents,

Pursuant to 45 CFR 164.502(b)(2) the minimum recessary requirement does NOT apply to this request. This request pertains to the whole or entire medical record of the specific section(s) mitiated by me for disclosure in paragraphs 4 and 5 below.

1. Ferron(s) and/or Organization(s)/Entity(s) To Disclose My Protected Health Information:

Name(s):	
Organization/Entity: ASSI	W COUNTY DEPT. OF GOVER SERVICES
Address:	77
City, State Zip Code:	
to release, use and/or share the medical infor the person or organization that received it may	e my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) matten described below. I understand that once this information is released, used and/or shared, y share it again without my permission. If this happens, the information may no longer be protested that type of information is going to be released, used and/or shared and how this is going to be done.
Patient Name (First, Middle, Last):	Michael Rings
Patient Address:	P.O. Box 1989
City, State, Zip;	Elv. Nevada B9301
Telephone No:	NA
Date of Hirth:	02/26/65
Social Security No:	530-82-4903
 Release of Information to: Name (First, Middle, Last): 	ATTN: EUSAGETH B. STANTON
Сопирану:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: City, State, Zip:	411 E. Bonneville Avenue, Ste. 700 Las Vegas, Nevada 89161
Telephone No:	(702) 388-6577
Fax No:	(702) 388-4261
t PD (rev. 2(106)	

07110-MSC00025

07332-RRX00010

PAA - AUTHORIZATION TO RELEASE OTECTED HEALTH INFORMATION to No. 2

4 tecords to He Released, Used And/or Shared: Please indicate the section(s) of the record below that you would like released or that you nit us use and/or share, and specify the dates of treatment, if known.

□ Admission □ Immunization Record □ Consultation Report(s) □ Impatient Records □ Imp	☐ Radiology Report(s) ☐ Relooses
☐ Correspondence ☐ Imake/Outtake ☐ Counseling Notes ☐ Laboratory Report(s) ☐ Designated Record ☐ Nursing Notes ☐ Discharge/Clinical ☐ Operative Procedure	☐ Releases ☐ Social Work Notes/Reports ☐ Therapy/Rehabilitation
☐ Counseling Notes ☐ Laboratory Report(s) ☐ Designated Record ☐ Nursing Notes ☐ Set/Abstract ☐ Discharge/Clinical ☐ 11 Operative Procedure	Social Work Notes/Reports
☐ Designated Record ☐ Nursing Notes Set/Abstract ☐ Discharge/Clinical ☐ U/Operative Procedure	☐ Therapy/Rehabilitation
Set/Abstract Discharge/Clinical U Operative Procedure	
	D Transfer Forms
□ Drug Administration □ Coutpatient Records Records	to Treatment Plans
□ Emergency Record(s) □ Pathology Report(s)	✓ Entire Medical Record for structions listed above:
□ History & Physical □ Physician's Notes Report(s)	
□ Home Care Records □ Physician's Orders	
Other: Be Specific: Of the records noted above, please list any areas of those records:	

Date(s) of Service: .__

Date(x) of Service: ______

HPD (rev. 2006)

Psychiatric/Psychological Records

Psychotherapy Notes

Other: Be Specific:

PAA - AUTHORIZATION TO RELEASE OTECTED HEALTH INFORMATION

re No. 3

- 6 Expiration Date: This authorization is valid for one year or 365 days from the date signed unless revoked by me in writing, except to extent that action has already been taken or as required by law.
- 7 Your Rights: This authorization to release health information is voluntary. Treatment, payment, enrollment or eligibility for benefits may reconditioned on signing this authorization except in the following cases: (1) to conduct research-related treatment, (2) to obtain information in connection with eligibility or enrollment in a health plan, (3) to determine an entity's obligation to pay a claim, or (4) to create health information to provide to a third party.

You are entitled to receive a copy of this Authorization.

A photocopy or fax copy of this authorization shall be acceptable as an original.

If a person cannot provide a written signature, two witnesses must sign below:

I understand that I may revoke (withdraw) this authorization at any time. If I wish to revoke (withdraw) this authorization, I must make this request in writing and send it to the person(s) and/or organization(s)/enthy(s) listed in paragraph one above. I understand that if I send a letter withdrawing my permission, that letter cannot bring back any information that was already released, used and/or shared. I also understand that it will take time for the person(s) and/or organization(s)/enthy(s) listed in paragraph one to receive and process my request.

I release the person(s) and/or organization(s)/entity(s) listed in paragraph one above disclosing this information from any liability arising from the release of information to the person(s) and/or organization(s)/entity(s) designated above.

Signature of Patient/Perent/Legal Guardian: Volume 190 Dete: 4-90?

Signature of Witness: Milliane 11 Algan Dete: 4-90?

Print Name

Witness: _______ Date: _______ Date: ______

Address:

FPt3 (nev. 2006)

Dated:

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

To:	
Re:	
I, Michael Damon Rippo, by this release, authorize Public Defender for the District of Nevada, Michael and/or their designated representatives, any and all Damon Rippo, including but not limited to, birth e records, autopsy findings, records and recordings, tiles, academic, correctional, employment, law enfipsychological, psychiatric, probation and rehabilitarehabilitation) records as well as any files prepared litigation; any other correspondence or document a results, narrative reports and recordings, together a Michael Damon Rippo. I specifically consent to the Su.S.C. § 552a(b) and to any consent to disclosure document also authorizes any physicians, experts a confidential information with the above mentioned such disclosure, I hereby release you (in your indivant all liability arising from the disclosure of other	ci Pescetta, Assistant Federal Public Defender, information and/or records relating to Michael ertificates and records, death certificates and marriage certificates and records, dissolution orcement and military records, medical, ation (including alcohol and drug in connection with prior civil or criminal and all other records, raw data, notes, test with all time and bifling records pertaining to the disclosure of any and all records pursuant to e provision of state and local law. This in other personnel to discuss their otherwise it legal representatives. In consideration of cidual and/or institutional capacity) from any
This release is limited in the following ways:	NOT LIMITED
You are specifically authorized to photocopy these mentioned legal representatives. A photographic of the original.	
4-9-09	A. D. Orac
Date	Signature
530-82-4903	02-26/65
Social Security Number	Date of Birth

07110-MSC00028

07332-RRX00013

EXHIBIT 103

EXHIBIT 103

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Foreman Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lembrose Chief, Non-Capital Habens Unit Brian Abbington Chief, Capital Habens Unit Rone L. Valladares Chief, Trial Unit Michael Pescetta Habess Resource Counsel

November 29, 2007

CUSTODIAN OF RECORDS State of Nevada, Department of Corrections 5500 Snyder Ave., Bidg. 17 Carson City, Nevada 89701

Re:

Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on

David Jeffrey Levine SSAN: 530-84-0229 DOB: June 24, 1967 BAC #29106

Dear Sir or Madam

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. In doing so, we are seeking records relating to a witness in his case, David Jeffrey Levine. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Nevada Department of Corrections, section, from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Michael Damon Rippo.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. if the documents have been destroyed, please provide a copy of the statute or records retention policy under

Nevada Department of Corrections Page 2 November 29, 2007

which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

A release to your signed by Mr. Levine is enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111, should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

ATTACHMENT A

TO: CUSTODIAN OF RECORDS
State of Nevada, Department of Corrections
5500 Snyder Ave., Bldg. 17
Carson City, Nevada 89701

OR:

PERSON(S) MOST KNOWLEDGEABLE with regard to official and/or nonofficial records, documents and materials storage, retention, nature of and content of files of the *Inmate Records State of Nevada*, *Department of Corrections*

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (2) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

David Jeffrey Levine

DOB:

06/24/1967

SSAN:

530-84-0229

Mr. Levine was incarcerated under ID number 29106. We are seeking all records relating to Mr. Levine in the possession of the Nevada Department of Corrections for both terms of incarceration. A separate request has been sent to Ely State Prison for records maintained there.

This request includes, without limitation:

- 1. I-Files:
- C-Files:
- Correctional Emergent Response Team (CERT) files;
- Classification & Planning Division files including, but not limited to Inmate Disruptive Group and Gang Affiliation Instrument form (DOP form #2024 (5/88));
- Central Monitoring System (CMS) files including, but not limited to, CMS Status Sheet;
- All photographs taken upon intake in any Nevada Department of Corrections facility;
- Culinary Logs/Files/Reports;
- Classification change sheets for classification hearings;

- Classification change sheets for housing/custody changes;
- 10. Transportation:
 - a. Memoranda
 - b. Priority transfer list
 - Transportation manifest logs
 - d. Transportation Orders
 - e. Transportation check off list
- Scheduling Records for local court/medical or teleconferences;
- Movement Logs for each designated location within the institution;
- 13. Daily movement sheet;
- 14. Unit Logs;
- 15. Unit Shift Reports;
- 16. Sergeant's Daily Shift Reports;
- Daily institutional report;
- 18. Gatehouse logs (visitors);
- 19. Institutional count logs and records;
- Education Department logs and files including, but not limited to, GED exams and GED practice exams;
- 21. Chapel:
 - a. Chapel logs of attendance
 - Chapel monthly activity schedule/volunteer visits
- 22. Canteen:
 - Daily file on sales with the inmate receipt. This would have to be coordinated with
 - b. Inmate Services/Central Administration
 - Inmate written correspondence forms (kites) specific to the canteen
 - d. Canteen research log specific to grievances
 - e. Canteen property log
- 23. Accounting office documents:
 - a. Inmate accounting file
 - b. Four brass slip logs
 - c. Incoming receipt logs
 - d. Tax refund files
 - e. Legal copy work logs
 - f. Monthly indigency log
- 26. Mail Room:
 - a. Legal mail log
 - b. Unauthorized mail log
 - c. Unauthorized package log
 - d. Censorship log
 - e. Certified mail log
 - f. Outgoing package log
- Property file;
- 28. Inmate Grievances:
 - a. Inmate grievance log
 - b. Inmate grievance file

- 29. Cell search logs/reports;
- Visiting files and logs;
- 31. Disciplinary hearing logs (2);
- 32. Drug testing logs/reports;
- 33. Incident files/reports;
- 34. Law library:
 - Copywork records
 - b. Supply issuance records
 - c. Issuance of legal materials
- Unit logs (showers/exercise);
- 36. Unit Rosters;
- Any and all condition, care, confinement, custody and/or incarceration documents generated by, received from and/or forwarded to or from any law enforcement authorities;
- Any and all communications regarding care, confinement, custody and/or incarceration for any individuals identified above;
- A list of any and all purged, deleted, or destroyed documents, and documents transferred to storage;
- 40. Any and all microfilm, microfiche documents;
- 41. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; back-up and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

As to all prisoners, generally:

- 42. All documents referring, relating, or reflecting conditions of confinement as related to (future) dangerousness (as argued by the Clark County District Attorney's Office at trials);
- 43. All documents and records relating, referring, or reflecting the relative dangerousness of prisoners convicted of capital crimes to that of the general population of inmates in the Nevada Department of Corrections system;
- 44. Electronic data regarding requests 42 and 43 above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any

"deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, please provide a copy of Certificate of Destruction, evidencing what was destroyed and the date, as set forth in N.R.S. 239.124; N.A.C. 239.251.

2

DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

3		I, [name]	, decla	re under penalty of perjury:
4	1.	I am the [position]	of the	and in
5		my capacity as [position]	, am a custo	odian of the records of
6			the Nevada Department o	f Corrections.
7	2.	That on the day of	, 20	_, the Nevada Department of
8	an excessionality	Corrections was served with a rec	ords request in connection	with David Jeffrey Levine
9		#29106, calling for the production	of records as set forth in t	he exhibit(s) attached to the
10	1 controlled	request.		
11	3.	Records were destroyed pursuant	to	[cite here
12		Nevada Revised Statutes ("NRS")	, agency rules and regulati	ons authorizing destruction
13		of documents (and attach copy of	rule or regulation, if other	than NRS)].
14	4.	The requested documents, pursuar	nt to the above statute, rule	s and/or regulations were
15		destroyed on or about		[date].
16	5.	No form of the requested document	ats remain, whether paper,	microfilm, microfiche, or
17		electronic.		
18				
19				
20			CUSTODIAN OF REC	CORDS
21			[Print Name]	
22				
23				
24				
25				
6				
27				
28				
1				

ı	DECLARATION OF CUSTODIAN OF RECORD
2	I, [name], declare under penalty of perjury:
3	I am the [position] of Nevada Department of Corrections and
4	in my capacity as [position] am a custodian of the records of the
5	Nevada Department of Corrections.
6	2. That on the day of, 20, I received a records request
7	in connection with David Jeffrey Levine requesting production of records (as set forth in
8	the exhibit(s) attached to the request].
9	3. I have examined the original of those records and have made or caused to be made a true
10	and exact copy of those records and the reproduction of those records as attached is true
11	and complete.
12	4. That the original of those records was made at or near the time of the act(s), event(s),
13	condition(s), opinion(s), or diagnosis set forth in them by or from information transmitted
14	by a person with knowledge, in the course of my regularly conducted activity of or for the
15	Nevada Department of Corrections.
16	
17	Custodian of Records
18	
19	[Print Name]
20	
21	
22	
23	
24	
25	
26 27	
28	
۵,	



Nevada Offender Tracking Information System (NOTIS) -- Offender Detail Record

The information provided here represents new data. As such, the Department makes no warranty or guarantee that the data is error-free. The information should not be used as an "official" record by any law enforcement agency or any other entity.

klentification and	Demographics			
Offender Name:	LEVINE, DAVID J	Offender ID Number:	29106	
Gender:	М	Ethnicity:	CAUCASIAN	7
Birth Date:	06/24/1967	Approximets Age:	40	No Photo Available The Department of Corrections
Height:	5' 8"	Weight:	165 ibs	does not maintain digital photos of most offenders. On occasion,
Build:	MEDIUM	Complex:	FAIR	such as in the event of an escape, a digital photo may be posted here.
Hair Color:	BROWN	Eye Color:	GREEN	m začimu hvorite u uzā nie buktenini sunate.
Current Institution:	INACTIVE-DSCHREL	Custody Level:	CLOSE	1
Known Allegee:	1) JEFFREY LEVINE DA	VID; 2) LEVINE DAVID		

Booking #	8213										
Offen <u>se</u> Code	Description	Status	Min Se <u>nt</u>	Max Sen <u>i</u>	PED	MPR	County	PEXO	Туре	RĄD	Start Date
493	ESCAPE	PRIOR CONVICTION		\top	T				, ,		
398	POSSESSION STOLEN CREDIT CARD	PRIOR CONVICTION					,				
349	POSSESSION STOLEN PROPERTY	PRIOR CONVICTION									
493	ESCAPE	PRIOR CONVICTION			1 -						_

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 29 161 2007	
TO: NEVADA DEDT. OF CO	PERECTIONS
RE: DAVID VEARRY LEVINE	# 29106
Federal Public Defender for Nevada, any and a JEFFREY LEVINE. I specifically consent to the c § 552a(b) and to any consent to disclosure provi	lisclosure of any and all records pursuant to 5 U.S.C. sion of state and local law. In consideration of such dual and/or institutional capacity) from any and all
This release is limited in the following ways:	Not limited.
	these records and to release copies to the above this authorization shall be as valid as the original.
11-20=07	Park Challens
Dated	Signature (Dayld Jeffey Levine)
530-84-0229	June 24, 1967
Social Security Number	Date of Birth

EXHIBIT 104

EXHIBIT 104

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Franny A. Foremen Federal Public Defender District of Nevada

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambense Chief, Non-Cepital Habess Unit Brian Abbington Chief, Capital Habess Unit Rens L. Valladares Chief, Trial Unit Michael Pescetta Habess Resouces Commed

November 29, 2007

NEVADA DEPARTMENT OF PAROLE AND PROBATION RECORDS DEPARTMENT 1445 Hot Springs Rd., Suite 104 Carson City, Nevada 89706

Re: Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on:

David Jeffrey Levine SSAN: 530-84-0229 DOB: June 24, 1967

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row immate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. In our investigation, we obtained permission for records regarding witness **David Jeffrey Levine** to be produced to us. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Nevada Parole and Probation from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to David Jeffrey Levine.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoens, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of

Nevada Department of Parole and Probation Page 2 November 29, 2007

pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$50.00 (fifty dollars), please notify me in writing of the number of pages and the amount due. Also, please provide your EIN/TIN number for accounting purposes.

A release to your agency signed by Mr. Rippo is enclosed. Your prompt attention to this matter is greatly appreciated. We are operating under court-imposed deadlines and need a response as quickly as possible. Please call me at (702) 388-5111 should you have any questions or require additional information.

Very truly yours,

FEDERAL PUBLIC DEFENDER

Elisabeth B. Stanton, CLAS

Certified Legal Assistant

Criminal Law & Procedure Specialist

ebs Enclosures

ATTACHMENT A

TO: NEVADA PAROLE AND PROBATION
RECORDS DEPARTMENT
1445 Hot Springs Rd., Suite 104
Carson City, Nevada 89706

OR: PERSON(S) MOST KNOWLEDGEABLE with regard to records, documents and materials storage, retention, nature of and content of files of the Nevada Department of Parole and Probation, pertaining to:

Please produce and permit inspection and copying of the following designated books, documents or tangible things as (a) kept in the usual course of business, or (2) organized and labeled to correspond with the categories as set forth below.

If any of the books, documents, records or tangible things listed below are not being produced by you based on a claim of privilege or any other reason, please expressly state the basis or privilege claimed and describe the nature of the documents, communications or other things sufficient to enable a contest of the claim.

Please complete a Certificate of Custodian of Records, in the form set forth in N.R.S. 52.260. Please produce or permit inspection and copying all sealed, official and/or non official memoranda, materials, files, tests, and/or documents of the following documents and things concerning:

David Jeffrey Levine

DOB:

06/24/1967

SSAN:

530-84-0229

- The complete file of the Nevada Department of Parole and Probation for David Jeffrey Levine;
- Investigation and/or prosecution files;
- Case reports;
- 4. Memoranda prepared by any member of the Parole and Probation staff or its investigators;
- 5. Internal memoranda;
- 6. Notes:
- 7. Interrogation reports;
- 8. Notes of investigators or other Parole and Probation office personnel;
- Any and all physical or documentary evidence;
- Any and all video, audio recordings, all transcribed statements made by Michael Damon Rippo;
- Any and all video or audio recordings;
- 12. All transcribed statements obtained from witnesses or other parties with

information:

- Arrest and booking records;
- 14. Crime reports;
- Crime scene investigation reports;
- 16. Follow up investigation reports;
- 17. Autopsy reports;
- 18. Toxicology reports;
- Coroner investigation reports;
- Victim information reports;
- 21. Correspondence;
- 22. Newspaper articles and press reports;
- 23. Secret witness information;
- 24. Any materials on related crimes;
- 25. Telephone logs;
- 26. Any and all extradition documents;
- 27. Polygraph examinations of Michael Damon Rippo;
- Polygraph examinations of any witnesses;
- 29. Any and all FBI investigative reports and/or memoranda;
- 30. Pre-sentence reports;
- 31. Evaluations and evaluation reports, including psychiatric evaluation;
- Any and all reports of medical treatment administered or provided to David Jeffrey Levine;
- Disciplinary reports;
- Punishment records:
- 35. All other document relating or referring to David Jeffrey Levine in any way:
- A list of any and all purged, deleted, destroyed, documents transferred to storage;
- Any and all microfilm, microfiche documents:
- 38. Electronic data regarding all above to include: voice mail messages and files; back-up voice mail files; e-mail messages and files; back-up e-mail files; deleted e-mails; data files; program files; backup and archival tapes; temporary files; system history files; web site information stored in textual, graphical or audio format; web site log files; cache files; cookies; and other electronically recorded information. The disclosing party shall take reasonable steps to ensure that it discloses any back-up copies of files or archival tapes that will provide information about any "deleted" electronic data. This list is not exhaustive.

If you are claiming that any of the documents described above have been destroyed or purged, please provide a copy of Certificate of Destruction, evidencing what was destroyed and the date, as set forth in N.R.S. 239.124; N.A.C. 239.251.

1

2

DECLARATION OF CUSTODIAN OF RECORD RE DESTRUCTION OF RECORDS

3		[, [name]	, declare under penalty o	of perjury:
4	1.	I am the [position]	of the	_ and in
5		my capacity as [position]	, am a custodian of the record	ls of
6		d	he Nevada Department of Parole and Proba	ation.
7	2,	That on the day of	, 20, the Nevada De	partment of
8		Parole and Probation was served wi	ith a records request in connection with Da	vid Jeffrey
9		Levine calling for the production of records as set forth in the exhibit(s) attached to the		
10		request.		
11	3.	Records were destroyed pursuant to		[cite here
12		Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction		
13		of documents (and attach copy of rule or regulation, if other than NRS)].		
14	4.	The requested documents, pursuant to the above statute, rules and/or regulations were		
15		destroyed on or about	[date].	
16	5.	No form of the requested documents remain, whether paper, microfilm, microfiche, or		
17		electronic.		
18				
19				
20			CUSTODIAN OF RECORDS	
21			[Print Name]	
22			Ex svere 14 meren.i	
23				
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REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [name]		, am the records custodian for the Nevada
		le and Probation. I have reviewed the records request from the Federal Publi- strict of Nevada. I am unable to comply with the request because:
1. The agency requires a		The agency requires a subpoena for the requested information, pursuant to
		here the statute or institutional rules; attach copy if not statutory]
2.	۵	The requested documents were destroyed. Certificate of Destruction attached.
3.	0	Additional information is required:
4.		Pre-payment in the sum of \$ is required for production of [number] copies.
5.	D	Other [please specify]:
If the	ere are o	questions, my telephone number is
[date	1	[signature]
		[printed name]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 29 NOV 3007					
TO: NEVADA PAROLE & PROBATION					
RE: DAVID VEFFREY LEVINE					
I, DAVID JEFFREY LEVINE, by this release, authorize and request you to release to the office of the Federal Public Defender for Nevada, any and all information and/or records relating to DAVID JEFFREY LEVINE. I specifically consent to the disclosure of any and all records pursuant to 5 U.S.C. § 552a(b) and to any consent to disclosure provision of state and local law. In consideration of such disclosure, I hereby release you (in your individual and/or institutional capacity) from any and all liability arising from the disclosure of otherwise confidential information.					
This release is limited in the following ways: Not limited.					
You are specifically authorized to photocopy these records and to release copies to the above mentioned individual. A photographic copy of this authorization shall be as valid as the original.					
Dated Signature (David Jeffecy Levine)					
530-84-0229June 24, 1967					
Social Security Number Date of Birth					

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DAVID
                                   JEFFREY
                                                   SID-02062552 000 SS-530840229
 NM-LEVING
               BD-06241967 RC-W SX-M HT-508 WT-168 HR-BRO EY-GRN
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F1-16 M 17 W 000 10
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                              FB-182 636 FA1 SI-NV00170793 O1-CON REG 02-F/A NO
BP-LOS ANGELES, CA
A1-5201 STORREY PINES #1204, LVN 89118
                                                           102403 #2 SHEET 062096
CP248 MPD FELONY
                    BURGLARY #136975
                                               96 NV 061903 REGISTERED
                    BURGLARY (WASHOE)
CP250 MPD FELONY
                                              92 NV 121395 REGISTERED
                    BURGLARY (SPARKS)
BURGLARY (WASHOE)
CP251 MPD FELONY
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CP252 MPD FELONY
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                    BEING UNDR INFL CS (RENO)
CP253 MPD PELONY
                                              89 NV 121395 REGISTERED
                                               86 NV 121395 REGISTERED
CP254 MPD FELONY
                    POSS STLN PROP(RENO)
                    POSS CC WO CONS-RENO
                                               86 NV 121395 REGISTERED
CP255 MPD FELONY
PP254 MPD 050404 REPEAT OFFENDER PRIORITY III/F.I. & FORWARD TO ROP DETAIL
PP255 MPD 060896 **IF ARRESTED PRIOR TO 091499, NOTIFY P&P (NV-CR91-2373) 091499
P1252 121395 MPD-**TT:LT ANKLE-MOUSE/NECK-JAPANESE LETTERS/BACK-WINGS**
PI255 121395 MPD-**TT:RT ARM-COLLAGE/EXECUTIONER/LT ARM-BARBARIAN/EDDIE**
P1253 000000 MPD**AMPS-MIDDLE & RING FINGER ON LT HAND**121395
PI254 000000 MPD- *** AFIS 5-10-94 ***
CN255 REP-300731
AR252 NPP 003 072396 FTC
                             PAROLE VIOL BURG
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SCOPE

NPP WA-C13066

SID-02062552

AR253 NPP 003 062196 PAROLE VIOL BURG NCF 072396MPD

RBK WCS DKT-CR91-2373

AR254 MPD 002 062096

BURG BURG

960620-1073

MPD

AD254 MPD 002 091096 C136975X

FIN PCN 07688406//10Y NSP CONSEC W/OTHER TEMS + REST

AR255 REP 001 080586 CIT AD255 REP 001 080586 CIT

PL-SHOPLIFTING PL

0686-3486

REP

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                    BURGLARY (SPARKS)
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CP253 MPD FELONY
                    BEING UNDR INFL CS (RENO)
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                    POSS STLN PROP(RENO)
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CP255 MPD FELONY
                    POSS CC WO CONS-RENO
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PP254 MPD 050404 REPEAT OFFENDER PRIORITY III/F.I. & FORWARD TO ROP DETAIL
PP255 NPD 060896 **IF ARRESTED PRIOR TO 091499, NOTIFY P&P (NV-CR91-2373) 091499
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PI255 121395 MPD-**TT:RT ARM-COLLAGE/EXECUTIONER/LT ARM-BARBARIAN/EDDIE**
P1253 000000 MPD**AMPS-MIDDLE & RING FINGER ON LT HAND**121395
PI254 000000 MPD- *** AFIS 5-10-94 ***
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AD255 REP 001 080586		
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NM-LEVINE
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  CS-0589284
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                              FB-182 636 FA1 SI-NV00170793 01-CON REG 02-F/A NO
A1-5201 STORREY PINES #1204, LVN 89118
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                    BURGLARY #136975
CP248 MPD PBLONY
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                    BURGLARY (WASHOE)
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CP251 MPD FELONY
                    BURGLARY (SPARKS)
CP252 MPD FELONY
                    BURGLARY (WASHOE)
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                    BEING UNDR INFL CS (RENO)
CP253 MPD FELONY
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CP254 MPD PBLONY
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P1255 121395 MPD-**TT:RT ARM-COLLAGE/EXECUTIONER/LT ARM-BARBARIAN/EDDIE**
PI253 000000 MPD**AMPS-MIDDLE & RING FINGER ON LT HAND**121395
PI254 000000 MPD- *** AFIS 5-10-94 ***
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SCOPE

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AR254 MPD 002 062096

BURG

960620-1073

AD254 MPD 002 091096 C136975X

BURG

FIN PCN 07688406//10Y NSP CONSEC W/OTHER TEMS + REST

AR255 RBP 001 080586 CIT AD255 REP 001 080586 CIT PL-SHOPLIFTING

0685-3486

REP

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07276-MSC00035

07333-RRX00024

EXHIBIT 105

EXHIBIT 105

Law Offices of the Federal Public Defender 411 E. Bonneville Avenue, Suite 250 Las Vegas, Nevada 89101

Federal Public Defender District of Nevada

Frame A. Foreman

Michael J. Kennedy First Assistant Tel: 702-388-6577 Fax: 702-388-5819 John C. Lambrose Chief, Non-Capital Habeas Unit Brian Abbington Chief, Capital Habeas Unit Kene L. Valladares Chief, Teial Unit Michael Poscetta Habeas Resnurce Comsol

April 12, 2007

NEVADA DEPARTMENT OF PAROLE AND PROBATION RECORDS DEPARTMENT 1445 Hot Springs Rd., Suite 104 Carson City, Nevada 89706

Re:

Michael Damon Rippo, Rippo v. McDaniel, United States District Court

Information Requested on Michael Damon Rippo

SSAN: 530-82-4903; DOB: February 26, 1965

Dear Sir or Madam:

The Federal Public Defender for the District of Nevada has been appointed to represent Nevada death row inmate Michael Damon Rippo in his federal habeas corpus proceedings. We are gathering the records in this case pursuant to the directives of the court. Please produce copies of the documents specified in Attachment A. Attached for your convenience are forms to facilitate this production.

This letter constitutes a formal request for any and all records, duplicates of all records, documents, files, notes, confidential and intelligence documents and tangible things maintained by and in the legal or physical custody of the Nevada Parole and Probation from the time it was collected, including without limitation the categories of documents listed in the attachment to this letter, specifically including notes, files, and confidential documents, as well as any tangible evidence or items in your possession, relating or referring to Michael Damon Rippo.

If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under which authority for destruction was had, and a description of the documents destroyed. If you require pre-payment of copying expense, please notify me in writing of the number of pages and the amount due. If you require pre-payment of copying expense, or if the expense will exceed \$25.00 (twenty-five dollars), please notify me in writing of the number