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:

MICHAEL DAMON RIPPO
DOB: 02-26-65
SSAN: 530-82-4903

For files compiled in 1982 and 1996.

1. The complete file of the Nevada Department of Parole and Probation for Michael Damon Rippo.
2. Investigation and/or prosecution files;
3. 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;
9. Any and all physical or documentary evidence;
10. Any and all video, audio recordings, all transcribed statements made by Michael Damon Rippo;
11. Any and all video or audio recordings;

12. All transcribed statements obtained from witnesses or other parties with information;
13. Arrest and booking records;
14. Crime reports;
15. Crime scene investigation reports;
16. Follow up investigation reports;
17. Autopsy reports;
18. Toxicology reports;
19. Coroner investigation reports;
20. 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;
28. 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;
32. Any and all reports of medical treatment administered or provided to Michael Damon Rippo;
33. Disciplinary reports;
34. Punishment records;
35. All other document relating or referring to Michael Damon Rippo in any way;
36. 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, [name]_____, am the records custodian for the Nevada Department of Parole and Probation. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____

If there are questions, my telephone number is _____.

_____ _____

[date] [signature]

_____

[printed name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of the Nevada Department of Parole and Probation and in my capacity as [position]_____ am a custodian of the records of the Nevada Department of Parole and Probation.

2. That on the ____ day of _____, 20___, I received a records request in connection with Michael Damon Rippo requesting production of records [as set forth in the exhibit(s) attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Nevada Department of Parole and Probation..

_____
Custodian of Records

_____
[Print Name]

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____ of the _____ and in my capacity as [position] _____, am a custodian of the records of _____ the Nevada Department of Parole and Probation.

2. That on the ____ day of _____, 20___, the Nevada Department of Parole and Probation was served with a records request in connection with United States District Court case, *Rippo v. McDaniel, et al.*, calling for the production of records as set forth in the exhibit(s) attached to the request.

3. Records were destroyed pursuant to _____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____ [date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

EXHIBIT 106

EXHIBIT 106

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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 fka 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.

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

ebs

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 ANZINI, 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 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. Duncan
Social Security Number	Signature
12/25/42	November 20, 07
Date of Birth	Date

MR:FPD-07333-RRX00054

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 WORD OF LIFE CHRISTIAN 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, 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.

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

Name(s):	PASTOR DAVID SHEARER; ASST PASTOR ANDY KAISER
Organization/Entity:	WORD OF LIFE CHRISTIAN CENTER
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 and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last):	CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI
Patient Address:	39 Cactus Ranch Rd
City, State, Zip:	Edgewood, New Mexico 87015
Telephone No:	505-986-0477
Date of Birth:	12/28/42
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 E. BONNEVILLE AVENUE, STE. 250 LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
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(s) 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)	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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: → Carole Ann Duncan Date: 11/20/07

CAROLE ANN DUNCAN

Signature of Witness: → Robert C. Duncan 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)

EXHIBIT 107

EXHIBIT 107

MR:PRO-07338-RRX00012

Nevada Department of Public Safety
Dedication, Pride, Service

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
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*
- ☐ *For 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.

See request at 07338-RRX00011

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. Bonneville 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. See NRS Chapter 179A, Donrey of Nevada, Inc. v Bradshaw, 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

EXHIBIT 109

EXHIBIT 109

WORD OF LIFE CHRISTIAN CENTER

3920 N. Buffalo Drive • Las 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:

I 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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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;
2. Admitting diagnosis;
3. Discharge diagnosis;
4. 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;
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.

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of Franklin General Hospital and in my capacity as [position]_____ am a custodian of the records of Franklin General Hospital.

2. That on the _____ day of _____, 20___, I received a records request in connection with Carole Ann Duncan (aka Rippo, aka Campanelli), Carole Ann Campanelli, and Michael Damon Campanelli (aka Rippo) requesting production of records [as set forth in the exhibit attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for Franklin General Hospital.

_____
Custodian of Records

_____
[Print Name]

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [name]_____, am the records custodian for Franklin General Hospital. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____
_____
_____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____
_____
_____
_____
_____
_____
_____
_____

If there are questions, my telephone number is _____.

_____ _____
[date] [signature]

_____
[printed name]

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____of Franklin General Hospital and in my capacity as [position]_____, am a custodian of the records of _____ [entity].

2. That _____ is licensed to do business as a _____ in the State of New York.

3. That on the _____ day of _____, 2007 _____ was served with a records request in connection with Carole Ann Rippo (aka Campanelli, aka Duncan), Carole Ann Campanelli, and Michael Damon Campanelli (aka Rippo), calling for the production of records as set forth in the exhibit(s) attached to the request.

4. Records were destroyed pursuant to_____ [cite here Statutes, agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation.]

5. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____[date].

6. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Franklin General Hospital

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczynski

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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
Date of Birth

HRIPPD-08120-SCAM0010

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 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 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: Franklin General Hospital

Address: 900 Franklin Ave

City, State Zip Code: Valley Stream NY 11580

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	Las Vegas, Nevada 89135
Telephone No:	702-373-8888
Date of Birth:	10/4/1969
Social Security No:	530-87-4882

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, 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 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(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		☐ 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		☐ Physician's Orders			

Other; Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC 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

STACIE ANNE CAMPANELLI

Signature of Witness: → ______________ Date: 4/29/08

____

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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. I.R.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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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, 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. 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 Vaughn index. See Vaughn v. Rosen, 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

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.usdoj.gov/usao)

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

Form No. 042 - 3/07

EXHIBIT 114

EXHIBIT 114

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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: 5/16/08

To: Nevada Division of Child and Family Services

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczynski

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**

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.

4-29-08	[signature]
DATED	(signature)
530-82-4882	10/04/69
Social Security Number	Date of Birth

08120-SCAM0009

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 Nevada Division of Child & Family 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.

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.

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

Name(s):

Organization/Entity: Nevada Division of Child & family Services

Address: 4126 Technology Way, 3rd floor

City, State Zip Code: Carson City, NV 89706

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	Las Vegas, Nevada 89135
Telephone No:	702 - 323-8888
Date of Birth:	10/4/1969
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:	411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip:	LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
Fax No:	(702) 388-5819

FPD (rev. 2006)

08120 SCAM0010

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(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		☐ 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		☐ Physician's Orders			

Other: Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC Date(s) of Service: _____

Other: Be Specific:

_____

FPD (rev. 2006)

HIPAA-RELEASE-SCAM013

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: → Stacie Ann Campanelli Date: 4-29-08

Signature of Witness: → Amanda S Campanelli Date: 4/29/08

Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FPD (rev. 2006)

08120-SCAM0013

EXHIBIT 115

EXHIBIT 115

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Foresman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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.

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: 5/16/08

To: Claude I. Howard Children's Center

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczyski

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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
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 Claude I. Huard 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, 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.

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

Name(s): _____

Organization/Entity: Claude I. Huard Children's Center

Address: 701K North Pecos

City, State Zip Code: Las Vegas, NV 89101

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	Las Vegas, Nevada 89135
Telephone No:	702-323-8888
Date of Birth:	10/4/1969
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, 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 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(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		☐ 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		☐ Physician's Orders			

Other; Be Specific: ____________________

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: ____________________

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: ____________________

Psychiatric/Psychological Records → SC Date(s) of Service: ____________________

Psychotherapy Notes → SC Date(s) of Service: ____________________

Other: Be Specific:

____

FPD (rev. 2006)

MRippd-08120-SCAM0012

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: → [signature] Date: 4-29-08
STACIE ANNE CAMPANELLI

Signature of Witness: → [signature] Date: 04/29/08

Print Name

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

Witness: ______________________ Date: ________

Address: ______________________

Witness: ______________________ Date: ________

Address: ______________________

PPD (rev. 2006)

08120-SCAM0012

JA011151

AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Claude I. Howard Children's Center

Re: Carole Anne Duncan (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 (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.

530-82-4875
Social Security Number
Carole Ann Campanelli

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

5/23/68
Date of Birth
Carole Ann Campanelli

November 20, 07
Date

MRippo-07330-RELCD001

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 Claude I. Howard Childrens 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, 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.

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

Name(s): _____

Organization/Entity: Claude I. Childrens Center

Address: 701 K Pecos

City, State Zip Code: Las Vegas, NV 89101

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: Deceased

City, State, Zip: _____

Telephone No: _____

Date of Birth: 5/23/68

Social Security No: 530-52-4875

3. Release of Information to:

Name (First, Middle, Last): ATTN: _____

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific: _____					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: → Carole Ann Duncan Date: 11/20/07
CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: → Robert C. Duncan 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)

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

97 008930

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT—NAME: First: Carole; Middle: Ann; Last: CAMPANELLI
2. DATE OF DEATH (Month, Day, Year): August 20, 1997
3. COUNTY OF DEATH: Carson City
3a. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Warren Springs Correctional Center
3c. If Hosp. or Inst., indicate DOA, OP/Emer. Rm., Inpatient (Specify)
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? (Specify Yes or No; if yes, specify Mexican, Cuban, Puerto Rican, etc): 6.
7a. AGE—Last Birthday (Years): 29
7b. UNDER 1 YEAR — MOS.: DAYS:
7c. UNDER 1 DAY — HOURS: MINS:
8. DATE OF BIRTH (Mo., Day, Yr.): May 23, 1968
9. STATE OF BIRTH (If not U.S.A., name country): New York
10. ORIGIN OF WHAT COUNTRY: U.S.A.
11. Decedent's Education. Specify highest grade completed: 12
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
13. SURVIVING SPOUSE (If wife, give maiden name): 13.
14. SOCIAL SECURITY NUMBER: 530-82-4875
15. USUAL OCCUPATION (Give kind of Work Done During Most of Working Life, Even if Retired): Clerical 379
16. KIND OF BUSINESS OR INDUSTRY: Office Work 741

If death occurred in institution see handbook regarding completion of residence item

17a. RESIDENCE—STATE: Nevada
17b. COUNTY: Clark
17c. CITY, TOWN, OR LOCATION: Las Vegas
17d. STREET AND NUMBER: 5765 N. Campbell
17e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

18. FATHER—NAME: First: Domiano; Middle: ; Last: Campanelli
19. MOTHER—MAIDEN NAME: First: Carole; Middle: ; Last: Rippo

DISPOSITION

20a. INFORMANT—NAME (Type or Print): Carole Duncan- Mother
20b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 5765 N. Campbell Rd., Las Vegas, Nevada 89129
21a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
21b. CEMETERY OR CREMATORY—NAME: Memory Gardens
21c. LOCATION—City or Town, State: Las Vegas, Nevada
22a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Walter Leahy
22b. FUNERAL DIRECTOR LICENSE NUMBER: 56
22c. NAME AND ADDRESS OF FACILITY: FitzHenry's Funeral Home
22d. 833 N. Edmonds Dr., Carson City, Nevada 89701

CERTIFIER

To be completed by CERTIFYING PHYSICIAN

23a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
23b. DATE SIGNED (Mo., Day, Yr.):
23c. HOUR OF DEATH:
23d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be completed by Coroner or Deputy Coroner

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and mechanism(s) stated. (Signature and Title): Eric Gantlin Coro
24b. DATE SIGNED (Mo., Day, Yr.): 9-8-97
24c. HOUR OF DEATH: 0745
24d. PRONOUNCED DEAD (Mo., Day, Yr.): 8/20/97
24e. PRONOUNCED DEAD (Hour): 0745
24f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Eric Gantlin, Coroner, 901 E. Musser St., Carson City, Nevada
24g. LICENSE NUMBER: CO-6

25a. REGISTRAR (Signature): Lucy M Vaughn
25b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): September 9, 1997
25c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

26. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Acute Subarachnoid Hemorrhage — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c)
PART II — OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
28. AUTOPSY (Specify Yes or No): Yes
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

29a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
29b. DATE OF INJURY (Mo. Day, Yr.):
29c. HOUR OF INJURY:
29d. DESCRIBE HOW INJURY OCCURRED:
29e. INJURY AT WORK (Specify Yes or No):
29f. PLACE OF INJURY—(e.g., home, farm, street, factory, office building, etc.) (Specify):
29g. LOCATION—STREET OR R.F.D. No. / CITY OR TOWN / STATE:

STATE REGISTRAR

No. 117902

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva

Date Issued: OCT 03 1997

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT 116

EXHIBIT 116

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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

I, [name]_____, am the records custodian for the Clark County School District I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____
_____
_____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____
_____
_____
_____
_____
_____
_____

If there are questions, my telephone number is _____.

_____ _____
[date] [signature]

_____
[printed name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of the Clark County School District and in my capacity as [position]_____ am a custodian of the records of the Clark County School District

2. That on the _____ day of _____, 20___, I received a records request in connection with Michael Damon Rippo requesting production of records [as set forth in the exhibit(s) attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Clark County School District

_____
Custodian of Records

_____
[Print Name]

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____ of the _____ and in my capacity as [position] _____, am a custodian of the records of _____ the Clark County School District.

2. That on the _____ day of _____, 20____, the Clark County School District was served with a records request in connection with United States District Court case, *Rippo v. McDaniel, et al.*, calling for the production of records as set forth in the exhibit(s) attached to the request.

3. Records were destroyed pursuant to _____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____ [date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Clark County School District

Re: Stacie Anne Campanelli aka Roterdam 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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
Date of Birth

HIPAA-08120-SCAM0010

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 Data 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.

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.

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

Name(s): _____

Organization/Entity: CCSD Student Data Services

Address: 4260 Eucalyptus Ave Bldg. B

City, State Zip Code: Las Vegas, NV 89121

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	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 Anthony
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 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(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		☐ 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		☐ Physician's Orders			

Other: Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC Date(s) of Service: _____

Other: Be Specific: _____

FPD (rev. 2006)

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

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

STACIE ANNE CAMBANI[illegible]

Signature of Witness: → ____________________ Date: 4/29/08

____

Print Name

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

Witness: ____________________ Date: __________

Address: ____________________

Witness: ____________________ Date: __________

Address: ____________________

AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Clark County 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.

530-62-4875
Social Security Number
Carole Ann Campanelli

Carole A. Duncan
Signature
Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

5/23/68
Date of Birth
Carole Ann Campanelli

November 20, 07
Date

MRIPPD-07330-RELCD001

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 data 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.

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.

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

Name(s): _____

Organization/Entity: CCSD Student data services

Address: 4760 Eucalyptus Ave - Bldg B

City, State Zip Code: Las Vegas, NV 89121

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: ____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: _____

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ Date(s) of Service: _____

Other: Be Specific: _____

MRIpro-07330-RELCD003

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: → Carole Ann Duncan — Date: 11/20/07

CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: → Robert C. Duncan — 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)

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

97 008930

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First: Carole; Middle: Ann; Last: CAMPANELLI
2. DATE OF DEATH (Month, Day, Year): August 20, 1997
3. COUNTY OF DEATH: Carson City
3a. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Warren Springs Correctional Center
3c. If Hosp. or Inst., Indicate DOA, OP/Emer. Rm. Inpatient (Specify): 7
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White
6. Was Decedent of Hispanic Origin? (Specify) If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 29
7b. UNDER 1 YEAR — MOS. / DAYS
7c. UNDER 1 DAY — HOURS / MINS.
8. DATE OF BIRTH (Mo., Day, Yr.): May 23, 1968
9. STATE OF BIRTH (If not U.S.A., name country): New York
9a. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education—Specify highest grade completed: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
12. SURVIVING SPOUSE (If wife, give maiden name)
13. SOCIAL SECURITY NUMBER: 530-82-4875
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even If Retired): Clerical — 379
14b. KIND OF BUSINESS OR INDUSTRY: Office Work — 741
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Clark
15c. CITY, TOWN, OR LOCATION: Las Vegas
15d. STREET AND NUMBER: 5765 N. Campbell
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME: First: Domiano; Middle: ; Last: Campanelli
17. MOTHER—MAIDEN NAME: First: Carole; Middle: ; Last: Rippo
18a. INFORMANT—NAME (Type or Print): Carole Duncan- Mother
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 5765 N. Campbell Rd., Las Vegas, Nevada 89129

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Memory Gardens
19c. LOCATION—City or Town, State: Las Vegas, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Beth Leedy
20b. FUNERAL DIRECTOR LICENSE NUMBER: 36
20c. NAME AND ADDRESS OF FACILITY: FitzHenry's Funeral Home of 833 N. Edmonds Dr., Carson City, Nevada 89701

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
21b. DATE SIGNED (Mo., Day, Yr.):
21c. HOUR OF DEATH:
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To be Completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and mechanism(s) stated. (Signature and Title): Eric Cantlin Coroner
22b. DATE SIGNED (Mo., Day, Yr.): 9-8-97
22c. HOUR OF DEATH: 0745
22d. PRONOUNCED DEAD ON: 8/20/97
22e. PRONOUNCED DEAD AT: 0745
23. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada
23a. LICENSE NUMBER: CO-6

24a. REGISTRAR (Signature): Lucy M Vaughan
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): September 2, 1997
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Acute Subarachnoid Hemorrhage — Interval between onset and death: Minutes
(b) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
(c) DUE TO, OR AS A CONSEQUENCE OF: — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
26. AUTOPSY (Specify Yes or No): Yes
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY:
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION—STREET OR R.F.D. No. / CITY OR TOWN / STATE:

STATE REGISTRAR

No. 117902

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva
State Registrar

Date Issued: OCT 0 3 1997

WARNING! IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT 117

EXHIBIT 117

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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;
2. Admitting diagnosis;
3. Discharge diagnosis;
4. 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;
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: University medical center

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczynski

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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
Date of Birth

MR:psm-08120-SCAM0010

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 University Medical 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, 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.

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

Name(s): _____

Organization/Entity: University Medical Center

Address: 1800 W. Charleston Blvd.

City, State Zip Code: Las Vegas, NV 89102

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	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 Anthony
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 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(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		☐ 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		☐ Physician's Orders			

Other: Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC 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: → Stacie Cambanis — Date: 4-29-08
STACIE ANNE CAMBANIS

Signature of Witness: → Amanda S Cambanis — Date: 4/29/08

Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FPD (rev. 2006)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: University 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: 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.

"30-52-4875"
Social Security Number
Carole Ann Campanelli

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

5/23/68
Date of Birth
Carole Ann Campanelli

November 20, 07
Date

MR:ppo-07330-RELCD001

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 University Medical 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, 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.

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

Name(s): _____

Organization/Entity: University Medical Center

Address: 1800 W. Charleston Blvd.

City, State Zip Code: Las Vegas, NV 89102

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: ____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: _____

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: 11/20/07

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: _____

Address: _____

Witness: _____ Date: _____

Address: _____

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

97 008930

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT—NAME: First: Carole; Middle: Ann; Last: CAMPANELLI
2. DATE OF DEATH (Month, Day, Year): August 20, 1997
3. COUNTY OF DEATH: Carson City
3a. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Warren Springs Correctional Center
3c. If Hosp. or Inst., Indicate DOA, Outpatient, Res. Inpatient (Specify): 7
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? (Specify ☐ yes ☒ no if yes, specify Mexican, Cuban, Puerto Rican, etc.)
7a. AGE—Last Birthday (Years): 29
7b. UNDER 1 YEAR — MOS: DAYS
7c. UNDER 1 DAY — HOURS: MINS
8. DATE OF BIRTH (Mo., Day, Yr.): May 23, 1968
9. STATE OF BIRTH (If not U.S.A., name country): New York
9a. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education. Specify highest grade completed: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
12. SURVIVING SPOUSE (If wife, give maiden name):
13. SOCIAL SECURITY NUMBER: 530-82-4875
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Clerical 379
14b. KIND OF BUSINESS OR INDUSTRY: Office Work 741
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Clark
15c. CITY, TOWN, OR LOCATION: Las Vegas
15d. STREET AND NUMBER: 5765 N. Campbell
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

If death occurred in institution see handbook regarding completion of residence items

PARENTS

16. FATHER—NAME: First: Domiano; Last: Campanelli
17. MOTHER—MAIDEN NAME: First: Carole; Last: Rippo

18a. INFORMANT—NAME (Type or Print): Carole Duncan- Mother
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 5765 N. Campbell Rd., Las Vegas, Nevada 89129

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Memory Gardens
19c. LOCATION—City or Town, State: Las Vegas, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): Beth Leedy
20b. FUNERAL DIRECTOR LICENSE NUMBER: 36
20c. NAME AND ADDRESS OF FACILITY: FitzHenry's Funeral Home Of
833 N. Edmonds Dr., Carson City, Nevada 89701

CERTIFIER

To Be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title):
21b. DATE SIGNED (Mo., Day, Yr.):
21c. HOUR OF DEATH:
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print):

To Be Completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and mechanism(s) stated. (Signature and Title): Eric Cantlin Coro
22b. DATE SIGNED (Mo., Day, Yr.): 9-8-97
22c. HOUR OF DEATH: 0745
22d. PRONOUNCED DEAD (Mo., Day, Yr.): 8/20/97
22e. PRONOUNCED DEAD (Hour): AT 0745
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print): Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada
23b. LICENSE NUMBER: CO-6

24a. REGISTRAR (Signature): Lisa M Vaughan
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): September 9, 1997
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c).)
PART I
(a) Acute Subarachnoid Hemorrhage — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
26. AUTOPSY (Specify Yes or No): Yes
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify):
28b. DATE OF INJURY (Mo., Day, Yr.):
28c. HOUR OF INJURY:
28d. DESCRIBE HOW INJURY OCCURRED:
28e. INJURY AT WORK (Specify Yes or No):
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify):
28g. LOCATION — STREET OR R.F.D. No. — CITY OR TOWN — STATE:

STATE REGISTRAR

No. 117902

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva
State Registrar

Date issued: OCT 03 1997

WARNING! IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

EXHIBIT 118

EXHIBIT 118

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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.

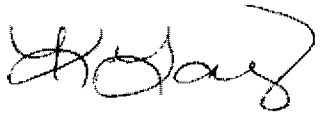
If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents

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

This request includes, without limitation:

1. Admission records;
2. Admitting diagnosis;
3. Discharge diagnosis;
4. 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;
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: 5/10/08

To: Desert Springs Hospital Medical Center

Re: Carole Ann Campanelli

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.

530-82-4875
Social Security Number
Carole Ann Campanelli

Carole A. Duncan
Signature
Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

5/23/68
Date of Birth
Carole Ann Campanelli

November 20, 07
Date

MRippo-07330-RELCD001

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 Desert Springs Hospital Med. Ctr 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 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: Desert Springs Hospital Medical Center

Address: 2075 E. Flamingo Rd.

City, State Zip Code: Las Vegas, NV 89119

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: Deceased

City, State, Zip: _____

Telephone No: _____

Date of Birth: 5/23/68

Social Security No: 530-82-4675

3. Release of Information to:

Name (First, Middle, Last): ATTN: David Anthony

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: → Carole Ann Duncan — Date: 11/20/07

CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: → Robert C. Duncan — 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)

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

97 008930

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. Decedent's Name: Carole Ann CAMPANELLI
2. Date of Death (Month, Day, Year): August 20, 1997
3. County of Death: Carson City
3a. City, Town, or Location of Death: Carson City
3b. Hospital or Other Institution—Name (If not either, give street and number): Warren Springs Correctional Center
3c. If Hosp. or Inst., Indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7
4. Sex: Female
5. Race—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? (Specify Yes or No; if yes, specify Mexican, Cuban, Puerto Rican, etc.):
7a. Age—Last Birthday (Years): 29
7b. Under 1 Year: Months / Days
7c. Under 1 Day: Hours / Mins
8. Date of Birth (Mo., Day, Yr.): May 23, 1968
9. State of Birth (If not U.S.A., name country): New York
10. Citizen of What Country: U.S.A.
11. Decedent's Education—Specify highest grade completed: 12
12. Married, Never Married, Widowed, Divorced (Specify): Never Married
13. Surviving Spouse (If wife, give maiden name):
14. Social Security Number: 530-82-4875
15a. Usual Occupation (Give kind of work done during most of working life, even if retired): Clerical 379
15b. Kind of Business or Industry: Office Work 741
16. Residence—State: Nevada
17. County: Clark
18. City, Town, or Location: Las Vegas
19. Street and Number: 5765 N. Campbell
20. Inside City Limits (Specify Yes or No): Yes

If death occurred in institution see handbook regarding completion of residence items

PARENTS

21. Father—Name First Middle Last: Domiano Campanelli
22. Mother—Maiden Name First Middle Last: Carole Rippo

23a. Informant—Name (Type or Print): Carole Duncan- Mother
23b. Mailing Address (Street or R.F.D. No., City or Town, State, Zip): 5765 N. Campbell Rd., Las Vegas, Nevada 89129

DISPOSITION

24a. Burial, Cremation, Removal, Other (Specify): Burial
24b. Cemetery or Crematory—Name: Memory Gardens
24c. Location—City or Town, State: Las Vegas, Nevada
25a. Funeral Director—Signature (Or Person Acting as Such): Bill Lucky
25b. Funeral Director License Number: 36
25c. Name and Address of Facility: FitzHenry's Funeral Home
833 N. Edmonds Dr., Carson City, Nevada 89701

CERTIFIER

Certifying Physician

26a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title):
26b. Date Signed (Mo., Day, Yr.):
26c. Hour of Death:
27. Name of Attending Physician if Other than Certifier (Type or Print):

Medical Examiner / Coroner's Office

28a. On the basis of examination, and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner(s) stated.
(Signature and Title): Eric Cantlin Coro
28b. Date Signed (Mo., Day, Yr.): 9-8-97
28c. Hour of Death: 0745
28d. Pronounced Dead (Mo., Day, Yr.): 8/20/97
28e. Pronounced Dead (Hour): 0745
28f. Name and Address of Certifier (Physician, Attending Physician, Medical Examiner, or Coroner) (Type or Print): Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada
28g. License Number: CO-6

29a. Registrar (Signature): Lucy M Langlois
29b. Date Received by Registrar (Mo., Day, Yr.): September 9, 1997
29c. Death Due to Communicable Disease: YES ☐ NO ☒

CAUSE OF DEATH

Conditions if any which gave rise to immediate cause stating the underlying cause last

29. Immediate Cause (Enter Only One Cause Per Line for (a), (b), and (c).)
Part I (a) Acute Subarachnoid Hemorrhage — Interval between onset and death: Minutes
Due To, Or As A Consequence Of: (b)
(c)
Part II Other Significant Conditions—Conditions contributing to death but not resulting in the underlying cause given in Part I.

30. Autopsy (Specify Yes or No): Yes
31. Was Case Referred to Coroner (Specify Yes or No): Yes

32. Acc., Suicide, Hom., Undet., or Pending Invest. (Specify):
33. Date of Injury (Mo., Day, Yr.):
34. Hour of Injury:
35. Describe How Injury Occurred:
36. Injury at Work (Specify Yes or No):
37. Place of Injury—At home, farm, street, factory, office building, etc. (Specify):
38. Location—Street or R.F.D. No., City or Town, State:

STATE REGISTRAR

No. 117902

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva
State Registrar

Date Issued: OCT 0 3 1997

WARNING! IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

07330-FMXH0019

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Desert Springs Hospital Medical Center

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczynski

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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
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 Desert Springs Hospital Med. Ctr. 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 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:	Desert Springs Hospital Med. Ctr.
Address:	2075 E Flamingo Rd.
City, State Zip Code:	Las Vegas, NV 89119

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	Las Vegas, Nevada 89135
Telephone No:	702-373-8888
Date of Birth:	10/4/1969
Social Security No:	530-93-4883

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, 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC Date(s) of Service: _____

Other: Be Specific:

_____

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

Signature of Patient/Parent/Legal Guardian: → Stacie Cambanis STACIE ANNE CAMBANIS Date: 4-29-08

Signature of Witness: → Amanda S Agnello Date: 4/29/08

Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

HPD (rev. 2006)

08120-SCAM0012

JA011199

EXHIBIT 119

EXHIBIT 119

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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;
2. Admitting diagnosis;
3. Discharge diagnosis;
4. 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;
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 Center

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczynski

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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
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 Valley Hospital Medical Ctr 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 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: Valley Hospital Medical Center

Address: 620 Shadow Lane

City, State Zip Code: Las Vegas, NV 89106

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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:	Las Vegas, Nevada 89135
Telephone No:	702 - 373-8888
Date of Birth:	10/4/1969
Social Security No:	530-87-4892

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, 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 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(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		☐ 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		☐ Physician's Orders			

Other: Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC Date(s) of Service: _____

Other: Be Specific:

_____

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

Signature of Patient/Parent/Legal Guardian: → _____ Date: 4-29-08
STACIE ANNE CAMBANIS

Signature of Witness: → _____ Date: 4/29/08

_____
Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/16/08

To: Valley Hospital Medical Center

Re: Carole Ann Campanelli

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.

530-82-4875
Social Security Number
Carole Ann Campanelli

Carole A. Duncan
Signature
Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

5/23/68
Date of Birth
Carole Ann Campanelli

November 20, 07
Date

MRI PPD-07330-RELCD001

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 Valley Hospital Medical Ctr 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 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: Valley Hospital Medical Center

Address: 620 Shadow lane

City, State Zip Code: Las Vegas, NV 89106

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: Deceased

City, State, Zip: _____

Telephone No: _____

Date of Birth: 5/23/68

Social Security No: 530-82-4675

3. Release of Information to:

Name (First, Middle, Last): ATTN: David Anthony

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific: _____					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: → Carole Ann Duncan — Date: 11/20/07

CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: → Robert C. Duncan — 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)

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

97 008930

LOCAL FILE NUMBER — STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEDENT—NAME: First: Carole; Middle: Ann; Last: CAMPANELLI
2. DATE OF DEATH (Month, Day, Year): August 20, 1997
3. COUNTY OF DEATH: 3c. Carson City
3a. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Warren Springs Correctional Center
3c. If Hosp. or Inst., Indicate DOA, OP/Emer. Rm., Inpatient (Specify): 7
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 29
7b. UNDER 1 YEAR — MONTHS / DAYS
7c. UNDER 1 DAY — HOURS / MINS
8. DATE OF BIRTH (Mo., Day, Yr.): May 23, 1968
9. STATE OF BIRTH (If not U.S.A., name country): New York
9a. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education: Specify highest grade completed: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
12. SURVIVING SPOUSE (If wife, give maiden name)
13. SOCIAL SECURITY NUMBER: 530-82-4875
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired): Clerical 379
14b. KIND OF BUSINESS OR INDUSTRY: Office Work 741
15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Clark
15c. CITY, TOWN, OR LOCATION: Las Vegas
15d. STREET AND NUMBER: 5765 N. Campbell
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

If death occurred in institution or hasbrook regarding completion of residence items

PARENTS

16. FATHER—NAME: First: Domiano; Last: Campanelli
17. MOTHER—MAIDEN NAME: First: Carole; Last: Rippo
18a. INFORMANT—NAME (Type or Print): Carole Duncan- Mother
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 5765 N. Campbell Rd., Las Vegas, Nevada 89129

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
19b. CEMETERY OR CREMATORY—NAME: Memory Gardens
19c. LOCATION—City or Town, State: Las Vegas, Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): With Lusby
20b. FUNERAL DIRECTOR LICENSE NUMBER: 36
20c. NAME AND ADDRESS OF FACILITY: FitzHenry's Funeral Home 01 833 N. Edmonds Dr., Carson City, Nevada 89701

CERTIFIER

To be Completed by Certifier Other Than Physician

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.
(Signature and Title)
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by Certifier as Coroner

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner(s) stated.
(Signature and Title): Eric Cantlin Coro
22b. DATE SIGNED (Mo., Day, Yr.): 9-8-97
22c. HOUR OF DEATH: 0745
22d. PRONOUNCED DEAD ON: 8/20/97
22e. PRONOUNCED DEAD AT: 0745
22f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada
23b. LICENSE NUMBER: CO-6

24a. REGISTRAR (Signature): Lucy McLaughlin
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): September 2, 1997
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I (a) Acute Subarachnoid Hemorrhage — Interval between onset and death: Minutes
DUE TO, OR AS A CONSEQUENCE OF: (b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF: (c) — Interval between onset and death:
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I
26. AUTOPSY (Specify Yes or No): Yes
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
28b. DATE OF INJURY (Mo., Day, Yr.)
28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
28g. LOCATION: STREET OR R.F.D. No. — CITY OR TOWN — STATE

STATE REGISTRAR

No. 117902

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva

Date issued: OCT 03 1997

State Registrar

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

07330-FMXH0019

EXHIBIT 120

EXHIBIT 120

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

Tel: 702-388-6577
Fax: 702-388-6261

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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 SS# 530-72-8328 DOB: 12/27/1968 Metro ID#1191448	**C106663**
David Levine SS# 530-84-0229 DOB: 06/24/1967 Metro ID# 0589284	**96F11242X** **C136975**

Name/Identification Information	Case Numbers
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** **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;
4. Work cards;
5. Incident crime report (ICR) and notes;
6. Regular investigative reports (TSD 26) and notes;
7. Evidence impound reports, notes and test results;
8. Property impound reports, notes and test results;
9. Identifications documents and notes;
10. All Las Vegas Metropolitan Police Department records related to the above-named 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;

27. Newspaper clippings, press releases, press reports;
28. Any and all property release disposition reports and notes;
29. Any and all handwritten notes;
30. 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;
33. Forensic laboratory reports, test results and notes;
34. Victim information reports and notes;
35. Suspect information reports and notes;
36. Identification specialists work requests, reports and notes;
37. 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: 5/16/08

TO: Reno Police Department

RE: David Jeffrey 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.

11-20-07
Dated

David Jeffrey Levine
Signature (David Jeffrey Levine)

530-84-0229
Social Security Number

June 24, 1967
Date of Birth

IN THE SUPREME COURT OF THE STATE OF NEVADA

* * * * * * * * * * *

MICHAEL RIPPO,

Appellant,

-vs-

E.K. McDANIEL, et al.,

Respondent.

No. 53626

JOINT APPENDIX
Volume 46 of 48

Vol.	Title	Date	Page
2	Affidavit	02/14/94	JA00371-JA00377
2	Affidavit	03/07/94	JA00400-JA00402
18	Affidavit of David M. Schieck Regarding Supplemental Brief in Support of Writ of Habeas Corpus	08/17/04	JA04316-JA04320
3	Amended Indictment	01/03/96	JA00629-JA00633
3	Amended Notice of Intent to Seek Death Penalty	03/23/94	JA00583-JA00590
8	Answer in Opposition to Defendant's Motion for Mistrial Based on an Alleged Discovery Violation	02/08/96	JA01873-JA01886
17	Answer in Opposition to Motion for New Trial	05/01/96	JA04008-JA04013
48	Criminal Court Minutes	10/27/08	JA11603
2	Defendant's Motion to Strike Aggravating Circumstances Numbered 1 and 2 and for Specificity as to Aggravating Circumstance Number 4	08/20/93	JA00274-JA00281
18	Errata to Supplemental Brief in Support of Defendant's Petition for Writ of Habeas Corpus (Post-Conviction)	03/12/04	JA04257-JA04258

Vol.	Title	Date	Page
19	Findings of Fact, Conclusions of Law and Order	12/01/04	JA04411-JA04413
48	Findings of Fact, Conclusions of Law and Order	11/17/08	JA11604-JA11611
1	Indictment	06/05/92	JA00235-JA00238
15	Instructions to the Jury	03/06/96	JA03358-JA03398
16	Instructions to the Jury	03/14/96	JA03809-JA03834
17	Judgment of Conviction	05/31/96	JA04037-JA04039
11	Motion for Disclosure of Exculpatory Evidence Pertaining to the impact of the Defendant's Execution Upon Victim's Family Members	02/28/96	JA02620-JA02624
2	Motion for Discovery of Institutional Records and Files Necessary to Rippo's Defense	08/24/93	JA00286-JA00294
3	Motion for a Witness Deposition	06/19/94	JA00621-JA00628
17	Motion for New Trial	04/29/96	JA04002-JA04007
2	Motion in Limine to Exclude Testimony of Defendant's Prior Bad Acts	08/23/93	JA282-001 to JA282-005
2	Motion of Defendant for Discovery and to Inspect All Evidence Favorable to Him	10/21/92	JA00254-JA00259
11	Motion to Bar the Admission of Cumulative Victim Impact Evidence in Violation of the Due Process Clause	02/28/96	JA02603-JA02606
2	Motion to Disqualify the District Attorney's Office	02/07/94	JA00334-JA00345
2	Motion to Exclude Autopsy and Crime Scene Photographs	08/23/93	JA00282-JA00285
11	Motion to Preclude the Consideration of Victim Impact Evidence Pursuant to NRS 175.552, 200.033, and 200.035	02/28/96	JA02613-JA02619
11	Motion to Preclude the Introduction of Victim Impact Evidence Pertaining to Victim Family Members' Characterizations and Opinions About the Crime, the Defendant, and/or the Appropriate Sentence	02/28/96	JA02625-JA02629
2	Motion to Quash and for a Protective Order	09/09/93	JA00298-JA00303

Vol.		Title	Date	Page
		Case No. C083143, November 18, 1999		
42				JA10051-JA10057
	6	Decision, Bennett v. McDaniel, Case No. C83143, Eighth Judicial District Court, November 16, 2001		
42				JA10058-JA10061
	7	Declaration of Michael Pescetta regarding locating exhibits in Parker file, Bennett v. McDaniel, et al. Case No. CV-N-96-429-DWH, District of Nevada, January 8, 2003		
42				JA10062-JA10066
	8	Las Vegas Metropolitan Police Department Memorandum re: State v. Butler, Case No. C155791, December 30, 1999		
42				JA10067-JA10085
	9	Transcript of Defendant's Motion for Status Check on Production of Discovery, State v. Butler, Case No. C155791, Eighth Judicial District Court, April 18, 2000		
42				JA10086-JA10087
	10	Letter from Office of the District Attorney to Joseph S. Sciscento, Esq., re State v. Butler, Case No. C155791, Eighth Judicial District Court, November 16, 2000		
42				JA10088-JA10092
	11	Letter from Law Offices of Sam Stone to Hon. Michael Douglas, District Court Judge, State v. Butler, Case No. 155791, Eighth Judicial District Court, December 7, 2000		
42				JA10093-JA10107
	12	Motion for New Trial, State v. Butler, Case No. C155791, Eighth Judicial District Court, January 17, 2001		
42				JA10108-JA10112
	13	Affidavit of Carolyn Trotti, State v. Butler, Case No. C155791, January 19, 2001		
42				JA10113-JA10135
	14	Opposition to Motion for New Trial Based on Allegations of Newly Discovered Evidence, State v. Butler, Case No. C155791, Eighth Judicial District Court, February 16,		

Vol.		Title	Date	Page
42		2001		JA10136-JA10141
42	15	Reply to State's Opposition to Defendant's Motion for New Trial, State v. Butler, Case No. C155791, Eighth Judicial District Court, February 27, 2001		JA10142-JA10144
42	16	Order, State v. Butler, Case No. C155791, Eighth Judicial District Court, March 8, 2001		JA10145-JA10154
42	17	Fax Transmission from Terri Elliott with the Office of the Special Public Defender, State v. Butler, Case No. C155791, Eighth Judicial District Court, March 19, 2001		JA10155-JA10161
42	18	Order affirming in part, reversing in part and remanding, State v. Butler, Case No. 37591, May 14, 2002		JA10162-JA10170
42	19	Reporter's transcript of jury trial, United States v. Catania, June 11, 2002		JA10171-JA10177
42	20	Reporter's transcript of jury trial, United States v. Catania, June 13, 2002		JA10178-JA10184
42	21	Transcript of Status Conference/Scheduling Conference Before the Honorable Howard K. McKibben, United States District Judge, Case No. CV-N-00-101-HDM (RAM), District of Nevada, January 14, 2003 (Doyle)		JA10185-JA10200
42	22	Answer in Opposition to Motion for New Trial; or in the Alternative, Motion for New Appeal, State v. D'Agostino, Case No. C95335, Eighth Judicial District Court, September 21, 1993		JA10201-JA10207
	23	Declaration of Tim Gabrielsen, and partial FBI production in Echavarria v. McDaniel, et al., CV-N-98-0202, June 2004		

Vol.		Title	Date	Page
42				JA10208-JA10238
43				JA10239-JA10353
	24	Motion for Leave to Conduct Discovery, Emil v. McDaniel, et al.,		
43		August 24, 2001		JA10354-JA10357
	25	Criminal Complaint and Minutes of the Court, State v. Kenny, Case No. 85F-3637, Justice Court, Las Vegas		
43		Township, 1985 (Emil)		JA10358-JA10362
	26	Notice of Denial of Request, Clark County District Attorney, State v. Emil, Case No. C82176, Eighth Judicial District Court, August 13,		
43		1985		JA10363-JA10383
	27	Various reports of the Las Vegas Metropolitan Police Department, Detention Services Division, produced in State v. Haberstroh, Case No. C076013, regarding investigation into the identity of Clark County Detention Center inmate who manufactured a shank,		
42		1987		JA10384-JA10434
	28	Deposition of Sharon Dean in Haberstroh v. McDaniel, Case No. C076013, Eighth Judicial District, October 15, 1998 and December 7,		
42		1998		JA10435-JA10449
	29	Deposition of Arlene Ralbovsky in Haberstroh v. McDaniel, Case No. C076013, Eighth Judicial District, December 7, 1998 and January 28,		
43		1999		JA10450-JA10488
44				JA10489-JA10554
	30	Deposition of Patricia Schmitt in Haberstroh v. McDaniel, Case No. C076013, Eighth Judicial District, December 7, 1998 and January 28,		
44		1999		JA10555-JA10563
	31	Recorder's Transcript Re: Evidentiary Hearing, State v. Haberstroh, Case No. C076013, Eighth Judicial District Court, January 28, 2000		

Vol.		Title	Date	Page
44	32	Order, Hill v. McDaniel, et al., Case No. CV-S-98-914-JBR (LRL), District of Nevada, May 20, 1999		JA10564-JA10568
44	33	FBI memorandum to SA Newark, Homick v. McDaniel, (Homick 167), August 31, 1977		JA10569-JA10570
44	34	FBI memorandum, New York to Newark Homick v. McDaniel, (Homick 168), January 31, 1978		JA10571-JA10573
44	35	FBI Teletype, FM Director to Las Vegas (Homick 166), September, 1985		JA10574-JA10576
44	36	FBI Teletype San Diego to Las Vegas (Homick 165), October, 1985		JA10577-JA10582
44	37	Chronological record, Homick v. McDaniel (Homick 10), November 1985		JA10583-JA10584
44	38	FBI notes re Homick receiving money from LVMPD employee, Homick v. McDaniel, December 11, 1985		JA10585-JA10589
44	39	FBI notes, Homick v. McDaniel, December 1985 and January 1986		JA10590-JA10593
44	40	FBI notes, Homick v. McDaniel (Pennsylvania) January 4, 1986		JA10594-JA10595
44	41	FBI redacted notes, Homick v. McDaniel (New Jersey), January 7, 1986		JA10596-JA10597
44	42	FBI redacted notes, Homick v. McDaniel (Homick), January 9, 1986		JA10598-JA10599
44	43	FBI redacted notes, Homick v. McDaniel (Pennsylvania), January 13, 1986		JA10600-JA10601
44	44	FBI redacted notes, Homick v. McDaniel (Las Vegas), January 14, 1986		JA10602-JA10603

Vol.		Title	Date	Page
44	45	FBI 302 interview of Norma K. Thompson, Homick v. McDaniel, March 18, 1986		JA10604-JA10606
44	46	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10607-JA10608
44	47	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10609-JA10610
44	48	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10611-JA10612
44	49	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10613-JA10614
44	50	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10615-JA10616
44	51	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10617-JA10618
44	52	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10619-JA10620

Vol.		Title	Date	Page
44	53	FBI Director Webster letter to redacted LVMPD officer thanking him/her for work in connection with joint investigation, Homick v. McDaniel, June 10, 1986		JA10621-JA10622
44	54	FBI 302 memorandum of interview of Tim Catt, Homick v. McDaniel (Homick 164), August 18, 1988		JA10623-JA10625
44	55	Reporter's transcript of evidentiary hearing, partial, State v. Homick, March 7, 1989		JA10626-JA10637
44	56	Reporter's transcript of motions, State v. Homick (Homick 48), April 10, 1989		JA10638-JA10640
44	57	Reporter's transcript of jury trial Vol. 6, State v. Homick, April 25, 1989		JA10641-JA10652
44	58	Reporter's transcript of jury trial, partial, Vol. 7, State v. Homick, April 26, 1989		JA10653-JA10660
44	59	Reporter's transcript of jury trial Vol. 11, State v. Homick (Homick 52), May 2, 1989		JA10661-JA10664
44	60	Reporter's transcript of penalty hearing, State v. Homick, Vol. 1 (Homick 108), May 17, 1989		JA10665-JA10668
44	61	Reporter's transcript of trial, partial, Vol. 83, State v. Homick, November 10, 1992		JA10669-JA10673
44	62	Letter from Eric Johnson/Walt Ayers, Assistant United States Attorneys to Mark Kaiserman denying FBI joint investigation with LVMPD, Homick v. McDaniel, January 28, 1993		JA1674-JA10676
44	63	Letter from AUSA Warrington Parker to Judge Cooper, Homick v. McDaniel, May 7, 1993		JA10677-JA60678

Vol.		Title	Date	Page
44	64	Letter from AUSA Warrington Parker to Judge Cooper, Homick v. McDaniel, May 11, 1993		JA10679-JA10680
44	65	Reporter's transcript on appeal, State v. Homick Vol. 140 (Homick 102) June 29, 1994		JA10681-JA10684
44	66	Chart detailing evidence of joint investigation - joint activity between LVMPD and FBI, Homick v. McDaniel, October 9, 2003		JA10685-JA10692
44	67	Chart detailing evidence of joint investigation - information sharing between LVMPD and FBI, Homick v. McDaniel, October 9, 2003		JA10693-JA10696
44	68	Chart detailing evidence of joint investigation - admissions, Homick v. McDaniel, October 9, 2003		JA10697-JA10705
44	69	Declaration of Joseph Wright, Homick v. McDaniel (Homick 176), October 9, 2003		JA10706-JA10707
44 45	70	Petitioner's Motion for Leave to Conduct Discovery, Homick v. McDaniel, October 10, 2003		JA10708-JA10738 JA10739-JA10756
45	71	Recorder's Transcript Re: Evidentiary Hearing, State v. Jiminez,Case No. C77955, Eighth Judicial District Court, April 19, 1993		JA10757-JA10786
45	72	Transcript of Proceedings Sentence, State v. Bezak, Case No. CR89-1765, Second Judicial District Court, November 27, 1989 (Jones)		JA10787-JA10796
45	73	Response to Motion to Compel Discovery, Jones v. McDaniel, et al., Case No. CV-N-96-633-ECR, District of Nevada, March 1999		JA10797-JA10802

Vol.		Title	Date	Page
45	74	Declaration of David J.J. Roger, Chief Deputy District Attorney, concerning Jones v. McDaniel, Case No. CV-N-96-633 ECR, District of Nevada, June 30, 1999		JA10803-JA10805
45	75	Transcription of VCR Tape of the Adam Evans hearing in front of Judge Hardcastle, In The Matter of Adam Owens Evans, Case No. J52293, Juvenile Court (Lisle)		JA10806-JA10809
45	76	Excerpt of trial record, State v. Lisle, Case No. 129540, Vol. 10 page 15, March 12, 1996		JA10810-JA10812
	77	Not Used		
	78	Not Used		
45	79	Letter from Inv. Larry A. Schuchman, City of Orlando, Florida, Police Department, to Inv. Bob Milby, Nevada Division of Inv. and Narcotics re Terry Carl Bonnette, January 29, 1981 (Milligan)		JA10813-JA10816
45	80	Notice of Entry of Decision and Order and Amended Findings of Fact, Conclusions of Law, and Order, State v. Miranda, Case No. C057788, Eighth Judicial District Court, February 13, 1996		JA10817-JA10838
45	81	Reporter's Transcript of Proceedings, State v. Rippo, Case No. C106784, Eighth Judicial District Court, February 8, 1996		JA10839-JA10846
45	82	Reporter's Transcript of Calendar Call, State v. Morelli, Case Nos.C64603 and C64604, Eighth Judicial District Court, January 12, 1984 (Snow)		JA10847-JA10859

Vol.		Title	Date	Page
45	83	Reporter's Transcript of Proceedings (Testimony of Richard Morelli), State v. Snow, Case No.C61676, Eighth Judicial District Court, April 17, 1984		JA10860-JA10884
45	84	Letter from Melvyn T. Harmon, Chief Deputy, Office of the District Attorney, To Whom It May Concern re Richard Joseph Morelli, July 20, 1984 (Snow)		JA10885-JA10886
45	85	Deposition of Melvyn T. Harmon, Esq., Snow v. Angelone, Case No. 6-12-89-WPHC, Seventh Judicial District Court, September 25, 1992		JA10887-JA10921
45	86	Las Vegas Review Journal excerpt, May 3, 2004, "Police Say Binion Witness Not Credible" (Tabish)		JA10922-JA10924
45	87	Letter from Kent R. Robison of Robison, Belaustegui, Robb and Sharp, to E. Leslie Combs, Jr., Esq. Re: Kathryn Cox v. Circus Circus, et al., October 16, 1995, in relation to Witter v. McDaniel, CV-S-01-1034-RLH (LRL), District of Nevada		JA10925-JA10929
45	88	LVMPD Certificate of [Informant] Management Course completion, April 14, 1994		JA10930-JA10931
45	89	Las Vegas Metropolitan Police Department Cooperating Individual Agreement and Special Consent and Waiver of Liability		JA10932-JA10934
45	90	David J.J. Roger letter to Nevada State Parole Board Chairman regarding Robert Bezak (Jones), December 3, 1990		JA10935-JA10936
45	91	Declaration of Herbert Duzant dated May 15, 2008		JA10937-JA10938
45	92	Records request to Juvenile Justice Division dated May 14, 2008		JA10939-JA10948

Vol.		Title	Date	Page
45	93	Records request to Nassau County Department of Social Services dated May 15, 2008		JA10949-JA10973
46	94	Records request to Central Medicaid Office dated May 15, 2008		JA10974-JA10996
46	95	Records request to Central Medicaid Office dated November 29, 2007		JA10997-JA11007
46	96	Records request to Office of the Clark County District Attorney dated November 27, 2007 (re Bongiovanni)		JA11008-JA11010
46	97	Records request to Office of the United States Attorney dated November 27, 2007 (re Bongiovanni)		JA11011-JA11013
46	98	Records request to the Clark County District Attorney dated December 5, 2007 (re: 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)		JA11014-JA11026
46	99	Records request to Clark County District Attorney dated December 5, 2007 (re Victim/Witness information)		JA11027-JA11034
46	100	Records request to Franklin General Hospital dated November 29, 2007		JA11035-JA11050
46	101	Records request to Justice Court, Criminal Records dated December 5, 2007		JA11051-JA11055
46	102	Records request to Nassau County Department of Social Services dated November 28, 2007		JA11056-JA11069
46	103	Records request to Nevada Department of Corrections dated November 29, 2007 (re: Levine)		JA11070-JA11080

Vol.		Title	Date	Page
46	104	Records request to Nevada Department of Parole and Probation dated November 29, 2007 (re Levine)		JA11081-JA11095
46	105	Records request to Nevada Department of Parole and Probation dated April 12, 2007 (re: Rippo)		JA11096-JA11103
46	106	Records request to Word of Life Christian Center Pastor David Shears, Assistant Pastor Andy Visser dated November 29, 2007		JA11104-JA11110
46	107	Response to records request from Nevada Department of Parole and Probation dated December 3, 2007		JA11111-JA11112
46	108	Response to records request from Office of the District Attorney dated January 28, 2008 (re Victim Witness)		JA11113-JA11114
46	109	Response to records request from Word of Life Christian Center Assistant Pastor Andy Visser dated December 11, 2007		JA11115-JA11116
46	110	Records request to Franklin General Hospital dated May 16, 2008 (re: Stacie Campanelli)		JA11117-JA11128
46	111	Records request (FOIA) to Executive Offices for the United States Attorneys dated November 27, 2007		JA11129-JA11132
46	112	Records request (FOIA) to the FBI dated November 27, 2007		JA11133-JA11135
46	113	Response to records request to Executive Offices for the United States Attorneys, undated		JA11136-JA11137
46	114	Records request to Nevada Division of Child and Family Services dated May 16, 2008 (re: Stacie)		JA11138-JA11144
46	115	Records request to Claude I. Howard Children's Center dated May 16, 2008 (re: Stacie Campanelli, Carole Ann Campanelli (deceased))		JA11145-JA11156

Vol.		Title	Date	Page
46	116	Records request to Clark County School District dated May 16, 2008 (re: Stacie Campanelli and Carole Ann Campanelli (deceased))		JA111457-JA11171
46	117	Records request to University Medical Center dated May 16, 2008 (re: Stacie Campanelli and Carole Ann Campanelli (deceased))		JA11172-JA11185
46	118	Records request to Valley Hospital Medical Center dated May 16, 2008 (re: Stacie Campanelli and Carole Ann Campanelli (deceased))		JA11186-JA11199
46	119	Records request to Desert Springs Hospital Medical Center dated May 16, 2008 (re: Stacie Campanelli and Carole Ann Campanelli (deceased))		JA11200-JA11213
46	120	Records request to Reno Police Department, Records and ID Section dated May 16, 2008		JA11214-JA11221
47	121	Records request to Washoe County Sheriff's Office dated May 16, 2008		JA11222-JA11229
47	122	Records request to Sparks Police Department dated May 16, 2008		JA11230-JA11237
47	123	Response to records request to Justice Court re: Michael Beaudoin		JA11238-JA11239
47	124	Response to records request to Justice Court re: Michael Thomas Christos		JA11240-JA11241
47	125	Response to records request to Justice Court re: Thomas Edward Sims		JA11242-JA11244
47	126	Response to records request to Justice Court re: request and clerk's notes		JA11245-JA11248
	127	Omitted.		

Vol.		Title	Date	Page
47	128	Subpoena to Clark County District Attorney, Criminal Division (re: 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)		JA11249-JA11257
47	129	Proposed Order to the Clark County District Attoreny		JA11258-JA11267
47	130	Subpoena to Central Medicaid Office, New York, New York		JA11268-JA11272
47	131	Subpoena to Claude I. Howard Children's Center		JA11273-JA11277
47	132	Subpoena to City of New York, Department of Social Services		JA11278-JA11282
47	133	Subpoena to Desert Springs Hospital		JA11283-JA11288
47	134	Subpoena to Las Vegas Metropolitan Police Department Fingerprint Bureau		JA11289-JA11295
47	135	Subpoena to Las Vegas Metropolitan Police Department Communications Bureau		JA11296-JA11301
47	136	Subpoena to Las Vegas Metropolitan Police Department Confidential Informant Section		JA11302-JA11308
47	137	Subpoena to Las Vegas Metropolitan Police Department Criminalistics Bureau		JA11309-JA11316
47	138	Subpoena to Las Vegas Metropolitan Police Department Evidence Vault		JA11317-JA11323
47	139	Subpoena to Las Vegas Metropolitan Police Department Criminal Intelligence Section		JA11324-JA11330
47	140	Subpoena to Las Vegas Metropolitan Police Department Narcotics Sections I, II, and III		JA11331-JA11337

Vol.		Title	Date	Page
47	141	Subpoena to Las Vegas Metropolitan Police Department Property Crimes Bureau		JA11338-JA11344
47	142	Subpoena to Las Vegas Metropolitan Police Department Records Bureau		JA11345-JA11352
47	143	Subpoena to Las Vegas Metropolitan Police Department Robbery / Homicide Bureau		JA11353-JA11360
47	144	Subpoena to Nevada Parole and Probation (re: 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)		JA11361-JA11368
47	145	Proposed Order to the Nevada Department of Parole and Probation		JA11369-JA11373
47	146	Subpoena to Las Vegas Metropolitan Police Department Gang Crimes Bureau		JA11374-JA11379
47	147	Subpoena to Las Vegas Metropolitan Police Department SWAT Division		JA11380-JA11385
47	148	Subpoena to Las Vegas Metropolitan Police Department Vice Section		JA11386-JA11392
47	149	Subpoena to Clark County Public Defender (re: 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)		JA11393-JA11399
47	150	Subpoena to Henderson Police Department (re: 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)		JA11400-JA11406

Vol.		Title	Date	Page
47	151	Subpoena to Nevada Department of Health and Human Services, Division of Child and Family Services		JA11407-JA11411
47	152	Subpoena to Reno Police Department (re: 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)		JA11412-JA11418
47	153	Subpoena to Sparks Police Department (re: 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)		JA11419-JA11427
47	154	Subpoena to University Medical Center		JA11428-JA11432
47	155	Subpoena to Valley Hospital		JA11433-JA11438
47	156	Subpoena to Washoe County Public Defender (re: 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)		JA11439-JA11445
47	157	Subpoena to Washoe County Sheriff's Office, Records and ID Section (re: 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)		JA11446-JA11453

Vol.		Title	Date	Page
47	158	Subpoena to Washoe County Sheriff's Office, Forensic Science Division (re: 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)		JA11454-JA11460
47	159	Deposition Subpoena to Dominic Campanelli		JA11461-JA11463
47	160	Deposition Subpoena to Melody Anzini		JA11464-JA11466
47	161	Subpoena to the Clark County District Attorney's Office (re: Nancy Becker)		JA11467-JA11471
48	162	Subpoena to Nancy Becker		JA11472-JA11476
48	163	Subpoena to Clark County Human Resources Department (re: Nancy Becker)		JA11477-JA11481
48	164	Subpoena to Nassau County Department of Social Services		JA11482-JA11486
48	165	Subpoena to the Clark County School District		JA11487-JA11490
48	166	Subpoena to the Clark County District Attorney's Office (re: Gerard Bongiovanni)		JA11491-JA11495
48	167	Subpoena to the Office of the United States Attorney (re: Gerard Bongiovanni)		JA11496-JA11499
48	168	Subpoena to the Clark County District Attorney, Victim-Witness Assistance Center		JA11500-JA11505
48	169	Proposed Order to the Clark County District Attorney, Victim-Witness Assistance Center		JA11506-JA11508

Vol.		Title	Date	Page
48	170	Subpoena to the Office of Legal Services, Executive Offices for United States Attorneys -- FOIA (re: Bongiovanni)		JA11509-JA11513
48	171	Subpoena to the Federal Bureau of Investigation (re Bongiovanni)		JA11514-JA11518
48	172	Subpoena to the Las Vegas Metropolitan Police Department, Criminal Intelligence Section, Homeland Security Bureau, Special Operations Division (re Bongiovanni)		JA11519-JA11522
48	173	Subpoena to Leo P. Flangas, Esq. (re: Bongiovanni)		JA11523-JA11526
48	174	Subpoena to Nevada Department of Investigation		JA11527-JA11530
48	175	Subpoena to Bureau of Alcohol, Tobacco and Firearms		JA11531-JA11534
48	176	Subpoena to Robert Archie (re: Simms)		JA11535-JA11538
48	177	Subpoena to Nevada Department of Corrections (re: lethal injection)		JA11539-JA11545
48	178	Deposition subpoena to Howard Skolnik, NDOC		JA11546-JA11548
48	179	Deposition subpoena to Robert Bruce Bannister, D.O., NDOC		JA11549-JA11551
48	180	Deposition subpoena to Warden Bill Donat		JA11552-JA11554
48 1	181	Deposition subpoena to Stacy Giomi, Chief, Carson City Fire Department		JA11555-JA11 557
37		Opposition to Motion to Dismiss Petition for Writ of Habeas Corpus (Post-Conviction)	05/21/08	JA08758-JA08866
37		Exhibits to Opposition to Motion to Dismiss	05/21/08	JA08867-JA08869

Vol.		Title	Date	Page
37	329.	Leonard v. McDaniel, Eighth Judicial District Court, Case No. C126285, Reply to Opposition to Motion to Dismiss, filed March 11, 2008.		JA08870-JA08884
37	330.	Lopez v. McDaniel, Eighth Judicial District Court, Case No. C068946, State's Motion to Dismiss Petition for Writ of Habeas Corpus, filed February 15, 2008.		JA08885-JA08890
38	331.	Sherman v. McDaniel, Eighth Judicial District Court, Case No. C126969, Reply to Opposition to Motion to Dismiss, filed June 25, 2007.		JA08991-JA09002
38	332.	Witter v. McDaniel, Eighth Judicial District Court, Case No. C117513, Reply to Opposition to Motion to Dismiss, filed July 5, 2007.		JA09003-JA09013
38	333.	Floyd v. McDaniel, Eighth Judicial District Court, Case No. C159897, Recorder's Transcript of Hearing Re: Defendant's Petition for Writ of Habeas Corpus, filed December 28, 2007.		JA09014-JA09020
38	334.	Floyd v. McDaniel, Eighth Judicial District Court, Case No. C159897, State's Opposition to Defendant's Petition for Writ of Habeas Corpus (Post-Conviction) and Motion to Dismiss, filed August 18, 2007.		JA09021-JA09027
38	335.	State v. Rippo, Eighth Judicial District Court, Case No. C106784, Supplemental Brief in Support of Defendant's Petition for Writ of Habeas Corpus (Post-Conviction), filed February 10, 2004.		JA09028-JA09073
38	336.	Rippo v. State, Nevada Supreme Court, Case No. 28865, Appellant's Opening Brief.		JA09074-JA09185

Vol.	Title	Date	Page
38	337. State v. Salem, Eighth Judicial District Court, Case No. C124980, Indictment, filed December 16, 1994.		JA09186-JA09200
38 39	338. State v. Salem, Eighth Judicial District Court, Case No. C124980, Reporter's Transcript of Proceedings, Thursday, December 15, 1994.		JA09201-JA09240 JA09241-JA09280
39	339. Declaration of Stacie Campanelli dated April 29, 2008.		JA09281-JA0289
39	340. Declaration of Domiano Campanelli, February 2008, Mastic Beach, N.Y.		JA09290-JA09300
39	341. Declaration of Sari Heslin dated February 25, 2008.		JA09301-JA09305
39	342. Declaration of Melody Anzini dated February 26, 2008.		JA09306-JA09311
39	343. Declaration of Catherine Campanelli dated February 29, 2008.		JA09312-JA09317
39	344. Declaration of Jessica Parket-Asaro dated March 9, 2008.		JA09318-JA09323
39	345. Declaration of Mark Beeson dated March 26, 2008.		JA09324-JA09328
39	346. State's Trial Exhibit 1: Laurie Jacobson photograph		JA09329-JA09330
39	347. State's Trial Exhibit 2: Denise Lizzi photograph		JA09331-JA09332
39	348. State's Trial Exhibit 99: Michael Rippo		JA09333-JA09334
39	349. State's Trial Exhibit 31: Autopsy photo Denise Lizzi		JA09335-JA09336
39	350. State's Trial Exhibit 53: Autopsy photo Laurie Jacobson		JA09337-JA09338
39	351. State's Trial Exhibit 125: Laurie Jacobson victim-impact scrapbook photographs		JA09339-JA09360

Vol.		Title	Date	Page
39	352.	State's Trial Exhibit 127: Denise Lizzi victim-impact scrapbook photographs		JA09361-JA09374
39	353.	Declaration of Jay Anzini dated May 10, 2008		JA09375-JA09377
39	354.	Declaration of Robert Anzini dated May 10, 2008		JA09378-JA09381
39	355.	Juvenile Records of Stacie Campanelli		JA09382-JA09444
39	356	Blackstone District Court Case Inquiry: Case No. C136066, State v. Sims, Case Activity, Calendar, Minutes		JA09445-JA09450
39 40	357	Justice Court Printout for Thomas Sims		JA09451-JA09490 JA09491-JA09520
40 41	358	Justice Court Printout for Michael Beaudoin		JA09521-JA09740 JA09741-JA09815
41	359	Blackstone District Court Case Inquiry: Case No. C102962, State v. Beaudoin, Case Activity, Calendar, Minutes		JA09816-JA09829
41	360	Blackstone District Court Case Inquiry: Case No. C95279, State v. Beaudoin, Case Activity, Calendar, Minutes		JA09830-JA09838
41	361	Blackstone District Court Case Inquiry: Case No. C130797, State v. Beaudoin, Case Activity, Calendar, Minutes		JA09839-JA09847
41	362	Blackstone District Court Case Inquiry: Case No. C134430, State v. Beaudoin, Case Activity, Calendar, Minutes		JA09848-JA09852
41	363	Justice Court Printout for Thomas Christos		JA09952-JA09907
41	364	Justice Court Printout for James Ison		JA09908-JA09930

Vol.		Title	Date	Page
41	365	State v. Rippo, Eighth Judicial District Court, Case No. C106784, Order dated September 22, 1993		JA09931-JA09933
41	366	Declaration of Michael Beaudoin dated May 18, 2008		JA09934-JA09935
41	367	State v. Rippo, Eighth Judicial District Court, Case No. C106784, Amended Indictment, dated January 3, 1996		JA09936-JA09941
41	368	State's Trial Exhibits 21, 24, 26, 27, 28, 32, 34, 38, 39, 40, 41, 42, 45, 46, 47, 48, 51, 56, 57, 58, 60, 61, 62		JA09942-JA09965
41	369	State's Trial Exhibit 54		JA09966-JA09967
41	370	Letter from Glen Whorton, Nevada Department of Corrections, to Robert Crowley dated August 29 1997		JA09968-JA09969
41	371	Letter from Jennifer Schlotterbeck to Ted D'Amico, M.D., Nevada Department of Corrections dated March 24, 2004		JA09970-JA09971
41	372	Letter from Michael Pescetta to Glen Whorton, Nevada Department of Corrections dated September 23, 2004		JA09972-JA09977
41	373	State v. Rippo, Eighth Judicial District Court, Case No. C106784, Warrant of Execution dated May 17, 1996		JA09978-JA09981
41	374	Declaration of William Burkett dated May 12, 2008		JA09982-JA09984
41	375	Handwritten Notes of William Hehn		JA09985-JA09986
48		Objection to Proposed Order	11/21/08	JA11612-JA11647
48		Opposition to Motion for Discovery	06/09/08	JA11558-JA11563
2		Order	11/12/92	JA00264-JA00265
2		Order	11/18/92	JA00266-JA00267
2		Order	09/22/93	JA00320-JA00321

Vol.	Title	Date	Page
3	Order	04/22/94	JA00619-JA00320
15	Order	03/08/96	JA03412
41	Order Appointing Counsel	02/13/08	JA09987-JA09988
5B	Order Sealing Affidavit	09/30/93	JA 1401-180 to JA 1401-185
2	Order to Produce Handwriting / Handprinting Exemplar	09/14/92	JA00252-JA00253
17	Petition for Writ of Habeas Corpus (Post-Conviction) and Appointment of Counsel	12/04/98	JA04040-JA04047
19 20	Petition for Writ of Habeas Corpus (Post-Conviction)	01/15/08	JA04415-JA04570 JA04571-JA04609
20	Exhibits to Petition for Writ of Habeas Corpus	01/15/08	JA04610-JA04619
20	101. Bennett v. State, No. 38934 Respondent's Answering Brief (November 26, 2002)		JA04620-JA04647
20	102. State v. Colwell, No. C123476, Findings, Determinations and Imposition of Sentence (August 10, 1995)		JA04648-JA04650
20	103. Doleman v. State, No. 33424 Order Dismissing Appeal (March 17, 2000)		JA04651-JA04653
20	104. Farmer v. Director, Nevada Dept. of Prisons, No. 18052 Order Dismissing Appeal (March 31, 1988)		JA04654-JA04660
20	105. Farmer v. State, No. 22562, Order Dismissing Appeal (February 20, 1992)		JA04661-JA04663
20	106. Farmer v. State, No. 29120, Order Dismissing Appeal (November 20, 1997)		JA04664-JA04670
20	107. Feazell v. State, No. 37789, Order Affirming in Part and Vacating in Part (November 14, 2002)		JA04671-JA04679
20	108. Hankins v. State, No. 20780, Order		JA04680-JA04683

Vol.	Title	Date	Page
	of Remand (April 24, 1990)		
20			JA04684-JA04689
	109. Hardison v. State, No. 24195, Order of Remand (May 24, 1994)		
20			JA04690-JA04692
	110. Hill v. State, No. 18253, Order Dismissing Appeal (June 29, 1987)		
20			JA04693-JA04696
	111. Jones v. State, No. 24497 Order Dismissing Appeal (August 28, 1996)		
20			JA04697-JA04712
	112. Jones v. McDaniel, et al., No. 39091, Order of Affirmance (December 19, 2002)		
20			JA04713-JA04715
	113. Milligan v. State, No. 21504 Order Dismissing Appeal (June 17, 1991)		
20			JA04716-JA04735
	114. Milligan v. Warden, No. 37845, Order of Affirmance (July 24, 2002)		
20			JA04736-JA04753
	115. Moran v. State, No. 28188, Order Dismissing Appeal (March 21, 1996)		
20			JA04754-JA04764
	116. Neuschafer v. Warden, No. 18371, Order Dismissing Appeal (August 19, 1987)		
20			JA04765-JA04769
	117. Nevius v. Sumner (Nevius I), Nos. 17059, 17060, Order Dismissing Appeal and Denying Petition (February 19, 1986)		
20			JA04770-JA04783
	118. Nevius v. Warden (Nevius II), Nos. 29027, 29028, Order Dismissing Appeal and Denying Petition for Writ of Habeas Corpus (October 9, 1996)		
20			JA04784-JA04788
	119. Nevius v. Warden (Nevius III), Nos. 29027, 29028, Order Denying Rehearing (July 17, 1998)		
20			JA04789-JA04796
	120. Nevius v. McDaniel, D. Nev. No. CV-N-96-785-HDM-(RAM), Response to Nevius' Supplemental Memo at 3 (October 18, 1999)		

Vol.	Title	Date	Page
20	121. O'Neill v. State, No. 39143, Order of Reversal and Remand (December 18, 2002)		JA04797-JA04803
20	122. Rider v. State, No. 20925, Order (April 30, 1990)		JA04804-JA04807
20	123. Riley v. State, No. 33750, Order Dismissing Appeal (November 19, 1999)		JA04808-JA04812
20	124. Rogers v. Warden, No. 22858, Order Dismissing Appeal (May 28, 1993), Amended Order Dismissing Appeal (June 4, 1993)		JA04813-JA04817
21	125. Rogers v. Warden, No. 36137, Order of Affirmance (May 13, 2002)		JA04818-JA04825
21	126. Sechrest v. State, No 29170, Order Dismissing Appeal (November 20, 1997)		JA04826-JA04830
21	127. Smith v. State, No. 20959, Order of Remand (September 14, 1990)		JA04831-JA04834
21	128. Stevens v. State, No. 24138, Order of Remand (July 8, 1994)		JA04835-JA04842
21	129. Wade v. State, No. 37467, Order of Affirmance (October 11, 2001)		JA04843-JA04848
21	130. Williams v. State, No. 20732, Order Dismissing Appeal (July 18, 1990)		JA04849-JA04852
21	131. Williams v. Warden, No. 29084, Order Dismissing Appeal (August 29, 1997)		JA04853-JA04857
21	132. Ybarra v. Director, Nevada State Prison, No. 19705, Order Dismissing Appeal (June 29, 1989)		JA04858-JA04861
21	133. Ybarra v. Warden, No. 43981, Order Affirming in Part, Reversing in Part, and Remanding (November 28, 2005)		JA04862-JA04873

Vol.	Title	Date	Page
21	134. Ybarra v. Warden, No. 43981, Order Denying Rehearing (February 2, 2006)		JA04874-JA04879
21	135. Rippo v. State; Bejarano v. State, No. 44094, No. 44297, Order Directing Oral Argument (March 16, 2006)		JA04880-JA04883
21	136. State v. Rippo, Case No. C106784, Supplemental Brief in Support of Defendant's Petition for Writ of Habeas Corpus (Post-Conviction), February 10, 2004		JA04884-JA04931
21	137. State v. Rippo, Case No. C106784, Findings of Fact, Conclusions of Law and Order, December 1, 2004		JA04932-JA04935
21	138. Rippo v. State, S. C. Case No. 44094, Appellant's Opening Brief, May 19, 2005		JA04936-JA04986
21	139. Rippo v. State, S. C. Case No. 44094, Respondent's Answering Brief, June 17, 2005		JA04987-JA05048
22	140. Rippo v. State, S. C. Case No. 44094, Appellant's Reply Brief, September 28, 2005		JA05049-JA05079
22	141. Rippo v. State, S. C. Case No. 44094, Appellant's Supplemental Brief As Ordered By This Court, December 12, 2005		JA05080-JA05100
22	201. Rippo v. State, Nevada Supreme Court Case No. 28865, Opinion filed October 1, 1997		JA05101-JA05123
22	202. Rippo v. State, Nevada Supreme Court Case No. 44094, Affirmance filed November 16, 2006		JA05124-JA05143
22	203. Confidential Execution Manual, Procedures for Executing the Death Penalty, Nevada State Prison		JA05144-JA05186

Vol.		Title	Date	Page
22	204.	Brief of Amici Curiae in Support of Petitioner, United States Supreme Court Case No. 03-6821, David Larry Nelson v. Donal Campbell and Grantt Culliver, October Term, 2003		JA05187-JA05211
22	205.	Leonidas G. Koniaris, Teresa A. Zimmers, David A. Lubarsky, and Jonathan P. Sheldon, Inadequate Anaesthesia in Lethal Injection for Execution, Vol. 365, April 6, 2005, at http://www.thelancet.com		JA05212-JA05214
22 23	206.	Declaration of Mark J.S. Heath, M.D., dated May 16, 2006, including attached exhibits		JA05215-JA05298 JA05299-JA05340
23	207.	"Lethal Injection: Chemical Asphyxiation?" Teresa A. Zimmers, Jonathan Sheldon, David A. Lubarsky, Francisco Lopez-Munoz, Linda Waterman, Richard Weisman, Leonida G. Kniaris, PloS Medicine, April 2007, Vol. 4, Issue 4		JA05341-JA05348
23	208.	Rippo v. State, Nevada Supreme Court Case No. 28865, Appellant's Opening Brief		JA05349-JA05452
23	209.	Rippo v. State, Nevada Supreme Court Case No. 28865, Appellant's Reply Brief		JA05453-JA05488
23	210.	Rippo v. State, Nevada Supreme Court Case No. 44094, Appellant's Opening Brief, filed May 19, 2005		JA05489-JA05538
24	211.	Rippo v. State, Nevada Supreme Court Case No. 44094, Appellant's Reply Brief, filed September 28, 2005		JA05539-JA05568
24	212.	Rippo v. State, Nevada Supreme Court Case No. 44094,Appellant's Supplemental Brief as Ordered by this Court filed December 22, 2005		JA05569-JA05588

Vol.	Title	Date	Page
24	213. Rippo v. State, Nevada Supreme Court Case No. 44094, Order Directing Oral Argument filed March 16, 2006		JA05589-JA05591
24	214. Rippo v. State, Nevada Supreme Court Case No. 44094, Transcript of Oral Argument on June 13, 2006		JA05592-JA05627
24	215. Rippo v. State, Nevada Supreme Court Case No. 44094, Appellant's Petition for Rehearing filed December 11, 2006		JA05628-JA05635
24	216. Supplemental Points and Authorities in Support of Petition for Writ of Habeas Corpus (Post-Conviction) and attached exhibits filed August 8, 2002		JA05636-JA05737
24	217. Letter dated August 20, 2004 from Rippo to Judge Mosley		JA05738
24	218. State v. Rippo, Case No. 106784, Amended Notice of Intent to Seek Death Penalty, filed March 24, 1994		JA05739-JA05741
24	219. State v. Rippo, Case No. 106784, Jury Instructions, filed March 6, 1996		JA05742-JA05782
25	220. State v. Rippo, Case No. 106784, Notice of Alibi, filed September 2, 1993		JA05783-JA05785
25	221. Affidavit of Alice May Starr dated January 26, 1994		JA05786-JA05791
25	222. Letter dated October 12, 1993 from Starr to President Clinton		JA05792-JA05795
25	223. State v. Rippo, Case No. 106784, Order Sealing Affidavit (and exhibits), dated September 30, 1993		JA05796-JA05801
25	224. Las Vegas Metropolitan Police Department Property Report dated September 30, 1993		JA05802-JA05803

Vol.	Title	Date	Page
25	225. Letter dated November ??, 1993 from Starr to Rex Bell, District Attorney		JA05804-JA05807
25	226. State v. Rippo, Case No. C57388, Draft Affidavit in Support of Motion to Withdraw Guilty Plea		JA05808-JA05812
25	227. Justice Court Record, Thomas Edward Sims		JA05813-JA05881
25 26 27	228. Justice Court Record, Michael Angelo Beaudoin		JA05882-JA06032 JA06033-JA06282 JA06283-JA06334
27	229. Las Vegas Metropolitan Police Department Voluntary Statement of Michael Angelo Beaudoin dated March 1, 1992		JA06335-JA06349
27	230. Justice Court Record, Michael Thomas Christos		JA06350-JA06403
27	231. Justice Court Record, David Jeffrey Levine		JA06404-JA06417
27	232. Justice Court Record, James Robert Ison		JA06418-JA06427
27	233. MMPI (Minnesota Multiphasic Personality Inventory) Scoring for Diana Hunt dated September 2, 1992		JA06428-JA06434
27	234. Handwritten Declaration of James Ison dated November 30, 2007		JA06435-JA06436
27	235. Handwritten Declaration of David Levine dated November 20, 2007		JA06437-JA06438
27	236. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Government's Trial Memorandum, filed August 25, 1997		JA06439-JA06483
27	237. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Motion to Dismiss for Outrageous Government Misconduct, filed September 13, 1996		JA06484-JA06511

Vol.	Title	Date	Page
28	238. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 2, December 3, 1997		JA06512-JA06689
28 29	239. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 3, December 4, 1997		JA06690-JA06761 JA06762-JA06933
29 30	240. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 4, December 8, 1997		JA06734-JA07011 JA07012-JA07133
30 31	241. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 6, December 10, 1997		JA07134-JA07261 JA07262-JA06332
31	242. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 8, December 15, 1997		JA07333-JA07382
31 32	243. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 9, December 16, 1997		JA07383-JA07511 JA07512-JA07525
32	244. Rippo v. State, Nevada Supreme Court Case No. 28865, Respondent's Answering Brief, filed February 14, 1997		JA07526-JA07641
32	245. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Government's Trial Memorandum, filed December 2, 1997		JA07642-JA07709
32	246. State v. Salem, Eighth Judicial District Court, Clark County, Nevada, Case No. 124980, Criminal Court Minutes		JA07710-JA07713
32	247. State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, Motion for New Trial, filed April 29, 1996		JA07714-JA07719
32	248. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Superseding Criminal Indictment, filed May 6, 1997		JA07720-JA07751

Vol.	Title	Date	Page
33	249. In the Matter of the Application of the United States for an Order Authorizing the Interception of Wire Communications dated October 11, 1995		JA07752-JA07756
33	250. Clark County School District Records for Michael D. Rippo		JA07757-JA07762
33	251. Neuropsychological Assessment, Thomas F. Kinsora, Ph.D., dated February 1, 1996		JA07763-JA07772
33	252. Addendum to Neurological Assessment Report, Thomas F. Kinsors, Ph.D., dated March 12, 1996		JA07773-JA07775
33	253. Pre-Sentence Report, State v. Rippo, Case No. 97388, dated April 23, 1982		JA07776-JA07782
33	254. Psychiatric Evaluation, Norton A. Roitman, M.D., dated February 17, 1996		JA07783-JA07789
33	255. SCOPE printout for Carole Ann Rippo		JA07790
33	256. Progress Reports dated October 15, 1981		JA07791-JA07792
33	257. Supplemental Report, Case No. 23042, Juvenile Division, Clark County, Nevada, filed April 29, 1981		JA07793-JA07801
33	258. Order, Case No. 23042, Juvenile Division, Clark County, Nevada, filed May 9, 1981		JA07802-JA07803
33	259. Terms of Probation, Case No. 23042, Juvenile Division, Clark County, Nevada, filed May 1, 1981		JA07804-JA07805
33	260. Transcript of Proceedings, Case No. 23042, Juvenile Division, Clark County, Nevada, filed May 14, 1981		JA07806-JA07811

Vol.	Title	Date	Page
33	261. Petition No. 1, Recommendation for Adjudication and Order of Approval, Case No. 23042, Juvenile Division, Clark County, Nevada, filed April 19, 1981		JA07812
33	262. Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed April 8, 1981		JA07813
33	263. Certification, Case No. 23042, Juvenile Division, Clark County, Nevada, filed October 19, 1981		JA07814
33	264. Probation Officer's Report, Case No. 23042, Juvenile Division, Clark County, Nevada, filed April 29, 1981		JA07815-JA07823
33	265. Baseline Psychiatric Evaluation, Southern Desert Correctional Center, by Franklin D. Master, M.D., dated April 9, 1982		JA07824
33	266. Confidential Psychological Evaluation by Eric S. Smith, Ph.D., Timothy L, Boyles, M.A., James F. Triggs, Ed.D., dated February 11, 1982		JA07825-JA07827
33	267. Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 27, 1982		JA07828-JA07829
33	268. Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 27, 1982		JA07830-JA07831
33	269. Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 27, 1982		JA07832-JA07833
33	270. Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 27, 1982		JA07834-JA07835
33	271. Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 27, 1982		JA07836-JA07837

Vol.		Title	Date	Page
33	272.	Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 27, 1982		JA07836-JA07837
33	273.	Las Vegas Metropolitan Police Department Arrest Report dated January 27, 1982		JA07838
33	274.	Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed January 29, 1982		JA07839-JA07840
33	275.	Certification Report, Case No. 23042, Juvenile Division, Clark County, Nevada, filed February 23, 1982		JA07841-JA07853
33	276.	Petition, Case No. 23042, Juvenile Division, Clark County, Nevada, filed February 2, 1982		JA07854
33	277.	Judgment of Conviction, Case No. C57388, State v. Rippo, Clark County, Nevada, filed May 28, 1982		JA07855
33	278.	Psychological Report: Corrections Master, dated June 2, 1982		JA07856-JA07859
33	279.	Test of Educational Development dated March 9, 1983		JA07860-JA07862
33	280.	Psychological Evaluation dated December 2, 1983		JA07863
33	281.	Parole Progress Report, March 1985 Agenda		JA07864-JA07865
33	282.	Institutional Progress Report, March 1987 Agenda		JA07866-JA07868
33	283.	Psychological Evaluation for Parole dated January 29, 1987		JA07869
33	284.	Psychological Evaluation for Parole dated August 12, 1988		JA07870
33	285.	Parole Progress Report, September 1988 Agenda		JA07871-JA07872

Vol.	Title	Date	Page
33	286. Psychological Evaluation dated August 23, 1989		JA07873
33	287. Parole Progress Report, September 1989 Agenda		JA07874-JA07875
33	288. Parole Officers' Notes beginning December 4, 1989		JA07876-JA07884
33	289. Institutional Progress Report dated May 1993		JA07885-JA07886
33	290. Health Services, Psychology Referral Form dated April 28, 1993		JA07887
33	291. Handwritten notes dated February 17, 1994		JA07888
33	292. Handwritten notes dated March 9, 1994		JA07889
33	293. Handwritten exam notes (Roitman) dated January 13, 1996		JA07890-JA07894
33	294. Psychological Panel Results Notification dated January 10, 1996		JA07895
33	295. Norton A. Roitman, Addendum, dated March 11, 1996		JA07896-JA07897
33	296. Bongiovanni Off the Bench, *Las Vegas Sun*, April 18, 1996		JA07898-JA07899
33	297. Fraud probe led to judge, *Las Vegas Sun*, April 18, 1996		JA07900
33	298. Charge opens judge's race, *Las Vegas Sun*, April 18, 1996		JA07901-JA07902
33	299. Judge Bongiovanni Indicted, *Las Vegas Sun*, April 18, 1986		JA07903
33	300. Judge's actions examined, *Las Vegas Review-Journal*, April 19, 1996		JA07904-JA07906
33	301. Mental Health Progress Notes dated June 20, 1993		JA07907
33	302. Affidavit of David M. Schieck dated March 16, 1998		JA07908

Vol.	Title	Date	Page
33	303. Declaration of Carole A. Duncan dated January 19, 2000		JA07909-JA07910
33	304. Union Free School #24, Pupil History Record, Michael Campanelli		JA07911-JA07912
33 34	305. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 7, October 27, 1998		JA07913-JA08006 JA08007-JA08039
34	306. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 8, October 28, 1998		JA08040-JA08155
34	307. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Emergency Motion to Disqualify John Fadgen, Esq. From Representing Defendant Bongiovanni at Trial, July 24, 1997		JA08156-JA08225
	308. OMITTED		
34	309. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Notice of Tape Recordings Intended for Use in Government's Case in Chief, filed August 2, 1996		JA08226-JA08246
35	310. Letter from Donald J. Green requesting additional discovery dated July 9, 1996		JA08247-JA08253
35	311. United States v. Bongiovanni, CR-S-96-98-LDG(RJJ), Transcript of Jury Trial Day 5, December 9, 1997		JA08254-JA08399
35	312. State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, Answer in Opposition to Motion for New Trial, filed May 1, 1996		JA08400-JA08405

Vol.		Title	Date	Page
35	313.	State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, Defendant's Motion to Strike Aggravating Circumstances Numbered 1 and 2 and for Specificity as to Aggravating Circumstance Number 4, filed August 20, 1993		JA08406-JA08413
35	314.	State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, State's Response to Defendant's Motion to Strike Aggravating Circumstance Numbered 1 and 2 and for Specificity as to Aggravating Circumstance Number 4, filed February 11, 1994		JA08414-JA08417
35	315.	State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, Special Verdict filed March 14, 1996		JA08418-JA08419
35	316.	State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, Special Verdict filed March 14, 1996		JA08420-JA08421
35 36	317.	Social History		JA08422-JA08496 JA08497-8538
36	318.	Parental Agreement, Case No. 23042, Juvenile Division, Clark County, Nevada, dated April 29, 1981		JA08539
36	319.	Mark D. Cunningham, Ph.D., and Thomas J. Reidy, Ph.D., Integrating Base Rate Data in Violence Risk Assessments at Capital Sentencing, 16 Behavioral Sciences and the Law 71, 88-89 (1998)		JA08540-JA08564
36	320.	Letter from Michael Rippo to Steve Wolfson dated April 17, 1996		JA08565
36	321.	Report of Jonathan Mack, Ph.D.		JA08566-JA08596

Vol.	Title	Date	Page
36	322. Trial Exhibit: Photograph of Michael Rippo		JA08597
36	323. State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. 106784, Application and Order for Fee in Excess of Statutory Amount for Investigator, filed December 3, 1996		JA08598-JA08605
36	324. Wiretap Transcript, Tommy Simms [sic], dated June 8, 1992		JA08606-JA08609
36	325. State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case Nos. 57388, 57399, Reporter's Transcript of Proceedings -- Continued Initial Arraignment, heard March 25, 1982		JA08610-JA08619
36	326. State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case Nos. 57388, 57399, Reporter's Transcript of Further Proceedings and/or Continued Initial Arraignment heard March 30, 1982		JA08620-JA08626
36	327. State v. Rippo, Eighth Judicial District Court, Clark County, Nevada, Case No. C106784, Instructions to the Jury, filed March 14, 1996		JA08627-JA08652
36	328. Declaration of Elisabeth B. Stanton, dated January 15, 2008		JA08653-JA08664
48	Reply to Opposition to Motion to Dismiss	06/09/08	JA11564-JA11574
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

Vol.	Title	Date	Page
	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

Vol.	Title	Date	Page
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

Vol.	Title	Date	Page
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

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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 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.

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

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____ of the _____ and in my capacity as [position] _____, am a custodian of the records of _____ the Central Medicaid Office.

2. That on the _____ day of _____, 20____, the Central Medicaid Office was served with a records request in connection with United States District Court case, *Rippo v. McDaniel, et al.*, calling for the production of records as set forth in the exhibit(s) attached to the request.

3. Records were destroyed pursuant to _____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____ [date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of the Central Medicaid Office and in my capacity as [position]_____ am a custodian of the records of the Central Medicaid Office.

2. That on the _____ day of _____, 20___, I received a records request in connection with Michael Damon Rippo requesting production of records [as set forth in the exhibit(s) attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Central Medicaid Office.

_____
Custodian of Records

_____
[Print Name]

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [name]_____, am the records custodian for the Central Medicaid Office. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____
_____
_____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____
_____
_____
_____
_____
_____
_____
_____

If there are questions, my telephone number is _____.

_____ _____
[date] [signature]

_____
[printed name]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/15/08

To: CENTRAL MEDICAID OFFICE

Re: CAROLE ANN CAMPANELLI, aka Rippo, aka 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, 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.

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.

4-9-08
Date

Michael Rippo
Signature

530-82-4903
Social Security Number

02-26-65
Date of Birth

MRIPPO-08017-RRX00048

MRIPPO 07110-MSC00025
MRIPPO-07333-RRX00008

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 MEDICAL OFFICE 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 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 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: CENTRAL MEDICAL OFFICE
Address: 330 WEST 34TH ST
City, State Zip Code: NEW YORK, NY 10001

2. Patient Information & Statements: I give my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) to release, use and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last):	Michael Rippo
Patient Address:	P.O. Box 1989
City, State, Zip:	Ely, Nevada 89301
Telephone No:	N/A
Date of Birth:	07/26/65
Social Security No:	530-82-4983

3. Release of Information to:

Name (First, Middle, Last):	ATTN: Elizabeth Stanton
Company:	OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address:	411 E. BONNEVILLE AVENUE, STE. 700
City, State, Zip:	LAS VEGAS, NEVADA 89101
Telephone No:	(702) 388-6577
FAX No:	(702) 388-6261

FPD (rev. 2/06)

07110-MSC00025

07333-RRX00008

08017-RRX00048

JA010981

PAA - AUTHORIZATION TO RELEASE
OTECTED HEALTH INFORMATION
ge 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
p ist 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)		☐ 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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. **Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:**
(Patient MUST INITIAL each Item to be disclosed.)

AIDS/HIV Records → MR Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → MR Date(s) of Service: _____

Psychiatric/Psychological Records → MR Date(s) of Service: _____

Psychotherapy Notes → MR Date(s) of Service: _____

Other: Be Specific:

_____

HPD (rev. 2006)

PAA - AUTHORIZATION TO RELEASE
OTECTED HEALTH INFORMATION
ge 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
t 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
r 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:→ [signature] Date: 4-9-07

Signature of Witness: [signature] Date: 4/9/07

Mukund Sharma
Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FPD (rev. 2006)

07110-MSC00027

07333-RRX00010

08017-RRX00050

JA010983

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Date: 5/15/08

To: Central Medicaid Office

Re: Carole Ann Campanelli, aka Rippo, aka Duncan
Michael Damon 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 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.

[redacted]
Social Security Number

[redacted]
Signature

12/25/42
Date of Birth

January 26, 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**

I, the patient/parent/legal guardian give CENTRAL MEDICAL 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 CFR 164.502(b)(2) the minimum necessary requirements 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:	CENTRAL MEDICAL OFFICE
Address:	330 WEST 34TH ST
City, State Zip Code:	NEW YORK, NY 10001

2. Patient Information & Statements: I give my authorization/permission for the above specified person(s) and/or organization(s) or entity(s) to release, use and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last):	CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLA, AKA CAROLE ANN ANEIM
Patient Address:	39 Cactus Ranch Rd
City, State, Zip:	Edgewood, New Mexico 87015
Telephone No:	505-256-0477
Date of Birth:	12/08/42
Social Security No:	068-34-9587

3. Release of Information to:

Name (First, Middle, Last):	ATTN: Elizabeth Stanton
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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → CL Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → CL Date(s) of Service: _____

Psychiatric/Psychological Records → CL Date(s) of Service: _____

Psychotherapy Notes → CL 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 366 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: → [signature] Date: 11/20/07
CAROLE ANN DUNCAN

Signature of Witness: → [signature] 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)

AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/13/08

To: Central Medicaid Office

Re: Stacie Anne Campanelli aka Roterdam aka Gliszczynski

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**

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.

4-29-08
DATED

(signature)

530-82-4882
Social Security Number

10/04/69
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 Central medicaid 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 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: Central medicaid office

Address: 330 West 34th St

City, State Zip Code: New York, NY 10001

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: 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 Anthony

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			

Other: Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → SC Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → SC Date(s) of Service: _____

Psychiatric/Psychological Records → SC Date(s) of Service: _____

Psychotherapy Notes → SC Date(s) of Service: _____

Other; Be Specific: _____

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: → Stacie Campanelli
STACIE ANNE CAMPANELLI

Date: 4-29-08

Signature of Witness: → Amanda S Campanelli

Date: 4/29/08

Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FPD (rev. 2006)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 5/15/07

To: Central Medicaid office

Re: Carole Ann Duncan, Carole Ann Campanelli (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 (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.

530-82-4875
Social Security Number
Carole Ann Campanelli

Carole A. Duncan
Signature
Carole Ann Duncan as mother of Carole Ann Campanelli (deceased)

5/23/68
Date of Birth
Carole Ann Campanelli

November 20, 07
Date

MRippo-07330-RELCD001

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 Medicaid 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 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: Central Medicaid Office

Address: 330 West 31th St

City, State Zip Code: New York, NY 10001

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: ____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

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: LAS VEGAS, NEVADA 89101

Telephone No: (702) 388-6577

Fax No: (702) 388-5819

FPD (rev. 2006)

MRiPPo-07330-RELCD002

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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: → Carole Ann Duncan — Date: 11/20/07

CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: → Robert C. Duncan — 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)

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

97 008930

STATE FILE NUMBER

LOCAL FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME: First: Carole; Middle: Ann; Last: CAMPANELLI
2. DATE OF DEATH (Month, Day, Year): August 20, 1997
3. COUNTY OF DEATH: Carson City
3a. CITY, TOWN, OR LOCATION OF DEATH: Carson City
3b. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Warren Springs Correctional Center
3c. If Hosp. or Inst., Indicate DOA, Ofpemer, Pm, Inpatient (Specify)
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc.) (Specify): White
6. Was Decedent of Hispanic Origin? (Specify) ☐ yes ☐ no If yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 29
7b. UNDER 1 YEAR — MOS. / DAYS
7c. UNDER 1 DAY — HOURS / MINS.
8. DATE OF BIRTH (Mo., Day, Yr.): May 23, 1968
9. STATE OF BIRTH (If not U.S.A., name country): New York
10. CITIZEN OF WHAT COUNTRY: U.S.A.
11. Decedent's Education—Specify highest grade completed: 12
12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
13. SURVIVING SPOUSE (If wife, give maiden name)
14. SOCIAL SECURITY NUMBER: 530-82-4875
15a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired): Clerical 379
15b. KIND OF BUSINESS OR INDUSTRY: 74/ Office Work

If death occurred in institution, see handbook regarding completion of residence items

16. RESIDENCE—STATE: Nevada
17. COUNTY: Clark
18. CITY, TOWN, OR LOCATION: Las Vegas
19. STREET AND NUMBER: 5765 N. Campbell
20. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

21. FATHER—NAME: First: Domiano; Last: Campanelli
22. MOTHER—MAIDEN NAME: First: Carole; Middle: ; Last: Rippo

DISPOSITION

23. INFORMANT—NAME (Type or Print): Carole Duncan- Mother
24. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 5765 N. Campbell Rd., Las Vegas, Nevada 89129
25. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Burial
26. CEMETERY OR CREMATORY—NAME: Memory Gardens
27. LOCATION—City or Town, State: Las Vegas, Nevada
28. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such): [signature]
29. FUNERAL DIRECTOR LICENSE NUMBER: 36
30. NAME AND ADDRESS OF FACILITY: FitzHenry's Funeral Home
30. 833 N. Edmonds Dr., Carson City, Nevada 89701

CERTIFIER

31a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title)
31b. DATE SIGNED (Mo., Day, Yr.)
31c. HOUR OF DEATH
31d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be Completed by Certifying Physician

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and mechanism(s) stated. (Signature and Title): [signature] Eric Cantlin Coro
22b. DATE SIGNED (Mo., Day, Yr.): 9-8-97
22c. HOUR OF DEATH: 0745
22d. PRONOUNCED DEAD (Mo., Day, Yr.): 8/20/97
22e. PRONOUNCED DEAD (Hour): 0745
22f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print): Eric Cantlin, Coroner, 901 E. Musser St., Carson City, Nevada
23. LICENSE NUMBER: CO-6

24a. REGISTRAR (Signature): [signature]
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): September 9, 1997
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)
PART I
(a) Acute Subarachnoid Hemorrhage — Interval between onset and death: minutes
DUE TO, OR AS A CONSEQUENCE OF:
(b) — Interval between onset and death:
DUE TO, OR AS A CONSEQUENCE OF:
(c) — Interval between onset and death:
PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
26. AUTOPSY (Specify Yes or No): Yes
27. WAS CASE REFERRED TO CORONER (Specify Yes or No): Yes

28a. ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)
28b. DATE OF INJURY (Mo., Day, Yr.)
28c. HOUR OF INJURY
28d. DESCRIBE HOW INJURY OCCURRED
28e. INJURY AT WORK (Specify Yes or No)
28f. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
28g. LOCATION—STREET OR R.F.D. No., CITY OR TOWN, STATE

No. 117902

STATE REGISTRAR

This is to certify that the above is a true and correct copy of the certificate on file in this office.

Yvonne Sylva
State Registrar

Date Issued: OCT 03 1997

WARNING: IT IS ILLEGAL TO ALTER OR COPY THIS DOCUMENT

07330-FMXH0019

EXHIBIT 95

EXHIBIT 95

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

John C. Lambrose
Chief, Non-Capital Habeas Unit
Brian Ahlington
Chief, Capital Habeas Unit
Rene L. Valladares
Chief, Trial Unit
Michael Pescetta
Habeas 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 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 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

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 Medical Office

Re: Carole Ann Campanelli, aka Rippo, aka Duncan
Michael Damon 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 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.

065-34-9587	Carole A. Duncan
Social Security Number	Signature
12/25/42	November 20, 07
Date of Birth	Date

MRIPPO-07333-RRX00004

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 MEDICAID 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 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: CENTRAL MEDICAID OFFICE

Address: 330 WEST 34TH ST

City, State Zip Code: NEW YORK, NY 10001

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 and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last): CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI

Patient Address: 39 Cactus Ranch Rd

City, State, Zip: Edgewood, New Mexico 87015

Telephone No: 505-256-0477

Date of Birth: 12/28/42

Social Security No: 068-34-9587

3. Release of Information to:

Name (First, Middle, Last): ATTN: Elizabeth Stanton

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific: _____					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: → Carole Ann Duncan Date: 11/20/07
CAROLE ANN DUNCAN

Signature of Witness: → Robert C. Duncan 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)

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated: 29 Nov 2007

To: CENTRAL MEDICAID OFFICE

Re: CAROLE ANN CAMPANELLI, aka Rippo, aka 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, 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.

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.

4-9-07
Date

Michael Rippo
Signature

530-82-4903
Social Security Number

02-26/65
Date of Birth

EDERAL PUBLIC DEFENDER
istrict of Nevada
11 E. Bonneville Avenue, #250
as Vegas, Nevada 89101
02) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I, the patient/parent/legal guardian give CENTRAL MEDICAID OFFICE 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 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 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: CENTRAL MEDICAID OFFICE
Address: 330 WEST 34TH ST
City, State Zip Code: NEW YORK, NY 10001

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 and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last): Michael Rippo
Patient Address: P.O. Box 1989
City, State, Zip: Ely, Nevada 89301
Telephone No: N/A
Date of Birth: 02/26/65
Social Security No: 530-82-6913

3. Release of Information to:

Name (First, Middle, Last): ATTN: Elisabeth Stanton
Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER
Address: 411 E. BONNEVILLE AVENUE, STE. 700
City, State, Zip: LAS VEGAS, NEVADA 89101
Telephone No: (702) 388-6577
Fax No: (702) 388-6261

FPD (rev. 2006)

PAA - 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. **Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:**
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → MR Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → MR Date(s) of Service: _____

Psychiatric/Psychological Records → MR Date(s) of Service: _____

Psychotherapy Notes → MR Date(s) of Service: _____

Other: Be Specific: _____

MRIPPO 07110-MSC00027
MRIPPO-07333-RRX00010

PAA – AUTHORIZATION TO RELEASE
OTECTED HEALTH INFORMATION
ge 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
d 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
r 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: → [signature] Date: 4-9-07

Signature of Witness: [signature] Date: 7/9/07

Mukund Sharma
Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FPD (rev. 2006)

07110-MSC00027

07333-RRX00010

JA011007

EXHIBIT 96

EXHIBIT 96

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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., 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.

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, Nevada 89101

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

November 27, 2007

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

Re: 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., 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.

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

MR1PPO-07339-RRX00001

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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/TIN number for accounting purposes.

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
DOB: 01/22/1962
SSAN: 530-80-3414
SID: 01346395
Case No. C134430
C95279X
C102962
96M08754X
7785066-2
C146323
C152763

James Ison
DOB: 05/19/1959
SSAN: 263-43-3200
SID: 02035191
Case No. 92FH0031X
C74948

David Jeffrey Levine
DOB: 06/24/1967
SSAN: 530-84-0229
SID: 02062552
(Release Attached)
Case No. C136975X

Michael Thomas Christos
DOB 12/16/1950
SSAN: 530-36-9787
SID: 00497276
Case No. 95M13522X
7786394-3
7786394-2
7786394-1
94F02599X

Thomas Edward Sims
(Deceased)
DOB 01/11/1958
SSAN: 530-54-9360
SID: 00735379
Case No. 97M13084X
93M12323X
93F09533X
C136066
55362

William Burkett
aka Donald Allen Hill
DOB: 11/30/1959
SSAN: 431-08-7285

Diana Hunt
DOB: 12/27/1968
SSAN: 530-72-8328
SID: 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");
2. 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;
3. 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;
5. All polygraph results, including pre-test interviews and notes, regarding any individuals who were given polygraph examinations in the subject investigations;
6. 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;
9. Case reports and notes;
10. 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;
15. Transmittal of evidence to crime labs;
16. 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;

20. Log sheets or other records which reflect the physical location and or movements of any of the above-named individuals;
21. 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;
26. Crime scene investigation reports and notes;
27. 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;
33. Criminal complaint requests and notes;
34. District attorney's further investigation reports and notes;
35. Correspondence;
36. Search warrants;
37. Consent to search forms and notes;
38. Vehicle impound reports and notes;
39. 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;
50. Any and all FBI investigative reports, notes, correspondence and/or memoranda;
51. The identification arrays and/or photographic lineups for the above-named individuals;
52. Jail records;
53. Incarceration records;
54. Pre-sentence reports;

55. Testing results and notes;
56. Evaluations, evaluation reports, including psychiatric evaluation;
57. All reports of medical treatment administered or provided to any of the above-named 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 above-named 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;
72. Any and all microfilm, microfiche documents;
73. 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.

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

I, [name]_____, am the records custodian for the Clark County District Attorney, Criminal Division. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____

If there are questions, my telephone number is _____.

_____ [date]

_____ [signature]

_____ [printed name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of Clark County District Attorney, Criminal Division, and in my capacity as [position]_____ am a custodian of the records of 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.

2. That on the _____ day of _____, 20___, I received a records request in connection with 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, requesting production of records as set forth in the exhibit attached to the request.

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Clark County District Attorney.

_____
Custodian of Records

_____
[Print Name]

MRippo-07339-RRX00010

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____of the Clark County District Attorney, Criminal Division, and in my capacity as [position]_____, am a custodian of the records of 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.

2. That on the _____ day of _____, 2007, _____ was served with a records request in connection with 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 calling for the production of records as set forth in the exhibit attached to the request.

3. Records were destroyed pursuant to_____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____[date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

AUTHORIZATION FOR RELEASE 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, 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.

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.

4-9-07
Date

Michael Rippo
Signature

530-82-4903
Social Security Number

02-26/65
Date of Birth

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 29 Nov 2007

TO: CLARK COUNTY DISTRICT ATTORNEY

RE: DAVID JEFFREY 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.

11-20-07
Dated

David Jeffrey Levine
Signature (David Jeffrey Levine)

530-84-0229
Social Security Number

June 24, 1967
Date of Birth

EXHIBIT 99

EXHIBIT 99

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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.

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

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [name]_____, am the records custodian for the Clark County District Attorney, Victim-Witness. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____

If there are questions, my telephone number is _____.

_____ _____

[date] [signature]

_____

[printed name]

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____of the Clark County District Attorney, Victim-Witness, and in my capacity as [position]_____, am a custodian of the records of Lauri Jacobson and Denise Lizzi.

2. That on the _____ day of _____, 2007, _____ was served with a records request in connection with Lauri Jacobson and Denise Lizzi calling for the production of records as set forth in the letter.

3. Records were destroyed pursuant to_____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____[date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

MKippo-07339-RRX00017

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____of the Clark County District Attorney, Victim-Witness, and in my capacity as [position]_____, am a custodian of the records of Lauri Jacobson and Denise Lizzi.

2. That on the _____ day of _____, 2007, _____ was served with a records request in connection with Lauri Jacobson and Denise Lizzi calling for the production of records as set forth in the letter.

3. Records were destroyed pursuant to_____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____[date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of Clark County District Attorney, Victim-Witness, and in my capacity as [position]_____ am a custodian of the records of Lauri Jacobson and Denise Lizzi.

2. That on the _____ day of _____, 20___, I received a records request in connection with Lauri Jacobson and Denise Lizzi, requesting production of records as set forth in the request.

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Clark County District Attorney.

_____
Custodian of Records

_____
[Print Name]

EXHIBIT 100

EXHIBIT 100

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

John C. Lambrose
Chief, Non-Capital Habeas Unit
Brian Ahlington
Chief, Capital Habeas 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

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**

Dates of service would be approximately 1960 through 1973.

This request includes, without limitation:

1. Admission records;
2. Admitting diagnosis;
3. Discharge diagnosis;

4. 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;
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.

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____of Franklin General Hospital and in my capacity as [position]_____, am a custodian of the records of _____ [entity].

2. That _____ is licensed to do business as a _____ in the State of New York.

3. That on the _____ day of _____, 2007 _____ was served with a records request in connection with Carole Ann Rippo (aka Campanelli, aka Duncan), Carole Ann Campanelli, and Michael Damon Campanelli (aka Rippo), calling for the production of records as set forth in the exhibit(s) attached to the request.

4. Records were destroyed pursuant to_____ [cite here Statutes, agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation.]

5. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____[date].

6. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [name]_____, am the records custodian for Franklin General Hospital. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____

If there are questions, my telephone number is _____.

_____ _____
[date] [signature]

_____
[printed name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of Franklin General Hospital and in my capacity as [position]_____ am a custodian of the records of Franklin General Hospital.

2. That on the _____ day of _____, 20___, I received a records request in connection with Carole Ann Duncan (aka Rippo, aka Campanelli), Carole Ann Campanelli, and Michael Damon Campanelli (aka Rippo) requesting production of records [as set forth in the exhibit attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for Franklin General Hospital.

_____
Custodian of Records

_____
[Print Name]

MRIPPO-07333-RRX00042

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 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 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: FRANKLIN GENERAL HOSPITAL

Address: 900 FRANKLIN AVENUE

City, State Zip Code: VALLEY STREAM, NY 11580

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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 ANZINI
Patient Address:	39 Cactus Ranch Rd
City, State, Zip:	Edgewood, New Mexico 87015
Telephone No:	505-286-0477
Date of Birth:	12/28/42
Social Security No:	068-34-9587

3. Release of Information to:

Name (First, Middle, Last):	ATTN: Elisabeth Stanton
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)

07333-RRX00042

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(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		☐ 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		☐ Physician's Orders			

Other: Be Specific: _____

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ Date(s) of Service: _____

Other: Be Specific:

_____

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: → Carole Ann Duncan — Date: 11/20/07

CAROLE ANN DUNCAN

Signature of Witness: → Robert C. Duncan — 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)

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 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. 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.

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

Name(s): _____

Organization/Entity: FRANKLIN GENERAL HOSPITAL

Address: 900 FRANKLIN AVENUE

City, State Zip Code: VALLEY STREAM, NY 11580

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 and/or share the medical information described below. I understand that once this information is released, used and/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 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: 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

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 250
City, State, Zip: 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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific: _____					

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

5. Records to Be Released Containing Information Related to any Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ 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: Carole Ann Duncan Date: 11/20/07

CAROLE ANN DUNCAN ON
BEHALF OF CAROLE ANN CAMPANELLI, Deceased

Signature of Witness: Robert C. Duncan Jr. 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)

MRIPPD 07110-MSC00025

MRIPPD-07333-RRX00048

EDERAL PUBLIC DEFENDER
istrict of Nevada
11 E. Bonneville Avenue, #250
as Vegas, Nevada 89101
02) 388-6577

HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

I ie patient/parent/legal guardian give FRANKLIN GENERAL HOSPITAL 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 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 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(s) To Disclose My Protected Health Information:

Name(s):

Organization/Entity: FRANKLIN GENERAL HOSPITAL

Address: 900 FRANKLIN AVENUE

City, State Zip Code: VALLEY STREAM, NY 11580

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 and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last): Michael Rippo

Patient Address: P.O. Box 1989

City, State, Zip: Ely, Nevada 89301

Telephone No: N/A

Date of Birth: 02/26/65

Social Security No: 530-82-4993

3. Release of Information to:

Name (First, Middle, Last): ATTN: Elisabeth Stanton

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 700
City, State, Zip: LAS VEGAS, NEVADA 89101

Telephone No: (702) 388-6577

Fax No: (702) 388-6261

FPD (rev. 2006)

07110-MSC00025

07333-RRX00048

PAA - 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(s)		☐ Inpatient Records		☐ Radiology Report(s)	
☐ Correspondence		☐ Intake/Outake		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. **Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:**
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → MR Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → MR Date(s) of Service: _____

Psychiatric/Psychological Records → MR Date(s) of Service: _____

Psychotherapy Notes → MR Date(s) of Service: _____

Other: Be Specific: _____

PPD (rev. 2006)

MRIPPO-07333-RRX00050 MRIPPO 07110-MSC00027

PAA – AUTHORIZATION TO RELEASE
OTECTED HEALTH INFORMATION
se 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
d 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
r 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:→ [signature] Date: 4-9-07

Signature of Witness: [signature] Date: 4/9/07

Mukund Sharma
Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FPD (rev. 2006)

07110-MSC00027

07333-RRX00050

EXHIBIT 101

EXHIBIT 101

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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
Case No. 95M13522X
94F02599X

Thomas Edward Sims
(Deceased)
DOB 01/11/1958
SSAN: 530-54-9360
SID: 00735379
Case No. 97M13084X
93M12323X
93F09533X
93F04256X

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.

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 Ave., Suite 250
Las Vegas, Nevada 89101

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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

Transmission Report

Date/Time	12-05-2007	04.10.43 p.m.	Transmit Header Text	
Local ID 1	7023885819		Local Name 1	7023885819
Local ID 2			Local Name 2	

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"

Law Offices of the Federal Public Defender
411 E. Bonneville Ave., 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

[illegible]

DATE: December 5, 2007

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

FROM: Elizabeth 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____

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 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 vi Service. Thank you.

Total Pages Scanned : 3 Total Pages Confirmed : 3

No	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	417	702 455 5975	04:09:34 p.m. 12-05-2007	00:00:30	3/3	1	EC	HS	CP26400

Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send
PL: Polled local
PR: Polled remote
MS: Mailbox save
MP: Mailbox print
CP: Completed
FA: Fail
TU: Terminated by user
TS: 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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

John C. Lambrose
Chief, Non-Capital Habeas Unit
Brian Adkington
Chief, Capital Habeas Unit
Rene L. Valladares
Chief, Trial Unit
Michael Pescetta
Habeas 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 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 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., 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 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;
4. Reports or other documents reflecting payment of benefits and amounts;
5. All personal financial reporting documents;
6. All claims information;
7. All disability records;
8. All medical records;
9. 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 cessation 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 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 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.

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.

4-9-07
Date

Michael Rippo
Signature

530-82-4903
Social Security Number

02/26/65
Date of Birth

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 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
Social Security Number

Carole A. Duncan
Signature

12/28/62
Date of Birth

November 20, 07
Date

MRiPPo-07332-RRX00007

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 NASSAU COUNTY DEPT OF SOCIAL 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.

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.

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

Name(s): _____

Organization/Entity: NASSAU COUNTY DEPT. OF SOCIAL SERVICES

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 and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last):	CAROLE ANN DUNCAN, AKA CAROLE ANN RIPPO, AKA CAROLE ANN CAMPANELLI, AKA CAROLE ANN ANZINI
Patient Address:	39 Cactus Ranch Rd
City, State, Zip:	Edgewood, New Mexico 87015
Telephone No:	505-286-0477
Date of Birth:	12/28/42
Social Security No:	068-34-9587

3. Release of Information to:

Name (First, Middle, Last):	ATTN: ELISABETH D. STANTON
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 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → _____ Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → _____ Date(s) of Service: _____

Psychiatric/Psychological Records → _____ Date(s) of Service: _____

Psychotherapy Notes → _____ Date(s) of Service: _____

Other: Be Specific:

_____

FPD (rev. 2006)

MFiPPO-07332-RRX00009

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: → Carole Ann Duncan Date: 11/20/07

CAROLE ANN DUNCAN

Signature of Witness: → Robert C. Duncan 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)

MRIPPO 07110-MSC00025
MRIPPO-07332-RRX00010

EDERAL PUBLIC DEFENDER **istrict of Nevada** **11 E. Bonneville Avenue, #250** **as Vegas, Nevada 89101** **(02) 388-6577**	**HIPAA - AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION**

I e patient/parent/legal guardian give NASSAU COUNTY DEPT OF SOCIAL SERVICES permission to release, use and/or share r 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 my attorney, FRANNY A. FORSMAN, Federal Public Defender, and/or her association, 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.

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

Name(s):

Organization/Entity: NASSAU COUNTY DEPT OF SOCIAL SERVICES

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 and/or share the medical information described below. I understand that once this information is released, used and/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 and/or shared and how this is going to be done.

Patient Name (First, Middle, Last): Michael Rinno

Patient Address: P.O. Box 1989

City, State, Zip: Ely, Nevada 89301

Telephone No: N/A

Date of Birth: 02/26/65

Social Security No: 530-82-4903

3. Release of Information to:

Name (First, Middle, Last): ATTN: ELISABETH B. STANTON

Company: OFFICE OF THE FEDERAL PUBLIC DEFENDER

Address: 411 E. BONNEVILLE AVENUE, STE. 700
City, State, Zip: LAS VEGAS, NEVADA 89101

Telephone No: (702) 388-6577

Fax No: (702) 388-6261

FPD (rev. 2/06)

07110-MSC00025

07332-RRX00010

PAA - 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(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		☐ 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		☐ Physician's Orders			
Other: Be Specific:					

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

5. **Records to Be Released Containing Information Related to my Treatment for AIDS/HIV, Psychiatric/Psychological Care/Treatment/Testing, and Treatment/Testing for Drug and/or Alcohol Use/Abuse:**
(Patient MUST INITIAL each item to be disclosed.)

AIDS/HIV Records → MR Date(s) of Service: _____

Drug and/or Alcohol Use/Abuse Records → MR Date(s) of Service: _____

Psychiatric/Psychological Records → MR Date(s) of Service: _____

Psychotherapy Notes → MR Date(s) of Service: _____

Other: Be Specific: _____

HPD (rev. 3006)

MRIPPO 07110-MSC00027
MRIPPO-07332-RRX00012

PAA - AUTHORIZATION TO RELEASE
OTECTED HEALTH INFORMATION
ge 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
tl 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
r 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: ➔ [signature] Date: 4-9-07

Signature of Witness: [signature] Date: 4/9/07

Mukund Sharma
Print Name

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

Witness: _____ Date: _____

Address: _____

Witness: _____ Date: _____

Address: _____

FP13 (rev. 2006)

07110-MSC00027

07332-RRX00012

JA011068

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

Dated:

To:

Re:

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.

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.

4-9-02
Date

Michael Rippo
Signature

530-82-4903
Social Security Number

02-26/65
Date of Birth

EXHIBIT 103

EXHIBIT 103

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Foreman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

John C. Lambrose
Chief, Non-Capital Habeas Unit
Brian Ahlington
Chief, Capital Habeas Unit
Rene L. Valladares
Chief, Trial Unit
Michael Pescetta
Habeas Resource Counsel

November 29, 2007

CUSTODIAN OF RECORDS
State of Nevada, Department of Corrections
5500 Snyder Ave., Bldg. 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.

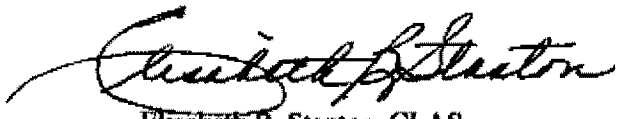
If you cannot comply with this request, please provide a letter stating your requirements for compliance, i.e., subpoena, different release form, etc. If the documents have been destroyed, please provide a copy of the statute or records retention policy under

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

9. Classification change sheets for housing/custody changes;
10. Transportation:
    a. Memoranda
    b. Priority transfer list
    c. Transportation manifest logs
    d. Transportation Orders
    e. Transportation check off list
11. Scheduling Records for local court/medical or teleconferences;
12. 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;
17. Daily institutional report;
18. Gatehouse logs (visitors);
19. Institutional count logs and records;
20. Education Department logs and files including, but not limited to, GED exams and GED practice exams;
21. Chapel:
    a. Chapel logs of attendance
    b. Chapel monthly activity schedule/volunteer visits
22. Canteen:
    a. Daily file on sales with the inmate receipt. This would have to be coordinated with
    b. Inmate Services/Central Administration
    c. 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
27. Property file;
28. Inmate Grievances:
    a. Inmate grievance log
    b. Inmate grievance file

29. Cell search logs/reports;
30. Visiting files and logs;
31. Disciplinary hearing logs (2);
32. Drug testing logs/reports;
33. Incident files/reports;
34. Law library:
    a. Copywork records
    b. Supply issuance records
    c. Issuance of legal materials
35. Unit logs (showers/exercise);
36. Unit Rosters;
37. 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;
38. Any and all communications regarding care, confinement, custody and/or incarceration for any individuals identified above;
39. 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; 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.

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.

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____of the _____ and in my capacity as [position]_____, am a custodian of the records of _____ the Nevada Department of Corrections.

2. That on the _____ day of _____, 20____, the Nevada Department of Corrections was served with a records request in connection with David Jeffrey Levine #29106, calling for the production of records as set forth in the exhibit(s) attached to the request.

3. Records were destroyed pursuant to_____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____[date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of Nevada Department of Corrections and in my capacity as [position]_____ am a custodian of the records of the Nevada Department of Corrections.

2. That on the _____ day of _____, 20___, I received a records request in connection with David Jeffrey Levine requesting production of records [as set forth in the exhibit(s) attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Nevada Department of Corrections.

_____
Custodian of Records

_____
[Print Name]

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

The information provided here represents raw 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.

Identification and Demographics

Offender Name:	LEVINE, DAVID J	**Offender ID Number:**	29106	**No Photo Available** The Department of Corrections does not maintain digital photos of most offenders. On occasion, such as in the event of an escape, a digital photo may be posted here.
Gender:	M	**Ethnicity:**	CAUCASIAN	
Birth Date:	06/24/1967	**Approximate Age:**	40	
Height:	5' 8"	**Weight:**	165 lbs	
Build:	MEDIUM	**Complex:**	FAIR	
Hair Color:	BROWN	**Eye Color:**	GREEN	
Current Institution:	INACTIVE-DSCHREL	**Custody Level:**	CLOSE	
Known Aliases:	1) JEFFREY LEVINE DAVID; 2) LEVINE DAVID			

Booking Information

Booking #8213

Offense Code	Description	Status	Min Sent	Max Sent	PED	MPR	County	PEXD	Type	RRD	Start Date
493	ESCAPE	PRIOR CONVICTION									
398	POSSESSION STOLEN CREDIT CARD	PRIOR CONVICTION									
349	POSSESSION STOLEN PROPERTY	PRIOR CONVICTION									
493	ESCAPE	PRIOR CONVICTION									

AUTHORIZATION FOR RELEASE
OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 29 Nov 2007

TO: NEVADA DEPT. OF CORRECTIONS

RE: DAVID JEFFREY LEVINE # 29106

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.

11-20th-07
Dated

David Jeffrey
Signature (David Jeffrey Levine)

530-84-0229
Social Security Number

June 24, 1967
Date of Birth

EXHIBIT 104

EXHIBIT 104

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Foreman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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 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 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., 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.

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

1. The complete file of the Nevada Department of Parole and Probation for David Jeffrey Levine;
2. Investigation and/or prosecution files;
3. 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;
9. Any and all physical or documentary evidence;
10. Any and all video, audio recordings, all transcribed statements made by Michael Damon Rippo;
11. Any and all video or audio recordings;
12. All transcribed statements obtained from witnesses or other parties with

information;

13. Arrest and booking records;
14. Crime reports;
15. Crime scene investigation reports;
16. Follow up investigation reports;
17. Autopsy reports;
18. Toxicology reports;
19. Coroner investigation reports;
20. 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;
28. 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;
32. Any and all reports of medical treatment administered or provided to David Jeffrey Levine;
33. Disciplinary reports;
34. Punishment records;
35. All other document relating or referring to David Jeffrey Levine in any way;
36. 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.

DECLARATION OF CUSTODIAN OF RECORD
RE DESTRUCTION OF RECORDS

I, [name] _____, declare under penalty of perjury:

1. I am the [position] _____ of the _____ and in my capacity as [position] _____, am a custodian of the records of _____ the Nevada Department of Parole and Probation.

2. That on the _____ day of _____, 20____, the Nevada Department of Parole and Probation was served with a records request in connection with David Jeffrey Levine calling for the production of records as set forth in the exhibit(s) attached to the request.

3. Records were destroyed pursuant to _____ [cite here Nevada Revised Statutes ("NRS"), agency rules and regulations authorizing destruction of documents (and attach copy of rule or regulation, if other than NRS)].

4. The requested documents, pursuant to the above statute, rules and/or regulations were destroyed on or about _____ [date].

5. No form of the requested documents remain, whether paper, microfilm, microfiche, or electronic.

_____
CUSTODIAN OF RECORDS

_____
[Print Name]

REQUIREMENTS TO FULFILL DOCUMENT REQUEST

I, [name]_____, am the records custodian for the Nevada Department of Parole and Probation. I have reviewed the records request from the Federal Public Defender for the District of Nevada. 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: _____

4. ☐ Pre-payment in the sum of $_____ is required for production of [number]_____ copies.

5. ☐ Other [please specify]:_____

If there are questions, my telephone number is _____.

_____ _____
[date] [signature]

_____
[printed name]

DECLARATION OF CUSTODIAN OF RECORD

I, [name] _____, declare under penalty of perjury:

1. I am the [position]_____ of the Nevada Department of Parole and Probation and in my capacity as [position]_____ am a custodian of the records of the Nevada Department of Parole and Probation.

2. That on the _____ day of _____, 20___, I received a records request in connection with Michael Damon Rippo requesting production of records [as set forth in the exhibit(s) attached to the request].

3. I have examined the original of those records and have made or caused to be made a true and exact copy of those records and the reproduction of those records as attached is true and complete.

4. 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 by a person with knowledge, in the course of my regularly conducted activity of or for the Nevada Department of Parole and Probation..

_____
Custodian of Records

_____
[Print Name]

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION AND RECORDS

DATE: 29 Nov 2007

TO: NEVADA PAROLE & PROBATION

RE: DAVID JEFFREY 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.

11-20-07
Dated

David Jeffrey Levine
Signature (David Jeffrey Levine)

530-84-0229
Social Security Number

June 24, 1967
Date of Birth

```
  NM-LEVINE          DAVID        JEFFREY         SID-02062552  000 SS-530840229
  CS-0589284   BD-06241967 RC-W SX-M HT-508 WT-168 HR-BRO EY-GRN
 F1-16 M 17 W OOO 10                                                        SPC
 F2-   M  1 U OOO
 BP-LOS ANGELES, CA           FB-182 636 FA1 SI-NV00170793 O1-CON REG O2-F/A NO
 A1-5201 STORREY PINES #1204, LVN 89118                    102403 #2 SHEET 062096
CP248 MPD FELONY    BURGLARY #136975          96 NV 061903 REGISTERED
CP250 MPD FELONY    BURGLARY (WASHOE)         92 NV 121395 REGISTERED
CP251 MPD FELONY    BURGLARY (SPARKS)         89 NV 121395 REGISTERED
CP252 MPD FELONY    BURGLARY (WASHOE)         90 NV 121395 REGISTERED
CP253 MPD FELONY    BEING UNDR INFL CS(RENO)  89 NV 121395 REGISTERED
CP254 MPD FELONY    POSS STLN PROP(RENO)      86 NV 121395 REGISTERED
CP255 MPD FELONY    POSS CC WO CONS-RENO      86 NV 121395 REGISTERED
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
PI252 121395 MPD-**TT:LT ANKLE-MOUSE/NECK-JAPANESE LETTERS/BACK-WINGS**
PI255 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 ***
CN255 REP-300731
AR252 NPP 003 072396 PTC     PAROLE VIOL BURG                              MPD
                                                          NPP WA-C13066
```

DISPLAY CONTINUED ON NEXT PAGE

SCOPE

SID-02062552

AR253 NPP 003 062196 PAROLE VIOL BURG NCF 072396MPD
RBK WCS DKT-CR91-2373
AR254 MPD 002 062096 BURG 960620-1073 MPD
AD254 MPD 002 091096 BURG
C136975X FIN PCN 07688406//10Y NSP CONSEC W/OTHER TEMS + REST
AR255 REP 001 080586 CIT PL-SHOPLIFTING 0686-3486 REP
AD255 REP 001 080586 CIT PL
1317 FIN BOOKED F/COURT IN LIEU OF FINE

Page: 1 Document Name: untitled

```
  NM-LEVINE          DAVID        JEFFREY        SID-02062552  000 SS-530840229
  CS-0589284   BD-06241967 RC-W SX-M HT-508 WT-168 HR-BRO EY-GRN
 F1-16 M 17 W 000 10                                                    SPC
 F2-   M  1 U 000
 BP-LOS ANGELES, CA          FB-182 636 FA1 SI-NV00170793 01-CON REG 02-F/A NO
 A1-5201 STORREY PINES #1204, LVN 89119                  102403 #2 SHEET 062096
CP248 MPD FELONY    BURGLARY #136975          96 NV 061903 REGISTERED
CP250 MPD FELONY    BURGLARY (WASHOE)         92 NV 121395 REGISTERED
CP251 MPD FELONY    BURGLARY (SPARKS)         89 NV 121395 REGISTERED
CP252 MPD FELONY    BURGLARY (WASHOE)         90 NV 121395 REGISTERED
CP253 MPD FELONY    BEING UNDR INFL CS(RENO)  89 NV 121395 REGISTERED
CP254 MPD FELONY    POSS STLN PROP(RENO)      86 NV 121395 REGISTERED
CP255 MPD FELONY    POSS CC W/O CONS-RENO     86 NV 121395 REGISTERED
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
PI252 121395 MPD-**TT:LT ANKLE-MOUSE/NECK-JAPANESE LETTERS/BACK-WINGS**
PI255 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 ***
CN255 REP-300731
AR252 NPP 003 072396 FTC     PAROLE VIOL BURG                          MPD
                                                          NPP NA-C13066
```

DISPLAY CONTINUED ON NEXT PAGE

SCOPE

SID-02062552

```
AR253 NPP 003 062196          PAROLE VIOL BURG                    NCF 072396MPD
                                                                RBK WCS DKT-CR91-2373
AR254 MPD 002 062096          BURG                  960620-1073              MPD
AD254 MPD 002 091096          BURG
     C136975X          FIN PCN 07698406//10Y NSP CONSEC W/OTHER TERMS + REST
AR255 REP 001 080586 CIT      PL-SHOPLIFTING        0686-3486                REP
AD255 REP 001 080586 CIT      PL
     1317               FIN BOOKED P/COURT IN LIEU OF FINE
```

NM-LEVINE DAVID JEFFREY SID-02062552 000 SS-530840229
CS-0589284 BD-06241967 RC-W SX-M HT-508 WT-168 HR-BRO EY-GRN
F1-16 M 17 W 000 10 SPC
F2- M 1 U 000
BP-LOS ANGELES, CA FB-182 636 FA1 SI-NV00170793 01-CON REG 02-F/A NO
A1-5201 STORREY PINES #1204, LVN 89118 102403 #2 SHEET 062096
CP248 MPD FELONY BURGLARY #136975 96 NV 061903 REGISTERED
CP250 MPD FELONY BURGLARY (WASHOE) 92 NV 121395 REGISTERED
CP251 MPD FELONY BURGLARY (SPARKS) 89 NV 121395 REGISTERED
CP252 MPD FELONY BURGLARY (WASHOE) 90 NV 121395 REGISTERED
CP253 MPD FELONY BEING UNDR INFL CS(RENO) 89 NV 121395 REGISTERED
CP254 MPD FELONY POSS STLN PROP(RENO) 86 NV 121395 REGISTERED
CP255 MPD FELONY POSS CC WO CONS-RENO 86 NV 121395 REGISTERED
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
PI252 121395 MPD-**TT:LT ANKLE-MOUSE/NECK-JAPANESE LETTERS/BACK-WINGS**
PI255 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 ***
CN255 REP-300731
AR252 NPP 003 072396 PTC PAROLE VIOL BURG MPD
NPP WA-C13066

DISPLAY CONTINUED ON NEXT PAGE

SCOPE

SID-02062552

AR253 NPP 003 062196 PAROLE VIOL BURG NCF 072396MPD

RBK WCS DKT-CR91-2373

AR254 MPD 002 062096 BURG 960620-1073 MPD

AD254 MPD 002 091096 BURG

C136975X FIN PCN 07688406//10Y NSP CONSEC W/OTHER TEMS + RSST

AR255 REP 001 080586 CIT PL-SHOPLIFTING 0686-3486 REP

AD255 REP 001 080586 CIT PL

1317 FIN BOOKED F/COURT IN LIEU OF FINE

EXHIBIT 105

EXHIBIT 105

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

Tel: 702-388-6577
Fax: 702-388-5819

Franny A. Forsman
Federal Public Defender
District of Nevada

Michael J. Kennedy
First Assistant

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

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