## IN THE SUPREME COURT OF THE STATE OF NEVADA

Case No. 83796

DONTE JOHNSON, Petitioner, Electronically Filed
May 27 2022 06:21 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

v.

STATE OF NEVADA, *et al.*, Respondent.

Appeal From Clark County District Court Eighth Judicial District, Clark County The Honorable Jacqueline M. Bluth, District Judge (Dist. Ct. No. A-19-789336-W)

## APPELLANT'S APPENDIX

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| Motion to Withdraw Request to<br>Strike Petition and to Withdraw<br>Request for Petition to be<br>Stricken as Not Properly Before<br>the Court), <i>Johnson v. Gittere</i> ,<br>et al., Case No. A–19–789336– | 06/26/2019 | 47     | 11708–11709 |

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| Any References to the First<br>Phase as the "Guilt Phase"   |            |        |             |
| Opposition to Motion in Limine<br>to Preclude Evidence of Other<br>Guns, Weapons and<br>Ammunition Not Used in the<br>Crime   | 11/04/1999 | 2      | 283–292     |
| Opposition to Motion to Vacate Briefing Schedule and Strike Habeas Petition, <i>Johnson v. Gittere, et al.</i> , Case No. A–19– 789336–W, Clark County District Court, Nevada | 05/28/2019 | 47     | 11625–11628 |
| Petition for Writ of Habeas<br>Corpus, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W,<br>Clark County District Court,<br>Nevada                                  | 02/13/2019 | 24–25  | 5752–6129   |
| Post–Evidentiary Hearing<br>Supplemental Points and<br>Authorities  | 06/22/2005 | 22     | 5472–5491   |
| Reply to Opposition to Motion to<br>Vacate Briefing Schedule and<br>Strike Habeas Petition  | 06/20/2019 | 47     | 11705–11707 |
| Reply to State's Response to<br>Petition for Writ of Habeas<br>Corpus   | 12/13/2019 | 47     | 11718–11836 |
| State's Response to Defendant's Petition for Writ of Habeas Corpus (Post–Conviction),   | 05/29/2019 | 47     | 11629–11704 |

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| Stipulation and Order to Modify<br>Briefing Schedule, <i>Johnson v.</i><br><i>Gittere, et al.</i> , Case No. A–19–<br>789336–W, Clark County<br>District Court, Nevada | 09/30/2019 | 47     | 11711–11714 |
| Stipulation and Order to Modify<br>Briefing Schedule, <i>Johnson v.</i><br><i>Gittere, et al.</i> , Case No. A–19–<br>789336–W, Clark County<br>District Court, Nevada | 11/22/2019 | 47     | 11715–11717 |
| Transcript of All Defendant's<br>Pending Motions   | 03/02/2000 | 2      | 416–430     |
| Transcript of Argument to Admit Evidence of Aggravating Circumstances  | 05/03/2004 | 12     | 2904–2958   |
| Transcript of Argument: Petition for Writ of Habeas Corpus (All Issues Raised in the Petition and Supplement)  | 12/01/2011 | 22–23  | 5498-5569   |
| Transcript of Arguments  | 04/28/2004 | 12     | 2870–2903   |
| Transcript of Decision: Procedural Bar and Argument: Petition for Writ of Habeas Corpus  | 07/20/2011 | 22     | 5492–5497   |
| Transcript of Defendant's<br>Motion for Leave to File Under  | 02/25/2019 | 46     | 11594–11599 |

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| Transcript of Defendant's Motion to Reveal the Identity of Informants and Reveal Any Benefits, Deals, Promises or Inducements; Defendant's Motion to Compel Disclosure of Existence and Substance of Expectations, or Actual Receipt of Benefits or Preferential Treatment for Cooperation with Prosecution; Defendant's Motion to Compel the Production of Any and All Statements of Defendant; Defendant's Reply to Opposition to Motion in Limine to Preclude Evidence of Other Guns, Weapons, Ammunition; Defendant's Motion in Limine to Preclude Evidence of Witness Intimidation | 11/18/1999 | 2      | 293–301   |
| Transcript of Evidentiary<br>Hearing  | 05/17/2004 | 12     | 2959–2989 |
| Transcript of Evidentiary<br>Hearing  | 06/14/2005 | 22     | 5396–5471 |
| Transcript of Evidentiary<br>Hearing  | 04/04/2013 | 23     | 5570–5673 |
| Transcript of Evidentiary<br>Hearing  | 04/11/2013 | 23     | 5674–5677 |

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| Transcript of Evidentiary<br>Hearing                        | 09/18/2013 | 23–24  | 5749–5751 |
| Transcript of Excerpted Testimony of Termaine Anthony Lytle | 05/17/2004 | 12     | 2990–2992 |
| Transcript of Jury Trial – Day 1<br>(Volume I)              | 06/05/2000 | 2–4    | 431–809   |
| Transcript of Jury Trial – Day 2<br>(Volume II)             | 06/06/2000 | 4–5    | 810–1116  |
| Transcript of Jury Trial – Day 3<br>(Volume III)            | 06/07/2000 | 5–7    | 1117–1513 |
| Transcript of Jury Trial – Day 4<br>(Volume IV)             | 06/08/2000 | 7–8    | 1514–1770 |
| Transcript of Jury Trial – Day 5<br>(Volume V)              | 06/09/2000 | 8      | 1771–1179 |
| Transcript of Jury Trial –<br>Penalty – Day 1 (Volume I) AM | 04/19/2005 | 12–13  | 2993–3018 |
| Transcript of Jury Trial –<br>Penalty – Day 1 (Volume I) PM | 4/19/20051 | 13     | 3019–3176 |
| Transcript of Jury Trial –<br>Penalty – Day 10 (Volume X)   | 05/02/2005 | 20–21  | 4791–5065 |

 $<sup>^{\</sup>rm 1}$  This transcript was not filed with the District Court nor is it under seal.

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| Transcript of Jury Trial –<br>Penalty – Day 10 (Volume X) –<br>Exhibits              | 05/02/2005 | 21     | 5066–5069 |
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| Transcript of Jury Trial –<br>Penalty – Day 12 (Volume XII)                          | 05/04/2005 | 22     | 5267–5379 |
| Transcript of Jury Trial –<br>Penalty – Day 12 (Volume XII) –<br>Deliberations       | 05/04/2005 | 22     | 5380–5383 |
| Transcript of Jury Trial –<br>Penalty – Day 13 (Volume XIII)                         | 05/05/2005 | 22     | 5384–5395 |
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| Transcript of Jury Trial –<br>Penalty – Day 2 (Volume II) PM                         | 04/20/2005 | 13–14  | 3202–3281 |
| Transcript of Jury Trial –<br>Penalty – Day 3 (Volume III) PM                        | 04/21/2005 | 14–15  | 3349–3673 |
| Transcript of Jury Trial –<br>Penalty – Day 3 (Volume III–A)<br>AM                   | 04/21/2005 | 14     | 3282–3348 |
| Transcript of Jury Trial –<br>Penalty – Day 4 (Volume IV) AM<br>– Amended Cover Page | 04/22/2005 | 16     | 3790–3791 |
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| Transcript of Jury Trial –<br>Penalty – Day 5 (Volume V) PM           | 04/25/2005 | 16     | 3859–3981 |
| Transcript of Jury Trial –<br>Penalty – Day 5 (Volume V–A)            | 04/25/2005 | 16     | 3819–3858 |
| Transcript of Jury Trial –<br>Penalty – Day 6 (Volume VI) PM          | 04/26/2005 | 17–18  | 4103–4304 |
| Transcript of Jury Trial –<br>Penalty – Day 6 (Volume VI–A)<br>PM     | 04/26/2005 | 16–17  | 3982–4102 |
| Transcript of Jury Trial –<br>Penalty – Day 7 (Volume VII–<br>PM)     | 04/27/2005 | 18     | 4382–4477 |
| Transcript of Jury Trial –<br>Penalty – Day 7 (Volume VII–A)          | 04/27/2005 | 18     | 4305–4381 |
| Transcript of Jury Trial –<br>Penalty – Day 8 (Volume VIII–<br>C)     | 04/28/2005 | 18–19  | 4478–4543 |
| Transcript of Jury Trial –<br>Penalty – Day 9 (Volume IX)             | 04/29/2005 | 19–20  | 4544–4790 |
| Transcript of Jury Trial –<br>Penalty Phase – Day 1 (Volume<br>I) AM  | 06/13/2000 | 8      | 1780–1908 |
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| Transcript of Jury Trial –<br>Penalty Phase – Day 2 (Volume<br>III)  | 06/14/2000 | 9–10   | 2069-2379   |
| Transcript of Jury Trial –<br>Penalty Phase – Day 3 (Volume<br>IV)   | 06/16/2000 | 10     | 2380–2470   |
| Transcript of Material Witness<br>Charla Severs' Motion for Own<br>Recognizance Release  | 01/18/2000 | 2      | 414–415     |
| Transcript of Motion for a New<br>Trial  | 07/13/2000 | 10     | 2471–2475   |
| Transcript of Petition for Writ of Habeas Corpus and Setting of 1. Motion for Leave and 2. Motion for Evidentiary Hearing, <i>Johnson v. Gittere, et al.</i> , Case No. A–19–789336–W, Clark County District Court, Nevada | 02/13/2020 | 49     | 12249–12263 |
| Transcript of Preliminary<br>Hearing   | 10/12/1999 | 2      | 260–273     |
| Transcript of State's Motion to<br>Permit DNA Testing  | 09/02/1999 | 2      | 252 - 254   |
| Transcript of State's Motion to<br>Videotape the Deposition of<br>Charla Severs  | 10/11/1999 | 2      | 255–259     |
| Transcript of Status Check: Filing of All Motions (Defendant's Motion to Reveal  | 10/21/1999 | 2      | 274–282     |

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| the Identity of Informants and   |            |        |           |
| Reveal Any Benefits, Deals,      |            |        |           |
| Promises or Inducements;         |            |        |           |
| Defendant's Motion to Compel     |            |        |           |
| Disclosure of Existence and      |            |        |           |
| Substance of Expectations, or    |            |        |           |
| Actual Receipt of Benefits or    |            |        |           |
| Preferential Treatment for       |            |        |           |
| Cooperation with Prosecution;    |            |        |           |
| Defendant's Motion to Compel     |            |        |           |
| the Production of Any and All    |            |        |           |
| Statements of Defendant; State's |            |        |           |
| Motion to Videotape the          |            |        |           |
| Deposition of Charla Severs;     |            |        |           |
| Defendant's Motion in Limine to  |            |        |           |
| Preclude Evidence of Other       |            |        |           |
| Crimes; Defendant's Motion to    |            |        |           |
| Reveal the Identity of           |            |        |           |
| Informants and Reveal any        |            |        |           |
| Benefits, Deals' Defendant's     |            |        |           |
| Motion to Compel the             |            |        |           |
| Production of any and all        |            |        |           |
| Statements of the Defendant      |            |        |           |
|                                  |            |        |           |
| Transcript of the Grand Jury,    | 09/01/1998 | 1–2    | 001–251   |
| State v. Johnson, Case No.       |            |        |           |
| 98C153154, Clark County          |            |        |           |
| District Court, Nevada           |            |        |           |
| Transcript of Three Judge Panel  | 07/24/2000 | 10–11  | 2476–2713 |
| - Penalty Phase - Day 1          | 01/21/2000 | 10 11  | 2110 2110 |
| (Volume I)                       |            |        |           |
| (Volume 1)                       |            |        |           |
| Transcript of Three Judge Panel  | 07/26/2000 | 11–12  | 2714–2853 |
| – Penalty Phase – Day 2 and      |            |        |           |
| Verdict (Volume II)              |            |        |           |
|                                  |            |        |           |

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| Transcript Re: Defendant's  | 01/06/2000 | 2      | 307-413   |
| Motions                     |            |        |           |
|                             |            |        |           |
| Verdict Forms – Three Judge | 7/26/2000  | 12     | 2854-2869 |
| Panel                       |            |        |           |
|                             |            |        |           |

## **CERTIFICATE OF SERVICE**

I hereby certify that on May 27, 2022, I electronically filed the foregoing Appendix with the Nevada Supreme Court by using the appellate electronic filing system. The following participants in the case will be served by the electronic filing system:

Alexander G. Chen Chief Deputy District Attorney Clark County District Attorney's Office

/s/ Celina Moore

Celina Moore An employee of the Federal Public Defender's Office the Probation Officer that he began smoking marijuana when he was 15 years old and uses marijuana approximately 4 times a week. When asked about gang-related activity, he stated that he was in a "Bloods gang" for two years prior to his arrest, adding that he was "jumped in," when he was 14 years old. He described it as a "very big gang." When asked about gang activities, he replied, "Bon't know." He said that his gang moniker is "Deko." When asked what his moniker means, be also replied, "I don't know."

When asked about prior offenses, the minor said that he had only one prior offense, when he was 15 years old, for robbery, for which he went to camp for several months. According to his juvenile record, the minor has had three prior offenses. He was arrested when he was 14 years old for armed robbery, (vehicle theft) for which he was ordered to CCP. When he was 15 years old, he was again arrested for having a handgun on probation and possession of a weapon at school for which he was also ordered to CCP. About 3 months later (about 4 months prior to the instant offense), he was arrested for reckless driving and taking a vehicle without owner's consent.

The current offense occurred when the defendant was 16 years old. He was charged with armed robbery involving the use of a shotgun. According to the Probation Officer's Report submitted 8-19-93, the defendant and three accomplices entered Cen-Fed Bank. . .armed with a semi-automatic handgun and a sawed-off shotgun at about 1:40 p.m., and announced: "This is a robbery. Everyone get down!" When asked about the circumstances of the bank robbery, he replied that it was not gang related, stating, "I robbed a bank—don't want to talk about it because I want to forget about it."

#### MENTAL STATUS EXAMINATION

The defendant is a 16-year-old Black male of short stature and slight build. He is about 5 feet, 6 inches tall, and weighs approximately 125 pounds. He has no noticeable tattoos. He was dressed in institutional garb, neatly groomed, and appeared to maintain good personal hygiene. He showed no unusual mannerisms or expressions. His attitude toward the interviewer was passively compliant and courteous. Throughout the interview, he was calm, pleasant, and attentive. However, he declined to discuss matters pertaining to himself, gang-involved activities, or the present offense. He appeared to be in no apparent distress. He was alert and fully oriented for time, place, and person. There was no evidence of memory impairment or other signs of organicity. His speech was clear, and verbal responses were coherent and relevant to the subject matter. Cognitively, he appeared to be functioning within the low-average intellectual range, based upon vocabulary and verbal responses. Thought content was megative for psychotic or delusional material. Thought processes were organized and goal-directed. He had sufficient insight into his present personal and legal problems. He demonstrated a correct understanding of the sentencing process, as well as the the purpose of the 90-day evaluation, stating that he "took a deal because

WHITE, John MA400

SRCC

PSYCHIATRIC EVALUATION

it was a good deal for 4 years, instead of a lot more time. Discrepancies between information elicited from the defendant and that in the referral documents, suggested his responses may be of questionable validity.

### FINDINGS AND CONCLUSIONS

There are no signs of psychosis or impaired mental functioning on mental status examination.

The minor was on probation for robbery at the time of his present arrest. He had been released from camp about 11 months prior to the instant offense. He had been a member of a criminal street gang since 14 years of age. His juvenile record indicates a pattern of criminal behavior, starting at age 14, to the time of the instant offense. He had been ordered to CCP for two prior to the time of the instant offense. He had been ordered to CCP for two prior offenses. Performance under probation supervision was described as marginal to unsatisfactory, and he continued to have adverse contact with law enforcement, and continued to participate in gang activity. In the present offense, the investigating officer stated that the minor "had not displayed any remorse." According to the Probation Officer's Fitness Report evaluation: "Criminal behavior has continued to escalate in seriousness. (Defendant) does not have any respect for authority and/or adults, and rehabilitative efforts, CCP, and HOP have been ineffective."

#### DIAGNOSIS (PER DSM-III-R CRITERIA)

Axis ·I: 1) 312.20 Conduct disorder, group type
Severity: severe, with strong antisocial traits
2) 305.20 Cannabis abuse, in incarceration remission

Axis II: Developing antisocial personality disorder

Axis III: No contributing Axis III diagnosis

#### RECOMMENDATIONS

At the present time, the minor states that he is "going to stop gangbanging because of the trouble you get into with people you know." He states that he hopes that he can continue school while incarcerated at CYA, and then continue with college after he is released. He said that he hopes to become a lawyer or a probation officer "because it's easy money."

In summary, although the minor's past history is inconsistent with interest in educational or vocational pursuits, he may, at this time, benefit from education and vocational programs at the Youth Authority, as well as avoiding the negative influence of older, hardcore criminals in an alternate facility at this juncture.

MA400 WHITE, John

SRCC PSYCHIATRIC EVALUATION Date Dictated: December 28, 1993

Date Typed:

December 28, 1993

Dictated by

Harold H. Kates, M.D., Staff Psychiatrist Diplomate, American Board of Psychiatry & Neurology

SMaron Rose Blosl, LCSW, Supervising Casework Specialist II

5906t

PSYCHIATRIC EVALUATION

| R-YW202R01  | STUDENT REPART                     | FOR                                     | WHITE, JOHN                            | OHN L.  | SURVEY OF ESSENTIAL SKILLS (1982 EDITION) PG 00007.   |
|---|------------------------------------|---|--|---|---|
|   | GRADE 3 TEACHER: AUSTIN            | HER: AU                                 |  | ERNESTINE   | SCHOOL NO. 2219 SCHOOL: ASCOT AVE   |
| GRADE 3 RESULTS READING SKILL AR  | S (MAY 1987) [C<br>+ Si<br>AREAS   | M ≻ Ω                                   | PERCENT<br>CORRECT CONT                | ATED] CONTINUUM CODE (ITEMS MISSED)                                     |   |
| DECCDING STRUCTURAL ANALYSIS VOCABULARY LITERAL COMPREHENSION INTERPRETIVE COMPREHENSION CRITICAL COMPREHENSION LOCATION/STUDY SKILLS | 1                                  | N S S S S S S S S S S S S S S S S S S S | 100<br>755<br>100<br>755<br>255<br>257 | SA13(9)<br>V03(15)<br>C01(21)<br>C09(31)<br>LS05(33,34,36), LS11(38,39, | D23-DIPHTHONGS,D24-3 LETTER CLUSTERS \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |
| MATHEMATICS   | v.                                 |   |  |   |   |
| ACT ACT   | NUMBERS                            | 1-8<br>9-16<br>17-24                    | 8 8<br>8<br>8                          | NO7(2,3,4), N27(8)<br>WO6(9,10), W15(13,14),<br>W16(16)<br>W22(20)      | NO8-WRITE/RECOGNIZE NUMERALS THRU 9,999 / 3/8/<br>WO8-ADD 3-DIGIT NUMBERS:REGROUP, / 8/8/0/8/<br>WI8-SUBTRACT 3-DIGIT NUMBERS:REGROUP W25-MULTIPLY BY 10  |
| FRACTIONS   |                                    | 25-28                                   | 100                                    | MO3(31) MO7(32) M98(34)   | 3/77_LEW31-DIVIDE Z-DIGIT BY 1 DIGIT: 1 DIGIT WOLLEN!  2/77_LETIG-SUBTRACT: LIKE DENOMINATORS  MOA-CFNIMFTER/MFTER (M15-AREAS: SURFACES.)   |
| RELATIONS/FUNCTIONS/STATS PROBLEM SOLVING   |                                    | 41 - 44 45 - 48                         | 225                                    | 42), 501(44)<br>, PS03(46,47)   | JLUME: NON-STAND JLUME: NON-STAND JL NUMBERED PAI MBERS/SITUATION MEASUREMENT WOR   |
| OVERALL MATHEMATICS   | FICS SCORE: 28                     | 3 OF 48                                 | 11<br>00<br>00<br>00                   |   | 5/87 GEOMETRY:G24-COMPUTES PERIMETERS   |
| COMPOSITION SKILL   | L AREAS                            |   |  |   |   |
| WORD PROCESSING<br>SENTENCE PROCESSING  | NG<br>SSING                        | 9-12                                    | 63                                     | WO2(2,5), WO3(8)<br>SO5(9)  | MOS-NGUNS/PRONGUNS,WOS-ADVERBS,WOS-CONTRACTIONS  M/P4_SO4-SENTENCE TYPE,SO7-TRANSFORM,  |
| DICTIONARY/REFERENCE<br>SPELLING  |                                    | 13-16                                   | 83                                     | DR06(13,14)<br>SP08(24), SP09(27)                                       | */3.C DRO7-ALPHABET GRDER: 3RD LTR,DR09-DICTONARY PARTS */2.C SP12-DIPHTHONGS,SP14-PREFIXES,  |
| MECHANICS   |                                    | 29-34                                   | 80                                     | M01(32)   | 9/86MOCAPS: IN QUORSE MOUNS,MOS-CAPS: IN LETTER WRITING,MOS-CAPS: IN LETTER WRITING,MOS-CAPS: IN QUORSE,MIS-COMMAS: DATES,MIS-COMMAS: DATES,MIS-COMMAS: DATES,MOS-CAPS: IN QUORSESSIONMOS-CAPS: IN QUORSESSIONMOS-CAPS: IN QUORSESSIONMOS-CAPS: MOS-CAPS: IN QUORSESSIONMOS-CAPS: MOS-CAPS: MOS-CAP |
| OVERALL COMPOSITION   | TION SCORE: 25                     | OF 34                                   | = 74%                                  | (MULTIPLE CHOICE ITEMS)   | AS CONGANIZATIONAL SKILLS:OUT-CLASSIFT ITEM/WOKUS   |
| WRITING SAMPLE:   | %GGGD<br>%AVERAGE<br>%UNACCEPTABLE |   | 9000                                   | UNACCEPTABLE ITEMS:   |   |
| TEACHER INITIALS:   | B                                  | FROM:                                   | 188                                    | TO: 6/87  | TEACHER INITIALS: CON FROM: 8/86 TO: 6/87   |
|   |                                    |   |  |   |   |

| IPH ACCOUNT  | First  | Middle   | School Last Attended   | Reg  | ion/Divis  |  |
|--|--|--|--|--|--|--|
| Birthdate Month Day Year   | Sex  | Present Grade  | Ethnicity  | .*   | - Individua.   |  |
| Special Programs   | 7 _ = 1  | M /  | AI A B   | _ н _ н  | L Exceptional .  | 1  |
| 116 applicable, check one)   | Magnet School  | Permits with<br>Transportation (P  |  | L-J Progra   | ty Adjustment [CAP]  | ] / /  |
| Residing with (name)   | de   | Parent   | Guardian 🔲   | Other:   | Home Phone 75  | 1.55   |
| Présent Address Street   | Apartmer   | nt No. City  | (Post Office) and State  | Zip Code   | Work Phone   |  |
| Previous Address Street  | Apartmer   | nt No. City  | (Post Office) and State .  | Zip Code   | Emergency Phone  |  |
| BINL: Yes No (Check  | anel:  | Sec. Rflingual-FSt   | Program Level (Check one):   | Prinary I  | anguage at Home:   |  |
| NES LES FES  | PES  |  | Int./II  | Lunch Pro  | . 114  | Reduced  |
| Immunization None  | Dates of Doses   | Add  | itional Comments of Important<br>ortunity Transfer Transporta  | ce (such as Health   | , Credits Earned, Re   | quired Subjects  |
| PO110<br>DPT/Td  |  |  | Stedent Com  | ing pro  | ~ Cam  | 0  |
| Rubella Exempt:  | dical  | Completed  | Oak  | 1.   |  |  |
|  | 11gious  | Not Completed  | town M   | hill   | The same   |  |
| NEW TO THE DISTRICT EN   | nrollment Status (Co   | ircle number):   |  |  |  |  |
| 3  | From public school   | 1, outside District  | 4 From non-public school   | 7 First-ti   | me envolument at any   | y school (K-12)  |
|  | Public school with   |  | Cert. of Prof./Graduation  | Other  |  |  |
| 4  | Non-public school  | The second second  | Unknown or Inactive  | A STATE OF THE STA | mostaline of the   |  |
|  | Another state or o   | country  | Deceased   |  |  |  |
| DISCIPLINE PROCEEDINGS   | A.   | Peacon for Pancooding  | e (Clarke number)  |  |  | The Charles  |
|  |  | Reason for Preceeding  | · · · · · · · · · · · · · · · · · · ·  |  |  |  |
| CORPORAL PUNISHMENT  | ***  | 1. Threatened, attending to enother  | pted, or caused physical   | 6: Caused or   | officerplant to cause to property.   | townide of Posterior   |
| CHENDALION .   |  |  | parsone  | II de l'alliere  | A CONTRACTOR OF THE PARTY OF TH |  |
| SUSPENSION   | OSIS   | 2. Possessed, sold,  | or furnished any firearm,  | 7. Stole or  | attempted to state s   | chool or privet  |
| The second secon | f Days:  | Possessed, sold, knife, explesive,     Possessed, used,  | or furnished any firearm,<br>or other dengerous object,<br>sold, or furnished, or been   | 7. Stole or eroporty.  8. Possessed  | at used tobacce.   |  |
| From Class. No. of From School. No. of Time Left School:   | f Days:  | Possessed, sold, knife, employee,     Possessed, used, under the influence substance, an alc   | or furnished any firearm,<br>or other dengerous object.<br>sold, or furnished, or been<br>one of, any controlled<br>cholic beverage, or an   | 7. Stole or property.  IC Possessed  9. Countitled   | atompted to steel s  | ngaged in  |
| From Class, No. of From School, No. of Time Left School: Conference: Data  | f Days:  | Possessed, solif, inffe, employing.     Rosessed, used, under the inffue substance, an all intoxicant of any 4. Offered, furnishe  | or furnished any firearm, or other dengerous object, sold, or furnished, or been occord, any controlled obolic beverage, or an kind, or sold any substitute  | 7. Stole or property.  E. Possessed  9. Committed habitual   | or used tobacce.  an obscene act or eprofesity or vulgar!  Ternished, or sold a  | ngaged in  |
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### DISTRICT COURT CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

CASE NO: C153154

DEPT NO: V DOCKET:

DONTE JOHNSON ID#1586283

Defendant.

SUBPOENA ☐ Regular M Duces Tecum

THE STATE OF NEVADA SENDS GREETINGS TO:

Fremont High School Counseling Center One/Virginia Thompson 7676 S. San Pedro Street Los Angeles, California

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YOU ARE HEREBY DEMANDED, that all and Singular, business and excuses set aside, you appear and attend on the 26th' day of May 2000 at 9:00am at the Office of the Special Public Defender, Clark County, Nevada. The address where you are required to appear is 309 South Third Street, Fourth Floor, Las Vegas, Nevada. You are required to bring with you at the time of your appearance any items set forth on the reverse side of this subpoena. If you fail to attend, you will be deemed guilty of contempt of Court and liable to pay all losses and damages caused by your failure to appear and in addition forfeit One Hundred (\$100.00).

DATED this /9 day of May 2000.

PHILIP J. KOHN SPECIAL PUBLIC DEFENDER

diseph Sciccento Deputy Special Public Defender

State Bar No. (702) 455-6265

Attorney for Defendant

### AFFIDAVIT OF SERVICE

| STATE OF NEVADA   | 1                     |                    |               |            |           |               |               |           |
|---|-----------------------|--------------------|---------------|------------|-----------|---------------|---------------|-----------|
| COUNTY OF CLARK   | ) ss.                 |                    |               |            |           |               |               |           |
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| chool records for Eunisha W<br>valuations, teacher comments   | /hite, DOB<br>s, etc. |                    |               |            | -         | e include tr  | anscripts, pa | ychologic |
| valuations, teacher comments  LEASE CONTACT INVESTIGA   | s, etc.               | 3-13-8             | 81 SSN558-    | 65-8482    | . Pleas   |               |               |           |
| chool records for Eunisha W<br>valuations, teacher comments<br>LEASE CONTACT INVESTIGA<br>PPEARANCE | s, etc.               | 3-13-8             | 81 SSN558-    | 65-8482    | . Pleas   |               |               |           |
| valuations, teacher comments  LEASE CONTACT INVESTIGA   | s, etc.               | 3-13-8             | 81 SSN558-    | 65-8482    | . Pleas   |               |               |           |
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| valuations, teacher comments  LEASE CONTACT INVESTIGA   | s, etc.               | 3-13-8             | 11 SSN658-    | 65-8482    | . Pleas   |               |               |           |
| valuations, teacher comments  LEASE CONTACT INVESTIGA   | s, etc.               | 3-13-8             | 11 SSN658-    | 65-8482    | A MORI    |               |               |           |
| valuations, teacher comments  LEASE CONTACT INVESTIGA   | ATOR, MAX             | 3-13-8             | 11 SSN658-    | 65-8482    | A MOR     |               |               |           |
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| valuations, teacher comments  LEASE CONTACT INVESTIGA   | ATOR, MAX             | 3-13-8<br>(INE MII | 21 SSN558-    | 65-8482    | A MOR     |               |               |           |
| valuations, teacher comments  LEASE CONTACT INVESTIGA   | ATOR, MAX             | 3-13-8             | 21 SSN558-    | 65-8482    | A MOR     |               |               |           |
| valuations, teacher comments  LEASE CONTACT INVESTIGA   | ATOR, MAX             | 3-13-8             | R1 SSN658-    | 65-8482    | A MOR     |               |               |           |

| RELEASE  |
|--|
| hereby authorize you to disclose to any                    |
| the Special Public Defender, Las Vegas, Nevada, any        |
| pertaining to me that they may request, including but      |
| al records, records of alcohol or drug abuse, psychiatric  |
| chool records and related transcripts. Any claim of        |
| munication or privacy is expressly waived, and it is       |
| es will not result in any liability whatsoever on the part |
|  |
| MAY 2000.  |
|  |
| Signed & White Edmisha                                     |
| Address: (6838 8 11 AVE                                    |
| Address: 100 55 511 AVC                                    |
| 1 1  |
| Date of Birth:   |
| Social Sociality   |
| Social Security  |
| Veteran's Admin. No.:                                      |
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| Dated: May 6, 2000   |
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|  | WASHING<br>FICATION  | CA<br>TON  | LIF  | OR   |  |  | HOW  | V VER  |                                       | Salar Admin  |                 | · 第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十  | Pi   | нотов  | RA              | PHS   |  | を 一人の | JUNIOR   | AND     | SEN<br>es Un                                       | IVE<br>IIOF    | RE                        | 1 SCH       | 10018                            |
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|  | FIRST SEM  |  |  | 1  | 1  | ECOND  | L  | T  | T                                     | FIRST SEA  |                 |  | T  | SE   | T               | SEMES   | TER  | t   | FIRST SEM  | ESTER   | -  | 1              |                           | SECOND      | SEMESTER                         |
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| ATICS LANGUAGE LANTS   |  |  |  |  |  |  |  |  |                                       |  |                 |  |  |  |                 |   |  |   | SPEECH A<br>MATH 9A<br>TYPING A<br>ATHLETICS<br>ED C PLAN<br>ED C PLAN<br>HOMEROOM/O | GB<br>I | 0.0 F<br>0.0 F<br>5.0 B<br>0.0 F<br>2.5 B<br>0.0 F |                | HOMEPO                    | T FREP      | 5.0 I<br>5.0 I<br>5.0 I<br>1.5 I |
| EDUCATION  |  |  |  |  |  |  |  |  |                                       |  |                 |  |  |  |                 |   |  | 1   | Credits, t   |         |  |                |                           |             |                                  |
|  |  |  | -  | 7  |  | T  | F  | F  | H                                     |  | H               | H  | F  |  | I               | E   | H  | Ŧ   |  | Н       | +  | Н              |                           | $\pm$       | H                                |
| Markediy to<br>Superior<br>Satisfacto<br>Needs to i  | Superior<br>ory<br>improve<br>to progress  | WOR<br>AND<br>COOK<br>E Exc<br>5 Set   | K HAI  | HOI  | SPECIAL<br>AP Advi<br>E Acon<br>H Hon<br>ESL Engl<br>S Special   | L CLAS   | SSES<br>Sacerri<br>ly Enr  | nent<br>riched   | d                                     | 11-18-90 7<br>6-20 7<br>-19-00 9   | PAR             | US 7   | TDE  | o.<br>Wisnes<br>Un I Ster<br>Th Q Spec                                     | WH              | TE  | 2//  | /   | CREDITS  PT RECO DATE  | RD      | 7 / S  |                | TOTAL CRE                 | EDITS       | 220                              |
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Kate Thompson, Superintendent

John Atherstone, Principal

### **★** TRANSCRIPT OF HIGH SCHOOL RECORD **★**

|   | Year   | 1992 Los A<br>1992-93 Los A             | ngeles Co  | unty                       |   |
|---|--|---|--|----------------------------|---|
| Lin   | e No.  | Course Title                            | Sem1   | Sem2                       | Credits                                 |
| E==   | EFF25  | ********                                | ******   |                            | *********                               |
| 01  | Engl:  | ish                                     | B2   |                            | 2.0                                     |
|   | Math   |   | B4   | B2                         | 6.0                                     |
|   | Scie   | nce                                     | B2   | C2                         | 4.0                                     |
| 04  |  |   |  |                            |   |
| 05  | wid.   | History<br>Art<br>Experience            |  | C2                         | 2.0                                     |
| 06  | Fine   | Art                                     |  | C2                         | 2.0                                     |
| 07  | Amer   | . Experience                            | B2   |                            | 2.0                                     |
| 80  | Comp   | uter Ed.                                |  | C2                         | 2.0                                     |
| 0.9   |  |   |  |                            |   |
| 10  | P.E.   |   | B2   | C2                         | 4.0                                     |
|   |  |   |  |                            |   |
|   |  |   |  | Subtota                    | 1: (24.0)                               |
|   |  | ***********                             |  |                            |   |
| Sch   | Year   | 1993-94 Los                             | Angeles C  | county                     |   |
| Sch   | Year   |   |  |                            |   |
| Lin   | e No.  | Course Title                            | Sem1   | Sem2                       | Credits                                 |
| EE=   |  | **********                              |  |                            | *********                               |
| 11  | Engl:  | ish                                     | C2   |                            | 2.0                                     |
| 12  | Math   | ish                                     | C2   |                            | 2.0                                     |
| 13  | Life   | Science<br>History                      | C2<br>C2   |                            | 2.0                                     |
| 14  | U.S.   | History                                 | C3   |                            | 2.0                                     |
| 15  |  |   |  |                            |   |
| 16  |  |   |  |                            |   |
|   | Comp   | . Ed.                                   | C2   |                            | 2.0                                     |
| 18  | _  |   |  |                            |   |
| 19  |  |   |  |                            |   |
| 20  | P.E.   |   | C2   |                            | 2.0                                     |
|   |  |   |  |                            |   |
|   |  |   |  | Subtota                    | 1: (12.0)                               |
| FEE   |  | (Sum Sem) 199<br>(Fall) 199             |  | EEEEEpal                   |   |
| Sch   | Year   | (Sum Sem) 199                           | 4 El Paso  | de Robl                    | es                                      |
| Sch   | Year   | (Fall) 199                              | 4 El Paso  | de Robl                    | es                                      |
| Lin   | e No.  | Course Title                            | Sem1   | Sem2                       | Credits                                 |
|   | -  | **********                              |  |                            | ********                                |
| 21  | Engl   | ish (L/Arts)                            | C4.5   | C4                         | 8.5                                     |
| 22  |  | ,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |                            |   |
| 23  |  |   |  |                            |   |
| 24  |  |   |  |                            |   |
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| 26  |  |   |  |                            |   |
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| 28  |  |   |  |                            |   |
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| 20  |  |   |  |                            |   |
|   |  |   |  |                            |   |
|   |  |   |  | Subtota                    | 1: (8.5)                                |
| 30  | *****  |   | *******  | CERRESI                    | 1: (8.5)                                |
| 30  | Year   | (Spr) 1995                              | *******  | CERRESI                    | CERSCOSPULL                             |
| 30<br>sch   | Year   | (Spr) 1995                              | El Paso  | de Roble                   | S                                       |
| 30<br>sch   | Year   | (Spr) 1995                              | El Paso  | de Roble                   | S                                       |
| Sch<br>Sch<br>Lin   | Year<br>Year<br>e No.                                  | (Spr) 1995<br>Course Title              | El Paso  | de Roble<br>Sem2           | Credits                                 |
| Sch<br>Sch<br>Lin   | Year<br>Year<br>e No.                                  | (Spr) 1995<br>Course Title              | El Paso  | de Roble<br>Sem2           | Credits                                 |
| Sch<br>Sch<br>Lin   | Year<br>Year<br>e No.                                  | (Spr) 1995<br>Course Title              | El Paso<br>Sem1                                  | de Roble<br>Sem2           | Credits                                 |
| Sch<br>Sch<br>Lin   | Year<br>Year<br>e No.                                  | (Spr) 1995<br>Course Title              | El Paso<br>Sem1                                  | de Roble<br>Sem2           | Credits                                 |
| Sch<br>Sch<br>Lin<br>31   | Year<br>Year<br>e No.                                  | (Spr) 1995<br>Course Title              | El Paso<br>Sem1                                  | de Roble<br>Sem2           | Credits                                 |
| Sch<br>Sch<br>Lin<br>31<br>32   | Year<br>Year<br>e No.                                  | (Spr) 1995<br>Course Title              | El Paso<br>Sem1                                  | de Roble<br>Sem2           | Credits                                 |
| 30<br>Sch<br>Sch<br>Lin<br>31<br>32<br>33<br>34<br>35   | Year<br>Year<br>e No.<br>Engl:                         | (Spr) 1995 Course Title                 | El Paso<br>Sem1                                  | de Roble<br>Sem2           | Credits                                 |
| 30<br>Sch<br>Sch<br>Lin<br>31<br>32<br>33<br>34<br>35   | Year<br>Year<br>e No.<br>Engl:                         | (Spr) 1995 Course Title                 | Sem1<br>C8.5A3                                   | de Roble<br>Sem2           | Credits                                 |
| 30<br>Sch<br>Sch<br>Lin<br>31<br>32<br>33<br>34<br>35   | Year<br>Year<br>e No.<br>Engl:                         | (Spr) 1995<br>Course Title              | El Paso<br>Sem1<br>C8.5A3                        | de Roble<br>Sem2           | Credits                                 |
| 30<br>Sch<br>Sch<br>Lin<br>32<br>33<br>34<br>35<br>36<br>37<br>38   | Year<br>Year<br>e No.<br>Engl:                         | (Spr) 1995 Course Title                 | El Paso<br>Sem1<br>C8.5A3                        | de Roble<br>Sem2           | Credits                                 |
| 30<br>Sch<br>Sch<br>Lin<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39   | Year<br>Year<br>e No.<br>Engl                          | (Spr) 1995 Course Title                 | El Paso<br>Sem1<br>C8.5A3<br>B5A2.5              | de Roble<br>Sem2           | 7.5                                     |
| 30<br>Sch<br>Sch<br>Lin<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39   | Year<br>Year<br>e No.<br>Engl:                         | (Spr) 1995 Course Title                 | El Paso<br>Sem1<br>C8.5A3                        | de Roble<br>Sem2           | Credits                                 |
| 30<br>Sch<br>Sch<br>Lin<br>31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39   | Year<br>Year<br>e No.<br>Engl                          | (Spr) 1995 Course Title                 | El Paso<br>Sem1<br>C8.5A3<br>B5A2.5              | de Roble<br>Sem2           | 7.5<br>10.0                             |
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| Entered   | 04/06/94 | Withdrew       | 08/23/95 |
|           |          | Graduated      | 00/00/00 |
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| Required Subjects             | Credits<br>Req'd | Credits<br>Completed | Req. |
|-------------------------------|------------------|----------------------|------|
| English                       | 30               | 24.5                 |      |
| Math                          | 20               | 8.0                  |      |
| Science                       | 20               | 6.0                  |      |
| U. S. History & Geography     | 10               | 2.0                  |      |
| World History, Geography, &   | 10               | 2.0                  |      |
| American Government &         | 05               | 0.0                  |      |
| Economics                     | 05               | 1.0                  |      |
| Fine Arts or Foreign Language | 10               | 9.5                  |      |
| Physical Education            | 20               | 16.0                 |      |
| Employability Skills          | 05               | 0.0                  |      |

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General Comments:
Los Angeles County Includes: Klipatrick, Los Padrinos and Central

[Signed] Hinda Musement

Principal
El Paso de Robles School
P. O. Box 7008
Paso Robles, California 93447-7008
(805) 238-4040, Ext. 237

[issued] 9/5/95

This transcript was last posted: 09/05/95 reflecting credits earned through: 08/23/95

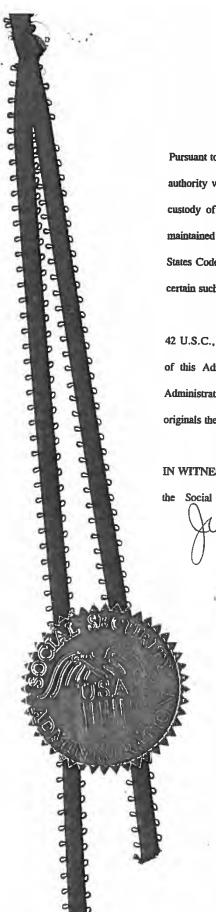
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|         |               |                  |             |        |        |      |        |         |                |           | a             | alenting                                       | in        | al         | e as         | las                                       | 12       | Laur                             |
|         |               |                  |             |        |        |      |        |         |                |           | Pare          | Oscilar  |           | na         | es a         | -   | sto      | ries                             |
|         |               |                  |             |        |        |      |        |         |                | 1//       | 00            | read pl  | oud       | The        | eda .        | COL                                       | mu       | ty                               |
|         |               |                  |             |        |        |      |        | •       |                |           | 1 la          | Marie a  | un        | 1. 11      | mike.        | a sh                                      | de       | Lel                              |
|         |               |                  |             |        | -      |      |        |         |                | -         | gr            | ele level                                      | ,         |            | 1            | 1   |          |                                  |
|         |               |                  |             |        |        |      |        |         |                | 27        | 10 3          | agentinga                                      | 2,40      | 450        | Mas          | essa                                      | - 14     | 19De                             |
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|         |               |                  |             |        |        |      |        |         |                | 34        | 10            | must ba  | - die     | ans        | some.        | 1 9                                       | rade     | Te                               |
|         |               |                  |             |        |        |      |        |         | -              | -         | bus           | must be  | tore      | Vea        | 10 de        | do.                                       | Foor     | wor                              |
|         |               |                  |             |        |        |      |        |         |                |           | Nee           | de to learn                                    | mult      | Talice     | otton        | FACI                                      | 5.       |                                  |
|         |               |                  |             |        |        |      |        |         |                | 144       | 12 m          | Matine De                                      | rus       | THE A      | hed in       | done                                      | der      | 1 on                             |
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| (       | CONFE         | RENCES           | WITH        | PAREN  | TS O   | R GI | JARDI  | ANS     |                | -6A       | WW            | able to  | not       | com        | state        | a. A                                      | ign      | much                             |
| TATE    | GRADE         | PARTICIP         | PANTS       |        |        | co   | MMENTS |         |                |           | 1             |  |           |            |              |   |          |                                  |
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| 105     | 2             | Boandon          | Man)        | Will   | Mels   | D N  | 119    | deen    | loo sel        | 2         |               |  |           |            |              |   |          |                                  |
| 16      | .2-           |                  |             | ment   |        |      | et s   |         |                | -         | -             |  |           |            |              |   |          |                                  |
| 1810    | 3/            | hank             | Made.       | Low    | ach    | ene  |        |         | elan           |           |               |  |           |            |              |   |          |                                  |
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| N-#1    | #-            | motte            | WITE !      | beha   | view   | Edn  | Henry. | u       | ww.            | 1         |               |  |           |            |              |   |          |                                  |
| _       | 5             | Marte.<br>Hadate | Tal a       | 2000   | مبن    | w T  | nog    | en      | _              | -         | -             |  |           |            |              |   |          |                                  |
| 90      | 6             | The dette        | ICA C       | aca.   | 4      |      | مصم    | -       |                | 1         |               |  |           |            |              |   |          |                                  |
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|         |               |                  |             |        |        |      |        |         |                |           |               |  |           |            |              |   | _        |                                  |



#### Social Security Administration Office of the Regional Commissioner Richmond, California

### CERTIFICATION OF TRUE COPY

Pursuant to the provisions of Title 42, United States Code, Section 3505, and the authority vested in me by 45 F.R. 47245-46, I hereby certify that I have legal custody of certain records, documents, and other information established and maintained by the Social Security Administration, pursuant to Title 42 United States Code, Section 405, and that the annexed are true and complete copies of certain such documents in my custody as aforesaid.

42 U.S.C., Section 3505 provides that judicial notice shall be taken of the Seal of this Administration affixed to any copies of records maintained by the Administration, and those records shall be admitted in evidence equally with the originals thereof when authenticated under such Seal.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the seal of Social Security Administration to be affixed this 4 Mday of

2004.

Patricula. Shehan
Assistant Regional Commissioner for (y for)
Management and Operational Support (y for)

San Francisco Regional Office Center for Programs

**CHERYL P. JACOBSON** Management and Program Analyst

1221 Nevin Avenue Richmond, CA 94801

(510) 970-8248 Fax (510) 970-8101 cheryl.jacobson@ssa.gov

| DEPARTMENT OF HEALTH AND HUMAN SERV   | )                                     |                    |           |   |                              |  |   |  | )             |  | Г                 |                          |   | CITLE  | IVX  |
|---|---------------------------------------|--------------------|-----------|---|------------------------------|--|---|--|---------------|--|-------------------|--------------------------|---|--|--|
| CESSATION OR CONT<br>OR BLINDNESS DETERM  |                                       |                    |           |   |                              |  |   |  | I.A.          | SOCIAL SECU  | JRITY             | NUMBER                   | l   |  |  |
| No further monies or other benefits may be paid   | out under this                        | brogram un         | dess this | s report                                    | is comp                      | oleted and                                     | filed as  | required   | l by exist    | ing public law   | 93-23:            | 3.                       |   |  |  |
| 1.B. TYPE CLAIM    X   DI   | ВІ                                    | В                  | 35        | П   | вс                           | I.C  | OTHER   |  | EMENT         |  |                   | 6/                       | /03/9   | 96   |  |
| 2.A NAME OF PAYEE (IF ANY)  |                                       |                    |           |   |                              |  |   |  |               |  |                   |                          |   |  |  |
| B. NAME OF DISABLED OR BLIND INDIVIDUE EUNICE CA  |                                       |                    |           |   |                              | 4. 🗆   | ATE OF  | BIRTH  |               |  |                   | 5. DAT                   | E DISABIL   | TY BEGAN   | /79  |
| LOS ANGELES, CA 9   | 00003                                 |                    |           |   |                              | 3,   | OADDR   |  | eles          |  | 901               | 008                      | 026   | ODE DDS (  | ODE<br>90  |
| 8.  |                                       | RECON              |           |   | ^I                           | ۲.   |   |  | APPEA         | LS   | -                 | U.S. DI:                 |   | _  |  |
| 9. UPON CONSIDERATION OF ALL FACTS, IT I  | C.  <br>IS DETERMIN                   | DHU X              | DIS       | D.<br>ABILIT                                |                              | EARING   | E.  |  | COUNC         | IL F   |                   | COURT                    | . G   | RE   | PENING   |
| X A CONTINUES   |                                       |                    |           |   |                              | 1  |   | _  |               |  |                   |                          |   |  | 7  |
| 200   | DES NOT                               |                    |           |   |                              | ł  | $\vdash$  | -  | 1. 301 C      |  |                   |                          |   |  |  |
| CONTRIBUTE TO FINDING   | JEZ NO1                               | MON                | NTH, DA   | AY, YEA                                     | ur<br>——                     |  |   |  | J. BLINI      | ONESS  |                   |                          |   | MONT   | H, DAY, Y  |
| B. CEASED STATE PLAN LAST MET   |                                       |                    |           |   |                              |  |   |  | (1) C         | ONTINUES   |                   |                          |   |  |  |
| C. ELIGIBILITY TERMINATED AT THI<br>CLOSE OF THE LAST DAY OF  | (E                                    |                    |           |   |                              |  | _   |  |               | BEGAN  |                   |                          |   | ļ <u>.</u>   |  |
|   |                                       |                    |           |   |                              |  |   |  | (2) CI        | EASED  |                   |                          |   |  |  |
|   |                                       |                    |           |   |                              |  |   |  | (3) CE        | ASED   |                   |                          |   |  |  |
|   |                                       |                    |           |   |                              |  |   |  |               | OTHER IMPA   | RMEN              | IT BEGAN                 | 4   |  |  |
| IO BASIS FOR DETERMINATION  |                                       |                    |           |   |                              |  |   | -  |               |  |                   |                          |   | _  |  |
| IO BASIS FOR DETERMINATION  A.  II REASON FOR CESSATION   | X MEDIC                               | CODE:              | AL VOC    | с. в.                                       |                              |  | NO IRWI   |  |               | WORK-IRWE I  | INVOL             |                          | D.  | OTHER<br>(explain in its   | ım 24.)  |
| A. II. REASON FOR CESSATION   | X MEDIC                               | CODE:              |           |   |                              | 12 R   | NO IRWI   | OR   |               |  | 70                | 1                        | D. MEDICAL  | (explain in ite  | em 24.)  |
| Α.  | X MEDIC                               | _                  | CI        |   | VOCA                         | 12 R   | EASON F   | OR   |               | WORK-IRWE I  | 70                | 1                        | D. MEDICAL  | (explain in its<br>LIST NO,  | em 24.)  |
| A.  11 REASON FOR CESSATION  13 CHECK IF ATTACHING A  | X MEDIC                               | CODE               | CI        | HECK II                                     | VOCA                         | 12 R   | EASON F   | OR   |               | WORK-IRWE I  | 70                | 1                        | D. MEDICAL  | (explain in ite<br>LIST NO,<br>OSAD  | em 24.}  |
| A.  11. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION  |                                       | CODE:              | CH<br>RL  | HECK IF                                     | т.                           | 12 R   | EASON F   | OR   |               | WORK-IRWE I<br>CODE:<br>CITE RULE  | 70<br>EARS        | WASMA                    | D. MEDICAL O12  | (explain in ite<br>LIST NO,<br>OSAD  | em 24.}  |
| A.  11 REASON FOR CESSATION  13 CHECK IF ATTACHING A CONTINUATION SHEET  15 VOCATIONAL BACKGROUND  19 VR ACTION  A. SC IN B. X  21 PRIMARY DIAGNOSIS: BODY SY.  | SC OUT                                | C. I i             | CI-RU     | HECK IF                                     | т.<br>р. [                   | 12 R   | EASON F   | OR   |               | WORK-IRWE I CODE:  CITERULE  17. EDUC Y 20. WHY RE  CODE NO.               | 70<br>EARS        | WASMA                    | MEDICAL O12 O12 II. SPECIA DE-CODE:                                     | (explain in ite<br>LIST NO,<br>OSAD  | m 24.)   |
| A.  11. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION  A. SC IN B. X  21. PRIMARY DIAGNOSIS: BODY SY:  12.   | SC OUT VISTEM CODE 2 3                | CODE:              | CI-RU     | HECK IF                                     | т.<br>р. [                   | 12 R TIONAL 16. O                              | EASON F   | OR   |               | WORK-IRWE I<br>CODE:<br>CITE RULE<br>17. EDUC Y<br>20. WHY RE              | 70<br>TEARS       | WAS MA                   | D. MEDICAL O12  B. SPECIA DE-CODE:                                      | (explain in its LIST NO. O 5 AD L USE L USE 13. DIARY B.   | c.   |
| A.  11 REASON FOR CESSATION  13 CHECK IF ATTACHING A CONTINUATION SHEET  15 VOCATIONAL BACKGROUND  19 VR ACTION  A. SC IN B. X  21 PRIMARY DIAGNOSIS: BODY SY.  | SC OUT VISTEM CODE 2 3                | C 14. C E NO. 1180 | PREV. R   | REF.  | D. C                         | 12 R TIONAL 16. O                              | EASON F CONTIN  | FOR UANCE  | & :           | WORK-IRWE I CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140        | 70<br>TEARS       | WAS MA                   | MEDICAL O12 O12 B. SPECIA DE-CODE:                                      | (explain in its LIST NO. O 5 A D  L USE  33. DIARY B. TH YEAR  | C.<br>REA  |
| A.  11. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION  A. SC IN B. X  21. PRIMARY DIAGNOSIS: BODY SY:  12.   | SC OUT VISTEM CODE 2 3                | C 14. C E NO. 1180 | PREV. R   | REF.  | D. C                         | 12 R TIONAL 16. O                              | eason F<br>CONTIN   | rs   | & :<br>path   | WORK-IRWE I CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140        | 70<br>YEARS       | WAS MA A. TYPE           | D. MEDICAL O12  MEDICAL O12  B. SPECIA  DE-CODE:                        | (explain in its LIST NO. O 5 AD LUSE  13. DIARY  B. TH YEAR  01/03   | C.<br>REA!   |
| A.  11. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION A. SC IN B X  21. FRIMARY DIAGNOSIS: BODY SY. 12.  Mental Retardation  | SC OUT VISTEM CODE 2 3                | C 14. C E NO. 1180 | PREV. R   | REF.  | D. C                         | 12 R TIONAL 16.00 RE-R AGNOSIS                 | eason F<br>CONTIN   | rs   | & :<br>path   | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla             | 70<br>YEARS       | WAS MA A. TYPE           | D. MEDICAL O12  MEDICAL O12  B. SPECIA  DE-CODE:  MONT  7/0             | (explain in its LIST NO. O 5 A D  L USE  33. DIARY B. TH YEAR  | C.<br>REA:<br>7  |
| A.  11. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION A. SC IN B X  21. FRIMARY DIAGNOSIS: BODY SY. 12.  Mental Retardation  | SC OUT VISTEM CODE 2 3                | C 14. C E NO. 1180 | PREV. R   | REF.  | D. C                         | 12 R TIONAL 16.00 RE-R AGNOSIS                 | eason F<br>CONTIN   | rs   | & :<br>path   | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla             | 70<br>YEARS       | WAS MA A. TYPE           | MEDICAL O12  B. SPECIA  DE-CODE:  MONT 7/0  IPLE IMPA 24.A. COI         | (explain in its LIST NO. O 5 AD LUSE LUSE LUSE LUSE LUSE LUSE LUSE LUSE  | C.<br>REAS<br>7<br>ONSIDERE<br>LTIPLE<br>SEVERE                        |
| A.  11 REASON FOR CESSATION  13 CHECK IF ATTACHING A CONTINUATION SHEET.  15 VOCATIONAL BACKGROUND  19 VR ACTION A. SCIN B. X  21 PRIMARY DIAGNOSIS: BODY SY: 12  Mental Retardation  24 REMARKS  | SC OUT VISTEM CODE 2 3                | C 14. C E NO. 1180 | PREV. R   | REF.  | D. C                         | 12 R TIONAL 16.00 RE-R AGNOSIS                 | eason F<br>CONTIN   | rs   | & :<br>path   | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla             | 70<br>YEARS       | WAS MA A. TYPE           | MEDICAL O12 MEDICAL O12 MEDICAL O12 MONT                                | (explain in its LIST NO. O 5 AD  L USE  B. TH YEAR O 1 / O 3  LEMENTS OF MEINED MU IONSEVERE MEINED MU IONSEVERE MEINED MU IONSEVERE                 | C. REAS 7 DINSIDERE LTIPLE SEVERE                                      |
| A.  11. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION A. SC IN B X  21. FRIMARY DIAGNOSIS: BODY SY. 12.  Mental Retardation  | SC OUT VISTEM CODE 2 3                | C 14. C E NO. 1180 | CHRU RU   | HECKIE<br>WLE ME<br>REF.<br>ECOND.<br>COND. | D. D. ARY DI                 | 12 R TIONAL 16.00 RE-R AGNOSIS CER OR MED      | EASON FOR COUNTING CO | or<br>UANCE  | & :<br>path   | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla             | 70<br>YEARS       | WAS MA A. TYPE           | MEDICAL O12 MEDICAL O12 MEDICAL O12 MONT                                | (explain in its LIST NO. O 5 AD LUSE LUSE LUSE LUSE LUSE LUSE LUSE LUSE  | C. REA: 7 DNSIDERE LTIPLE SEVERE LTIPLE NONSEVE                        |
| 11 REASON FOR CESSATION  13 CHECK IF ATTACHING A CONTINUATION SHEET  15 VOCATIONAL BACKGROUND  19 VR ACTION A. SCIN B. X  21 PRIMARY DIAGNOSIS: BODY SY. 12  Mental Retardation  24 REMARKS  25. DISABILITY EXAMINERAL ADIS RES. Kuch/NO5  29 LETTER/PARAGRAP/NEWBER                          | SC OUT VISTEM CODE  2  3              | C 14. C E NO. 1180 | CHRU RU   | HECK IF ULE ME                              | D. D. ARY DI                 | 12 R TIONAL 16.00 RE-R AGNOSIS OID CER OR MEDI | EASON FOR COUNTING CO | or<br>UANCE<br>DATA<br>DATA<br>DATA<br>DATA<br>DATA<br>DATA<br>DATA<br>DAT | & :<br>path:N | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla             | 70<br>YEARS       | WAS MA A. TYPE           | MEDICAL O12 MEDICAL O12 MEDICAL O12 MONT                                | (explain in its LIST NO. O 5 A D LUSE LUSE LUSE LUSE LUSE LUSE LUSE LUSE   | C. REA: 7 DNSIDERE LTIPLE SEVERE LTIPLE NONSEVE LTE US - 9             |
| A.  11 REASON FOR CESSATION  13 CHECK IF ATTACHING A CONTINUATION SHEET.  15 VOCATIONAL BACKGROUND  19 VR ACTION A. SC IN B. X  21 PRIMARY DIAGNOSIS: BODY SY. 12  Mental Retardation  24 REMARKS  25. DISABILITY EXAMINERATIONS REF. Kuch/NO5  | SC OUT VSTEM CODE 2 3 0 26 DAM        | C 14. [E NO. 1180] | CHRU RU   | REF. ECOND.                                 | D. D. ARY DI                 | 12 R TIONAL 16.00 RE-R AGNOSIS OID CER OR MEDI | EASON FOR COUNTING CO | or<br>UANCE<br>DATA<br>DATA<br>DATA<br>DATA<br>DATA<br>DATA<br>DATA<br>DAT | & :<br>path:N | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla  nies  DAA: | 70<br>YEARS       | WAS MA A. TYPE MRP MULTI | MEDICAL O12 MEDICAL O12 MEDICAL O12 MONT                                | (explain in its LIST NO. O 5 A D LUSE LUSE LUSE LUSE LUSE LUSE LUSE LUSE   | C. REAS  7 DINSIDERE LTIPLE SEVERE LTIPLE NONSEVE ATE US-9 SPEC CODE 7 |
| II. REASON FOR CESSATION  13. CHECK IF ATTACHING A CONTINUATION SHEET.  15. VOCATIONAL BACKGROUND  19. VR ACTION  A. SC IN B. X  21. PRIMARY DIAGNOSIS: BODY SY. 12  Mental Retardation  24. REMARKS  25. DISABILITY EXAMINERAL MISS RES. Kuch/NO5  29. LETTER/PARAGRAP/ NEW BER  N  A. B. C. | SC OUT YSTEM CODE 2 3 30 PHYS 31 SSAE | CODE:              | CHRU RU   | REF. ECOND.                                 | D. Cary Di                   | 12 R TIONAL 16.00 RE-R AGNOSIS OID CER OR MEDI | EASON FOR COUNTING CO | or UNICE   | & :<br>path:N | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla  nies  DAA: | 700 VEARS VIEW 07 | WAS MA A. TYPE MRP MULT  | MEDICAL O12 MEDICAL O12 B. SPECIA DE-CODE: MONT 7/0 IPLE IMPA 24.A. COI | CENTRAL IN INC.  COSAD  LUSE  B. DIARY  B. TH YEAR  COLORS  COMBINED MU  CONSEVERE  MEINED MU  CONSEVERE  MEINED MU  CONSEVERE  ABOA.  31.  33.  44. | C. REAS 7 DISIDERE LTIPLE SEVERE LTIPLE NONSEVE ATE US-91 SPEC COD     |
| A.  11 REASON FOR CESSATION  13 CHECK IF ATTACHING A CONTINUATION SHEET.  15 VOCATIONAL BACKGROUND  19 VR ACTION A. SC IN B X  21 FRIMARY DIAGNOSIS: BODY SY: 12  Mental Retardation  24 REMARKS  25. DISABILITY EXAMINERAL ANS REF.  Kuch/NO5  29 LETTER/PARAGRAP/ NEWHER  N                 | SC OUT YSTEM CODE 2 3 30 PHYS 31 SSAE | CODE:              | CHRU RU   | REF. ECOND.                                 | D. Cary Di. Cary Di. Cary II | 12 R TIONAL  16.00  RE.R AGNOSIS  CER  OR MEDI | EASON FOR COUNTING CO | or UNICE   | & :<br>path:N | CODE:  CITERULE  17. EDUC Y  20. WHY RE  CODE NO.  7140  Infla  nies  DAA: | 700 VEARS VIEW 07 | WAS MA A. TYPE MRP MULT  | MEDICAL O12 MEDICAL O12 MEDICAL O12 MONT                                | CENTRAL IN INC.  COSAD  LUSE  B. DIARY  B. TH YEAR  COLORS  COMBINED MU  CONSEVERE  MEINED MU  CONSEVERE  MEINED MU  CONSEVERE  ABOA.  31.  33.  44. | C. REAS 7 DISIDEREI LTIPLE SEVERE LTIPLE NONSEVEI LTE LSSPEC CODD      |

|                                     | 100              |                | NSMITTAL<br>4 SSN                |                           | SSI o               | IMB No. 72R523  |
|-------------------------------------|------------------|----------------|----------------------------------|---------------------------|---------------------|-----------------|
| DESTINATION                         | 2. DOS CODE      | 3 FILING DATE  | 4 2214                           |                           |                     |                 |
| DDS BDI CRS DIO                     | 055<br>NT        | 07/15/79       | 6 WES NAME IN C                  | :D8 of DW8 Claim)         |                     |                 |
| NAME AND ADDRESS ST. SETTIME        |                  |                |                                  |                           |                     |                 |
| EUNICE CAIN                         |                  | 31             | 7 TYPE CLAIM (THE                | AB CDB-8 CDB              | D RD-R RO-D         | AD P-R P-C      |
| API 4 DEPENDENT                     |                  |                | 8 TYPE CLAIM IT                  | itle XVI)                 | ,                   |                 |
|                                     |                  | 6              | DI OS C                          |                           | <u></u>             |                 |
| 9 DATE OF BIRTH                     | 10. PRIOR ACTIO  | DN 1           |                                  | INPUT COMP                | LETED               |                 |
|                                     | □ PD             | □РТ            | 4,0 5                            |                           |                     |                 |
| 2. DISTRICT-BRANCH OFFICE ADDR      | RESS             | DO-BO<br>CODE  | (213) <del>588</del>             | <del>283</del> 2          |                     |                 |
| 6303 RUGBY AVENUE                   |                  |                | 3 DO BO REPRESENT                |                           | 004                 | 14 DATE 7/17/   |
| untington Park 6                    | A 90255          | 956            | MI AD                            | nne O renn                |                     | 17-17           |
| DET                                 | ERMINATION P     | URSUANT TO T   |                                  | URITY ACT, AS             | MENDED              | 17 RE-EXAM      |
| 5 CLAIMANT DISABLED                 |                  |                | 16. DIAGNOSIS                    | Lal-relu                  | rdation             |                 |
| AFADISABILITY 7 -1/2-79             | B DISABIL        | ITY            | - 2 cm                           | armal "                   | ixtraocular         | ZZINONE         |
| BEGAN                               | l                |                | - Dal                            | istr-                     |                     | (Date)          |
|                                     |                  | FOR CASH BENE. | 3. arx                           | Arita oh                  | right kno           | 9               |
| A NOT DISAB, FOR CASH<br>BENE, PURP | BLDISAB.         | EG             |                                  | - U                       |                     |                 |
| 19. CLAIMANT NOT DISABLED           |                  |                | Truncusu                         |                           | C BEFORE A          | GE 22 (CDB Only |
| A THROUGH DATE OF CURREN            | IT DETERMINATION | B_             | THROUGH                          | ED. YAS                   | 21 VR ACTION        |                 |
| 20 VOCATIONAL BACKGROUND            |                  |                |                                  | 12                        | SC IN SC OUT        | PREV REF        |
| None                                |                  |                | 10                               | Special                   | A SZL B             | c 🗔             |
| 1 10100                             |                  |                |                                  | Education 25. REVISED DET | 26 LIST N           | IO.             |
| 22 REG BASIS CODE 23                | MED LIST NO      | 3 24 MOB       | 2006                             |                           |                     |                 |
| A61-902 (a)                         | 12.05            | В              |                                  |                           |                     |                 |
| 27 RATIONALE                        |                  |                | •                                | 3 E                       | C'D SA-             | ·CALIF          |
|                                     |                  |                |                                  | , –                       |                     |                 |
|                                     |                  |                |                                  |                           | JUL 18 1            | 979             |
|                                     |                  |                |                                  |                           |                     | ,               |
|                                     |                  |                |                                  |                           |                     |                 |
| SEE ATTACHED SSA-834                |                  |                |                                  |                           |                     |                 |
| 28                                  |                  |                | 29 L                             | TR PAR NO                 |                     |                 |
|                                     |                  | B DISABILITY   | PERIOD                           |                           |                     |                 |
| A PERIOD OF DISABIL                 | ,ITY             | B              |                                  | DISABILITY EXAMINE        | A-DDS               | 31 DATE         |
|                                     |                  | - CONTINUE     |                                  |                           | m 6 -               | 9-11-           |
| C ESTAB BEG                         | AND              | D. CONTINUI    |                                  | Sydtrice                  | William             | TO DATE         |
|                                     |                  |                | (32 F                            | REVIEW PHYSICIAN-D        | DS,                 | 33. DATE        |
| E                                   |                  |                |                                  | to Res                    | Wilson<br>Richa H.D | 9-11-           |
|                                     |                  |                |                                  | 11-000                    | Je Court II         |                 |
| 34 REMARKS                          |                  |                | 1.5                              | David . A                 | tab tons            | ad 9-4          |
| 34 REMARKS                          | capab            | so bu          | DV. Mag                          | teame, "                  | Prot                |                 |
|                                     |                  | 100.00         | SA REPRESENTATIVE                |                           | SECTION             | 38 DATE         |
| 35 BASIS CODE                       | 36 REV DET CO    | טבט [3/ 5      | ore return relations of Children |                           |                     |                 |
|                                     | l                | . 1            |                                  |                           |                     |                 |

| Ē                          | l - 0 1   |  |  | so   | CIAL SECURITY NUM  | IBER  |
|----------------------------|---|--|--|--|--|---|
| 1                          | Eunice Caci   |  |  |  |  |   |
| EGOI                       | RIES (From IB of the PRTF)  |  | MENT IS FOR:   |  | 10.M   | antha Affar One                                 |
|                            | (12-09)   |  | urrent Evaluatio   | on   | 12 10  | onths After Ons                                 |
|                            | 12-05   |  | ate Last<br>sured:   |  |  | (Date)  |
|                            |   |  | ther:  | (Date)   | to   |   |
|                            |   |  |  | (Date)   |  | (Date)  |
| This with basi information | MMARY CONCLUSIONS  s section is for recording summary conclusion the context of the individual's capacity to is. Detailed explanation of the degree of life remation you deem appropriate, is to be recording category 5 is checked for any of the force the assessment. If you conclude that the | o sustain that a imitation for ea corded in Sectional colors of the cord is so in the cord in th | activity over a<br>ch category (<br>on III (Function<br>you <u>MUST</u> sp | normal wor A through D nal Capacity ecify in Seci- | kday and workwee  ), as well as any  Assessment).  tion II the evidence that no accurate the | ek, on an ong<br>other assessr<br>that is neede |
| asse                       | essment can be made, indicate in Section  | II what develop<br>Not<br>Significantly<br>Limited   | Moderately<br>Limited  | Markedly<br>Limited                                | O NOT COMPLET  No Evidence of Limitation in this Category                                    | Not Ratable                                     |
| Α. <u>ι</u>                | JNDERSTANDING AND MEMORY  |  |  |  |  |   |
|                            | . The ability to remember locations and work-like procedures.   | 1.   | 2. 🗌   | 3. 🗌   | 4. 🗌   | 5. 🗌  |
|                            | <ol> <li>The ability to understand and remem-<br/>ber very short and simple instructions.</li> </ol>  | 1.   | 2. 🗌   | 3. 🗌   | 4. 🗌   | 5. 🗌  |
|                            | <ol> <li>The ability to understand and remem-<br/>ber detailed instructions.</li> </ol>   | 1. 🔲   | 2.   | 3. 🗌   | 4. 🗌   | 5. 🗌  |
|                            | SUSTAINED CONCENTRATION AND PER   | SISTENCE   |  |  |  |   |
| 4.                         | <ul> <li>The ability to carry out very short and<br/>simple instructions.</li> </ul>  | 1. 🛮   | 2. 🗌   | 3. 🗌   | 4.   | 5. 🔲  |
| 5.                         | . The ability to carry out detailed instructions.   | 1. 🔲   | 2.   | 3. 🗌   | 4. 🗌   | 5.  |
| 6.                         | . The ability to maintain attention and concentration for extended periods.   | 1. 🛮   | 2. 🗌   | 3. 🗌   | 4.   | 5. 🗌  |
| 7.                         | <ul> <li>The ability to perform activities within a<br/>schedule, maintain regular attendance,<br/>and be punctual within customary toler-<br/>ances.</li> </ul>  | 1. 🛛   | 2. 🗌   | 3. 🔲   | 4. 🗌   | 5. 🗌  |
| 8.                         | The ability to sustain an ordinary routine without special supervision.   | 1.   | 2. 🗌   | 3. 🔲   | 4. 🗌   | 5. 🗌  |
|                            | The ability to work in coordination with  | 1. 🗹   | 2. 🗌   | 3. 🗌   | 4. 🗌   | 5. 🗌  |
| 9.                         | or proximity to others without being distracted by them.  | 1. 🖺   | 2. [_]   | э. <u>П</u>  | 4.   | 3. [  |

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|              |   | Not<br>Significantly<br>Limited | Moderately<br>Limited              | Markedly<br>Limited         | No Evidence of<br>Limitation in this<br>Category | Not Ratable or<br>Available<br>Evidence |
|--------------|---|---------------------------------|------------------------------------|-----------------------------|--|---|
| Continue     | H—SUSTAINED CONCENTRATION AND PERSISTENCE   |                                 |                                    |                             |  |   |
| 11.          | The ability to complete a normal work-<br>day and workweek without interruptions<br>from psychologically based symptoms<br>and to perform at a consistent pace<br>without an unreasonable number and<br>length of rest periods. | 1. 🗹                            | 2. 🗌                               | 3. 🗌                        | 4. 🗆   | 5. 🛄                                    |
| _            | OCIAL INTERACTION   | /                               |                                    |                             |  |   |
| 12.          | The ability to interact appropriately with the general public.  | 1. 🗹                            | 2. 🗌                               | 3. 🗌                        | 4. 🗌   | 5. 🗌                                    |
| 13.          | The ability to ask simple questions or request assistance.  | 1. 🛮                            | 2. 🗌                               | 3. 🗌                        | 4. 🗌   | 5., 🔲                                   |
| 14.          | The ability to accept instructions and respond appropriately to criticism from supervisors.   | 1. 🗹                            | 2. 🗌                               | 3. 🔲                        | 4. 🗌   | 5. 🗌                                    |
| 15.          | The ability to get along with coworkers or peers without distracting them or exhibiting behavioral extremes.  | 1. 🗹                            | 2. 🗌                               | з. 🗌                        | 4.   | 5. 🗌                                    |
| 16.          | The ability to maintain socially appropriate behavior and to adhere to basic standards of neatness and cleanliness.   | 1.                              | 2. 🗌                               | з. 🗌                        | 4.   | 5. 🗌                                    |
| D. <u>AE</u> | DAPTATION   |                                 |                                    |                             |  |   |
| 17.          | The ability to respond appropriately to changes in the work setting.  | 1. 🗹                            | 2. 🔲                               | 3. 🗌                        | 4. 🗌   | 5. 🗌                                    |
| 18.          | The ability to be aware of normal hazards and take appropriate precautions.   | 1. 🔟                            | 2. 🗌                               | з. 🗌                        | 4. 🗌   | 5. 🔲                                    |
| 19.          | The ability to travel in unfamiliar places or use public transportation.  | 1. 🗹                            | 2. 🗌                               | 3. 🗌                        | 4. 🗌   | 5. 🗌                                    |
| 20.          | The ability to set realistic goals or make plans independently of others.   | 1. 🛮                            | 2. 🗌                               | з. 🗌                        | 4. 🗌   | 5. 🗌                                    |
| you M        | ARKS: If you checked box 5 for any of the<br>UST specify what additional documentatio<br>dicate the development to be undertaken  | n is needed. Cit                | ns or if any ot<br>te the item nur | her docume<br>nber(s), as v | ntation deficiencies<br>vell as any other spe    | were identified,<br>ecific deficiency   |
|              |   |                                 |                                    |                             |  |   |
|              |   |                                 |                                    |                             |  |   |
|              |   |                                 |                                    |                             |  |   |
|              |   |                                 |                                    |                             |  |   |
|              |   |                                 |                                    |                             |  |   |
|              |   |                                 |                                    |                             |  |   |
|              |   |                                 |                                    | 1                           | ☐ Continued on F                                 |   |

| 111. | FUNCTIONAL | CAPACITY | ASSESSMENT |
|------|------------|----------|------------|

Continued on Page 4

Record in this section the elaborations on the preceding capacities. Complete this section ONLY after the SUMMARY CONCLUSIONS section has been completed. Explain your summary conclusions in narrative form. Include any information which clarifies limitation or function. Be especially careful to explain conclusions that differ from those of treating medical sources or from the individual's allegations.

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|--------------------------------|------------|---------------------------------------|
| MEDICAL CONSULTANT'S SIGNATURE | K Pasirehe | DATE 7-16-96                          |
| 004 4T04 E4 0HD                | 0          | · · · · · · · · · · · · · · · · · · · |

### **PSYCHIATRIC REVIEW TECHNIQUE**

| Name  | -                   | E                            | w                                   | ice Cain SSN   |  |   |
|-------|---------------------|------------------------------|-------------------------------------|--|--|---|
| Asses | smen                | t is F                       | or:                                 | Current Evaluation   | 2 Mo. After Onset:   |   |
|       | Date l              | _ast 1                       | nsured                              | Other:   | to   |   |
| Revie | wer's               | Signa                        | ature                               | t. Passecha 7  | -16-91   |   |
|       | of<br>of<br>in<br>m | the<br>this<br>a de<br>inist | Social<br>form<br>elay in<br>ration | ACT NOTICE: The information requested of Security Act. The information provided with is mandatory in disability claims involving me processing the claim. Information furnished to another person or governmental agency of laws requiring the exchange of information | Il be used in making a decision ental impairments. Failure to con lon this form may be disclosed ally with respect to Social Securit | on this claim. Completion<br>inplete this form may result<br>by the Social Security Ad-<br>y programs and to comply |
| 1.    | ME                  | DIC                          | AL SI                               | IMMARY   |  |   |
|       | A.                  | Me                           | dical l                             | Disposition(s):  | _  |   |
|       |                     | 1.                           |                                     | No Medically Determinable Impairment   |  |   |
|       |                     | 2.                           |                                     | Impairment(s) Not Severe   |  |   |
|       |                     | 3.                           |                                     | Meets Listing(C  | Cite Listing and subsection)   |   |
| ĺ     |                     | 4.                           |                                     | Equals Listing(  | Cite Listing and subsection)   |   |
|       |                     | 5.                           |                                     | Impairment Severe But Not Expected to Last   | 2 Months   |   |
|       |                     | 6.                           |                                     | RFC Assessment Necessary (i.e., a severe impairment)   | pairment is present which does not   | meet or equal a listed  |
|       |                     | 7.                           |                                     | Referral to Another Medical Specialty (necessary (Except for OHA reviewers)  | ary when there is a coexisting non   | mental impairment)  |
|       |                     | 8.                           |                                     | Insufficient Medical Evidence (i.e., a program   | matic documentation deficiency is  | present) (Except for  |
|       | В.                  | Cat                          | едогу(                              | OHA reviewers) es) Upon Which the Medical Disposition(s) is I  | Based:   |   |
|       |                     | L.                           |                                     | 12.02 Organic Mental Disorders   |  |   |
|       |                     | 2.                           |                                     | 12.03 Schizophrenic, Paranoid and other Psych  | notic Disorders  |   |
|       |                     | 3.                           |                                     | 12.04 Affective Disorders  |  |   |
|       |                     | 4.                           |                                     | 12.05 Mental Retardation and Autism  |  |   |
|       |                     | 5.                           |                                     | 12.06 Anxiety Related Disorders  |  |   |
|       |                     | 6.                           |                                     | 12.07 Somatoform Disorders   |  |   |
|       |                     | 7.                           |                                     | 12.08 Personality Disorders  |  |   |
|       |                     | 8.                           |                                     | 12.09 Substance Addiction Disorders  |  |   |

Form SSA-2506-BK (10-90)

| 1  | A. 12.  | No e  | viden           | ce of          | ental Disorders  a sign or symptom CLUSTER or SYNDROME which e features appearing below may be present in the case b                                    | appropriately fits with the                    | nis diagnostic                         |
|----|---------|-------|-----------------|----------------|---|--|--|
| f. |         | disor | der a           | nd are         | e rated in that category.)  |  |  |
|    |         |       |                 | ical o         | r behavioral abnormalities associated with a dysfunction wing:  | n of the brain as e                            | videnced by at leas                    |
|    | <       |       |                 |                | 8   |  | 0 %                                    |
|    | PRES    | SENT  | -ABS            | ENT-           | INSUFFICIENT EVIDENCE   |  |  |
|    | [.      |       |                 |                | Disorientation to time and place  |  | 12 E                                   |
|    | 2.      | Ш     |                 |                | Memory impairment   |  |  |
|    | 3.      |       |                 |                | Perceptual or thinking disturbances   |  | 0.50                                   |
|    | 4.      |       |                 |                | Change in personality   |  |  |
| ڔ  | 5.      |       |                 |                | Disturbance in mood   |  |  |
| V  | 6.      |       |                 |                | Emotional lability and impairment in impulse control  |  |  |
|    | 7.      |       |                 |                | Loss of measured intellectual ability of at least 15 LQ impairment index clearly within the severely impaired the Luria-Nebraska, Halstead-Reitan, etc. | . points from premorbid range on neuropsycholo | levels or overall gical testing, e.g., |
|    | 8.      |       |                 |                | Other   |  |  |
|    | B. 12.0 | 03 Sc | chizo           | ophre          | enic, Paranoid and other Psychotic Disorders  | 3  |  |
|    |         | No c  | viden<br>ory.   | ce of<br>(Some | a sign or symptom CLUSTER or SYNDROME which e features appearing below may be present in the case be rated in that category.)                           | appropriately fits with th                     | is diagnostic<br>belong in another     |
|    |         |       | hotic<br>ollow: |                | res and deterioration that are persistent (continuous or in   | ntermittent), as evidenced                     | d by at least one of                   |
| )  | PRES    |       |                 | _              | INSUFFICIENT EVIDENCE   |  |  |
|    | 1.      |       |                 |                | Delusions or hallucinations   |  |  |
|    | 2.      |       |                 |                | Catatonic or other grossly disorganized behavior  |  |  |
|    | 3.      |       |                 |                | Incoherence, loosening of associations, illogical thinki associated with one of the following:  | ng, or poverty of conten                       | t of speech if                         |
|    |         |       |                 |                | a.  |  |  |
|    |         |       |                 |                | b.  |  |  |
|    |         |       |                 |                | c. Inappropriate affect   |  |  |
|    | 4.      |       |                 |                | Emotional withdrawal and/or isolation   |  |  |
|    | 5.      |       | П               | П              | Other   |  |  |
|    | ] ,     | ب     | _               |                |   |  |  |
|    | 1       |       |                 |                |   |  |  |

| C. 12 | .04 A        | ffect           | ve D            | sorders   | - |
|-------|--------------|-----------------|-----------------|---|---|
|       | cate<br>diso | gory.<br>rder a | (Some<br>nd are | a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic features appearing below may be present in the case but they are presumed to belong in another rated in that category.) |   |
|       |              |                 | ce of rowing    | nood, accompanied by a full or partial manic or depressive syndrome, as evidenced by at least one   |   |
| PRI   | ESENT        | Γ-ABS           | ENT-l           | NSUFFICIENT EVIDENCE  |   |
| 1.    |              |                 |                 | Depressive syndrome characterized by at least four of the following:  |   |
|       |              |                 |                 | a. Anhedonia or pervasive loss of interest in almost all activities, or   |   |
|       |              |                 |                 | b. Appetite disturbance with change in weight, or   |   |
|       |              |                 |                 | c. Sleep disturbance, or  |   |
|       |              |                 |                 | d. Psychomotor agitation or retardation, or   |   |
|       |              |                 |                 | e. Decreased energy, or   |   |
|       |              |                 |                 | f. Feelings of guilt or worthlessness, or   |   |
|       |              |                 |                 | g. Difficulty concentrating or thinking, or   |   |
|       |              |                 |                 | h.  Thoughts of suicide, or   |   |
|       |              |                 |                 | i. Hallucinations, delusions or paranoid thinking   |   |
| 2.    | . 🗆          |                 |                 | Manic syndrome characterized by at least three of the following:  |   |
|       |              |                 |                 | a. Hyperactivity, or  |   |
|       |              |                 |                 | b. Pressures of speech, or  | 1 |
|       |              |                 |                 | c.  Flight of ideas, or   |   |
|       |              |                 |                 | d. Inflated self-esteem, or   |   |
|       |              |                 |                 | e. Decreased need for sleep, or   |   |
|       |              |                 |                 | f. Easy distractability, or   |   |
|       |              |                 |                 | g. Involvement in activities that have a high probability of painful consequences which are not recognized, or  | ; |
|       |              |                 |                 | h. Hallucinations, delusions or paranoid thinking   |   |
| 3     | . 🗆          |                 |                 | Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)             | F |
| 4     | . 🗆          |                 |                 | Other   |   |

| 5    | D.   | 12   | .05 N        | lenta  | i Re  | tardation and Autism   |
|------|------|------|--------------|--------|-------|--|
|      |      |      | cate         | gory.  | (Som  | a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic e features appearing below may be present in the case but they are presumed to belong in another e rated in that category.)  |
|      |      |      | duri<br>sign | ng the | deve  | baverage general intellectual functioning with deficits in adaptive behavior initially manifested lopmental period (before age 22), or pervasive developmental disorder characterized by social and municative deficits originating in the developmental period, as evidenced by at least one of the |
|      |      | PR   | ESEN         | IT-AB  | SEN1  | I-INSUFFICIENT EVIDENCE  |
|      |      | 1.   |              |        |       | Mental incapacity evidenced by dependence upon others for personal needs (e.g., toileting, eating, dressing or bathing) and inability to follow directions, such that the use of standardized measures of intellectual functioning is precluded*   |
|      |      | 2.   |              |        |       | A valid verbal, performance, or full scale I.Q. of 59 or less*   |
|      |      | 3.   |              |        |       | A valid verbal, performance, or full scale I.Q. of 60 through 70 and a physical or other mental impairment imposing additional and significant work-related limitation of function*  |
|      |      | 4.   |              |        |       | A valid verbal, performance, or full scale I.Q. of 60 through 70 or in the case of autism, gross deficits of social and communicative skills*  |
|      |      | 5.   |              |        |       | Other  |
|      |      |      |              |        |       | respond to Listings 12.05A, 12.05B, 12.05C, and 12.05D, respectively.  |
|      | E.   | 12   |              |        | -     | elated Disorders   |
|      |      |      | cate         | gory.  | (Some | a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic features appearing below may be present in the case but they are presumed to belong in another rated in that category.)  |
| 24.5 |      |      |              |        |       | predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by the following:   |
|      |      | PR   | ESEN         | T-AB   | SENT  | -INSUFFICIENT EVIDENCE   |
| •    |      | ι.   |              |        |       | Generalized persistent anxiety accompanied by three of the following:  |
|      |      |      |              |        |       | a. Motor tension, or   |
|      |      |      |              |        |       | b. Autonomic hyperactivity, or   |
|      |      |      |              |        |       | c. Apprehensive expectation, or  |
|      |      |      |              |        |       | d.   |
|      |      | 2.   |              |        |       | A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation  |
|      |      | 3.   |              |        |       | Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom occurring on the average of at least once a week  |
|      |      | 4.   |              |        |       | Recurrent obsessions or compulsions which are a source of marked distress  |
|      |      | 5.   |              |        |       | Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress   |
|      |      | 6.   |              |        |       | Other  |
|      |      |      |              |        |       |  |
| Form | SSA- | 2506 | -BK (1       | 0-90)  |       | (5)  |

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|      | F.   | 12   | .07 S  | oma    | tofor  | m Disorders   |
|------|------|------|--------|--------|--------|---|
|      |      |      | cate   | gory.  | (Some  | a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic features appearing below may be present in the case but they are presumed to belong in another rated in that category.)         |
|      |      |      |        |        |        | oms for which there are no demonstrable organic findings or known physiological mechanisms, as least one of the following:  |
|      |      | PR   | ESEN   | IT-AB  | SEN1   | -INSUFFICIENT EVIDENCE  |
|      |      | 1.   |        |        |        | A history of multiple physical symptoms of several years duration beginning before age 30, that have caused the individual to take medicine frequently, see a physician often and after life patterns significantly |
|      |      | 2.   |        |        |        | Persistent nonorganic disturbance of one of the following:  |
|      |      |      |        |        |        | a. Vision, or   |
|      |      |      |        |        |        | b. Speech, or   |
|      |      |      |        |        |        | c. Hearing, or  |
|      |      |      |        |        |        | d. Use of a limb, or  |
|      | W.   |      |        |        |        | e.  |
|      |      |      |        |        |        | f. Sensation (e.g., diminished or heightened)   |
|      |      | 3.   |        |        |        | Unrealistic interpretation of physical signs or sensations associated with the preoccupation or belief that one has a serious disease or injury   |
|      |      | 4.   |        |        |        | Other   |
|      | G.   | 12   | .08 P  | erso   | nality | y Disorders   |
|      |      |      | cate   | догу.  | (Some  | a sign or symptom CLUSTER or SYNDROME which appropriately fits with this diagnostic features appearing below may be present in the case but they are presumed to belong in another rated in that category.)         |
|      |      |      |        |        |        | naladaptive personality traits which cause either significant impairment in social or occupational ubjective distress, as evidenced by at least one of the following:   |
|      |      | PR   | ESEN   | IT-AB  | SENT   | -INSUFFICIENT EVIDENCE  |
|      |      | 1.   |        |        |        | Seclusiveness or autistic thinking  |
|      |      | 2.   |        |        |        | Pathologically inappropriate suspiciousness or hostility  |
|      |      | 3.   |        |        |        | Oddities of thought, perception, speech and behavior  |
| ı    |      | 4.   |        |        |        | Persistent disturbances of mood or affect   |
|      |      | 5.   |        |        |        | Pathological dependence, passivity, or aggressivity   |
|      |      | 6.   |        |        |        | Intense and unstable interpersonal relationships and impulsive and damaging behavior  |
|      |      | 7.   |        |        |        | Other   |
|      |      |      |        |        |        |   |
| Form | SSA- | 2506 | -BK (1 | 10-90) |        | (6)   |

)))

| H. 12.09 Substance Addiction Disorders: Behavioral changes or physical changes associated with the regular use of substances that affect the central nervous system.   |
|--|
| Present — Absent — Insufficient Evidence   |
| If present, evaluate under one or more of the most closely applicable listings:  |
| 1. Listing 12.02—Organic mental disorders*   |
| 2. Listing 12.04—Affective disorders*  |
| 3. Listing 12.06—Anxiety disorders*  |
| 4. Listing 12.08—Personality disorders*  |
| 5. Listing 11.14—Peripheral neuropathies*  |
| 6. Listing 5.05—Liver damage*  |
| 7. Listing 5.04—Gastritis*   |
| 8. Listing 5.08—Pancreatitis*  |
| 9. Listing 11.02 or 11.03—Seizures*  |
| 10. Dother Body law whollyen   |
| *NOTE: Items 1, 2, 3, 4, 5, 6, 7, 8, and 9 correspond to Listings 12.09A, 12.09B, 12.09C, 12.09D, 12.09E, 12.09F, 12.09G, 12.09H, and 12.09I, respectively. If items 1, 2, 3, or 4 are checked, only the numbered items in subsections IIIA, IIIC, IIIE, or IIIG of the form need be checked.  The first two blocks under the disorder heading in those subsections need not be checked. |
| 7  |
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#### IV. RATING OF IMPAIRMENT SEVERITY

A. "B" Criteria of the Listings

Indicate to what degree the following functional limitations (which are found in paragraph B of listings 12.02–12.04 and 12.06–12.08 and paragraph D of 12.05) exist as a result of the individual's mental disorder(s).

NOTE: Items 3 and 4 below are more than measures of frequency. Describe in part II of this form (Reviewer's Notes) the duration and effects of the deficiencies (item 3) or episodes (item 4). Please read carefully the instructions for the completion of this section.

| FUNCTIONAL LIMITATION   |       | DEGREE | OF LIMITATION       | ON                        |           |                          |
|---|-------|--------|---------------------|---------------------------|-----------|--------------------------|
| Restriction of Activities     of Daily Living   | None  | Slight | Moderate            | Marked*                   | Extreme   | Insufficient<br>Evidence |
| 2. Difficulties in Maintaining Social Functioning   | None  | Slight | Moderate            | Marked*                   | Extreme   | Insufficient Evidence    |
| 3. Deficiencies of Concentration, Persistence or Pace Resulting in Failure to Complete Tasks in a Timely Manner (in work settings or elsewhere)   | Never | Seldom | Often               | Frequent*                 | Constant  | Insufficient<br>Evidence |
| 4. Episodes of Deterioration or Decompensation in Work or Work-Like Settings Which Cause the Individual to Withdraw from that Situation or to Experience Exacerbation of Signs and Symptoms (which may Include Deterioration of Adaptive Behaviors) | Never |        | Once<br>or<br>Twice | Repeated* (three or more) | Continual | Insufficient<br>Evidence |

B. Summary of Functional Limitation Rating for "B" Criteria

Indicate the number of the above functional limitations manifested at the degree of limitation that satisfies the listings. (The number in the box must be at least 2 to satisfy the requirements of paragraph B in Listings 12.02, 12.03, 12.04, and 12.06 and paragraph D in 12.05; and at least 3 to satisfy the requirements in paragraph B in Listings 12.07 and 12.08.)

\*Degree of limitation that satisfies the Listings; Extreme, Constant and Continual also satisfy that requirement

| rom | SSA-2 | 506-BI | K (10 | )-90) |
|-----|-------|--------|-------|-------|
|-----|-------|--------|-------|-------|

| C.  | . "C"   | Criteria o  | f the Listings                             |   |
|-----|---------|-------------|--|---|
|     |         |             |  | ophrenic, etc.) and in Full or Partial Remission  |
|     |         |             |  |   |
|     | the d   | uration and | d effects of the                           | e than a measure of frequency. Describe in part II of this form (Reviewer's Notes) e episodes. Please read carefully the instructions for the completion of this section.   |
|     |         | nt Absent   |  |   |
| a.  |         |             |  | Medically documented history of one or more episodes of acute symptoms, signs functional limitations which at the time met the requirements in A and B of 12.0 although these symptoms or signs are currently attenuated by medication or psychosocial support. |
| ъ.  |         |             |  | Repeated episodes of deterioration or decompensation in situations which cause individual to withdraw from the situation or to experience exacerbation of signs symptoms (which may include deterioration of adaptive behaviors).                               |
| c.  |         |             |  | Documented current history of two or more years of inability to function outside a highly supportive living situation.  |
| (Fo | the rec | uirements   | in paragraph (                             | C of 12.03 to be satisfied, either a. and b. or a. and c. must be checked as presen   |
| į.  |         |             |  | 45  |
| ,   | 2. If   | 12.06 Diso  | order (Anxiety                             | Related)  |
|     |         |             | order (Anxiety<br>Insufficient<br>Evidence | Related)  |
|     |         |             | Insufficient<br>Evidence                   |   |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in <i>complete</i> inability to function independently outside the area of one's home.   |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in complete inability to function independently cutside the  |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in <i>complete</i> inability to function independently outside the are of one's home.  |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in <i>complete</i> inability to function independently outside the area of one's home.   |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in <i>complete</i> inability to function independently outside the area of one's home.   |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in <i>complete</i> inability to function independently outside the area of one's home.   |
| I   | Present | Absent      | Insufficient<br>Evidence                   | Symptoms resulting in <i>complete</i> inability to function independently outside the area of one's home.   |

8/13/96 Q CE Appt - Verify Resc Appt - VRK CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP Q=NOT PERFORMED 7/17/96 Q Appt Rmd - Clmt Rmd - CRMD COI CHAMPION MEDICAL GROUP 213-752-7347 CHAMPION MEDICAL GROUP 8/13/96 Q Appt Rmd - Vnd Rmd - VRMD COI CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP BEKUCH Page MENTAL RETARBATION, ARTHRITIS OF KNEE, BREATHING 8/15/96 N Misc - Folder Movement to - OSA FOR CLOSURE & ROUTING - BEK 7/16/96 N Misc - Folder Movement to - MC PASRICHA FOR REVIEW - BEK DISABILITY DETERMI, .ONS SYSTEM CASE ACTIVITIES N=NOT APPLICABLE 7/16/96 N Standard Notice - CDR Worksheet T16 8/15/96 N Standard Notice - T16 Continuance 7/15/96 N Travel Ltr - TAXI PYMT/NO Voucher INDEPENDENT TAXI OWNERS ASSOC Continuing Disability Review F=FILE PULLED V90 LA North EUNICE CAIN 7/17/96 N CE Letter - CE Reminder Ltr CHAMPION MEDICAL GROUP 7/15/96 N Travel Reimburs - Requested INDEPENDENT TAXI OWNERS ASSOC NO RECORD. . DAJ 8/13/96 N Vendor Results - Received CHAMPION MEDICAL GROUP 7/15/96 N Travel Reimburs - Issued INDEPENDENT TAXI OWNERS ASSOC 7/15/96 N Travel Reimburs - Issued INDEPENDENT TAXI OWNERS ASSOC Wage Earner Barbara E Kuch/NO5 7/20/96 N CE Reissued CHAMPION MEDICAL GROUP C=COMPLETE 7/16/96 N Contact -22190 Type DI REPORT NO DDCBRCA3 RUN DATE 8/15/96 RUN TIME 16:13:02 Claimant : Birth Date Counselor : Case Number Claims . : Office Code Allegations A=ACTIVE

BEKUCH Page

Case Number 22190

7/15/96 N Travel Ltr - TAXI PYMT/NO Voucher INDEPENDENT TAXI OWNERS ASSOC

7/15/96 N Travel Reimburs - Requested INDEPENDENT TAXI OWNERS ASSOC

7/13/96 N Vendor Results - Received CHAMPION MEDICAL GROUP

7/12/96 N CE Letter - CE Reschadule Ltr CHAMPION MEDICAL GROUP

7/13/96 Q CE F/U - CE REPORT F/U - VRMD CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP

7/12/96 N Misc - R/C Generic -Rmks - CONTACT / CLMT - BEK CLAIMANT MISSED THE APPOINTMENT DUE TO TAKING THE BUS AND GETTING LOST NEW APPT IS FOR 7/29 AT 11:00 AM
TRANSPORTATION WILL BE PROVIDED

TRANSPORTATION CORRECT ADDRESS: z E D E D

7/12/96 Q Misc -7/12/96 Q CE F/U - CE REPORT F/U - VRMD CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP

ADL 1st & 3rd - #1 & 3RD ADL SENT TO CLHT..DAJ

6/27 WILL SEND ADL'S OUT BY 7/1 - BEK

7/10/96 C CE Appt - Verify Resc Appt - VRK CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP

7/10/96 C CE Appt - Verify Appt Kept - VAK CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP

7/09/96 N Misc -ADL 1st & 3rd - REC'D BY DAJ

7/09/96 N Misc -ADL Receipt - REC'D BY DAJ

7/09/96 N Clmt Appt - Will keep appt - CHAMPION MEDICAL GROUP

7/09/96 N Clmt Appt - Will keep appt - CHAMPION MEDICAL GROUP

7/08/96 N MER Ltr - Init/Hosp 2nd Rq Mer WHITE MEMORIAL MEDICAL CENTER

7/08/96 Q MER F/U - MER FOLLOW UP - HRMD IH1 WHITE MEMORIAL HOSPITAL 213-268-2500 WHITE MEMORIAL MEDICAL CENTER

BEKUCH Page

Case Number 22190

7/01/96 N CE Letter - CE Reschedula Ltr CHAMPION MEDICAL GROUP

7/01/96 Q CE Appt - Verify Appt Kept - VAK CHAMPION MEDICAL GROUP 310-479-1176 CHAMPION MEDICAL GROUP

CHAMPION CHAMPION 7/01/96 Q CE Letter - CE Reminder Ltr MEDICAL GROUP Misc -Case Review - 45 Days

6/28/96 Q CHAMPION Appt Rmd - Clmt Rmd - CRMD CO1 CHAMPION MEDICAL GROUP 213-752-7347 MEDICAL GROUP.

6/27/96 Q CE F/U - DEA: CE CHAMPION MEDICAL GROUP Scheduled? -CFU SCH -CE VENDOR #09/PSYCHOLOGY EXAM 000-000-00

6/20/96 N CE Letter - CE Reminder Ltr CHAMPION MEDICAL GROUP

6/20/96 Q Appt Rmd - Clmt Rmd - CRMD CO1 CHAMPION MEDICAL GROUP 213-752-7347 CHAMPION MEDICAL GROUP

Scheduled? -

CFU SCH -

CE VENDOR #06/NEUROLOGY EXAM

000-000-000

6/10/96 N CHAMPION 6/10/96 N CHAMPION CE - Issued MEDICAL GROUP CE - Issued MEDICAL GROUP CE F/U - DEA: CE MEDICAL GROUP

6/20/96 Q CHAMPION

6/08/96 N CHAMPION CE Letter - CE Appt Ltr -Pre Arr

6/08/96 N CE - Requested - CHAMPION MEDICAL GROUP Obtain evidence of current severity

6/08/96 N CE Letter - CE Appt Ltr -Pre Arr CHAMPION MEDICAL GROUP

CHAMPION CE - Requested . MEDICAL GROUP Obtain evidence of current severity

6/08/96 N Misc -6/08/96 N Misc -Call-in /F6 insert - CALL-IN - BEK ADL 1st & 3rd - 1 & 3RD ADL - BEK

YOUR DISABILITY BENEFITS CASE FILE HAS BEEN SENT TO US FOR REVIEW. IT IS IMPORTANT FOR YOU TO CALL US TO HELP IN COMPLETING YOUR FILE. WE NEED THE COMPLETE NAME AND PHONE NUMBER FOR DR. PRAIRE, INCLUDING HIS CURRENT ADDRESS PLEASE CALL US AT THE PROVIDED PHONE NUMBER WITH THE REQUESTED INFORMATION.

BEKUCH Page

DISABILITY DETERMIN .ONS SYSTEM CASE ACTIVITIES

REPORT NO DDCBRCA3 RUN DATE 8/15/96 RUN TIME 16:13:02

22190

Case Number

6/08/96 N MER - Issued WHITE MEMORIAL MEDICAL CENTER

6/08/96 Q Misc - Case Review - CE NEEDED 6/08/96 N MER Ltr - Init/Hospital Mer WHITE MEMORIAL MEDICAL CENTER 6/08/96 N MER - Requested WHITE MEMORIAL MEDICAL CENTER

\*\* END OF REPORT \*\*

6/03/96 N Case Receipt - Title XVI



#### SOCIAL SECURITY ADMINISTRATION

#### SUPPLEMENTAL SECURITY INCOME

Important Information

Telephone: (213) 296-7176

Date: AUG 20 1996

Claim Number: 560-35-3680

**EUNICE CAIN** 

LOS ANGELES, CA 90003

We are writing to tell you that you will continue to receive Supplemental Security Income payments if you still meet all the other eligibility requirements. This is because you are still DISABLED under our rules. Also, your Medicaid coverage will continue.

We Will Review Your Case Again

Doctors and other trained staff decided that you are still DISABLED. And we realize that your health may not improve. But we must review all DISABILITY cases. Therefore, we will review your case again in 5 to 7 years. We will send you a letter before we start the review.

You May Be Able To Get Vocational Rehabilitation

You may want to get in touch with your State Vocational Rehabilitation Agency. They may be able to help you get training for a new job and find work.

#### Things To Remember

The decisions we made on your case are based on information we have now. If this information changes, it could affect your checks. For this reason, it is important that you report changes right away. Be sure to tell us about any of the following changes.

- \* You return to work.
- \* Your job, pay or work expenses change, if you are working now.
- \* Your doctor says your health is better.
- \* Your income or resources change.

(SSA-L8052-U2)



#### If You Have Any Questions

If you have any questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at (213) 296-7176. We can answer most questions over the phone. You can also write or visit any Social Security office. The office that serves your area is located at:

Los Angeles (Crenshaw), CA 3840 Crenshaw Blvd Los Angeles, CA 90008

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly.

Linda McMahon Regional Commissioner

Enclosures: SSA Pub. No. 05-11008

**BEKUCH** 

(SSA-L8052-U2)



CDR Worksheet

Name of Claimant: EUNICE CAIN

Claimant's SSN:

DDS CASE NUMBER: 22190 Type of Case: T16 Conc

Comparison Point Decision

Current Decision

Age: 36\_

Findings:

Age: 20 EOD: 7/79

Date of Last Favorable Decision:

9/79

Type of Decision: MEETS 12.05 B Alleged Impairments: MENTAL

RETARDATION

Findings

I.Q.'8 V-71,P-55, FS-62

Medical Improvement? If yes, is it related to ability to work?

If yes, complete RFC.

New Impairments: BREATHING, LFT. LEG

V-66, P-65, FS - 64, MEMORY QUOT 69;

DISTRACTIBLE, DEPRESSED WITH LIMITED ENERGY & MOTIVATION, AFFECT FLAT, MSIGHT & JUDGEMENT LIMITED,

Findings: N/A

Meets/Equals?

If no, complete RFC

79 - 12th grade in Spee Ed.

Ho of excessive Alcohal aluse
stopped 3 months ago (mo Ashab.
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Bander-fort below impaired Range
There are limitations in Sealings ariling

Depleasive Disords 1.05.

The Rte for 8 \$ 5.

K. Passicher

CDR-528 BERUCH

AA09900



CDR Worksheet

Name of Claimant: EUNICE CAIN

Claimant's SSN:

DDS CASE NUMBER: 22190 Type of Case: T16 Conc

Comparison Point Decision

EOD: 7/79 Age: 20

Date of Last Favorable Decision:

9/79

Type of Decision: MEETS 12.05 B Alleged Impairments: MENTAL

RETARDATION

Findings:

I.Q.'S V-71,P-55, FS-62

Current Decision

Age: 36

Findings:

V-66, P-65, FS - 64, MEMORY QUOT 69; DISTRACTIBLE, DEPRESSED WITH LIMITED ENERGY & MOTIVATION, AFFECT FLAT, INSIGHT & JUDGEMENT LIMITED,

Medical Improvement?

If yes, is it related to ability to work? If yes, complete RFC.

New Impairments: BREATHING, LFT. LEG

Findings:

SEE CER IN FILE. ON INHALER,

Meets/Equals?

If no, complete RFC

CDR-528

Arthity of Rknee · PE ()

Physically no significant medical improvement

AA09901



#### CHAMPION MEDICAL GROUP 2900 Sepulveda Blvd., Suite 310 Los Angeles, CA 90064 (310) 479-1176

14.1

July 29, 1996

Department of Social Services RE: Eunice Cain
Disability Evaluation Division SSN:
Post Office Box 54800 ATTN: Kuch
Los Angeles, California 90054-0800 UNIT: NO5

The following is a summary report of NEUROLOGICAL EVALUATION performed at this medical facility at the request of your department. Thank you for allowing me to assist in the evaluation of this patient.

The patient is a 36-year-old, right-handed, female. History is obtained from the patient. The patient is an extremely poor historian. Supporting documents are not submitted for review.

#### CHIEF COMPLAINTS:

#### 1. Seizures.

HISTORY OF PRESENT ILLNESS: The patient first had a seizure in her entire life three months before this evaluation. SHE WAS NOT HOSPITALIZED AND SHE DYD NOT RECEIVE ANY TYPE OF MEDICAL EVALUATION. She has had a total of three seizures in her entire life. The first occurred three months ago. She has been observed by her mother. She is told, "I just start shaking and I slide down on the floor." She does not have tongue biting. She is able to hear the background, but she is unable to respond. She has been told that the shaking lasts for about five minutes. Afterwards, she is sleepy. She requires about 5 minutes to recover. She has never discussed these episodes with a doctor.

PAST MEDICAL HISTORY: The patient was diagnosed with asthma several years ago. She was told that she was born with an "undeveloped lung. They told me I had the lung the size of a 6-year-old." She does now use a bronchodilator inhaler. She last required an emergency room visit for shortness of breath six months before this evaluation. She requires about one emergency room visit per year. She has shortness of breath associated by environments where there is cigarette smoke. She uses a Albuterol inhaler about once every two or three days.

The patient was once told that she had hypertension about a year ago. She was never given medications.

The patient has had right knee swelling over a period of ten years. The swelling comes and goes. She has required procedures to have fluid



PAGE 2

drained from her right knee. The knee discomfort is made worse by cold weather. She has some stiffness in her knee in the early morning. She is not currently receiving medical treatment.

CURRENT MEDICATIONS: Current medication is Albuterol inhaler.

FAMILY HISTORY: Family history is negative and non-contributory.

**SOCIAL AND ENVIRONMENTAL HISTORY:** The patient has never been employed in her life. The patient was born in California. She completed the twelfth grade. The patient has never married. She has three children ages 19, 17, and 15 years. Her children are in good health and live with the patient's mother. The patient denies abuse of alcohol or drugs.

#### **NEUROLOGICAL EXAMINATION:**

VITAL SIGNS: The patient is 64 inches tall (without shoes) and weighs 158 pounds (without shoes). Blood pressure is 110/70 and pulse is 80.

MENTAL STATUS: The patient is very vague. Her cooperation is suboptimal.

Concentration is not impaired.

Intellectual functioning appears to be in the normal range.

Speech is without dysarthria or aphasia.

CRANIAL NERVES: Visual fields are full to confrontation testing. Pupils react briskly to light. Extraocular movements are full without nystagmus. The optic fundi reveal sharp disc margins. There are no hemorrhages or exudates. Sensation is intact to the face, and the face is symmetrical. The uvula and tongue are midline. Hearing is intact to tuning fork bilaterally.

MOTOR EXAMINATION: Biceps, triceps, wrist extensors, finger abductors and adductors, hip flexors, leg extensors and flexors are 5/5 bilaterally. Tone in the extremities is good. There is no atrophy; no involuntary movements are noted. Grip strength by Jamar dynamometer is 20 right and 20 left.

SENSORY EXAMINATION: Sensation is intact to light touch, pinprick, temperature and vibration throughout upper and lower extremities.



PAGE 3

REFLEXES: (Normal = 2+)

|       | Brachioradialis | Triceps | Biceps | Patellar | Achilles |
|-------|-----------------|---------|--------|----------|----------|
| RIGHT | 2+              | 2+      | 2+     | 2+       | 2+       |
| LEFT  | 2+              | 2+      | 2+     | 2+       | 2+       |

Babinski's are down-going.

COORDINATION: Finger-nose-finger, rapid alternating movements, and rhythmic-toe-tapping are performed well bilaterally without evidence of ataxia or dysmetria.

GAIT: The patient walks without a walking aid. She walks with a very slight, very inconsistent limp. She is able to stand on heels and toes. An assistive device is not required.

THORACOLUMBAR SPINE: Lumbar extension is to 30 degrees. Forward flexion is to 80 degrees. Lateral bending is to 30 degrees bilaterally. Rotation is to 40 degrees bilaterally. There is no paralumbar muscle spasm.

#### EXTREMITIES AND JOINTS:

Shoulders: The shoulders are without tenderness to palpation. There is no increased warmth, swelling or redness. Range of motion of the shoulders is symmetrical and full, with abduction accomplished to 180 degrees bilaterally. Forward flexion is to 170 degrees with external rotation to 60 degrees without complaints of pain.

Elbows: The elbows are without swelling, tenderness or increased warmth. Range of motion at the elbows bilaterally is with extension of 180 degrees and flexion of 135 degrees. Supination and pronation are done well.

Wrists and Hands: There is no tenderness to palpation of the wrists. Dorsiflexion is to 60 degrees with palmarflexion to 70 degrees. Fingers reveal excellent range of motion.

Knees: There is slight crepitus with passive range of motion at the right knee. There is no increased warmth or redness. Range of motion of the knees is with 180 degrees of extension and 135 degrees of flexion bilaterally.

#### IMPRESSION:

1. Possible seizures.



PAGE 4

#### COMMENT:

The patient first had a seizure three months before this evaluation. She last had a seizure approximately 2 1/2 months before this evaluation. It appears that she had three seizures in her entire life. All occurring during the same month. She has been seizure free for at least two months. She has never sought medical attention and has never undergone any type of diagnostic testing.

The patient has been treated for asthma in the past. A brief lung examination on this date fails to reveal evidence of wheezes or rales.

Because of the poor history, it is very difficult to determine if the patient does indeed have a seizure disorder. It is very apparent that she is not receiving any type of medical treatment and has not undergone medical evaluations.

I thank you for allowing me to assist in the evaluation of this patient.

Sincerely,

Sarah L. Maze, M.D.

SLM:jg



# CHAMPION MEDICAL GROUP 2900 Sepulveda Blvd., Suite 310 Los Angeles, CA 90064 (310) 479-1176

July 29, 1996

Department of Social Services RE: Eunice Cain
Disability Evaluation Division SSN:
Post Office Box 54800 ATTN: Kuch
Los Angeles, California 90054-0800 UNIT: NO5

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PAGE 2

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CURRENT MEDICATIONS: Current medication is Albuterol inhaler.

FAMILY HISTORY: Family history is negative and non-contributory.

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SENSORY EXAMINATION: Sensation is intact to light touch, pinprick, temperature and vibration throughout upper and lower extremities.



PAGE 3

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|-------|-----------------|---------|--------|----------|----------|
| RIGHT | 2+              | 2+      | 2+     | 2+       | 2+       |
| LEFT  | 2+              | 2+      | 2+     | 2+       | 2+       |

Babinski's are down-going.

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#### IMPRESSION:

1. Possible seizures.



PAGE 4

#### COMMENT:

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I thank you for allowing me to assist in the evaluation of this patient.

Sincerely,

Sarah L. Maze, M.D.

SLM:jg



# CHAMPION MEDICAL GROUP 2990 SEPULVEDA BOULEVARD, SUITE #310 LOS ANGELES, CALIFORNIA 90064 (310) 479-1176



June 24, 1996

DEPARTMENT OF SOCIAL SERVICES
DISABILITY EVALUATION DIVISION
P.O. Box 54800, Terminal Annex
Los Angeles, California 90054

PATIENT: CAIN, Eunice
SSN:

ATTN: Kuch

The following is a summary report of a PSYCHOLOGICAL EVALUATION performed at this medical facility at the request of your department.

I appreciate the opportunity to participate in this evaluation.

#### TESTS ADMINISTERED

Folstein Mental Status Exam Wechsler Adult Intelligence Scale, Revised (WAIS-R) Wechsler Memory Scale, Form I Bender-Gestalt Test

# GENERAL OBSERVATIONS

The patient is a 36-year-old African-American female who attended her appointment on schedule and took a bus to the evaluation site. She did get lost in coming to this evaluation but did travel on her own.

The patient's presentation was remarkable in that she favored her leg when walking and complained of inflammation in her right leg. She exhibited a limited amount of motivation, energy and effort. She spoke indistinctly and it was sometimes hard to comprehend her when she spoke. She admits that she has memory and concentration problems. She provided an adequate history. She was casually dressed and groomed and not malodorous.

# PRESENTING ILLNESS

The patient describes herself as with a birth defect in which her lungs are undeveloped and she has shortness of breath and a breathing disorder in general. She also has an inflamed left leg that affects her ability to walk or to stand or to move on that leg in any way.

She reports problems with managing her anger and has problems with memory and concentration. She has limited ability to read and



write. She reports no suicidal or homicidal ideation. She sleeps poorly because of her leg pain. She reports an adequate appetite.

# PAST HISTORY OF MENTAL DISORDERS

The patient has no history of psychiatric hospitalizations or residential placements. She has not previously sought outpatient counseling and is not currently in treatment.

#### MEDICAL HISTORY

As indicated, she was born with a limited lung capacity and has problems with shortness of breath and with breathing in general, and her lungs are periodically evaluated. She is on an inhaler at present for this condition. She also complains of problems with her right leg. She had a serious injury and fall when she was much younger and had minor surgery at the time at California Hospital. The problem has never completed gone away, and she is being carefully evaluated for this condition, as well, and she is awaiting hospitalization at Orthopedic Hospital for a possible surgical intervention.

The patient reports of extreme fatigue, but no other physical symptoms are reported.

#### MEDICAL RECORDS

There are no medical records available for review.

# FAMILY, SOCIAL, ENVIRONMENTAL HISTORY

SOCIAL: The patient was born in Los Angeles. She currently lives in Los Angeles in the back of her mother's house.

MARITAL: The patient has been married and is currently divorced. She has three teenage children who live with her mother and a friend in the front house.

**EDUCATION:** The patient completed the 12th grade. The patient did attend special classes in school. She has problems with reading and writing and is forgetful. She reports no vocational or job training.

**EMPLOYMENT:** The patient reports no employment.

HABITS: The patient reports a history of excessive alcohol use. She stopped three months ago because it created problems with her medication. The patient does not have a history of street drug use. She stopped smoking cigarettes many years ago.



LEGAL: The patient was arrested once for an outstanding ticket or warrant. She served no time in jail.

#### CURRENT LEVEL OF FUNCTIONING

The patient is up at 6 a.m. She gets dressed and cleaned up. She takes a shower and has breakfast. She helps to clean up the house. She takes breaks often because of her breathing problems. She does sweeping and cleaning, as appropriate. She watches T.V. She may have lunch. She may watch T.V. after lunch and may visit with her mother and her children in the front house. She generally may leave the house to do shopping; often she goes with her daughter. After dinner, she watches T.V. and then goes to bed. She reports no other hobbies, interests or activities.

# SELF-CARE

The patient is able to dress and bathe herself. She can perform household chores, to include cleaning and sweeping. She is able to do errands, shopping and cooking.

#### FINANCIAL

The patient reports being able to pay bills and handle money on her own, but she appears to have some difficulty with counting change based upon simple math questions.

#### TRANSPORTATION

The patient does not have a driver's license. She is able to travel on a bus by herself. She does not know how to drive. Generally she moves around alone, going to the store for food.

## MENTAL STATUS EXAMINATION

ORIENTATION: The patient was oriented in all dimensions.

ATTITUDE AND BEHAVIOR: The patient presented with a neutral attitude. She was responsive to the demands of the test battery. She appeared to give a fair effort.

ATTENTION AND CONCENTRATION: The patient spoke indistinctly and was sometimes difficult to understand, although it became easier with time. The patient was able to follow simple questions and instructions. The patient appeared distractible but not hyperactive.

MOOD AND AFFECT: The patient appeared depressed with limited energy and motivation. Her affect was flat, but appropriate to content. There were no signs of hallucinations, delusions, signs





of significantly disorganized thinking, or other evidence of a thought disturbance.

INSIGHT AND JUDGMENT: The patient does not appear conscious of many of her problems, symptoms and behaviors. She had difficulty responding to the question of what to do if her house caught on fire. Insight and judgment appears limited.

FUND OF KNOWLEDGE: The patient's fund of knowledge appears limited. She was not able to identify the country's president or former president, the governor of the state, or the mayor of the city. The patient felt that the current president was named Nixon.

#### TEST RESULTS

The patient was administered the Folstein Mental Status Exam, the Wechsler Adult Intelligence Scale, Revised (WAIS-R), the Wechsler Memory Scale, Form I, and the Bender-Gestalt Test. Her scores are as follows:

#### BENDER-GESTALT:

The patient applied heavy pressure in her responses. She exhibited a number of integration and distorted responses. She exhibited some signs of perseveration. On the Pascal and Suttell scale, the patient scored a raw score of 45 and a z-score of 79, placing the patient in the borderline range and just below the impaired range with respect to exhibiting signs of gross organic impairment.

# WECHSLER MEMORY SCALE, FORM I:

| Information:         | 2  |
|----------------------|----|
| Orientation:         | 2  |
| Mental Control:      | 2  |
| Memory Passages:     | 4  |
| Digits Total:        | 8  |
| Visual Reproduction: | 6  |
| Associated Language: | 7  |
| Raw Score:           | 31 |
| Age-Corrected Score: | 69 |

The patient achieved a Memory Quotient of 69, placing the patient in the impaired range with respect to the exercise of immediate and short-term memory.

#### FOLSTEIN MENTAL STATUS EXAM:

The patient scored 22 out of a possible 32. On orientation, the patient did not know the month, date or year, nor the day of the



# FOLSTEIN MENTAL STATUS EXAM: (cont'd)

week or the season of the year. She could identify the city and state in which she was evaluated, and she knew the reason for her visit. On registration recall, the patient was able to register three words and recall one of the three words after a period of interference. On attention and calculation, the patient was able to begin with 100 and count backwards by 7, none out of five times. She could not spell the word "world" backwards. On language, the patient was able to identify a watch and a pencil, repeat a simple phrase and follow a three-stage command. She could not read or write a sentence of her own and poorly drew intersecting pentagons.

#### WAIS-R:

|   | PERFORMANCE SUBTESTS |   |
|---|----------------------|---|
| 2 | Picture Completion   | 2   |
| 4 | Picture Arrangement  | 3   |
| 5 | Block Design         | 4   |
| 4 | Object Assembly      | 4   |
| 4 | Digit Symbol         | 2   |
| 3 |                      |   |
|   | 4                    | 2 Picture Completion 4 Picture Arrangement 5 Block Design 4 Object Assembly |

The patient achieved a verbal I.Q. of 66, a performance I.Q. of 65, and a full scale I.Q. of 64, placing the patient in the mild mentally retarded range of intellectual functioning.

#### CURRENT MEDICATIONS

The patient is prescribed medications for her sinuses, for her leg pain, and for her breathing condition, namely an inhaler.

#### DIAGNOSTIC IMPRESSIONS

Given the above test results and clinical data, the patient is diagnosed as having the follow DSM-III-R classification:

| AXIS | I  | 311.00 | DEPRESSIVE DISORDER, NOT OTHERWISE SPECIFIED.   |
|------|----|--------|---|
| AXIS | II | 317.00 | MILD MENTAL RETARDATION WITH LIMITATIONS NOTED IN READING AND IN WRITING AND WITH LIMITATIONS IN HER EXPRESSIVE LANGUAGE. |

The patient presents in the impaired range with respect to the exercise of immediate and short-term memory. She exhibits borderline signs of gross organic impairment. She presents with mild limitations in her mental status.





#### PROGNOSTIC IMPRESSIONS

The patient presents with the ability to exercise reason to avoid hazards and exercise judgment. The patient appears able to sustain concentration, despite some limitations cognitively and with respect to memory. She is able to function independently in a work setting in a supportive environment and in consideration of her level of cognitive functioning.

The patient is competent to self-manage benefits at this time.

Thank you for the opportunity to participate in this interesting consultation.

Sincerely,

Stephen C. Gill / Ph.D. Clinical Psychologist

SCG/sf.1



# CHAMPION MEDICAL GROUP 2990 SEPULVEDA BOULEVARD, SUITE #310 LOS ANGELES, CALIFORNIA 90064 (310) 479-1176

June 24, 1996

DEPARTMENT OF SOCIAL SERVICES
DISABILITY EVALUATION DIVISION
P.O. Box 54800, Terminal Annex
Los Angeles, California 90054

PATIENT: CAIN, Eunice SSN:

ATTN: Kuch UNIT: 11

The following is a summary report of a **PSYCHOLOGICAL EVALUATION** performed at this medical facility at the request of your department.

I appreciate the opportunity to participate in this evaluation.

## TESTS ADMINISTERED

Folstein Mental Status Exam Wechsler Adult Intelligence Scale, Revised (WAIS-R) Wechsler Memory Scale, Form I Bender-Gestalt Test

# GENERAL OBSERVATIONS

The patient is a 36-year-old African-American female who attended her appointment on schedule and took a bus to the evaluation site. She did get lost in coming to this evaluation but did travel on her own.

The patient's presentation was remarkable in that she favored her leg when walking and complained of inflammation in her right leg. She exhibited a limited amount of motivation, energy and effort. She spoke indistinctly and it was sometimes hard to comprehend her when she spoke. She admits that she has memory and concentration problems. She provided an adequate history. She was casually dressed and groomed and not malodorous.

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# WECHSLER MEMORY SCALE, FORM I:

| Information: Orientation: Mental Control: Memory Passages: Digits Total: | 2 2 4 8 6 |
|--|-----------|
| Visual Reproduction:   | 6         |
| Associated Language:   | 7         |
| Raw Score:   | 31        |

The patient achieved a Memory Quotient of 69, placing the patient in the impaired range with respect to the exercise of immediate and short-term memory.

69

#### FOLSTEIN MENTAL STATUS EXAM:

Age-Corrected Score:

The patient scored 22 out of a possible 32. On orientation, the patient did not know the month, date or year, nor the day of the





# FOLSTEIN MENTAL STATUS EXAM: (cont'd)

week or the season of the year. She could identify the city and state in which she was evaluated, and she knew the reason for her visit. On registration recall, the patient was able to register three words and recall one of the three words after a period of interference. On attention and calculation, the patient was able to begin with 100 and count backwards by 7, none out of five times. She could not spell the word "world" backwards. On language, the patient was able to identify a watch and a pencil, repeat a simple phrase and follow a three-stage command. She could not read or write a sentence of her own and poorly drew intersecting pentagons.

#### WAIS-R:

| VERBAL SUBTESTS   |                            | PERFORMANCE SUBTESTS   |                       |  |
|---|----------------------------|--|-----------------------|--|
| Information Digit Span Vocabulary Arithmetic Comprehension Similarities | 2<br>4<br>5<br>4<br>4<br>3 | Picture Completion Picture Arrangement Block Design Object Assembly Digit Symbol | 2<br>3<br>4<br>4<br>2 |  |

The patient achieved a verbal I.Q. of 66, a performance I.Q. of 65, and a full scale I.Q. of 64, placing the patient in the mild mentally retarded range of intellectual functioning.

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The patient presents in the impaired range with respect to the exercise of immediate and short-term memory. She exhibits borderline signs of gross organic impairment. She presents with mild limitations in her mental status.



# PROGNOSTIC IMPRESSIONS

The patient presents with the ability to exercise reason to avoid hazards and exercise judgment. The patient appears able to sustain concentration, despite some limitations cognitively and with respect to memory. She is able to function independently in a work setting in a supportive environment and in consideration of her level of cognitive functioning.

The patient is competent to self-manage benefits at this time.

Thank you for the opportunity to participate in this interesting consultation.

Sincerely,

Stephen C. Gill, Ph.D Clinical Psychologist

SCG/sf.1



RECEIVED

# DAILY ACTIVITIES QUESTIONNAIRE

RE: EUNICE CAIN

SSN:

22,190 CASE No:

DEA: BEKuch

| CEMED | AT | THEORMATION |
|-------|----|-------------|

| 1. | Where do you currently live?  {     |   |
|----|-------------------------------------|---|
|    | { } Other If other, please explain. |   |
| 2. | With whom do you live?  {           | , |
|    | ( ) Other If other please explain   | 0 |

#### ACTIVITIES OF DAILY LIVING

1. Please describe what you do on an average day.

Go to doctor

2. A. What difficulties, if any, do you have sleeping?

Sickness and hard time breathing.

B. Do you take medication to sleep? If YES, what type and how often?

3. What difficulities, if any, do you have caring for your own personal needs (e.g. grooming, dressing, cleaning, etc.)? Do you require any type of assistance? If YES, please explain.



RE: EUNICE CAIN
SSN:
CASE No: 22,190
DEA: BEKuch

4. A. Who prepares and cooks your meals?

B. How often and what type foods do you cook?
Chicken & other meats
Soup

5. A. What shopping do you do? How often?

B. Does anyone help you with your shopping? If so, what type of help do you need?

6. A. What household chores are you able to do (i.e., cleaning, laundry, maintenance, ironing, etc.)?

Laundry, Cleaning, Seldom

B. Do you need any help completing these chores? If so, please explain. Sometimes my daughter helps clean.

7. What type of activities or hobbies do you enjoy and spend time on?

Watching movies or walking in my spare time



SSN: CASE No: 22,190

DEA: BEKuch

8. A. How often do you listen to the radio or watch TV? What types of programs do you listen to or watch? Are you apprograms that you heard or watched?

How often do you read? What do you read (i.e., books, newspapers, magazines)? Are you able to remember what you read?

#### SOCIAL FUNCTIONING

1. A. How often do you go out of your home?

3 times daily

B. When you go out, do you:

[ ] Walk [ ] Ride the Bus [ ] Drive a Car [ ] Other

Please explain:

I walk to exercise my knee which contains fluid. I ride the bus to

To the Store or the doctor

D. What help, if any, do you need to get out?

Only directions to get around





CASE No:

22,190 DEA: BEKuch

2. What difficulties, if any, do you have getting along with family, friends, co-workers or others? Please explain.

3. A. How often do you visit family, or have them visit you? What do you do during the visits? -

talk or take short walks.

B. How often do you talk to relatives on the telephone?

Don't have a phone

4. Who is dependent upon you for care (i.e., spouse, parents, pets)? What assistance do you give them? No one

5. What community, church, sports, or social groups do you belong to? Are you active in these groups? How often do you participate?

Thurch, no, Every sunday.

6. What type of activities or hobbies do you do for entertainment?

church

7. Have your social activities changed since your condition began?

ND



CASE No:

22,190

DEA: BEKuch

#### PERSONAL INFORMATION

1. Do you ever have problems concentrating? If so, please give examples.

YES. Sometimes I forget important

Things and my mind wonders.

2. When you begin a task or chore do you ever have trouble finishing the job? If so, please give examples. Uss. Sometimes T get Short winded when I move around the house doing Chores or walking

3. What type of difficulty, if any, do you have in following written or

- 4. What medications do you take for your condition? Do you take it yourself or does someone give it to you? Albuterol, USP Ithalation. E Vanceril Invaler, Genac, Generics of actifed
- 5. Please explain how your condition keeps you from working. I have difficulty breathing, walking, and concentrating on Simple things
- 6. Have you tried to work after you became ill? If so, what happened?
  NO.
- 7. Have you ever lost your job as a result of you condition? Please explain.  $\bigcirc$





CASE No:

22,190

DEA: BEKuch

#### **GENERAL**

We may need further information on your condition. Please list the names and addresses, telephone numbers, and relationship of any friends, relatives, or others (i.e., rehabilitation counselor, social worker, landlord) whom we may contact who knows about your medical condition.

| contactwho knows about you | r medical condition.   |               |                 |    |
|----------------------------|--|---------------|-----------------|----|
| Jane Edward                | (213)  |               | 10ther          |    |
|                            | Telephone  | No. Re        | lationship      |    |
|                            | L.A.   | CA.           | 90003           |    |
| Address Street             | City   | State         | Zip Code        |    |
|                            |  |               |                 |    |
|                            | - The state of the |               |                 |    |
| . Name                     | Telephone  | No. Re        | lationship      |    |
| MRS NORI                   | AVINEST  |               | Brand           | lm |
| Address                    | City   | State         | Zip Code        |    |
|                            | LOA  | Quales        | 90011           |    |
| •                          | A-MAN  | 0             | <i>V</i>        |    |
| f you have worked in the   | past two years, please   | list an emplo | yer whom we may |    |
| ontact for information ab  | out your condition.  |               |                 |    |
|                            |  | m - 1         | Inches No.      |    |
| ompany Name                |  | Te            | lephone No.     |    |
| ddress Street              | City   | State         | Zip Code        |    |
|                            | <b>,</b>   |               |                 |    |
| upervisor's Name           | Dates I  | Employed      |                 |    |
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| id you need help completi  | ng this form? {\bigver}  | Yes { } No    |                 |    |
| f yes, who assisted you?   | _  | NI            | ν <b>Λ</b> ~    |    |
| nconna Drya                | M+   | 1/16          | 30.6            |    |
| . Name                     | Telephone  | No. Re        | lationship      |    |
|                            | L.A.   | <u> </u>      | 4004 /          |    |
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|                            |  |               |                 |    |
| 10                         |  |               | <del></del>     |    |
| 19 in C                    | <i>a</i>   |               |                 |    |
| DAIMANT'S SIGNATURE        | <u> </u>   | te            | _               |    |



# DAILY ACTIVITIES QUESTIONNAIRE (Third Party Information)

RE: EUNICE CAIN

SSN:
CASE No: 22,190
DEA: Barbara Kuch/N05

IDENTITY OF CONTACT (third party)

| IDENTIFI OF CONTROL CHILD PALLY,   |
|--|
| Name Telephone No Relationship   |
| Here Corpuarys mother  |
| Address Street City State, Zip Code  |
| For angels Caly 90003  |
| GENERAL INFORMATION  |
| 1. Where does the applicant currently live? { } Home { } Apartment { } Boarding House { } Nursing Home 1 |
| Other If other, please explain.  House in the Bank House   |
| 2. With whom does the applicant live? {   Alone   } With Family   } With Friends   } Board and Care      |
| { } Other If other, please explain.  |
|  |
| ACTIVITIES OF DAILY LIVING   |
| 1. How does the applicant generally spend a typical day?   |
| If it a Sunday She go to aburch if it a week down She get and go for a walk                              |
| 2. A. What are the applicant's normal sleeping hours?  |
| 10 p Mustil 7 or 8 in marring  |
|  |



RE: EUNICE CAIN SSN:

CASE No: 22,190

DEA: Barbara Kuch/NO5

- B. What difficulties, if any, does the applicant have sleeping?
- 3. A. What difficulties, if any, does the applicant have caring for his/her personal needs (e.g. grooming, dressing, cleaning, etc.)? Does the applicant require any type of assistance? If yes, please explain.

B. Have the applicant's grooming habits changed since he/she became ill?

If yes, please explain. Yes She week thelp that the proportion of the proportion o

4. A. Who prepares and cooks the applicant's meals?

B. What type of foods does the applicant cook? How often? Chicken Breaks Steaks Mystatiles

C. Does anyone help the applicant prepare his her meals? If yes, how much do they help the applicant? Sometimes had



RE: EUNICE CAIN
SSN:
CASE No: 22,190

DEA: Barbara Kuch/NO5

| В. | Who pays t | he applicant | 's bills and | manages his  | her checkin | g and/or |
|----|------------|--------------|--------------|--------------|-------------|----------|
|    | savings ac | counts? If   | someone help | s the applic | ant, please | explain. |
|    | Sla        | Ws.          |              |              |             |          |

| 6. | Α.  | What household chores does the applicant do (i.e. maintenance, ironing, etc.)? | cleaning, | laundry, |
|----|-----|--|-----------|----------|
|    | - 6 | maintenance, ironing, etc.)?   |           |          |

B. Does the applicant need any help completing these chores? If so, please explain. Yes 3he that turn lastly and the first turn lastly

7. A. How often does the applicant go outside the home?

Mayle Turila day

B. What assistance, if any, does the applicant need to go out?

Sometimes but haughten help her they walk with they on the go ley her

C. Does the applicant have a driver's license and drive a car?

[] Yes [] No

D. Does the applicant use public transportation?

{ \( \) \( \

8. What type of recreational activities or hobbies does the applicant enjoy and spend time on?



CASE No: 22,190

DEA: Barbara Kuch/NO5

9. How much does the applicant listen to the radio or watch TV? What types of programs does he/she listen to or watch? Is the applicant able to remember the programs that he/she heard or watched?

\*\*Club Musica J Church J Musica J

10. How much does the applicant read? What does he/she read (i.e., books, newspapers, magazines)? Is the applicant able to remember what he/she reads?

#### SOCIAL FUNCTIONING

1. What difficulties, if any, does the applicant have getting along with family, friends, co-workers, or others? Please explain.

2. How often does the applicant visit family and friends, or have them visit him/her?

Ley family Wests are more than the probability family and friends, or have them visit him/her?

3. Is anyone dependent upon the applicant for care (i.e., spouse, children, parents, pets)? If so, what assistance does the applicant give them?

mo one

4. What community, church, sports, or social groups does the applicant belong to? Is he/she active in these groups? How does the applicant participate?

Outline Amount of the second of



RE: EUNICE CAIN

CASE No: 22,190

DEA: Barbara Kuch/NO5

5. How often does the applicant attend movies, concerts, or other entertainment activities? Does he/she go alone or with others?

M

6. How have the applicant's social activities changed since his/her condition began?

Syl do not go anywhyl

PERSONAL INFORMATION

Does the applicant ever have problems concentrating or remembering? If so, please give examples. She forget her appointment don't keep up with the ideas of the week up with

2. When the applicant begins a task or chore does he/she ever have trouble following instructions or finishing the job? If so, please give examples.

### Downstones She ask for

On

3. Does the applicant exhibit any unusual behavior or fears? Please explain.

S

RE: EUNICE CAIN

CASE No: 22,190

DEA: Barbara Kuch/NO5

4. Please comment on any additional factors or observations that you feel will be helpful to us in reaching a decision about the applicant's disability claim.

Curvel luen had probablems sense She was Born mot preading lucature of -6

Breathing lucature of -6

Dane She was added to -2 8-96

Please review, sign and return this form to us within 10 days.

|                        | IAL SECURITY ADMINISTR   |  | OFFICE   | mhew   | DATE (   | Mis 16  | 0, 179                        |
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|                        | E(S) OF ENTITLEMENT<br>eck all that apply.)  | TITLE II<br>TITLE XVI  | DIB DF   |  | □CDB<br>□BI  | ☐ ESRD  | Бв                            |
|                        | RIVACY ACT/PAPERWORK   |  |  |  | 1 11 11 0 0 0 1 1 1  | C-audity Ant Conti  | iona 205/                     |
| dis                    | while the information you furn<br>sability, such information ma<br>senefits for yourself or another<br>programs administered by<br>formation between the Soci-<br>ted or given out are explained   | ay be disclosed by S person; (2) To facilit the Social Security  | SSA for the following puritate statistical research are y Administration, and (3   | poses: (1) To assisted audit activities not be comply with land.  The comply with lands. These and other controls. | it SSA in determining<br>ecessary to assure that<br>was and regulations<br>her reasons why inf | g the right to soci<br>he integrity and im<br>s requiring the ex<br>formation about y | proveme<br>change<br>ou may b |
| Ple                    | ease use this form to de   | escribe your disab   | ling condition since (c  |  |  | 7   |                               |
|                        | sability began or, if later, o   | late of prior invest   | igation I  |  | /////  |   |                               |
| NIC                    | OTE: All information lava  | ont Port III) must r   | oflect the beneficiary's   | (or his/her repres   | entative's) stateme  | ents regarding the  | disablin                      |
| NC<br>col              |  | ept Part II) must n<br>rview, i.e., the init<br>ontinuing eligibilit<br>condition, benefit   | eflect the beneficiary's ial disability application by to disability benefits to will be terminated.   | or continuing di<br>If, after complet  | ion of the investigation   | 011.   1112 tehotra   | VIII DE OII                   |
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| of<br>the              | b. Has there been any co.  Do you have any new  a. Do you feel you are al  | ept Part II) must review, i.e., the init continuing eligibility condition, benefit PART I condition(s) for white the second condition of the second co | eflect the beneficiary's ial disability application by to disability application by to disability benefits. INFORMATION ABOUT THE PROPERTY OF WORSE) in your disability be any changes be below?  When the below is the below in t | ur Your continuing of If, after complet  UT YOUR CONE  sability benefits?  If No  No  No                           | Small  you last reported s   | such information  | to us?                        |
| NC con of the          | b. Has there been any co.  Do you have any new  a. Do you feel you are all  Yes  | ept Part II) must review, i.e., the init continuing eligibilit condition, benefit PART I condition(s) for white co | eflect the beneficiary's ial disability application by to disability application by to disability benefits. INFORMATION ABOUT THE PROPERTY OF WORSE) in your disability be any changes be below?  When the below is any total describe any total  | If, after complet  UT YOUR CONE sability benefits?  If No                      | Small  | such information  | to us?                        |
| NC con of the          | b. Has there been any co.  Do you have any new  a. Do you feel you are al  | ept Part II) must review, i.e., the init continuing eligibilit condition, benefit PART I condition(s) for white co | eflect the beneficiary's ial disability application by to disability application by to disability benefits. INFORMATION ABOUT THE PROPERTY OF WORSE) in your disability be any changes be below?  When the below is any total describe any total  | If, after complet  UT YOUR CONE sability benefits?  If No                      | Small  you last reported s  o'', explain in Part s prevent you from                            | such information  | to us?                        |

| ADDRESS  |   |  |                              | ×   |  |  |  |
|--|---|--|------------------------------|---|--|--|--|
| d. What date did your d<br>return to work? (mo.,         | octor tell you that you coul<br>day, yr.)   |  | •                            | ou to limited or part-time work?                                |  |  |  |
|  |   | MATION ABOUT YOUR  |                              |   |  |  |  |
| NOTE: When completing I present, provide a               | ert II, except for mental imp<br>summary of all medical exa   | pairments where the time p<br>minations and treatments w | eriod is fron<br>hich you ha | the date shown on Page 1 throuve received in the last 12 months |  |  |  |
| List the name, address an latest medical records.        | d telephone number of the   | •  | check he                     | ve not seen a doctor,   |  |  |  |
| NAME M,  | Praire  | ADDRESS  | dind                         | lo adam   |  |  |  |
| TELEPHONE NUMBER (Inc                                    | ude area code)  |  |                              |   |  |  |  |
| How often do you see this                                | ~ morth   | Date you first sa<br>doctor (mo., day                    | /, yr.}                      | Date you last saw this doctor (mo., day, yr.)                   |  |  |  |
|  | Iness or injury for which you   |  | reatment)                    |   |  |  |  |
| your illness or injury, if kr                            | Type of treatment received or medicines received (such as surgery, chemotherapy, radiation and the medicines you take for your illness or injury, if known. If no treatment or medicines show "NONE")  Wheeler for Pills. |  |                              |   |  |  |  |
| a. Have you seen any oth                                 | ner doctors?  |  | "yes", shov<br>lowing.)      | v the No  |  |  |  |
| NAME   |   | ADDRESS  |                              |   |  |  |  |
| TELEPHONE NUMBER (Incl                                   | ude area code)  |  |                              |   |  |  |  |
| How often do you see this                                | doctor?   | Date you first say doctor (mo., day,                     |                              | Date you last saw doctor (mo., day, yr.)                        |  |  |  |
| Reasons for visits (show ill                             | ness or injury for which you  | u had an examination or tr                               | eatment)                     | •   |  |  |  |
| Type of treatment received your illness or injury, if kn | or medicines received (suc<br>own, If no treatment or me  | h as surgery, chemotherapedicines show "NONE")           | y, radiation                 | and the medicines you take for                                  |  |  |  |
| NAME   | <u> </u>  | ADDRESS  | <u></u>                      |   |  |  |  |
| TELEPHONE NUMBER (Inclu                                  | de area code)   | 155  |                              |   |  |  |  |
| How often do you see this                                | doctor?   | Date you first saw<br>doctor (mo., day,                  |                              | Date you last saw this doctor (mo., day, yr.)                   |  |  |  |
| Reasons for visits (show illi                            | ness or injury for which you  | had an examination or tre                                | eatment)                     |   |  |  |  |

| 3.     | NAME   | ADDRESS   |  |  |                                       |           |
|--------|--|---|--|--|---------------------------------------|-----------|
| tizued |  |   |  |  |                                       |           |
|        | TELEPHONE NUMBER (Include area code)   |   |  |  |                                       |           |
|        | How often do you see this doctor?  | Date you first  | saw this doctor (                                      | mo., day, yr.)   | Date you last saw th (mo., day., yr.) | is doctor |
|        | Reasons for visits (show illness or injur  | v for which you hi  | ad an examination                                      | or treatment)  |                                       |           |
|        | 11000010 101 11010 101010 1011000 0111000  | ,   |  |  |                                       |           |
|        |  |   |  |  |                                       |           |
|        | Type of treatment or medicines receive   | ed (such as surgery   | , chemotherapy, r                                      | adiation and the   | medicines you take fo                 | r your    |
|        | illness or injury, if known. If no treatm  | ent or medicines s  | how "NONE")  |  |                                       |           |
|        |  |   |  |  |                                       |           |
|        | Have you been hospitalized or treated  | at a clinic for   | Γ/I  | Yes (If "yes", sh  | ow No                                 |           |
|        | your disabling condition?  |   | ADDRESS  | the following  | j.) <u> </u>                          |           |
|        | NAME OF HOSPITAL OR CLINIC MEN   | urial   | ADDRESS C  | ost Lik  | <b>)</b> . 2                          |           |
|        | PATIENT OR CLINIC NUMBER   |   |  |  |                                       |           |
|        |  |   |  |  |                                       |           |
|        | Were you an inpatient (i.e., stayed at le  | _   | Were you an out  | patient?<br>'es (If ''yes'', fill i                              | n the                                 |           |
|        | dates below.)  | No  |  | dates below.)  |                                       |           |
|        |  | OF DISCHARGE  |  | DATES O  | F VISITS                              |           |
|        | 1995 - 5   | days.   | /  | 195  |                                       |           |
|        |  |   |  |  |                                       |           |
|        |  | Ø   |  |  |                                       |           |
|        | Passon for hornitalization or clinic visi  | te (show illness or   | injury for which                                       | ou had an exami  | nation or treatment)                  |           |
|        | Reason for hospitalization or clinic visi  | ts (show illness or   | injury for which                                       | you had an exami   | nation or treatment) TO Bleet         | tk.       |
|        | Cold. ind  | ale di (such as surgery,  | chemotherapy, ra                                       | Small  | To Brew                               |           |
|        | Cold. int  | ale di (such as surgery,  | chemotherapy, ra                                       | Small  | To Brew                               |           |
|        | Cold. ind  | ale di (such as surgery,  | chemotherapy, ra                                       | Small  | To Brew                               |           |
|        | Cold. ind  | ale di (such as surgery,  | chemotherapy, ra                                       | Small  | To Brew                               |           |
| :      | Type of treatment or medicine received illness or injury, if known. If no treatm   | ale di (such as surgery,  | chemotherapy, rathow "NONE")                           | Small  | To Brew                               |           |
|        | Type of treatment or medicine received illness or injury, if known. If no treatm   | ale di (such as surgery,  | chemotherapy, rathow "NONE")                           | Small  | To Brew                               |           |
|        | Type of treatment or medicine received illness or injury, if known. If no treatment of hospital or clinic patient or clinic number.  Were you an inpatient (i.e., stayed at let  | d (such as surgery, nent or medicines s   | chemotherapy, rathow "NONE")  ADDRESS  Were you an out | v Small diation and the n  | TO Brew                               |           |
|        | Type of treatment or medicine received illness or injury, if known. If no treatment of the  | d (such as surgery, nent or medicines s   | chemotherapy, rathow "NONE")  ADDRESS  Were you an out | diation and the n  | TO Brew                               | your      |
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|        | Type of treatment or medicine received illness or injury, if known. If no treatment of the  | d (such as surgery, nent or medicines s   | chemotherapy, rathow "NONE")  ADDRESS  Were you an out | diation and the n  | nedicines you take for                | your      |
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|        | Type of treatment or medicine received illness or injury, if known. If no treatment of the illness or injury, if known. If no treatment of the illness or injury, if known. If no treatment of the illness of the illnes | d (such as surgery, nent or medicines seast overnight)?  DE DISCHARGE  its (show illness or | chemotherapy, reshow "NONE")  ADDRESS  Were you an out | patient? (es (If "yes", fill in dates below)  DATE               | nedicines you take for No             | your      |
|        | Type of treatment or medicine received illness or injury, if known. If no treatment of the illness or injury, if known. If no treatment of the illness or injury, if known. If no treatment of the illness of the illnes | d (such as surgery, nent or medicines seast overnight)?  DE DISCHARGE  its (show illness or | chemotherapy, reshow "NONE")  ADDRESS  Were you an out | patient? (es (If "yes", fill in dates below)  DATE               | nedicines you take for No             | your      |



| 5. | agencies, their addresses, your claim num                        | bers, dates              | s and treatm         | nent received in Part VI.)  , fill in the information below.)                         |                              |  |  |  |
|----|--|--------------------------|----------------------|---|------------------------------|--|--|--|
|    | NAME OF AGENCY   | ٠٠ بــا                  | ,                    | ADDRESS OF AGENCY   |                              |  |  |  |
|    | YOUR CLAIM NUMBER  |                          |                      | Sate  |                              |  |  |  |
|    | DATES OF VISITS (mo., day, yr.)                                  |                          |                      | TYPES OF TREATMENTS OR EXA  | MINATION RECEIVED            |  |  |  |
|    | If more space is needed, list the other ag                       | encies, thei             | r addresses,         | your claim numbers, dates, and tr   | eatment received in Part VI. |  |  |  |
| 6. | Have you had any of the following tests?                         |                          |                      |   |                              |  |  |  |
|    | TEST   | heck approp              | riate block(s)<br>NO | WHERE DONE  | <del></del>                  |  |  |  |
|    | EKG-Resting  | $\overline{\mathcal{C}}$ |                      | Redondo adais   | 199 6                        |  |  |  |
|    | EKG-Treadmill  |                          |                      | 1   | PII                          |  |  |  |
|    | Chest x-ray  | 7                        |                      | (,  | - 4                          |  |  |  |
|    | Other x-ray (specify ►)  | 77                       |                      | (ı  | (,                           |  |  |  |
|    | Breathing tests  | 7                        |                      | Ł l   |                              |  |  |  |
|    | Blood tests  | 石                        |                      |   | -                            |  |  |  |
|    | Other (specify >)  |                          | <u> </u>             |   |                              |  |  |  |
|    | Other (specify ►)  |                          | P                    | <u> </u>  |                              |  |  |  |
|    | Other (specify ►)  |                          | 7                    |   |                              |  |  |  |
|    | Other (specify ►)  |                          | - <b>Ø</b>           |   |                              |  |  |  |
| 7. | PART III -   |                          |                      | OUT YOUR ACTIVITIES   |                              |  |  |  |
|    |  | about cutting            | ng back or lin       | loctor below and tell what he/she niting your activities.)  EXPLANATION OF WHAT DOCTO | OR TOLD YOU                  |  |  |  |
| 8. | in the areas below, describe your daily ac                       | tivities and             | state what a         | and how much you do of each; how  | v often you do it; and any   |  |  |  |
|    | assistance you require. PERSONAL MOBILITY (walking, moving about | ıt exercisine            |                      | .)  |                              |  |  |  |
|    | 1,   |                          |                      |   |                              |  |  |  |
|    | Wall gh  | erce                     | بع                   |   |                              |  |  |  |
|    |  |                          |                      |   |                              |  |  |  |
|    |  |                          |                      |   |                              |  |  |  |
|    |  |                          |                      | 18.   |                              |  |  |  |
|    | PERSONAL NEEDS AND GROOMING (dressing                            | ng, bathing, e           | etc.):               |   |                              |  |  |  |
|    | no   |                          | <u> </u>             |   | ***                          |  |  |  |
|    | ,  |                          |                      | ·   | <del></del>                  |  |  |  |
|    |  |                          |                      |   |                              |  |  |  |
|    |  | <del></del>              |                      |   | <del></del>                  |  |  |  |
|    |  |                          |                      |   |                              |  |  |  |

| 8.  | ed[   |                                     |                                       | well as any othe  | r similar activities):                  |  |  |  |
|-----|---|-------------------------------------|---------------------------------------|-------------------|---|--|--|--|
|     | Clear   | - Corek.                            | Sharf.                                |                   |   |  |  |  |
|     |   |                                     | · · · · · · · · · · · · · · · · · · · |                   |   |  |  |  |
|     | RECREATIONAL ACTIVITIES AND H   | OBBIES (TV, radio, newspape         | ers, books, fishing, bowling, m       | usical instrument | is, etc.):                              |  |  |  |
|     | Look a  | AT.V.                               |                                       |                   |   |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
|     | SOCIAL CONTACTS (visits with frie   | nds, relatives, neighbors, chur     | ch, social clubs):                    |                   |   |  |  |  |
|     |   |                                     |                                       |                   | 14                                      |  |  |  |
|     | Relate  | ies. Chur                           | h                                     |                   |   |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
|     | OTHER (drive car, motorcycle, ride b  | ous or subway, etc.):               |                                       |                   |   |  |  |  |
|     | Ride B  | w.                                  |                                       |                   | •                                       |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
| 9.  | Have you attended (trade, voca receiving disability benefits?   | tional or academic) scho            | ool or had any other type             | of vocational     | training since you bega                 |  |  |  |
|     | If "yes," explain   | Yes (If "yes",<br>explain below.)   |                                       | No                |   |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
| 10. | Are you attending school?   | Yes (If "yes", show the following.) |                                       |                   |   |  |  |  |
|     | NAME OF SCHOOL  | the lenewing.y                      | ADDRESS OF SCHOOL                     |                   |   |  |  |  |
|     | CURRENT GRADE   |                                     |                                       |                   |   |  |  |  |
|     | PART IV – INFORMATION ABOUT THE WORK YOU DID  When completing Part IV provide information since date you became disabled. |                                     |                                       |                   |   |  |  |  |
| 11. | Since you became disabled, have you done any work?  | <del></del>                         | following for each work               | □ No              |   |  |  |  |
| 9   | JOB TITLE   | TYPE                                | DATES WORKED<br>(month/year)          | DAYS              | RATE OF PAY                             |  |  |  |
|     | (Be sure to begin with your usual job)  | OF BUSINESS                         | FROM TO                               | PER<br>WEEK       | (per hour, day, week,<br>month or year) |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
|     |   |                                     |                                       |                   |   |  |  |  |
|     |   |                                     |                                       |                   | · · ·                                   |  |  |  |
|     | <del>-</del>  | 5.                                  | <del></del>                           |                   |   |  |  |  |



| 12. Describe your basic duties (explain w work attempt listed in item 11. | what you did and how you did it) below. Also, explain why you stopped working for eac  |
|---|--|
|   | NA :   |
|   | 71.0   |
| PART  | V – INFORMATION ABOUT REHABILITATION SERVICES  |
| 13. VOCATIONAL REHABILITATION IN IN INC.                                  | MPORTANT: Even if it is determined that you are not disabled, ou may be eligible for continued payments if you are in an approved State vocational rehabilitation program and meet other equirements of the law.   |
| a. Are you receiving help, such as se                                     | ervices, training or counseling from the state vocational rehabilitation agency?  Yes (If "yes", complete the following.)  |
| b. What kind of help have you been  | receiving?   |
|   | S57-   |
|   |  |
| c. Do you expect to receive any typ                                       | Yes (If "yes", when? No  |
| d. What is the name, address and ph                                       | none number of your VR counselor?  |
| NAME  | ADDRESS  |
| TELEPHONE NO. (Include area code)   |  |
| you think will be helpful in the review of                                | PART VI — REMARKS  To answer any previous questions. Also, use space to give any additional information that of the continuing entitlement to Social Security disability benefits. (If you need more space, if you wish, you may attach any evidence that shows your current condition.) |
|   |  |
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| rm SSA-454-BK (9/87)  | 6.   |

### PART VII - AUTHORIZATION AND NOTIFICATION STATEMENTS

| r understand that this report will be used to determine wh that if I am receiving Social Security disability benefits and Su to both claims. | ether to continue or to stop my disab<br>applemental Security Income payments, | ility benefits. I also understand<br>this questionnnaire is applicable       |
|--|--|--|
| Copies of medical records may be provided to a pent medical examination if an examination is necessity.                                      | physician or medical institution prio<br>sary.                                 | r to my appearance for an independ-  |
| Results of any such independent examination may  | y be provided to my personal physic  | iian.  |
| Medical information may be furnished to any or clerical or administrative service performed for the  | contractor for transcription, typing<br>e State Disability Determination Ser   | g, record copying, or other related vice.                                    |
| The State Vocational Rehabilitation Agency may tative services.  | review any medical evidence for de   | etermining my eligbility for rehabili-                                       |
| I agree to notify the Social Security Administration   | on if my medical condition improves  | or I go to work.   |
| I know that anyone who makes a false statement of mining a right to payment under the Social Securithe above statements are true.            | or representation of a material fact i<br>rity Act commits a crime punishab    | n an application or for use in deter-<br>le under Federal Law. I affirm that |
| IGNATURE OF CLAIMANT OR PERSON FILING<br>ON THE CLAIMANT'S BEHALF  | DATE (Mo., Day, Yr.)   | TELEPHONE NUMBER (Include area code)   |
| Eunica Cam   | Jun. in (  | 7.0  |
| AILING ADDRESS (Number and Street, Apt. No., P.O. Box or R   | Pural Route)   |  |
|  |  |  |
| TIT AND STATE  | ZIP CODE   | NAME OF COUNTY (In which you now live)                                       |
| itnesses are required ONLY if this statement has been sign<br>ho know the person making the statement must sign below                        | ned by mark (X) above. If signed by w giving their full addresses              | mark (X) two witnesses to the signing  |
| SIGNATURE OF WITNESS   | 2. SIGNATURE OF WITNES   | S  |

ADDRESS (Number & street, city, state and zip code) ADDRESS (Number & street, city, state and zip code)

| NAME OF CLAIMANT                                 |                         |                                       | O NOT WRITE BELOW THIS LII   |                                  | -       |
|--|-------------------------|---------------------------------------|--|----------------------------------|---------|
| Emice  | Cain                    |                                       |  |                                  | )       |
| a. Check each item to ind                        |                         | was observed:                         |  |                                  |         |
|  | Yes                     | No                                    |  | Yes                              | N       |
|  |                         |                                       |  |                                  | P       |
| Breathing  |                         |                                       | Use of hands and arms  |                                  | \L      |
| Sight  | ~                       | Ø                                     | Writing  |                                  | 1       |
| Speaking   |                         | Ш                                     | Reading  |                                  | L       |
| Hearing  | _                       | ZI_                                   | Comprehending  | _                                |         |
| Sitting  |                         | 2                                     | Responding   | _                                | ط       |
| Walking  |                         |                                       | Relating to people Other (specify)   |                                  | 1       |
| Standing   |                         |                                       | Other (specify)  |                                  |         |
| b. If any of the above ite                       | ms were checked "yes    | ", describe the e                     | exact difficulty involved.   |                                  |         |
|  |                         |                                       |  |                                  |         |
|  |                         |                                       |  | ,                                |         |
| SPIT   | w lea                   | ling)                                 | Small . V  | ings.                            |         |
| 0.41   | H.A. C                  | X                                     | 1/2 / 2  | 1                                |         |
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| Breat  | ting soul               | en. is                                | halen,   |                                  |         |
|  | 0 '                     |                                       |  |                                  |         |
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|  |                         |                                       |  |                                  |         |
|  |                         |                                       |  |                                  |         |
|  |                         |                                       |  |                                  |         |
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|  |                         |                                       |  |                                  |         |
|  |                         |                                       |  |                                  |         |
|  |                         |                                       |  |                                  |         |
|  |                         |                                       |  |                                  |         |
| c. Describe the claimant                         | fully (e.g., general bu | uild. height, weis                    | aht, behavior, any difficulties tha  | t add to or su                   | ppleme  |
| c. Describe the claimant noted above). Indicate  | fully (e.g., general bu | uild, height, weig<br>le physical/men | ght, behavior, any difficulties tha<br>tal limitations/impairments. Also,                                    | t add to or su<br>indicate any u | ppleme  |
| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | ght, behavior, any difficulties tha<br>tal limitations/impairments. Also,<br>to the DO/BO for the interview, | indicate any ι                   | ınusual |
| noted above), Indicate                           | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
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| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
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| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate<br>stances surrounding th | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate stances surrounding the   | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate stances surrounding the   | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also,   | indicate any ι                   | ınusual |
| noted above). Indicate stances surrounding the   | any other noticeable    | le physical/ment                      | tal limitations/impairments. Also, to the DO/BO for the interview,   | indicate any u                   | ınusual |

|     | answer 16 b.)  |
|-----|--|
|     | b. If "yes", show the following information regarding an interested party willing to assist the claimant.  NAME  ADDRESS |
|     | S5 A -   |
|     | RELATIONSHIP   |
|     | TELEPHONE NUMBER (Include area code)   |
| 17. | Yes No (If "no",   |
| =   | answer<br>17b. ►)  |
| 18. |  |
|     | Yes No (If "no", secure SSA-3369-F6.)  |
| 19. | Is capability development by the DDS necessary?  Yes  No   |
| 20. | a. Is development of work activity necessary?  Yes (If "yes", answer 20b.)   |
|     | b. If "yes", is an SSA-820-F4 or SSA-821-F4 in file?  Yes  No (If "no", answer 20c.)                                     |
|     | c. If "no", explain why ▶  |
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|     | SIGNATURE OF DO or BO, INTERVIEWER   |
| 5   | TITLE WERE M. Wilney 4-16-9  |

| State of California—Health and Welf                            | are Agency                                | CASE CODES  | Department of Health                    |
|--|---|---|---|
| DEP CASE MEMORANDU   | M   | Title II  | 28 Title XVI                            |
| 4. SS <sup>31</sup>  |   | 7. Type of Claim (Title II) DIB FZ DWB CDB-R CDI                |   |
| Name Cunica  | Cain                                      | 8. Type Claim (Title XVI) DI DS DC BI BS A                      |   |
| Address  |   | App Date  |   |
| (if CDB or D   | Telephone WB)                             | Alleged Disphiling  | 8-79                                    |
| 6. W/E   | AOD                                       | Mirtal Returde  | ila                                     |
| Age  | Age                                       | - Novous desac  | loc                                     |
| ,³rescribed period<br>beg.<br>ends                             | DWB Controlling Date                      | General Remarks  Capability                                     |   |
| Tit  | le II                                     | 0 τι  | tle XVI                                 |
| 15 Claimant Disabled  A.  Disability Beg                       | B. Disability Ceased                      | 15. Claimant Disabled  A. Disability  Beg. 2-16-                | B. Disability Ceased                    |
| 18 Blindness 216 (i) A.  Not disabled for cash benefit purpose | B. Disabled for cash benefit purpose beg. | Blindness 1614(a) (2  B. Disabled for cash benefit purpose beg. |   |
| 19 Claimant not disabled                                       | through C. (age 22)                       | 19 Claimant not disable A current                               | d                                       |
| 16. Diagnosis 1) Mental retard what we wan part                | alvan 2) Congenital 3) cuchitar of        | 20. Voc. Background   | Mob. 9<br>Occ. Yrs. 12<br>Educ. Yrs. 12 |
|  | 17. Re-Exam None Date                     | 22. Basis Code (XVI) Li   | 17. Re-Exam None                        |
| 34. Remarks (capability, earlier onse                          | et, VA Diary, etc.)                       | Dr. Woodald   | ne1 29 - 4 - 79                         |
|  |   | Purchases   | A. Øscin                                |
| 28. A. Period of Disability                                    | B. Disability Period  D. Continues        | Evid. of Rec.   | B. SC Out                               |
| C.   | E. Term                                   | None  | C. Prev. Ref.                           |
| DEA NOT ESTABLISHED  | СТ  | 25. Revised   |   |
| Wilson   |   |   |   |
| DEP 501 (1/77)   |   |   |   |

hosp regort inadequate. To apparently only seeing claiman as of gym. Liggest neuro. Ce & psych. P-okay 504, Please thanks, band for bea claman alleges MR arthretes nervous desorder (+ leinea) - A. Passith oni Recid Man (A.M. / The C/E fent mr 8 4 See 70 Ple to claimant - when disconnicted - Try 231-6630 (234-4147) + Number given by proon at 231-6630 8/15/ Ple & claiment. No answer. Sent mailgram - Bur 8/20 Re from D.O. - Change Daddrass a nuo to claiment - Made (9. appt for 8/21 @ 10:36

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9-11 Consport cock. Do
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13 1979 encoded In



JOHN S. WOODARD, M.D.

6253 Hollywood Blvd., Suite 705 Los Angeles, California 90028

(213) 467-3364

NEUROLOGY - PSYCHIATRY - NEUROPATHOLOGY ELECTROENCEPHALOGRAPHY

September 4, 1979

Rec IV.

Department of Social Services Disability Evaluation P. O. Box 60999 Los Angeles, CA 90060

> RE: CAIN, Eunice SS #

Gentlemen:

ATTENTION: B. Taliaferro, UM

Wilson

On August 21, 1979 Miss Eunice Cain appeared at this office for neurologic examination, psychological testing, and pretest clinical interview. The following is a report of my findings.

#### CHIEF COMPLAINTS:

"Mental retardation and arthritis".

#### HISTORY OF PRESENT ILLNESS:

Miss Cain, 19 years of age, states that she reached the 12th grade in special classes for the retarded, but she has always had a learning problem and has never achieved any practical ability in reading or writing. She states that she has always had some difficulty with speech. There is a wide variety of other long standing physical complaints including arthritic pains in the right knee, frequent generalized pressure type headaches, "dizzy spells" associated with blurring of vision and easy fatiguability. She complains of being "nervous" and forgetful. She has never had any gainful employment. There has been no marriage, but she has 2 children born out of wedlock, "4 months and 2 years of age. She lives presently in an apartment with her 2 chilren, but spends much of her time visiting her mother's house and her mother helps in caring for the patient's 2 children. She has not been receiving regular psychiatric treatment, but she does take an unidentified "nerve pill" given her by her physician.

### BACKGROUND HISTORY AND PRE-TEST CLINICAL INTERVIEW:

This 19 year old lady was born and raised in California, raised by her mother and step-father along with one brother and 5 sisters. She describes her childhood in favorable terms. Even though completing the 12th grade in special classes, she is illiterate. She denies juvenile disciplinary problems and adult arrests. There has been no marriage, but she has 2 children born out of wedlock, one 4 months of age, and the other 2 years of age.



CAIN, Eunice September 4, 1979 Page 2

She has never had any gainful employment. She denies any regular social or recreational activities except for visiting her mother who lives nearby and caring for her 2 children. She denies use of illicit drugs or alcoholic beverage or cigarettes. There have been several hospitalizations for "female infections". Her last childbirth 4 months ago was by ceasarian section. Present weight is 113 lbs. at height 5'4", and her average weight is stated to be 125 lbs. Menstrual periods are presently regular. There are 6 siblings and there are no known familial diseases.

This is a reasonably well groomed, casually dressed, mildly undernourished Negro lady, appearing to be the stated age of 19 years. Facial expressions, verbalizations, and postures indicate a mild emotional tension and emotional over-reactivity. Manner is reasonably pleasant, although she is mildly withdrawn. There is evident some definite personality immaturity and her expressions tend to be childish. There is slight slurring and poor modulation of speech. Affect shows a mild depression. Her general vocabulary and use of language would suggest borderline mental retardation. She puts forth a good effort and is cooperative in the testing situation.

### NEUROLOGIC EXAMINATION:

The usual gait and station are normal. Romberg test is negative. Tandem walking, toe walking, heel walking, forward bending and squatting are adequate. She does express considerable pain with squatting or with any weight bearing on her flexed right knee, and there is evident a mild effusion in that joint. Upper extremities are of good power and coordination and abnormal movements are absent. She is right handed.

Deep tendon reflexes in the upper extremities are of normal intensity and they are symmetrical. The reflexes in the lower extremities are also symmetrical, but exaggerated to 150% of normal in the knee jerks and 125% of normal in the ankle jerks. Pathologic pyramidal signs are absent.

Somatic sensation is intact. Modalities tested include sharp pain, vibratory sensibility and proprioception.

Testing of conjugate ocular rotation reveals an essentially complete paralysis for external rotation of either eye when either eye is tested singly or conjugately. This seems to be a congenital situation, as she has never been disturbed by the defect and has learned to utilize her peripheral vision and to rotate her head very effectively. Superior and inferior ocular rotations are generally reduced. Visual fields are normal as tested by confrontation. Pupils are round and equal and they are normally reactive. Ophthalmoscopic examination reveals good appearance of optic discs and retinal vessels. Muscles of mastication and expression are normally innervated. Audition is intact, and there is no lateralization of bone conduction. The tongue protrudes and the palate elevates in the midline.

#### PSYCHOLOGICAL TESTING:

Wechsler Adult Intelligence Scale:

Verbal IQ 71, performance IQ 55, full scale IQ 62. There is a considerable subtest variance in her performance with scaled scores ranging from a low of 0 in digit symbol to a high of 7 in digit span. Vocabulary scaled score is 5, and this is slightly high within her range of performances, suggesting that the overall performance is a fair indi-



CAIN, Eunice September 4, 1979 Page 3

cation of her inborn intellectual potential. Individual responses and her inability to grasp the concept in the similarities test suggests some relative impairment in abstract thinking and categorization.

#### Bender-Gestalt Test:

Raw score 62, standard score 97, time required 12 minutes 15 seconds. Reproductions of the geometric figures in general are of poor quality, and though fairly orderly in their disposition, they are very erratic in their sequence over one full page. The quality of reproductions generally would suggest an at least borderline mental retardation. There is a slight mirror image distortion of Figure 5. There are, however, no significant rotations or other distortions that would specifically suggest organic brain damage in the face of the mental retardation.

#### DIAGNOSIS:

- 1. Mild mental retardation, idiopathic (IQ 62).
- 2. Congenital extraocular palsy, uncertain etiology.
- 3. Arthritis of right knee, uncertain etiology.

#### PROGNOSIS:

Diagnoses 1 and 2 are stationary. Prognosis uncertain for diagnosis #3.

#### FUNCTIONAL LIMITATIONS:

This lady appears to have a moderate severe incapacity for competitive employment due to a mild mental retardation consistent with IQ 62. She does seem to be making a fair social adjustment, and she would seem to be capable of handling her own funds at this time. There is, however, a definite impairment in abstract thinking, categorization, and judgment. The extraocular palsy is evidently congenital and she has learned to compensate for this quite well, and the condition does not seem to add more than slightly to her occupational incapacity. Arthritis in the right knee also imposes no more than slight incapacity at this time.

#### COMMENTS AND RECOMMENDATIONS:

This individual should be in some ongoing type of general and vocational rehabilitation program. It is unlikely, however, that she can be very productive in an occupational sense, but she should probably be receiving some counseling and additional supervision in caring for her 2 young children. The patient's mother is evidently helping her in the care of her children at the present time. There does not seem to be an indication for more specific psychiatric intervention at this time.

Yours very truly,

John S. Woodard, M.D.

Woodowd MD

JSW:dw



Wechsler Adult Intelligence Scale

| Name CAIN EUNICE            | <u>Ψ</u> ,         |
|-----------------------------|--------------------|
| Birth DateAge /9 Sex _      | Marital: (S) M D W |
| Nat Color                   | Tested by RT//     |
| Place of Examination OFFICE | Date 8-21-79       |
| Education 121A SPEC         | IAL CLASSES        |

Occupation \_ TABLE OF SCALED SCORE EQUIVALENTS\*

| ட   | TABLE OF SOALED SCOKE EQUITALEIVIS |             |               |                  |              |            |            |              |                       |              |                        |                 |                  |
|-----|------------------------------------|-------------|---------------|------------------|--------------|------------|------------|--------------|-----------------------|--------------|------------------------|-----------------|------------------|
|     |                                    | RAW SCORE   |               |                  |              |            |            |              |                       |              |                        |                 |                  |
|     | Scaled Score                       | Information | Comprehention | Arithmetic       | Similarities | Digit Span | Yocabulary | Digit Symbol | Picture<br>Completion | Block Design | Picture<br>Arrangement | Object Assembly | Scaled Score     |
|     | 17                                 | 29          | 27-28         |                  | 26           | 17         | 78-80      | 87-90        |                       |              | ŀ                      |                 | 19               |
| 1   | 18                                 | 28          | 26            |                  | 25           |            | 76-77      | 83-86        | 21                    | 1            | 36                     | 44              | 18               |
|     | 17                                 | 27          | 25            | 18               | 24           |            | 74-75      | 79-82        |                       | 48           | 35                     | 43              | 17               |
| 1   | 16                                 | 26          | 24            | 17               | 23           | 16         | 71-73      | 76-78        | 20                    | 47           | 34                     | 42              | 16               |
| ,   | 15                                 | 25          | 23            | 16               | 22           | 15         | 67-70      | 72-75        |                       | 46           | 33                     | 41              | 15               |
| . 1 | 14                                 | 23-24       | 22            | 15               | 21           | 14         | 63-66      | 69-71        | 19                    | 44-45        | 32                     | 40              | 14               |
|     | 13                                 | 21-22       | 21            | 14               | 19-20        |            | 59-62      | 66-68        | 16                    | 42-43        | 30-31                  | 38-39           | 13               |
|     | 12                                 | 19-20       | 20            | 13               | 17-18        | 13         | 54-58      | 62-65        | 17                    | 39-41        | 28-29                  | 36-37           | 12               |
|     | 11                                 | 17-18       | 19            | 12               | 15-16        | 12         | 47-53      | 16-82        | 15-16                 | 35-38        | 26-27                  | 34-35           | 11               |
|     | 01                                 | 15-16       | 17-18         | Ш                | 13-14        | 11         | 40-46      | 52-57        | 14                    |              | 23-25                  | 31-33           | 10               |
| L   | 9                                  | 13-14       | 15-16         | 10               | 11-12        | 10         | 32-39      | 47-51        | 12-13                 | 28-30        | 20-22                  | 28-30           | 7                |
|     |                                    | 11-12       | 14            | 9                | 9-10         | _          | 26-31      | 41-46        | 10-11                 | 25-27        | 18-19                  | 25-27           |                  |
|     | 7                                  | 9-10        | 12-13         | 7-8              | 7-8          | 0          | 22-25      | 35-40        | 8-9                   | 21-24        | 15-17                  | 22-24           | 7                |
|     | 6                                  | 7-8         | 10-11         | 6                | <b>6</b>     |            | 18-21      | 29-34        | 6-7                   | 17-20        | 12-14                  | 19-21           | 6                |
| 1   | 5                                  | 5-6         | 6.9           | 5                | 4            |            | 24-12      |              | 3                     | 13-16        | 9-11                   | 15-18           | 5                |
|     | 4                                  | 4           | (6)           | 4                | 3            | 7          | 11-13      | 18-22        | 1 7                   | 10-12        | 1                      | 11-14           | 4                |
| -   | 4<br>3<br>2                        | 4           | 5             | 5<br>4<br>3<br>2 | 2            |            | 10         | 15-17        | 3 .                   | 6.0          | 7                      | <b>(</b>        | 5<br>4<br>3<br>2 |
|     | 2                                  | 2           | 4             | 2                | 1            | 6          | 9          | 13-14        | 2                     | 3-5          | 6                      | 5-7             | 2                |
|     | 1                                  | 1           | 3             |                  |              | 4-5        | 8          | 12           | 1                     | 2            | 5                      | 3-4             | 1 0              |
|     | 0                                  | 0           | 0-2           | 0                | 0            | 0-3        | 0-7        | (EII)        | 0                     | 아            | 0.4                    | 0-2             | 0                |
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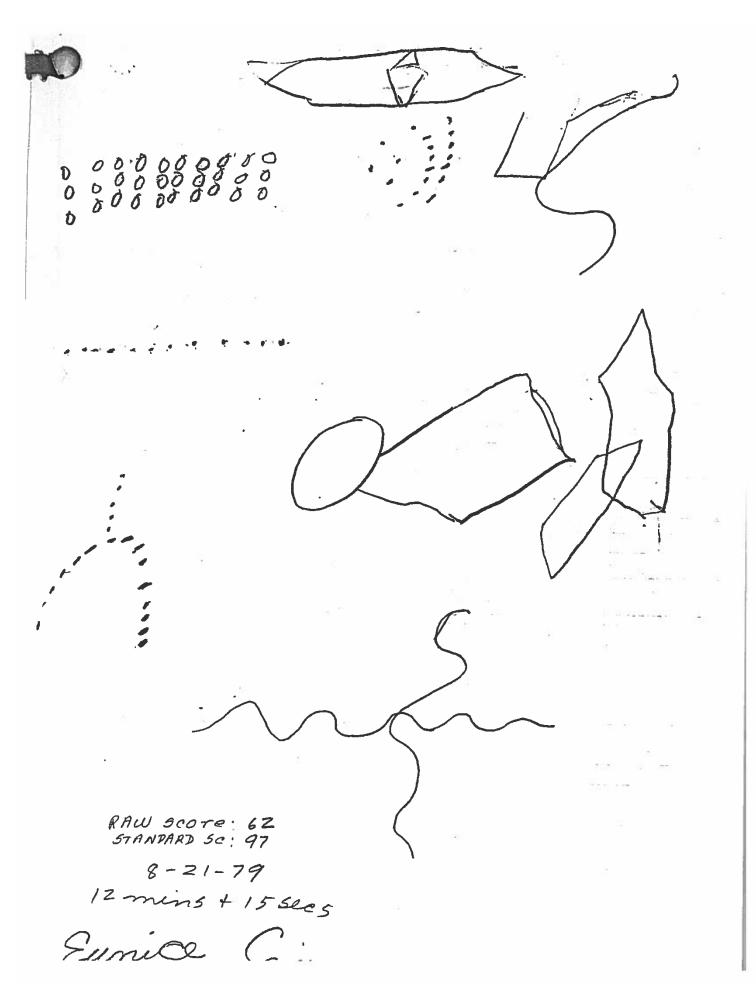
| SUMMARY                     |                            |      |            |  |  |  |  |  |
|-----------------------------|----------------------------|------|------------|--|--|--|--|--|
| TEST Raw Scaled Score Score |                            |      |            |  |  |  |  |  |
| Information                 | 3                          | 3    | - 1        |  |  |  |  |  |
| Comprehension               | 6                          | 4    |            |  |  |  |  |  |
| Arithmetic                  | 3                          | 3    |            |  |  |  |  |  |
| Similarities                | 6                          | 6    |            |  |  |  |  |  |
| Digit Span                  | 9                          | 7    |            |  |  |  |  |  |
| Vocabulary                  | 17                         | 5    |            |  |  |  |  |  |
| Veri                        | oal Score                  |      |            |  |  |  |  |  |
| Digit Symbol                | 10                         | 0    |            |  |  |  |  |  |
| Picture Completion          | 5                          | 5    |            |  |  |  |  |  |
| Block Design                | 8                          | 3    |            |  |  |  |  |  |
| Picture Arrangement         | 8                          | 4    |            |  |  |  |  |  |
| Object Assembly             | 9                          | 3    |            |  |  |  |  |  |
| Performan                   | ce Score                   |      |            |  |  |  |  |  |
| Total Score                 |                            |      |            |  |  |  |  |  |
| VERBAL S                    | VERBAL SCORE Z8 IQ 7/      |      |            |  |  |  |  |  |
|                             | PERFORMANCE SCORE 15 10 55 |      |            |  |  |  |  |  |
| FULL SCALE S                | CORE 4                     | 2106 | <u>, z</u> |  |  |  |  |  |

\*Clinicians who wish to draw a "psychograph" on the above table may do so by connecting the subject's raw scores. The interpretation of any such profile, however, should take into account the reliabilities of the subtests and the lower reliabilities of differences between subtest scores.

| I. INFORMATION             | SCORE<br>I or 0 |                | SCORE<br>L or 0 |                   | SCORE<br>1 or 0 |
|----------------------------|-----------------|----------------|-----------------|-------------------|-----------------|
| I. Flag                    | 1               | II. Height     |                 | 21. Senators      |                 |
| 2. Bali                    | 1               | 12. italy      |                 | 22. Genesis       |                 |
| 3. Months /                | 0               | 13. Clothes    |                 | 23. Temperature   |                 |
| 4. Thermometer             | 1               | 14. Washington |                 | 24. Iliad         |                 |
| 5. Rubber + Lastary        | 0               | 15. Hamlet     |                 | 25. Blood vessels |                 |
| 6. Presidents Fearment Fis | FEOTHE.         | 16. Vatican    |                 | 26. Koran         | -               |
| 7. Longfellow a man        | 0               | 17. Paris      |                 | 27. Faust         |                 |
| 8. Weeks                   |                 | 18. Egypt      |                 | 28. Ethnology     |                 |
| 9. Panama                  |                 | 19. Yeast      |                 | 29. Apocrypha     |                 |
| 10. Brazil                 | 1               | 20. Population |                 |                   | 3               |

OBSERVATIONS: Puts forth good effort. In direct symbol has problems writing proper symbol in toxes & tends to erase quite a list

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#### DISABILITY REPORT

PLEASE PRINT, TYPE, OR WRITE CLEARLY AND ANSWER ALL ITEMS TO THE BEST OF YOUR ABILITY. If you are filling on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions. COMPLETE ANSWERS WILL AID IN PROCESSING THE CLAIM.

Privacy Act Notice: The information requested on this form is authorized by Title 20 CFR 404.1523 and Title 20 CFR 416.923. The information provided will be used to further document your claim, information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your claim. Information you furnish on this form may be disclosed by the Social Security Administration to another person or governmental agency only with respect to social security programs and to comply with Federal laws requiring the exchange of information between Social Security and another agency.

|   |                                     | you can be reached:  | F. N. H. S. T. S.  |                |
|---|-------------------------------------|----------------------|--|----------------|
| Eunice D (ain   |                                     | you can be readings. | Mary State of State o | 1000           |
| D. What is your lilness or injury? Men  | to antardation                      |                      |  |                |
|   |                                     |                      |  |                |
| Arthritus & nervous   | CISOFOEL DEMATION ABOUT YOUR CONDIT | TON                  |  |                |
|   |                                     | MONTH, DAY, YEAR     | Marie de la companya del companya de la companya del companya de la companya de l | -              |
| 1. A. When did your illness or injury first both  | her you?                            | 1976.                |  |                |
| B. When did your illness or injury finally d  | isable you? 557 purpose             | 7/16/79.             |  |                |
| C. Explain how your condition affects you   | 9 11 1                              |                      |  | • • • •        |
| My hands sh   | ake I have                          | Speach               |  |                |
| a platara = M   | leg aches m                         |                      |  |                |
| problems ry   | · / 45                              | 0.5 6 01             |  |                |
| the time. 57  | t swells.                           |                      |  |                |
| 1   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
|   |                                     |                      |  |                |
| 2. Have you worked since the date shown in  | Item 1A?                            |                      |  |                |
| 2. Have you worked since the date shown in (If "No," go on to Part II)  |                                     | Yes                  | X  | No             |
| (If "No," go on to Part II)   | ild your condition cause you to cha | nge — '              | X  |                |
| 3. If you did work since the date in Item 1A d Your job or job duties?  | iid your condition cause you to cha | nge — Yes            | XI   | No             |
| 3. If you did work since the date in Item 1A d Your job or job duties?  | iid your condition cause you to cha | nge — '<br>          | X - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -  | No<br>No       |
| (If "No," go on to Part II)   | iid your condition cause you to cha | nge — ' Yes Yes Yes  | X -000   | No<br>No<br>No |
| (If "No," go on to Part II)  3. If you did work since the date in Item 1A de Your job or job duties?  Your hours of work?  Your attendance?  Anything else about your work? | iid your condition cause you to cha | nge —                | X-0000   | No<br>No       |



4. If you answered "Yes" to Item 3, explain below what the changes in your work circumstances were, the dates they occurred, and how your condition made these changes necessary:

|  |            | in the last year                     | A SAME AND SHORE   | A STATE OF THE STA |
|--|------------|--------------------------------------|--|--|
| A. Have you had any of the follo   | wing tests | m me last year.                      | See a se |  |
|  |            | ppropriate<br>or Blocks              | If "Yes",  | show   |
|  |            | No                                   | Where Done   | When Done  |
| Test   | Yes        | 140                                  | 1  |  |
|  | П          | YO/                                  |  |  |
| Electrocardiogram  | با         |                                      |  |  |
| Chest X-ray  |            | X                                    |  |  |
| Other X-ray (Name  |            |                                      | 11 /   | ./ /   |
| the body part here   | . /        |                                      | Markin Hosp  | 4/12/79  |
| holominal attime   | 12         |                                      | 1-2010111011   | 1/10/1-  |
| easerian Section   | · \        | ·n (4                                | hite Memorial  | 12/78.   |
| Breathing Tests  | M          |                                      | 1110 = 7 ( 1101 : 41)  |  |
| and an application of  | 120        |                                      | Mission Huse   | 4/12/79  |
| Blood Tests  |            | ш                                    | V-11-0-01-01-11-1  | 11. 1.   |
| Blood Teats  | - ( )      | _                                    |  |  |
|  | / \<br>    | V                                    |  |  |
| Other (Specify)  |            | A                                    | beenitals and clinics file you   | r records by your medi   |
| Other (Specify)  B. If you have a Medicaid card, v   |            |                                      |  |  |
| Other (Specify)  B. If you have a Medicaid card, v number):  | hone num   | iber 5 7                             | If you   | r records by your medi<br>have no doctor, check  |
| B. If you have a Medicaid card, volumber):  List the name, address and telepof the doctor who has your lates   | hone num   | ber records.                         | If you   | have no doctor, check  |
| B. If you have a Medicaid card, v number):  List the name, address and telep of the doctor who has your lates  | hone num   | iber 5 7                             | ADDRESS 7128 Sovilly   | have no doctor, check  |
| Other (Specify)  B. If you have a Medicaid card, volumber):  List the name, address and telepoof the doctor who has your lates and telepoof the doctor who has your lates are code and Telephone number.   | hone num   | ber records.                         | If you   | have no doctor, check  |
| Other (Specify)  B. If you have a Medicaid card, value of the name, address and teleptof the doctor who has your lates and code and Telephone number (213) 556-2186  | hone num   | ber records.                         | ADDRESS TIZE Soville Huntington  | have no doctor, check  Ave  Grand, CH 9025   |
| Other (Specify)  B. If you have a Medicaid card, value of the name, address and teleptof the doctor who has your lates and code and Telephone number  | hone num   | records.                             | ADDRESS TIZE Soville Huntington  | have no doctor, check  Ave  Grand, CH 9025   |
| B. If you have a Medicaid card, we number):  List the name, address and teleptof the doctor who has your lates were a code and telephone number  (213) 588 2186  OWEVY 2 WENTS   | hone num   | records.                             | ADDRESS TIZE Soville Huntington  | have no doctor, check  Ave  Grand, CH 9025   |
| Other (Specify)  B. If you have a Medicaid card, v number):  List the name, address and telep of the doctor who has your lates  VEY ASSOCIATED TELEPHONE NUMBER  (213) 588 2186  DWOFTENERS YOU SEE THIS DOCTOR?  ON ON OF TENERS OF VISITS  | hone num   | TAPOG.                               | ADDRESS 7128 Sevilly Hontington F DOCTOR DATE YOU LAST   | have no doctor, check  Ave  Grand, CH 9025   |
| B. If you have a Medicaid card, we number):  List the name, address and teleptof the doctor who has your lates and code and telephone number  (213) 588 2186  DWOFTENEO YOU SEE THIS DOCTOR?   | hone num   | records.                             | ADDRESS 7128 Sevilly Hontington F DOCTOR DATE YOU LAST   | have no doctor, check  Ave  Grand, CH 9025   |
| B. If you have a Medicaid card, v number):  List the name, address and telep of the doctor who has your lates and telepost the doctor who has your lates and telepost the doctor who has your lates and telepost the doctor who has your lates are code and telephone number 218 and 218 are constructed by 218 are constructed b | hone num   | TAPOG.                               | ADDRESS 7128 Sevilly Hontington F DOCTOR DATE YOU LAST   | have no doctor, check  Ave  Grand, CH 9025   |
| B. If you have a Medicaid card, v number):  List the name, address and telep of the doctor who has your lates are code and telephone number  REA CODE AND TELEPHONE NUMBER  213) 588 2186  DWOFTEN BO YOU SEE THIS DOCTOR?  DWOFTEN BO YOU SEE THIS DOCTOR?  DWOY 2 WE CKS  LASONSFOR VISITS  PEGNON CIES.   | hone num   | TAPOG.  YOU FIRST/SAW THIS TO SERVES | ADDRESS 7128 Sevilly Hontington F DOCTOR DATE YOU LAST   | have no doctor, check  Ave  Grand, CH 9025   |

| NAME   | ADDRESS  |   |
|--|--|---|
| AREA CODE AND TELEPHONE NUMBER   |  |   |
|  |  |   |
| HOW OFTEN DO YOU SEE THIS DOCTOR?  | DATE YOU FIRST SAW THIS DOCTOR   | DATE YOU LAST SAW THIS DOCTOR                     |
| REASONS FOR VISITS   |  |   |
| TYPE OF TREATMENT RECEIVED   |  |   |
|  |  |   |
|  |  |   |
|  |  |   |
| B. Identify below any other doc  | tor you have seen since your illness   | s or injury began.                                |
| NAME   | A ADDRESS  |   |
| USC-LACO Medi  | callenter. 120   | ON State  |
| AREA CODE AND TELEPHONE NUMBER   | 105  | ON! State<br>Angelas, CA 9003                     |
| HOW OFTEN DO YOU SEE THIS DOCTOR?  | DATE YOU FIRST SAW THIS DOCTOR   | DATE YOU LAST SAW THIS DOCTOR                     |
|  |  |   |
| Othoenedia Clinia  |  |   |
| TYPE OF TREATMENT RECEIVED   | <u>c</u>   |   |
| If you have seen other deaters -   |  |   |
|  | TARREST TO STATE OF THE STATE O | nes, addresses, dates and reasons for visits in F |
| <ol><li>Have you been hospitalized or tr<br/>If "Yes," show the following:</li></ol> | eated at a clinic for your illness of  | Injury? Yes                                       |
| NAME OF HOSPITAL OR CLINIC 1 /   | ADDRESS  |   |
| USC-LA. Co Medica  |  | ON State  |
| PATIENT OR CLINIC NUMBER   | 100  | 1 / 11 / 12                                       |
| WERE WOLL AN INPATIENTS (STAVED AT CEAST O   | DATES OF ADM   | HINGELS, CH YOUS                                  |
| Yes No IF "Yes," SHOW  |  | January St. Block Miles                           |
| WERE YOU AN OUTPATIENT?  | DATES OF VISIT   | s   |
| Yes No IF Yes, SHOW  | 1974   | prese   |
| REASON FOR HOSPITALIZATION OR CLINIC VISIT   |  | 7   |
| A) TO DIEM WITH VIG  | int lega Knee 30   | welling   |
| D. I R   | in a t   |   |
| If you have been in other hospitals or cit   | nits for your illness or injury, list the nan  | nes addresses nationt or clinic numbers dates     |
|  |  | nes, addresses, patient or clinic numbers, dates  |
| Have you been seen by other age     (VA, Workmen's Compensation, VA)                 | encies for your injury or illness?<br>Vocational Rehabilitation, Welfare, e  | etc.) 🗆 Yes 🗖                                     |
| If "Yes," show the following:  | \ ADDRESS OF AG  | ENCY  |
|  |  |   |
| YOUR CLAIM NUMBER  |  |   |
| CATEGOR HIGHE  |  |   |
| DATES OF VISITS  |  |   |
| TYPE OF TREATMENT OR EXAMINATION RECEIVE   | D  |   |

|   | PART III — INFORMATION ABOUT Y                             | OUR ACTIVITIES                              |
|---|--|---|
| <ol><li>Has any doctor tol<br/>your activities in a</li></ol> | d you to cut back or limit ny way?                         | Yes 🗆                                       |
| If "Yes," give the na<br>activities:                          | me of the doctor below and tell what he or she to          | old you about cutting back or limiting your |
| Sassoon .   | - stax off your t  | eet.  |
| 11. Describe your daily                                       | activities in the following areas and state what a         | nd how much you do of each and how often yo |
| 11.   |  |   |
| any other similar   | enance (including cooking, cleaning, shopping activities); |   |
| I do all  | my oun clean, cook   | King, shoppingd                             |
| Jaundry   | or hops me with shop or my babies.                         |   |
| My mothe  | or haps me with shop                                       | ping of laendry                             |
| 2 care +  | or my values.  |   |
| Recreational acti   | rities and hobbies (hunting, fishing, bowling, hi          | lking, musical instruments, etc.):          |
| Watch,  | Tiv. Mornings - a - evenings                               | Hernoons when                               |
| home  | -evenings  |   |
| Camol   | rend   |   |
| Carrier   | 1 (42)   |   |
| Social contacts (   | visits with friends, relatives, neighbors):                |   |
| Visit n   | nother daily   |   |
| <i>y</i> . = . •  |  |   |
|   |  |   |
|   |  |   |
| Other /drive car  | motorcycle, ride bus, etc.):                               |   |
|   | Anni Salah Sana and Anni Anni Anni Anni Anni Anni Anni An  |   |
| Dono  | f drive.<br>he bas.  |   |
| Rido 4  | he bus.  |   |
| 11 30   |  |   |

Form **SSA-3368** (4-78)

| 12. What is the highest grade of school that you completed?  |  |
|--|--|
| 15th Special   | Fd   |
| 3. Have you gone to trade or vocational school or had any  |  |
| other type of special training?  | 🗖 Yes  |
|  | 197,232  |
| If "Yes," show:  |  |
|  |  |
| The type of trade or vocational school or training:  |  |
|  |  |
|  |  |
| Approximate dates you attended:  | The second second  |
|  | The second of th |
| <ul> <li>How this schooling or training was used in any work yo</li> </ul>   | ut allal.  |
| was about it ally work yo  | u dia:   |
|  |  |
|  |  |
|  |  |
|  |  |
| PART V — INFORMATION ABOU  | T THE WORK YOU DID   |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things and how began we  | efore you became disabled. (Normally, this will be the kill the type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities w  |
| etc.) //P/P/ / / 1   | efore you became disabled. (Normally, this will be the kill the type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities w  |
| etc.)  B. Describe your duties in this job. (Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How many the state of the state o | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  |
| etc.)  B. Describe your duties in this job. (Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How many the state of the state o | efore you became disabled. (Normally, this will be the kill the type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)   |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the complete in this job. Show how much be required. How often did you complete? How make the complete in this job. Show how much be required. How often did you complete? How make the complete in this job. Show how much be required. How make you stop working?   | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaurantiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the complete working?  A. Did your condition make you stop working?  B. If "Yes," what is the date you stopped working?  C. If this date is different from the one shown in Item 18 (the date)  | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the complete in this job. Show how much be required. How often did you complete? How make the complete in this job. Show how much be required. How often did you complete? How make the complete in this job. Show how much be required. How make you stop working?   | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the complete working?  A. Did your condition make you stop working?  B. If "Yes," what is the date you stopped working?  C. If this date is different from the one shown in Item 18 (the date)  | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the complete working?  A. Did your condition make you stop working?  B. If "Yes," what is the date you stopped working?  C. If this date is different from the one shown in Item 18 (the date)  | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How middle with the complete shows th | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How middle with the complete shows th | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How middle with the complete shows in the complete sh | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the working?  A. Did your condition make you stop working?  B. If "Yes," what is the date you stopped working?  C. If this date is different from the one shown in Item 18 (the december of the condition of the co  | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How middle with the complete shows th | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How middle with the complete shows th | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |
| etc.)  B. Describe your duties in this job. Show how much be required. How often did you lift things, and how heavy we What kind of written reports did you complete? How make the complete working?  A. Did your condition make you stop working?  B. If "Yes," what is the date you stopped working?  C. If this date is different from the one shown in Item 18 (the date)  | efore you became disabled. (Normally, this will be the kithe type of business (for example, farming, restaura fiding, lifting, walking, writing, or other activities were they? What kind of special tools or skills were required any people did you supervise, if any?)  Yes North, Day, Year  |

#### DART VI - REMARKS

|   | ,                     |                        |  |
|---|-----------------------|------------------------|--|
| Mission Ho  | =pital                | 3/11 C. F.l.           | rence  |
| (2/3) 582-8261  | ,                     | Hentington             | Park, CA 90253   |
| Inpolient   | 4/12/79               | 9 to 4/15/79           | 0-   |
| Klason- f   | regnancy-             | ( Section de           | clivery_   |
| Trealment.  | - Durgery             | <del></del>            |  |
|   |                       |                        | · V  |
| White Mons  | prial Hospit          | 6/ 1720 PM             | onklyn)  |
| (A3) 269-9131   | ,                     | Les Unas               | les 09 20033)  |
| Input Octo  | atient.               | 1978.                  |  |
| Reason-   | pregnance             | 2 <del>/</del> ,       |  |
| Treatment   | - tests.              | check-ups              | 1  |
|   |                       | <i>V</i>               |  |
| and the second second   |                       |                        |  |
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|   |                       |                        | <u> </u>   |
| 100 - |                       |                        |  |
|   |                       |                        |  |
|   |                       |                        |  |
| owing that anyone making a false<br>er the Social Security Act comm   |                       |                        |  |
| ME (SIGNATURE OF CLAIMAN  | T OR PERSON FILING ON | THE CLAIMANT'S BEHALF) |  |
|   |                       |                        | STREET, TANK OF STREET, STREET |

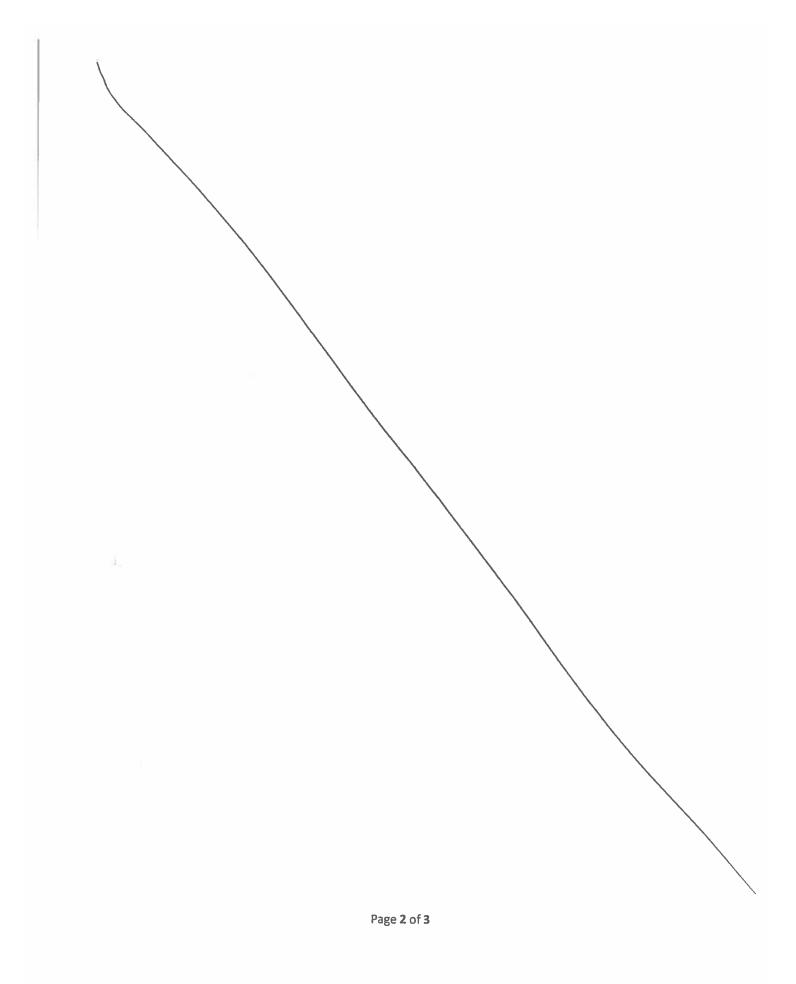
| Name of C        | laimant                               | 0 0-   | Social Security Number  |
|------------------|---------------------------------------|--|---|
| _Cul             | ni                                    | ce d) (aen   |   |
| 16. Check        | any of th                             | e following categories which app   | ply to this case:   |
| (If a            | ny of the                             | VE DISABILITY CONSIDERATIONS PROPERTY CONSIDERATIONS PROPERTY CONTRACTOR OF THE PROPERTY CONTRACTOR OF | d DDS's) should be alert to the possibility of a presumptive disabil  |
|                  | 100000                                |  |   |
| 1.               |                                       | Amputation of two limbs  |   |
| 2.               |                                       | Amputation of a leg at the hip   |   |
| 3.               |                                       | Allegation of total deafness   |   |
| 4.               |                                       | Allegation of total blindness  |   |
| 5.               |                                       | Allegation of bed confinement allegedly due to a longstanding  | or immobility without a wheelchair, walker, or crutches, g condition — exclude recent accident and recent surgery.  |
| 6.               |                                       | Allegation of a stroke (cerebral continued marked difficulty in  | vascular accident) more than four months in the past and walking or using a hand or arm.  |
| 7.               |                                       | Allegation of cerebral palsy, muin walking (e.g., use of braces),  | uscular dystrophy or muscular atrophy and marked difficulty, speaking or coordination of the hands or arms.   |
| 8.               |                                       | Allegation of diabetes with amp  | putation of a foot.   |
| 9.               |                                       | Allegation of Down's Syndrome  | (Mongolism)   |
| 10.              |                                       | claimant who is at least 7 years<br>(or attended) a special school, of<br>deficiency, or is unable to atten  | another individual alleges severe mental deficiency for of age. The applicant alleges that the individual attends or special classes in school, because of his mental d any type of school (or if beyond school age, was unable to supervision of routine daily activities. |
| B. SUBS          | STANTIA<br>'s box is (                | L GAINFUL ACTIVITY CONSIDE<br>checked, be sure to secure an S  | ERATION<br>SA-821 or SSA-821B regarding work activity.)   |
|                  |                                       | Claimant is now working  |   |
| ₹. A. Does       | the claim                             | nant need assistance in prosecut   | ing his or her claim?   |
| lf "Ye<br>willin | es," show<br>g to assi                | r name, address, relationship, an<br>st the claimant.  | d telephone number of an interested party   |
| telepn           | the claim<br>lone with<br>uring diffi | nant (or his representative) be no communication culties?  | readily reached by Yes No   |
| IZ UA            | lo " DO -                             | should also complete Form SSA-   |   |

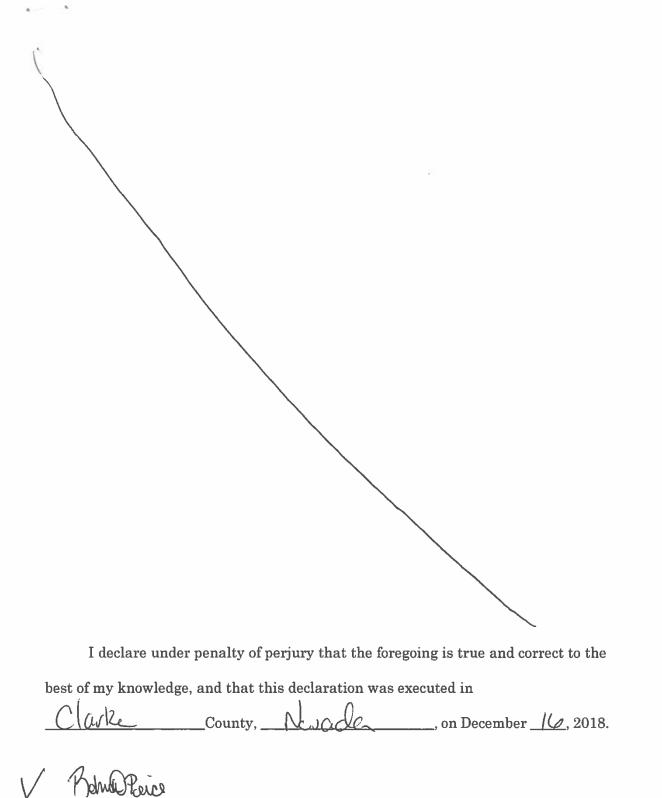
# EXHIBIT 151

### EXHIBIT 151

| -              |      | 72.    |  |
|----------------|------|--------|--|
| Declaration of | KOPW | tierce |  |

| I, Robin Fierce hereby declare as follows:  |
|---|
|   |
| 1. I am Forty we years old. I currently reside in Clarke County, Newada.  |
|   |
| DI served as a jurar on the 2000 Dante Johnson case   |
| in Clarke County, Nevace.   |
| 3 During iny deliberations a trace is the case informed us that he had been following the case informed us that he had been following the case  |
| the median even though in structions to be a worthing the   |
| not to Another finale wor may sure.   |
| informed us that he had been following the wind with the had been following told us in the median even though jury in structions told us not to. Another female juror may have also been worthing the made in nowever in had been adament about A male juror who had been adament about imposing the death penalty suddenly changed imposing the death penalty suddenly changed   |
| imassing the death penalty Suddlening charges and   |
| A male jurer who had been adament about the male jurer who had been adament about thanged imposing the death penalty suddenly changed his mind on the last day This juxer expressed his mind on the last day this opinion and was   |
| a complete leversal other jurors about the  |
| brastic charge. The mate jurd and   |
| his mind on the last day This juxor expressed his mind on the last day This given and wish a complete reversal in his opinion and wish a complete reversal in his other juvor did not by astic charac. The mate juvor did not offer an explanation.  The deliberation and dismissed of the wy  This year expressed in the mate juvor did not offer an explanation.  The deliberation and dismissed of the wy  This year expressed in the proof of the wy  This juvor told us about this same made |
| 16) Delec dellow Dellow Dellow  |
|   |
| inter action of the lipotochous since   |
| observed this male jury speaking to an African  |
| American male by the energy   |
| 1 d The social halbered the living to the   |
| the fernale juror was disturbed by this interaction and told her husband about it that evening  |
| As we were discussing what she had  |
| As we were discussing what she had seen we suspected that this male jurn seen we suspected that this male jurn  |
| had been paid to change his opinion had been paid to change his opinion   |
| want imposing the death percenty.   |
| 4400050   |





Page 3 of 3

# EXHIBIT 152

## EXHIBIT 152

#### DEPARTMENT OF CORRECTIONS 9160 Cleveland Ste#101 Rancho Cucamonga, CA 9:730



TO: JOSEPH SCISCENTO, DEPUTY SPECIAL PUBLIC DEFENDER C/O MAXINE MILLER, INVESTIGATOR 309 SOUTH THIRD STREET LAS VEGAS, NEVADA 89155-2316

RE: WHITE, JOHN LEE CDC# J02099

#### AFFIDAVIT

I, the undersigned, do hereby certify under the authority vested in me by the Director of Corrections, State of California, that I am the duly authorized custodian of records attached hereto and am authorized to certify such records.

I further certify that the attached are true and correct copies of the records in file in the Case Records South Office of the Parole and Community Services Division of the Department of Corrections.

I further certify under penalty of perjury that the foregoing is true and correct.

Correctional Case Records Analyst ..

Attested this \_\_\_\_\_\_\_ 25th day of \_\_\_\_\_\_ Upril 2000

P&CSD 105

| Date    | CHRONOLOGICAL HISTORY Chronological Listings | Initials | Dead Time | Release Date |
|---------|--|----------|-----------|--------------|
| 1-18-9F | 7/13 71000 Orn                               | 2        | 1         |              |
| 2994    | Detale and to                                | X        |           | 8-7-95       |
| 8-29-94 | SIX MONTH WCG THRU 8-14-94 @ A 1             | SB       | EPRD      | 8-22-9       |
| 3.28.94 | 3-15-95 A                                    | 90       | EPRO      | 8.23-9       |
| 1795    | Bufarole audit, weg three                    | AR       |           | 82295        |
|         | 6-7-95 DA                                    |          |           |              |
| 3-14-95 | Parole Audit                                 | KH       | Eprd      |              |
| 13-95   | PAROLED TO REGION 11-C YA3                   |          | COD       | 8-13-9       |
| 8-31-95 | File Audited                                 | M        | DR        | 8-13-1       |
| 5-2-96  | PAKULE, SUSPENDED ell 4-2-96. Code           | m        |           | Such         |
| 6-1-99  | Kenthum action \$5-2-96 to                   |          |           | 0            |
|         | rustend paralely 4-296 Marie                 | ,        |           |              |
|         | Warnert as delainer.                         | Ma       |           |              |
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|         |  |          |           |              |
|         |  | -        |           | -            |
| Number  | Name   |          |           | Page j       |

.EGAL STATUS SUMMARY TYPE-08/15/95 21:35 \_ SACCO CDC NUMBER | NAME IETHNIC! BIRTHDATE J02099 | WHITE, JOHN, LEE I BLA I TERM STARTS | MAX REL DATE MAX ADJ REL DT I CURRENT REL DT 01/18/1994 02/16/1997 02/16/1997 08/23/1995 PAROLE PERIOD BASE TERM 3/00 + ENHANCEMENTS 1/00 = TOTAL TERM 4/00 J 3 YRS PRE-PRISON + POST SENTENCE CREDITS CASE P2900-5 P1203-3 P2900-1 CRC-CRED MH-CRED P4019 P2931 POST-SENT TOT SA014380 156 56 106 12 330 RECY DT/ COUNTY/ CASE/ SENTENCE DATE/ CNT OFF-CODE DESCRIPTION OFFENSE DATE CONTROLLING PRINCIPAL & CONSECUTIVE (INCLUDES ENHANCEMENTS/OFFENSES): --- CONTROLLING CASE ---1/18/1994 LA SA014380 1/05/1994 01 P212.5(B) ROBBERY 2ND 06/08/1993 (H) WPN 12022(A) ARM/A 1YR PER P12022(A)(1) CT1 WTIP WAIVER BEGINNING CREDIT TOTAL TOTAL DATE BALANCE APPLIED LOST RESTORED TOTAL 01/18/1994 524 543 0 0 543 REDITS AUTO VESTED PER PC-2934 : 6 'RAN RULE VICL DATE END DATE LOG NUMBER CAT DAYS NUMBER ICG 08/04/1995 08/13/1995 10 08/14/1995 08/22/1995 9

:PRD IS 08/23/1995 BASED ON CREDIT APPLIED THRU 08/22/1995 AND WORK GROUP A1

TO BALANCE = 192 AS OF 08/22/1995

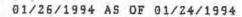
4 AA09965

COC NUMBER | NAME JOSOFF | WHITE, JGHN, IELNIC BIRTHDATE 1 TIDE STARTS | HAX REL DATE 01/18/1994 | 03/16/1997 MAX ADJ FEL DT ! CURRENT REL DT 02/16/1997 | 09/11/1995 PARGLE PERIOD DAGE TERM 3/00 + ENHANCEMENTS 1/00 = TOTAL TERM 4/00 | 8 YRS PRE-PRISON + POST SEPTEMBE CREDITS CAME P2000-5 P1003-3 P2900-1 DRC-DRED MN-DRED P4019 P2931 POST-SENT TOT SA014280 156 56 106 12 330 RECU DT/ COUNTY/ CASE/ SENTENCE DATE/ CHT OFF-CODE DESCRIPTION OFFENSE DATE DONTROLLING PRINCIPAL & CONSECUTIVE (INCLUDES ENHANCEMENTS/OFFENSES): ED-TROLLING CASE ---1/15/1994 LA SA014380 1/05/1994 O1 FE13.5(B) ROBBERY 2ND 05/08/1993 (H) WPN 12022(A) ARM/A 140 PSR P12022(A)(1) CT1 CUTIP WAIVER TOTAL TOTAL BEGINNING CREDIT BALANCE APPLIED LOST RESTORED 467 524 0 0 DATE TOTAL 01/18/1994 0 467 524 CREDITS AUTO VESTED PER PC-2934 : 6 RULE VIOL NUMBER CAT BAYS MAP DATE END DATE LOG NUMBER NUMBER TYPE #GG 06/08/1995 08/03/1995 57 STG BALANCE = 192 AS OF 08/03/1995 IPRD IS 00/20/1095 BASED ON CREDIT APPLIED THRU 08/00/1995 AND WORK GROUP AT

| EGAL STATUS SUMM  | 1111  |   | 7                        | The same !         |                                      |                       |
|---|---|---|--------------------------|--------------------|--------------------------------------|-----------------------|
| JO2099  | NAME<br>WHITE, JOHN, LEE  |   |                          | ETHNIC!            | BIRTH                                | DATE                  |
| TERM STARTS   |   |   | MAX ADJ R<br>02/16/1     |                    | CURRENT I                            |                       |
| BASE TERM 3/00  | ) + ENHANCEMENT   | S 1/00 = TO   | TAL TERM                 | 4/00               | PAROLE PE<br>3 YRS                   | ERIOD                 |
| PRE-PRISON + POS<br>CASE P2900-5  | ST SENTENCE CRE<br>5 P1203-3 P2900  |   | H-CRED P401              | 9 P29              | 31 POST-SE                           | דמד דמ                |
| SA014380 156  | 5 56  |   | 10                       | 6                  | 12                                   | 330                   |
|   |   |   |                          | 1                  |                                      |                       |
|   |   |   | ~~~~~~                   |                    |                                      |                       |
| RECY DT/ COUNTY<br>CNT OFF-CODE   |   | ENTENCE DATE/   |                          |                    | OFFENSI                              | E DATE                |
|   | DESCRIPTION   |   |                          | EMENTS/            |                                      | E DATE                |
| CNT OFF-CODE  CONTROLLING PRIN CONTROLLING CA  1/18/1994 LA  01 P212,5(B)   | DESCRIPTION  VCIPAL & CONSECT  ASE  SA014380  | 1/05/1994   |                          | EMENTS/            |                                      |                       |
| CNT OFF-CODE  CONTROLLING PRIN CONTROLLING CA  1/18/1994 LA  01 P212.5(B)  1YR PER P12  | DESCRIPTION  VCIPAL & CONSECT  ASE SA014380 ROBBERY 2ND (H) WPN 12022(A) AF               | 1/05/1994<br>RM/A                                     | UDES ENHANC              |                    | OFFENSES):<br>06/08.                 | /1993                 |
| CNT OFF-CODE  CONTROLLING PRIN CONTROLLING CA 1/18/1994 LA 01 P212.5(B)  1YR PER P12  WTIP WAIVER DATE                              | DESCRIPTION  NCIPAL & CONSECT  ASE SA014380 ROBBERY 2ND (H)WPN 12022(A) AF 2022(A)(1) CT1 | 1/05/1994   | UDES ENHANC              | TOTAL<br>LOST<br>O | OFFENSES):                           |                       |
| CNT OFF-CODE  CONTROLLING PRIN CONTROLLING CA 1/18/1994 LA 01 P212.5(B)  1YR PER P12  WTIP WAIVER                                   | DESCRIPTION  NCIPAL & CONSECT  ASE SA014380 ROBBERY 2ND (H)WPN 12022(A) AF 2022(A)(1) CT1 | UTIVE (INCL)  1/05/1994  RM/A  BEGINNING BALANCE 383  | CREDIT                   | TOTAL<br>LOST      | OFFENSES);  06/08,  TOTAL RESTORED   | /1993<br>NET<br>TOTAL |
| CNT OFF-CODE  CONTROLLING PRIN CONTROLLING CA 1/18/1994 LA 01 P212.5(B)  1YR PER P12  WTIP WAIVER DATE 01/18/1994  REBITS AUTO VEST | DESCRIPTION  NCIPAL & CONSECT  ASE SA014380 ROBBERY 2ND (H)WPN 12022(A) AF 2022(A)(1) CT1 | TOTIVE (INCL)  1/05/1994  RM/A  BEGINNING BALANCE 383 | CREDIT<br>APPLIED<br>467 | TOTAL<br>LOST<br>O | OFFENSES):  06/08.  TOTAL RESTORED Q | /1993<br>NET<br>TOTAL |

EPRD IS 08/23/1995 BASED ON CREDIT APPLIED THRU 06/07/1995 AND WORK GROUP A1

KCY1 D4787MVMT



# WARD MOVEMENT AND STATUS CHANGE SUMMARY

YA NUMBER:

D4787

NAME:

WHITE JOHN LEE

10-08-1993 CONTRACT COMMITMENT

11-03-1993 12-29-1993

SRCC

DISCHARGE - CONTRACT

FOR PERMANENT RETENTION
IN CENTRAL FILE

# SUPERIOR COURT OF CALIFORN COUNTY OF LOS ANGELES

PROBATION OFFICER'S REPORT

|  |  |  |  |            | REPORT SE   |                         |
|--|--|--|--|------------|---|-------------------------|
| EFENDANT'S NAMEISI   |  |  | COURT  | JL         | IDGE /  | COURT CASE NO.          |
| IOUNI WHITE  |  |  |  | - 1        |   |                         |
| JOHN WHITE   |  |  | WEST-B   | 3          | NEIDORF   | SA014380                |
| DORESS INDENTANT RELEASE   | SE)  |  | HEARING DATE   |            | FENSE ATTY.   | PROSECUTOR              |
|  |  |  | CTHURS<br>8-26-9   |            |   | 1                       |
| IRTHDATE AGE   | SEX  | RACE   | DPO  | Al         | REA OFFICE  | PHONE NO.               |
| 1  |  | BLACK  | 11   | - 1        |   |                         |
| ITIZENSHIP STATUS  | DRIVER'S LIC   | ENSE/EXP. DATE   | 11   |            | 400   | (310)                   |
| U.S.   |  | BOOKING NO.  | S. THOM  | PSON       | SMA02   | 458-5488                |
|  | 10014785   | 3565610  | 7 00 2 01-0 200  |            | dentence  |                         |
| AYS IN JAIL THIS CASE  | CUSTODY ST   | ATUS/RELEASE DATE  | _X_ Pre-   | Conviction | (131.3 CCP)   |                         |
| ESTIMATED   VER  | FIED   |  | The second secon | sentence   |   |                         |
| 80   | REMAN  | DED  | Dive   | rsion (Spe | cify)   |                         |
| RESENT OFFENSE   | LEGAL HISTO  | RY   |  |            |   |                         |
| HARGED with the cr   | imes of UNCLUDE  | PRIORS, ENHANCEME  | NTS OR SPECIAL   | CIRCUMSTA  | NCES)   |                         |
| Minings and the se   |  |  |  |            | 1000  |                         |
|  |  |  |  |            |   |                         |
|  |  |  |  |            |   |                         |
| COUNT 1: 2   | 11 PC (2ND DE  | GREE ROBBERY) .  | + SPECIAL AL   | LEGATIO    | N OF 12022CA  | O(1) PC.                |
| COUNT I. 2   |  |  |  |            |   |                         |
| COUNT 1. 2   |  |  |  | 1          |   |                         |
| COUNT 1. 2   |  |  |  | 1          |   |                         |
| COON 1. 2  |  |  |  | 1          |   |                         |
| COONT 1. 2   |  | _  |  | 1          |   |                         |
| COONT 1. 2   |  |  |  | 4          |   |                         |
|  |  | POINTS STATEMENT   | NA. 00 605.191   | CIRCUMETA  | NCES.   |                         |
| CONVICTED of the cr  | imes of (INCLUDE   | PRIORS, ENHANCEME  | NTS OR SPECIAL   | CIRCUMSTA  | NCES)   |                         |
|  | imes of (INCLUDE   | PRIORS, ENHANCEME  | NTS OR SPECIAL   | CIRCUMSTAI | NCES)   |                         |
| CONVICTED of the cr  |  | 7  | NTS OR SPECIAL   | CIRCUMSTAI | NCES)   |                         |
|  |  | 7  | NTS OR SPECIAL   | CIRCUMSTAI | NCES)   |                         |
| CONVICTED of the cr  |  | 7  | NTS OR SPECIAL   | CIRCUMSTAI | NCES)   |                         |
| CONVICTED of the cr  |  | 7  | NTS OR SPECIAL   | CIRCUMSTAI | NCES)   |                         |
| CONVICTED of the cr  | ESTIGATION.  | Υ  |  |            |   |                         |
| CONVICTED of the cr  | ESTIGATION.  | Υ  | UNT(S) CONTINUE  |            | NCES) FOR DISPOSITION                                 |                         |
| PRE-PLEA INV   | ESTIGATION.  | Υ  |  |            |   | FORMATION               |
| PRE-PLEA INV   | ESTIGATION.  | Υ  | UNT(S) CONTINUE  |            | FOR DISPOSITION                                       |                         |
| PRE-PLEA INV   | ESTIGATION.  | Υ  | UNT(S) CONTINUE  |            | FOR DISPOSITION                                       | FORMATION ION REFERRAL. |
| PRE-PLEA INV  CONVICTED BY  PROPOSED PLEA AGREEM  NONE  DATE(S) OF OFFENSE   | ESTIGATION.  | Υ  | UNT(S) CONTINUES NONF TIME(S)  |            | FOR DISPOSITION SOURCES OF IN                         |                         |
| CONVICTED of the cr  PRE-PLEA INV  CONVICTED BY  PROPOSED PLEA AGREEM  NONF.  DATE(S) OF OFFENSE  5-8-93  DEFENDANT:   (JU   | ESTIGATION.  ATE OF XCONNOCCON  8-9-93  ENT  | Υ  | NONF TIME(S)   | D TOPAS    | FOR DISPOSITION SOURCES OF IN                         | ION REFERRAL.           |
| CONVICTED of the cr  PRE-PLEA INV  CONVICTED BY  DATE (S) OF OFFENSE  6-8-93  DEFENDANT:  (SEE PRIOR MONERECORD MONEY MONERECORD MON | ESTIGATION.  ATE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                | REFERRAL COL   | UNT(S) CONTINUES NONF TIME(S) 1:   | D TOPAS    | FOR DISPOSITION SOURCES OF IN PROBAT                  | ION REFERRAL.           |
| PRE-PLEA INV  CONVICTED BY  CONVICTED BY  PROPOSED PLEA AGREEM  NONE.  DATE(S) OF OFFENSE  6-8-93  DEFENDANT:  (SEE PRIOR MONE RECORD MONE PRIOR RECORD MONE | ESTIGATION.  ATE OF XCONNOCCON  8-9-93  ENT  | REFERRAL COL   | UNT(S) CONTINUES NONF TIME(S) 1:   | D TO P & S | FOR DISPOSITION SOURCES OF IN PROBAT                  | ION REFERRAL.           |
| CONVICTED of the cr  PRE-PLEA INV  CONVICTED BY  DATE (S) OF OFFENSE  6-8-93  DEFENDANT:  (SEE PRIOR MONERECORD MONEY MONERECORD MON | ESTIGATION.  ATE OF XCONN (XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                         | REFERRAL COL   | UNT(S) CONTINUES NONF  TIME(S) 1: E PRISON/COUNT VIOLATION   | D TO P & S | FOR DISPOSITION SOURCES OF IN PROBAT                  | ION REFERRAL.           |
| CONVICTED of the cr  PRE-PLEA INV  CONVICTED BY  DATE:  DATE:  DATE:  DEFENDANT:  (SEE PRIOR MONE  SECTION:  ON F  RECOMMENDATION:   | ESTIGATION.  ATE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                | REFERRAL COL   | UNT(S) CONTINUES NONF  TIME(S) 1: E PRISON/COUNT VIOLATION   | D TO P & S | FOR DISPOSITION  SOURCES OF INI  PROBAT  ASE  EW CASE | ION REFERRAL.           |
| CONVICTED of the cr  PRE-PLEA INV  CONVICTED BY  PROPOSED PLEA AGREEM  NONE.  DATE(S) OF OFFENSE  6-8-93  DEFENDANT:   (JU (SEE PRIOR MONE) SECTION)   ON F  | ESTIGATION.  ATE OF X CON X CONCEPT  8-9-93  ENT  VENILE)  PROBATION  PAROLE-REMAINING | SENTENCED TO STATI PENDING PROBATION TIME                        | TIME(S)  E PRISON/COUNT VIOLATION  | D TO P & S | FOR DISPOSITION SOURCES OF IN PROBAT                  | ION REFERRAL.           |
| CONVICTED of the cr  PRE-PLEA INV  CONVICTED BY  DATE (S) OF OFFENSE  6-8-93  DEFENDANT:   (JU (SEE PRIOR MONE SECTION)   ON F   | ESTIGATION.  ATE OF XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                                | SENTENCED TO STATI PENDING PROBATION TIME  DIAGNOSTIC TO 707.2 W | TIME(S)  E PRISON/COUNT VIOLATION  | D TO P & S | FOR DISPOSITION  SOURCES OF INI  PROBAT  ASE  EW CASE | ION REFERRAL.           |

-1-

76P7258-Prob. 19SC (Rev. 8/91)

| ARREST DATE  | TIME | SOOKED AS | OFFENSE                            | LOCATION OF ARREST | ARRESTIN |
|--------------|------|-----------|------------------------------------|--------------------|----------|
|              |      |           |                                    |                    |          |
|              |      |           |                                    |                    |          |
| CO-DEFENDANT |      |           | CASE NO. SAO 14380 (JUNEVILE COURT | PENDING.           |          |

# ELEMENTS AND RELEVANT CIRCUMSTANCES OF THE OFFENSE:

THE DEFENDANT AND THREE ACCOMPLICES ENTERED CEN-FED BANK AND COMMITTED AN ARMED ROBBERY.

ON JUNE 8TH, 1993, AT APPROXIMATELY 1:40 P.M.,

FOUR MALES ( , WHITE, WALTON, AND R) ENTERED CEN-FED

BANK. ARMED WITH A SEMI-AUTOMATIC HANDGUN, STATED, "THIS

IS A ROBBERY. EVERYONE GET DOWN!" AND WHITE ADVANCED OVER

THE TELLER COUNTER. THEY ATTEMPTED TO OPEN THE LOCKED TELLER

DRAWERS. STACY TELLER, GAVE HER TELLER KEYS.

REMOVED \$1,212. IN MISCELLANEOUS CURRENCY / BAIT MONEY.

WALTON AND REMAINED IN THE LOBBY AREA.

WALTON MAINTAINED THEIR POSITION WITH THE USE OF A SAWED-OFF

SHOTGUN. HE ORDERED, "EVERYONE GET DOWN ON THE FLOOR!"

THEREAFTER, ALL FOUR SUBJECTS FLED IN A RYDER MOVING VAN. OFFICERS WERE PROVIDED WITH A DESCRIPTION OF THE VEHICLE. OFFICERS OBSERVED THE SUSPECTS' VEHICLE TRAVELING EAST-BOUND ON THE 10 FREEWAY AT WASHINGTON BOULEVARD. OFFICERS ATTEMPTED

-2- (WHITE)

76P7258-Prob. 19SC (Rev. 8/91)

TO MAKE A VEHICLE STOP. WHITE, THE DRIVER OF THE VAN, REFUSED TO COMPLY. A VEHICLE PURSUIT ENSUED. WHITE STOPPED THE VAN IN THE VICINITY OF LA BREA AND COLISEUM. WALTON AND FLED ON FOOT. OFFICERS BINDER AND LEWIS TOOK AND WHITE INTO CUSTODY. OFFICERS SEARCHED THE IMMEDIATE AREA. WALTON AND WERE LOCATED AND TAKEN INTO CUSTODY. DURING THE PRE-BOOKING SEARCH, DETECTIVE GRAYSON RECOVERED \$1,212. FROM PANTS POCKET.

-3- (WHITE)

76C892G - PROB. 5A L/92

| ICTIM:        |             |                    |                               |  |
|---------------|-------------|--------------------|-------------------------------|--|
|               |             |                    | SANDRA                        |  |
| NAME          |             |                    | COUNTER                       |  |
| CEN           | -FED BAN    | NK .               | COUNT 1.                      |  |
| INJURY: PROPE | RTY LOSS (T | VPE / COST / ETC.) |                               |  |
| 7.2           |             |                    |                               |  |
| INSURANCE CO  |             | ECOVERED)          |                               |  |
|               |             |                    |                               | ,  |
| NO.           | - 16        | STIMATED LOSS      | RESTITUTION ALREADY MADE      | APPLIED FOR VICTIM RESTITUTION   |
| LOSS: 🗆 Y     |             | NONE               | ACSTITOTION ACADOT MADE       | ☐ UNK ☐ YES ☐ NO   |
| ICTIM STATEM  | ENT:        | 7-7-7-7            |                               |  |
|               |             | ON AUGU            | ST 19TH, 1993, PRO            | BATION OFFICER SPOKE   |
|               |             |                    |                               |  |
|               | H SANDI     | 4 (                |                               | CEN-FED BANK. THE  |
| TWO           | PRIMA       | RY EMPLOYEE        | S IMPACTED BY THE             | INSTANT MATTER WERE  |
| STA           | CY          | AND M              | is.                           | WAS UNABLE TO WORK   |
| FOR           | ONE         | WEEK. CO           | UNSELING WAS PROVID           | ED BY CEN-FED BANK   |
|               |             | MS.                | DESCRIBES THE ORD             | EAL AS VERY TRAUMATIC.   |
| AT            | TUE TT.     |                    |                               | ER HER DESK. SHE WAS   |
|               |             |                    |                               |  |
| 089           | ERVED E     | Y ONE OF T         | HE SUSPECTS. AT GUN           | POINT, HE ORDERED HER  |
| ТО            | COME F      | ROM UNDER H        | HER DESK. SHE TRIED           | TO REMAIN CALM. YET,   |
| SHE           | WAS F       | RIGHTENED          | THAT HE WOULD BECOM           | E AGITATED AND SHOOT   |
| HE            | . AFT       | ER THE             | SUSPECTS LEFT THE             | BANK, SHE SOBBED   |
| UNG           | ONTROLL     | ABLY.              |                               | (CONTINUED PAGE 5)   |
|               |             |                    |                               | 27 30 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10   |
|               |             |                    | DELIANT TO SECTION 1          | 191.3(B) PENAL CODE.   |
| "V            | CTIM        | NOTIFIED PU        | RSUANT TO SECTION T           | 191.3(B) PENAL CODE.   |
| RESTITUTION   | TOTAL N     | UMBER OF VICTIMS   | ESTIMATED LOSS TO ALL VICTIMS | VICTIMIS NOTIFIED OF PAS HEARIN  |
| DOES DEFENDA  | NT HAVE INS | URANCE             | INSURANCE COMPANY NAME/       | The state of the s |
| TO COVER RES  |             | 20 NO              | N/A.                          |  |
|               |             | 7.25               | -                             |  |
|               |             |                    |                               |  |

76P7258-Prob. 19SC (Rev. 8/91)

11 AA09972

# VICTIM STATEMENT (CON'T.):

IT WAS EXTREMELY DIFFICULT TO TESTIFY AT THE PRELIMINARY HEARING. THE MERE SIGHT OF THE DEFENDANTS REKINDLED HER FEAR. SHE WAS OVERCOME BY EMOTION AND INITIALLY, SHE WAS UNABLE TO TESTIFY.

SHE ALSO MET WITH THE THERAPIST PROVIDED BY THE BANK. FOR A WEEK AND A HALF, THE THERAPIST ASSISTED HER WITH MANAGING HER FEELINGS. ALTHOUGH SHE WAS FUNCTIONING, SHE WAS VERY DEPRESSED. SIMPLY DRIVING IN THE AREA WHERE THE DEFENDANTS WERE APPREHENDED, MAKES HER NERVOUS.

-5- (WHITE)

76C892G - PROB. 5A 1/92

| 1  | PRIOR RECORD: | JUVENILE PROBATION RECORD (8-19-93),  |
|----|---------------|---|
| 2  |               | - AND CLETS (8-13-93).  |
| 3  | AKA'S:        | JOHN LEE WHITE  |
| 4  |               | JUVENILE HISTORY:   |
| 5  | 2-16-92       | LAPD - 211 PC (ROBBERY: ARMED WITH DANGEROUS OR DEADLY WEAPON), \$ 10851 VC (TAKING VEHICLE WITHOUT OWNER'S CONSENT / VEHICLE THEFT) - DETAINED PETITION. 2-19-92 PETITION SUSTAINED, CAMP- |
| 7  |               | COMMUNITY PLACEMENT.  |
| 8  | 1-4-93        | LAPD - 12021(D) PC (HAVING HANDGUN ON PROBATION),<br>6 626.1(A) PC (POSSESS WEAPON / ETC. AT SCHOOL);   |
| 9  |               | NON-DETAINED PETITION. 3-22-93, FOUND UNFIT.  |
| 10 | 4-10-93       | LAPD - 23103 VC (RECKLESS DRIVING), & 10851(A) VC (TAKING A VEHICLE W/OUT OWNER'S CONSENT); NON-DETAINED PETITION - NO DISPOSITION.   |
| 11 |               |   |
| 12 | (THIS AR      | REST WAS INCLUDED TO SHOW A PATTERN OF CRIMINALITY.)  |
| 13 |               |   |
| 14 |               |   |
| 15 |               |   |
| 16 |               |   |
| 17 |               |   |
| 18 |               |   |
| 19 |               |   |
| 20 |               |   |
| 21 |               |   |
| 22 | 1             |   |
| 23 |               |   |
| 24 | 1)            |   |
| 26 | 1             |   |
| 26 | A.            |   |
| 27 |               |   |
| 28 | 3             |   |

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| PERSONAL HISTORY:               | SOURCES OF INFORMATION DEFENCE |                         |  |
|---------------------------------|--------------------------------|-------------------------|--|
| SUBSTANCE ABUSE:                |                                |                         |  |
| No record, indication, or adm   | nission of alcohol or controll | ed substance abuse.     |  |
| X Occasional social or experime | ental use of ALCOH             | IOL                     | acknowledged   |
| X See below: Indication / adm   | ission of significant substan  | ce abuse problem.       |  |
| Referred to Narcotic Evaluat    | tor Yes No                     | Narcotic Evaluator      | 's report attached   |
| Additional Information          |                                |                         |  |
| AT A                            | AGE 15, DEFENDANT              | BEGAN SMOKING           | MARIJUANA.   |
| HE SMOKES MARIJUANA             | APPROXIMATELY FOUR             | TIMES A WEEK.           |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
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|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 |                                |                         |  |
|                                 | 3.415-a                        |                         |  |
| PHYSICAL / MENTAL / EMOTIONAL   | HEALTH:                        |                         |  |
| No indication or claim of si    | gnificant physical / mental /  | emotional health proble | em.  |
| See below: Indication /         | claim of significant physical  | / mental / emotional he | alth problem.  |
|                                 |                                |                         | and the last of the same of th |
| <u></u>                         | siem or agriculture projects   |                         |  |
| <u></u>                         |                                |                         |  |
| Additional Information          |                                |                         |  |
| Additional Information          | NDANT SUFFERS WIT              | 'H ASTHMA. AL           | SO, HE HAS   |
| Additional Information DEFE     |                                |                         | Name - I   |
| Additional Information DEFE     | NDANT SUFFERS WIT              |                         | SO, HE HAS<br>FERED ABOUT  |
| Additional Information  DEFE    | NDANT SUFFERS WIT              |                         | Name - I   |

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| (CONTINUED             | ORY:                | DEFEN                  | DANT.       | 4 (this pag | po)                           |
|------------------------|---------------------|------------------------|-------------|-------------|-------------------------------|
| RESIDENCE              | TYPE RESIDENCE      | LENGTH OF<br>OCCUPANCY | MON NOON    | RENT        | RESIDES WITH/RELATIONSHIP     |
|                        | APARTMEN            |                        | ATE / FROM  |             | GRANDMOTHER                   |
| ESIDENTIAL STABIL      | ITY LAST FIVE YEARS | CAMETOSI               | ALE / PHOM  |             | CARE TO COUNTY / PROI         |
| GOOD                   |                     | N                      | ATIVE       |             | NATIVE.                       |
| Additional information | on                  |                        |             |             |                               |
|                        |                     |                        | *           |             |                               |
| MARRIAGE / PARE        | NTHOOD              | SINGLE / NO            |             | NAME O      | OF SPOUSE / PRESENT COHABITAN |
|                        |                     |                        |             |             | 1075                          |
| O. PRIOR MARRIAG       | ES / COHABITATIONS  | NO. OF CHILDREN TH     | HESE UNIONS | SUPPOR      | TED BY                        |
| NO. OF OTHER CHILL     | DREN                | SUPPORTED BY           |             |             |                               |
|                        |                     |                        |             |             |                               |
|                        |                     |                        |             |             |                               |
|                        |                     |                        |             |             |                               |

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-8- (WHITE)

FORMAL EDUCATION (CON'T.):

THAT THE DEFENDANT HAS NEVER BEEN ENROLLED IN THIS PROGRAM.

ADDITIONALLY, THE DEFENDANT'S GRANDMOTHER ACKNOWLEDGED THAT

THE DEFENDANT WAS NOT ATTENDING SCHOOL.

-9- (WHITE)

76C892G - PROB. 5A L02

| (CONTINUED)   | DEFENDANT.           |                           |              |               |            |             |
|---|----------------------|---------------------------|--------------|---------------|------------|-------------|
|   | REFERRED TO WORK FUR | RLOUGH                    | EMPLOYER AWA | ARE OF PRESE  | MT OFFENSE |             |
| EMPLOYMENT STATUS   | UNEMPLOYED           | ☐ YES X MO                |              | X N/A         | □YES       | □ NO        |
| PRESENT/LAST EMPLOYER / AC  | OGRESS / PHONE       | EMPLOYMENT STABILITY      |              | TYPES OF PRE  | 1-1        | YMENT       |
|   |                      |                           |              |               |            |             |
| Additional information  | WERIFIED             |                           |              | -             |            |             |
|   | INCOME STABILIT      | TY                        | NET          | MONTHLY INCOM | ΙE         |             |
| The Village of State |                      |                           |              | 0.200         | -          |             |
| FINANCIAL STATUS  |                      | N/A                       |              |               |            |             |
| PRIMARY INCOME SOURCE   | SECONDAR             | N/A<br>Y INCOME SOURCE(S) | EST.         | TOTAL ASSETS  | EST. TOT   | AL LIABILIT |
| PRIMARY INCOME SOURCE   |                      |                           | EST.         | NONE          |            | AL LIABILIT |
|   |                      |                           | EST.         |               |            | 700.72      |
| PRIMARY INCOME SOURCE   |                      |                           | EST.         |               |            | 700.12      |
| PRIMARY INCOME SOURCE  MAJOR ASSETS / ESTIMATED V   | YALUE                | Y INCOME SOURCE(S)        | EST.         |               |            | NONE        |
| MAJOR ASSETS / ESTIMATED V  | YALUE                | Y INCOME SOURCE(S)        | EST.         |               |            | 700.12      |
| MAJOR LIABILITIES / ESTIMATED   | YALUE                | Y INCOME SOURCE(S)        | EST.         |               |            | 700.12      |
| MAJOR LIABILITIES / ESTIMATED V   | YALUE                | Y INCOME SOURCE(S)        | EST.         |               |            | 700.12      |
| MAJOR LIABILITIES / ESTIMATED V NONE .  MAJOR LIABILITIES / ESTIMATED V Additional information  | FED AMOUNT (MONT     | Y INCOME SOURCE(S)        | EST.         | NONE          |            | NONE        |
| MAJOR ASSETS / ESTIMATED V  NONE .  MAJOR LIABILITIES / ESTIMATE  NONE .  Additional information  | YALUE                | Y INCOME SOURCE(S)        |              |               |            | NONE        |

AT AGE 14, DEFENDANT BECAME A MEMBER OF 62 BRIM

(BLOODS). HIS MONIKER IS "DEKO."

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-11- (WHITE)

76C692G - PROB. 5A L/92

# DEFENDANT'S STATEMENT:

IN AS MUCH AS THIS IS A PRE-PLEA REPORT, DEFENDANT WAS NOT INTERVIEWED REGARDING THE FACTS OF THE PRESENT OFFENSE.

INTERESTED PARTIES:

ON AUGUST 17TH, 1993, PROBATION OFFICER CONTACTED INVESTIGATING OFFICER LICATA, (213) 485-0780. DURING THE JUVENILE PROCEEDINGS, THE DEFENDANTS WERE JOKING AND PLAYING AROUND. THE COURT HAD TO ADMONISH THEM. THEY HAVE BEEN MORE SUBDUED FOR THE ADULT PROCEEDINGS. NEVERTHELESS, THEY HAVE NOT DISPLAYED ANY REMORSE. THE VICTIMS HAVE BEEN EXTREMELY TRAUMATIZED. TWO EMPLOYEES REQUIRED COUNSELING. WHILE TESTIFYING IN COURT, ONE EMPLOYEE BEGAN TO CRY.

THE DEFENDANT IS A GANG MEMBER. OLDER GANG MEMBERS RECRUIT YOUNGER GANG MEMBERS TO COMMIT CRIMES. IT IS WITH THE BELIEF THAT THE COURT WILL BE MORE LENIENT ON A JUVENILE. HOWEVER, DUE TO THE DEFENDANT'S CRIMINAL SOPHISTICATION AND THE SERIOUSNESS OF THE OFFENSE, THE DEFENDANT SHOULD BE ORDERED TO STATE PRISON.

JANE EDWARDS, THE DEFENDANT'S GRANDMOTHER, WAS INTERVIEWED IN REGARD TO THE INSTANT MATTER. SHE DID NOT KNOW ANY OF THE PARTICULARS REGARDING THE OFFENSE.

SINCE 1984, THE DEFENDANT HAS LIVED WITH HER.

SHE DOES NOT HAVE ANY CONTROL OVER HIM. HE IS DIFFICULT AND UNCOOPERATIVE AT HOME. HE WILL NOT ATTEND SCHOOL. ALTHOUGH

-12- (WHITE)

76C692G - PROB. 5A 1/92

SHE IS AWARE THAT THE DEFENDANT IS A GANG MEMBER, SHE CANNOT CONFIRM OR DENY THAT HE USES NARCOTICS.

# CONDUCT UNDER SUPERVISION:

ACCORDING TO THE SUPERVISION OFFICER OF RECORD ON FEBRUARY 28TH, 1992, THE DEFENDANT RECEIVED CAMP-COMMUNITY PLACEMENT. IN AUGUST OF 1992, THE DEFENDANT WAS RELEASED FROM CAMP KILPATRICK. THE DEFENDANT PERFORMED SATISFACTORILY IN CAMP. PRIOR TO THE DEFENDANT'S CONFINEMENT IN CAMP, HIS PERFORMANCE UNDER PROBATION SUPERVISION WAS MARGINAL TO UNSATISFACTORY. THE DEFENDANT WAS NOT ATTENDING SCHOOL. HE CONTINUED TO HAVE ADVERSE CONTACT WITH LAW ENFORCEMENT AND HE WAS UNCONTROLLABLE AT HOME.

THE 'DEFENDANT APPEARS TO BE IN VIOLATION OF CONDITIONS OF PROBATION. HE WAS ORDERED TO OBEY ALL LAWS AND OBEY PARENTS, PROBATION OFFICER, SCHOOL OFFICIALS AND CAMP STAFF. HE WAS FURTHER ORDERED NOT TO ENGAGE IN ANY TYPE OF DELINQUENT BEHAVIOR. DEFENDANT WAS NOT TO ASSOCIATE WITH ANYONE DISAPPROVED OF BY HIS PARENT OR PROBATION OFFICER. HE WAS FURTHER ORDERED NOT TO PARTICIPATE IN ANY TYPE OF GANG ACTIVITY.

# EVALUATION:

THE DEFENDANT'S CRIMINAL SOPHISTICATION HAS ESCALATED. ALSO, THE FREQUENCY OF CRIMINAL ACTIVITY HAS INCREASED. HE DOES NOT HAVE ANY RESPECT FOR AUTHORITY AND/OR ADULTS.

-13- (WHITE)

76C892G - PROB. 5A 1/92

23

REHABILITATIVE EFFORTS HAVE FAILED. CAMP-COMMUNITY PLACEMENT AND HOME ON PROBATION HAVE PROVEN INEFFECTIVE IN MODIFYING HIS DEVIANT BEHAVIOR. HE IS DEFINITELY CONSIDERED A THREAT TO SOCIETY. THERE IS NOT ANY INDICATION THAT HE IS REMORSEFUL. FOR THE SAFETY AND WELFARE OF THE COMMUNITY, PROBATION IS NOT CONSIDERED APPROPRIATE IN THE INSTANT MATTER.

IF THE DEFENDANT IS FOUND GUILTY, IT APPEARS THAT HE IS INCLIGIBLE FOR COMMITMENT TO THE CALIFORNIA YOUTH AUTHORITY. HOWEVER, IT IS MANDATED THAT HE BE DIAGNOSED BY THE CALIFORNIA YOUTH AUTHORITY PURSUANT TO SECTION 707.2 WELFARE & INSTITUTIONS CODE. IF THE DEFENDANT IS FOUND INCLIGIBLE FOR COMMITMENT, DUE TO HIS AGE, THE COURT MAY WISH TO CONSIDER HOUSING THE DEFENDANT AT THE CALIFORNIA YOUTH AUTHORITY UNDER A STATE PRISON COMMITMENT.

# SENTENCING CONSIDERATIONS:

THE DEFENDANT IS INCLIGIBLE FOR PROBATION PURSUANT TO SECTION 1203(E)(2) PENAL CODE, UNLESS THE COURT DETERMINES THIS IS AN UNUSUAL CASE.

# CIRCUMSTANCES IN AGGRAVATION:

- THE CRIME INVOLVED GREAT VIOLENCE, GREAT BODILY HARM, THREAT OF GREAT BODILY HARM, OR OTHER ACTS DISCLOSING A HIGH DEGREE OF CRUELTY, VICIOUSNESS OR CALLOUSNESS.
- THE PLANNING, SOPHISTICATION OR PROFESSIONALISM WITH WHICH THE CRIME WAS CARRIED OUT, OR OTHER FACTS, INDICATE PREMEDITATION.

-14- (WHITE)

76C692G - PROB. 5A 1/92

| 3. | THE | DEFENDA | NT'S | PR | IOR  | ADJUD | ICATI | ONS C | OF C | OMMI S | 551 | ON |
|----|-----|---------|------|----|------|-------|-------|-------|------|--------|-----|----|
|    | OF  | CRIMES  | AS   | A  | JUV  | ENILE | ARE   | NUME  | ROU  | 5 0    | 2   | OF |
|    | INC | REASING | SERI | OU | SNES | S.    |       |       |      |        |     |    |

- 4. THE DEFENDANT WAS ON PROBATION WHEN HE COMMITTED THE CRIME.
- 5. THE DEFENDANT'S PRIOR PERFORMANCE ON PROBATION WAS UNSATISFACTORY.

# CIRCUMSTANCES IN MITIGATION:

NONE .

WITH THE PRESENCE OF ONLY AGGRAVATING CIRCUMSTANCES IN THIS MATTER, AND IF THE DEFENDANT IS SENTENCED TO STATE PRISON, THE HIGH-BASE TERM SHOULD BE IMPOSED.

# RECOMMENDATION:

IF CONVICTED, IT IS RECOMMENDED THAT THE DEFENDANT BE COMMITTED TO THE CALIFORNIA YOUTH AUTHORITY FOR DIAGNOSIS AND RECOMMENDATION PURSUANT TO SECTION 707.2 OF THE WELFARE AND

-15- (WHITE)

76C692G - PROB. 5A L/92

INSTITUTIONS CODE.

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RESPECTFULLY SUBMITTED,

BARRY J. NIDORF, PROBATION OFFICER

SHAKON THOMPSON, DEPUTY SANTA MONICA AREA OFFICE TELEPHONE (310) 458-5488

READ AND APPROVED:

I HAVE READ AND CONSIDERED THE FOREGOING REPORT OF THE PROBATION OFFICER.

JUDGE OF THE SUPERIOR COURT

NANCY BLOCK, SDPO TELEPHONE: (310) 458-5465

(SUBMITTED 8-19-93) (TYPED 8-24-93) ST:LJN (8)

IF PROBATION IS GRANTED, IT IS RECOMMENDED THAT THE COURT DETERMINES THE DEFENDANT'S ABILITY TO PAY COST OF PROBATION SERVICES PURSUANT TO SECTION 1203.1(8) PENAL CODE. COST OF PRE-SENTENCE INVESTIGATION & PRE-SENTENCE REPORT: \$401.00. COST OF SUPERVISION: \$27.00.

SHOULD PROBATION BE GRANTED IN THIS MATTER,
THE CASE WILL BE ASSIGNED TO THE CENTINELA AREA OFFICE.

-16- (WHITE)

76C892G - PROB. SA 1/92



| MAME BAST-FIRST-MOORD WHITE, JOHN | COURT DATE<br>8-26-93 |          |
|-----------------------------------|-----------------------|----------|
| PAGE NO                           |                       | COURT NO |
| X- 1515667                        |                       | SA014380 |

# RECOMMENDED TERMS AND CONDITIONS OF PROBATION/TERMS OF DIVERSION

|    |   | RECOMMENDED TERMS AND CONDITIONS OF PROBATION TERMS OF DIVERSION  |
|----|---|---|
| •  | 0 | SPEND FIRST 365 BATSWEEKING IN COUNTY JAIL.   NOT TO BE ELIGIBLE FOR COUNTY PAROLE   WORK FURLOUGH PROGRAM RECOMMENDED  |
| 2  | 8 | PAY & FINE OF S PLUS PERALTY ASSESSMENT (1464 P.C. & 76000 P.C.) THROUGH THE PROBATION OFFICER. PAY SLAB PEL PURSUANT TO 11372 S HIS CODE (558 FOR EACH HIS VIOLATION) THROUGH THE PROBATION OFF                |
| 1  | 0 | PAY MISTITUTION TO THE VICTURES PURSUANT TO 1203 OF P.C. IN AMOUNT OF S   |
| 4  |   | PAY \$ 200. ASSITUTION FOR THE PROBATION OF THE PROBATION OFFICER.  |
|    | 0 | AND THE WIND HAT AND HAT AND HATE IN THE AND HIS ON THE SECTION 13967 CO.   |
|    | 0 | MOT USE OR POSSESS ANY MAKOTICS, DANGEROUS OR RESTRICTED DRUGS OR ASSOCIATED PARAPHERMALIA, EXCEPT WITH YALL PRESCRIPTION, AND STAY AWAY FROM PLACES WHERE USERS, BUTERS OR SELLERS CONGREGATE.                 |
| 1  | 0 | NOT ASSOCIATE WITH PERSONS ENOWN BY YOU TO BE MARCOTIC OR DRUG USERS OR SILLERS.  |
|    | 0 | SUBMIT TO PERCONC ANTI-MACOTIC TESTS/ALCOHOL TESTS AS DIRECTED BY THE PROPATION OFFICER OR ANY OTHER PEACE OF   |
| 9  | 0 | HAVE NO BLANK CHECKS IN POSSESSION. NOT WRITE ANY PORTION OF ANY CHECKS, AND, NOT HAVE BANK ACCOUNT UPON Y<br>YOU MAY DRAW CHECKS. NOT USE OR POSSESS OR APPLY FOR ANY CREDIT OR ATM CARD.                      |
| 16 |   | NOT ASSOCIATE WITH STAT AWAY FROM KNOWN GANG MEMBERS.   |
| 11 | X | COOPERATE WITH PROSATION OFFICER IN A PLAN FOR COUNSELING.  |
| 12 |   | SUPPORT DEPENDENTS AS DIRECTED BY PROBATION OFFICER   |
| 12 |   | SEEL AND MARITAIN FRAMING, SCHOOLING OR EMPLOYMENT AS APPROVED BY PROBATION OFFICER .   |
| 14 |   | MEEP PROBATION OFFICER ADVISED OF YOUR RESIDENCE AT ALL TIMES   |
| 15 | 0 | SURRENCER DEVER S LICENSE TO CLERK OF COURT TO BE RETURNED TO DEPARTMENT OF MOTOR VEHICLES  |
| 16 |   | NOT DRIVE A MOTOR VEHICLE UNLESS LAWFULLY LICENSED AND INSURED  |
| ., | 0 | NOT OWN, USE OR POSSESS ANY DANGEROUS OR DEADLY WEAPONS.  |
| 18 | Ø | SUBMIT YOUR MISSON AND PROMITY UNGER YOUR CONTROL TO SEARCH OR SEIZURE AT ANY TIME OF THE DAY OR NIGHT IS<br>ANY PROBATION OFFICER OR OTHER MACE OFFICER WITH OR WITHOUT A WARRANT OR PROBABLE CAUSE            |
| 19 |   | ONLY ALL LAWS ONLY ALL ORDERS, RULES AND REGULATIONS OF THE PROPATION DEPARTMENT AND OF THE COURT   |
| 20 |   | USE CHLY YOUR TRUE MAME, STATED TO BE   |
| 21 |   | REPORT TO PROBATION OFFICER UPON RELEASE FROM CUSTODY/WITHIN 24 HOURS.  |
| 22 | 0 | # YOU LEAVE THE COUNTRY, YOU SHALL NOT RECEIVER THE UNITED STATES ELEGALLY # YOU DO RETURN, REPORT TO THE PROBATION OFFICER WITHIN AND PRESENT DOCUMENTATION WHO! PROVIDES YOU ARE IN THE UNITED STATES LEGALLY |
|    |   | ADDITIONAL CONDITIONS OF MOLATION:  |
|    |   |   |
|    |   |   |
|    |   | RECOMMENDATION OTHER THAN TERMS AND CONDITIONS OF PROBATION   |
|    |   | COST OF MODATION SERVICES: # PROBATION IS GRANTED, IT IS RECOMMENDED THAT THE COURT BETERMINE DIFENDANT'S ABUTY TO PAY COST OF PROBATION SERVICES PURSUANT TO SECTION LINELID PENAL CODE.                       |

COST OF INCARCERATION. IF PROBATION IS GRANTED, IT IS RECOMMENDED THAT THE COURT DETERMINE DEFENDANTS ABILITY TO PAY COST OF INCARCERATION PURSUANT TO SECTION 1383 IN PRINAL CODE

768283T - PROB. 1212 (REV. 9 92)



DEPARTMENT OF THE YOUTH AUTHORITY SOUTHERN RECEPTION CENTER AND CLINIC 13200 SOUTH BLOOMFIELD AVENUE MORWALK, CA 90650



(310) 868-9979

#### AMENABILITY DETERMINATION

Judge:

Honorable Richard Neidorf

Defendant: WHITE, John Lee

DOB:

Court No.: SA01438

DP#: 4787

#### REASON FOR REFERRAL

John Lee White was referred by the Superior Court, County of Los Angeles, on September 17, 1993, for an evaluation and report concerning his amenability to the training and treatment offered by the Youth Authority. (Section 707.2, Welfare and Institution Code).

### PROCEDURE

This report has been prepared after study of the defendant by members of an interdisciplinary team and review of the following documents:

> Court Referral dated: September 17, 1993. Probation Report dated: August 26, 1993.

Key participants in this process then shared the results of their evaluations through a staffing. The amenability determination contained in this report is the Youth Authority's finding concerning whether the defendant can be materially benefited by training and treatment that may be provided by the Department.

# AMENABILITY DETERMINATION FINDINGS (Cont'd) WHITE, John Lee, D4787

Findings concerning amenability are based on the guidelines contained in Title 15, California Administrative Code 4157 and 4168, as follows:

- 1. A person is amenable when there is a reasonable possibility that his likelihood to commit criminal behavior can be significantly reduced or eliminated within the confinement time and jurisdiction time available. These questions are considered when making this judgment: (a) does that person have the capacity to change, and (b) is the person's criminal behavior so firmly established that there is little likelihood that it can be changed by commitment to the Youth Authority.
- 2. A person is amenable when there is a reasonable possibility that his criminal behavior would be exacerbated more by the other disposition alternatives available to the court when compared with the likely outcome if committed to the Youth Authority.

# EVALUATION

John Lee White has been referred to the California Youth Authority from Los Angeles County Superior Court for a diagnostic evaluation to determine his amenability to treatment and training services provided by the California Youth Authority. The defendant has pled guilty to the charge of second degree robbery/principal armed with a shotgun. According to the probation/police report, the defendant participated in a fairly sophisticated bank robbery. Apparently, the robbery was pre-arranged by an older fellow gang member who supplied the defendant and his co-offenders with a rented getaway vehicle and a weapon. The defendant claims he participated in the bank robbery because he was afraid he would be labeled a "coward" if he had refused to go along with the plans to commit the robbery with his co-offenders. The offense was a very serious act that could have resulted in serious injuries or death to numerous victims. Nevertheless, the defendant has expressed a willingness to change his anti-social behavior, which suggests he would be tractable.

# AMENABILITY DETERMINATION FINDINGS (Cont'd) WHITE, John Lee, D4787

The suggestion of tractability is supported by the clinical team. The defendant is assessed as a young man of average intelligence who accepts his role in the instant offense. The defendant has expressed a willingness to change and shows some limited insight into his behavior. He does not appear to be totally entrenched in his anti-social behavior and value system. He displays some motivation to change in overcoming his delinquent behavior. The prognosis for the defendant appears to be guarded, but, with extensive counseling and training, it may improve to favorable.

According to Dr. Harold H. Kates, MD., Staff Psychiatrist, "In summary, although the minor's past history is inconsistent with interest in educational or vocational pursuits, he may, at this time, benefit from educational and vocational programs at the Youth Authority, as well as avoiding the negative influence of older, hardcore criminals in an alternate facility at this juncture."

According to Diane Lubeck, LCSW, Parole Agent I, "Given the current Superior Court charges, California Youth Authority jurisdiction over John's case would extend to age twenty-five. John appears to be capable of materially benefiting from California Youth Authority programs of continuing education, counseling, and participation in work experience/vocational training. Commitment to the California Youth Authority, as opposed to housing in the California Youth Authority pursuant to Section 1731.5(c) WIC, would require John to appear before the Youthful Offender Parole Board on an annual basis to assess his progress in program and to assess his readiness for parole. Sufficient time remains in the jurisdiction and confinement time available to effect needed attitudinal and behavioral changes."

The unit staff reports that the defendant has made a satisfactory adjustment to the living unit program. The defendant has been observed as getting along well with staff and other youths and experiencing no significant problems following and understanding instructions. The defendant is viewed as being somewhat immature, impressionable, impulsive, and a follower.

It is the impression of the clinical team that the defendant has the mental and physical capacity to benefit from rehabilitation. The defendant has displayed some remorse for his anti-social behavior, and it is felt that he has some motivation to change. The prognosis appears to be favorable, if treatment is provided.

It is concluded that there is a reasonable possibility that the defendant's likelihood to commit criminal behavior can be significantly reduced or eliminated within the confinement time and jurisdiction time available.

# AMENABILITY DETERMINATION FINDINGS (Cont'd) WHITE, John Lee, D4787

The defendant has been described as an impulsive, impressionable, immature, and easily manipulated young man who would be vulnerable to the influences of older and more criminally sophisticated, as well as aggressive, individuals.

In view of the above, there is a reasonable possibility that the defendant's criminal behavior would be exacerbated more by the other disposition alternatives available to the court.

# FINDING

John Lee White is amenable to the treatment and training offered by the California Youth Authority.

Date: December 28, 1993

For the Youth Authority:

Lee Kraics, LCSW

Supervising Casework Specialist I

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# INTRODUCTION

John Lee White is a sixteen year-old African-American male convicted in Los Angeles County Superior Court of charges of second degree robbery/principal armed with a shotgun. John is an unfit juvenile. He has been referred to the California Youth Authority for a diagnostic evaluation to determine his amenability to training and treatment services offered by the California Youth Authority.

According to the accompanying probation report, John and three co-offenders entered the Sanfed Bank and committed an armed robbery.

John has a prior record of arrests for armed robbery, possession of a weapon on school grounds, and unlawful taking of a motor vehicle. He has had the benefit of probation supervision in the community and one previous commitment to junior probation camp. John is an admitted gang member (62 Brim Bloods Gang). John became a gang member at age fourteen. His moniker is "Deko." John's gang activity has interfered with his ability to attend school on a regular basis. He has become increasingly dependent on his gang for most of his social activities. According to John, the bank robbery was arranged by an older fellow gang member who supplied the boys with a rented getaway vehicle and a weapon. John stated he committed the bank robbery even though he knew it was wrong because he did not want to get a "jacket" as a coward with the other gang members. Her also stated that, if he had declined to go along with the plan to rob the bank, he would have been punished by his fellow gang members.

John's previous performance on a grant of juvenile probation was considered marginal to unsatisfactory, noting that he was not attending school, continued to have contact with law enforcement, and was out of control at home.

John does not appear to have benefited from efforts on his behalf by the courts and the probation department.

#### SOCIAL HISTORY

# FAMILY BACKGROUND

John is one of three children born to his mother. John's natural parents were never married and John's natural father, Michael Walton, is deceased. John stated he last saw his natural father when he was six years old. John and his two sisters (ages fourteen and nine) have resided with his maternal grandmother and grandfather for most of their lives. According to John, his mother is a cocaine addict who cannot care for herself or her children and who has a history of arrests. John's grandmother has stated that she cannot control John at home, noting that he is difficult and

WHITE, John Lee

D4787 SRCC

uncooperative and that he will not attend school. John's grandmother is aware that John is a gang member, although she cannot confirm or deny that he used narcotics. (John admitted that he used marijuana on a daily basis.) John denied a history of abuse or neglect in his grandparents' home. He believes his grandmother will allow him to return to her home when he is referred to parole. However, John stated that his grandparents are not visiting him during the time he is incarcerated and he doubts he will have any contact with them throughout his custody time.

# PEER ASSOCIATES

John has admitted to membership in the "62 Brims (Bloods) Gang." He has been a gang member since age fourteen. John is heavily dependent upon his gang. His gang has become a sort of extended family. John's loyalty to his gang exceeds his obligation to obey the law or to abide by his grandparents' efforts to supervise or structure his behavior. In the instant offense, John would rather have risked death or jail than to have appeared cowardly to his fellow gang members.

# COMMUNITY BACKGROUND

Records reflect that John was born and raised in Los Angeles, California. His grandparents live in an inner-city neighborhood noted for high rates of crime, gang activity, and drug trafficking.

### ACADEMIC EDUCATION

Probation records indicate that John last completed the ninth grade. John admitted to chronic truancy. He claimed to that pressure from rival gang members have interfered with his ability to attend school on a regular basis. John's grandmother has indicated that John refused to attend school.

Academic testing at the Southern Reception Center and Clinic reveals that John is reading at the 6.4 grade-level, performing math at the 4.7 grade-level, and understanding language at the 3.3 grade-level, for an overall total battery for basic academic skills equivalent to a 4.9 grade-level.

John denied he has ever been a special education student. Apparently, his poor academic showing is the result of infrequent attendance in a regular school program.

WHITE, John Lee

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# VOCATIONAL EDUCATION/WORK EXPERIENCE

John's only work experience has been selling candy. He has yet to set vocational goals for himself. His response to the vocational interest and aptitude assessment reveals an interest in mechanics. In whatever program John is eventually placed, he would benefit from participation in work experience/vocational training and employability skills training.

# ALCOHOL/DRUG USE AND ABUSE

John admitted to the use of marijuana on a daily basis. Probation records also indicate that John drank alcohol occasionally. John stated he believes he was able to conceal his drug use from his grandmother by using eye drops so she would not observe his eyes being red. He denied he was under the influence of drugs or alcohol when he committed the instant offense.

#### COFRECTIONAL EXPERIENCE

John was initially arrested on February 20, 1992 by the Los Angeles Police Department on charges of armed robbery. The petition was sustained on February 20, 1992 and John was ordered to the probation department's camp community placement program. According to John, he spent seven months in Camp Kilpatrick. Probation records indicate that John performed satisfactorily in the camp community placement program. However, once he was released back into the community, John was not attending school; he continued to have contacts with law enforcement; he continued to associate with gang members; and he continued to defy his grandparents' efforts to supervise him.

On January 4, 1993, John was arrested by the Los Angeles Police Department and charged with being in possession of a weapon on school grounds. John claimed this was a case of mistaken identity and that he was not in possession of a weapon.

On April 10, 1993, John was arrested and charged with reckless driving and unlawful taking of a motor vehicle. John's story is that a friend of his let him drive a stolen car. John denied he knew the vehicle was stolen.

WHITE, John Lee

D4787 SRCC

From the records, it appears that John's criminal activity is increasing in frequency and severity. Camp community placement and home on probation have proven ineffective in modifying his behavior. The instant offense is extremely serious. The victims were severely traumatized and it is a matter of pure luck that no one was injured. John does not appear to have any guilt, concern, or remorse regarding his behavior. In fact, he claimed that, although he knew robbing banks was wrong, he did not consider it serious.

#### SELF PERCEPTIONS

John does not regard himself as a danger to the community. He does not believe he is as seriously delinquent as his record would indicate. According to John, he did not believe participating in a bank robbery was a "serious" crime and, furthermore, he believed he and his co-offenders would be successful in getting away. He related that he went along with the robbery because he did not want the other gang members to think he was a coward. He acknowledged that he gave no thought to the possibility that the victims might be injured or traumatized or that he himself may have been injured during the arrest procedure. John believes that an appropriate disposition in his case would be commitment to the California Youth Authority. He believes he would benefit from participation in a California Youth Authority program of continuing education, counseling, and work experience or vocational training. John believes that what he needs most to turn his life around is to be given "another chance."

# CLINICAL IMPRESSIONS

In the clinical interview, John Lee White was polite, cooperative, and respectful. He is a thin, small young man who appears to be even younger than his stated chronological age of sixteen. John is an inarticulate, quiet, and shy-appearing individual who demonstrates marked immaturity. John does not impress as highly sophisticated or hardcore in a criminal sense. Rather, he impresses as a careless, naive, passive, and easily led young man. Needless to say, John's judgment is extremely poor. John's immaturity, poor judgment, and dependence upon his gang have combined to make him a dangerous individual in the community. He does not appear to understand or appreciate the serious nature of the charges against him. John acknowledges that he knew what he was doing was wrong, but that he went along anyway because he did not want to disappoint his co-offenders.

WHITE, John Lee

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John's pattern of behavior is common to many delinquent youths. Coinciding with the onset of adolescence, John joined a youth gang, began to ditch school and defy authority, and involved himself in repeated violations of the rights and property of others. Probation supervision in the community and referral to the probation department's camp community placement program have proved ineffective. John appears to be content to drift aimlessly through life in a hedonistic fashion seizing whatever opportunity comes up, including criminal activity, with no thought of the consequences. He has made little to no effort to obtain job skills or to prepare himself to live independently as an adult. John's immaturity and need for approval from older gang members have led directly to his involvement in the instant offense.

John does not appear to be an appropriate candidate for commitment to state prison. He is, after all, only sixteen years old. There have been minimal prior rehabilitative efforts. John's small stature, immaturity, and passive nature would make him a vulnerable target for older, more hardcore inmates in a state prison setting.

Given the current Superior Court charges, California Youth Authority jurisdiction over John's case would extend to age twenty-five. John appears to be capable of materially benefiting from California Youth Authority programs of continuing education, counseling, and participation in work experience/vocational training. Commitment to the California Youth Authority, as opposed to housing in the California Youth Authority pursuant to Section 1731.5(c) WIC, would require John to appear before the Youthful Offender Parole Board on an annual basis to assess his progress in program, and to assess his readiness for parole. Sufficient time remains in the jurisdiction and confinement time available to effect needed attitudinal and behavioral changes.

Date: December 20, 1993

Approved

By: Joe Kraics, LCSW,

Supv. Casework Specialist I

Prepared Wask

By: Diane Lubeck, LCSW

Parole Agent I

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WHITE, John Lee

D4787 SRCC

# PSYCHIATRIC EVALUATION

# REASON FOR REFERRAL

This evaluation is part of a court-ordered 90-day diagnostic study. Defendant was informed of my identity and the purpose of the interview. He was, furthermore, told that the information he provided me might be used in the report, and could have significant bearing on the disposition of his case.

# PRIOR PSYCHIATRIC/PSYCHOLOGICAL EVALUATIONS

No prior psychiatric evaluation was recorded in the file.

# METHOD OF EVALUATION

One-hour clinical interview with the defendant and review of records in file, including the Probation Officer's Report.

# BACKGROUND INFORMATION

Family and background information are detailed in the social history (q.v.). Briefly, according to the defendant, he was born and raised in the Los Angeles area. He is the oldest of three children. He has two younger sisters, ages 11 and 14. The defendant stated that his parents separated when he was 7 years old. He said that presently he has no contact with his mother or father, and does not know where they are living. According to the referral documents, his mother lost custody of the minor, due to her drug usage (rock cocaine).

At the time of his arrest, he said that he was living with his grandmother, grandfather, and two younger siblings. He said that his grandfather is a retired security guard. When asked about conflicts with his grandparents, he said that problems at home relate to his not going to school, and staying out with gang members from 24 hours up to three days. His grandmother had stated that she "does not have any control over him. He is difficult and uncooperative at home. He will not attend school." She had also stated that she was aware that the defendant is a gang member.

According to the defendant, he completed the 9th grade while in camp. He said that he was not attending school at the time of his arrest "because I had too many enemies (gang related)." He said that he had been expelled from school in the 8th grade for truancy. He was not employed and has no work history. Medical history is unremarkable, except for bronchial asthma since early childhood for which he is taking Theodor, and some residual effects of a fractured ankle sustained when he was 9 or 10 years old.

When asked about the use of drugs or alcohol, he stated that he "tried beer last year--didn't like it. Was using marijuana for 6 or 7 months, about 3 times a week." According to the information in the Fitness Report, he had told

WHITE, John D4787

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PSYCHIATRIC EVALUATION

-2-

the Probation Officer that he began smoking marijuana when he was 15 years old and uses marijuana approximately 4 times a week. When asked about gang-related activity, he stated that he was in a "Bloods gang" for two years prior to his arrest, adding that he was "jumped in," when he was 14 years old. He described it as a "very big gang." When asked about gang activities, he replied, "Don't know." He said that his gang moniker is "Deko." When asked what his moniker means, he also replied, "I don't know."

When asked about prior offenses, the minor said that he, had only one prior offense, when he was 15 years old, for robbery, for which he went to camp for several months. According to his juvenile record, the minor has had three prior offenses. He was arrested when he was 14 years old for armed robbery, (vehicle theft) for which he was ordered to CCP. When he was 15 years old, he was again arrested for having a handgun on probation and possession of a weapon at school for which he was also ordered to CCP. About 3 months later (about 4 months prior to the instant offense), he was arrested for reckless driving and taking a vehicle without owner's consent.

The current offense occurred when the defendant was 16 years old. He was charged with armed robbery involving the use of a shotgun. According to the Probation Officer's Report submitted 8-19-93, the defendant and three accomplices entered Cen-Fed Bank. . .armed with a semi-automatic handgun and a sawed-off shotgun at about 1:40 p.m., and announced: "This is a robbery. Everyone get down!" When asked about the circumstances of the bank robbery, he replied that it was not gang related, stating, "I robbed a bank--don't want to talk about it because I want to forget about it."

# MENTAL STATUS EXAMINATION

The defendant is a 16-year-old Black male of short stature and slight build. He is about 5 feet, 6 inches tall, and weighs approximately 125 pounds. He has no noticeable tattoos. He was dressed in institutional garb, neatly groomed, and appeared to maintain good personal hygiene. He showed no unusual mannerisms or expressions. His attitude toward the interviewer was passively compliant and courteous. Throughout the interview, he was calm, pleasant, and attentive. However, he declined to discuss matters pertaining to himself, gang-involved activities, or the present offense. He appeared to be in no apparent distress. He was alert and fully oriented for time, place, and person. There was no evidence of memory impairment or other signs of organicity. His speech was clear, and verbal responses were coherent and relevant to the subject matter. Cognitively, he appeared to be functioning within the low-average intellectual range, based upon vocabulary and verbal responses. Thought content was negative for psychotic or delusional material. Thought processes were organized and goal-directed. He had sufficient insight into his present personal and legal problems. He demonstrated a correct understanding of the sentencing process, as well as the the purpose of the 90-day evaluation, stating that he "took a deal because

WHITE, John D4787

SRCC

PSYCHIATRIC EVALUATION

it was a good deal for 4 years, instead of a lot more time. Discrepancies between information elicited from the defendant and that in the referral documents, suggested his responses may be of questionable validity.

# FINDINGS AND CONCLUSIONS

There are no signs of psychosis or impaired mental functioning on mental status examination.

The minor was on probation for robbery at the time of his present arrest. He had been released from camp about 11 months prior to the instant offense. He had been a member of a criminal street gang since 14 years of age. His juvenile record indicates a pattern of criminal behavior, starting at age 14, to the time of the instant offense. He had been ordered to CCP for two prior offenses. Performance under probation supervision was described as marginal to unsatisfactory, and he continued to have adverse contact with law enforcement, and continued to participate in gang activity. In the present offense, the investigating officer stated that the minor "had not displayed any remorse." According to the Probation Officer's Fitness Report evaluation: "Criminal behavior has continued to escalate in seriousness. (Defendant) does not have any respect for authority and/or adults, and rehabilitative efforts, CCP, and HOP have been ineffective."

### DIAGNOSIS (PER DSM-III-R CRITERIA)

Axis, I: 1) 312.20 Conduct disorder, group type

Severity: severe, with strong antisocial traits

2) 305.20 Cannabis abuse, in incarceration remission

Axis II: Developing antisocial personality disorder

Axis III: No contributing Axis III diagnosis

# RECOMMENDATIONS

At the present time, the minor states that he is "going to stop gangbanging because of the trouble you get into with people you know." He states that he hopes that he can continue school while incarcerated at CYA, and then continue with college after he is released. He said that he hopes to become a lawyer or a probation officer "because it's easy money."

In summary, although the minor's past history is inconsistent with interest in educational or vocational pursuits, he may, at this time, benefit from education and vocational programs at the Youth Authority, as well as avoiding the negative influence of older, hardcore criminals in an alternate facility at this juncture.

WHITE, John D4787

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PSYCHIATRIC EVALUATIO

Date Dictated: December 28, 1993

Date Typed:

December 28, 1993

Dictated by

Harold H. Kates, M.D., Staff Psychiatrist Diplomate, American Board of Psychiatry & Neurology

Reviewed by:

Swaron Rose Blosl, LCSW, Supervising Casework Specialist II

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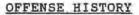
WHITE, John

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PSYCHIATRIC EVALUATION

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# Prior Convictions (Sustained Petitions)

| Date     | <u>Offense</u>  | Disposition   |
|----------|---|---|
| 02/16/92 | Armed Robbery;<br>Unlawful Taking Of A<br>Motor Vehicle | Petition sustained on 02/19/92; Camp community placement. |
| 03/22/93 | Possession Of A Weapon<br>On School Grounds             | Inmate found unfit.                                       |

#### MOST RECENT OFFENSE

John Lee White is a sixteen year-old Black male convicted in Los Angeles County Superior Court on charges of second degree robbery/principal armed with a firearm (shotgun). Conviction is the result of a guilty plea. Confinement time for the above-listed offense has been established at four years. Three years of parole time has been assessed. John has been given credit for three hundred and eighteen days of time served in custody.

According to the probation/police report, the circumstances surrounding the most recent offense are as follows:

On June 8, 1993 at approximately 1:40 p.m., four Black males (John Lee White [the inmate] and co-offenders Michael Walton, Malcolm Lavender, and Melvin Jones) entered the Sanfed Bank. Melvin Jones, armed with a semi-automatic handgun, stated, "This is a robbery. Everyone get down!" Melvin Jones and John advanced over the teller counter. They attempted to open the locked teller drawers. One of the tellers gave Melvin Jones her keys. Melvin Jones then removed \$1,212 in miscellaneous currency from the teller drawers.

Michael Walton and Malcolm Lavender remained in the lobby area of the bank. Michael Walton maintained their position with the use of a sawed-off shotgun. He ordered, "Everyone down on the floor!"

Thereafter, all four suspects fled from the bank in a Rider moving van. Police officers were provided with a description of the vehicle. Police officers then observed the suspects' vehicle traveling eastbound on the Santa Monica Freeway (10 Freeway) at Washington Blvd. The police officers attempted to make a stop of the suspects' vehicle. John (the driver of the van) refused to comply with the police officers' orders to stop and a vehicle pursuit ensued. John stopped the van in the vicinity of La Brea Avenue and Coliseum Street. Michael Walton and Malcolm Lavender fled from the scene on foot. The police officers then took Melvin Jones and John into custody. The police officers searched the immediate area. Malcolm Lavender and Michael Walton were

WHITE, John Lee

MA400 SRCC

OFFENSE HISTORY

subsequently located and taken into custody. During the pre-booking search, detectives recovered \$1,212 from Melvin Jones' pants pockets.

# CO-OFFENDERS

Disposition Name Age Michael Walton Unknown This co-offender was referred to the California Youth Authority for an amenability determination study; however, the final disposition of his case is not shown. Melvin Jones This co-offender Unknown was handled as a juvenile, with the final disposition of his case being unknown. Malcolm Lavender Unknown This co-offender was handled as a juvenile, with the final disposition of his case being

# VICTIM OR NEXT OF KIN IMPACT STATEMENT

According to the probation report, the tellers involved in the bank robbery were extremely traumatized. One of the tellers was unable to work for one week. Counseling was provided by the bank. The teller described the ordeal as very traumatic and stated that, at the time of the robbery, she hid underneath her desk. She was observed by one of the suspects who ordered her to come out from under her desk at gunpoint. She tried to remain calm; yet she was frightened that the suspect would become agitated and shoot her. After the suspects left the bank, she sobbed uncontrollably. At the preliminary hearing, the mere sight of the suspects rekindled her fear. She was overcome by emotion and, initially, she was unable to testify. Although she has been seen in therapy, she has remained depressed. According to the victim, simply driving in the area where the suspects were apprehended makes her nervous.

WHITE, John Lee

MA400 SRC

SRCC OFFENSE HISTORY

unknown.



John has previously pled guilty to the above-listed offense. He essentially agreed with the details provided by the probation report. He admitted he was the driver of the getaway vehicle.

### CORRECTIONAL EXPERIENCE

John was initially arrested on February 20, 1992 by the Los Angeles Police Department on charges of armed robbery. The petition was sustained on February 20, 1992 and John was ordered to the probation department's camp community placement program. According to John, he spent seven months in Camp Kilpatrick. Probation records indicate that John performed satisfactorily in the camp community placement program. However, once he was released back into the community, John was not attending school; he continued to have contacts with law enforcement; he continued to associate with gang members; and he continued to defy his grandparents' efforts to supervise him.

On January 4, 1993, John was arrested by the Los Angeles Police Department and charged with being in possession of a weapon on school grounds. John claimed this was a case of mistaken identity and that he was not in possession of a weapon.

On April 10, 1993, John was arrested and charged with reckless driving and unlawful taking of a motor vehicle. John's story is that a friend of his let him drive a stolen car. John denied he knew the vehicle was stolen.

From the records, it appears that John's criminal activity is increasing in frequency and severity. Camp community placement and home on probation have proven ineffective in modifying his behavior. The instant offense is extremely serious. The victims were severely traumatized and it is a matter of pure luck that no one was injured. John does not appear to have any guilt, concern, or remorse regarding his behavior. In fact, he claimed that, although he knew robbing banks was wrong, he did not consider it serious.

# OUTSTANDING WARRANTS/PENDING CHARGES

None known.

WHITE, John Lee

MA400 SRCC

OFFENSE HISTORY

# INTRODUCTION

John Lee White is a sixteen year-old African-American male convicted in Los Angeles County Superior Court of charges of second degree robbery/principal armed with a shotgun. John is an unfit juvenile. He has been referred to the California Youth Authority for a diagnostic evaluation to determine his amenability to training and treatment services offered by the California Youth Authority.

According to the accompanying probation report, John and three co-offenders entered the Sanfed Bank and committed an armed robbery.

John has a prior record of arrests for armed robbery, possession of a weapon on school grounds, and unlawful taking of a motor vehicle. He has had the benefit of probation supervision in the community and one previous commitment to junior probation camp. John is an admitted gang member (62 Brim Bloods Gang). John became a gang member at age fourteen. His moniker is "Deko." John's gang activity has interfered with his ability to attend school on a regular basis. He has become increasingly dependent on his gang for most of his social activities. According to John, the bank robbery was arranged by an older fellow gang member who supplied the boys with a rented getaway vehicle and a weapon. John stated he committed the bank robbery even though he knew it was wrong because he did not want to get a "jacket" as a coward with the other gang members. Her also stated that, if he had declined to go along with the plan to rob the bank, he would have been punished by his fellow gang members.

John's previous performance on a grant of juvenile probation was considered marginal to unsatisfactory, noting that he was not attending school, continued to have contact with law enforcement, and was out of control at home.

John does not appear to have benefited from efforts on his behalf by the courts and the probation department.

# SOCIAL HISTORY

# FAMILY BACKGROUND

John is one of three children born to his mother. John's natural parents were never married and John's natural father, Michael Walton, is deceased. John stated he last saw his natural father when he was six years old. John and his two sisters (ages fourteen and nine) have resided with his maternal grandmother and grandfather for most of their lives. According to John, his mother is a cocaine addict who cannot care for herself or her children and

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who has a history of arrests. John's grandmother has stated that she cannot control John at home, noting that he is difficult and uncooperative and that he will not attend school. John's grandmother is aware that John is a gang member, although she cannot confirm or deny that he used narcotics. (John admitted that he used marijuana on a daily basis.) John denied a history of abuse or neglect in his grandparents' home. He believes his grandmother will allow him to return to her home when he is referred to parole. However, John stated that his grandparents are not visiting him during the time he is incarcerated and he doubts he will have any contact with them throughout his custody time.

#### PEER ASSOCIATES

John has admitted to membership in the "62 Brims (Bloods) Gang." He has been a gang member since age fourteen. John is heavily dependent upon his gang. His gang has become a sort of extended family. John's loyalty to his gang exceeds his obligation to obey the law or to abide by his grandparents' efforts to supervise or structure his behavior. In the instant offense, John would rather have risked death or jail than to have appeared cowardly to his fellow gang members.

#### COMMUNITY BACKGROUND

Records reflect that John was born and raised in Los Angeles, California. His grandparents live in an inner-city neighborhood noted for high rates of crime, gang activity, and drug trafficking.

#### ACADEMIC EDUCATION

Probation records indicate that John last completed the ninth grade. John admitted to chronic truancy. He claimed to that pressure from rival gang members have interfered with his ability to attend school on a regular basis. John's grandmother has indicated that John refused to attend school.

Academic testing at the Southern Reception Center and Clinic reveals that John is reading at the 6.4 grade-level, performing math at the 4.7 grade-level, and understanding language at the 3.3 grade-level, for an overall total battery for basic academic skills equivalent to a 4.9 grade-level.

John denied he has ever been a special education student. Apparently, his poor academic showing is the result of infrequent attendance in a regular school program.

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#### VOCATIONAL EDUCATION/WORK EXPERIENCE

John's only work experience has been selling candy. He has yet to set vocational goals for himself. His response to the vocational interest and aptitude assessment reveals an interest in mechanics. In whatever program John is eventually placed, he would benefit from participation in work experience/vocational training and employability skills training.

#### ALCOHOL/DRUG USE AND ABUSE

John admitted to the use of marijuana on a daily basis. Probation records also indicate that John drank alcohol occasionally. John stated he believes he was able to conceal his drug use from his grandmother by using eye drops so she would not observe his eyes being red. He denied he was under the influence of drugs or alcohol when he committed the instant offense.

#### SELF PERCEPTIONS

John does not regard himself as a danger to the community. He does not believe he is as seriously delinquent as his record would indicate. According to John, he did not believe participating in a bank robbery was a "serious" crime and, furthermore, he believed he and his co-offenders would be successful in getting away. He related that he went along with the robbery because he did not want the other gang members to think he was a coward. He acknowledged that he gave no thought to the possibility that the victims might be injured or traumatized or that he himself may have been injured during the arrest procedure. John believes that an appropriate disposition in his case would be commitment to the California Youth Authority. He believes he would benefit from participation in a California Youth Authority program of continuing education, counseling, and work experience or vocational training. John believes that what he needs most to turn his life around is to be given "another chance."

#### CLINICAL IMPRESSIONS

In the clinical interview, John Lee White was polite, cooperative, and respectful. He is a thin, small young man who appears to be even younger than his stated chronological age of sixteen. John is an inarticulate, quiet, and shy-appearing individual who demonstrates marked immaturity. John does not impress as highly sophisticated or hardcore in a criminal sense. Rather, he impresses as a careless, naive, passive, and easily led young man. Needless to say, John's judgment is extremely poor. John's immaturity, poor judgment, and dependence upon his gang have combined to make him a dangerous individual in the community. He does not appear to understand or appreciate the serious nature of

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the charges against him. John acknowledges that he knew what he was doing was wrong, but that he went along anyway because he did not want to disappoint his co-offenders.

John's pattern of behavior is common to many delinquent youths. Coinciding with the onset of adolescence, John joined a youth gang, began to ditch school and defy authority, and involved himself in repeated violations of the rights and property of others. Probation supervision in the community and referral to the probation department's camp community placement program have proved ineffective. John appears to be content to drift aimlessly through life in a hedonistic fashion seizing whatever opportunity comes up, including criminal activity, with no thought of the consequences. He has made little to no effort to obtain job skills or to prepare himself to live independently as an adult. John's immaturity and need for approval from older gang members have led directly to his involvement in the instant offense.

John does not appear to be an appropriate candidate for commitment to state prison. He is, after all, only sixteen years old. There have been minimal prior rehabilitative efforts. John's small stature, immaturity, and passive nature would make him a vulnerable target for older, more hardcore inmates in a state prison setting.

Given the current Superior Court charges, California Youth Authority jurisdiction over John's case would extend to age twenty-five. John appears to be capable of materially benefiting from California Youth Authority programs of continuing education, counseling, and participation in work experience/vocational training. Commitment to the California Youth Authority, as opposed to housing in the California Youth Authority pursuant to Section 1731.5(c) WIC, would require John to appear before the Youthful Offender Parole Board on an annual basis to assess his progress in program and to assess his readiness for parole. Sufficient time remains in the jurisdiction and confinement time available to effect needed attitudinal and behavioral changes.

#### RISK ASSESSMENT

John denies suicidal ideation or intent. There is no indication that he is assaultive or aggressive toward others. John is extremely small-statured and quite slender. He could easily become a victim of larger more predatory inmates. It is also noted that he suffers from asthma.

There is no history of escape from an institutional setting. John is quite unsophisticated in a criminal sense.

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#### PSYCHIATRIC EVALUATION

#### REASON FOR REFERRAL

This evaluation is part of a court-ordered 90-day diagnostic study. Defendant was informed of my identity and the purpose of the interview. He was, furthermore, told that the information he provided me might be used in the report, and could have significant bearing on the disposition of his case.

#### PRIOR PSYCHIATRIC/PSYCHOLOGICAL EVALUATIONS

No prior psychiatric evaluation was recorded in the file.

#### METHOD OF EVALUATION

One-hour clinical interview with the defendant and review of records in file, including the Probation Officer's Report.

#### BACKGROUND INFORMATION

Family and background information are detailed in the social history (q.v.). Briefly, according to the defendant, he was born and raised in the Los Angeles area. He is the oldest of three children. He has two younger sisters, ages 11 and 14. The defendant stated that his parents separated when he was 7 years old. He said that presently he has no contact with his mother or father, and does not know where they are living. According to the referral documents, his mother lost custody of the minor, due to her drug usage (rock cocaine).

At the time of his arrest, he said that he was living with his grandmother, grandfather, and two younger siblings. He said that his grandfather is a retired security guard. When asked about conflicts with his grandparents, he said that problems at home relate to his not going to school, and staying out with gang members from 24 hours up to three days. His grandmother had stated that she "does not have any control over him. He is difficult and uncooperative at home. He will not attend school." She had also stated that she was aware that the defendant is a gang member.

According to the defendant, he completed the 9th grade while in camp. He said that he was not attending school at the time of his arrest "because I had too many enemies (gang related)." He said that he had been expelled from school in the 8th grade for truancy. He was not employed and has no work history. Medical history is unremarkable, except for bronchial asthma since early childhood for which he is taking Theodor, and some residual effects of a fractured ankle sustained when he was 9 or 10 years old.

When asked about the use of drugs or alcohol, he stated that he "tried beer last year--didn't like it. Was using marijuana for 6 or 7 months, about 3 times a week." According to the information in the Fitness Report, he had told

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the Probation Officer that he began smoking marijuana when he was 15 years old and uses marijuana approximately 4 times a week. When asked about gang-related activity, he stated that he was in a "Bloods gang" for two years prior to his arrest, adding that he was "jumped in," when he was 14 years old. He described it as a "very big gang." When asked about gang activities, he replied, "Don't know." He said that his gang moniker is "Deko." When asked what his moniker means, he also replied, "I don't know."

When asked about prior offenses, the minor said that he had only one prior offense, when he was 15 years old, for robbery, for which he went to camp for several months. According to his juvenile record, the minor has had three prior offenses. He was arrested when he was 14 years old for armed robbery, (vehicle theft) for which he was ordered to CCP. When he was 15 years old, he was again arrested for having a handgun on probation and possession of a weapon at school for which he was also ordered to CCP. About 3 months later (about 4 months prior to the instant offense), he was arrested for reckless driving and taking a vehicle without owner's consent.

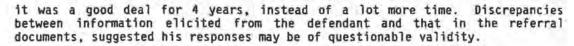
The current offense occurred when the defendant was 16 years old. He was charged with armed robbery involving the use of a shotgun. According to the Probation Officer's Report submitted 8-19-93, the defendant and three accomplices entered Cen-Fed Bank. . .armed with a semi-automatic handgun and a sawed-off shotgun at about 1:40 p.m., and announced: "This is a robbery. Everyone get down!" When asked about the circumstances of the bank robbery, he replied that it was not gang related, stating, "I robbed a bank--don't want to talk about it because I want to forget about it."

#### MENTAL STATUS EXAMINATION

The defendant is a 16-year-old Black male of short stature and slight build. He is about 5 feet, 6 inches tall, and weighs approximately 125 pounds. He has no noticeable tattoos. He was dressed in institutional garb, neatly groomed, and appeared to maintain good personal hygiene. He showed no unusual mannerisms or expressions. His attitude toward the interviewer was passively compliant and courteous. Throughout the interview, he was calm, pleasant, and attentive. However, he declined to discuss matters pertaining to himself, gang-involved activities, or the present offense. He appeared to be in no apparent distress. He was alert and fully oriented for time, place, and person. There was no evidence of memory impairment or other signs of organicity. His speech was clear, and verbal responses were coherent and relevant to the subject matter. Cognitively, he appeared to be functioning within the low-average intellectual range, based upon vocabulary and verbal responses. Thought content was negative for psychotic or delusional material. Thought processes were organized and goal-directed. He had sufficient insight into his present personal and legal problems. He demonstrated a correct understanding of the sentencing process, as well as the the purpose of the 90-day evaluation, stating that he "took a deal because

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#### FINDINGS AND CONCLUSIONS

There are no signs of psychosis or impaired mental functioning on mental status examination.

The minor was on probation for robbery at the time of his present arrest. He had been released from camp about 11 months prior to the instant offense. He had been a member of a criminal street gang since 14 years of age. His juvenile record indicates a pattern of criminal behavior, starting at age 14, to the time of the instant offense. He had been ordered to CCP for two prior offenses. Performance under probation supervision was described as marginal to unsatisfactory, and he continued to have adverse contact with law enforcement, and continued to participate in gang activity. In the present offense, the investigating officer stated that the minor "had not displayed any remorse." According to the Probation Officer's Fitness Report evaluation: "Criminal behavior has continued to escalate in seriousness. (Defendant) does not have any respect for authority and/or adults, and rehabilitative efforts, CCP, and HOP have been ineffective."

#### DIAGNOSIS (PER DSM-III-R CRITERIA)

Axis ·I: 1) 312.20 Conduct disorder, group type

Severity: severe, with strong antisocial traits

2) 305.20 Cannabis abuse, in incarceration remission

Axis II:

Developing antisocial personality disorder

Axis III:

No contributing Axis III diagnosis

#### RECOMMENDATIONS

At the present time, the minor states that he is "going to stop gangbanging because of the trouble you get into with people you know." He states that he hopes that he can continue school while incarcerated at CYA, and then continue with college after he is released. He said that he hopes to become a lawyer or a probation officer "because it's easy money."

In summary, although the minor's past history is inconsistent with interest in educational or vocational pursuits, he may, at this time, benefit from education and vocational programs at the Youth Authority, as well as avoiding the negative influence of older, hardcore criminals in an alternate facility at this juncture.

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Date Dictated: December 28, 1993

Date Typed:

December 28, 1993

Dictated by

Harold H. Kates, M.D., Staff Psychiatrist Diplomate, American Board of Psychiatry & Neurology

Reviewed by:

SMaron Rose Blosl, LCSW, Supervising Casework Specialist II

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| Ward !   | Name: WHITE JOHN LEE   | YA# (D14171817)   |
|--|--|---|
|  | (last name, first, middle) 1-25  | 26-30   |
| ununary  | , invnediately following the Social History or the Psychological/Psychiatric h   | olete this form. When this form is completed at a clinic, attack it to the Clinic<br>Report.  |
| PART   | I. Substance Use Consequences and History  |   |
| 31 - 32<br>33 - 34<br>35 - 36<br>37 - 38<br>39 - 40<br>41 - 42 | 1. Legal Consequences of Substance Use  Enter the number of arrests that were related, either directly or indirectly, to substance use. Total arrests, then multiply.  Crimes Against Persons Property Crimes Dealing Drugs Possession or Under the Influence Driving / Traffic  Total "Use" Related Arrests x 3 = POINT TOTAL O  2. Relationship of Substance Use to Present YA Commitment Enter an "x" by the item that corresponds to the present YA commitment.  Directly Related: part of present commitment offense  | 4. Other Consequences of Substance Use Rate the severity of problems related to substance use in each area. Enter a "0" for no significant problem. a "1" for minor problems, a "3" for moderate problems, or a "5" for major problems. Total scores.  57 |
|  | commitment offense, (e.g., insazionted during a crime,   | 65 Less that 6 months   |
| 45   | Unrelated  | 66 No use   |
| 46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>55<br>55<br>55 | 3. Substance(s) Used Enter a "3" for the primary/preferred drug (if any), used at least 3 months. Only one drug may be marked with a "3". If the ward has more than one primary/preferred drug, enter a "3" for the higher weighted drug. Enter a "1" for any substance used on a more than experimental basis (at least 5 times). Multiply the numbers entered times the drug weights, then total.  Opiates (heroin, morphine,)  Cocaine / CRACK  2 (3) =  Cocaine / CRACK  3 (3) =  PCP  Designer Drugs  4 (2) =  Hallucinogens  7 (2) =  Marijuans  Downers / Depressants  Alcohol  Uppers / Stimulants  L (1) =  Inhalents (volatile substances)  None  POINT TOTAL  / b | 6. Frequency of Use Enter the frequency for the highest scoring drug.  67 Frequent binges   |
| _  |  | 78 - 80   |
| Forma<br>Regul<br>Regul  | an "x" next to the indicated program.  alized Substance Abuse Program  | 83  |
| Overr  | ide recommendation for indicated programming (check yes or   | rno) YES (1) NO ∑(2) 84   |
| Comm   | , indicate recommendation: Formal Program (1) Regular (w/S.A. counseling) nents (Justification for override, or unusual aspects of the war atment decision making. Attach another piece of paper if need   | rd's substance use history that should be taken into consideration  |
|  |  |   |
|  |  |   |
| Com  | Date Complete Diana Lus  | ed: (mm-dd-yy) (12) (16) (9.3) 86-91  ECK Location Code: (2) 12 92-94   |
|  |  |   |



See separate instructions for details regarding completion. When this form is completed at circle, attach to cleric summer immediately following the substance abuse profile. When completed for annual review or member, attach to the applicable cases reports. When completed for parely evolution, recommitment of additional communities, this form in the field file under the section equilibrium of the

| 1    | M A 4 O O   | WHITE JL   |
|------|---|--|
| _    | YA or M # (1-5)   | Offender's Last Name, First Initial (6-19)                                       |
| ī. · | Years (rounded) of confinement time or maximum confinem           |  |
|      | time for M #'s (from court order):                                | or runaways or any history of arson or sex offenses:                             |
|      | One to three 0  | or ranamajo or any mounty or a son or son or |
|      | Four to six 1   | NOTE: A "yes" on item 10 permanently excludes offender                           |
|      | Seven or more 3 / (20)  | from camp consideration.   |
|      | Number of incidents involving assault or weapons in non-          |  |
|      | placements:   | Yes B (34)   |
|      | None 0  | 11. Offender meets one or more additional camp exclusionary                      |
|      | One 1   |  |
|      | Two or more 2 (21)  | criteria as defined in the I&C Program Catalogue:                                |
|      |   | No A A   |
|      | Age at first sustained petition/conviction:<br>Fifteen or under 1 | Yes B(35)  |
|      |   | ************************   |
|      | Sixteen or older 0  | TOTAL Add five points to SUBTOTAL B if "yes" was indicated                       |
|      | Number of documented runaways/escapes from home, grou             | on either item 10 or 11 and enter total here:                                    |
|      | foster home, non-secure county ranches/camps:                     | 0 5 (36-37)  |
|      | None 0  |  |
|      | One 1   | NOTE: If "yes" was indicated on both, add only a total of five                   |
|      | Two or more 2(23)   | points   |
|      | Number of documented escapes, conspiracies to escape for          | rom   *  |
|      | prior secure facilities or any YA facility (including can         | nps)   |
|      | during this or previous stays:                                    |  |
|      | None 0  |  |
| 1.5  | One 1   | INDICATED PROGRAMMING  |
|      | Two or more 3(24)   |  |
| 6.   | Gang activity or identification/association as indicated on G     | ang Limited 0-4 A  |
|      | Information Sheet (Form YA 8.430):                                | Moderate 5-10 B  |
|      | None 0  | Medium 11 - HI C (38)  |
|      | Yes 1/ (25)   |  |
| 7.   | Number of YA Level "B" DDMS true findings:                        | Custody/Security Override If reviewer believes that total score                  |
|      | None 0  | does not accurately match Custody/Security Level appropriate for                 |
|      | One 3   | offender, indicate appropriate level below. What Custody/Secu-                   |
| - 1  | Two or more 5   | rity Level is appropriate? Does offender need "Close" Custody/                   |
| 8.   | Number of YA Level "B" DDMS true findings involving               | as. Security? If so, fully document on reverse.                                  |
|      | sault, battery (including sexual attack), or weapons:             |  |
|      | None 0  | Limited A  |
|      | One 1   | Moderate B   |
| - 2  | Two or more 2 (27)  | Medium C   |
|      | **********************  | . Close D (39)   |
| SUB  | BTOTALA   |  |
| (Ad  | id scores from items 1 - 8):                                      | 29)  |
|      |   | 2 1 2 2  |
| 9.   | For reclassification only: One point for every two consecu-       | nive Scane Tubers  |
|      | months offender has participated in program with no ser           | ions   |
|      | problems reported (offenders earn one point for each such me      | Onth. Prepared by Approval   |
|      | in camp):   | SRCC 03.02.94  |
|      | (30-  |  |
|      | ************************  | (40-45)  |
| SUE  | BTOTALB   | - Reason completed:  |
|      | buract points from item 9 from Subtotal A) - if 9 is greater      |  |
| Sub  | total A, enter "00":  | Annual 2   |
|      | 0 3 (32-  |  |
|      |   | Parole Violator/ 4   |
|      |   | Recommitments (46)   |
|      |   | 7-1-11   |

WHITE JOHN STATE OF CALIFORNIA DEPA TMENT OF THE YOUTH AUTHORITY WARD EMPLOYMENT DEVELOPMENT PLAN - PHASE I - CLINICAL EVALUATION ra 7.-50A (3/88) Page 1 YANUMBER: WARD'S NAME: AGE: DATE OF MOST RECENT ADMISSION: DATE OF BIRTH: HEALTH/MEDICAL INFORMATION HEARING MEDICATION E VISION Standard Standard None Yes - No Need Wears Glasses Wears Hearing Aid Needs Glasses Needs Hearing Aid For Concern Yes - May Affect Behavior Health problems or physical handicaps which may affect program decisions have been identified. Consultation with medical staff is advised. Problem identified: Medical section completed by: (Initial) LANGUAGE SURVEY Speech and Language Screening Test 1. First language learned: English Spanish Other Passed English 🖸 2. Language used most at home: Spanish Other Failed - See education file for results English E Spanish Other Language used with parents: of full evaluation 4. Language used most by adults at home: English Spanish Other Screening test not administered " If any answers other than English, administer Language Assessment Scale to determine English proficiency. EDUCATIONAL BACKGROUND (As reported by ward. Verify when transcripts are received.) LAST SCHOOL ATTENDED: Doesn't Know the Name CITY: Los Angeles GRADE: 10 TYPE OF SCHOOL LAST ATTENDED: HAS PREVIOUSLY BEEN PLACED IN SPECIAL EDUCATION. REGULAR HIGH OR ADULT OR COMMUNITY COM./JR. COLLEGE JUNIOR HIGH SCHOOL COURT SCHOOL CONTINUATION TRADE OR VOCATIONAL SCHOOL SCHOOL yrs. 2 mos. (If can't say how long, give age or date last attended. HOW LONG SINCE LAST ATTENDED: WAS ATTENDING SCHOOL WHEN ARRESTED OR VIOLATED: ☐ WAS NOT ATTENDING SCHOOL: ☑ REASON NOT ATTENDING: SUMMER QUIT OR EXPELLED OR GRADUATED DROPPED OUT PASSED GED VACATION SUSPENDED П М . BSERVATIONS DURING TESTING OBSERVATIONS APPLY TO: THE WARD'S BEHAVIOR DURING TESTING WAS APPROPRIATE ACADEMIC TESTING THE FOLLOWING BEHAVIORS WERE OBSERVED AND SHOUT D BE CONSIDERED IN ASSESSING THE VALIDITY OF THE TEST RESULTS. **VOCATIONAL TESTING** 

☐ Random marking of the academic tests☐ Random marking of the vocational assessments

Did not or would not follow instructions

Did not make an effort

Disruptive behavior

Had difficulty concentrating on tasks

Did not pay attention (e.g. daydreaming)

Frequently complained about being tested

E

Gave up easily

FI- Ameared extremely tired

| The second secon | d OBJECT                   | IVES FER                               | ======          | =======<br>CE'REPDAT  | =====  | ===                                  | REFERT SA             | ======  | aw-Hill<br>EEEEEE<br>Nev 93             |
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| Antonyms   |                            |  |                 | NUTOE   |  |                                      | 72                    |   |   |
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| Affikes .  | 24 4                       | 3/4                                    | +.              | Fracia  |  |                                      | 9                     | 5/41  |   |
| words in Conts   |                            | 3/14                                   |                 | MESSU   | -sweuz   |                                      |                       | 3/5   |   |
| Reading Comprehens   | 1200                       |  |                 | Eacus:  |  |                                      |                       | 4 4   | +                                       |
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| Sentral Indugat  |                            | 477                                    |                 | Begin   | 310g W   | ars                                  | E. Tit es             | 115   |   |
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|  |                            | ₹/1                                    |                 |   |  |                                      | տու Հասու             | 0/1/3   |   |
| With the second second   |                            |  |                 |   | "EaCin   |                                      | 11-11-1-1             | 178   |   |
| Writing Technic  |                            | 5, 5                                   | -               | -=12-398  |  | _                                    | e e                   | 46.8  |   |
| Math Computation   | 000                        |  |                 |   |  | 22-                                  |                       | 3/4   |   |
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| WHITE:                                  | JOHN PSP AGE: 16 Y   |  |
|---|--|--|
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| CA                                      | ASE-R PROFILE (INTERESTS)  | WORK HISTORY   |
| For each work are                       | a, the CASER shows the number of Jobs liked and the number dis-  | Ed9101E3:  |
|   | . Please see the CASE-A TENUAL for help with interpretation.   |  |
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|   | derest to using deresta skills or coing derest twoss of work.  | 1  |
|   | TIC INVESTIGATIVE ANTISTIC SOCIAL ENTERPRISING CONVENTIONAL  | i character of   |
| 4E1987: 26                              | 4 6 2 33 9   | POSITION WELD:   |
| ************                            |  |  |
|   | OCATIONAL GOALS/PREFERENCES:   |  |
| 1. SALESMAN                             |  | 1 (2014) 2020 (2014)   |
| 2. MECH<br>S. PLYMBER                   |  | RESEDN FOR LEAVING:  |
| J. SCHOOL                               |  |  |
|   | APTITUDE/ABILITY ASSE  | ESSMENT  |
|   | *  |  |
|   | res are based on three tests: the FEARODY PICTURE VOCABULARY TEST  |  |
|   | ures general vebal skills necessary for working with words, numbe<br>s performance abilities such as non-verbal reasoning, space and f |  |
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| 1150 F 4(10 min little at a little      | SCALED .   | ABILITY  |
|   | SCORE  | LEVEL  |
| VERBAL ABILI                            | 200, 1   | Below Average  |
| PERFORMANCE                             |  |  |
| INGER DEXTE                             |  | y District Table   |
| MANUAL DEXTE                            | ERITY 316   x  | [   Below Average  |
|   | 250 500 400 500  | 600 700 750  |
| ocale                                   | 250 300 400 500  | 600 700 750  |
| /alues:                                 | BELOW LOW HIGH   | ABOVE **-  |
|   | A 40 A2  |  |

| RD'S PHYSICAL CONDITION  |   |                          |
|--|---|--------------------------|
| ck one: This person <u>does not</u> have a pl<br>correctional program. | hysical condition which limits cap  | acity to participate in  |
| program  | ndition which limits capacity to p  | participate in a correct |
| RIBE THE LIMITING CONDITION AND IMPACT IT HA                           | S ON PROGRAM PLACEMENT.   |                          |
| This p   | even her asthmere   | ٠,                       |
|  |   |                          |
|  | 1   |                          |
|  |   |                          |
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|  |   |                          |
| sto w  | Title 16/6  | NOV 5 1993               |
| Huu Vo. M.D.   | CNO IN  | NOV 5 1993               |
| KING OF ONGOING DENTAL CARE COES THIS WARD                             | DENTAL STATUS REPORT  |                          |
| LEATMENT IN PROGRESS:  |   |                          |
| ) May be completed at another i  | nstitution  |                          |
| ) Complete before camp   |   |                          |
| ) Will be on dental mold approx  | neately days.   |                          |
| ) Wall need to resure for treat  |   |                          |
| SEATMENT INDICATED BUT NOT PHOYED                                      |   |                          |
|  | ( ) Patient unawailable   | den DV                   |
| ) Patient  | The National Control of the Control |                          |
| ) Redical complications  | . ( ) Low treatment prior   | The Mark                 |
| uture  | × 2000  | 14. Terris Date          |
| . H.T. Wilson  | CDO 0 + 787   | NOV 0 8 1993             |
| II a Name  | VA Number SRCCWard's Location   | WARD IS PHYSICAL CONDIT  |

#### BEST CORE PROGRAM

Juvenile/Adult

Swing:

Importance Rating 1

Work/Academic/Vocational

Elementary/High School:

Importance Rating 2

Treatment/Management

Regular/General:

Importance Rating 3

Custody/Security

Moderate:

Importance Rating 4

Age/Maturity

Late Adolescence:

Importance Rating 5

#### RECOMMENDED ALTERNATIVE AVAILABLE PROGRAMS

Priority: 1 Number: 10 Title: Nelles-Regular Urgency Rating B

Priority: 2 Number: 35 Title: Paso Robles

Urgency Rating B

It should be noted that John is extremely small physically and institutionally unsophisticated. He could easily be victimized if placed with older, more mature, or physically aggressive wards.

#### RECOMMENDED LONG-RANGE PLAN

John is expected to return to the home of his grandmother upon referral to parole. He should be encouraged to continue his education and obtain some type of trade or vocational graining.

Date: March 2, 1994

Approved

By: 'Joe Kraics, LCSW,

Prepared

By: Diane Lubeck, LCSW

Parole Agent I

jar/Typed: March 24, 1994

Supv. Casework Specialist I

WHITE, John Lee

MA400

SRCC

BEST CORE PROGRAM

@FSBROWSE BACK.AI⊕⊕⊕⊕⊕⊕⊕⊕⊕⊕⊕⊕⊕⊕₩here ... Obs 22792 Screen 1 Command ===>

12-17-99 Sent copy of BPT = In re Shapiro material we rec'd from our training with BPT. Gracie

Date: 12/17/99 Time: 02:54:59 PM





| DATE OF | 2 30  | ETAINER INFORMATION 1   | PERSON TAKING ACTION |
|---------|---|---|----------------------|
|         | WANTED:   |   | 7                    |
|         | CHARGES:  |   |                      |
|         | WARRANT NUMBER:                                     | CASE NUMBER:  |                      |
|         | CALL BACK NUMBER:                                   | COUNTY:   | 100                  |
|         | NAME OF CALLER:                                     | STATE:  |                      |
| 12-8-99 | INITIAL ACTION TAKEN: PA                            | I Bob Hoyman  |                      |
|         | HP5 (213)7  | 44-2306 X123 Called   |                      |
|         | very upset &  | that PAL warrt was  |                      |
|         | not in suster                                       | n + pavised that  |                      |
| - F: 3  | BSEQUENT ACTIONS & TELEPHON<br>SHERIFF'S OFFICE AND | E CONTACTS: (INCLUDES CONTACT WITH POLICE DEP<br>DISTRICT ATTORNEY'S OFFICE WHEN NECESSARY) | ARTMENT,             |
|         | "8" had been  | arrested in Verada  |                      |
|         | for Marder  |   |                      |
|         | 0   | T. Marie  |                      |
|         | A review of   |   |                      |
|         | 7-1-99 the  | board took an action  |                      |
|         | to reassirm   | Suspend date of 42-96   |                      |
|         | There was no  | Shadiro waiver or   |                      |
|         | violation rep                                       |   |                      |
|         | Mr. Houman &  |   |                      |
|         | advised he I  | red not rec'd the shop  | iro ·                |
|         | Waiver back   |   |                      |
|         | ,   | 0   |                      |
|         | Contacted Penny                                     | Schneider (914) 323-408   | 7                    |
|         | to son her to                                       | send belitype to arrest   | cre                  |
|         | samey placin  | a hold  | 0,                   |
|         | 0.0.  |   | W-Almon              |
| JOZO99  | White, Joh  |   | INSTITUTION          |
| 00      | wine, gori  |   |                      |

# DETAINER SUMMARY

| DATE OF,<br>ACTION |                                   | PERSON :<br>TAKING ACTION   |               |  |  |  |  |
|--------------------|-----------------------------------|---|---------------|--|--|--|--|
|                    | WANTED:                           | •   |               |  |  |  |  |
|                    | CHARGES:                          |   |               |  |  |  |  |
|                    | WARRANT NUMBER:                   |   |               |  |  |  |  |
|                    | CALL BACK NUMBER:                 | COUNTY:   |               |  |  |  |  |
|                    | NAME OF CALLER:                   | STATE:  |               |  |  |  |  |
|                    | INITIAL ACTION TAKEN:             |   |               |  |  |  |  |
|                    |                                   | <del></del>   | +             |  |  |  |  |
|                    |                                   |   |               |  |  |  |  |
|                    |                                   |   |               |  |  |  |  |
|                    |                                   |   |               |  |  |  |  |
| BU                 | BSEQUENT ACTIONS & TELEPHON       | NE CONTACTS: (INCLUDES CONTACT WITH POLICE DE<br>DISTRICT ATTORNEY'S OFFICE WHEN NECESSARY) | PARTMENT,     |  |  |  |  |
| 7266               | Contacted PA                      | II Harman to adris  |               |  |  |  |  |
| 7-0-00             | 7.                                | (La)  |               |  |  |  |  |
| 2-9-99             | 1 11 10                           | NOL VIII and  | -             |  |  |  |  |
|                    | yound that I                      | A is responsible for  |               |  |  |  |  |
|                    | Javina a cope                     | y of emergency BPT action   | 4             |  |  |  |  |
|                    | To Interstate                     | so they can teletime &  |               |  |  |  |  |
|                    | detainer to o                     | ther state ( Dom 81060.1  | (5.1)         |  |  |  |  |
|                    | hept message                      | Los PA Hoxman   |               |  |  |  |  |
| 12-17-99           | Spoke to PATI Housenest - advised |   |               |  |  |  |  |
|                    | Thin a Dom                        | procedure. His conce  | ru .          |  |  |  |  |
|                    | now is that                       | BBIS does not indicate "8"  |               |  |  |  |  |
|                    |                                   | of the DD is 8-23-98  |               |  |  |  |  |
|                    |                                   | old him again that OB15   |               |  |  |  |  |
|                    | will not healer                   |   |               |  |  |  |  |
|                    | "" is in Put                      | tody and the DD   |               |  |  |  |  |
|                    | upil Not be                       | changed until sarole  |               |  |  |  |  |
|                    | in reinstate                      | . Our oxice is whiting of   | ine 19 Latine |  |  |  |  |
|                    | NAME                              | W D   | INSTITUTION/  |  |  |  |  |
| DC NUMBER          |                                   |   | - A /         |  |  |  |  |

#### STATE OF CALIFORNIA

# DETAINER SUMMARY

| DATE OF           | THE RESIDENCE AND ADDRESS OF THE PARTY OF TH | ETAINER INFORMATION                         | PERSON<br>TAKING ACTION |
|-------------------|--|---|-------------------------|
|                   | WANTED:  |   |                         |
|                   | CHARGES:   |   |                         |
|                   | WARRANT NUMBER:  | CASE NUMBER:                                |                         |
|                   | CALL BACK NUMBER:  | COUNTY:                                     |                         |
|                   | NAME OF CALLER:  | STATE:                                      |                         |
| -                 | INITIAL ACTION TAKEN:  |   |                         |
|                   |  | <del></del>                                 |                         |
|                   |  |   |                         |
|                   |  |   |                         |
| SU                | BSEQUENT ACTIONS & TELEPHON  | E CONTACTS: (INCLUDES CONTACT WITH POLICE D | EPARTMENT,              |
| them Mark         | 11   | DISTRICT ATTORNEY'S OFFICE WHEN NECESSARY   | 1                       |
|                   | Maguer Waire   |   |                         |
|                   | hearing pa   | exage before we ca                          | *                       |
|                   | Calculate! de  | he  |                         |
|                   | DD. He sai   | are   |                         |
|                   | the signed of  | 1   |                         |
|                   | asked what   | do we do y sio                              |                         |
|                   | Shapers Warner   | I so freed, I could no                      |                         |
|                   | give him dire  | retion. Ne will check on h                  | pend.                   |
|                   | Sent email to  | PATE Horman                                 |                         |
|                   | regarding DOT.   | n procedure + Inst.                         | 120                     |
|                   | Memo CR 9  | 7/08.                                       | XV AMMSO                |
|                   |  |   | 1 00                    |
|                   |  |   |                         |
| -                 |  | 1   |                         |
|                   |  | * *   |                         |
|                   |  |   |                         |
| NUMBER<br>020 9 9 | White, So  | 1   | enstitution CRS         |
| 00077             | while, so  |   | 0/10                    |

1

DEPARTMENT OF CORRECTIONS
Case Records South
9160 Cleveland Avenue, Suite 101
Rancho Cucamonga, Ca. 91750
909-484-3700



## **FAX TRANSMITTAL**

| TO: ROBERT HOFFMAN/HPRK#5.   |      |
|--|------|
| DATE:8/30/99   |      |
| FROM: 1 homas - CASE RECORDS SOUTH  (909) 484-3727  FAX#: (909) 484-3784   |      |
| NUMBER OF PAGES SENT: _ 1 & COVER  |      |
| MR. HOFFMANI, Please Call ME ASAP and inform most the STATUS of Parolee (See Attrachment). I weed to know if you have submitted a Shapino warver and/or Completed A BOAMD Report. If I'm not Available when you Call, Please leave information on my Voice-Main.  Thank you. | E NW |



FORM DSL 290:

### ABSTRACT OF JUDGMENT - PRISON COMMIT 2NT SINGLE OR CONCURRENT COUNT FORM

|   | ERIOR<br>IICIPAL   | } co   | URT OF                          | CAL  | FORNIA,   | COUNT   | Y OF _   | LOS AN   | GELES                          | 3  |  | - [                                      |  |         |             |      |         |         |               |
|---|--|--|---------------------------------|--|---|---|--|--|--------------------------------|--|--|--|--|---------|-------------|------|---------|---------|---------------|
| COURT (   | (I.D.)   | BR   | ANCH                            | OR JU  | DICIAL D  | ISTRICT   | :  | WEST   |                                |  |  | -  |  |         |             |      |         |         |               |
| PEOPLE OF T<br>DEFENDANT:<br>AKA:   | HE STA   |  |                                 |  |   | 5   |  | X PRI  | 7.7.                           | SA014  | 380  |  |  |         |             |      |         |         |               |
| COMMITMEN<br>ABSTRACT O   | T TO S   |  | RISON                           |  |   |   |  | NDED TRACT   | PRESENT                        |  |  |  |  |         |             |      |         |         |               |
| DATE OF HEARING   |  |  | 01                              | PT, NO   | -   | 1   | UDGE   | Innui 🗀  |                                |  | CLERK  | -  | _  | -       | _           |      | -       |         | -             |
| JAN 5   | , 19   | 94   |                                 | WE   |   |   | ROBE   | RT THOM  |                                |  |  | C LEV                                    | _  | _       |             |      |         |         |               |
| P BRAI  | DEOB   | D  |                                 |  |   | BARS  |  |  | 1 2 2 7 2 2 2                  | FOR DEFENDANT  | ADC  | 1  | PROBA  |         | 0. OR P     |      | ION OFF | ICER    |               |
| 7 - 10 - 10 -   |  |  | COMMISS                         | SION OF  | VI. 11  |   |  | IATE FELONY/MISOEM   | -                              | MEIDO  | ADC  | 1  | 1  | _       | 131         | 300  | 0 /     |         |               |
|   |  |  |                                 |  |   |   |  |  |                                |  | -  | DATE                                     |  | co      | NVICTE      | 0    | T       |         |               |
|   | ſ  | COUNT  | CODE                            |  | econos  | NUMBER  |  |  | CRIME                          |  | YEAR CRIME<br>COMMITTED  | CUNVIC                                   | IIUN   | -       |             | -    | 2       | TIME IN | <b>IPOSED</b> |
|   | -  |  |                                 |  | -   | HOMOCH  |  |  |                                |  |  | MO DAY                                   | -  | TRAN    | THE         | 2    | -       | _       | MONTH         |
|   |  | 1_   | PC                              | 21   | 1**   | _   |  | ROBB   | ERY 2                          | ND   | 93   | 09 17                                    | 93   |         |             | X    | M       | 3       |               |
| For each count if Add up time for   | ist enhance  | ements hort  | zontally. Er                    | iter time  | imposed for e   | each or "5 to   | or stayed or s   | ries) including WEAPO<br>tricken, OO NOT LIST (  | NS, INJURY,                    | LARGE AMOUNTS<br>s charged but not fo  | OF CONTRO  | LLED SUBSTAN<br>stricken under           | CES, BAIL :<br>1385.   | STATUS  | ETC.        |      |         |         |               |
| Count   | Er   | hancement  | Y                               | 2 or 2   | Enhan   | cement.   | Yrs or "S  | Enhancemen   | t Yrs                          | or "S" Enha  | ncement  | Yrs or "S"                               | Er   | hancen  | wint        | Yrs  | or 'S   | To      | tal           |
| 1   | 120  | 22.A   | 1                               | 1  |   |   |  |  |                                | 1.   |  |  |  |         |             |      | ]       |         |               |
|   | E  | nhancemen  | · 1                             | rs or 'S'  | Enhar   | ncement   | Vrs or 7   | Enhancemen   | t Yrs                          | or 'S' Enh   | incement   | Yrs or "S"                               | Enl  | hancen  | ent         | Yrs  | or '5'  | To      | ich           |
|   |  | nhancemen  |                                 | is or "S"  | Enhar   | ncement   | Yrs or 7   | Enhancemen   | d Vrs                          | or 'S' Enh   | incement   | १८ क 2                                   | Ent  | hancem  | ent         | Yrs  | or .2.  | To      | otal          |
|   | S:   |  | <u></u>                         |  | Enhar   | ncement   | Yrs or 7   | Enhancemen   | d Yrs                          | or S' Envi   | ancement   | Yre or S                                 | Enl  | hancem  | ent         | Yrs  | or .2.  | To      | otal          |
| 5. TIME STAYED §  | 5 1170.1(g)<br>MPOSED:   | (DOUBLE  | BASE LIMI                       | ŋ:   |   |   |  |  | d Yes                          | or S' Envi   | uncement   | Yes or S                                 | Enl  | hancenv | ent         | Yrs  | 4       | Te      | otal .        |
| 5. TIME STAYED 9 5. TOTAL TERM IN 7.   THIS SENT  | 5 1170.1(g)<br>MPOSED:<br>TENCE IS TO  | (DOUBLE  | BASE LIMI                       | ŋ:   | Enhar   |   |  |  | d Yes                          | or 'S' Envi  | incement   | Yre or S                                 | Enl  | hanceny | ent         | Yrs  |         | Te      | otal          |
| 5. TIME STAYED 9<br>6. TOTAL TERM IN<br>7.  THIS SENT   | ST170.1(g) WPOSED: TENCE IS TO SENTENCE  | (DOUBLE<br>O RUN COM   | BASE LIMI                       | T):<br>WITH AU   |   | COMPLETED   | O SENTENCES  |  |                                | D. C AT RESEN  |  | URSLANT TO R                             |  | E.[     |             | 1    |         | To      | otal          |
| 5. TIME STAYED 9 6. TOTAL TERM IN 7. THIS SENT 8. EXECUTION OF A K AT INI 9. DATE OF SENTE  | 5 1170.1(g) MPOSED: TENCE IS TO SENTENCE TIAL SENTING  | (DOUBLE D RUN COM E IMPOSED: ENCING  | BASE LIMI                       | T): WITH AV AT RESIDECISION C T  | IY PRIOR UN   | COMPLETED   | D SENTENCE<br>TO C.  | S):  AFTER REVOCATION  | ON OF                          | D. AT RESEN  | TTENCING PI  | URSUANT TO R                             | ECALL.<br>STATE II   | €.[     | ] отн       | 1    | 4       | ]coc    |               |
| 5. TIME STAYED 9 6. TOTAL TERM IN 7. THIS SENT 8. EXECUTION OF A AT INIT 9. DATE OF SENTE (MO) (DAY) (YR) 10. DEFENDANT IS    FORTH                       | STITO.1(0) APOSED: FENCE IS TI SENTENCE TIAL SENTING ENCE PRON 1-5- REMANDE  | O RUN COM E IMPOSED: ENCING YOUNCED 94 UT TO THE C                           | BASE LIMI                       | AT RESIDECISION  OF THE STATE O | IY PRIOR UN<br>ENTENCING P<br>IN ON APPEA<br>RESPENT<br>CUSTODY   | COMPLETED TOTAL I 31 E 6 OBLOFF OF OF THE             | D SENTENCES TO C. DAYS B D:  | S):  AFTER REVOCATION  | ON OF ACTUAL LOC TIME 212      | D. AT RESEN  | TTENCING PI<br>TTMENT (PC<br>ICAL CONDU<br>IEDITS  | URSUANT TO R<br>\$ 1170(d)<br>DCT<br>106 | STATE IN   | E.[     | OTH         | MER_ | 4<br>C  |         |               |
| 5. TIME STAYED 5 6. TOTAL TERM IN 7. THIS SENT 8. EXECUTION OF A AT AT INIT MEASURE (MO) (DAY) (YR) 10. OEFENDANT IS X FORTH SUNDA                        | STITTO.1(g) MPOSED: TENCE IS TO SENTENCE TIAL SENTING ENCE PROP THE SEMANDE MINISTRATION THE SEM | (DOUBLE O RUN CON E IMPOSED: ENCING NOUNCED O TO THE ( S. URDAYS, OLIDAYS    | BASE LIMI                       | AT RESIDECISION  OF THE SIMPLE CONTRACTOR OF T  | IY PRIOR UN<br>ENTENCING P<br>IN ON APPEA<br>ME SPENT<br>ICUSTODY<br>ILERIFF, TO BI<br>TO THE CUST<br>TO PRICE OFFI<br>TO THE CUST<br>TO THE | TOTAL L  31.8 E DELIVEREI OOF OF AT THE IDANCE ED AT: | D SENTENCE:  DAYS  B D:  | AFTER REVOCATION PROBATION  INCLUDING:  CALIF. INSTITUTION REVOMEN – FRONTERA  OTHER (SPECIFY):  CLERK 050 | ON OF ACTUAL LOC TIME 21: OR C | D. AT RESEN  AL LO  CF  CALIF, MEDICAL  FACILITY – VACA  3 SAN QUENTIN                 | TTENCING PI<br>TTMENT (PC<br>ICAL CONDU<br>IEDITS  | URSUANT TO R                             | STATE IN   | E.[     | OTH         | MER_ | 4<br>C  | ]coc    |               |
| 5. TIME STAYED 5 6. TOTAL TERM IN 7. THIS SENT 8. EXECUTION OF A AT INIT 9. DATE OF SENTE (MO) (DAY) (YR) 10. CEFENDANT IS EXCLUS SUNDA  I hereby certify | STATE OF THE PROPERTY OF THE P | (DOUBLE O RUN CON E IMPOSED: ENCING NOUNCED O TO THE ( S. URDAYS, OLIDAYS    | BASE LIMI                       | AT RESIDECISION  OF THE SIMPLE CONTRACTOR OF T  | IY PRIOR UN<br>ENTENCING P<br>IN ON APPEA<br>ME SPENT<br>ICUSTODY<br>ILERIFF, TO BI<br>TO THE CUST<br>TO PRICE OFFI<br>TO THE CUST<br>TO THE | TOTAL L  31.8 E DELIVEREI OOF OF AT THE IDANCE ED AT: | D SENTENCES TO C. DAYS B D:  | AFTER REVOCATION PROBATION  INCLUDING:  CALIF. INSTITUTION REVOMEN – FRONTERA  OTHER (SPECIFY):  CLERK 050 | ON OF ACTUAL LOC TIME 21: OR C | D. AT RESEN  AL LO  CF  CALIF, MEDICAL  FACILITY – VACA  3 SAN QUENTIN                 | TTENCING PI<br>TTMENT (PC<br>ICAL CONDU<br>IEDITS  | URSUANT TO R                             | STATE IN   | E.[     | OTH         | MER_ | 4<br>C  | ]coc    |               |
| B. EXECUTION OF  A AT INIT MEARIN  9. DATE OF SENTE (MO) (DAY) (YR)  10. DEFENDANT IS  AFTER  AFTER   | STITO.1(a) APOSED: TENCE IS TI SENTENCE TIAL SENTING ENCE PRON 1-5- REMANDE WITH 148 HOURS JOING SATI AYS AND H  | (DOUBLE  O RUN COM  E IMPOSED: ENCING  YOUNCED  YOUNCED  S, URDAYS, IOLIDAYS | BASE LIMI CURRENT  B. CUSTODY C | AT RESIDECISION  OF THE SI  OF TH | ENTENCING PIN ON APPEAR REDIT FOR ME SPENT COUSTOOL DIERRIFF, TO BI TO THE CUST TO THE CUS  | TOTAL IS BE DELIVERED ON OF OF AT THE IDANGE ED AT:   | D SENTENCES TO C. DAYS B DEPT TO THE TOTAL TO THE T | AFTER REVOCATION PROBATION  INCLUDING:  CALIF. INSTITUTION REVOMEN – FRONTERA  OTHER (SPECIFY):  CLERK 050 | ON OF ACTUAL LOC TIME 212 OR C | D. AT RESEMAND OF COMMINAL LO CP  CALIF, MEDICAL FACILITY - VACA  SAN QUENTIN  YA PURS | TTENCING POINT (PC) LECATOR  VILLE  TO  Triangle of the control  Triang | URSUANT TO R 15 1170(a) 106 106 1731     | STATE IN  F. INSTITUTION  F. I | E.[     | TIONS  W. I | NER_ | 4<br>C  | ]coc    |               |

ADVISE

- B) If criminal charges pending: complete regular contacts with out of state agency to follow up on charges. If convicted, the Parole Agent will need to submit a copy of the sentencing documents from other state, along with the CDC 1502 (Activity Report) and

Suspend Discharged Please return documents to: CRAnalyst by Phone: (909) 484-3727 Fax: 909-484-3784

PRRD/RRD

| ** CONFIRMATION REPORT **             | +        |        |        |       | • |
|---------------------------------------|----------|--------|--------|-------|---|
| TRANSMISSION TRANSACTION(S) COMPLETED |          |        |        |       |   |
| NO. DATE/TIME DESTINATION             | DURATI   | ON PGS | STATUS | MODE  |   |
| 853 OCT. 1 11:57 HPARK COMPLEX        | 0- 00. 3 | 3. 001 | ок     | N ECM |   |
|                                       |          |        | 1      |       |   |

| Dat | e: 83199  |
|-----|---|
| To: | Attention: Unit Supervisor . Attention: District Administrator  |
| Na  | First Notice Sent 8 31 99 Second Notice Sent: 10-1-99  me: WM+2; Dhn - CDC #: J09099  |
|     | ntative Discharge Date (TDD) 8/23/28. OBIS Status:  |
| nee | e parolee listed above appears as a discrepancy on the Tentative Discharge Date (TDD) list and did to be resolved by the parole unit. Please review the field file and provide the following ormation depending on the unit recommendation: |
| 1)  | Want was cancelled on, OBIS Reason Out OF STATE ARREST  |
| •   | If the unit decision is to reaffirm the Pal effective and re-issue warrant: complete the attached Miscellaneous Decision and submit with an updated CDC 600.  |
| •   | If the unit decision is to discharge, complete a CDC 1524 A (5 year - Parolee At Large Review), BPT 1130 (Central Office Calendar) and include an updated CII / FBI Rap sheet.  |
| ٠   | If the unit decision is to discharge due to "death": submit a copy of the Death Certificate or Coroner's Report, with the CDC 1502 (Activity Report).   |
|     | If the unit decision is to reinstate with time loss: complete a CDC 1502 (Activity Report), BPT 1130 (Central Office Calendar) signed and dated by the Unit Supervisor or Administrator and a BPT 1102 A (Absconder's Waiver).              |
|     | If the unit decision is to reinstate with No time loss: complete a CDC 1502 (Activity Report) and a BPT 1130 (Central Office Calendar) signed and dated by the Unit Supervisor or Administrator.  |
|     | If the parolee was arrested on local charges: submit a CDC 1676 (Violation Report).   |
|     | If the parolee was arrested out of state:   |

| · CONFIRMATION REPORT · · |       |         |        |      | * |
|---------------------------|-------|---------|--------|------|---|
| TRANSMISSION              |       |         |        |      |   |
|                           |       |         |        |      |   |
| NO. DATE/TIME DESTINATION | DURAT | ION PGS | STATUS | MODE |   |

| 9.   |  |
|--|--|
| Date: 8 31 99  | ATTACHMENT A   |
| To: HPRK #5 Parole Unit  | r.   |
| Attention: Unit Supervisor First Notice Sent 8 31 99   | Attention: District Administrator Second Notice Sent:  |
| Name: White, John  | CDC#: J03099   |
| Tentative Discharge Date (TDD) 8/23/92   | OBIS Status:   |
| The paroles listed above appears as a discre-<br>needs to be resolved by the parole unit. I<br>information depending on the unit recommenda- | pancy on the Tentative Discharge Date (TDD) list and<br>Please review the field file and provide the following<br>ation: |
| 1) Want was cancelled on   | OBIS Reason OUT OF STATE AWAST   |
| If the unit decision is to reaffirm the F complete the attached Miscellaneous Decis  | Pal effective and re-issue warrant   |
| <ul> <li>If the unit decision is to discharge, comple<br/>BPT 1130 (Central Office Calendar) and in</li> </ul>                               | ete a CDC 1524 A (5 year - Parolee At Large Review)<br>sclude an updated CII / FBI Rap sheet.                            |
| <ul> <li>If the unit decision is to discharge due<br/>Coroner's Report, with the CDC 1502 (Ac</li> </ul>                                     | to "death": submit a copy of the Death Certificate of tivity Report).  |
|  | loss: complete a CDC 1502 (Activity Report), BPT 1130  |

- If the unit decision is to reinstate with time loss: complete a CDC 1502 (Activity Report), BPT 1130 (Central Office Calendar) signed and dated by the Unit Supervisor or Administrator and a BPT 1102 A (Absconder's Waiver).
- If the unit decision is to reinstate with <u>No</u> time loss: complete a CDC 1502 (Activity Report) and a BPT 1130 (Central Office Calendar) signed and dated by the Unit Supervisor or Administrator.
- If the parolee was arrested on local charges: submit a CDC 1676 (Violation Report).
- If the parolee was arrested out of state:

| Da | attachment /  |
|----|---|
| To |   |
|    | Attention: Unit Supervisor Attention: District Administrator First Notice Sent 83199 Second Notice Sent:  |
| N  | ame: White, John CDC#: J02099   |
| Te | entative Discharge Date (TDD) 8/23/98 OBIS Status:  |
| ne | he parolee listed above appears as a discrepancy on the Tentative Discharge Date (TDD) list and eds to be resolved by the parole unit. Please review the field file and provide the following formation depending on the unit recommendation: |
| 1) | Want was cancelled on, OBIS Reason OUT OF STATE ALUEST  |
| •  | If the unit decision is to reaffirm the Pal effective and re-issue warrant complete the attached Miscellaneous Decision and submit with an updated CDC 600.   |
| •  | If the unit decision is to discharge, complete a CDC 1524 A (5 year - Parolee At Large Review) BPT 1130 (Central Office Calendar) and include an updated CII / FBI Rap sheet.   |
| •  | If the unit decision is to discharge due to "death": submit a copy of the Death Certificate of Coroner's Report, with the CDC 1502 (Activity Report).   |
| •  | If the unit decision is to reinstate with time loss: complete a CDC 1502 (Activity Report), BPT 1130 (Central Office Calendar) signed and dated by the Unit Supervisor or Administrator and a BPT 1102 A (Absconder's Waiver).                |
| •  | If the unit decision is to reinstate with <u>No</u> time loss: complete a CDC 1502 (Activity Report) and a BPT 1130 (Central Office Calendar) signed and dated by the Unit Supervisor or Administrator.                                       |
|    | If the parolee was arrested on local charges: submit a CDC 1676 (Violation Report).   |
|    | If the parolee was arrested out of state:   |
|    | 2.2. (Tibel 1.5. 1.5. ) 전 1. 2. (1.1. ) 전 1.   |

Please Healtean Arms Arms

- A) Submit a CDC 1676 (Violation Report) and serve with a BPT 1102 (Extradition Waiver) Notification to parolee should be completed within 10 days.
- B) If criminal charges pending: complete regular contacts with out of state agency to follow up on charges. If convicted, the Parole Agent will need to submit a copy of the sentencing documents from other state, along with the CDC 1502 (Activity Report) and BPT 1130 (Central Office Calendar) to discharge.

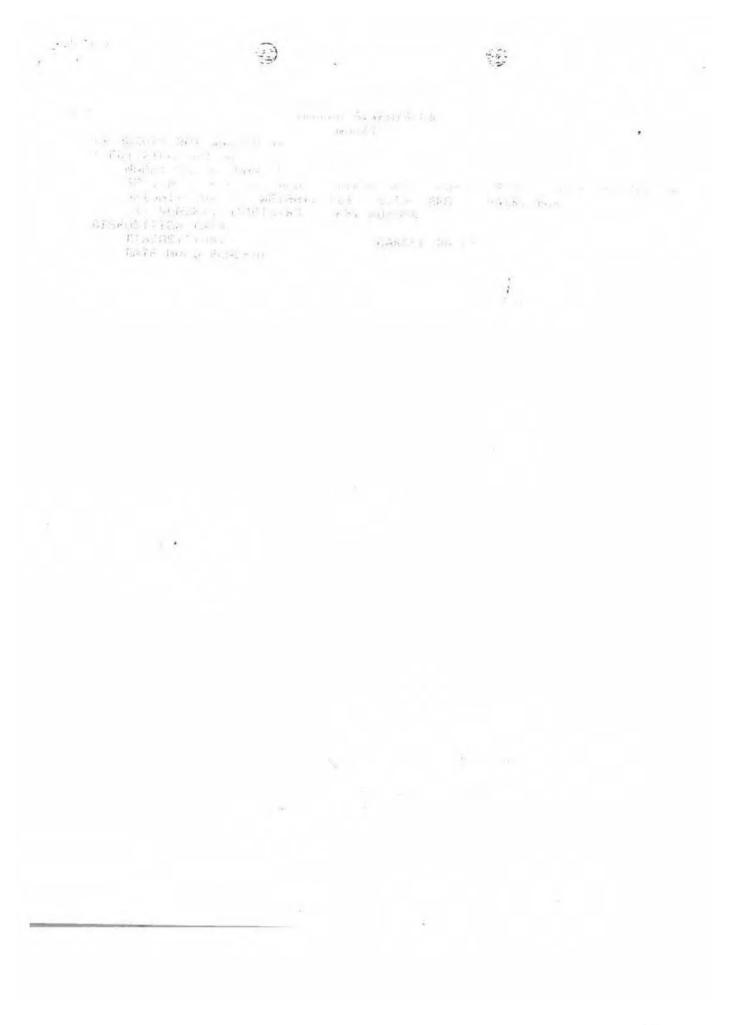
| CDD | DRD | PRRD/RRD | Suspend | Discharged |  |
|-----|-----|----------|---------|------------|--|

Please return documents to: 1 10008 Dixin CRAnalyst by 9-8-99

Phone: (909) 484-3727 Fax: 909-484-3784

2) IPTS update needed:





CASE RECORDS/LPU

@ 001 003

STATE OF CALIFORNIA -- YOUTH AND ADULT CORRECTIONAL AGENCY

GRAY DAVIS, Governor

DEPARTMENT OF CORRECTIONS P.O. Box 942883 Sacramento, CA 94283-0001





| ATTN: | CCR | SUPERVISOR |  |
|-------|-----|------------|--|
|-------|-----|------------|--|

DATE:

April 19, 1999

PLEASE SEND 969B PACKET FOR THE FOLLOWING:

SUBJECTS NAME: WHITE, JOHN LEE

DOB:

CDC #: J02099

LOCATION: REG 3/CYA 3

REQUESTED BY:

Office of the District Attorney Clark County Courthouse

200 Third St.

Las Vegas, NV 89155-2211

ATTN; Maria Charles-Plum

SEND TO:

DEPARTMENT OF CORRECTIONS

LEGAL PROCESSING UNIT

**ROOM 321-N** P.O. BOX 942883

SACRAMENTO, CA 94283-0001

ATTN: MARIA CRAWFORD (916) 323-7371

SIGNED:

DATE:

FROX - RETURN

Rose Smith ( 50) (909) 468-2411

raye are

04/15/99 14:07 To:California Dept Corrections

From: Maria Charles-Plum

Clark County DA

### **FACSIMILE COVER PAGE**

Date:

4/15/99

Time:

14:07:28

Pages:

2

To:

California Dept Corrections

Company: Fax #: Legal Processing Unit

A.yestages

19163237374

From:

Maria Charles-Plum

Title:

Legal OAII

Company:

Clark County - District Attorney

Address:

200 S. Third Street

Las Vegas, NV 89155

USA

Fax #: Voice #: (702)455-6980

(702)455-6972



J. CHARLES THOMPSON Assistant District Attorney

### OFFICE OF THE DISTRICT ATTORNEY

Clark County Courthouse 200 S Third St PO Box 552211 Las Vegas NV 89155-2211 (702) 455-2641 fox: (702) 455-5980

JOHNNIE B. RAWLINSON Assistant District Assorney

> LEONARD L. BARTON Forensic Support Unit Supervisor

April 15, 1999

California Department of Corrections Sacramento, CA Attn: Legal Processing Unit

John Lee WHITE aka Re:

DOB:

CDC #: J02099

Donte JOHNSON

- This office is conducting a criminal case involving the subject individual. Because we may file habitual criminal charges against him, it is requested that we be provided with a certified 969B Package, documenting his incarceration(s). Please include any judgements of conviction, pre-sentencing investigation reports, reports from the department of parole and probation imperiprint card, mug shot and any other relevant documentation concerning his behavior immate with the California Department of Corrections.
- These documents are important to our case. If there are any questions concerning this do not hesitate to call me at (702) 455-6972.
- Thank you in advance for your cooperation.

Sincerely,

Forer ic Support Unit Legal Resear th

| C 1151 (192) LEGAL STATUS AUDITED  |   |
|--|---|
| K Hullmin  | LPV Parole B-F4-9   |
| EGAL   | WORK INCENTIVE  |
| Number of active cases   | Pre 1983 Gase(s) signed waiver in file  |
| All commitments properly recorded on Legal Status                            | Mixed cases waiver not signed   |
| Discrepant or problem case(s) referred to LPU                                | Case(s) vested/EPRD calculated and inmate advi  |
| Fingerprint Cards/Current Photo  | Work credit gains & current Legal Status in file  |
| Complete None (Refer to R&R)   |   |
| Transfer approval for this institution                                       | CREDIT LOSSES   |
| Registration required & reflected on Legal Status                            | Pending Disciplinary  |
| H11590 P290 P457.1   | All confirmed, entered in OBIS and reflected<br>on Legal Status & CDC 112   |
| Eligible for Discharge Review  | Date recalculated and inmate advised  |
| Notice Required per .  |   |
| P3058.6 P11150 P457.1  | CREDIT RESTORATION  |
| P290.2 Blood & saliva samples required                                       | All entered in OBIS/reflected on Legal Status   |
| P1202.1 Aids blood test required   | and CDC 112   |
| P3002 Psych eval. required and reflected on                                  | Date recalculated and inmate advised  |
| Legal Status   | HOLDS/WANTS/DETAINERS   |
| P1170(d) Report requested (Refer to C&PR)                                    | None in file/no longer wanted   |
| Restitution ordered per P2085.5/G13967(a)                                    | Detainer(s) in file   |
|  | WIS Only-No Hold  |
| AROLE VIOLATOR - RETURN TO CUSTODY   | Hold placement acknowledgment letter sent (CDC  |
| P3057.(d)(1) ELIG INELIG   | Possible Holds inquiry sent. Refer HWD  |
| Parole revoked (if not scheduled for hearing)                                | re:   |
| Revocation Release Date calculated & recorded                                | Inmate advised/signed CDC 661 in file   |
| on CDC 112, CDC 144 card   | CDC 112/144 posted  |
| Controlling Discharge Date computed &  | Notice requested re:  |
| recorded on CDC 112  | (P3058.6/P3058.8)   |
| AROLE VIOLATOR - WITH NEW TERM   | Hold entered in OBIS  |
| Parole revoked by BPT (if not, refer to                                      | Demand for trial prepared - 1381/1389 PC  |
| BPT 2649 Guidelines)   | Disposition of Probation requested  |
| Revocation Release Date and new commitment                                   | Subject being released to Hold  |
| EPRD compared,   | Confidential section reviewed   |
| Dual Case (RRD/EPRD Controls)  |   |
| Revocation Release Date crossed out on CDC 112                               | LIFER   |
| (only if prior term discharged) CDC 144/CDC 112 reflect correct release date | MEPD correctly computed   |
| Previous term time collection records removed                                | Board action posted   |
| from computer and time cards purged  | CDC 144 & CDC 112 posted appropriately  |
| Trom compacts and mine cares paragram  | Reviewed per In Re Monigold   |
| HNESTS:  | The second control of |
| 1202.05  |   |
| 2933.5   |   |
| . 2933.1   |   |
|  |   |

| tatus tus | WORK INCENTIVE  Pre 1983 Case(s) signed waiver in file  Mixed cases waiver not signed  Case(s) vested/EPRD calculated and inmate advise  Work credit gains & current Legal Status in file  CREDIT LOSSES  Pending Disciplinary  All confirmed, entered in OBIS and reflected  on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status  and CDC 112  Date recalculated and inmate advised |
|-----------|---|
| itatus    | WORK INCENTIVE  Pre 1983 Case(s) signed waiver in file  Mixed cases waiver not signed  Case(s) vested/EPRD calculated and inmate advise  Work credit gains & current Legal Status in file  CREDIT LOSSES  Pending Disciplinary  All confirmed, entered in OBIS and reflected  on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status  and CDC 112  Date recalculated and inmate advised |
|           | Pre 1983 Case(s) signed waiver in file  Mixed cases waiver not signed  Case(s) vested/EPRD calculated and inmate advise  Work credit gains & current Legal Status in file  CREDIT LOSSES  Pending Disciplinary  All confirmed, entered in OBIS and reflected on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised                   |
|           | Mixed cases waiver not signed Case(s) vested/EPRD calculated and inmate advise Work credit gains & current Legal Status in file CREDIT LOSSES Pending Disciplinary All confirmed, entered in OBIS and reflected on Legal Status & CDC 112 Date recalculated and inmate advised  CREDIT RESTORATION All entered in OBIS/reflected on Legal Status and CDC 112 Date recalculated and inmate advised   |
|           | Case(s) vested/EPRD calculated and inmate adviss Work credit gains & current Legal Status in file  CREDIT LOSSES Pending Disciplinary All confirmed, entered in OBIS and reflected on Legal Status & CDC 112 Date recalculated and inmate advised  CREDIT RESTORATION All entered in OBIS/reflected on Legal Status and CDC 112 Date recalculated and inmate advised  |
|           | Work credit gains & current Legal Status in file  CREDIT LOSSES  Pending Disciplinary  All confirmed, entered in OBIS and reflected on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised  |
| tus       | CREDIT LOSSES  Pending Disciplinary  All confirmed, entered in OBIS and reflected on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised  |
| tus       | Pending Disciplinary  All confirmed, entered in OBIS and reflected on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised   |
| tus       | All confirmed, entered in OBIS and reflected on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised   |
| tus       | on Legal Status & CDC 112  Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised  |
|           | Date recalculated and inmate advised  CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised   |
|           | CREDIT RESTORATION  All entered in OBIS/reflected on Legal Status and CDC 112  Date recalculated and inmate advised   |
|           | All entered in OBIS/reflected on Legal Status<br>and CDC 112  Date recalculated and inmate advised  |
|           | All entered in OBIS/reflected on Legal Status<br>and CDC 112  Date recalculated and inmate advised  |
|           | and CDC 112 Date recalculated and inmate advised  |
|           | Date recalculated and inmate advised  |
|           |   |
|           | TIOT DOMEANDON COMATA PROPERTY  |
|           | HOLDS/WANTS/DETAINERS   |
|           | None in file/no longer wanted   |
|           | Detainer(s) in file   |
| Y         | WIS Only-No Hold  |
|           | Hold placement acknowledgment letter sent (CDC  |
|           | Possible Holds inquiry sent. Refer HWD  |
| A         | re:   |
|           | Inmate advised/signed CDC 661 in file   |
|           | CDC 112/144 posted  |
|           | Notice requested re:  |
|           | (P3058.6 / P3058.8)   |
|           | Hold entered in OBIS  |
|           | Demand for trial prepared - 1381/1389 PC  |
| t.        | Disposition of Probation requested  |
|           | Subject being released to Hold  |
|           | Confidential section reviewed   |
| 112       | LIFER   |
|           | MEPD correctly computed   |
|           |   |
|           | Board action posted   |
| •         | CDC 144 & CDC 112 posted appropriately  |
| 4         | Reviewed per In Re Monigold   |
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|           |   |

#### DEPARTMENT OF CORRECTIONS

Legal Processing Unit P.O. Box 942883 Sacramento, CA 94283-0001 (916) 324-2262

> Clerk of the Superior Court County of Los Angeles 1725 Main Street Santa Monica, CA 90401

Re: WHITE, John Lee CDC No: J-02099/MA400 Case No.: SA014380

Date of Sentence: January 5, 1994

Dear Clerk:

The above identified subject has been sentenced to the California Department of Corrections from your county. We have not received the following document (s) on the above case. It is of the utmost importance that these documents are received to properly record the commitment.

(X) Information/Charging Document or Complaint

(X) Transcript of Proceedings at Time of Sentencing

Pursuant to PC 1203.01, "Within 30 Days after judgment has been pronounced, the clerk shall mail a copy of the charging documents, the transcript of the proceedings at the time of the defendant's guilty plea, if the defendant pleaded guilty, and the transcript of the proceedings at the time of sentencing to the prison or other institution to which the person convicted is delivered."

We are required to furnish the Board of Prison Terms with all the facts of the offense to prepare his/her case summary. It would be most helpful to our staff to receive these documents as soon as possible. In the event the subject waived referral to the Probation Officer for his report, it would be appreciated if you could furnish a copy of the arrest report or other documents which would enable us to make a complete and detailed outline of the circumstances of the offense. Please return the enclosed copy of this letter with any response.

Your cooperation in this matter is greatly appreciated.

Sincerely,

SHERYL MILLER

Correctional Case Records Manager

By: KERRY ROSSI

Correctional Case Records Specialist

Attachments

Inmate YA Intake

C-File

SM:KR:sp







February 10, 1994

| 76R252A - Y. A. 1              | OCUMENT 1             | Jan .           | -              |                    | Y.A. USE ON   |  | A HUMBER   | (                    |
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### JURISDICTION/AUTHORIZED CONFINEMENT RECORD

DISTRIBUTION:
ORIGINAL—CLINIC
1st COPY—MASTER FILE
2nd COPY—INFORMATION SYSTEMS
3nd COPY—PAROLE

| Whi          |                   | n Luc                   | 2            |        |        |        |           |                     |               |      |                         | YA NUN                                      |        | 40       | 0      |
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| OMMENTS      |                   |                         |              | _      | _      |        | -         | -                   |               | _    | _                       |   |        |          |        |
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#### SUPERIOR COURT OF THE STATE OF CALIFORNIA

#### FOR THE COUNTY OF LOS ANGELES

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff

Case No. SA014380

v.

INFORMATION

Arraignment Date: Department: W

01 JOHN LEE WHITE, aka DEKO, and 02 MICHAEL WALTON, aka LIL ROCK

Defendant(s)

FILED

AUGO 9 1993
FRANK S. ZOLIN, COUNTY CLERK

INFORMATION SUMMARY

 Ct.
 Charge

 No.
 Charge
 Range

 1
 PC211
 2-3-5

Range Defendant
2-3-5 WHITE, JOHN LEE
WALTON, MICHAEL

Special Allegation PC12022(a)(1) PC12022.5(a)

Alleg. Effect +1 YR +3-4-5 MSP

The District Attorney of the County of Los Angeles, by this Information alleges that:

#### COUNT 1

On or about June 8, 1993, in the County of Los Angeles, the crime of 2ND DEGREE ROBBERY, in violation of PENAL CODE SECTION 211, a Felony, was committed by JOHN LEE WHITE and MICHAEL WALTON, who did willfully, unlawfully, and by means of force and fear take personal property from the person, possession, and immediate presence of Cen-Fed Bank. It is further alleged that the above offense is a serious felony within the meaning of Penal Code Section 1192.7(c)(19).

Page 1

It is further alleged that in the commission and attempted commission of the above offense, the said defendant(s), MICHAEL WALTON, personally used a firearm(s), to wit: a shotgun, within the meaning of Penal Code sections 1203.06(a)(1) and 12022.5(a) also causing the above offense(s) to become a serious felony pursuant to Penal Code section 1192.7(c)(8).

It is further alleged that in the commission and attempted commission of the above offense a principal in said offense was armed with a firearm(s), to wit, a shotgun, said arming not being an element of the above offense, within the meaning of Penal Code Section 12022(a)(1).

THIS INFORMATION CONSISTS OF 1 COUNT(S).

GIL GARCETTI DISTRICT ATTORNEY County of Los Angeles, State of California

BY:

JOHN F LYNCH DEPUTY DISTRICT ATTORNEY

Filed in Superior Court, County of Los Angeles

/ms

DATED: AUG 0 0 1993

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.





AUG 1 8 1993 MUNICIPAL COURT OF LOS ANGELES JUDICIAL DISTRICT EDWARD M. KRITZMAN COUNTY OF LOS ANGELES, STATE OF CALIFORNIA n Metame BY N. McGUIRE, DEPUTY

THE PEOPLE OF THE STATE OF CALIFORNIA,

Plaintiff

Case No. SA014380

FELONY COMPLAINT

01 JOHN LEE WHITE, PO aka DEKO, and 02 MICHAEL WALTON, 44 aka LIL ROCK

Defendant(s)

MUNICIPAL COURT

JUL 0 2 1993

LOS ANGELES JUDICIAL DIST

The undersigned is informed and believes that:

COUNT 1

On or about June 8, 1993, in the County of Los Angeles, the crime of 2ND DEGREE ROBBERY, in violation of PENAL CODE SECTION 211, a Felony, was committed by JOHN LEE WHITE and MICHAEL WALTON, who did willfully, unlawfully, and by means of force and fear take personal property from the person, possession, and immediate presence of Cen-Fed Bank. It is further alleged that the above offense is a serious felony within the meaning of Penal Code Section 1192.7(c)(19).

It is further alleged that in the commission and attempted commission of the above offense, the said defendant(s), MICHAEL WALTON, personally used a firearm(s), to wit: a shotgun, within the meaning of Penal Code sections 1203.06(a)(1) and 12022.5(a) also causing the above offense(s) to become a serious felony pursuant to Penal Code section 1192.7(c)(8).

Page 1 of Case No. SA0143.

It is further alleged that in the commission and attempted commission of the above offense a principal in said offense was armed with a firearm(s), towit, a shotgun, said arming not being an element of the above offense, within the meaning of Penal Code Section 12022(a)(1).

\* \* \* \* \*

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT AND THAT THIS COMPLAINT, CASE NUMBER SA014380, CONSISTS OF 1 COUNT(S).

Executed at Los Angeles, County of Los Angeles, on July 1, 1993.

OHN INCATA

DECLARANT AND COMPLAINANT

GIL GARCETTI, DISTRICT ATTORNEY

BY: Dave R Jume FOR.

LONI PETERSEN, DEPUTY

AGENCY: LAPD RHD/ B DR NO: 93 14 20228 I/O: LICATA
OPERATOR: ms

ID NO: 21712 PHONE NO: 310-4850780 PRELIM.TIME EST.: 60 Min.

Page 2 of Case No. SA0143

DEFENDANT WHITE, JOHN LEE WALTON, MICHAEL CII NO.



BOOKING NO. 3565610 3565608 BAIL RECOM'D \$ 30,000 \$ 40,000 CUSTODY R'TN DATE

Pursuant to Penal Code Section 1054.5(b), the People are hereby informally requesting that defense counsel provide discovery to the People as required by Penal Code Section 1054.3.

Page 3 of Case No. SA0143

## FELONY COMPLAINT - ORDER HOLDING TO ANSWER - P.C. SECTION 872

It appearing to me from the evidence presented that the following offense(s) has/have been committed and that there is sufficient cause to believe that the following defendant(s) guilty thereof, to wit:

(Strike out or add as applicable)

| No.         |                 | Charge         | Constal              |                 |
|-------------|-----------------|----------------|----------------------|-----------------|
| No.         | L2-80 m. s      |                | Special              | Alleg.          |
| 7           | Charge<br>PC211 | Range<br>2-3-5 | Allegation           | Effect<br>+1 YR |
| 1           | PCZII           | 2-3-3          | PC12022(a)(1)        | +1 18           |
| ICHAEL WALT | ON              |                | 1                    |                 |
| Count       |                 | Charge         | Special              | Alleg.          |
| No.         | Charge          | Range          | Allegation           | Effect          |
| 1           | PC211           | 2-3-5          | PC12022.5(a)         | +3-4-5 MSP      |
|             |                 |                |                      |                 |
| he sum of:  |                 |                | herefor and be admit |                 |
|             |                 |                | herefor and be admit | ted to bail in  |

...

MICHAEL WALTON

JUDITH ABRAMS DIVISION 95

Page 4 of Case No. SA0143

## The Superior Court

West District 1725 Main Street Santa Monica, California 90401

JAMES H. DEMPSEY EXECUTIVE OFFICER/CLERK CASE #SA014380 PEOPLE VS. WHITE, JOHN LEEDATE 3/11/94 WE CANNOT COMPLY WITH YOUR REQUEST FOR THE FOLLOWING REASON(S): THE ABOVE CASE HAS BEEN CONTINUED TO , IN DEPARTMENT OF THE SUPERIOR COURT, PLEASE RESUBMIT YOU REQUEST AFTER THAT DATE AS THE INFORMATION YOU REQUEST IS NOT AVAILABLE. THERE IS NO PROVISION BY WHICH COPIES OF COURT RECORDS CAN BE FURNISHED WITHOUT COST. THE FEE FOR YOUR REQUESTED COPIES IS AS FOLLOWS: PHOTOCOPYING COMPARING CERTIFYING EXEMPLIFYING INDEXING TOTAL S THIS CASE NUMBER WAS NOT HELD TO ANSWER IN SANTA MONICA SUPERIOR COURT. THE TRANSCRIPT OF THE PROCEEDINGS CAN BE OBTAINED FROM THE OFFICIAL REPORTER WHO REPORTED THE PROCEEDINGS. X NO SENTENCING TRANSCRIPT IS AVAILABLE ON FILE. CASE IS ON APPEAL AND FILE IS UNAVAILABLE AS OF THIS DATE. PLEASE RESUBMIT YOU REQUEST AT A LATER DATE. A CRIMINAL SEARCH WAS CONDUCTED AND NO RECORD WAS FOUND IN SUPERIOR COURT. YOU MAY CONTACT P. BRADFORD FOR THE TRANSCRIPT OF SENTENCING SANTA MONICA (AT 1725 MAIN ST. ROOM 109 PHONE # (310) 458-5430 X OTHER: UNDER THE LAWS OF THIS STATE, ALL STATUTORY FEES MUST BE PAID IN ADVANCE. IN REPLY, PLEASE REFER TO THE AFOREMENTIONED CASE NUMBER. JAMES H. DEMPSEY EXECUTIVE OFFICER/CLERK

|              | John Lee | - Right I | REF    |      |       |               |
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| DC - 138eack |          |           |        | 4.7  |       |               |

KCY1 J02099TH



0 17/1995 AS OF 03/15/1995

## JURISDICTION AND CONFINEMENT HISTORY

YA NUMBER: MA400 CII NO: A10014785 COURT OF JURISDICTION: SUPERIOR
NAME: WHITE JOHN LEE MAX CONFINEMENT DATE: 02-14-1997
BIRTHDATE: CDC NO: J02099 PROGRAM START DATE: 04\*06-1994
LDC: EL PASO DE ROBLES

MAJOR OFFENSE: ROBBERY-ENHANCED P211

MAXIMUM CONFINEMENT TIME: 4 YRS 0 MTHS ( 1461 DAYS) BEGINNING 01-05-1974

| LOCATION                | FROM        | THRU       | DAYS | GOOD DAYS<br>TIME ESC/<br>EARNED AWOL | DAYS<br>REM CDC<br>CONF | DAYS<br>REM YA<br>CONF |
|-------------------------|-------------|------------|------|---------------------------------------|-------------------------|------------------------|
| PRIOR TO COURT ACTION   |             | 01-05-1994 | 318  | INCLUDED                              | 1143.0                  | 1143                   |
| CT ACTION TO YA ACCEPT  | 01-06-1994  | 01-18-1994 | 13   | 6.0                                   | 1124.0                  | 1123 \$                |
| AWAITING DELIVERY       | 01-18-1994  | 01-18-1994 | 0    | 0.0                                   | 1124.0                  | 1123 \$                |
| SRCC                    | 01-19-1994  | 04-06-1994 | 78   | 39.0                                  | 1007.0                  | 1007                   |
| EL PASO DE ROBLES       | 04-07-1994  | 03-15-1995 | 343  | 343.0                                 | 321.0                   | 321                    |
| TOTAL GOOD TIME EARNED  |             |            |      | 388.0                                 |                         |                        |
| RELEASE PROGRAM STUDY   | (RPS) DUE   | 12-22-1994 |      |                                       |                         | -                      |
| EARLIEST POSSIBLE RELEA | ASE FROM YA | IS OY      | RS 5 | MTHS 7 DAY                            | 5 (08-22                | -1995) !               |
| EARLIEST POSSIBLE RELE  | ASE FROM CD | CIS OY     | RS 5 | MTHS 7 DAY                            | 5 (08-22                | -1995) !               |

(8.23-95)



## JURISDICTION AND CONFINENTH HISTORY

| HARDE HARDE BARDE | CBC VD      | A10014735<br>100099 | 4.4%  | T OF JURI<br>CONFINEMS<br>RAM START | INT DE       | ATE: 02- | PERIOR<br>-14-199<br>-06-199 | 27 |
|---|-------------|---------------------|-------|-------------------------------------|--------------|----------|------------------------------|----|
|   | ENHAUCEL    |                     | ( 146 | 1 DAYS)                             | AGE :        | 11.5     | -27-200<br>-05-199           |    |
|   |             |                     | TAYS  | GGGD                                | DAYS         | DAYS     | DAYS                         |    |
| LOCATION  | FROM        | THRU                | CONF  | TIME                                | ESC/<br>AWOL | REM CDC  | REM YA                       |    |
| PRIOR TO COURT ACTION   |             | 01-05-1994          | 318   | INCLUDED                            |              | 1143.00  | 1143                         |    |
| DY ACTION 10 YA ACCEPT  | 01-06-1994  | 01-18-1994          | 13    | 6,50                                |              | 1123.50  | 1123                         | 4  |
| ALAITING LIVERY   | 01-18-1994  | 01-18-1994          | 0     | 0,,00                               |              | 1123,50  | 1123                         | \$ |
| SACC  | 01-19-1994  | 04-06-1994          | 79    | 39.100                              |              | 1006.50  | 1007                         |    |
| EL PASO DE ROBLES<br>TOTAL SOCI TIME EARNED   | 04-07-1994  | 08-13-1995          | 494   | 494.00<br>539.50                    |              | 18,50    | 19                           |    |
| VELEASE PRUGRAM STUDY   | (RPS) DUE   | 12-23-1794          |       |                                     |              |          |                              |    |
| SARLIEST POSSIBLE RELE  | ASE FROM YA | IS 0 Y              | RS 0  | MTHS 1                              | DAY!         | 3 (08-23 | -1995)                       | 1  |
| EARLIEST POSSIBLE RELE  | ASE FROM CD | C IS O Y            | RS C  | MTHS 1                              | YAT C        | 6 (08-23 | -1995)                       | 1  |
|   |             |                     |       |                                     |              | 0        | 01                           |    |

# JURISDICTION AND CONFINEMENT HISTORY

| YA NUMBER:<br>NAME:<br>ZIRTADATE:<br>LOC: | UNITE JOHN LEE CDG A                | (O: J02099 | MAX          | COMFINEME<br>COMFINEME<br>CAM START | INT DAT | E: 05- | -14-1797<br>-06-1774   |
|---|-------------------------------------|------------|--------------|-------------------------------------|---------|--------|------------------------|
| MY JOR OFFENSE!                           | RGUBERY ENHANCED<br>EMENT TIME: 4 Y | P211       | ( 146        | ol Days)                            |         |        | -07-2001<br>-05-1994   |
| LOCATION                                  | FROM                                | THRU       | DAYS<br>CONF |                                     |         | EH CDC | DAYS<br>REM YA<br>CONF |
|   | ACTION<br>A ACCEPT 01-06-199        |            |              | INCLUDED                            | 1       | 143.00 | 1143<br>1123 \$        |

AWAITING MELIVERY 01-18-1994 01-18-1994 0 0.00 ERCC 01-19-1994 04-06-1994 78 99.00 EL FASO DE ROBLES 04-07-1994 08-03-1995 484 484 00 TOTAL GOOD TIME EARNED 529 50 RELEASE PROGRAM STUDY (RPS) DUE 12-23-1994

EARLIEST POSSIBLE RELEASE FROM CDC IS 0 YRS 0 MTHS 20 DAYS (03-23-1995) !
EARLIEST POSSIBLE RELEASE FROM CDC IS 0 YRS 0 MTHS 20 DAYS (03-23-1995) !

(823-95)

1123.50 1123 \$ 1006.50 1007 28.50 39

STATE OF CALIFORNIA

WANTED PERSONS SYSTEM NOTIFICATION - ADDENDUM A CDC 600

DEPARTMENT OF CORRECTIONS
DISTRIBUTION:
ORIG - BPT
COPY - CENTRAL FILL
COPY - FIELD FILE

| UW CLASS       | NAME<br>WR CA034035G WHITE, JOHN L |                            | SEX          |             | RACE          | DOB          |  |
|----------------|------------------------------------|----------------------------|--------------|-------------|---------------|--------------|--|
| EWR CA0340     | 35G WHIT                           | E, JOHN LEE                | JOHN LEE     |             | BLA           |              |  |
| HGT<br>5FT 4IN | OFF<br>5011                        | TOW                        | DOW          | WAR         | ENT<br>1 OR 2 | NO BAIL      |  |
| POB/           | WGT/                               | EYE/                       | HAI/         | OCA/        | CAU/          | CII/         |  |
| CA             | 124                                | BRO                        | BLK          | J02099 }    | A             | A10012785    |  |
| REF/           | IGTON PK 5                         | P212.5(<br>SOC/<br>558-47- |              | ROBBERY 2ND |               |              |  |
| SMT/ DESC      | RIPTION                            | PIC                        | PICTURE TEXT |             |               |              |  |
| AKA/           |                                    | _                          |              |             |               |              |  |
| ADB/           |                                    | AGENT                      |              | A           | GENT'S TELE   | PHONE NUMBER |  |
|                |                                    | ROBERT                     | HOFFMAN      |             | 213) 744-23   | 06           |  |

|  | equest   |   | Escape               | Missin  |   |             | and the same of th | e _4/1     |                      |
|--|--|---|----------------------|---|---|-------------|--|------------|----------------------|
| WHITE  |  | LAST                                    |                      | JOHN -  | LEE   | LE          | Blk  | SEX        | BIRTHDATE            |
| GT (HEIGHT)  | WGT (WEIGHT)   | HAI (HAIR)                              | EYE (EYE)            | SKN (SKIN)  | POB (BIRTHPLACE)  |             | DIN  | No.        | IAL SECURITY NO      |
| 5'4"   | 124  | Blk                                     | Brn                  | A   | California  |             |  |            |                      |
| 5.55   |  | FBI                                     |                      | OFF (OFFENSE)   | DOW (DATE OF WARRANT)   | - 1         | THARRAW RAW  | NO.1       | CNT/                 |
| A10014785  |  | -                                       |                      | 1767.3  | 4/1/96  |             |  |            | ENT/1                |
| A (YA NO.)   |  |   | Tolbert              | WATTS 213-  | -589-6124   |             | 4.   |            |                      |
| MA400<br>SCIALL MARKS, S   | SCARS, TATOOS, ET  | Hill Trans.                             |                      | W ENFORCEMENT IDENTIF   |   |             |  |            |                      |
| ANG AFFILIATION  | (INDICATE STATUS   | WITHIN GANG I                           | KNOWN)               |   |   |             |  |            |                      |
| KA IOTHER NAMES  |  |   |                      |   |   |             |  | FCN        | _                    |
| MONIKER "  |  |   |                      |   |   |             |  | 1          |                      |
| омміттіму соця   |  | TDAT                                    | E OF COMMITT.        | EXPIRATION DATE BY  | COMMITMENT OFFENSE (F   | ULL BOARD   | YES  | NO)        |                      |
| SUPERIOR   | L.A.   |   | /6/94                | AGE   | 211PC/12022.5 (c  | -120-101    | ,,,,   |            |                      |
| OME ADDRESS  | L.A.   | 1 1                                     | /0/94                |   | RELATIONSHIP  | TELEPHO     | DNE  |            |                      |
|  |  | L.A                                     |                      |   | Grandmother   |             |  |            |                      |
| SCAPE OR MISSIN  | G DATE   |   | M AREA LOCATIO       | IN .  | VIOLENCE POTENTIAL  | REASON      | FOR POTENTIAL  |            |                      |
| 12/18/95   |  |   | L.A.                 |   | ( HIGH ) MED LOW  |             | mit Offer  | nse        |                      |
| ERSON REPORTING  | Ğ  | DATE                                    |                      | PERSON REPO   | ATING   | C           | ANCEL DATE   |            |                      |
| Clark  |  |   |                      |   |   |             |  |            |                      |
|  |  |   | 1/96                 | ACCIONED TO   | WASSAUT NO  |             | WADDANT SVO  | BATION DAT |                      |
| AME  | 2111   | YA NO                                   | ).                   | ASSIGNED TO   | WARRANT NO.   |             | WARRANT EXP  | RATION DAT | E                    |
| WHITE, JO<br>EASON FOR REQU<br>Absconded   | esf<br>d Superfis  | MA40                                    | 0                    | ASSIGNED TO  Clark  AL SIGNIFICANT INFORMA                          |   |             | WARRANT EXP  | RATION DAT | E                    |
| WHITE, JO<br>REASON FOR REQU<br>Absconded<br>SPECIAL INSTRUCTI   | EST<br>d Superfis  | MA40                                    | 0                    | Clark   | TION  | PECIFYI     | WARRANT EXP  | RATION DAT |                      |
| WHITE, JO  REASON FOR REQUIREMENT  Absconded  SPECIAL INSTRUCTION  | EST<br>d Superfis  | MA40                                    | 0                    | Clark   |   | PECIFY)     | WARRANT EXP  | RATION DAT |                      |
| WHITE, JO REASON FOR REQU Absconded SPECIAL INSTRUCTI  | EST  d Superfis  ons/physical or   | MA 400                                  | D. O. BLEMS/ADDITION | Clark ALSIGNIFICANTINFORMA  | TION  | PECIFY)     | WARRANT EXP  |            |                      |
| WHITE, JO REASON FOR REQU Absconded SPECIAL INSTRUCTI  | SUPERFISE  SUPERFISE  ONS/PHYSICAL OR  EMENT TIME  YRS  ITED BY ISIGNATURE   | MA 400                                  | D. O. BLEMS/ADDITION | Clark  AL SIGNIFICANT INFORMA                                       | SEND WARRANT ABSTRACT TO (S   | PECIFY)     | WARRANT EXP  |            | DATE APPROVED 4/2/96 |
| WHITE, JO  LEASON FOR REQUIREMENTS  AVAILABLE CONFINE  SSUANCE REQUES  CRAIG CL  | Superfis Sup | YA NO<br>MA 400<br>SION<br>MEDICAL PROI | D. O. BLEMS/ADDITION | Clark  AL SIGNIFICANT INFORMA  DAYS  DATE REQUESTED  4/2/96         | SEND WARRANT ABSTRACT TO (S  APPROVED BY (SIGNATURE)  CHY APPROVED APPROVED BY (SIGNATURE)        | 76          | llw  |            | DATE APPROVED        |
| WHITE, JO  EASON FOR REQUIRED TO THE CONTROL  AVAILABLE CONFINE  SSUANCE REQUES  CRAIG CL  | SUPERFISE  SUPERFISE  ONS/PHYSICAL OR  EMENT TIME  YRS  ITED BY ISIGNATURE   | YA NO<br>MA 400<br>SION<br>MEDICAL PROI | D. O. BLEMS/ADDITION | Clark  AL SIGNIFICANT INFORMA  DAYS  DAYS                           | SEND WARRANT ABSTRACT TO (S  APPROVED BY (SIGNATURE)  CHY APPROVED APPROVED BY (SIGNATURE)        | 76          | CLC WARRANT  |            | DATE APPROVED        |
| WHITE, JO  EASON FOR REQUIRATION AVAILABLE CONFIN  SSUANCE REQUES  CRAIG CL.  WARR.  | SUPERFIS ONS/PHYSICAL OR MEMENT TIME  YRS TED BY ISIGNATURE ARK  | YA NO<br>MA 400<br>SION<br>MEDICAL PROI | D. O. BLEMS/ADDITION | Clark  AL SIGNIFICANT INFORMA  DAYS  DATE REQUESTED  4/2/96         | SEND WARRANT ABSTRACT TO (S  APPROVED BY (SIGNATURE)  CHY APPROVED APPROVED BY (SIGNATURE)        | 76          | llw  |            | DATE APPROVED        |
| WHITE, JO EASON FOR REQUIRED TO THE CONTROL OF WARR LOCATION OF WAR  | SUPERFIS SUP | YA NO<br>MA 400<br>SION<br>MEDICAL PROI | DATE                 | DAYS  DATE REQUESTED  4/2/96  ISSUED                                | SEND WARRANT ABSTRACT TO (S  APPROVED BY (SIGNATURE)  SIGNAT  LARUE FLOYD                         | 76          | llw  |            | DATE APPROVE         |
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| EFORT TO:  | " - 1( <u> </u>   | F PRISON TERMS   | S. San Philadelphia                            | HÖRL                             | TY   |  | 28  | D COTY                              | PARULEE   |                                    |                             |                               |
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| DC MIJLERER  | NAME (LAST, FORST, M  | (r)  | NA   | ME BOO                           | KED AS   |  | REGIO   | TINUV                               |   | CST                                | U-57                        |                               |
| 102099   | WHITE, JO   | HN   | JO   | OHN                              | SON, D   | ONTE   | III   | /HPF                                | K#5   | lг                                 | L AEZ                       | X NO                          |
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| 18/18/98   | LAS VEGAS N   | ETRO POLICE  | X  | MAND                             | PATORY   | NONLHAN  | DATORY  | 1586                                | 283/CLAR  | K CTY                              | DIN                         | FAC.                          |
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| 17/01/99   | 06/28/99  | N/A  | R. H   | OFF                              | MAN  | PAL  |   |                                     | PAL   |                                    |                             | ISCHARGE                      |
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## CHARGES 2,3,4 & 5:

On 8/14/98, John White along with three other defendants arrived at a residence in Las Vegas. Apparently they intended to do a "dope deal rip-off". Four victims were bound with duct tape (hands and feet). All four victims were then shot in the back of the head. Two hundred and forty dollars in cash was taken from the residence. It appears that one of the residents had bragged earlier about what a lucrative business he had selling cocaine. It also appears that this victim bought his cocaine from John White.

## WITNESSES:

Officer J. Buczek serial #3702, Las Vegas Metro Police Department.

## COURT ACTION:

John White will be going to court in January of the year 2000 charged with (4) counts of Murder, Kidnapping, Robbery and Burglary. The case number is #C153154.

| PAROLEE'S NAME |             | CDC NUMBER |
|----------------|-------------|------------|
|                | WHITE, JOHN | J02099     |
|                | Page 1 of 3 |            |

| BPT K-COMMEN  | VDATION NAEA   |
|---|--|
| Reinstate on Parole as of  Cancel Want - Remove Warrant from File  Exrend Parole Period to Maximum Pending Parole  Continue on Parole  Dismiss  Remove Parole Hold  Retain Parole Hold  Refer to Screening Calendar  Schedule for Revocation Hearing  Schedule for Revocation Hearing — Psychiatric Treatment  Schedule for Good Cause Hearing — (Cooperative Parole)  Maintain in Community Pending Revocation  Proceedings.  Other  Reinstate on Parole as of Unal RETURN IN FAILT.  Cancel Want — Remove Warrant from File  Extend Parole Period to Maximum Pending Parole  Continue on Parole  Dismiss  Remove Parole Hold as of  Retain Parole Hold  Refer to Screening Calendar  Schedule for Revocation Hearing  Schedule for Revocation Hearing — Psychiatric Treatment  Schedule for Revocation Hearing — (Cooperative Parole)  Maintain in Community Pending Revocation  Proceedings  Other  Note to Hearing Agent: History of major psychiatric disorder should be considered in attorney determination.  Note to Classification Staff Representative: May be psychotic. Requires evaluation for category program. | Continue outpatient or civil addict parole status  Dismiss  Suspend - reinstate as of  Suspend - roturn  Remove Release / Parolee at Large  Continue oral order of  Vacate oral order of  Other  Continue outpatient or civil addict parole status  Dismiss  Suspend - reinstate as of  Suspend - reinstate as of  Continue oral order of  Other |
| COMPIENTS   |  |
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| SUPERVISOR'S SIGNATURE  | A A A A DATE   |
| A. OSHIRO   | G. O Mulo 7-12.99  |
| DATE PAROLEE COPY PROVIDED MAILED   | DELIVERED BY: (SIGNATURE)  |
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| PARIOLES NAME   | CDC NUMBER   |

| The (1-101)                           | 999 17:33  | P&CSD-HUNTINGTON PARK            |                     | 213          | 744 2434 P.03/        |
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| NO HUMBER                             | NAME (LAST, FRIST, MI)   |                                  | NA, DELLE           |              | OF REPORT             |
| 02099                                 | WHITE, JOH   |                                  |                     | 1/           | 8/99                  |
| VENSE TITLE(S)                        |  | PRIOR COMMITMENT(S)              | CODE SECTION(S)     | I DAT        | E(S) OF COMMITMENT    |
| ONE                                   |  |                                  | CODE SECTIONS       | DA.          | pla) or committeet    |
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| ECIAL CONDITION(S) OF PAS             | ROLE   |                                  | INITIAL PAROLE DATE | LAS          | T REV. REL DATE (RRD) |
|                                       |  |                                  | 8/23/95             |              |                       |
| O WEAPONS.<br>O GANGS.<br>NTI NARCOTI | The state of the s |                                  |                     | 1            |                       |
| ORK/EMPLOYM                           | ENT/VOCATIONAL   |                                  |                     | 122          |                       |
| LST KNOWN ADDRESS                     |  | RESIDENCE LIVING WITH            |                     | RESIDENTIA   | PATTERN               |
| 36 W. 68TH                            | STREET LOS   | JANET EDWARDS/                   | GRNDMOTHER          | TRANS        |                       |
|                                       |  | MEANS OF SUPPORT                 |                     |              |                       |
| NKNOWN                                | IF EMPLOYED, EM  | PLOYER'S NAME & BUSINESS ADORESS | DATES ENGLO         | YED FALL TO: | POSITION HELD         |
| uthority af                           | ter the arres  | t. This writer has               | s never met         | John W       | hite.                 |
|                                       |  |                                  |                     |              |                       |
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Name: White, John Commitment Offense: Robbery With Firearm 211/12022(a) P.C.

CDC: J02099

Received: 1/18/1994 (to CYA)

DRD: PAL CDD: PAL

White was a CYA parolee who absconded and was declared a PAL on 5/2/96 effective 4/2/96. On 6/2/99 the Watts Office of CYA was notified that White was in custody in Las Vegas, Nevada. He is charged with multiple counts of Murder, Robbery, Kidnapping, and a Burglary. The case was transferred from CYA to CDC on 6/17/99 effective 6/24/99. The writer received this case on 6/28/99. A full report to the BPT will be made. It should be noted that a full report to the CYA Board was previously made on 6/4/99.

Robert Hoffman, PA II

Alton Oshiro, Unit Supervisor

### RECOMMENDATION(4)

1) Suspend Subject's parole effective 4/2/96

2) Issue Code 2 warrant as a detainer ( to the Clark County Detention Center in Las Vegas, Nevada)

3) Return to Prison for further proceedings.

| STAFF (Name) David Munoz | Paro               | le Administrator             | 6-32-99          |
|--------------------------|--------------------|------------------------------|------------------|
| (/).(/)[2                | DECISIO            | N(S)                         | 16 20 11         |
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| 2.                       |                    |                              |                  |
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|                          |                    |                              |                  |
|                          | PANEL HEARING CASE |                              | DECISION DAT     |
| NAME                     |                    |                              |                  |
| NAME                     | 7                  |                              |                  |
| NAME                     | 100                | 7                            |                  |
| NAME                     | NUMBER             | INSTITUTION OR REGION (UNIT) |                  |
| White, John              | J02099             | III, Huntington Park         | c 5              |
| BPT 1135 (Rev. 8/82)     |                    |                              | PERMANENT ADDENC |

#### STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS DISTRIBUTION AT LARGE REPORT ORIGINAL - REGIONAL RECORDS COPY - BPT OR NAEA COPY - UNIT FILE CDC 1524 (1/91) X BOARD OF PRISON TERMS NARCOTIC ADDICT EVALUATION AUTHORITY **EMERGENCY SUSPENSION** IMMINENT DISCHARGE FROM: PAROLE AND COMMUNITY SERVICES DIVISION WATTS CDC NUMBER NAME (LAST, FIRST, MI) COMMITMENT OFFENSEIS Robbery W/Firearm 211/12022(a)PC MA400/J02099 WHITE JOHN DISCHARGE REVIEW DATE | PAROLE / RELEASE / REVOCATION CONTROLLING DISCHARGE DATE (CDD) RISKS SCORE NEEDS SCORE RECEIVED 1/5/94 RELEASE DATE 8/23/98 8/23/96 SUSPENSION - PAROLEE AT LARGE / RELEASEE AT LARGE DATE (MONTH, DAY, YEAR) ON OR ABOUT PAROLEE / RELEASEE VIOLATED CONDITION\_ OF THE CONDITIONS OF 4/2/96 PAROLE / RELEASE BY: 2. PROVIDING FALSÉ ADDRESS 1. FAILING TO REPORT AND AVOIDING CONTACT 3. FAILING TO REPORT NEW ADDRESS 4. LEAVING THE STATE OF CALIFORNIA 5. OTHER SPECIFIC VIOLATIONS EXPLAIN CIRCUMSTANCES OF VIOLATION(S) OR INCLUDE ADDITIONAL INFORMATION Subject has failed to report to the parole office as instructed on numerous occasions for contact. He is not residing at his address of record. THE FOLLOWING EPPORTS HAVE BEEN MADE TO LOCATE PAROLEE / RELEASEE (ATTEMPTS TO LOCATE MUST BE DOCUMENTED) FIELD CALL TO PAROLEE / RELEASEE'S ADDRESS OF RECORD FIELD CALL TO PAROLEE / RELEASEE'S EMPLOYMENT PERSON CONTACTED: DATE: PERSON CONTACTED: 4/1/96 Jane Edwards-grandmother LETTER SENT TO PAROLEE / RELEASEE'S ADDRESS INSTRUCTING HIM / HER TO REPORT TO THE PAROLE OFFICE NOTICE LEFT AT PAROLEE / RELEASEE'S EMPLOYMENT INSTRUCTING HIM / HER TO REPORT TO THE PAROLE OFFICE DATE: 1/11/96,2/28/96,3/1/96 DATE: TELEPHONED PAROLEE / RELEASEE'S RESIDENCE OF RECORD, EMPLOYER, RELATIVE CONTACTED LOCAL LAW ENFORCEMENT / SOCIAL AGENCIES DATE: 2/7/96 PERSON CONTACTED: DATE: Unpublished phone number 1/9/96 Desk Sgt-LAPD 77th VERIFIED LAST KNOWN ADDRESS OF RECORD: DATE: LAST FACE TO FACE 4/1/96 12/18/95

he wasn't going to report and failed to provide his new address. RECOMMENDATION TO BPT ENTER CODES FROM BACK OF FORM WHICH APPLY. SUSPEND PAROLE NATIONAL CRIME INFORMATION CENTER CRITERIA CODE(S): A EFFECTIVE: X 1 CAS.WPS. DATE CAUTION CODE(S): A 4/2/96 2 NCIC IN:X" CAUTION CODE, EXPLAIN: RECOMMENDATION TO NAEA SIGNATURE OF PAROLE AGENT DATE SUSPEND RELEASEE AT LARGE EFFECTIVE: 4/1/96 CODE NUMBER DATE APPROVED: SIGNATURE OF UNIT SUPERVISOR I CAS WPS.

OTHER INFORMATION USED TO SUBSTANTIATE REPORT On 4/1/96 subject telephoned agent Clark and stated

|   | AL OFFICE CALENDAR DECISION  | _ P   | ost-it Fax Note 7871 Date 12/8/99 pages 5         |
|---|--|-------|---|
| _ | 1, REPORTS   |       | To duranda Johnson From R. Holling                |
| ١ | A. PAROLE VIOLATION REPORT OF  | . [   | CONTROL CUE NECENES S. CO.                        |
| ١ | 7/8/1999 REVIEWED  | F     | Phone # Phone # 213 /744-23 06                    |
| t | B. PAROLE VIOLATION REPORT (PAL) OF  | 1     | Fax# 909/484-3783 Fax# x/23                       |
| ١ | REVIEWED   | -     | REVIEWED  |
| ļ | (DATE)   |       | (DATE)  |
| ١ | C. SUPPLEMENTAL PAROLE VIOLATION REPORT OF   |       | G. RETAIN ON PAROLE, REPORT OF                    |
| ١ | (OATE) REVIEWED  |       | (PATE) REVIEWED                                   |
| t | D. DISCIPLINARY REPORT OF  |       | H. OTHER REPORT OF                                |
| ١ | REVIEWED   | 1     | REVIEWED  |
| l | (DATE)   |       | (DATE)  |
| Т | 2, PAROL   | ESTA  |   |
|   | A. PAROLE SUSPENDED EFFECTIVE  | X     | UPON RETURN TO CALIF. /A. OSHIRO                  |
| t |  |       | D. OTHER  |
| I | B. CONTINUE ON PAROLE  | 1     | K. K  |
| 1 | A COURSEU F COR EL   |       |   |
| 7 | 3. SCHEDULE FOR FU<br>A. SCHEDULE FOR REVOCATION PROCEEDINGS   | RTHE  | R PROCEEDINGS                                     |
| 1 |  |       |   |
| I | 1. EXTENSION 2. PSYCH. ATTN.   |       | C. SCHEDULE FOR RESCISSION PROCEEDINGS            |
| ١ | 3. PREREVOCATION   |       |   |
| Ī | The second section of the second seco |       | D. HOLD   |
| ł | B. RETURN TO PRISON FOR FURTHER PROCEEDINGS  | 1     | ☐ PLACE ☐ RETAIN ☐ REMOVE                         |
|   |  |       |   |
| 7 | 4. OTHER   | DECIS | SIONS   |
| ١ | A. CANCEL WANT   |       | G. RETAIN IN CUSTODYDAYS                          |
|   | REMOVE WARRANT FROM FILE   |       | PENDING REVOCATION EXTENSION HEARING              |
| 1 | Land Market Control of the Control o |       | H. PAROLE PERIOD EXTENDED TO 18 Mos. 4 Yrs.       |
| 1 | B. REAFFIRM ACTION OF [PATE)   |       | PENDING REVOCATION HEARING                        |
| 1 |  | -     | I. ENTER NCIC WARRANT PER                         |
| 1 | C. RESCIND ACTION OF   |       |   |
| 1 | (DATE)   |       | BPT 92714(b)(1) ( PILL IN APPROPRIATE QUARRETTEN) |
| ١ | D. DISCHARGE   | 1     | J. PLACE IN WANTED PERSONS SYSTEM                 |
| 1 | 1. BPT \$ 2535 S 5 2713(c) 2. TO ALLOW AUTHORITIES   |       | ISSUE IN CALIFORNIA WARRANT                       |
| 1 | 2. TO ALLOW AUTHORITIES EXCLUSIVE JURISDICTION.  |       | K. MISCELLANEOUS                                  |
|   | E. RETAIN ON PAROLE  | 1     |   |
| 1 | BPT RULE 2535(d) ()  | 1     |   |
| 1 | F. RETAIN ON PAROLE SUPERVISION  |       |   |
|   | to the price to be a second of the second of |       |   |
| - | PANEL HE   | ARING | CASE  |
|   |  | *     | *   |
|   |  | t .   |   |
|   |  |       |   |
|   |  |       |   |
| - |  |       | TUTION HPRK5/HOFFMAN/AC                           |

|  | MAL  |                |
|--|--|----------------|
| Complete Com | nt Offense: Ropbery With Pirearm   | 11/12022(a)    |
| me:White, John Commitme  | P.C.   |                |
| C:J02099   |  |                |
| ceived: 1/18/1994 (to CYA)   |  |                |
| D: PAL   |  | 4 3 6 6 6      |
| D: PAL   | absconded and was declared a PAL   | on 5/2/96      |
| fective 4/2/96. On 6/2/99  | the Watts Office of CYA was not  | th multiple    |
| ite was in chatody in has  | ridanning and a Rurolary. The  | case was       |
|  |  |                |
| ceived this case on 6/28/5   | 9. A full report to the BPT wil  | reviously made |
| should be noted that a ti  | ill report to the CYA Board was p  |                |
| 6/4/99.  | MARIN MARIA 6-3  | 0-99           |
| Rate boffer  | Alton Oshiro, Unit Su  |                |
| obert Hoffman, PA II   | Alton OBALTO, BALL SO  | Pervisor       |
| ,  | 9  |                |
|  | REGGENERDATION(S)  |                |
| Suspend Subject's parole   |  |                |
| Issue Code 2 warrant as a  | detainer ( to the Clark County !   |                |
| Center in Las Vegas, Nevad Return to Prison for furt   | detainer ( to the Clark County !   | DATE           |
| Center in Las Vegas, Nevad<br>Return to Prison for furt  | detainer ( to the Clark County ) a) her proceedings.  Title Parole Administrator   |                |
| Center in Las Vegas, Nevad Return to Prison for furt   | detainer ( to the Clark County !   | DATE           |
| Issue Coda 2 warrant as 2 Center in Las Vegas, Nevad Return to Prison for furt   | detainer ( to the Clark County ! a) her proceedings.  Title Parole Administrator  BECIRION(8)                                | DATE           |
| Center in Las Vegas, Nevad Return to Prison for furt avid Munoz  PAROLE SUSPENDED  | detainer ( to the Clark County ) a) her proceedings.  Title Parole Administrator   | DATE           |
| Center in Las Vegas, Nevad Return to Prison for furt  AFF (Mame)  avid Munoz   | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECIGION(6)  REAFFIRM ACTION OF           | DATE           |
| Center in Las Vegas, Nevad Return to Prison for fure  AFF (Mamal avid Munoz  PAROLE SUSPENDED  FRECTIVE  | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECIGION(6)  REAFFIRM ACTION OF           | DATE           |
| Center in Las Vegas, Nevad Return to Prison for furt  AFF (Name) avid Munoz  PAROLE SUSPENDED  | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECIGION(6)  REAFFIRM ACTION OF           | DATE           |
| PAROLE SUSPENDED   | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECIGION(6)  REAFFIRM ACTION OF           | DATE           |
| PAROLE SUSPENDED  PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  | detainer ( to the Clark County ) her proceedings.  Fiftif Parole Administrator  BECIGIONISI  2-96  REAFFIRM ACTION OF 5-2-76 | DATE           |
| PAROLE SUSPENDED   | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECISION(S)  REAFFIRM ACTION OF  5-2-46   | DATE           |
| PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  RETURN TO PRISON FOR  | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECISION(S)  REAFFIRM ACTION OF  5-2-46   | DATE           |
| PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  PETURN TO PRISON FOR FURTHER PROCEEDINGS.   | detainer ( to the Clark County )  a) her proceedings.  Title Parole Administrator  BECISION(S)  REAFFIRM ACTION OF  5-2-46   | DATE           |
| PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  PETURN TO PRISON FOR FURTHER PROCEEDINGS.   | detainer ( to the Clark Councy ) her proceedings.  Title Parole Administrator BECISION(S)  REAFFIRM ACTION OF                | G-33-99        |
| PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  PETURN TO PRISON FOR FURTHER PROCEEDINGS.   | detainer ( to the Clark Councy ) her proceedings.  Title Parole Administrator BECISION(S)  REAFFIRM ACTION OF                | G-33-99        |
| PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  RETURN TO PRISON FOR FURTHER PROCEEDINGS.   | detainer ( to the Clark Councy ) her proceedings.  Title Parole Administrator BECISION(S)  REAFFIRM ACTION OF                | G-33-99        |
| PAROLE SUSPENDED  ISSUE WARRANT AS DETAINER  PETURN TO PRISON FOR FURTHER PROCEEDINGS.   | detainer ( to the Clark Councy ) her proceedings.  Title Parole Administrator BECISION(S)  REAFFIRM ACTION OF                | G-33-99        |

TOTAL P.05

PERMANENT ADDENOA

(THUI 7. 1'99 10:35/ST=0:34/NO. 4861196903 P 4 TEL:213 897 83 P. 002 FROM MY (MEU) 16:26 CASE REC. OFFICERS JUN-30-1999 15:35 PACSD-HUNTINGTON PARK MISCELLANEOUS DECISIONS FACTE Commitment Offense: Robbery With Pirearm 211/12022(a) Name: White, John P.C. CDC:J02099 Received: 1/18/1994 (to CYA) DRD : PAL CDD: PAL White was a CYA parolee who absconded and was declared a PAL on 5/2/96 white was a CYA parotee who absconded and was declared a rail of specific of CYA was notified that effective 4/2/96. On 6/2/99 the Watts Office of CYA was notified that white was in custody in Las Vegas, Nevada. He is charged with multiple counts of Murder, Robbery, Kidnapping, and a Burglary. The case was transferred from CYA to CDC on 6/17/99 effective 6/24/99. The writer received this case on 6/28/99. A full report to the BPT will be made. It should be noted that a full report to the CYA Board was previously made on 6/4/99. 6-20-99 Robert H Alton Oshiro, Unit Supervisor Robert Hoffman, PA II RECOMMENDATION(8) 1) Suspend Subject's parole effective 4/2/96 2) Issue Code 2 warrant as a detainer ( to the Clark County Detention Center in Las Vegas, Nevada) 3) Return to Prison for further proceedings. Parole Administrator David Munoz -32-DECISION(8) REAFFIRM ACTION OF PAROLE SUSPENDED EFFECTIVE. ISSUE WARRANT AS DETAINER RETURN TO PRISON FOR FURTHER PROCEEDINGS.

|                     | PANEL HEARING CASE |   | DECISIO | N DATE |
|---------------------|--------------------|---|---------|--------|
| HAME                | , 1                |   |         |        |
| HAME                | Schoule            | \$1   |         | -      |
| NAME                | -                  |   |         |        |
| NAME<br>White, John | NUMBER<br>J02099   | INSTITUTION OR REGION (UNIT) III, Huntington Park | 5 JUL 1 | 1999   |

5 8PT 1135 (Rev. 8/42)

PERMANENT ADDENDA





## CENTRAL OFFICE CALENDAR DECISION

|        | 1. REPORTS                                  | UEALE  | WED   |             |
|--------|---|--------|---|-------------|
|        | A. PAROLE VIOLATION REPORT OF REVIEWED      |        | E. PSYCHIATRIC REPORT OF                                      | REVIEWED    |
|        | (DATE)                                      | _      | (DATE)  | 112707134   |
|        | B. PAROLE VIOLATION REPORT (PAL) OF         |        | F. DISCHARGE REPORT OF  |             |
| x      | 4/2/96 REVIEWED                             |        | (DATE)  | REVIEWED    |
| -      | C. SUPPLEMENTAL PAROLE VIOLATION REPORT OF  | -      | G. RETAIN ON PAROLE, REPORT OF                                |             |
|        |   |        | d. Ne FAIN ON FAILURE, NET ON FOR                             | Comments!   |
|        | (DATE) REVIEWED                             |        | DATE  | REVIEWED    |
| $\neg$ | D. DISCIPLINARY REPORT OF                   |        | H. OTHER REPORT OF  |             |
|        | DEVIEWED                                    |        |   | REVIEWED    |
|        | (DATE) REVIEWED                             |        | (DATE)  | REVIEWED    |
|        | 2. PAROL                                    | E STAT | rus 1   |             |
|        | A. PAROLE SUSPENDED EFFECTIVE               |        | C. REINSTATE ON PAROLE EFFECTIVE                              |             |
|        | 4/2/96                                      |        |   |             |
|        | [DATE]                                      |        | (DATE)  |             |
|        | B. CONTINUE ON PAROLE                       |        | D. OTHER  |             |
|        | 3. SCHEDULE FOR FU                          | RTHER  | PROCEEDINGS   |             |
|        | A. SCHEDULE FOR REVOCATION PROCEEDINGS      |        |   |             |
|        | 1. EXTENSION 2. PSYCH. ATTN.                |        | C. SCHEDULE FOR RESCISSION PROCEEDING                         | NGS         |
|        |   |        | C. SCHEDOLE FOR RESULSSION PROCEEDIN                          | 103         |
|        | 3. PREREVOCATION                            |        |   |             |
|        |   |        | D. HOLD   |             |
|        | B. RETURN TO PRISON FOR FURTHER PROCEEDINGS |        |   | 140         |
|        | 5.1   |        | PLACE RETAIN  | REMOV       |
|        | 4. OTHER                                    | DECIS  | ONS   |             |
|        | A CANCEL WANT                               |        | C DETAIN IN CUCTORY   | DAVE        |
|        | A, CANCEL WANT REMOVE WARRANT FROM FILE     |        | G. RETAIN IN CUSTODY PENDING REVOCATION EXTENSION HE.         | _DAYS       |
|        | REMOVE WARRANT FROM FILE                    | _      | FEINDING REVOCATION EXTENSION RE                              | Annu        |
|        | B. REAFFIRM ACTION OF                       | 1      | H. PAROLE PERIOD EXTENDED TO 18                               | Mos. 4 Yrs  |
|        | D. REAFFIRM ACTION OF                       |        | PENDING REVOCATION HEARING                                    |             |
|        |   | -      | I. ENTER NCIC WARRANT PER                                     |             |
|        | C. RESCIND ACTION OF                        |        | I. ENTER NOIC WARRANT FER                                     |             |
|        | (DATE)                                      |        | BPT § 2714(b)(1)  | SUBSECTION  |
|        | D. DISCHARGE                                |        | Latin are the first are a second of                           |             |
|        | 1. BPT \$ 2535 S 5 2713(c)                  | V      | J. PLACE IN WANTED PERSONS SYSTEM ISSUE IN CALIFORNIA WARRANT |             |
|        | 2. TO ALLOW AUTHORITIES                     | ~      | ISSUE IN CALIFORNIA WARRANT                                   |             |
|        | EXCLUSIVE JURISDICTION.                     |        | K: MISCELLANEOUS  |             |
|        | E. RETAIN ON PAROLE                         |        |   |             |
|        | BPT RULE 2535(d) ()                         |        |   |             |
|        |   | 1      |   |             |
|        | F. RETAIN ON PAROLE SUPERVISION             |        | ľ   |             |
|        | DANEL UE                                    | FINE   | CASE  |             |
| -      | PANEL HEA                                   | AHING  | CASE  |             |
| ME     | 011   | 120    | 11  |             |
| ME     | Del Cuen.                                   |        | 12/96   |             |
| ME     |   |        | 77  |             |
| ME     | 1111 Cuer                                   |        | 6 6   |             |
|        | 17 Marie                                    |        |   |             |
|        | y made                                      |        |   |             |
|        | JOY559                                      | INSTIT | UTION/REGION UNIT   | DECISION DA |



|  | 1  |
|--|----|
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS GELES DEPT. WEB  | į. |
| HONORMELE RICHARD NEIDORF THOMAZUDGE CLEVETSON JETRON Deputy Cler  | k  |
| ASE NO. SA014380-01 (Parties and counsel checked if present),  | -  |
| PEOPLE OF THE STATE OF CALIFORNIA DEPUTY DISTRICT ATTY: 5 BASHOP   | 2  |
| OI WHITE JOHN LEE Counsel for Defendant: R LEVINE AUC  |    |
| C WC SROW CHECKED IF ORDER APPLICABLE  | 1  |
| 2020 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -   | -  |
| NATURE OF PROCEEDINGS PES PES REM 08-09-1993   | ř  |
| IS SWORN AS THE ENGLISH/ INTERPRETER. ID OATH FILED PER 68560 G.C.  DUE TO CONFLICT OF INTERESTS PUBLIC DEFENDER RELIEVED, PURSUANT TO PENAL CODE SECTION 987,2/GOVERNMENT CODE SECTION 3100  ALTERNATE DEFENSE COUNSEL IS APPOINTED.  | 0  |
| CRIMINAL PROCEEDINGS ARE ADJOURNED TREMAIN ADJOURNED TARE RESUMED.   | 10 |
| DEFENDANT ORDERED DELIVERED TO DEPARTMENT OF CORRECTIONS PURSUANT TO PENAL CODE SECTION 1203.03.  DEFENDANT ORDERED DELIVERED TO CALIFORNIA YOUTH AUTHORITY PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 707.2.   | 3  |
| 74 99 0 MOTION, PROBATION AND SENTENCE HEARING/FURTHER PROCEEDINGS CONTINUED TO AM. IN DEPT. ON AM. IN DEPT.   | *  |
| 75 0 DEFENDANT PERSONALLY AND ALL COUNSEL WAIVE TIME FOR SENTENCING.  OF SUPPLEMENTAL PROBATION REPORT/PROGRESS REPORT ORDERED RE:   | 1  |
| 78 PROBATION DENIED/SENTENCE IMPOSED AS FOLLOWS:   | 3  |
| OMPRISONED IN STATE PRISON FOR TERM PRESCRIBED BY LAW TEARS AND TOTAL OF THE BASE TERM AS TO COUNT TO SECTION TO SECTION OF THE BASE TERM AS TO COUNT TO SECTION TO S | -  |
| PLUS  AS INDICATED BELOW  AS INDICATED BELOW  AS INDICATED BELOW   | 1  |
| COMMITTED TO CALIFORNIA YOUTH AUTHORITY, THE TERM OF IMPRISONMENT TO WHICH THE DEFENDANT WOULD HAVE BEEN SENTENCE PURSUANT TO SECTION 1170 PENAL CODE IS YEARS MONTHS.   | D  |
| IMPRISONED IN LOS ANGELES COUNTY JAIL FOR TERM OF AS TO COUNT(S) AS TO COUNT(S) PAY S FINE TO SUPERIOR COURT, PLUS PENALTY AND SURCHARGE.  |    |
| PAY \$ RESTITUTION FINE TO STATE VICTIMS RESTITUTION FUND PURSUANT TO SECTION 13967(A) G.  77. □ A SENTENCE IS SUSPENDED.  78. □ A SENTENCE SUSPENDED. PROBATION GRANTED FOR YEARISI. □ PROBATION TO BE WITHOUT FORMAL SUPERNISON.   |    |
| 78 1 IMPOSITION OF SENTENCE SUSPENDED, PROBATION GRANTED FOR   | 4. |
| SPEND FIRST DAYS/MONTHS IN COUNTY JAIL. INOT TO BE ELIGIBLE FOR COUNTY PAROLE WORK FURLOUGH PROGRAM RECOMMENDED  | 10 |
| 2 PAY A FINE OF \$ PLUS PENALTY ASSESSMENT (1484 P.C. & 76000 G.C.) THROUGH PROBATION OFFICE PAY \$ LAB FEE PURSUANT TO 11372.5 H&S CODE (\$60 FOR EACH H&S VIOLATION) THROUGH PROBATION OFFICE  | RY |
| PAY RESTITUTION TO THE VICTIM(S)/VICTIM RESTITUTION FUND PURSUANT TO 1203.04 P.C. IN AMOUNT OF \$ 1.000 IN AMOUNT AND MANNER AS INSTRUCTED BY PROBATION OFFICER, INCLUDING SERVICE CHARGE PER 1203.1 P.C.  | 41 |
| A ☐ PAY \$ RESTITUTION FINE PURSUANT TO SECTION 13967 (A) G.C. THROUGH PROBATION OFFICER ☐ TOTAL AMOUNT  | īī |
| TO INCLUDE A SERVICE CHARGE IN THE AMOUNT OF \$PURSUANT TO SECTION 13967(d) G.C. STAYED WHILL DEFENDENT PAYS RESTITUTION AND IF RESTITUTION IS PAID IN FULL, STAY SHALL BE PERMANENT.  | 2  |
| 6 D NOT USE OR POSSESS ANY NARCOTICS, DANGEROUS OR RESTRICTED DRUGS OR ASSOCIATED PARAPHERNALIA EXCEPT WITH VAI<br>PRESCRIPTION, AND STAY AWAY FROM PLACES WHERE USERS, BUYERS OR SELLERS CONGREGATE.  | D  |
| 7 LL NOT ASSOCIATE WITH PERSONS KNOWN BY YOU TO BE NARCOTIC OR DRUG USERS OR SELLERS.  8. LL SUBMIT TO PERIODIC ANTI-NARCOTIC TESTS/ALCOHOL TESTS AS DIRECTED BY THE PROBATION OFFICER OR OTHER PEACE OFFICE   |    |
| HAVE NO BLANK CHECKS IN POSSESSION; NOT WRITE ANY PORTION OF ANY CHECKS; AND, NOT HAVE BANK ACCOUNT UPON WHICH YOU MAY DRAW CHECKS, NOT USE OR POSSESS OR APPLY FOR ANY CREDIT OR ATM CARD.  | H  |
| 10 0 10 NOT ASSOCIATE WITH/STAY AWAY FROM 11 0 COOPERATE WITH PROBATION OFFICER IN A PLAN FOR SUPPORT DEPENDENTS AS DIRECTED BY PROBATION OFFICER.   | 5  |
| SEEK AND MAINTAIN TRAINING, SCHOOLING, OR EMPLOYMENT AS APPROVED BY PROBATION OFFICER.  KEEP PROBATION OFFICER ADVISED OF YOUR RESIDENCE AT ALL TIMES.   | 9  |
| 10 SURRENDER DRIVER'S LICENSE TO CLERK OF COURT TO BE RETURNED TO DEPARTMENT OF MOTOR VEHICLES.  16 NOT DRIVE A MOTOR VEHICLE UNLESS LAWFULLY LICENSED AND INSURED.  |    |
| 17 I NOT OWN, USE OR POSSESS ANY DANGEROUS OR DEADLY WEAPONS.  18 SUBMIT, YOUR PERSON AND PROPERTY UNDER YOUR CONTROL TO SEARCH OR SEIZURE AT ANY TIME OF THE DAY OR NIGHT IS  | N. |
| ANY PROBATION OFFICER OR OTHER PEACE OFFICER, WITH OR WITHOUT A WARRANT OR PROBABLE CAUSE.  18   |    |
| 21 D REPORT TO PROBATION OFFICER UPON RELEASE FROM CUSTODY/WITHIN 22 D IF YOU LEAVE THE COUNTRY, DO, NOT REENTER THE UNITED STATES ILLEGALLY, IF YOU DO RETURN, REPORT TO THE PROBATIC   | N  |
| OFFICER WITHIN AND PRESENT DOCUMENTATION WHICH PROVES YOU ARE IN THE UNITED STATES LEGALLY, DEFENDANT GIVEN TOTAL CREDIT FOR SAYS IN CUSTODY (2) 2 DAYS ACTUAL CUSTODY AND CONSECUTIVELY TO/CONCURRENTLY WITH  | Ø, |
| STAY OF EXECUTION OF GRANTED TO  | =  |
| ON MOTION OF PEOPLE, COUNTS/ENHANCEMENTS REMAINING ARE DISMISSED IN FURTHERANCE OF JUSTICE/PER CASE SETTLEMENT AGREEMENT. COURT ADVISES DEFENDANT OF HIS APPEAL PAROLE RIGHTS.  COURT ADVISES DEFENDANT OF HIS APPEAL PAROLE RIGHTS.   | 4  |
| S DEFENDANT TO PAY COSTS OF PROBATION SERVICES IN AMOUNT OF S AMOUNT TO BE DETERMINED BY PROBATIC  | N. |
| OFFICER.  OURT FINDS DEFENDANT DOES NOT HAVE PRESENT ABILITY TO PAY COSTS OF INCARCERATION/LEGAL SERVICES PROBATION SERVICES.  | 1  |
| B DEFENDANT IS REFERRED TO THE TREASURER/TAX COLLECTOR FOR FINANCIAL EVALUATION. PROBATION OFFICER IS ORDERED TO REGISTER THE DEFENDANT WITH CIT. AND DEPORT ANY NEW ADDRESS.  | 16 |

# EXHIBIT 153

# EXHIBIT 153

# Office of the Special Public Defender

To: Lisa Calandro

Fax No. (510) 887-4451

From: maxine miller Invistigator Subject: Donte Johnson

COMMENTS:

# **FAX TRANSMISSION**

COMMISSIONERS

Bruce L. Woodbury, Chairman Enn Kenny, Vice-Chair Yvonne Atkinson Gates Oario Herrera Mary J. Kincaid Lance M. Malone Myma Williams

Dale W. Askew, County Manager

Philip J. Kohn

SPECIAL PUBLIC DEFENDER

309 S Therd Street

PO Box 552316 Las Vegas NV 89155-2316

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Date: 4-13-99

Pages: 13 including cover sheet

Office of the Special **Public Defender** 

Cellular: (702) 249-2675

Beeper: (702) 222-5471

Maxine A. Miller Criminal Investigator

309 S Third St PO Box 552316 Las Vegas NV 89155-2316 http://www.co.clark.nv.us

Fax: (702) 455-6273

pursuant to our conversation, please veriew the attached forensiz lab report on our client, Donte Johnson. I will also wail a copy in case the fax

transmission is difficult to read. Please eall if any questions.

Should you have difficulties receiving this fax, please telephone Maxine miller at the above number.

# Office of the Special Public Defender



309 S. Thwd Street

PO 80x 552316 Las Vegas NV 89155-2316

(702) 455-6255 Fax: (702) 455-6273

## **FAX TRANSMISSION**

COMMISSIONERS

Bruce L. Woodbury, Chairman Erin Kenny, Vice-Chair Yvonne Atkinson Gates Dano Herrera Mary J. Kincaid Lanco M. Matone Myrna Williams

Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER Philip J. Kohn To: Lisa Calandro Fax No. (510) 887-4451

From: Maxine miller Invistigator Subject: Dente johnson

COMMENTS:

Date: 4-13-99

Pages: 13 including cover sheet



Office of the Special Public Defender

Maxine A. Miller Criminal Investigator

309 S Third St PO Box 552316 Las Vegas NV 89155-2316 http://www.co.clark.nv.us

Cellular: (702) 249-2675 Beeper: (702) 222-5471

702) 455-0214

Fax: (702) 455-6273

pursuant to our conversation, please
veriew the attached forensiz Lab
report on our client, bothe Ichneon.

I will also wail a copy in case the fax
transmission is difficult to read. Please
ball if any questions.

Should you have difficulties receiving this fax, please telephone Maxine mile at the above number.

# Office of the Special Public Defender



COMMISSIONERS

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Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER

Philip J Kohn

April 13, 1999

309 S Third Street PO Box 552316 Las Vegas NV 89155-2316 (702) 455-6265 Fax: (702) 455-6273

Ms. Lisa Calandro Forensic Analytical San Francisco Office 3777 Depot Road, Suite 409 Hayward, California 94545

Dear Ms. Calandro:

Pursuant to our conversation today, please review the enclosed forensic lab report from the Las Vegas Metropolitan Police Department regarding DNA results on our client Donte Johnson. Please let me know if you need any other information or have any questions.

Sincerely,

Maxine Miller Investigator

maxine Millur

### LAS VEGAS METROPOLITAN POLICE DEPARTMENT FORGE SIC LABORATORY REPORT OF EXAM

NAME:

JOHNSON, Donte (suspect)

MOWEN, Matt (victim)

BIDDLE, Jeff (victim)

GORRINGE, Tracey (victim) TALAMANTEZ, Peter (victim) CASE:

98 0814-1600

AGENCY:

LVMPD

August 27, 1998

INCIDENT: Homicide

BOOKED BY:

ANALYSIS DATE:

Washington/4725

REQUESTED BY:

Homicide/Hefner

I. THOMAS A. WAHL, do hereby declare:

1 1998 SEP

That I am a Criminalist employed by the Las Vegas Metropolitan Police Department;

That on October 14, 1996, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness;

That I received evidence in the above case and completed an examination on the following items:

- TAW 1 One sealed paper bag (package 4725-1) booked by Washington containing: Item 1 - pair of black Calvin Klein jeans
- TAW Z One sealed paper bag (package 4725-9) booked by Washington containing: Item 9 - pair of black Perry Ellis jeans
- TAW 3 One sealed paper bag (package 4725-2) booked by Washington containing: Item 2 - pair of black Levi jeans
- 1 4 One sealed paper bag (package 4725-3) booked by Washington containing: Item 3 - pair of black Anchor Blue jeans
- TAW 5 One sealed paper bag (package 4725-7) booked by Washington containing: Item 7 - pair of black Fubu boots
- TAW 6 One sealed paper bag (package 4725-5) booked by Washington containing: Item 5 - pair of white and blue Converse athletic shoes
- TAW 7 One sealed paper bag (package 4725-4) booked by Washington containing: Item 4 - pair of black Nike athletic shoes
- TAW 8 One sealed paper bag (package 4725-6) booked by Washington containing: Item 6 - pair of green Fubu boots and a pair of underwear
- TAW 9 Sealed ME/SAX kit from Peter Talamantez containing the following:

Item D - blood samples

Item F - penile swabs and smears

Item G - rectal swabs and smears

Item H - oral swabs and smears

Item K - pubic hair combings

hem L - pulled pubic hairs

Item M - pulled head hairs

98 0814-1600 Page | of 4 by: Mow

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P. 82

TAW 10 - Sealed ME kit from Matthew Mowen containing the following:

Item A - blood samples

Item D - pulled pubic hairs

Item E - pulled head hairs

TAW 11 - Sealed ME kit from Tracey Gorringe containing the following:

Item A - blood sampless

Item D - pulled pubic hairs

Item E - pulled head hairs

TAW 12 - Sealed ME kit from Jeff Biddle containing the following:

Item A - blood samples

Item D - pulled pubic hairs

Item E - pulled head hairs

### CONCLUSION:

1. Eight human bloodstains were identified on the lower right back pant leg of the black Calvin Klein jeans of TAW1.

DNA profiling results of all eight bloodstains indicated they originated from a common source.

Tracey Gorringe cannot be excluded as the source of these eight bloodstains. This blood could have originated from him.

Matthew Mowen, Jeffrey Biddle, and Peter Talamantez are excluded as the source of these bloodstains.

- A DNA reference standard from Donte Johnson is requested for comparison purposes.
- 2. Blood was not identified on the items of TAW 2 through TAW 8.
- 3. No semen was identified on the items from the MEK/SAK of TAW 9.
- 4. No hairs of apparent foreign origin were recovered from the pubic hair combings of TAW 9.

I returned the evidence to the vault.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

august 28, 1998

THOMAS A. WAHL, #5019

Criminalist II

21/8

98 0814-1600

Page 7 of 4 his

P.03

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| SON, D                  |                                |                                   | The state of the s | DNA                                   | DNA BUMMARY CHART  | Y CHART          |                |                              |                    |               | ı                   |
|-------------------------|--------------------------------|-----------------------------------|--|---------------------------------------|--------------------|------------------|----------------|------------------------------|--------------------|---------------|---------------------|
|                         | Victim                         | MOWEN, MATTHEW<br>BIDDLE, JEFFREY | 3  | CORRINGE, TRACEY<br>TALAMANTEZ, PETER | PRACEY<br>2, PETER | Criminalist      | THOMAS A. WAHL |                              | Eveni              | 98 0614-1600  |                     |
| -                       | ayzed                          |                                   |  | ٦                                     | DNA PCR Results    | Ulle             |                | Seloto                       | Selology Results   |               | Semple              |
| H                       | 98032666-1 (A-H)               | (A-H)                             | LULA   | AYPA                                  | HBGD               | D758             | 96             | HUMAN BLOODSTAINS IDENTIFIED | STAINS IDENT       | IFIED         | Sufficient          |
|                         | Evidence Description           | llon                              | 80   | AB                                    | AB                 | ×                | AC             |                              |                    |               | Sample<br>Remaining |
| WASHINGTON PAIR OF BL   | PAIR OF BLACK CALVIN KLEIN JEA | CEIN JEANS                        |  |                                       |                    |                  |                | Con                          | Conclusion         |               | for<br>Balasia      |
| Plg# Ilem#              | (STANGA-II)                    |                                   | DOAI   | D1580                                 | AMELO.             |                  |                | GORRINGE INCLUDED.           | GORRINGE INCLUDED. | Table 1 to be | Keles               |
| 1 1-52.0                |                                | THE                               | 3  | 18,22C                                | MALE               |                  |                | MOWEN, BILLDLE, AND          | MAMMIES            | excluded.     | Yes X               |
| US Caucasian Pop. 1 IA  | 1 IN 219,000                   |                                   | Freq. U.   | Freq. US Alrican American Pop.        | ricen Pop.         | I IN 7.5 MILLION | NON            | Freq US Hispanio Pop.        | 1 IN 330,000       |               |                     |
| TAW II Leb #            | 88033117-1A                    | 17-fA                             | LOUR   | AAAD                                  | HBGG               | 0768             | œ              |                              |                    | 5             | Buffick             |
| Booked By E             | Evidence Description           | llon                              |  |                                       | 44                 |                  | 1              |                              |                    |               | Sample              |
| HORMAN BLO              | BLOOD SAMPLES FROM             | FROM                              | <b>B</b>   | AB                                    | BA                 | <                | A.             | Co                           | Cenclusion         |               | Jo.                 |
| Pkg# Ilem#              | TRACET GORRINGE (VICTIM)       | (VICTIM)                          | DOAt   | DISBO                                 | AMELO.             |                  |                | REFEREN                      | REFERENCE BTANDARD | 0             | Reces               |
| \$                      |                                |                                   | n  | 18,220                                |                    |                  |                |                              |                    |               | × ×                 |
| Freq US Caucasian Pop.  |                                |                                   | Freq. U.   | Freq. US African American Pop.        | nican Pop.         |                  |                | Freq US Hispanic Pop.        |                    |               |                     |
| TAW 10 Lab#             | 98033120-1A                    | 20-1A                             | LOLR   | Advo                                  | HBOG               | 0788             | 90             |                              |                    |               | Sufficia            |
| Booked By E             | Evidence Description           | Suon                              |  |                                       | 1                  |                  | 1              |                              |                    |               | Sample              |
| HORMAN BLO              | BLOOD SAMPLES FROM             | FROM                              | B  | ,                                     | AB.                | 4                | 28             | Co                           | Conclusion         |               | for                 |
| Pho# lism#              | MAI THEW MOWEN (VICTIM)        | (VICTIM)                          | D0A1   | 01890                                 | AMELO.             |                  |                | NEFEREN                      | REFERENCE STANDARD | 0             | Tale of the last    |
| IA                      |                                |                                   | 3,4.1  | 24,31                                 | MALE               |                  |                |                              |                    |               | Yes ×               |
| Freq. US Caucastan Pop. | s_                             |                                   | Freq. U.   | Freq. US African American Pop.        | sriçan Pop.        |                  |                | Freq US Hepethip Pop.        |                    |               |                     |
| TAW 12 Cab #            | 98033114-1A                    | 14-1A                             | LOLA   | AAVD                                  | HBGG               | b758             | 96             |                              |                    |               | Sufficient          |
| Booked By               | Evidence Description           | ollon                             | a's  |                                       | •                  | W                |                |                              |                    |               | Remeir              |
| HORMAN                  | BLOOD SAMPLES FROM             | FROM                              | 2  |                                       |                    |                  | ,              | S                            | Conclusion         |               | for                 |
| Pkg# Hem#               | - FHEY BIODLE                  | (MICTIM)                          | DOAL   | DISEG                                 | AMELO.             |                  |                | REPEREN                      | REPERENCE STANDARD | 0             |                     |
| MEK 1A                  | _                              |                                   | 1.2,3  | 21,31                                 | MALE               | •                |                |                              |                    | 7             | -15-                |
| Fren US Gauc. Pop.      |                                |                                   | Freq. US African   | Freq. US African American Pu.         | sikan Pu,          |                  |                | Freq US Hispanic Pop.        |                    | -             |                     |

| 000000000000000000000000000000000000000  |                                       | Sample o.         | Sufficient  | Semple               | for                | Hetabl7            | * ×    |                       | Bufficients<br>Sample to | Remainir   | Yes NR | AED                           | Buffela | Sample               | for        | The state of the s | 200 |                                | Sufficie | Remainir d           | Relest? | 788<br>X 21 |                            |
|--|---------------------------------------|-------------------|-------------|----------------------|--------------------|--------------------|--------|-----------------------|--------------------------|------------|--------|-------------------------------|---------|----------------------|------------|--|-----|--------------------------------|----------|----------------------|---------|-------------|----------------------------|
| September 1  | 98 0814-1800                          |                   |             |                      |                    | 30                 |        |                       |                          |            |        |                               |         |                      |            |  |     |                                |          |                      |         |             | inanic Don                 |
| The second second  | Event                                 | Sarology Results  |             |                      | Conclusion         | REFERENCE STANDARD |        |                       |                          | Conclusion |        |                               |         |                      | Conclusion |  |     |                                |          | Conctusion           |         |             |                            |
|  |                                       | Sero              |             |                      | 8                  | REFEREN            |        | Freq US Hispanic Pop. |                          | ŏ          |        | Frad (19 illements Pre-       |         |                      | 3          |  |     | Freq UB Hispánio Pop.          |          | 0                    |         |             | Fran US Historic Don       |
|  | THOMAS A. WAHL                        | 200               | 28          |                      | 90                 |                    |        |                       | 90                       |            |        |                               | 8       |                      |            |  |     |                                | 90       |                      |         |             |                            |
| MAIN   | Criminalist                           | 19                | D788        |                      | «                  |                    |        |                       | D788                     |            |        |                               | N798    |                      |            |  |     |                                | 0756     |                      |         | •           |                            |
| UNA BURMARI CHARI  |                                       | DMA PCR Results   | HBOG        | 1                    | 28                 | AMELO.             | MALE   | сеп Рор.              | нвас                     |            | AMELO. | Post Dog                      | HBGG    |                      |            | AMELO.   |     | kean Pop.                      | HBGB     |                      | AMELO.  |             | ican D                     |
| DIA COLOR  | GORRINGE, TRACEY<br>TALAMANTEZ, PETER | 6                 | GYPA        |                      | AB                 | 01880              | 18, 24 | African American Pop. | ÖYPÄ                     |            | 01580  | Free (68 Africas American Don | AVDA    |                      |            | 01380  |     | Freq. US African American Pop. | GYPA     |                      | D1880   |             | Fred. US Aldoso American D |
| -  |                                       | 1                 | LDLR        |                      | 00                 | DOAI               | 1.1.13 | Freq. US              | LOLA                     |            | DOAI   | Fred 169                      | 9101    |                      |            | DOA1   |     | Freq. US                       | LOLK     |                      | DOA1    |             | Frag. US                   |
| Name of Street, Street | MOWEN, MATTHEW<br>BIDDLE, JEFFREY     |                   | 2-10        | don                  | FROM               | (VICTIM)           |        |                       | Non                      |            |        |                               |         | ollon                |            |  |     |                                |          | Non                  |         |             |                            |
| With the same of the same of   | Vietim                                | nalyzed           | 08033122-10 | Evidence Description | BLOOD SAMPLES FROM | RIALAMANTEZ        |        |                       | Evidence Descripilon     |            |        |                               |         | Evidence Description | 73         |  |     |                                |          | Evidence Description |         |             |                            |
|  | DONTE                                 | Evidence Analyzed | Lebs        | -                    | BLC                | PETE               |        | Pop.                  | -                        |            |        | Pos                           | Laha    | 4                    | ,          |  |     | Pop.                           |          |                      |         |             | Don                        |
| 100  | JOHNSON, DONTE                        |                   | TAWS        | H By                 | WAN                | Hem #              | Ð      | US Caucasian Pop.     | woked By                 |            | Item#  | Fren 119 Caricanian Don       |         | Booked By            |            | llem#  |     | Freq. US Caucasian Pop.        |          | Booked By            | llem #  |             | Fred 115 Cauc              |
| -  | Support                               |                   | M           | Booked By            | NORMAN             | Pkg #              | MEKU   | F US                  | E Const                  |            | Pkg #  | Fres                          | 10      |                      |            | Pkg#   |     | Freq. U                        | MOI      | Book                 | Pkg #   |             | Fred !                     |

APR-12-99 14 48 FROM DIST. ATTY BAD CHECK UNIT ID 7024556410

\*\*\*\*SUPPLEMENTAL\*\*\*\*

98 0814-1600

NAME:

JOHNSON, Donte (suspect)

CASE-AGENCY: SMITH, Sikia (suspect)

YOUNG, Terrell (suspect) MOWEN, Marthew (victim)

GORRINGE, Tracey (victim)

BIDDLE, Jeffrey (victim) BOOKED BY:

ANALYSIS DATE: October 7, 1998

THOWSEN

LVMPD

TALAMANTEZ, Peter (victim)

INCIDENT: HOMICIDE

REQUESTED BY:

Homicide/Hefner

I, THOMAS A. WAHL, do hereby declare:

6 1998 NOV

That I am a Criminalist employed by the Las Vegas Metropolitan Police Department;

That on October 14, 1996, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert

That I received evidence in the above case and completed an examination on the following items:

TAW 13 - Sealed DNA Buccal Swab Kit from John White (subsequently identified as Donte Johnson).

TAW 14 - Sealed DNA Buccal Swab Kit from Cochise Terrell Young.

TAW 15 - Sealed Serology Standards Kit from Sikia Smith containing the following: Item A - blood samples.

TAW 16 - Sealed manila envelope (package # 5221-4) booked by Fletcher containing:

Item 17 - two Marlboro brand cigarette butts

Item 18 - one Marlboro brand cigarette butt

Item 19 - one cigarette butt (orange/yellow)

Item 20 - three Marlboro brand cigarette butts

Item 21 - three Marlboro brand cigarette butts

Item 22 - one Marlboro brand cigarette butt

Item 23 - one cigarette butt (orange/yellow).

## CONCLUSION:

1. Further examination of the black Calvin Klein Jeans of TAW1 (previously examined, see report executed on August 28, 1998) revealed the presence of several white crusty stains located on the front inside zipper flap area. Microscopic evaluation of extracts prepared from these stains revealed both spermatozoa and nucleated epithelial cells.

A differential, DNA fractionation was performed on two of these stains (Stains I and K). Differential fractionation allows separation of DNA from the cellular components into the epithelial cell fraction and the sperm cell fraction.

Dome Johnson cannot be excluded as the sperm donor of these stains. He could be the source of the sperm.

Sikia Smith, Terrell Young, Matthew Mowen, Jeffrey Biddle, Tracey Gorringe and Peter Talamantez are excluded as the sperm donor of these stains.

The source of the epithelial cells was revealed to be of female origin. All male individuals are excluded as the source of these cells. A DNA profile was obtained which is inconsistent with the DNA profiles of all suspects and victims in this case to date.

> 98 0814-1600 Page | of 8 by:

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P.85

- 2. Terrell Young, Sikia Smith, and Donte Johnson are excluded as the source of bloodstains A through H on the black Calvin Klein jeans of TAW 1 (previously examined; see report executed on August 28, 1998).
- 3. Twelve cigarette butts were submitted for analysis (TAW 16). Ten exhibited the brand name Marlborn and were similar in appearance with each other. The remaining two butts exhibited no identifiable brand name and appeared similar to each other but dissimilar to the Marlboro butts. Nucleated epithelial cells were identified on all but one of the butts.
- 4. Jeffrey Biddle cannot be excluded as the source of the human DNA recovered from four of the Marlboro butts (TAW16 items 17A, 17B, 20B and 21B). He could be the source of this DNA.

Terreil Young, Sikia Smith, Donte Johnson, Matthew Mowen, Tracey Gorringe, and Peter Talamantez are excluded as the DNA source.

5. A DNA mixture was indicated on four other Marlboro butts (TAW16 items 18, 21A, 21C and 22).

Jeffrey Biddle cannot be excluded as the source of the major DNA component of the mixture on three of these butts (TAW 16 items 18, 21A and 21C). He could be the source of this DNA.

Terrell Young, Sikia Smith, Donte Johnson, Matthew Mowen, Tracey Gorringe, and Peter Talamantez are excluded as the major DNA component of the mixture on each butt.

Donte Johnson cannot be excluded as the source of the major DNA component of the mixture on the remaining butt (TAW16 Item 22). He could be the source of this DNA.

Terrell Young, Sikia Smith, Matthew Mowen, Jeffrey Biddle, Tracey Gorringe, and Peter Talamantez are excluded as the major DNA component of the mixture.

- 6. Terrell Young, Sikia Smith, Donte Johnson, Matthew Mowen, Jeffrey Biddle, Tracey Gorringe, and Peter Talamantez are excluded as the source of the DNA recovered from one of the two butts with no identifiable brand name (TAW16 item 19). Furthermore, this DNA was revealed to be of male origin.
- 7. DNA typing results were inconclusive on the remaining cigarette butt with no identifiable brand name (TAW16 Item 23).
- No DNA typing results were obtained from the Marlboro cigarette butt of TAW16 item 20A.
- 9. No human DNA was recovered from the Mariboro cigarette butt of TAW16 item 20C.
- 10. A small human bloodstain was identified on the Marlboro cigarette butt of TAW16 item 18. No DNA typing results were obtained.

I returned the evidence to the vault.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

98 0814-1600

Page 2 of 8 by

P.87

| Carlo | 99 0814-1600<br>(SUPPLEMENTAL)   | Sample                                | Sufficient  | 1  |  |                    | X X    |                                 | Sufficient |                      | Relest7                                | 1                  | X X    |                                | Sulficent   | - 1   | (200   | Negara A           | Yes No |                                | - 4                          | Page 15                          | ND Release                      | V98                     |
|---|--|---------------------------------------|-------------|--|--|--------------------|--------|---------------------------------|------------|----------------------|--|--------------------|--------|--------------------------------|-------------|---|--|--------------------|--------|--------------------------------|------------------------------|----------------------------------|---------------------------------|-------------------------|
| 1   | Even<br>Number   | Single Holology Hospilis              |             | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | The state of the s | REFERENCE STANDARD |        | Frey US Hispanic Pop. r         |            | 445.0                | Conclusion                             | REFERENCE STANDARD |        | Freq US Hepanic Rop.           |             |   | The state of the son of the state of the sta | REFERENCE STANDARD |        | Frid US Flisparile Pop.        | HUMAN BLOODSTAINS IDENTIFIED |                                  | TERREIL YOUNG, SIKIA SMITH, AND | CONTESCUENCIA ENCUCIONE |
| SOUTH THE STATE OF  | THOMAS A. WAHL   | Tablished.                            | gc<br>S     | 8  | 7.5  | SHEET STATES       |        |                                 | 1190       | 0                    | 23.00                                  |                    |        |                                |             | AR  | 2  | 10.41-10           |        |                                | 190                          | AC                               |                                 |                         |
| CHARLE  | Grinshalla   | tide this pirt                        | 11 BS20     | AB   | 100000000000000000000000000000000000000  | THE COL            |        |                                 | 1,0788     | A                    | TABLE STATE                            | appending          |        |                                | THI DESMITT | ٧   |  | ALLE ME            |        |                                | ps/d                         | 4                                |                                 |                         |
| THE PROPERTY OF THE   |  | A PCR RESU                            | -           | <  | 1. S.  | AMELO              | MALE   | can Pop!                        | Hagg       | ٧                    | A PERCHASIA                            | AME O              | MALE   | dan Rops                       | -           | AC  |  | AMELO:             | MALE   | chi Pop                        | HBadd                        | AB                               | .vweto:                         | MALE                    |
| 2000  | RINGE, TRA   | COLLINI DNA PCR RES                   | OYPA: THBGG | D  | 12   | 01580              | 28, 31 | Freq. US African American Popis | GYPA       |                      | C. C. C. C. C.                         | D1580 H            | 20, 22 | Freq. Us Alifean American Rops | GYPA        | п   | 3  | Diseo              | 22, 28 | Freq. US Artren Anielican Pop. | GYPA                         | AB                               | D S80                           | 18,22C                  |
|   | HEW / GOR  | \$150 pg                              | - undu      | 0  | -  | DOM1               | 4.1,   | Freq. US.A                      | LDLR       | ю                    | -                                      | DOAI               | 4:1    | Fred US A                      | LOCR        |   | 0  | DÓA!               | 1.2, 3 | Fréq. US                       | LOLR                         | В                                | Ιγοσ                            | 9                       |
|   | VICTOR MOWEN, MATTHEW / GORRINGE, TRACEY BIDDLE, JEFFREY / TALAMANTEZ, PETER | in Evidence Analyzaditie in the trace | 98034252-1  | Personal Evidence Description and in the contract of the contr | DNA BUCCAL SWAB KIT FROM<br>DONTE JOHNSON  | (SUSPECT)          |        |                                 | 08034942-1 | Evidence Describilon | DNA BUCCAL SWAB KIT FROM TERRELL YOUNG | (SUSPECT)          |        |                                | 98035372-1A | Ann Diving Eyldence Description and Profits | BLOOD SAMPLES FROM SIKIA SMITH   | (analent)          |        |                                | 1                            | PAIR OF BLACK CALVIN KLEIN JEANS | (STAINS A-H)                    |                         |
| -   | , DONTE<br>KIA<br>ERRELL   | - Evidence                            | (Ab)        | 100 A 100 A 1  | DIVA   |                    |        | Pop.                            | Lab#       | Sallest o            | DNA                                    |                    |        | Pop                            | 187         |   | BLOOD  | 4                  |        | n Pop.                         | Lab #                        | 5.5                              | las -                           |                         |
|   | peci JOHNSON, DONTE SMITH, SIKIA YOUNG, TERRELL                              | ALC: MUNICIPALITY                     | TAWIS       | Booked Byn 1111  |  | g# - Hem#          | F1 1   | req. US Caucasian Pop.          | TAWIA      | Booked By:           | The Party                              | 1# 1.              | -      | eq US Caucastan Pop. 11.       | TAWIS       | Booked By                                   | THOWSEN  | T ilgin # >        | .T210  | eq. US Caucaslan Pop           | E TAWI                       | Booked By 1.5;                   | # Illem #                       | 12-21                   |

|                             |  | -                              | 100                             | UNA  | UNA SUMMARY CHARI            | LUINEL                    | O. Transport   | Contraction of the second  | 一 一 のかなり 本のをからしている  | 1000             |
|-----------------------------|--|--------------------------------|---------------------------------|--|------------------------------|---------------------------|----------------|--|---|------------------|
| SMITH, SIKIA YOUNG, TERRELL | NYE VOIM   | MOWEN, MATTH<br>BIDDLE, JEFFRE | MATTHEW / GOI<br>EFFREY / TALAW | MATTHEW / GORRINGE, TRACEY<br>EFFREY / TALAMANTEZ, PETER | ACEY                         | Criminalist<br>Light Till | THOMAS A. WAFE |  | Even<br>Even<br>Number (SUPPLEMENTAL  | O<br>NTAL)       |
| FV EV                       | Evidence Analyzed  | 77. 1. 2. 15. 2.               | 1. 2. C. C. C. C.               | POT MINE   | CONTINUE DINA POR Reduits of | Ulls off (1) Fire         | All a little   | News Charles Condenses   | Results   | if it is Sample  |
| TAW!                        | 1.86 kg  | 1-9                            | LDLR                            | GYPAIL 'HIGG   | нвоо                         | 111 98 (5)                |                | EPITHELIAL CELLS IDENTIFIED  | LS IDENTIFIED   | Sufficient       |
| Booked By Annual PA         | PAIR OF BLACK CALVIN KLEIN JEAN                                    | LEIN JEANS                     | NA                              | NA   | KY.                          | NA                        | N/N            | State of the state |   | Remaining<br>for |
| 1 A                         | (STAIN I ÆPITHELIAL CELL FRACTION)                                 | FRACTION                       | τρογί                           | . D1580  | AMELO                        |                           | A. The State   | -  |   | Relest?          |
| -                           |  |                                | NA                              | NA   | ¥                            |                           |                |  |   | S ×              |
| US Caucasian Pop 18         | HELL   |                                | Freq. US.                       | Freq. US. Airban American Pop.                           | Ican Popin                   |                           |                | ENGTUS HIS BING RODES  |   |                  |
| TAWI                        | Lab # 98032856-1   | 199.1                          | LDLR.                           | GYPA   | нвад                         | THE ASSURE                | 113611         | SPERMATOZOA IDENTIFIED   | A IDENTIFIED  | Sufficient       |
| Booked By R                 | PAIR OF BLACK CALVIN KLEIN JEAN                                    | IN JEANS                       | 8                               | 6  | <                            | AB                        | 8              |  | HOLD THE PARTY OF | Remaining        |
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| JOHHSON, DONTE<br>SMITH, SIKA<br>YOUNG, TERRELL | MOWEN,<br>BIDDLE,   | EY/TALAN  | MATTIJEW / GORRINGE, TRACEY<br>JEFFREY / TALAMANTEZ, PETER | MCEY   | Commonts<br>Strings  | THOMAS A. | A. WAHL EVEN SHIP SHOOT STATE  | ۲.}             |
| Evidence Analyzedm                              | A WAY WHAT HOLD BEFORE  | THE PLANT | Q+   | " DNA PCR Rasi   | May June 14  | MERCAN    | THE SHIP IN THE SECONDAY ROSULES IN THE SECONDARY SECOND | Semple          |
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| African American Rop 1.   |
| GYPA<br>GYPA  |
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### \*\*\* SUCCESSFUL TX REPORT \*\*\*

1D:7024556273 SPECIAL PUBLIC DEFENDER 04-13-99 13:25

JOB No. ----- 992 START TIME 13:14 ID No. ----- 15108874451 RESOLUTION ----- STANDARD TOTAL PAGE ----- 10'43 MACHINE ENGAGED INFORMATION

### Office of the Special Public Defender

### FAX TRANSMISSION

ERROR PAGE

Pare W Assess, County Manage

SPRCIAL PURLIG DEFENDER

To: Lisa Calandro Fax No. (510) 887-4451 From: Maxine miller Invistigator Subject Dante Johnson COMMENTS

Dare: 4-13-99 Passe-13 Including course where



Office of the Special Public Defender

Callular (702) 246-2479 Beeper (702) 224-5471

pursuant to our conversation, please veriew the attached forensic Lab report on our client, Donte Johnson. I will also wail a copy in case the fax transmission is difficult to read. Please exclif any questions

Should you have difficulties receiving this for please telephone Maxi IL Miller the above number



San Francisco • Los Angeles • Minneapolis / St. Paul

April 20, 1999

Office of the Special Public Defender Maxine Miller, Criminal Investigator 309 S. Third Street Las Vegas, NV 89155-2316

Re: St. of NV vs. Donte Johnson

FSD Case #: 99-168

#### Dear Ms. Miller:

I have had an opportunity to review the reports of the Las Vegas Metropolitan Police Department Crime Laboratory dated August 28, 1998 and October 23, 1998 and have put together a list of additional items related to the DNA testing which I will need in order to adequately review the above referenced case.

- -A copy of all reports, laboratory notes, sketches, and photographs of the Las Vegas Metropolitan Police Department Crime Laboratory in support of conclusions reported with regard to DNA analysis in this case (LVMPD Case No. 98 0814-1600) including but not limited to the following:
- 1) Evidence processing and chain of custody documentation
- 2) Photographs and/or descriptions of evidence items analyzed
- 3) Laboratory notes related to the screening of evidence items for biological fluids
- 4) DNA extraction worksheets and laboratory notes
- 5) Yield gel worksheets and photographs
- 6) Slot blot DNA quantitation worksheets and photographs
- 7) Photographic quality copies of DQ-alpha typing strip results
- 8) Photographic quality copies of Polymarker typing strip results
- 9) Photographic quality copies of D1S80 typing results

- 10) Documents used as the basis for statistical information contained in reports relating to DNA analysis (e.g. databases used to calculate allele frequencies).
- 11) Methods used to calculate allele and/or profile frequencies

I anticipate the review process would require approximately 6 hours at \$180/hour. Let me know if you have any questions regarding this list.

Sincerely,

Lisa Calandro, MPH

Forensic Scientist

To:

File

From:

Maxine Miller

Subject: Donte Johnson

Date:

April 29, 1999

MEMORANDUM

TC to Richard Good, manager, Metro Crime Lab Fingerprint Division. 455-3949. After much discussion, he agreed to accept subpeona in lieu of court order for obtaining fingerprint exemplars. He would also like name and phone number of person to contact in L.A. at Forensic Analytical to discuss exactly what they will need. He says that metro must keep the originals of everything but they can send very high quality copies for our expert to use.

I need to contact Berch Henry, manager in DNA unit at 229-3949 regarding Lisa Calandro's letter requesting additional items related to DNA testing. Mr. Henry will not be in today however.

Mr. Good says that it will take several weeks to get the fingerprint material ready.

I need to call Robert Daskas and advise him to e-mail or call above managers regarding our requests.

cc: Pete LaPorta

## Office of the Special Public Defender



PO Box 552316 Las Vegas NV 89155-2316

(702) 455-9265

Fax: (702) 455-6273

### **FAX TRANSMISSION**

COMMISSIONERS

Bruce L. Woodbury, Chairman Erin Kenny, Vice-Chair Yvonne Atkinson Gates Dano Herrera Mary J. Kincaid Lance M. Malone Myrna Williams

Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER

Philip J. Kohn

TO: BEYCH HENRY METTO DNA LAB

Fax No. 224-3948

From: MAXINE Miller

Subject: Donte Johnson

COMMENTS:

Date: 5-7-99

Pages: 3, including cover sheet



Office of the Special Public Defender

Maxine A. Miller Criminal Investigator

309 S Third St PO Box 552316 Las Vegas NV 89155-2316 http://www.co.clark.nv.us

(702) 455-0214

Cellular: (702) 249-2675 Beeper: (702) 222-5471

Fax: (702) 455-6273

Attached is a letter from

Forensic Analytical requesting

Eddlittoral items for DNA testing.

Please let me know next week

what items will be available and I

will fax a subperg etc.

Should you have difficulties receiving this fax, please telephone MAXINE milest the above number.



April 20, 1999

Office of the Special Public Defender Maxine Miller, Criminal Investigator 309 S. Third Street Las Vegas, NV 89155-2316

Re: St. of NV vs. Donte Johnson FSD Case #: 99-168

#### Dear Ms. Miller:

I have had an opportunity to review the reports of the Las Vegas Metropolitan Police Department Crime Laboratory dated August 28, 1998 and October 23, 1998 and have put together a list of additional items related to the DNA testing which I will need in order to adequately review the above referenced case.

- -A copy of all reports, laboratory notes, sketches, and photographs of the Las Vegas Metropolitan Police Department Crime Laboratory in support of conclusions reported with regard to DNA analysis in this case (LVMPD Case No. 98 0814-1600) including but not limited to the following:
- 1) Evidence processing and chain of custody documentation
- 2) Photographs and/or descriptions of evidence items analyzed
- 3) Laboratory notes related to the screening of evidence items for biological fluids
- 4) DNA extraction worksheets and laboratory notes
- 5) Yield gel worksheets and photographs
- 6) Slot blot DNA quantitation worksheets and photographs
- 7) Photographic quality copies of DQ-alpha typing strip results
- 8) Photographic quality copies of Polymarker typing strip results
- Photographic quality copies of D1S80 typing results

- Documents used as the basis for statistical information contained in reports relating to DNA analysis (e.g. databases used to calculate allele frequencies).
- 11) Methods used to calculate allele and/or profile frequencies

I anticipate the review process would require approximately 6 hours at \$180/hour. Let me know if you have any questions regarding this list.

Sincerely,

Lisa Calandro, MPH Forensic Scientist

## Office of the Special Public Defender



#### COMMISSIONERS

Bruce L. Woodbury, Chairman Erin Kenny, Vice-Chair Yvonne Atkinson Gates Dario Herrera Mary J. Kincaid Lance M. Malone Myrna Williams

Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER
Philip J. Kohn

### **FAX TRANSMISSION**

309 S. Third Street PO Box 552316 Las Vegas NV 89155-2316 (702) 455-6265 Fax: (702) 455-6273

To: Richard Good

Fax No. 229-3948

From: Maxine miller

Subject: Donte Johnson EVENT # 980814-1600 COMMENTS: Date: MAY 10, 1999

Pages: 3, including cover sheet



Office of the Special Public Defender

Maxine A. Miller
Criminal Investigator

309 S Third St PO Box 552316 Las Vegas NV 89155-2316 http://www.co.clark.nv.us

---

Cellular: (702) 249-2675 Beeper: (702) 222-5471

Fax: (702) 455-6273

Attached is subjected for fingerprint exemplass and lifted prints related to above case. Hease call if any

questions. We need the material sent

to John Thornton, Forensiz Analytical,

in L.A. phone # (310) 7632374.

Should you have difficulties receiving this fax, please telephone MAXINC Miller at the above number.

### **DISTRICT COURT**

### **CLARK COUNTY, NEVADA**

| THE STATE OF NEVADA, vs. | Plaintiff, | )<br>}<br>} | CASE NO.<br>DEPT NO.<br>DOCKET | C153154<br>V<br>H                   |  |
|--------------------------|------------|-------------|--------------------------------|-------------------------------------|--|
| DONTE JOHNSON,           |            | )           |                                |                                     |  |
|                          | Defendant. | )<br>}<br>) |                                |                                     |  |
|                          |            |             | SI<br>□ Regular                | SUBPOENA<br>□ Regular □ Duces Tecum |  |

#### THE STATE OF NEVADA SENDS GREETINGS TO:

3 3 6 3

Richard Good, Manager Metro Crime Lab Fingerprint Division Las Vegas, NV

YOU ARE HEREBY DEMANDED, that all and Singular, business and excuses set aside, you appear and attend on the **26th** day of **May**, **1999** at the hour of **10:00 a.m.** at the Office of the Special Public Defender, Clark County, Nevada. The address where you are required to appear is 309 South Third Street, Fourth Floor, Las Vegas, Nevada. You are required to bring with you at the time of your appearance any items set forth on the reverse side of this subpoena. If you fail to attend, you will be deemed guilty of contempt of Court and liable to pay all losses and damages caused by your failure to appear and in addition forfeit One Hundred (\$100.00).

DATED this / O day of May, 1999.

PHILIP J. KOHN SPECIAL PUBLIC DEFENDER

PETER R. LaPORTA
Deputy Special Public Defender
State Bar No. 3754
(702) 455-6265
Attorney for Defendant

Ballistics

cel lead tragments

expended cases

00

#### AFFIDAVIT OF SERVICE

| STATE OF NEVADA   | )  |   |             |  |  |
|---|--|---|-------------|--|--|
| COUNTY OF CLARK   | ) ss.<br>)   |   |             |  |  |
| 18 years of age, not a party to received the Subpoena on the day of | being duly sworn says o or interested in the proceeding in wh day of, 19 by delivering a copy to the | s: That at all time herein Affian<br>nich this Affidavit is made. T<br>, and served the same on<br>witness at (state address) | hat Affiant |  |  |
| ·   |  |   | •           |  |  |
|   | **   | 100 mg (100 mg) 100 mg) 100 mg                |             |  |  |
|   | Signature of Affian  | t   |             |  |  |
| SUBSCRIBED AND SWORN to   |  |   |             |  |  |
| NOTARY PUBLIC, in and for   | <del></del>  |   |             |  |  |
| County ofState of Nevada  |  |   |             |  |  |
|   | ITEMS TO BE PRODUCED   |   |             |  |  |

Photographic copies of fingerprint exemplars and lifted prints related to match made with Donte Johnson, Event No. 980814-1600.

This material needs to be sent to Forensic analytical in Los Angeles. The contact person in Los Angeles is John Thornton, (310) 763-2374.

PLEASE CONTACT INVESTIGATOR, MAXINE MILLER, (702) 455-0214, IN LIEU OF APPEARANCE,

all collected forzagaints accerted at the sure of evidentian value Good prix we want weld those god must prints of black/ white cigar book Sixia smish an Vary long other of the 2 15 points all punts said bilaying to simeloody we, all purts said were quality prents Chlas prints > superahan prints
the wrote a liter and said I was there at Torralerda address

## Office of the Special Public Defender



COMMISSIONERS

Bruce L. Woodbury, Chairman Erin Kenny, Vice-Chair Yvonne Atkinson Gates Dario Herrera Mary J. Kincaid Lance M. Malone Myrna Williams

Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER

Philip J. Kohn

May 26, 1999

309 S. Third Street PO Box 552316 Las Vegas NV 89155-2316 (702) 455-6265 Fax: (702) 455-6273

### VIA FACSIMILE - 229-3948

Mr. Tom Wahl Las Vegas Metropolitan Police Department Crime Lab Division Las Vegas, Nevada

RE: DONTE JOHNSON CC# C153154 Event #980814-1600

Dear Mr. Wahl:

Pursuant to our conversation of May 12, 1999, attached is a Court Order instructing the crime lab division of metro to produce any DNA evidence wherein Donte Johnson is identified. I have also attached a copy of the letter from Lisa Calandro of Forensic Analytical in which she requests a number of items related to the DNA testing. We are requesting that all of these items be forwarded to Ms. Calandro in Hayward, California. I understand that our office will be billed for your time in compiling these items and billed for shipping costs.

Please contact me if there are any problems or questions. Thank you for your assistance.

Sincerely,

MAXINE MILLER Investigator

|                            | i  | •   |                                       |  |  |
|----------------------------|--|---|---------------------------------------|--|--|
|                            | 1 2 3 4 5 6 7 8  | PHILIP J. KOHN Special Public Defender Nevada Bar No. 000556 PETER R. LaPORTA Deputy Special Public Defender Nevada Bar No. 003754 DAYVID J. FIGLER Deputy Special Public Defender Nevada Bar No. 004264 309 S. Third Street, Fourth Floor Las Vegas, Nevada 89155-2316 | FILED MAY 21 9 55 AM '99              |  |  |
|                            | 9  |   |                                       |  |  |
|                            | 10   |   |                                       |  |  |
|                            | 11   | DISTRICT COU  | RT                                    |  |  |
|                            | 12   | CLARK COUNTY, NE  | VADA                                  |  |  |
|                            | 13   |   | e e                                   |  |  |
|                            | 14   | THE STATE OF NEVADA,  | CASE NO. C153154                      |  |  |
|                            | 15   | Plaintiff,  | DEPT NO. V DOCKET H                   |  |  |
|                            | 16   | vs.   | DOOKE!                                |  |  |
|                            | 17   | DONTE JOHNSON,  | Date of Hearing:<br>Time of Hearing:  |  |  |
|                            | 18   | Defendant.  | Time of realing.                      |  |  |
|                            | 19   | ,   |                                       |  |  |
|                            | 20   | EX-PARTE APPLICATION AND ORDER  | TO PRODUCE EVIDENCE                   |  |  |
|                            | 21   | COMES NOW, PETER R. LaPORTA, Deputy Special Public Defender, an   |                                       |  |  |
|                            | requests this Honorable Court for an Order instructing the Las Vegas Metro |   |                                       |  |  |
|                            | 23   | Department, Crime Lab Division to produce to the  | Office of the Special Public Defender |  |  |
|                            | 24   |   |                                       |  |  |
|                            | 25   | ···   |                                       |  |  |
|                            | 26   |   |                                       |  |  |
|                            | 27   | •••<br>·  |                                       |  |  |
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| SPECIAL PUBLIC<br>DEFENDER |  |   |                                       |  |  |
| CLARK COUNTY<br>NEVADA     |  | 1   |                                       |  |  |

any DNA evidence wherein the above-named Defendant is identified presumptively or conclusively. This Ex-Parte Application is made and based upon the Affidavit of Peter R. LaPorta.

DATED this 19th day of May, 1999.

PHILIP J. KOHN SPECIAL PUBLIC DEFENDER

PETER R. LapONT/A// Nevada Bar Ny. 003754 Deputy Special Public Defender 309 S. Third Street, Fourth Floor Las Vegas, Nevada 89155-2316 (702) 455-6265 Attorneys for Defendant

### AFFIDAVIT OF PETER R. LaPORTA

STATE OF NEVADA ) ss.
COUNTY OF CLARK )

PETER R. LaPORTA, being first duly sworn according to law, deposes and states as follows:

- 1. I am an attorney duly licensed to practice law in the State of Nevada and am a Deputy Special Public Defender with the Office of the Special Public Defender. I make this Affidavit based upon my own knowledge except as to those matters stated upon information and belief, and as to those personal matters I believe them to be true.
- That Affiant is the court appointed defense counsel for DONTE JOHNSON, in Case No. C153154.
- That Defendant is charged with First Degree Murder with Use of Deadly
   Weapon with said trial scheduled to begin on July 6, 1999.

SPECIAL PUBLIC DEFENDER

CLARK COUNTY NEVADA

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|-----|---|
| 1   | 4. That the Las Vegas Metropolitan Police Department, Crime Lab Division wil  |
| 2   | not release any evidence to the Office of the Special Public Defender without a court orde  |
| 3   | and this information is vital to the defense to properly represent the Defendant.   |
| 4   | Further Affiant sayeth naught.  |
| 5   |   |
| 6   | DETER D. A. CROSSIA   |
| 7   | PETER R, LaPORT A   |
| 8   | SUBSCRIBED AND SWORN to before me   |
| 9   | this 19th day of Ducy, 1999.  |
| 10  | PATRICIA S. FLOOD   |
| 11  | Tatricea J. Flood Notary Public - Nevada  |
| 12  | NOTARY PUBLIC, In and for the County of Clark, State of Nevada  |
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SPECIAL PUBLIC DEFENDER CLARK COUNTY NEVADA 1

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SUBMITTED BY:

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SPECIAL PUBLIC DEFENDER CLARK COUNTY

### **ORDER**

Upon the application of PETER R. LaPORTA, Deputy Special Public Defender and good cause appearing,

IT IS HEREBY ORDERED that the Las Vegas Metropolitan Police Department, Crime Lab Division provide to the Office of the Special Public Defender any DNA evidence wherein the above-named Defendant is identified presumptively or conclusively.

DATED this 20 day of May, 1999.

### JEFFREY D. SOBEL

DISTRICT COURT JUDGE

PETER R. Laport A Deputy Special Funds Defender Nevada Bay No. 003754 309 Third Street, Fourth Floor Las Vegas, Nevada 89155-2316 (702) 455-6265 Attorneys for Defendant

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## ORIGINAL

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|----------------------------|---|--|--|--|
|                            | STIP<br>PHILIP J. KOHN  | FILED IN OPEN COURT                      |  |  |
|                            | Special Public Defender<br>Nevada Bar No. 000556  | CUIDLEY B PARRAGUIRRE CLERK              |  |  |
|                            | PETER R. LaPORTA  Deputy Special Public Defender  | BY Wonata hata DEPUTY                    |  |  |
|                            | Nevada Bar No. 003754  DAYVID J. FIGLER   | ALONA CANDITO                            |  |  |
|                            | Nevada Bar No. 004264<br>309 S. Third Street, Fourth Floor  | ALUNA CANDITO                            |  |  |
| 1                          | Las Vegas, Nevada 89155-2316<br>(702) 455-6265  |  |  |  |
|                            | Attorneys for Defendant   |  |  |  |
|                            | 3   |  |  |  |
|                            |   |  |  |  |
| 1                          | ,   | COURT                                    |  |  |
| 1                          |   | TY, NEVADA                               |  |  |
| 1                          |   |  |  |  |
| 1                          |   | ) CASE NO. C153154                       |  |  |
| 1                          | ,   | ) DEPT NO. V<br>) DOCKET H               |  |  |
| 1.                         |   | )<br>)                                   |  |  |
| - 1:<br>                   |   | )<br>)                                   |  |  |
| 1                          |   | )<br>)                                   |  |  |
| 1                          |   |  |  |  |
|                            | STIPULATION AND ORDER  IT IS HEREBY STIPULATED AND AGREED by and between the parties that  Honorable Court issue an Order instructing the Las Vegas Metropolitan Police Department  |  |  |  |
|                            |   |  |  |  |
|                            |   |  |  |  |
|                            | Crime Lab Division to produce to Michelle Fox of Forensic Analytical, 3777 Depot F  Suite 409, Hayward California 94545 all of the lead fragments recovered from the c  scene and heads of the victims for the purpose of analyzing the same as well as the  jeans upon which both the blood of the victim and the purported DNA of the Defer |  |  |  |
|                            |   |  |  |  |
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| 2                          |   | n and the purported DNA of the Defendant |  |  |
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| SPECIAL PUBLIC<br>DEFENDER |   |  |  |  |
| LARK COUNTY<br>NEVADA      | 1   |  |  |  |

### ORDER

Upon the Stipulation of the parties and good cause appearing,

IT IS HEREBY ORDERED that the Las Vegas Metropolitan Police Department, Crime Lab Division provide to Michelle Fox of Forensic Analytical, 3777 Depot Road, Suite 409, Hayward California 94545 all of the lead fragments recovered from the crime scene and heads of the victims and the black jeans upon which both the blood of the victim and the purported DNA of the Defendant appears for the purpose of analyzing the same. The Defendant has thereby waived all challenges to the chain of custody issues solely related to the transport contemplated and contained in this Order.

DATED this \_\_\_\_ day of June, 1999.

SUBMITTED BY:

SPECIAL PUBLIC DEFENDER CLARK COUNTY NEVADA PETER F. Laporty Deputy Special Fullic Defender Nevada Bar No. 003754
309/Third Street, Fourth Floor Las Vegas, Nevada 89155-2316
(702) 455-6265

Attorneys for Defendant

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## ORIGINAL

STIP 1 FILED PHILIP J. KOHN Special Public Defender 2 Nevada Bar No. 000556 Jun 17 9 35 AM '99 PETER R. LaPORTA 3 Deputy Special Public Defender Nevada Bar No. 003754 DAYVID J. FIGLER Nevada Bar No. 004264 5 309 S. Third Street, Fourth Floor 6 Las Vegas, Nevada 89155-2316 (702) 455-6265 7 Attorneys for Defendant 8 9 DISTRICT COURT 10 11 **CLARK COUNTY, NEVADA** 12 13 THE STATE OF NEVADA, CASE NO. C153154 14 Plaintiff, DEPT NO. DOCKET Н 15 vs. DONTE JOHNSON, 16 17 Defendant. 18 19 STIPULATION AND ORDER

IT IS HEREBY STIPULATED AND AGREED by and between the parties that this Honorable Court issue an Order instructing the Las Vegas Metropolitan Police Department, Crime Lab Division to produce to Michelle Fox of Forensic Analytical, 3777 Depot Road, Suite 409, Hayward California 94545 all of the cartridge casings retrieved from 4825 Terra Linda, Las Vegas, Nevada under Event No. 98 0814-1600 and all the cartridge casings recovered from 3000 Las Vegas Boulevard South, Room 4911, Las Vegas, Nevada under Event No. 98 0607-2264 and/or 98 0814-1600 for the purpose of analyzing the same.

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SPECIAL PUBLIC DEFENDER

CLARK COUNTY NEVADA CE43

IT IS FURTHER STIPULATED AND AGREED that the Defendant by and through his attorneys hereby waive any challenge to the chain of custody related only to the transport of said evidence to Michelle Fox of Forensic Analytical, 3777 Depot Road, Suite 409, Hayward California 94545 and the return to the Las Vegas Metropolitan Police Department.

IT IS FURTHER STIPULATED AND AGREED that the District Attorney's office will inform the Las Vegas Metropolitan Police Department to allow the office of the Special Public Defender to photograph this evidence prior to transport and that the office of the Special Public Defender will photograph the evidence and provide copies of the photographic prints to the District Attorney's office.

DATED this 14th day of June, 1999.

DAYVID J. FIGLER

Nevada Bar No. 004264 Deputy Special Public Defender 309 S. Third Street, Fourth Floor

Las Vegas, Nevada 89155-2316

(702) 455-6265

Attorney for Defendant

GARY L. GUYMON

Nevada Bar No. 003726 Deputy District Attorney 200 S. Third Street

Las Vegas, Nevada 89155

(702) 455-2716 Attorney for Plaintiff

SPECIAL PUBLIC DEFENDER

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CLARK COUNTY NEVADA

### **ORDER**

Upon the Stipulation of the parties and good cause appearing,

IT IS HEREBY ORDERED that the Las Vegas Metropolitan Police Department, Crime Lab Division provide to Michelle Fox of Forensic Analytical, 3777 Depot Road, Suite 409, Hayward California 94545 all of the cartridge casings retrieved from 4825 Terra Linda, Las Vegas, Nevada under Event No. 98 0814-1600 and all the cartridge casings recovered from 3000 Las Vegas Boulevard South, Room 4911, Las Vegas, Nevada under Event No. 98 0607-2264 and/or 98 0814-1600 for the purpose of analyzing the same. Defendant has thereby waived all challenges to the chain of custody issues solely related to the transport contemplated and contained in this Order.

DATED this day of June, 1999.

SUBMITTED BY:

DAYVID J. FIGLER

Deputy Special Public Defender

Nevada Bar No. 004264

309 Third Street, Fourth Floor Las Vegas, Nevada 89155-2316

(702) 455-6265

Attorneys for Defendant 23

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SPECIAL PUBLIC DEFENDER CLARK COUNTY

NEVADA

## Office of the Special Public Defender



### FAX TRANSMISSION

309 S. Third Street PO Box 552316 Las Vegas NV 89155-2316 (702) 455-6265 Fax: (702) 455-6273

COMMISSIONERS

Bruce L. Woodbury, Chairman Erin Kenny, Vice-Chair Yvonne Atkinson Gates Dano Herrera Mary J. Kincaid Lance M. Malone Myma Williams

Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER

Philip J. Konn

To: LARRY SIMMS, D.O. Date: 7-12-99

From: MAXINE Miller Subject: Donte Johnson

COMMENTS:

Fax No. 387-0092 Pages: 4, including cover sheet

Office of the Special **Public Defender** 

Maxine A. Miller Criminal Investigator

309 S Third St PO Box 552316 Las Vegas NV 89155-2316 http://www.co.clark.nv.us

(702) 455-0214

Cellular: (702) 249-2675 Beeper: (702) 222-5471

Fax: (702) 455-6273

Attarbed is Suppoera Buces Tecenomer regardine viction blood samples in the Ante Johnson/Sikia Smith case. Kease call if any questions 4550214.

Should you have difficulties receiving this fax, please telephone MAXINE MILEY

## Office of the Special Public Defender



COMMISSIONERS

Bruce L. Woodbury, Chairman Erin Kenny, Vice-Chair Yvonne Atkinson Gates Dario Herrera Mary J. Kincaid Lance M. Malone Myrna Williams

Dale W. Askew, County Manager

SPECIAL PUBLIC DEFENDER
Philip J. Kohn

July 12, 1999

309 S. Third Street PO Box 552316 Las Vegas NV 89155-2316 (702) 455-6265 Fax: (702) 455-6273

### **VIA FACSIMILE - 387-0092**

Dr. Larry Simms
Chief Medical Examiner
Clark County Coroner's Office
1704 Pinto Lane
Las Vegas, Nevada

Re: Donte Johnson Case No. C153154

Dear Dr. Simms:

Attached is a Subpoena Duces Tecum requesting that you create a release for Dr. Hyatt of Associated Pathologists allowing him to mail blood samples of victims in above case to Forensic Analytical in California. The specific information is on page 2 of the subpoena under Items to be Produced.

Please have Dr. Hyatt contact me regarding billing arrangements. Thank you.

Sincerely,

MAXINE MILLER Investigator

Marine Millen

cc: Dayvid Figler

### **DISTRICT COURT**

### **CLARK COUNTY, NEVADA**

|                      |            |        | S<br>□ Regular       | UBPOENA<br>DV Duces Tecui | m |
|----------------------|------------|--------|----------------------|---------------------------|---|
|                      | Defendant. | ;<br>) |                      |                           |   |
| DONTE JOHNSON,       |            | )      |                      |                           |   |
| vs.                  | ·          | )<br>) |                      |                           |   |
| THE STATE OF NEVADA, | Plaintiff, | )      | CASE NO.<br>DEPT NO. | C153154<br>V              |   |
|                      |            |        |                      |                           |   |

#### THE STATE OF NEVADA SENDS GREETINGS TO:

Dr. Larry Simms
Chief Medical Examiner
Clark County Coroner's Office
1704 Pinto Lane
Las Vegas, Nevada

YOU ARE HEREBY DEMANDED, that all and Singular, business and excuses set aside, you appear and attend on the 23rd day of July, 1999 at the hour of 9:00 a.m. at the Office of the Special Public Defender, Clark County, Nevada. The address where you are required to appear is 309 South Third Street, Fourth Floor, Las Vegas, Nevada. You are required to bring with you at the time of your appearance any items set forth on the reverse side of this subpoena. If you fail to attend, you will be deemed guilty of contempt of Court and liable to pay all losses and damages caused by your failure to appear and in addition forfeit One Hundred (\$100.00).

DATED this 12 day of JULY, 1999.

PHILIP J. KOHN SPECIAL PUBLIC DEFENDER

> PETER R. LaPORTA Deputy Special Public Defender

State Bar No. 003754 (702) 455-6265 Attorney for Defendant