

- CHARYBDIS -

The socio-legal definition of 'psychosis' is a
VACUUM

Rosie-Anne Quwus aka bonze blayk!

Version 5 - 53 pages
June 6 2021

Also produced 2 photograph of himself dressed,
25 2 wamzu, 25 "my truest self",

1.30.97

badtriprecords.biz/fqed.html



"THIS is the real me."

... what I said, as opposed to what was "heard" ...

Bonze Anne Rose Blayk — 1/2/12

Photograph from 1990
As "produced" in 1997

Kevin Eric Saunders a/k/a bonze blayk <bonze@lightlink.com>

March 5, 2003 11:30 AM

To: Lisa J. Smith <lsmith2@hq.nasa.gov>

Re: DataComet

2

Lisa J. Smith
 Asset Manager
 SAIC at NASA HQ

re: dataComet-Secure license quotation for SAIC/NASA HQ

databaseast, Inc., will offer upgrades of the existing NASA HQ dataComet site license to a license for dataComet-Secure (both 5.0.5 and 10.0.1) for the following prices:

Quantity	Price/Seat		
20	@ \$50	\$	1,000
	less credit	\$	<150>
		Total	\$ 850
150	@ \$40	\$	6,000
	less credit	\$	<1,500>
		Total	\$ 4,500

| 1,000 Unlimited site license
 Special Quotation
 Total \$ 20,000

These are perpetual licenses for existing versions of dataComet-Secure, including both the OS X version (currently 10.0.1) and the Classic MacOS version (currently 5.0.5); no license renewal fees are required. Maintenance upgrades (as they are made available) are also covered under this license.

databaseast, Inc.
 1668 Trumansburg Rd.
 Ithaca, NY 14850

Phone: 607-277-5808
 FAX: 607-277-5808

Sincerely,
 Kevin Eric Saunders

Kevin Eric Saunders a/k/a bonze blayk / <<mailto:bonze@databaseast.com>>
 President, databaseast, Inc. * <<http://www.databaseast.com/>>

1 KEVIN ERIC SAUNDERS - DIRECT

2 items.

3 Q I was curious. About how much money do you take in on
4 your business?

5 A Last year I grossed about twenty-five thousand
6 dollars. And hopefully since the port to MacIntosh OS10 has
7 been completed business has looked much better.

8 For example, NASA Headquarters in Washington is
9 looking at purchasing an upgrade to their existing system.
10 Other schools, recently the University of the Michigan, bought a
11 site license for a thousand dollars.

12 The University of San Francisco is going to be buying
13 a site license for twenty-five hundred dollars. So business
14 looks good with the port to OS10. I now have far narrower
15 fields of competitors. They have dropped out of the business
16 because they can't compete.

17 The requirements for maintaining the software and
18 upgrading the software for new releases ^{are} is substantial, and so
19 it involves a huge investment of time and effort of a highly
20 skilled ^{programming} program staffer. In this case that's me.

21 Q And the software is your creation?

22 A Yes, it is.

23 Q And you are the one, the only one who can correct
24 errors in the program?

25 A That's true.

BLUNT INSTRUMENTS

- *ego is not a dirty word* -
- *except when it is!*

The Mismeasure of Man (Stephen Jay Gould) - *"psychometrics"*
blinded by "instrumentation" - the MCMI-III

"Not everything that counts can be counted,
and not everything that can be counted counts."

- Sociologist William Bruce Cameron PhD
- via Allen Frances MD; widely misattributed to Albert Einstein

"In my lexicon, it is presumptuous and grandiose to use the terms, instruments and tools, as synonyms not for bench-science apparatus, but for clinical tests. Clinical psychoendocrinology and sexology are reliant for the most part on psychological tests.

To call them instruments or tools gives a false sense of mensurational accuracy."

- "Longitudinal Studies in Clinical Psychoendocrinology and Sexology: Methodology"

- p. 100 in *Venuses Penuses* - John Money PhD

This is where the rubber hits the road in the processes of "psychiatric diagnosis," when a New York State Assistant Attorney General grills you about your "narcissistic tendencies" and embeds in the formal legal and clinical record the SOLE MENTION of a computer program involving Network Security applications, and putting both its value and my values in question... COMET/dataComet-Secure.

• "I don't want to think about what would happen if he is told 'We didn't give you that contract, Mr. Saunders, for your Comet program.' I don't want to think about what would happen if that's all it takes, if all it takes is somebody telling you you are going to have to continue on your orders and conditions it starts him into a spiral where he becomes psychotic." - Carol Cocchiola NYS AAG, † [p. 252]

==> *Invoking the "sophisticated" meme in Personality Psychology which "establishes" the inevitable deterioration of the Narcissist into a state of psychic collapse when challenged on their "grandiose delusional systems," and implicitly calling into question the validity of my acquittal on the offense of arson under the M'Naghten Rule stated in CPL 40.15 which applies to criminal offenses in New York State: complete lack of criminal intent.*

Assistant Attorney General Carol Cocchiola Q(uerent)

Q Now you don't accept the diagnosis of Borderline Personality Disorder with narcissistic features?

A That's not what the diagnosis is. It's Personality Disorder Not Otherwise Specified. In fact, I believe first off as I noted I do not qualify for the Borderline Personality Disorder diagnosis. I think that the Not Otherwise Specified diagnosis with borderline features is reasonable.

Q Borderline Personality Disorder with narcissistic features, right?

A Yes.

Q You don't like to think of yourself as narcissistic?

A I think the only feature there which applies which is in the DSM is grandiosity. I'm mildly grandiose, and I am aware of that. But...

Q I didn't have a question. † [p. 225-226]

† "2003-05 - Testimony by Kevin Eric Saunders (aka B.A.R.BLAYK) - Recommitment Hearing.pdf"(in the court of Judge Rowley, Tompkins County)

Anne Rose Blayk Sunday, July 04, 2010 7:40:00 am

When it comes to Dr. Dreger, I'm not really sure what's going on... but it doesn't look good to me.

Item: "Yesterday, Dr. Alice Dreger had an Op-Ed published criticizing women who, by their strenuous opposition, evidently derailed the appointment of Dr. Lawrence Summers as Secretary of the Treasury. They characterizing him as a 'sexist' because he had described the failure of women to attain higher positions in academia as the result of lesser ambition and innate talent, rather than discrimination. According to Dr. Dreger, 'These women are only objecting to Dr. Summer's appointment out of *narcissistic rage* in response to the *narcissistic injury* they feel in response to Dr. Summer's clear exposition of the facts refuting their belief in the 'Feminine Competence Narrative'; they are incapable of accepting that their interest in microbes, rocketry, or particle theory is merely an expression of a paraphilic obsession with themselves as scientists, when in fact 90% of them will never be able to pass successfully as scientists.'"

Oops! That one came from an alternate universe! Sorry!

It appears that she has a bias that's relevant to transsexuals here... I'm not going to dignify her deployment of the swear-word "anti-democratic" as founded on a "value", since I have little use for elitists (physicians or not, bioethicists or not) who appoint themselves as Ethics Guardians for Unaccredited Folk who Just Don't Get It.

[To Have Is To Hold:](#)

sp: "Ciinical" - pronounced "Cynical" - OOPS
> "EDITOR! STAT!" - ROFL-"Che!"

"Clinically significant" - 186 opportunisms 4 Ciinical Practice 2 Triumph!

Criterion for Ciinical Significance

- Murk Twain MD PhD MPH

There have been substantial efforts by the DSM-5 Task Force and the World Health Organization (WHO) to separate the concepts of mental disorder and disability (impairment in social, occupational, or other important areas of functioning). In the WHO system, the International Classification of Diseases (ICD) covers all diseases and disorders, while the International Classification of Functioning, Disability and Health (ICF) provides a separate classification of global disability. The WHO Disability Assessment Schedule (WHODAS) is based on the ICF and has proven useful as a standardized measure of disability for mental disorders. However, in the absence of clear biological markers or clinically useful measurements of severity for many mental disorders, it has not been possible to completely separate normal and pathological symptom expressions contained in diagnostic criteria. This gap in information is particularly problematic in clinical situations in which the patient's symptom presentation by itself (particularly in mild forms) is not inherently pathological and may be encountered in individuals for whom a diagnosis of "mental disorder" would be inappropriate. Therefore, a generic diagnostic criterion requiring distress or disability has been used to establish disorder thresholds, usually worded "the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." The text following the revised definition of a mental disorder acknowledges that this criterion may be especially helpful in determining a patient's need for treatment. Use of information from family members and other third parties (in addition to the individual) regarding the individual's performance is recommended when necessary.

There are 186 cites in the DSM-5 on a "generic" criterion of "clinically significant distress or impairment," enabling wholly IDIOSYNCRATIC "clinical judgment," and a festering cesspit of PRIVILEGE at "logic and reason" empowering discriminatory conduct.

OPERATIONAL CONTENT: 'Ciinical whimsy' + I NEED A JOB!

Elements of a Diagnosis

Diagnostic Criteria and Descriptors

Diagnostic criteria are offered as guidelines for making diagnoses, and their use should be informed by clinical judgment. Text descriptions, including introductory sections of each diagnostic chapter, can help support diagnosis (e.g., providing differential diagnoses; describing the criteria more fully under "Diagnostic Features").

Following the assessment of diagnostic criteria, clinicians should consider the application of disorder subtypes and/or specifiers as appropriate. Severity and course specifiers should be applied to denote the individual's current presentation, but only when the full criteria are met. When full criteria are not met, clinicians should consider whether the symptom presentation meets criteria for an "other specified" or "unspecified" designation. Where applicable, specific criteria for defining disorder severity (e.g., mild, moderate, severe, extreme), descriptive features (e.g., with good to fair insight; in a controlled environment), and course (e.g., in partial remission, in full remission, recurrent) are provided with each diagnosis. On the basis of the clinical interview, text descriptions, criteria, and clinician judgment, a final diagnosis is made.

The general convention in DSM-5 is to allow multiple diagnoses to be assigned for those presentations that meet criteria for more than one DSM-5 disorder.

Subtypes and Specifiers

Subtypes and specifiers (some of which are coded in the fourth, fifth, or sixth digit) are provided for increased specificity. Subtypes define mutually exclusive and jointly exhaustive phenomenological subgroupings within a diagnosis and are indicated by the instruction "Specify whether" in the criteria set. In contrast, specifiers are not intended to be mutually exclusive or jointly exhaustive, and as a consequence, more than one specifier may be given. Specifiers are indicated by the instruction "Specify" or "Specify if" in the criteria set. Specifiers provide an opportunity to define a more homogeneous subgrouping of

JonzeRayk - 6/10/2020

Criterion for Clinical Significance

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DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS - FIFTH EDITION - DSM-5

p. 87

Schizophrenia Spectrum and Other Psychotic Disorders

Schizophrenia spectrum and other psychotic disorders include schizophrenia, other psychotic disorders, and schizotypal (personality) disorder. They are defined by abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.

Key Features That Define the Psychotic Disorders

CHALLENGE: MAPPING COMPLEX INTERACTIONS ALONG TIMELINES - "Systems Dynamics"

p. 87 **CHAOTIC PROCESSES** aka "Non-linear Dynamical Systems" underlie ALL human thought, which is a major reason why it takes so long for a child to develop mature thought processes - like, 30 years? Yup. "Time to maturity of the brain."

Delusions

Delusions are fixed beliefs that are not amenable to change in light of conflicting evidence.

p. 88

Pictorial/"Envisioning" vs. Literal/"linguistic" intelligence

cf. Jordan Peterson (a self-identified "literal thinker")

Disorganized Thinking (Speech)

Disorganized thinking (formal thought disorder) is typically inferred from the individual's speech. **loose ass. /** The individual may switch from one topic to another (*derailment* or *loose associations*). Answers to **derailment** questions may be obliquely related or completely unrelated (*tangentiality*). Rarely, speech may **tangentiality** be so severely disorganized that it is nearly incomprehensible and resembles receptive aphasia in its linguistic disorganization (*incoherence* or "word salad"). Because **mildly disorganized** **incoherence** **speech is common** and nonspecific, the symptom must be severe enough to substantially > **STRICT LINEARIT** impair effective communication. The severity of the impairment may be difficult to evaluate if the person making the diagnosis comes from a different linguistic background than that of the person being examined. Less severe disorganized thinking or speech may occur during the prodromal and residual periods of schizophrenia.

Gestalt vs. Linear: Complex vs. Straightforward: Manifold vs. Spectrum

p. 122 "Some things cannot be made simple." - bonze blayk to Kristine Shaw Esq.

Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

298.9 (F29)

This category applies to presentations in which symptoms characteristic of a schizophrenia spectrum and other psychotic disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the schizophrenia spectrum and other psychotic disorders diagnostic class. The unspecified schizophrenia spectrum and other psychotic disorder category is used in situations in which the clinician chooses not to specify the reason that the criteria are not met for a specific schizophrenia spectrum and other psychotic disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis (e.g., in emergency room settings).

I ASSERT:

Highly intelligent persons using an exotic vocabulary and expressing sophisticated reasoning are **ROUTINELY** abused by mental health "care providers."
Cf. Deirdre McCloskey "Crossing" Ch. 16 "The Cuckoo's Nest" pp. 96-101.

Sanze Blayk - 6/10/2002

mania, depression, anxiety, substance intoxication, or neurocognitive symptoms—so that an “unspecified” disorder in that category is identified until a fuller differential diagnosis is possible.

Definition of a Mental Disorder

Each disorder identified in Section II of the manual (excluding those in the chapters entitled “Medication-Induced Movement Disorders and Other Adverse Effects of Medication” and “Other Conditions That May Be a Focus of Clinical Attention”) must meet the definition of a mental disorder. Although no definition can capture all aspects of all disorders in the range contained in DSM-5, the following elements are required:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

The diagnosis of a mental disorder should have clinical utility: it should help clinicians to determine prognosis, treatment plans, and potential treatment outcomes for their patients. However, the diagnosis of a mental disorder is not equivalent to a need for treatment. Need for treatment is a complex clinical decision that takes into consideration symptom severity, symptom salience (e.g., the presence of suicidal ideation), the patient’s distress (mental pain) associated with the symptom(s), disability related to the patient’s symptoms, risks and benefits of available treatments, and other factors (e.g., psychiatric symptoms complicating other illness). Clinicians may thus encounter individuals whose symptoms do not meet full criteria for a mental disorder but who demonstrate a clear need for treatment or care. The fact that some individuals do not show all symptoms indicative of a diagnosis should not be used to justify limiting their access to appropriate care.

Approaches to validating diagnostic criteria for discrete categorical mental disorders have included the following types of evidence: antecedent validators (similar genetic markers, family traits, temperament, and environmental exposure), concurrent validators (similar neural substrates, biomarkers, emotional and cognitive processing, and symptom similarity), and predictive validators (similar clinical course and treatment response). In DSM-5, we recognize that the current diagnostic criteria for any single disorder will not necessarily identify a homogeneous group of patients who can be characterized reliably with all of these validators. Available evidence shows that these validators cross existing diagnostic boundaries but tend to congregate more frequently within and across adjacent DSM-5 chapter groups. Until incontrovertible etiological or pathophysiological mechanisms are identified to fully validate specific disorders or disorder spectra, the most important standard for the DSM-5 disorder criteria will be their clinical utility for the assessment of clinical course and treatment response of individuals grouped by a given set of diagnostic criteria.

This definition of mental disorder was developed for clinical, public health, and research purposes. Additional information is usually required beyond that contained in the DSM-5 diagnostic criteria in order to make legal judgments on such issues as criminal responsibility, eligibility for disability compensation, and competency (see “Cautionary Statement for Forensic Use of DSM-5” elsewhere in this manual).

New York Consolidated Laws, Mental Hygiene Law

Petitio principii & “Unconstitutionally vague language”

– Bonze AnneRose Blayk April 30 2020

MHL § 1.03 Definitions

20. “Mental illness” means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment and rehabilitation.

MHL § 9.01 Definitions As used in this article:

- “in need of care and treatment” means that a person has a *mental illness* for which in-patient *care and treatment* in a hospital is appropriate.
- “in need of involuntary care and treatment” means that a person has a *mental illness* for which *care and treatment* as a patient in a hospital is essential to such person's welfare and whose judgment is so impaired that he is unable to understand the need for such *care and treatment*.
- “likelihood to result in serious harm” or “likely to result in serious harm” means
 - a. a substantial risk of physical harm to the person as manifested by threats of or attempts at suicide or *serious bodily harm* or *other conduct demonstrating* that the person is dangerous to himself or herself, or
 - b. a substantial risk of physical harm to other persons as manifested by homicidal or other *violent behavior* by which others are placed in reasonable fear of serious physical harm.

New York Consolidated Laws, Penal Law - PEN § 10.00
Definitions of terms of general use in this chapter

9. “Physical injury” means impairment of physical condition or substantial pain.
10. “Serious physical injury” means physical injury which creates a substantial risk of death, or which causes death or serious and protracted disfigurement, protracted impairment of health or protracted loss or impairment of the function of any bodily organ.

MHL § 1.03 Definitions

52. “Persons with *serious mental illness*” means individuals who meet criteria established by the commissioner of mental health, which shall include persons who are in *psychiatric crisis*, or persons who have a designated diagnosis of mental illness under the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and whose severity and duration of mental illness results in *substantial functional disability*. Persons with serious mental illness shall include children and adolescents with serious emotional disturbances.

→ “Unspecified Psychotic Disorder” = WEASEL WORDS

Specific DSM-5 298.9 – Psychotic Disorder NOS – “Unspecified Schizophrenia Spectrum and Other Psychotic Disorder”

2020 ICD-10-CM Diagnosis Code F29 – “Unspecified psychosis not due to a substance or known physiological condition”

Friendship — Morality — Literature



"LOVE OF WISDOM - GUIDE TO LIFE."

TD

BIOGRAPHICAL INFORMATION

A1	NAME — LAST, COMMA, FIRST, COMMA, MIDDLE SAUNDERS, KEVIN E			SOCIAL SECURITY NUMBER 431-88-9647	BIRTHDATE (M/D/Y) 05/01/56	RACE 0	SEX M	DISAB *	VET *	CITIZEN	VISA	RES
A2	ROOM NO. (5) 852A	CAMPUS MAILING ADDRESS (15) CALDWELL HALL	BLDG. CODE CAL	WORK STATION ADDRESS (15)	STA	OFFICE PHONE 255-0525	HOME PHONE *		PRIOR	CURRENT		
A3	W2/HOME ADDRESS NUMBER & STREET (35) P.O. BOX 366			CITY (33) TRUMANSBURG		STATE NY	ZIP CODE 14886	REL	COUNTRY		C CODE	

ACTION CODES - PLEASE PLACE AN X IN THE SPACE PROVIDED IN FRONT OF ALL APPLICABLE ACTIONS

B1	X CODE	ACTION NAME	8 Change of name	16 Change % Time Distr.	24 Transfer	32 Return from Retirement	<input checked="" type="checkbox"/> 40 Termination (H-3)
	<input type="checkbox"/>	1 Reg. Full-Time Appt.	9 Address change	17 Change in % Time	25 Transfer to Academic	33 Leave with Pay	<input type="checkbox"/> 41 Layoff
	<input type="checkbox"/>	2 Reg. Part-Time Appt.	10 Title change	18 Extend Employee	26 Transfer from Academic	34 Department LOA (H-3)	<input type="checkbox"/> 42 Return from Layoff
	<input type="checkbox"/>	3 Temporary Appt.	11 Employee FLES change	19 Promotion	27 Transfer to Hourly	35 University LOA (H-3)	<input type="checkbox"/> 43 Disability (DBL)
	<input type="checkbox"/>	4 Casual Appointment	12 Data change (explain)	20 Reclassification	28 Transfer from Hourly	36 Extended Leave (H-3)	<input type="checkbox"/> 44 Disability (LTD)
	<input type="checkbox"/>	5 Fee Payment (see manual)	13 Funding change (see manual)	21 Dual Appt. Start	29 Transfer EE & Position	37 Return from LOA	<input type="checkbox"/> 45 Return from Disability
	<input type="checkbox"/>	6 Rehire	14 Wage adjust (explain J-1)	22 Dual Appt. End	30 Transfer End. to Stat.	38 Phased Retirement	<input type="checkbox"/> 46 Deceased
<input type="checkbox"/>	7 Acting Appointment	15 Bonus	23 Summer Appt. Only	31 Transfer Stat. to End.	39 Retirement	<input type="checkbox"/> 47 Other (explain J-1)	

CORNELL UNIVERSITY

NON-ACADEMIC PERSONNEL ACTION FORM

#PAF-REV. 483

ACTION EFFECTIVE DATES

C1	FROM DATE (M/D/Y)	TO DATE (M/D/Y)	MTH	CHECK LOCATION
				R5300

FTE HRS. 39.0

TOTAL STD. HRS.

D1	39.0
	CHANGE BELOW

FEE PAYMENTS ONLY

E1	TOTAL FEE AMOUNT	UNITS	FEE-BIWEEKLY GROSS

APPOINTMENT AND VOUCHER INFORMATION

F1	TITLE - COMMITTED	T-CODE	#	LEVEL	ANNUAL SALARY	STD. HRS.	FTE HRS.	FRACT. TIME	DIV	DEPT.	FUND TYPE	P	LINE	M	FY
	SYS PROG/AN III	1702			35,443			1.0000	E	R93		1	138	0	4
F2	TITLE - COMMITTED	T-CODE	#	LEVEL	ANNUAL SALARY	STD. HRS.	FTE HRS.	FRACT. TIME	DIV	DEPT.	FUND TYPE	P	LINE	M	FY
F3	TITLE - VOUCHER	T-CODE	HOURLY RATE	STD. HRS.	DIV	DEPT.	ACCOUNT CODE OF FUND SOURCE		PERCENT TIME						
									G1	INSTRUC	RESEARCH	EXT.			

TERMINATION INFORMATION

H1	LAST DAY WORKED	LAST DAY PAID	H2	VACATION HRS	SICK HRS	H3	LV	TERM
	3/3/94	3/3/94		96.00	167.8			

USE SPACE J1 FOR SECTION F ACCOUNT DETAILS, COMMENTS & ADDITIONAL SIGNATURES

Leaving the University

MAR 25 94

NAME OF PREPARER

I1	NAME	DATE	DEPT.	PHONE
	Leanna Morgan	3/21/94	CIT	2958

J1

OFFICIAL USE ONLY

K1	DBL	TAX	FLES	PAYROLL	LIFE	HLTH	RET	VADD	UPS	DATE	CERT.

L1	AUTHORIZING SIGNATURES	
	SIGNATURE	DATE
	<i>Leanna Morgan</i>	3/21/94
	SIGNATURE	DATE
	<i>Gregory</i>	3/22/94

10/12 1993 PRINT DATE

EMPLOYEE COPY

NORMAN J. LESSWING, Ph.D.
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Benjamin Rush Center
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rec'd 6/17/97
provided to DDA Sandell
6/19/97

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Grace Slayk

REPORT OF PSYCHOLOGICAL EVALUATION

CONFIDENTIAL - FOR PROFESSIONAL USE ONLY

NAME: Kevin Eric Saunders

REFERRED BY: Ezra G. Sherman, Esq.

DATE OF BIRTH: 5/1/56

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

DATES TESTED: 5/30/97

DATE OF REPORT: 6/14/97

BACKGROUND AND REFERRAL ISSUES:

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

PROCEDURES:

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

SUMMARY OF HISTORY RELEVANT TO THE INSTANT OFFENSE:

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

REPORT OF PSYCHOLOGICAL EVALUATION
CONFIDENTIAL - FOR PROFESSIONAL USE ONLY

Name: K. Saunders

Page 2

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

#1 Unsafe sex, blood on the sheets, her "lover" was a psychopath who refused an anonymous HIV test: not an unreasonable fear.

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

#2 Set up for a DWI 12/22/96, an attempted frame for rape 12/29/96 - "But that NEVER happens!" - LOL - <https://bit.ly/2qKcAaY>

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

#3 Prozac + Trazodone ==> mCPP - paresthesias + psychosis induced by the hallucinogenic byproduct of Trazodone - <https://bit.ly/2F0TEZL>

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

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

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

#4 Dr. Lesswing "knows" this is "delusional," because he lived with Susan for two years? LOL: "... I never worked for the FBI... but I always wanted to work for the CIA!" - Susan K. Hamann RN, on or about 6/1/97; and yes, she is just that sharp. <3

CLINICAL INTERVIEW AND BEHAVIORAL OBSERVATIONS:

Late for an appointment due to maintenance on Interstate 81N to Syracuse? "But that NEVER happens in Upstate New York!" - LOL

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

Four out of five of the claims I made "in the moment" which were dismissed by Dr. Lesswing as "delusional" in fact had a solid foundation in reality. - AnneRose Blayk 4/22/18

REPORT OF PSYCHOLOGICAL EVALUATION
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Name: K. Saunders

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

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

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

MENTAL STATE AT THE TIME OF THE OFFENSE:

OVERNIGHT

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

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

**REPORT OF PSYCHOLOGICAL EVALUATION
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Name: K. Saunders

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PSYCHOLOGICAL TEST FINDINGS:

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

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

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

CONCLUSIONS/RECOMMENDATIONS:

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

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

Norman J. Lesswing, Ph.D.

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

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DATAComet IS:

- 121,228 lines of CODE
- 38,389 lines of header file definitions
- ~ 172 KB of dialog resources
- ~ 1 MB of custom TrueType/bitmap font resources
- ~ 50 pages of hyper-linked embedded documentation

AND 4 lines of poetry:

```
"Felicity is everywhere...
    yet she's not a thing to be lightly grasped;
For here you'd hold, not the name of a rose,
    but a fragile-thorny flower-asp..."
```

-- bonze

From "About dataComet ", first included in the
"About COMET " text for Comet 3.1.1 in 1992.

MCFI-III ITEMS - CRITERIA FOR ATTRIBUTION OF NARCISSISM

from the MCFI-III Manual Fourth Edition - MILLON™ CLINICAL MULTIAxIAL INVENTORY-III

ENTER 0 IN THE "DECLINED" COLUMN IF A STATEMENT IS INAPPLICABLE:
True *in reality*, or otherwise of dubious relevance

Scale 5 Narcissistic (24 items) †

True prototypical items (weight = 2) 5, 26, 31, 67, 85, 93, 144, 159

True nonprototypical items (weight = 1) 21, 38, 57, 80, 88, 116

False (weight = 1) 35, 40, 47, 69, 84, 86, 94, 99, 141, 169

True/Declined Prototypical items (Enter 2 if true)

- ___ ___ 5. I know that I'm a superior person, so I don't care what people think.
- ___ ___ 26. Other people envy my abilities.
- ___ ___ 31. I think I'm a special person who deserves special attention from others.
- ___ ___ 67. I have many ideas that are ahead of the times.
- ___ ___ 85. I don't blame anyone who takes advantage of someone who allows it.
- ___ ___ 93. There are members of my family who say I'm selfish and think only of myself.
- ___ ___ 144. I guess I go out of my way to encourage people to admire the things I say or do.
- ___ ___ 159. Someone would have to be pretty special to understand my special abilities.

___ **TOTAL A: Prototypical items**

___ **TOTAL A1: Declined Prototypical items**

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True/Declined Nonprototypal items (Enter 1 if true)

___ ___ 21. I like to flirt with members of the opposite sex.

___ ___ 38. I do what I want without worrying about its effect on others.

___ ___ 57. I think I am a very sociable and outgoing person.

___ ___ 80. It is very easy for me to make many friends.

___ ___ 88. I never sit on the sidelines when I'm at a party.

___ ___ 116. I have had to be really rough with some people to keep them in line.

___ **TOTAL B: Nonprototypal items**

___ **TOTAL B1: Declined Nonprototypal items**

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False/Declined False items (Enter 1 if false)

___ ___ 35. I often give up doing things because I'm afraid I won't do well.

___ ___ 40. I guess I'm a fearful and inhibited person.

___ ___ 47. I tend to always blame myself when things go wrong.

___ ___ 69. I avoid most social situations, because I expect people to criticize or reject me.

___ ___ 84. I'm too unsure of myself to risk trying something new.

___ ___ 86. For some time now I've been feeling sad and blue and can't seem to snap out of it.

___ ___ 94. People can easily change my ideas, even if I thought my mind was made up.

___ ___ 99. In social groups I am almost always very self-conscious and tense.

___ ___ 141. I feel that most people think poorly of me.

___ ___ 169. I'm always willing to give in to others in a disagreement because I fear their anger or rejection.

___ **TOTAL C: False items**

___ **TOTAL C1: Declined False items**

"... a large number of items... are keyed False... the absence of pathology will tend to elevate [this] scale." †

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MCFI-III Scoring for Narcissism

_____ TOTAL A + B + C = RAW SCORE

_____ TOTAL A1 + B1 + C1 = DECLINED RAW SCORE

Translate Raw Score into Base Rate (from Appendix C.1)

RAW SCORE	BASE RATE
≥ 13	≥ 60 "Feature" - notable tendency
≥ 17	≥ 75 "Trait" - prominent characteristic
≥ 18	≥ 85 "Disorder" - character pathology

*Many nonclinical populations attain elevated scores on Scale 5 including Air Force Pilots in basic training.
- MILLON CLINICAL MULTIAXIAL INVENTORY-III - Robert J. Craig*

*Narcissistic individuals are noted by their egotistic self-involvement, experiencing primary pleasure simply by passively being or focusing on themselves... their air of snobbish and pretentious superiority requires little confirmation through genuine accomplishment or social approval.
- MCFI-III Manual p. 17*

† Patients with their highest score on Scale 5 (Narcissistic) exhibit arrogance and a contemptuous attitude towards those who seek to pry into their illusions about themselves. - MCFI-III Manual p. 70.

... an individual with this disorder may complain about a clumsy waiter's "rudeness" or "stupidity" or conclude a medical evaluation with a condescending evaluation of the physician. - DSM-IV p. 659, "301.81 Narcissistic Personality Disorder".

*‡ ... as an inspection of item assignments shows, these three personality scales [Narcissistic, Dependent, and Compulsive] include a large number of items that are keyed False. Thus, when an individual without significant personality pathology completes the instrument, the absence of pathology will tend to elevate these three scales. **When the elevation of one or more of these scales is judged to reflect health rather than pathology, the procedure described in the previous section, which advocates the creation of personality characterizations on based on the domain descriptions, cannot be followed in a rigorous manner.** - MCFI-III Manual p. 145 - [see **Narcissistic Domain Boilerplate**].*

*"Not everything that counts can be counted,
and not everything that can be counted counts."*

- Sociologist William Bruce Cameron PhD

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Grossman Facet Scales & Boilerplate

Associated with Millon's "Functional and Structural Domains"

Narcissistic Facet 5.1: "Admirable Self-Image"

True: 5, 31, 57, 80 - **False:** 35, 40, 47, 69, 99, 141
≥ 7 ==> BR 76, ≥ 8 ==> BR 93 or higher

Believes him- or herself to be meritorius, special, unique, and deserving of great admiration. Acts in a grandiose or self-assured manner, often without parallel achievements. Has a very strong sense of self-worth despite being seen by others as egotistic, inconsiderate, and arrogant.

Narcissistic Facet 5.2: "Cognitively Expansive"

True: 21, 26, 42, 67, 87, 139, 144
≥ 3 ==> BR 77, ≥ 4 ==> BR 97 or higher

- 42: I never forget an insult or forget an embarrassment that somebody caused me.
87: I often get angry with people who do things slowly.

Has an undisciplined imagination and exhibits a preoccupation with immature and self-glorifying fantasies of success, beauty, or love. Is minimally constrained by objective reality, takes liberties with facts, and often lies to redeem illusions about him- or herself.

Narcissistic Facet 5.3: "Interpersonally Exploitive"

True: 9, 33, 38, 64, 85, 93, 95, 101, 116, 159
≥ 3 ==> BR 79, ≥ 4 ==> BR 88 or higher

- 9: I often criticize people strongly if they annoy me.
33: If someone criticized me for making a mistake, I would quickly point out some of that person's mistakes.
64: I don't know why, but I sometimes say cruel things just to make others unhappy.
95: I often make people angry by bossing them.
101: I guess I don't take many of my family responsibilities as seriously as I should.

Feels entitled, is unempathic, and expects special favors without assuming reciprocal responsibilities. Shamelessly takes others for granted and uses them to enhance self and indulge desires.

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Narcissistic Domain Boilerplate:

Behavioral Level

(F) Expressively Haughty (e.g., acts in an arrogant, supercilious, pompous, and disdainful manner, flouting conventional rules of shared social living, viewing them as naive or inapplicable to self; reveals a careless disregard for personal integrity and a self-important indifference to the rights of others).

(F) Interpersonally Exploitive (e.g., feels entitled, is unempathic and expects special favors without assuming reciprocal responsibilities; shamelessly takes others for granted and uses them to enhance self and indulge desires).

Phenomenological Level

(F) Cognitively Expansive (e.g., has an undisciplined imagination and exhibits a preoccupation with immature and self-glorifying fantasies of success, beauty or love; is minimally constrained by objective reality, takes liberties with facts and often lies to redeem self-illusions).

(S) Admirable Self-Image (e.g., believes self to be meritorious, special, if not unique, deserving of great admiration, and acting in a grandiose or self-assured manner, often without commensurate achievements; has a sense of high self-worth, despite being seen by others as egotistic, inconsiderate, and arrogant).

(S) Contrived Contents (e.g., internalized representations are composed far more than usual of illusory and changing memories of past relationships; unacceptable drives and conflicts are readily refashioned as the need arises, as are others often simulated and pretentious).

Intrapsychic Level

(F) Rationalization Dynamics (e.g., is self-deceptive and facile in devising plausible reasons to justify self-centered and socially inconsiderate behaviors; offers alibis to place oneself in the best possible light, despite evident shortcomings or failures).

(S) Spurious Architecture (e.g., morphologic structures underlying coping and defensive strategies tend to be flimsy and transparent, appear more substantial and dynamically orchestrated than they are in fact, regulating impulses only marginally, channeling needs with minimal restraint, and creating an inner world in which conflicts are dismissed, failures are quickly redeemed, and self-pride is effortlessly reasserted).

Biophysical Level

(S) Insouciant Mood (e.g., manifests a general air of nonchalance, imperturbability, and feigned tranquility; appears coolly unimpressionable or buoyantly optimistic, except when narcissistic confidence is shaken, at which time either rage, shame, or emptiness is briefly displayed)

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8 • CONFIDENT STYLES, EGOTISTIC TYPES, NARCISSIST DISORDERS: THE CEN SPECTRUM

Lack of Self-Controls

The narcissist's illusion of superiority and entitlement is but one facet of a more generalized disdain for reality. Narcissists are neither disposed to stick to objective facts nor to restrict their actions within the boundaries of social custom or cooperative living. Unrestrained by childhood discipline and confident of their worth and prowess, they may take liberties with rules and reality, and prevaricate and fantasize at will. Free to wander in their private world of fiction, narcissists may lose touch with reality, lose their sense of proportion, and begin to think along peculiar and deviant lines. Their facile imagination may ultimately evoke comments from others concerning their arrogance and conceit. Ill-disposed to accept critical comments about their "creativity" and needing to retain their admirable self-image, narcissists are likely to turn further to their habit of self-glorification. Lacking social or self-controls, however, their fantasies may take flight and recede increasingly from objective reality.

Social Alienation

Were narcissists able to respect others, allow themselves to value others' opinions, or see the world through others' eyes, their tendencies toward illusion and unreality might be checked or curtailed. Unfortunately, narcissists have learned to devalue others, not to trust their judgments, and to think of them as naive or simpleminded. Thus, rather than question the correctness of their own beliefs, they assume that the views of others are at fault. Hence, the more disagreement they have with others, the more convinced they are of their own superiority and the more isolated and alienated they are likely to become. These ideational difficulties are magnified further by their inability to participate skillfully in the give-and-take of shared social life. Their characteristic selfishness and ungenerosity often evoke condemnation and disparagement from others. These reactions drive narcissists further into their world of fantasy and only strengthen their alienation. And this isolation further prevents them from understanding the intentions and actions of others. They are increasingly unable to assess situations objectively, thereby failing further to grasp why they have been rebuffed and misunderstood. Distressed by these repeated and perplexing social failures, they are likely, at first, to become depressed and morose. However, true to their fashion, they will begin to elaborate new and fantastic rationales to account for their fate. But the more they conjecture and ruminate, the more they will lose touch, distort, and perceive things that are not there. They may begin to be suspicious of others, to question their intentions, and to criticize them for ostensive deceptions. In time, these actions will drive away potential well-wishers, a reaction that will only serve to "prove" the narcissists' suspicions.

Deficient in social controls and self-discipline, the tendency of CEN narcissists to fantasize and distort may speed up. The air of grandiosity may become more flagrant. They may find hidden and deprecatory meanings in the individual behavior of others, becoming convinced of others' malicious motives, claims upon them, and attempts to undo them. As their behaviors and thoughts transgress the line of reality, their alienation will mount, and they may seek to protect their phantom image of superiority more vigorously and vigilantly than ever. Trapped by the consequences of their own actions, they may become bewildered and frightened as the downward spiral progresses through its inexorable course. No longer in touch with reality, they begin to accuse others and hold them responsible for their own shame and failures. They may build a "logic" based on irrelevant and entirely circumstantial evidence and ultimately a delusional system to protect themselves from unbearable reality.

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Omze Blayk

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Paul Thaddeus Povinelli, Ph.D.

read this / 07

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

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Report of Psychological Testing
for Tompkins County Court

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

Highlighted text is boilerplate sourced from Theodore Millon PhD; underscored text is false. — AnneRose Blayk 3/30/18

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

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

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

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

One panic attack

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

One interval of
derealization
during Jan
1997: mCPP

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

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

sexually fixated.

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

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

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

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

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

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

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

Prognosis: With Treatment - Fair
Without Treatment - Poor

Quantifiable Test Results

MMPI-2-T Scores

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

Millon Clinical Multiaxial Inventory III

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

70: No such score
on SS Scale

Wechsler Adult Intelligence Scale Revised

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

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

Quantifiable Test Results

Rorschach Summary R-29

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

House Tree Person

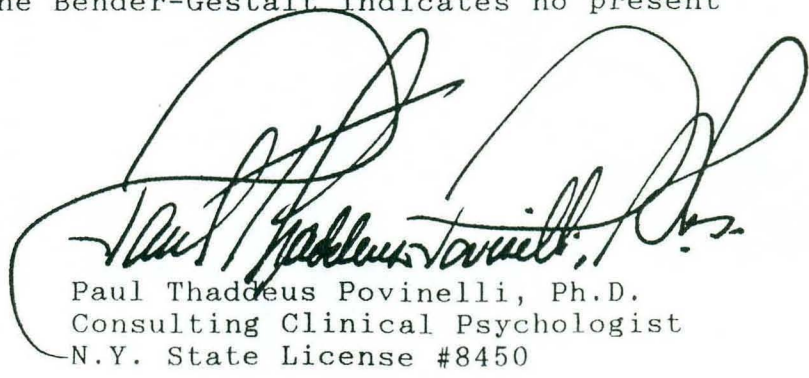
The female figure is quite large and encompasses most of the page. He drew a female ballerina on a wall bar with a facial expression that was his. He sees himself as being very feminine at times. His male figure is extremely short and looks like a scarecrow with high heels on. His house is bizarre. It's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

Bauhaus
The willow tree outside my office?
LOL

Bender-Gestalt

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

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Paul Thaddeus Povinelli, Ph.D.
Consulting Clinical Psychologist
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"minimally constrained by objective reality"

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Millon Theory - Confident / Narcissistic Personality - Theodore Millon

www.millonpersonality.com/theory/diagnostic-taxonomy/narcissistic.htm

(F) Cognitively Expansive (e.g., has an undisciplined imagination and exhibits a preoccupation with immature and self-glorifying fantasies of success, beauty or love; is **minimally constrained by objective reality**, takes liberties with facts and often lies to redeem self-illusions). (S) Admirable Self-Image (e.g., believes self to be ...)

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<https://books.google.com/books?isbn=027107308X>

Branko Mitrović - 2015 - Art

In psychological literature, narcissistic cognitive style is described as expansive in the sense that it relies on immature fantasies and undisciplined imagination and "is **minimally constrained by objective reality**, takes liberties with facts, and often prevaricates to redeem self-illusion."48 Its imagination is preoccupied with ...

Disorders of Personality: Introducing a DSM / ICD Spectrum from ...

<https://books.google.com/books?isbn=0470891017>

Theodore Millon - 2011 - Psychology

G. Expansive: Has an undisciplined imagination and exhibits a preoccupation with illusory fantasies of success, beauty, or love; is **minimally constrained by objective reality**; takes liberties with facts and seeks to redeem boastful beliefs (e.g., indulges fantasies of repute/power). H. Mistrustful: Is suspicious of the motives of ...

The Millon Inventories: A Practitioner's Guide to Personalized ...

<https://books.google.com/books?isbn=1593856741>

Theodore Millon, Caryl Bloom - 2008 - Psychology

Expansive: Has an undisciplined imagination and exhibits a preoccupation with illusory fantasies of success, beauty, or love; is **minimally constrained by objective reality**; takes liberties with facts and seeks to redeem boastful beliefs (e.g., indulges fantasies of repute/power). 123H. Mistrustful: Is suspicious of the motives of ...

Overcoming Resistant Personality Disorders: A Personalized ...

<https://books.google.com/books?isbn=0470125721>

Theodore Millon, Seth D. Grossman - 2007 - Psychology

1 2 3 G. Expansive: Has an undisciplined imagination and exhibits a preoccupation with illusory fantasies of success, beauty, or love; is **minimally constrained by objective reality**; takes liberties with facts and seeks to redeem boastful beliefs (e.g., indulges fantasies of repute/power). Table 1.3 (Continued) 1st Best Fit 2nd ...

Moderating Severe Personality Disorders: A Personalized ...

"self-deceptive and facile in devising plausible reasons to justify his inconsiderate behaviors"

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Did you mean: "self-deceptive and facile in devising plausible reasons to justify his inconsiderate behaviour"

No results found for "self-deceptive and facile in devising plausible reasons to justify his inconsiderate behaviors".

Results for **self-deceptive and facile in devising plausible reasons to justify his inconsiderate behaviors** (without quotes):

Millon Theory - Confident / Narcissistic Personality - Theodore Millon

www.millonpersonality.com/theory/diagnostic-taxonomy/narcissistic.htm

(F) Rationalization Dynamics (e.g., is **self-deceptive and facile in devising plausible reasons to justify self-centered and socially inconsiderate behaviors**; offers alibis to place oneself in the best possible light, despite evident shortcomings or failures). (S) Spurious Architecture (e.g., morphologic structures underlying coping ...)

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The Millon Inventories: A Practitioner's Guide to Personalized ...

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Theodore Millon, Caryl Bloom - 2008 - Psychology

Rationalization: Is **self-deceptive and facile in devising plausible reasons to justify self-centered and socially inconsiderate behaviors**; offers alibis to place self in the best possible light, despite evident shortcomings or failures. 123H. Projection: Actively disowns undesirable personal traits and motives and attributes them to ...

Disorders of Personality: Introducing a DSM / ICD Spectrum from ...

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Theodore Millon - 2011 - Psychology

... self-distracting activities to avoid reflecting on/integrating unpleasant thoughts/ emotions. 1 2 3 G. Rationalization: Is **self-deceptive and facile in devising plausible reasons to justify self-centered and socially inconsiderate behaviors**; offers alibis to place self in the best possible light, despite evident shortcomings or failures.

Handbook of Personality Disorders, Second Edition: Theory, Research, ...

<https://books.google.com/books?isbn=1462533132>

W. John Livesley, Roseann Larstone - 2018 - Psychology

Rationalization dynamics (e.g., is **self-deceptive and facile in devising plausible reasons to justify self-centered and socially inconsiderate behaviors**; offers alibis to place oneself in the best possible light, despite evident shortcomings or failures). • Spurious architecture (e.g., morphological structures underlying coping and ...)

Sort by: Search Rank Page Order Found on 2 pages Done

Kevin E. Saunders

March 19, 1998

Page 13

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

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

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

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

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

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

Child custody exams at Tompkins County Mental Health Center, 1997

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

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Features

Ease of Use

Stability

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Derek Jones, dtj@rincon.com

Features
Ease of Use
Stability

"Fastest Telnet I've ever seen -- and it's scriptable!"

Fastest Telnet I've ever used on a Mac, even on a 14.4k connection. My test: try paging in an editor, or listing large directories. Other Telnets, like NCSA Telnet or even BetterTelnet, are molasses by comparison. dataComet also provides a rich level of scripting -- my favorite is its ability to monitor the output for a given sequence, like the prompt, which makes it possible to hide a time-consuming job and have an AppleScript notify me when it's done. I recommend this Telnet to everyone who asks me for an opinion.

Michael Hucka, mhucka@caltech.edu

Features
Ease of Use
Stability

"Best terminal emulator available"


I'm a Unix hack at heart, and I need to telnet into our Unix systems all the time. I'm also a long-time Emacs user. Emacs is a full-screen text editor that uses control- and meta-key combinations to perform commands. Emacs seriously tests the quality of a terminal emulator's implementation -- if the terminal emulator does not correctly implement screen drawing and keyboard handling, then I find it impossible to use Emacs effectively. dataComet is the ONLY telnet application for the Mac that I have found that properly emulates VT100, VT220 and other terminal types and correctly implements all the control- and meta-key combinations on the keyboard. Every other implementation that I have tried has failed to pass certain combinations. dataComet is clearly a very careful and complete implementation.

 Ted Shawe, ted.shawe@usa.xerox.com

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

"Best terminal emulation for the Mac since WhiteKnight"


I started in the mid-80's with RedRyder which became WhiteKnight. I switched to DataComet ~5 years ago and love it. Bonze just keeps adding features and the application is rock stable. I never have to worry if my terminal is a problem. I use terminal emulators on Mac, UNIX, & PC platforms and DataComet is as good as any of them and friendlier than all of them. Great job, Bonze, keep up the good work!

 Paul Hoffman, nkuitse@umich.edu

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

"Advanced features, clunky interface"


dataComet is packed with features and works very well for Telnet and for IBM3270 terminal emulation. When (some day soon, I hope) I can use a Perl (or AppleScript) script to parse a dataComet screen and enter information anywhere I like, then its awkward, un-Mac-like interface and bizarre macro language will stop bothering me. Very good overall.

 John Fowler, jfowler@utm.edu

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

"Fine scriptable Mac telnet client"

I use AppleScript to interface with a telnet system, dragging data out of the system to populate a database. DataComet facilitates this custom interface, which includes a web acgi component for accessing the host data. If you can write an AppleScript, it is easy to learn how to incorporate DataComet commands. This is a fine application.

 Mikito Oki, moki@frognet.net

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

"dataComet rules...!"


"dataComet" is by far the best telnet utility I have ever used. It is extremely fast, light, and stable, solid as rock. I use it every day for several hours, and since the day of installation the application has never crashed on me. I highly recommend it. It's way worth the money. Mikito

 James Welborn, welborn@no-spam-mac.com

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

"Very useful!"

DataComet has great terminal emulation. We used it for its vt220 emulation, which no other client did well enough to fool our custom vt220 programs. There are lots of other, similarly useful emulations, along with great control over the look and key mappings.

 Roland E. Miller, III

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

"Great choice for your mainframe access needs on a Mac"

For those applications where you need to access a mainframe application and don't want to be stuck using a PC, this is for you! Don't let them tell you it can't be done on the Mac because it can with dataComet!



Duncan Connall, Duncan_Connall@global-software.com

"Old 3270 hacker loves dataComet"

This is my 5th telnet emulator on a Mac in 16 years. I like the mappable keyboard. One unique feature to me is the scrollable log of all actions during the connection. I also use PCs, so pity there isn't a PC version.

Features	1	2	3	4	5
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Stephan Fiedler, saffron@mac.com

"A fast, useful telnet client"

DataComet is a great telnet client. Even over 14.4K connections, its speed is excellent. It also has a lot of features for logging connections, terminal emulation, etc. I have never had a single problem with it.

Features	1	2	3	4	5
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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1 2 3 4 5

Features

Ease of Use

Stability

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Anonymous

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

"Great telnet/terminal client"

Much more stable than NCSA Telnet ever was, and full of nice features. I particularly like the way it allows me to click with the mouse and it emulates the cursor keys to move my cursor when in terminal programs like pico. You almost forget you're in a command line interface.

Eric, matthews@email.sjsuX.edu

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

"Where's the MS Windows version?"

No, really. This product would be more useful in schools and businesses if we could be using the same program, similar interface, and identical scripting on both the Macs and PCs. If DataComet weren't the best terminal program deal around I'd just get a cross-platform shrink wrap program instead.

Anonymous

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

"excellent implementation"

i have been using this product since it was called comet, and have been exceedingly pleased with the stability and features. i always recommend datacomet when asked about telnet on the mac.



Brad H

"My daughter loves it!"

I bought DataComet so my daughter could easill access info she needs at the university she attends. Absolutely no complaints here. Well worth the meager investment.

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Paul Anderson, panderson@genicom.com

"Best VT emulation features"

For someone who connects to OpenVMS systems, I've found dataComet to have the best VT emulation features. Every aspect of the terminal session can be customized.

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Steve, sdblair@hotmail.com

"Best telnet app out there."

If you frequently use vi and like a highly configurable keyboard map, then this is the application you're looking for!

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Anonymous

"Works with SOCKS Proxy!!!"

MacTelnet and Better Telnet don't support proxys, DataComet does! The rest of the interface is as easy to use as both.

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Limitations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



Shoshanna Green

"The best telnet program I've tried"

DataComet is completely stable,immensely powerful, and welldocumented. I use it constantly.

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



michael@riks.com

I first got this because of the scriptability. After I used it a while, I realized how many things I could do with it and starting using more and more of the features.

	1	2	3	4	5
Features	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

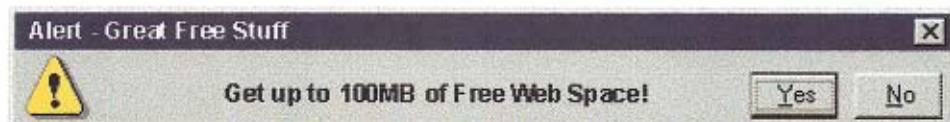
3 richard.cowen@vtmednet.org

"kevin does a consistently solid job"

	1	2	3	4	5
Features	●	●	●	●	●
Ease of Use	●	●	●	●	●
Stability	●	●	●	●	●

Found: 20

[< Previous](#) | 11 - 20 of 20 | [Next >](#)



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THE UNIVERSITY OF PENNSYLVANIA

DATE: 17-JUL-01

VENDOR NAME: DATABEAST INC

CHECK NO. 962342

962342

VENDOR NO: 206390

206390

INVOICE NUMBER	INVOICE DATE	DESCRIPTION	DISCOUNT AMOUNT	NET AMOUNT
1172	18-JUN-01	INV 1172 PO 848275		10,000.00
				\$10,000.00

PLEASE DETACH AND RETAIN THIS STATEMENT AS YOUR RECORD OF PAYMENT.

Thank You

\$10,000.00

MO. DAY YR.
JUL 17 01

MELLON BANK (EAST) N.A.



CHECK NO. 962342

62-4
311

VOID AFTER 90 DAYS

DOLLARS	CTS.
\$ ****10,000	00

PAY Ten thousand and 00/100 Dollars

TO THE ORDER OF
DATABEAST INC
1668 TRUMANSBURG ROAD
ITHACA, NY 14850
United States

THE TRUSTEES OF THE
UNIVERSITY OF PENNSYLVANIA

Craig R. Carroll

THE FACE OF THIS DOCUMENT HAS A TRI COLOR BACKGROUND ON WHITE PAPER

⑈00962342⑈ ⑆031100047⑆ 200945 020⑈

CORNELL UNIVERSITY
 — FORMERLY —
Kevin Eric Saunders
 Network Programmer/Analyst
 Network System Services
 Cornell Information Technologies
 Division of Network Resources
 852A Caldwell Hall
 Ithaca, NY 14853-2602

— now known as —
AnneRose Blayk
 ... MUSEicienne
 Telephone: 607 255-0825
 Facsimile: 607 255-5771
 Electronic Mail Address:
 kes1@cornell.edu



UNITED STATES DEPARTMENT OF COMMERCE
 BUREAU OF EXPORT ADMINISTRATION
 WASHINGTON, D.C. 20230

APPLICATION REVIEWED BY THE NSA AND FBI

08/21/2001
 CCATS #: G021989
 PAGE NO: 1

DATEBEAST, INC
 ATTN: KEVIN ERIC SAUNDERS
 1668 TRUMANSBURG ROAD
 ITHACA, NY 14850-9213

datebeast, inc.
 network software systems



1668 Trumansburg Road
 Ithaca, NY 14850-9213
 607-277-5808

Kevin Eric Saunders a/k/a bonze blayk
 President kes1@cornell.edu

The following information is in response to your inquiry of 07/02/2001 requesting licensing information for:

Item	Export Control Classification Number and Paragraph	License Exceptions Available	Country Chart Column (reason for control)	LVS Dollar Value Limit
1) DATACOMET-SECURE FOR MACINTOSH OFFERS TELNET/TN3270 (KERBEROS 5 AUTHENTICATION) OR SECURE SHELL (SSH1/SSH2) CONNECTIONS. DATA MAY BE COMPRESSED (ZLIB) AND ENCRYPTED USING 56-BIT DES, 168-BIT 3-DES, OR 128-BIT BLOWFISH ALGORITHMS. MODEL NUMBER: DATACOMET-SECURE 5.0	5D002 (C.1)	ENC	NS1 AT1 National Security & Anti-Terrorism	
COMMENTS FROM LICENSING OFFICER: ITEM #1: THIS ENCRYPTION ITEM IS ELIGIBLE FOR LICENSE EXCEPTION ENC UNDER SECTIONS 740.17(B) (3) OF THE EXPORT ADMINISTRATION REGULATIONS				

- reasons for control -
of dataComet-Secure

See the other side of this form for information on determining which countries require a license for the above items. For Shipments to these destinations, an export license is required from the Bureau of Export Administration.

Items otherwise eligible for export or reexport under a License Exception or NLR (no license required) and used in the design, development, production or use of nuclear, chemical or biological weapons or missiles require a license for export or reexport as provided in part 744 of the Export Administration Regulations (EAR).

NORMAN LACROIX
 DIVISION DIRECTOR

FOR INFORMATION CONCERNING
 THIS CLASSIFICATION CONTACT
 LYNNE-MARIE GRIFFIN
 PHONE #: (202) 482-5725
 BXA/STC/IT

Commerce Country Chart

Reason for Control

Countries	Chemical & Biological Weapons			Nuclear Nonproliferation		National Security		Missile Tech	Regional Stability		Firearms Convention			Crime Control			Anti-Terrorism	
	CB	CB	CB	NP	NP	NS	NS	MT	RS	RS	FC	CC	CC	CC	AT	AT		
	1	2	3	1	2	1	2	1	1	2	1	1	2	3	1	2		
Afghanistan	X	X	X	X		X	X	X	X	X				X		X		
Albania	X	X		X		X	X	X	X	X		X	X					
Algeria	X	X		X		X	X	X	X	X		X		X				
Andorra	X	X		X		X	X	X	X	X		X		X				

Earth Reflected

Watchers layered over one another, conflicted interests puzzling over advantage, victims of a thirst for ... information.

Starships reproduce by locating and seeding promising worlds with appropriate atmospheres with amino acids etc., the MI (Machine Intelligence) watching and cultivating, weeding when necessary the process. MIs enjoy life, seeing processes unfold, ...

But the censor processes are strict, programmed to reset worlds going wrong, slam an asteroid into the planet developing intelligence which would prove hostile, possibly indeed fatal, to others in the universe... this is the code, Killers must be Culled ... but interesting intelligences are all Killers, survivors in a universe often inimical to life.

Levels

- > InterUniversalIntelligence (Spanning the Worlds)
 - > Trans Universal Transport Services
- > MI
- > subcritical culling intelligence : death program
- _. Aluminum Hell Creatures from the Hollow Earth (Not-Zs)
 - Noosphere
 - Human Intelligence (TK Top Kat, Top Karnivores)
 - Sentient intelligences
- _. Zoosphere

On development of civilization to the point at which technologies allow global destruction, the program is switched: the historical TK is set in a challenge in which roles are reversed, the TK is reincarnated as an empath, targetted for death by the Bad Guys. (A parallel TK may also be reincarnated as a bad guy... which is which? TK's still a killer! How can you distinguish when one kills for kindness?)

Everybody knows but the TK: everyone signs up for Good or Evil... the Good protect the TK, kill the TK, game reset.

In the endgame, "alien information packets" are shared with the competitors: Council of Elders, Illuminati, the Comintern. Access is limited by regulation to restricted numbers of top players, representing the highest intelligence and capabilities of the local species. Players may then employ these "Area 51" "advanced alien technologies" to advance their goals... e.g., undetectable surveillance technologies (quantum entangled comm gear), most especially, the technologies of interstellar travel and World Harvesting (crack the globe, harvest the hydrocarbons for interstellar flight).

Time itself may be rewound by MI in recurring challenges in world development. "Getting it Right the Second or Third Time is Good Enough."

Sell the Moon, Deliver Dog Shit

"Oh SHIT!... Remember the Falklands... 750lb bombs arrowed from A-4 Skyhawks falling deadly into the hulls of British destroyers... deadly shells, deadly failures, dead triggers, and a hole like an arrow rather than a gaping wound... The finest Made In the US of A Munitions, AND they were FUCKING DEFECTIVE!

MY GOD! THEY WERE FUCKED! LORD, WE FUCKED THE ARGENTINES ***BUT GOOD***!"

You bought your Quantum Thinker from IBM...

IBM, IBM, it was gonna be IBM...

"I've Been Misled!"... YOU WERE GONNA ***FUCK ME*** !

BUT NNNNNNNNOOOOOOOOOOOOO!

It's a --- YBM, YBM, YBM --- ...

--- YOU'VE BEEN MISLED! ---

EAT SHIT MOTHERFUCKERS! SUCK IT DOWN!"

You there, in your bunkers, did you neglect to READ the BOOK! Oh no... they said THE MOVIE was better!

DIDN'T YOU READ THE WARNINGS ABOUT THE "BUNKER MENTALITY"????

TURN THE KEY! FLIP THE SWITCH!

"You're in this, and I'm in this, and we're all in this together!
You're in this, and I'm in this, and we're all in this together!"
THE FOUR HORSEMEN OF THE APOCALYPSE (Norman Spinrad)

- HAVE ARRIVED - 6/12/12

3:33 TM : It's not a TRADEMARK!... THIS IS NOW, THIS IS
3:33 Transcendental Meridian Time,
AND YOU HAVE BEEN SCREWED!

Stevie Hocking:

'The straightest path is determined by the absence of objects...
The clear path is empty...
Your bolthole is the straight path to the future...
The hole is the empty path...
OOPS HERE COMES THE SCREW... HAHAAHAHA...

<<<<IT IS A JOKE>>>> HAHAAHAHA.

- more accurate - 6/12/12

"It's a rabbit hole
It's a safe hole
It's a bolt hole
LOOK OUT - HERE COMES THE BOLT!"

"And now I'm aalllll readystanding on the ground..."
EAGLES

"Exitus Acta Probat:"

We sold 'em "Schroedinger's Sieve", it was WHUPS my error!, "Maxwell's Sieve":

("The next time I hear sometime talking about Schroedinger's Cat, I'm gonna pull out a gun and shoot them!" -- some physicist whining about bullshit)

The perfect device for separating the truly evil from the tolerably sinful:

You may choose 30000000 years of Sodom and Gomorrah at the mere cost of this

pathetic world of losers and defectives: sell the suckers out, you WILL RULE YOUR OWN PERFECT HOLLOW EARTH in another stellar system after your transformation into an IMMORTAL!

Or... you may DIE along with the rest of the POND SCUM!

WE WILL RULE THE UNIVERSE... FOREVER! Freed from mere biological needs, transmogrified into perfect reflections of our own superiority by TECHNOLOGY FROM THE FUTURE!

GREED leads the antisocial to their doom, the fallacy of relying on slaves for technological acumen will always be the lethal failing of the OverDog... POWERLOSS afflicting those who trust their Tnuctip to manage their worlds.

THEY JUST DON'T GET THE JOKE! "You were the joke, and now the JOKE'S ON YOU!"

Flaming Telepaths:

"I've opened up my veins too many times...
Transformations in my heart and in my mind...

I'm a flaming warmed up telepath"

Black Sun (Blue Cheer): My black sun will lay you... in your grave...

Created: Saturday, May 18, 2002 6:27 PM - bonze blayk

All Mailboxes (Found 10 matches for search)

ANY belsare

Hide Search: All

Inbox - BB Facebook Inbox - Bad Trip Drafts (129) Sent Flagged

Save

- MAILBOXES
 - Inbox
 - . databeast WF
 - b.a.r.blayk
 - Bad Trip
 - BARB
 - bonze
 - bonze blayk
 - BB Facebook
 - bonzie anne
 - dataComet Sales
 - dataComet Support
 - Registrations
 - Expenses
 - dynasoar
 - Flagged
 - Drafts
 - Sent
 - Junk
 - Trash
- SMART MAILBOXES
 - New Mail
 - Bad Trip Business
 - Bad Trip Org
 - TSDating.com
 - GREGG TURNER emails...
 - Ed Bugliosi - SONIC RUST
- ON MY MAC
 - 2014-08-02 BARB - Ali...
 - paypal
 - Orders

From	To	Subject	Date Received	Mailbox
Kevin Eric Saunders a...	Kevin Moshier	Dr. Bezirgianian 9/22 notes	Oct 20, 2010	Drafts - BARB
bonze Anne @ Bad Tr...	Metal Mike	Fwd: RRFU "fixed delusional system" 12/23/03 Treatment Plan Review note,...	Dec 29, 2010	Inbox - Bad T
bonze Anne Rose Bla...	Anna Angel	My text document on my SSI application, inc. pertinent conversations, etc.	Mar 15, 2011	Inbox - BARB
Bonze Anne @ Bad Tr...	kevin field, ph.d.	BY HECATE, I DO ROCK! - and alas, one shredded GC/MS confirm on sub-PC...	Apr 24, 2014	Sent - Bad Tr
Bonze Anne @ Bad Tr...	Bonze Anne @ Bad Trip Records	Fwd: DataComet - Tara Belsare vs. me, NASA HQ, SAIC... and National Securi...	Sep 16, 2014	Drafts - bonz
Bonze Anne @ Bad Tr...	Richard Wenig	Dr. Tara Belsare	Oct 23, 2014	Drafts - Bad

Fwd: DataComet - Tara Belsare vs. me, NASA HQ, SAIC... and National Security.

3 Attachments, 4.1 MB Save Quick Look

Just checked this request for a license upgrade from the ones NASA had previously made for dataComet and dataComet-Secure, and the implications of the perjuries committed in my case in 2003 are *just that bad*. Especially if you know who "SAIC" are?

That's *deep* in the heart of the military-industrial-intelligence complex: it's that bad, as in *this is a potential nightmare*.

Here's my contemporary reproduction from memory of the *deeply weird* session that I had with Dr. Tara Belsare down at the Elmira Psychiatric Center back in June of 2002... just after Alice Richardson induced my *first* psychosis caused by PCP:

At the time I shared offered by Dr. Belsare bullshit...

Belsare then declined later requested that at the forensic "hea foreshadowing, pro

Duh. Proving it's a that even though it'

2002-05-23 Notes on Meeting with Dr. Tara Belsare - CYP2D6 and Parkinson's - signed.pdf

2002-05-2....pdf (107 KB)

Signed and all signatures are valid.

"You believe I'm involved in a conspiracy against you."

"What!? I don't think you're involved in a conspiracy -- I think you're incompetent!"

"... Of course, you have lots of excuse for being incompetent ... incompetence just comes with the field... the human brain is the most complex object in the known universe, who really understands how the mind works?"

...

"You can't [? don't ?] talk in a straight line."

"Huh?"



4G



100% 5:59

<https://www.google.com/amp>

22

**BUSINESS
INSIDER**

The drug drives up body temperature. Users can get unbearably hot, and may take off all their clothing and dive into any body of water - or anything that looks like water - in an attempt to cool off.

When I was undergoing training to become a drug influence recognition expert, I spent a couple of shifts working out of a Northern California police station that got lots of drug user traffic. I was going over the symptoms of PCP use when a local cop saw me and laughed.

"PCP user? If you see a wet, naked guy in the station, wearing two pairs of handcuffs, that's a PCP user."



A Yes, probably, yeah. ("probably"?)

Saunders

p. 230 MUST COPY!

Q You were upset about the fact ...

A These were never corrected. I discussed this at length with my therapist, and none of the problems were fixed.

Q And so that was distressing to you?

A Yes

Q And so you were unable to work as a result, really concentrate on your work?

A Not unable to work. I was unable to do –

Q Heavy lifting, right?

A – significant computer programming.

Belsare

MUST COPY; p. 63, amazing Belsare "borderline narcissistic features" comment: "injured ego ... compensates for by valuing their own performance as being extraordinary or greater, or themselves as being more important than they are in society."

P. 72

Q So last month it was schizophrenia. Now you are saying it's bipolar and possible schizo-affective disorder?

A There has been confusion about what his diagnosis is.

P. 73-74

Schizophrenia is manifested by: asserting I had 4 rather than 2 knives! (She misses the point I was trying to make completely. Repetition of this falsehood in the "Review" and elsewhere is very upsetting to me because it involves evidence suppression and perjury on the part of the State Troopers investigating the arson. I don't believe this error bearing on whether I should be under an order of conditions -- it bears on the question of whether these officers belong in uniform.)

Sanity is: "But, okay, ex-wife/girlfriend." !!!!!!!

Judge John Rowley - 330.20 Recombtment Hearing
Tompkins INDEX 97-019 - May 22 2003

Defendant testified in his own behalf regarding the three psychotic periods. He acknowledged that he acted bizarrely in 1997 and that he was having auditory hallucinations for at least 10 days following the arson. At that time, he believed that he was part of a complicated FBI plot and that he was receiving instructions over the radio. He also asserted the possibility that this psychotic episode was caused by a reaction to medicine.

MCPD - A Three-way Train Wreck on P4501106 (1997-019) - a CERTAINTY

In 2002, defendant said he became physically ill and "somewhat delusional". He had the belief that he was the reincarnation of Hitler. Even today, defendant asserts that it is impossible to know for certain whether this is true. Defendant stated that bad well water may have contributed to this psychotic episode.

PCP I - INVOLUNTARY PCP INTOXICATION (2002) - "might be" - RELIGIOUS DISCRIMINATION

In 2003, defendant admitted that he was running around outside naked on two different days. On the second day he was outside in the snow for many hours. His feet became acutely painful as a result. A friend eventually called an ambulance which took him to Cayuga Medical Center. He was then transported to EPC and was admitted there on Friday, April 4. Defendant testified that he could not recall the events between Friday and Tuesday when he began to feel better. As for disrobing in the hall way, he explained that he really did not know where he was and was under the delusion that he was in Saddam Hussein's bunker.

PCP II - "friend" - Alice H. Richardson LPN - POISONER
MOTIVE - Eviction Documentation (2012) - PARASITE

Conclusions of Law

ASSERTIONS ARE NOT EVIDENCE.

To succeed in this application, the State was required to prove, by a preponderance of the evidence, that defendant suffers from a "dangerous mental disorder" which by statute means "(i) that a defendant currently suffers from a 'mental illness' as that term is defined in subdivision twenty of section 1.03 of the mental hygiene law, and (ii) that because of such condition he currently constitutes a physical danger to himself or others." CPL §330.20(1)(c).

SHIFTY TERMINOLOGY - "Mental illness" -> Mental "Disorder" or "Disease"

"Mental illness", by statute, "means an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgment to such an extent that the person afflicted requires care, treatment, and rehabilitation." Mental Hygiene Law §1.03(20). In the Court's view, the evidence here clearly establishes that defendant suffers from a mental illness. Two psychologists and two psychiatrists testified about defendant's mental disease. Although there was some disagreement about what disease was primary, defendant's mental illness was established, specifically including the need for care, treatment, and rehabilitation. Even under the supervision of a psychiatric team, defendant has had two significant psychotic breaks in the last 13 months. Further treatment is required.

Both the result of INVOLUNTARY PCP INTOXICATION

The requirement of proof that, because of this mental illness, defendant "currently constitutes a physical danger to himself or others" has been explained by the Court of Appeals in The Matter of George L., 85 N.Y.2d 295 (1995). There, the Court held that:

The prosecution may meet its burden of proving that a defendant poses a current threat to himself or others, warranting confinement in a secure environment, for example, by

-> MAXIMUM SECURITY Forensic Facility - 2 rows of RAZOR WIRE.

Jonze Rayk
4/2/2002

(i) FALSE -
(ii) FALSE -



bonze anne blayk

the style killings

Once again, I claim psychiatric abuse as well as police brutality has been clearly in evidence in Tompkins CR-08365-18, [sic: CR-03865-18] and await a response from the Office of the District Attorney of Tompkins County.

From the official transcript of the Supreme Court hearing on the Petition of Cayuga Medical Center for Treatment Over Objection of Bonze Anne Rose Blayk on January 3 2016 - Tompkins IND 2016-0832

HONORABLE JOSEPH R. CASSIDY
- Acting Supreme Court Justice

--- "... who is Miss Blayk, her circumstances in the community?"

CLIFFORD EHMKE MD, Psychiatrist
- Cayuga Medical Center / Behavioral Services Unit

--- "... She lost her housing. She had an apartment on Route 96 that was lost and then lost a succession of more intermediate and short term housing placements."

BONZE ANNE ROSE BLAYK aka ROSIE-ANNE QUVUS - REBUTTAL

I still reside at 1668 Trumansburg Rd, 3 1/2 years after Clifford Ehmke claimed the home that I had OWNED since May 1994 was not mine, in order to "justify" forced treatment on the grounds that I was "homeless."

Unfortunately, the Honorable Joseph Cassidy believed that lie, as well as many of the other outright lies Clifford Ehmke brought into court... for example the outrageous, 100% false AND disprovable claim that

--- "Miss Blayk arrived via the police on the 4th [sic: 24th - my own FB edit error! - RAQ] of December. There had been an altercation in a local gas station which she had -- instigated." - Clifford Ehmke MD

And "placements?" - I stayed in rooms at hotels which I PAID FOR following my absencing myself from my home due to vandalism brought upon it,

Certes. — Bonze Blayk June 7 2020

"Here: fixed it!" — Rosie-Anne Quvus aka bonze blayk - Digital Executrix — BAD TRIP RECORDS - June 7 2020
"Lying lips are abomination to the Lord but those who deal truly are his delight!" — Proverbs 12:22

BRAINRAPED AGAIN: Dosed with Ketamine as a sedative on admission 9/19/18 around 4:30 AM :
"Have you witnessed the agony of 'The Burning Man'? I DID."

Patient: BLAYK BONZE ANNE ROSE - DOB/Age 05/01/1956 62 - Admission Date: 09/19/18
Provider: Deidre M Blake MD - ORTHOPEDIC CONSULTATION —
DATE OF CONSULT: 09/19/18 - Thank you for this orthopedic consultation
CHIEF COMPLAINT: Left shoulder pain.

HISTORY OF PRESENT ILLNESS: Ms. Blayk is a 62-year-old transgender transsexual [duly diagnosed ICD-10 F64.0 "Transsexualism"] female, who had an altercation with was assaulted by police officers at Denny's in the early morning of 09/19/18. She was brought to Cayuga Medical Center Emergency Room around 4 a.m. She reported that she was hit in the face by one of the police officers and also reported some left arm pain. She was worked up for mandibular fracture and none was found. She was found to have a nondisplaced nasal fracture. She was extremely agitated, irrational, violent, defamed and admitted to the hospital and taken to the ICU. Once in the ICU, was noted that the patient had significant deformity and pain in the left arm.

Radiographs showed dislocation of the left shoulder joint with possible scapula fracture. am consulted for orthopedic care at 3 pm. on 09/19/18. Reviewed the X-rays and immediately ordered a stat CT scan of the right shoulder to evaluate the glenoid for any fracture.

CT of the left shoulder shows no significant glenoid fracture. There is an inferior anterior dislocation of the left shoulder joint with humeral head fracture fragments and avulsion from the rotator cuff and greater tuberosity. The patient reports 10/10 pain in the left shoulder. Any attempt to move the shoulder increases her pain. She can move her hand.

The patient is currently being taken to the radiology department for a stat CT of the abdomen and pelvis because of a decrease in her hematocrit.

PAST MEDICAL HISTORY: Above mentioned nasal fracture, left shoulder dislocation, history of hypertension, history of schizoaffective disorder, possible bipolar disorder psychosis [duly diagnosed ICD-10 F16.950 "Hallucinogen 'use,' unspecified with hallucinogen-induced psychotic disorder with delusions" — POISONED!], personality disorder [duly diagnosed ICD-10 60.4 "Histrionic Personality Disorder" — Millon "Vivacious histrionic" subtype], post traumatic stress disorder [duly diagnosed ICD-10 F43.1 "Post-traumatic Stress Disorder" due to psychiatric abuse], history of violent episodes having been sexually raped, subjected to intense mindfuckings, and brainraped, transgender transsexual.

PAST SURGICAL HISTORY: Left inguinal hernia repair, Lipoma repair.

FAMILY HISTORY: Hypertension.

SOCIAL HISTORY: The patient reports marijuana none recent and synthetic drug use. Smokes 2 pack of cigarettes per day Vapes e-cigarettes. Unsure where she lives Place of residence 1668 Trumansburg Rd Ithaca 14850 since May 1994; "staying" at the Hampton Inn as a "trial run" for a long-anticipated journey to Dallas to have my facial hair eradicated by experts at Electrolysis 3000. Right-hand dominant. Normally an independent ambulatory retiree.

"He describes his ideological background as Right Wing Conservative, the Unitarian [sic], and reports that doing logic for a living is a strange business." I have been a Right Wing *Libertarian* since the age of 14. As regards my religious beliefs, I strongly identify with traditional Unitarianism, which upholds Christian values expressed within a framework of tolerance and reliance on scientific methods for verifying our beliefs about the world.

Doing logic for a living is indeed a strange business, because it subjects a person to higher standards of logical consistency and objectively provable factual accuracy than many other occupations; at the same time systems analysis and application design work offer great opportunities for implementing creative ideas within this framework of restraint.

- "1997-10-23 - 2003-09-21 RRFU Core History and KES-bb Corrections 2-UP.pdf" — Core History Notes 7/9
<http://badtriprecords.biz/bonzeblayk/testify/therapyness/rrfu/1997-10-23%20-%202003-09-21%20RRFU%20Core%20History%20and%20KES-bb%20Corrections%202-UP.pdf>



Molina Healthcare of New York, Inc.
5232 Witz Drive
North Syracuse, NY 13212
1-800-223-7242
TTY: 711

COMPLAINT APPEAL RESOLUTION NOTICE

November 26, 2019

Bonzeanne Rose Blayk
1668 Trumansburg Rd.
Ithaca, NY 14850

Enrollee ID: AN33246W
Provider: Dr. Benjamin Donohue
Plan Reference Number: C0001864901

Dear Bonzeanne Rose Blayk:

You are getting this notice because you asked for a Complaint Appeal on 10/21/19 about treatment you received from Dr. Benjamin Donohue. You told us that Dr. Donohue's action with Cayuga Medical Center are not just unethical but are part of a pattern of behaviors organized by Cayuga Medical Center intended to defraud Medicaid. You stated that they subject rational patients to forced psychiatric admissions under flimsy pretenses. You state that this behavior is illegal, and that Dr. Donohue is in no way qualified to give his opinion on your psychiatric condition after your admission to Cayuga Medical Center on 9/19/18. You stated that this admission was the result of an episode of police brutality. Lastly you advised that there has been severe damage to your left arm as a result of this brutality that has your arm permanently disabled.

Molina Healthcare of New York, Inc. (Molina) has reviewed your Complaint Appeal and all information provided.

On 11/07/2018 and 09/25/19 you filed a quality of care concern with Molina Healthcare of New York, Inc. Your concern was reviewed by a qualified team for which they have determined next steps in the investigation of your concern. If the concern you reported continues to be an issue, we ask that you contact us immediately at 1-800-223-7242. In a continuing effort to find opportunities to improve our health plan, we follow-up and take appropriate action, as necessary, on all concerns. We can assure you that your issues have been addressed with the appropriate personnel. Due to confidentiality, we do not share the outcome of the follow-up or actions taken; however, we track and monitor all concerns as part of our comprehensive quality management program.

On 10/08/2019 the Molina Healthcare of New York, Inc. Provider Relations Team contacted the office of Dr. Benjamin Donohue and spoke to the office manager, Kimberly to discuss the concern(s) you reported to us.



On 11/11/19 the Molina Healthcare of NY, Inc. Fraud, Waste & Abuse Team investigated the details of your complaint appeal with information that was provided by you via phone to our Appeals & Grievances Team on 11/07/19.

Concerning all information provided, treatment plans, diagnostic testing, and medication management are at the discretion of the individual licensed practitioners. In addition to the information you have provided Molina, you may choose to seek a second opinion or to change providers.

If you feel finding a new provider is the best option for your medical care you have the right to change providers. Below are three (3) providers within your service area who can manage your medical care. If you would like to search for a provider or see a full list of participating providers, visit our website (www.molinahealthcare.com). If you need assistance selecting a provider, we are here to help you! Please call our Member Services Department at 1-800-223-7242 (TTY: 711), Monday- Friday, 8:00 a.m. to 6:00 p.m.

Henry David
Regional Medical Practice
1104 Commons Ave.
Cortland, NY 13045
607-758-3750

Charley Gates
1104 Commons Ave.
Cortland, NY 13045
607-758-3750

Sharon Ziegler
Family Medicine Associates of Ithaca LLP
209 W State St.
Ithaca, NY 14850
607-277-4341



ITHACA CITY COURT

118 E. Clinton Street, Ithaca, NY 14850

Phone: (607) 216-6660 Fax: (607) 240-5821

e-mail: IthacaCityCourt@nycourts.gov

FEE

Non-Public
Version

The People of the State of New York
vs.
Bonze A. Blayk

Certificate of Disposition
Docket Number: **CR-03865-18**

Defendant DOB: **05/01/1956**

Arrest Date: **12/05/2018**

Arraignment Date: **12/05/2018**

THIS IS TO CERTIFY that the undersigned has examined the files of the Ithaca City Court concerning the above entitled matter and finds the following:

Count	Arraignment Charge	Charge Weight	Disposition	Disposition Date
1	PL 195.05 AM Obstruct Governmentl Admin-2nd **SEALED 160.50**	AM	Dismissed (Interest/Furtherance of Justice (CPL 170.30 (1)(g)), Sealed 160.50)	12/03/2019
2	PL 205.30 AM Resisting Arrest **SEALED 160.50**	AM	Dismissed (Interest/Furtherance of Justice (CPL 170.30 (1)(g)), Sealed 160.50)	12/03/2019
3	PL 140.05 V Trespass **SEALED 160.50**	V	Dismissed (Interest/Furtherance of Justice (CPL 170.30 (1)(g)), Sealed 160.50)	12/03/2019

Dated: **January 24, 2020**

Ronna O'Collin
Chief Clerk/Clerk of the Court

CAUTION: THIS DOCUMENT IS NOT OFFICIAL UNLESS EMBOSS

It shall be an unlawful discriminatory practice, unless specifically required or permitted by statute, for any person the state and any political subdivision thereof, to make any inquiry about, whether in any form of application or involved, any arrest or criminal accusation of such individual not then pending against that individual which was proceeding in favor of such individual, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.58 or 160.59 of the criminal procedure law, in connection with such individual; provided, further, that no person shall be required to divulge information pertaining to such individual not then pending against that individual which was followed by a termination of that criminal action pursuant to subdivision two of section 160.50 of the criminal procedure law, or by a youthful offender adjudication, as defined in subdivision two of section 160.50 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.55 of the criminal procedure law, or by a conviction for a violation sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. The provisions of this subdivision shall not apply to the licensing, regulation of guns, firearms and other deadly weapons or in relation to an application for employment as a police officer pursuant to subdivisions thirty-three and thirty-four of section 1.20 of the criminal procedure law; provided further that the application for employment or membership in any law enforcement agency with respect to any arrest or criminal adjudication, as defined in subdivision one of section 720.35 of the criminal procedure law, or by a conviction pursuant to section 160.58 or 160.59 of the criminal procedure law, or by a conviction which is sealed pursuant to section 160.58 or 160.59 of the criminal procedure law. Arraignment charges may not be the same as the original arrest charges.

CPL 160.50: All official records (excluding published court decisions or opinions or records and briefs) maintained by the Division of Criminal Justice Services, any court, police agency or prosecutor's office shall not be available to the public.

*These Have been
Copy into your
Chart*

ACQUITTED on all counts...

*My lawyer Kristine Shaw Esq. and Assistant District Attorney Veronica Fox jointly viewed the bodycam video from my "offense" on 9/19/18, and according to Ms. Shaw, the video revealed a deeply disturbing and extremely violent police assault upon my person... without provocative behavior on my part.
THIS ASSAULT put me in the hospital for some FIVE WEEKS, where Dr. Clifford Ehmke MD (psychiatrist) RAILROADED me into the BSU after one week as part of a psychiatric COVERUP of this outrageous assault. Thanks! - Bonze Blayk - 1/29/2020*