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14614

Type: PHOTO COPY ISSUED Cnt: 23
COUNTY FEE PHOTOCOPY \$ 14.95

Total \$ 14.95
Check(s) Tendered \$ 14.95
Balance \$ 0.00

CHECK Number
2220 \$ 14.95

Total Documents: 1
Total Fees: 1

Client Name GENERAL PUBLIC
Apr 7 2011 3:36:41 PM

Cashier: IrwinH

At a Term of the County Court held in
and for the County of Monroe at the Hall
of Justice, City of Rochester, New York,
on the 11 day of February, 2004.

PRESENT: HON. RICHARD A. KEENAN
Monroe County Court Judge Presiding

STATE OF NEW YORK
COUNTY COURT MONROE COUNTY

In the Matter of an Application for a
First Retention Order Pursuant
to Criminal Procedure Law §330.20(8)
in Relation to

KEVIN SAUNDERS,

Defendant.

**SUBSEQUENT ORDER
OF RETENTION**

C#2190

The above-named defendant, Kevin Saunders, having been found not responsible by reason of mental disease or defect and having been thereafter recommitted to the custody of the State Commissioner of Mental Health for confinement in a secure facility for a period of six months for care and treatment pursuant to a recommitment order issued under the provisions of Criminal Procedure Law, §330.20(14) by the Tompkins County Court on May 22, 2003;

And, pursuant to the aforesaid recommitment order, the above-named defendant being currently confined in the secure facility of the State Office of Mental Health located at the Rochester Regional Forensic Unit, Rochester Psychiatric Center, 1600 South Avenue, Rochester, New York;

And, the period prescribed in the aforesaid recommitment order expiring on November 22, 2003;

And, an application having been made pursuant to Criminal Procedure Law, §330.20(8) by the State Commissioner of Mental Health for a first retention order to authorize the continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed one (1) year from the date of the expiration of the aforesaid recommitment order;

And, a demand for a hearing not having been made by the defendant;

And the petitioner having been represented by Eliot Spitzer, Attorney General of the State of New York, Charles D. Steinman, Assistant Attorney General, of counsel; and the defendant having been represented by the Mental Hygiene Legal Service, Craig S. Levin, Esq., of counsel;

And, the Court having found that the above-named defendant currently suffers from a dangerous mental disorder as that term is defined in Criminal Procedure Law, §330.20(1)(c);

NOW, with due deliberation having been had, and upon the consent of all parties, it is hereby

ORDERED, that the Commissioner of Mental Health is authorized to
continue custody of the above-named defendant, Kevin Saunders, for care and
treatment for a period not to exceed one (1) year from the ^{expiration of the previous} ~~expiration of the period~~
November 22, 2003.
RAK 2/11/04 prescribed in the aforesaid recommitment order.

Dated: FEBRUARY 11, 2004
Rochester, New York

Richard A. Keenan

HON. RICHARD A. KEENAN
Monroe County Court Judge

Approved as to form:

CSH

Mental Hygiene Legal Service

MONROE COUNTY CLERK'S OFFICE

Return To:

IMO RETENTION

SAUNDERS
KEVIN

Index FILINGS

Book 00000 Page 0000

No. Pages 0000

Instrument RETENTION ORDER

Date : 9/10/2003

Time : 3:03:00

Control # 200309100801

FILE# C# 0000 002190

Employee ID CQ40

MORTGAGE TAX

\$	.00	MORTGAGE AMOUNT	\$	.00
\$	.00			
\$	.00	BASIC MORTGAGE TAX	\$	.00
\$	.00			
\$	.00	SPEC ADDIT MTG TAX	\$	.00
\$	.00			
\$	.00	ADDITIONAL MTG TAX	\$	.00
\$	.00			
\$	.00	Total	\$	.00
Total:	\$.00			

STATE OF NEW YORK
MONROE COUNTY CLERK'S OFFICE

TRANSFER AMT

WARNING - THIS SHEET CONSTITUTES THE CLERKS ENDORSEMENT, REQUIRED BY SECTION 317-a(5) & SECTION 319 OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK. DO NOT DETACH OR REMOVE.	TRANSFER AMT \$.00
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Maggie Brooks, County Clerk

assigned counsel, on or before _____ shall be deemed good and sufficient service, and it is further

ORDERED that personal service of a copy of this Order and the Petition and Affidavits upon the patient, Kevin Saunders, and the Director of the Rochester Psychiatric Center, a Deputy Director, or anyone authorized by the Director to receive process, made on or before _____, shall be deemed good and sufficient service.

Dated: _____

HON.
Acting Justice of Supreme Court

STATE OF NEW YORK
SUPREME COURT MONROE COUNTY

In the Matter of the Application of Steven
Schwarzkopf, M.D., Clinical Director of the
Rochester Psychiatric Center, for an Order
Authorizing the Involuntary Treatment of

AFFIDAVIT

KEVIN SAUNDERS,

A patient at the Rochester Psychiatric Center.

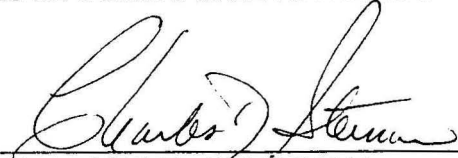
STATE OF NEW YORK)
COUNTY OF MONROE) ss.:

Charles D. Steinman, being duly sworn, deposes and says that:

1. I am an Assistant Attorney General, of counsel to Eliot Spitzer,
Attorney General of the State of New York and, in that capacity, represent the petitioner
herein, Steven Schwarzkopf, M.D., Clinical Director of the Rochester Psychiatric
Center.

2. I am familiar with the petition herein and the supporting affidavits
annexed thereto and, upon information and belief formed after a reasonable inquiry, the
presentation of said Petition is not frivolous as defined in 22 N.Y.C.R.R.

§130-1.1(c).



CHARLES D. STEINMAN
Assistant Attorney General

Sworn to before me this
10th day of September, 2003.



Notary Public

SALLY ANNE SCHUTH
Notary Public in the State of New York
MONROE COUNTY
Commission Expires 7/13/2007

STATE OF NEW YORK
SUPREME COURT MONROE COUNTY
In the Matter of the Application of
Steven Schwarzkopf, M.D., Clinical
Director of Rochester Psychiatric Center,
for an Order Authorizing the Involuntary
Treatment of

KEVIN SAUNDERS

PETITION

a Patient at Rochester Psychiatric Center
STATE OF NEW YORK
COUNTY OF MONROE ss:

The Petition of Steven Schwarzkopf, M.D., respectfully shows:

1. That he is Clinical Director of the Rochester Psychiatric Center.
2. That as said Clinical Director he has custody of the records and is responsible for the supervision of the medical treatment of KEVIN SAUNDERS, who is a patient at Rochester Psychiatric Center.
3. That the said patient is presently suffering a mental illness, and is refusing treatment.
4. The patient has been evaluated by Igor Kashtan, M.D., and Christopher Deakin, M.D., whose Affidavits and Evaluations are appended hereto.
5. That all administrative appeals pursuant to 14 NYCRR Part 27 have been exhausted.
6. That on the basis of these evaluations, an Order of the Court is requested to permit involuntary treatment of this patient, including but not limited to administration of medication as prescribed by the treating physician, and the required blood work associated with monitoring of the prescribed medication.

7. On information and belief, the said patient will be able to attend any proceeding held in regard to this motion, however will be unable to represent himself. It is therefore requested that as part of the Order to Show Cause herein, the Mental Hygiene Legal Service be appointed Attorney for KEVIN SAUNDERS.

8. That an Order to Show Cause is requested herein for the purpose of assuring prompt and expeditious consideration of this proceeding, returnable before this Court at the earliest possible date.

9. No previous application has been made for the relief sought herein.

WHEREFORE, Petitioner prays:

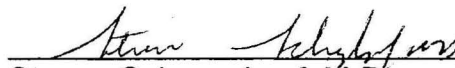
1. That the annexed Order to Show Cause be signed by this Court.

2. That the Mental Hygiene Legal Service be appointed Attorney to protect the interest of the said patient, KEVIN SAUNDERS and that the Mental Hygiene Legal Service report their findings to the Court.

3. That an Order of the Court be granted to permit involuntary treatment of this patient, including but not limited to administration of medication as prescribed by the treating physician, and the required blood work associated with monitoring of the prescribed medication.

4. That the Petitioner have such other and further relief as to the Court may be deemed just and proper.

Date: September 3, 2003



Steven Schwarzkopf, M.D.
Clinical Director
Rochester Psychiatric Center

STATE OF NEW YORK)
COUNTY OF MONROE)

Steven Schwarzkopf, M.D., being duly sworn deposes and says:

That he is Clinical Director of the Rochester Psychiatric Center; that he has read the foregoing Petition and knows the contents thereof and that the same is true to his own knowledge, except as to matters therein stated to be on information and belief, and as to those matters, he believes it to be true.



Steven Schwarzkopf, M.D.

Sworn to before me this 3rd
day of September, 2003.



Notary Public

JANE G. NORTHRUP
NOTARY PUBLIC, STATE OF NEW YORK
MONROE COUNTY
My Commission Expires
January 31, 2007

STATE OF NEW YORK
SUPREME COURT MONROE COUNTY

In the Matter of the Application for an Order
Authorizing the Involuntary Treatment of

KEVIN SAUNDERS

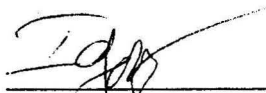
a Patient at Rochester Psychiatric Center

AFFIDAVIT IN SUPPORT OF
APPLICATION TO TREAT
OVER OBJECTION; PATIENT
BELIEVED TO LACK CAPACITY
TO MAKE REASONED
DECISIONS CONCERNING
TREATMENT

STATE OF NEW YORK
COUNTY OF MONROE ss:

Igor Kashtan, M.D., being duly sworn, deposes and says:

1. I am a physician currently licensed to practice medicine in the State of New York.
2. I submit this Affidavit in support of the application of Steven Schwarzkopf, M.D., Clinical Director of Rochester Psychiatric Center, to treat KEVIN SAUNDERS over his objection.
3. I am familiar with said patient in that I am his treating physician.
4. It is my opinion and belief that said patient is not competent to make reasoned decisions concerning his treatment.
5. My opinion is based upon evaluation of the patient as described in the "Evaluation of Treatment Over Objection", which is appended hereto and incorporated herein by reference.
6. I respectfully request this Court grant the application for treatment of KEVIN SAUNDERS in accordance with the treatment plan described in the attached Evaluation.



Igor Kashtan, M.D.
Psychiatrist 1

Sworn to before me this 25th
day of August, 2003.


NOTARY PUBLIC

JANE G. NORTHRUP
NOTARY PUBLIC, STATE OF NEW YORK
MONROE COUNTY
My Commission Expires
January 31, 2007

EVALUATION FOR TREATMENT OVER OBJECTION

Patient Identifying Information:

Name: **Saunders, Kevin E.**

Ward: Admit Date: **5/23/03**

DOB: **5/1/56**

Consec. #: **085 274**

Legal Status: **330.20 CPL**

SECTION I - CLINICAL ASSESSMENT

Clinical Summary: Mr. Saunders is a 47-year-old, Caucasian, divorced male, who was admitted to Rochester Regional Forensic Unit (RRFU) on 5/23/03 pursuant to 330.20 Recommitment Order issued by the Honorable John Rowley, Tompkins County Court Judge, on 5/22/03. Patient was transferred to RRFU from Elmira Psychiatric Center (EPC) where he remained from 4/4/03 until the date of his transfer to RRFU on 5/23/03.

Mr. Saunders has a long-standing history of emotional difficulties dating back to 1980, when he went to see a counselor at Family and Children Services in Ithaca. Up until early 1997, Mr. Saunders would sporadically see mental health care providers in the community for emotional problems.

On 2/6/97, he was arrested and charged with the crimes of Burglary, 2nd Degree; Arson, 3rd Degree, 2 counts; Criminal Mischief, 2nd Degree; and Criminal Contempt, 1st Degree. He had set fire to the trailer home of his former girlfriend, early on the morning of 2/6/97. As a result of the fire, this trailer home as well as his girlfriend's car were destroyed. On 6/14/97, Mr. Saunders was evaluated by Norman J. Lesswing, Ph.D., who found that Mr. Saunders was not criminally responsible for the above mentioned crimes. Patient was adjudicated as Not Responsible by Reason of Mental Disease by plea on 6/28/97 in the court of Judge William C. Barrett, Tompkins County Court Judge. A CPL 330.20 Examination was ordered by the Judge on 8/4/97. It was recommended that patient be admitted for the examination and he was admitted to RRFU on 1/30/98. Upon completion of 330.20 Examination, patient was discharged in the community on 3/31/98. Both examiners (Dr. R.P. Singh and Dr. John Kennedy) opined that Mr. Saunders did not suffer from dangerous mental disorder as this term is defined by CPL 330.20. On 5/7/98, Honorable William Barrett, Tompkins County Court Judge, decided that Mr. Saunders did not suffer from a dangerous mental disorder, however, recommended continued mental health treatment for defendant. The Order of Conditions was issued and Mr. Saunders was ordered to attend an outpatient mental health treatment program as designated by the Commissioner of Mental Health for the State of New York, or by his designee. Initially Mr. Saunders was ordered in outpatient treatment at the Tompkins County Mental Health Center, however, due to ongoing noncompliance with and violations of his Order of Conditions, his treatment was transferred to the EPC on 5/8/02 by request of Mr. Anthony B. DeLuca, Commissioner, Tompkins County Mental Health Services.

In his letter dated 6/12/02, Mr. Fred Manzella, EPC Forensic Coordinator, writes to the Attorney General's Office: Since his admission to EPC Services, Mr. Saunders has reported for his appointments as scheduled, but has been noncompliant to treatment and monitoring recommendations developed by his treatment team. Specifically, Mr. Saunders is refusing to submit to prescribed medication therapy and drug/alcohol testing.

On 4/27/02, Mr. Saunders was admitted to the Cayuga Medical Center due to psychotic decompensation. He remained in the hospital until 5/2/02. According to the admission and discharge summaries completed by Arthur F. Roemmelt, M.D., Mr. Saunders was brought to the emergency department by his friend in the evening of 4/26/02. At that time he reported an alarm at waking up and believing that he was Hitler. However, throughout most of the interview, he was more coherent and did not at the time represent a danger to himself or others, and did not wish to stay. His friend then brought him back in the morning, at which time he was grossly delusional, not only claiming to be the reincarnation of Adolf Hitler, but stating that he had a mission. His judgment was deemed to be grossly impaired by his presentation of psychosis and he was admitted at that time. He was also agitated, even prior to the recommendation that he be admitted. On 4/27/02, patient's mental status examination was significant for "he's physically and mentally agitated, and spews out continuous grandiose and illogical ideas. His thoughts are both pressured and loosely associated. While he's talking, he works with a pen to take words that he has uttered and looks at them forwards and backwards to decipher their inner meaning. He states that he has been informed or in some other way instructed that he needs to save the world. It is very unclear because of his illogical speech as to what we are to be saved from. He answers no questions in a simple or coherent fashion. He states that he doesn't like psychiatry because of medications he has been given before, but will not be specific even on that matter." Dr.

Roemmelt's impression was "he's clearly quite paranoid in the hospital at this time." During this hospitalization the only medication accepted was prn Haldol shots. He refused other medications. Dr. Roemmelt ordered Zyprexa, which patient didn't take. Over the few days patient's thinking cleared dramatically. Loose associations disappeared. There was no longer flight of ideas that were almost impossible to follow. Mr. Saunders was discharged on no medications with recommendations to follow up with his outpatient provider.

On 5/8/02, Mr. Saunders had an intake appointment at EPC Outpatient Clinic with Janet L. Stevens, CSW, Social Worker I. On 5/23/02, outpatient psychiatric evaluation was conducted by Dr. Belsare, psychiatrist at EPC Outpatient Clinic. In her note, Dr. Belsare describes Mr. Saunders as "congenital, excessive attention to detail. Believes himself to be the victim of malpractice in the past. Believes all psychiatrists, including myself, to be incompetent. He believes that his experience with Trazodone, Prozac and Vistaril is due to the interaction of these medications on his liver enzymes and that the psychiatrist who allegedly prescribed them did so intentionally to do him harm. He believes that his current anger is due to the outrage he has over this injustice. He states he can stay on topic, but does not do so because it is boring." Mental status examination was significant for "speech is pressured. Attitude is hostile and accusatory. Psychomotor agitation present. Eye contact is intense. Mood is labile. Affect is irritable and expansive. Thought content is tangential and leads to extraneous detail. For example, when asked how much he sleeps, client proceeds to talk about how he gets his daughter to school three times per week, which keeps him on a schedule. At other times, she walks to school because it feasible to do so from her mother's home. He continues to elaborate some extraneous thoughts until redirected to the subject at hand. Thought processes are disorganized and somewhat incoherent without frank confusion. Flight of ideas and tangentiality present." By the conclusion of this meeting, Dr. Belsare ordered urine toxicology screen which Mr. Saunders flatly refused. She also ordered a Trileptal titration and discussed common side effects with the patient. Mr. Saunders complained about cost, but was unwilling to consider less costly alternatives. He did put the prescription in his briefcase.

On 6/21/02, Mr. Saunders saw Dr. Belsare for follow up appointment. In her note on that day, Dr. Belsare writes "client has not gotten previously prescribed medication filled because he believes it would not be effective. He agrees that based on his history of medication refusal, it is unlikely that he will accept any prescription." Dr. Belsare concludes "delusions continue. Writer expressed to client that medication continues to be recommended. However, in light of client's refusal, there is no utility in pursuing further attempts at psychiatric treatment. Client is in agreement with this."

On 4/4/03, Mr. Saunders was brought to the emergency department at Cayuga Medical Center by the ambulance. He was accompanied by his housemate, Alice Richardson. The note by Owen Cleary, RN, indicates "Alice Richardson reports patient has been increasingly agitated since forensic review at EPC Outpatient Services. She relates patient has not been eating, has not been sleeping, and has been running around outside for 5-6 hours without no clothes on. Patient has been making threatening statements toward self and others, making statements that he is Hitler. She also states that patient has disconnected all electrical appliances in his home, has left running water for hours. Patient has been exhibiting rigid, compulsive type behavior such as running hands under scalding hot water, burning hands and scratching self. Alice voices grave concern for patient's safety and for other people including herself. She relates there was a loud verbal altercation last night in which patient became threatening and Alice was fearful for her safety. She also relates patient has been experiencing panic attacks in which he becomes very agitated and out of control. She feels patient is a danger to himself and is not safe to return home. In the same note, Ms. Clearly continues "patient is unable to provide any detailed information. Patient denies auditory/visual hallucinations, but appears to be responding to internal stimulation. Patient describes an increase energy level which has caused him to run excessively. Patient admits he has been sleeping poorly and hasn't eaten very well. He appears preoccupied and seems to be experiencing thought blocking. Admits to daily marijuana use, last use reported to be "few days ago." Ms. Clearly describes patient's affect as "inappropriate," his mood as "elevated," and notes "bizarre" delusions. Patient was administered Lorazepam and transferred to EPC by ambulance. Upon patient's presentation to EPC, he was evaluated by Dr. April Roberts. In her screening/admission note, Dr. Roberts writes "the patient is very disheveled and wild appearing. Attitude is uncooperative and hostile. Speech was pressured. There was also abundance of speech. Psychomotor activity was increased. He was very fidgety and moved around the chair during the entire interview. Thought processes were nonsensical, illogical, tangential, and evasive. He had flight of ideas." According to the note, patient's thought content was significant for grandiose delusions. Patient denied hallucinations and illusions, however, based on his thought processes and behavior, he appeared to be responding to internal stimuli. His impulse control appeared to be impaired. Patient's affect was unstable with inappropriate smiling and laughter for no apparent reason. Mr. Saunders was disoriented to place, city, month, date, and year. His attention span was markedly impaired. His insight and judgment were markedly impaired. He adamantly refused to take any medication unless it was marijuana.

In the morning of 4/6/03, Mr. Saunders became aggressive and physically assaulted the staff. He was medicated with Haldol, 5 mg., and Ativan, 2 mg. IM stat at 7:15am. Patient was placed in 4-point restraint at 7:30am. Since he was thrashing and spitting at staff, he was placed in 5-point restraint at 7:45am. The note entered in the chart on 4/6/03 at 8:15am by the nurse indicates, "continues with delusional statements, i.e., spiders are from Mars," "what is the future manifestation of our fusion?"

In the evaluation for treatment over objection completed by Dr. Roberts on 4/16/03, she describes Mr. Saunders' behavior as "Mr. Saunders refuses to remain clothed in public areas of the ward. He requires constant instruction from staff to put his clothes back on. Other patients have complained about Mr. Saunders entering their rooms at night. He stalks female patients, including a young teenage female patient he chases around the ward. They have complained about him following them into the bathroom. Male patients have also complained about Mr. Saunders stalking them at night. He threatens staff who direct him away from rooms of other patients and the areas of the ward which are restricted to women (bathroom, sleeping area). He refuses to take medication of any kind, including an antibiotic for an infection of the leg."

Since his admission to RRFU on 5/23/03, Mr. Saunders has been adamantly refusing offers of antipsychotic medications. Frequently, Mr. Saunders would talk about unfairness of his recommitment insisting that his outpatient mental health providers "lied about me..." He would refuse to recognize the fact that he has been suffering from signs and symptoms of mental illness. In his own words he admits "I suffer from an acute rejection sensitivity..." Frequently his speech would be of increased rate and dramatic tone. His thought process is circumstantial with occasional tangentiality and flight of ideas. He remains preoccupied with the idea that his past psychotic decompensation was caused by MCPP, the byproduct of Trazodone. His insight and judgment remain poor.

On 6/27/03, patient was interviewed by Dr. Guttmacher, Chief of Psychiatry at RPC. Dr. Guttmacher's recommendation was "I would strongly encourage the use of medication. The aim of this would be to prevent recurrence and to perhaps help with the extent paranoid tinge. Olanzapine, which has FDA indications both for psychosis and for Bipolar Disorder, would be a logical first shot. There may also be the need for a thymoleptic such as Lithium or Valproate in addition. The severity of his episodes, his absent insight, and the developing recurrent nature of his illness, all argue for maintenance treatment."

Despite Dr. Guttmacher's and this writer's recommendation to accept antipsychotic medication, Mr. Saunders has been continuing to refuse treatment.

Patient Diagnosis:

Axis I: Psychotic Disorder, NOS
Atypical Bipolar Disorder, Most Recent Episode Manic With Psychotic Features
Cannabis Abuse, in forced sustained remission
Gender Identity Disorder

Axis II: Personality Disorder, NOS, with Narcissistic and Borderline Traits

Axis III: HTN, currently in remission
Obesity, mild

SECTION II - PROPOSED TREATMENT

1. Course of treatment recommended by treating physician: Considering Mr. Saunders clinical presentation, he would benefit from combination of antipsychotic agent and mood stabilizing medication. His oral antipsychotic medications might be Zyprexa, Risperdone, Geodon, or Seroquel. If patient refuses to accept oral medications, he may initially have to be treated with injectable form of Haldol, Prolixin, and Ativan. Given Zyprexa's FDA indications, both for psychosis and for Bipolar Disorder, this medication should be the first line of treatment.

Given significant affective component present in patient's illness, he would benefit from an ongoing treatment with mood stabilizing medication such as Depakote or Lithium.

2. Reasonable alternatives, if any: None.

3. Has patient been tried on proposed treatment? Yes.

a. if yes, state when: In April 2002 and April 2003, patient was given IM injections of Haldol with positive results.

b. state result: According to the records, patient's condition had dramatically improved in April 2002.

4. Has patient been tried on other treatments? No.

5. Anticipated benefits of proposed treatments: Antipsychotic medications will treat patient's underlying psychosis and thus he will become much less paranoid and delusionally preoccupied. Patient's thought process will become organized and he will develop better insight in his condition. Treatment will also stabilize patient's affect and improve his mood. Medications might decrease patient's irritability and hostility allowing him to establish better relationship with the mental health providers. Patient's acceptance and response to treatment will improve his chance of transfer to less restrictive setting. Most importantly, considering the recurrent nature of his illness, medications might prevent further psychotic decompensations.

6. Reasonably foreseeable adverse effects: Zyprexa can cause hypotension, dizziness, rapid heart rate, weight gain, and sedation. It can rarely cause NMS and Tardive Dyskinesia. Risperdone can cause hypotension, tachycardia, constipation, drowsiness, and some weight gain. It can occasionally cause sexual dysfunction and extra pyramidal side effects. NMS and Tardive Dyskinesia are rare. Seroquel can cause hypotension, some weight gain, and sedation. NMS and Tardive Dyskinesia are rare complications of treatment with antipsychotic medications. Geodon can cause irregular heart rate, sexual dysfunction, headaches and sedation.

Haldol usually causes sedation, dry mouth, muscle rigidity, and other EPS symptoms. It can also cause restlessness. These symptoms can easily be treated with anticholinergic medication such as Cogentin or Artane. Two serious but uncommon side effects are NMS and Tardive Dyskinesia. However, patient can be closely monitored for these side effects and the medication can be discontinued if patient is developing these side effects. Patient also will be treated benzodiazepine agent such as Ativan, which would be provided to him to achieve better behavioral control and to take away some of the potential side effects of antipsychotic medications. The side effects of Ativan might include dizziness, light headedness, and sedation.

Depakote might cause sedation, dry mouth, mild tremor, weight gain, diarrhea, and very rarely hepatic toxicity. The serious complications can be prevented by taking steps to increase the likelihood of early detection should this problem arise. Such steps include: Warning the patient of the early symptoms of hepatic toxicity; performing periodic liver function tests.

Lithium might cause tremor, thirst, anorexia, polydipsia, polyuria, GI distress, and occasionally hypothyroidism. Serum levels of Lithium should be periodically checked in order to avoid toxicity.

a. patient at additional risk? No.

7. Prognosis without treatment: Poor given the recurrent nature of patient's mental illness, seriousness of the crime committed as a result of psychosis, recent psychotic decompensations, and physical assault of the staff at EPC. It is highly unlikely that Mr. Saunders will recover from this illness without proper treatment. With poor insight and impaired judgment, and lack of maintenance treatment, Mr. Saunders remains at high risk of becoming acutely psychotic and dangerous to self and others.

SECTION III - PATIENT'S CAPACITY

1. Explained to Patient:

	<u>Yes</u>	<u>No</u>
a. condition	X	
b. proposed treatment	X	

SECTION III - PATIENT'S CAPACITY, cont'dYesNo

- | | | |
|----|--|---|
| c. | anticipated benefits of treatment | X |
| d. | risk of adverse effects of treatment | X |
| e. | availability (if any) of other treatments and comparison of benefits and risks with proposed treatment | X |

Did not explain condition and/or treatment to patient for the following reasons: N/A

2. State nature of patient's objections to treatment. Use patient's own words wherever possible.

Patient continues to insist he doesn't suffer from mental illness that requires treatment with antipsychotic or mood stabilizing agents. He has a very poor appreciation of nature of his illness and at this time lacks insight in his condition.

3. Opinion on patient's capacity:

- | | | |
|----------|----------|--|
| — | a. | The patient appears able to make a reasoned decision relative to the proposed treatment, its risks, benefits and alternatives. (State basis for opinion, based on knowledge of patient including patient's response, e.g. the patient expressed understanding of condition, asked pertinent questions, etc.) |
| <u>X</u> | b. | The patient does not appear capable of making a reasoned decision about the proposed treatment in that |
| | <u>X</u> | (I) the patient does not appear to understand his/her condition or proposed benefits, risks, or alternatives of proposed treatment. (Based on knowledge of patient, including patient's response, e.g. patient was mute, made irrelevant comments, patient stated that voices are real and medication will poison them.) |

Patient has history of noncompliance with proposed treatment in the past. He has poor insight in his condition. Patient is suspicious of the mental health and considers majority of his mental health care providers "incompetent."

- | | | |
|---|-------|--|
| — | (ii) | the patient has persistent severe cognitive defects (e.g. dementia; mental retardation) |
| — | (iii) | the patient's condition otherwise precludes his/her making a reasoned decision. (State basis for opinion based on knowledge of patient including patient's response, e.g. patient is acutely depressed and although he expresses understanding of condition and treatment, states that he deserves to feel bad.) |

SECTION IV - POTENTIAL FOR DANGEROUS BEHAVIOR (To be completed only if the patient is considered likely to be dangerous to self or others without the proposed treatment.)

I. The patient is believed to be potentially dangerous to others.

X YES

— NO

If yes, provide basis for opinion: In February 1997 as a result of his mental illness, Mr. Saunders committed a serious crime and was adjudicated as Not Responsible by Reason of Mental Disease. In April 2002 and April 2003, he was brought to the emergency department at Cayuga Medical Center as acutely psychotic and delusional. In April 2003, patient assaulted staff at EPC while being acutely psychotic.

2. The patient is believed to be potentially dangerous to himself/herself.

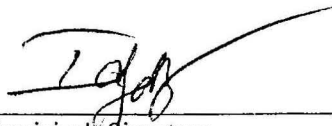
X YES

___ NO

If yes, provide basis for opinion: Based on the statement given by patient's housemate, Alice Richardson, on 4/4/03, to the Cayuga Medical Center ED staff, Mr. Saunders was not able to care for himself and seriously neglected his personal hygiene and physical health.

SECTION V - ANY OTHER PERTINENT INFORMATION OR COMMENTS

Date: August 18, 2003



Physician's Signature

Igor Kashtan, M.D.
Psychiatrist I
Rochester Regional Forensic Unit

IK/lb