

Group Ex. 6



Kelly Olivier <kolivier@halemonico.com>

Watts - Clarissa Glenn Continuation

Kelly Olivier <kolivier@halemonico.com>
 Draft To: Scott Rauscher <scott@loevy.com>

Fri, May 3, 2024 at 2:28 PM

On Thu, Apr 11, 2024 at 5:04 PM Scott Rauscher <scott@loevy.com> wrote:

Bill,

I spoke with Clarissa and have confirmed that there was no additional treatment. I'm happy to discuss further if you have any questions.

Scott

--

Scott Rauscher (He/Him)

 **LOEVY + LOEVY**

Office: (312) 243-5900 / Direct: (312) 789-4969
 311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Apr 10, 2024 at 1:10 PM <web@halemonico.com> wrote:

Thanks Scott

From: Scott Rauscher <scott@loevy.com>
Sent: Wednesday, April 10, 2024 12:48 PM
To: web@halemonico.com
Cc: Josh Tepfer <josh@loevy.com>; Terrence M. Burns <tburns@reiterburns.com>; Kelly Olivier <kolivier@halemonico.com>; Gianna Gizzi <gizzi@loevy.com>; Lilia Martinez <martinez@loevy.com>; Mirzeta Causevic <mcausevic@halemonico.com>
Subject: Re: Watts - Clarissa Glenn Continuation

Hi Bill,

Josh is out right now, but we will circle back on this.

Scott

--

Scott Rauscher (He/Him)

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 311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Apr 10, 2024 at 12:47 PM <web@halemonico.com> wrote:

Hi Josh – I am following up on Kelly's correspondence. Please identify and supplement discovery for any additional treatment Ms. Glenn received.

Thanks

William E. Bazarek

Partner

Hale & Monico LLC

53 W. Jackson Blvd.

Suite 334

Chicago, Illinois 60604

(312) 870-6902

web@halemonico.com

----- Forwarded message -----

From: Kelly Olivier <kolivier@halemonico.com>

Date: Wed, Feb 28, 2024 at 4:48 PM

Subject: Re: Watts - Clarissa Glenn Continuation

To: Josh Tepfer <josh@loevy.com>

Cc: Lilia Martinez <martinez@loevy.com>, Terrence M. Burns <tburns@reiterburns.com>, Scott Rauscher <scott@loevy.com>

Hi Josh,

Thank you for speaking with me - please let me know if this correctly memorializes our present agreement: you will be looking into Ms. Glenn's attendance at additional therapy sessions beyond the (1) record for June 6, 2022, and we will be in touch regarding potential next steps (namely, my office issuing a subpoena), and your position on it/them.

On Wed, Feb 28, 2024 at 4:26 PM Josh Tepfer <josh@loevy.com> wrote:

I'd like to consult on this. I can talk now if you'd like -- 773.575.4424.

On Wed, Feb 28, 2024 at 4:25 PM Kelly Olivier <kolivier@halemonico.com> wrote:

Josh,

I will note that even the answer to interrogatory notes 2 visits in 2022, but does not account for her visit this year, 2024. Because of this, and the fact that she was unsure of when and how many times she attended/received therapy at this provider, I would like to issue a subpoena for their records relating to Ms. Glenn. Please advise if you have an objection.

Thank you,

Kelly

On Wed, Feb 28, 2024 at 4:23 PM Kelly Olivier <kolivier@halemonico.com> wrote:

Thank you Lilia - and Josh. I was wondering if you were referencing responses that pre-dated the January disclosure, but I also did miss this portion of the email. Duly noted.

Thank you again,

Kelly

On Wed, Feb 28, 2024 at 3:01 PM Lilia Martinez <martinez@loevy.com> wrote:

Counsel,

Attached you may find the email where they were served. They were served along with the production labelled PL JOINT 087349-PL JOINT 087354 on January 31, 2024.

Best regards,

Lilia Martinez (she/her/ella)

Office: (312) 243-5900 / Direct: (312) 588-7087
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Feb 28, 2024 at 2:45 PM Josh Tepfer <josh@loevy.com> wrote:

It is attached. I believe it was served when we tendered the documents. That was at least the intent and if that mistakenly did not happen, I apologize.

Lilia -- do you have a record of serving it?

On Wed, Feb 28, 2024 at 1:57 PM Kelly Olivier <kolivier@halemonico.com> wrote:

Hi Josh,

Could you please direct me to the discovery response that you referenced during today's deposition, wherein Ms. Glenn's mental health treatment was disclosed?

Thank you,

Kelly

--

Kelly Olivier

Attorney

(312) 500-2951 | kolivier@HaleMonico.com

--

Joshua Tepfer (He/Him)

Office: (312) 243-5900
311 N Aberdeen St, Chicago, IL 60607
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--

Joshua Tepfer (He/Him)

Office: (312) 243-5900
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Kelly Olivier <kolivier@halemonico.com>

Ben Baker et al., v. City of Chicago et al., (16 C 08940) NOVD Dr. Redlich

Kelly Olivier <kolivier@halemonico.com>
Draft To: web@halemonico.com

Fri, May 3, 2024 at 2:15 PM

On Thu, May 2, 2024 at 11:52 PM <web@halemonico.com> wrote:

From: web@halemonico.com <web@halemonico.com>
Sent: Wednesday, April 10, 2024 9:49 AM
To: 'Scott Rauscher' <scott@loevy.com>
Cc: 'Gianna Gizzi' <gizzi@loevy.com>; 'Kelly Olivier' <kolivier@halemonico.com>; 'Lilia Martinez' <martinez@loevy.com>; 'Mirzeta Causevic' <mcausevic@halemonico.com>
Subject: RE: Ben Baker et al., v. City of Chicago et al., (16 C 08940) NOVD Dr. Redlich

welcome

From: Scott Rauscher <scott@loevy.com>
Sent: Wednesday, April 10, 2024 9:48 AM
To: web@halemonico.com
Cc: Gianna Gizzi <gizzi@loevy.com>; Kelly Olivier <kolivier@halemonico.com>; Lilia Martinez <martinez@loevy.com>; Mirzeta Causevic <mcausevic@halemonico.com>
Subject: Re: Ben Baker et al., v. City of Chicago et al., (16 C 08940) NOVD Dr. Redlich

Thanks.

--
Scott Rauscher (He/Him)

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311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Apr 10, 2024 at 9:46 AM <web@halemonico.com> wrote:

April 25 at 9AM works, will send out an amended notice.

Thanks

From: Scott Rauscher <scott@loevy.com>
Sent: Wednesday, April 10, 2024 9:30 AM
To: William Bazarek <web@halemonico.com>
Cc: Gianna Gizzi <gizzi@loevy.com>; Kelly Olivier <kolivier@halemonico.com>; Lilia Martinez <martinez@loevy.com>
Subject: Re: Ben Baker et al., v. City of Chicago et al., (16 C 08940) NOVD Dr. Redlich

Well for some reason I read your email to ask if she was available on the 25th. I'm not sure how because it clearly does not say that. But does the 25th work for you, because that's the day that she is available at 9 am central. The 19th is out, and so is the rest of that week unfortunately.

--
Scott Rauscher (He/Him)

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On Wed, Apr 10, 2024 at 9:27 AM William Bazarek <web@halemonico.com> wrote:

Ok, so keep the 19th with a 9AMstart , right ? I can send a revised notice out. Do I speak with Josh about a rule 35 exam for Ms. Glenn or do I go through you ?

On Wed, Apr 10, 2024 at 9:23 AM Scott Rauscher <scott@loevy.com> wrote:

She can do that day as long as we start at 9 am central. Does that work for you?

--
Scott Rauscher (He/Him)

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On Wed, Apr 10, 2024 at 9:17 AM William Bazarek <web@halemonico.com> wrote:

Hi Scott- 26th won't work , does she have any availability before that day ?

On Tue, Apr 9, 2024 at 6:02 PM Scott Rauscher <scott@loevy.com> wrote:

Hi Bill,

Alison is not available on 4/19. I know it's a few days after the deadline, but can you depose her on 4/26?

--
Scott Rauscher (He/Him)

Andrew M. Hale, Aminatah Marx, Ben Baker, et al. (16 C 08940) NOVD Dr. Redlich
Office: (312) 243-5900 / Direct: (312) 789-4969
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www.loevy.com

----- Forwarded message -----

From: Mirzeta Causevic <mcausevic@halemonico.com>
Date: Tue, Apr 9, 2024 at 2:08 PM
Subject: Ben Baker et al., v. City of Chicago et al., (16 C 08940) NOVD Dr. Redlich
To: Jon Loevy <jon@loevy.com>, Arthur Loevy <arthur@loevy.com>, Josh Tepfer <josh@loevy.com>, Ainsworth, Russell <russell@loevy.com>, Scott Rauscher <scott@loevy.com>, Theresa Kleinhaus <tess@loevy.com>, Sean Starr <sean@loevy.com>, Wally Hilke <hilke@loevy.com>, Gianna Gizioni <gizioni@loevy.com>, Valerie Barajas <valerie@loevy.com>, Lilia Martinez <martinez@loevy.com>, Brian P. Gainer <gainerb@jbltd.com>, Monica Burkoth <burkothm@jbltd.com>, Lisa M. McElroy <mcelroy@jbltd.com>, Aleeza Mian <miana@jbltd.com>, Rebecca A. Milton <miltonr@jbltd.com>, Taylor A. Atwater <atwatert@jbltd.com>, Joel Flaxman <jaf@kenlaw.com>, Kenneth Flaxman <knf@kenlaw.com>, Eric Palles <epalles@mohangroble.com>, Sean Sullivan <ssullivan@mohangroble.com>, Lisa Altukhova <lisaa@mohangroble.com>, Raymond Groble <groble@mohangroble.com>, Frank Rocco <frocco@mohangroble.com>, Fiona Winfrey <fwinfrey@mohangroble.com>, Tim Scahill <TScahill@borkanscahill.com>, Steven Borkan <sborkan@borkanscahill.com>, Elena Favela <Elena@borkanscahill.com>, Terrence M. Burns <tburns@reiterburns.com>, Daniel Burns <dburns@reiterburns.com>, Paul A. Michalik <pmichalik@reiterburns.com>, Daniel M. Noland <dholand@reiterburns.com>, Katherine C. Morrison <kmorrison@reiterburns.com>, Elizabeth Ekl <EEKL@reiterburns.com>, Dhaviella Harris <dharris@reiterburns.com>, Maria Avitia <mavitia@reiterburns.com>, Daniel Neville <dneville@reiterburns.com>, Jim Daffada <jim@ilesq.com>, Thomas Leinenweber <thomas@ilesq.com>, Michael J. Schalka <mjs@ilesq.com>, Kevin Zibolski <kevin@ilesq.com>, <jrs@ilesq.com>
CC: William Bazarek <web@halemonico.com>, Kelly Olivier <kolivier@halemonico.com>, Jason Marx <jmarx@halemonico.com>, Hannah Beswick-Hale <hannah@halemonico.com>, Anthony Zecchin <azecchin@halemonico.com>, Izeta Causevic <icausevic@halemonico.com>, Lohith Ramanujam <lo@halemonico.com>, Daisy Helmuth <dhelmuth@halemonico.com>

Counsel,

Please see attached Notice of Video Deposition for Dr. Allison D. Redlich c/o Loevy & Loevy scheduled for 4/19/2024 at 10:00 a.m. Once the court reporting agency releases the Zoom information, it will be circulated to the counsel for the parties.

Thank you

Mirzeta Causevic

Paralegal

312-870-6907 | mcausevic@halemonico.com



Andrew M. Hale & Associates, Ltd. | In re Watts - Damages Witnesses

In re Watts - Damages Witnesses

Kelly Olivier <kolivier@halemonico.com>
Draft To: web@halemonico.com

Fri, May 3, 2024 at 2:10 PM

On Thu, May 2, 2024 at 11:51 PM <web@halemonico.com> wrote:

From: William Bazarek <web@halemonico.com>
Sent: Tuesday, April 16, 2024 10:53 AM
To: Scott Rauscher <scott@loevy.com>
Cc: Gianna Gizzi <gizzi@loevy.com>; Kelly Olivier <kolivier@halemonico.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>
Subject: Re: In re Watts - Damages Witnesses

1:30 pm is good.

On Tue, Apr 16, 2024 at 7:28 AM Scott Rauscher <scott@loevy.com> wrote:

How's 1:30 today to talk?

--
Scott Rauscher (He/Him)

Office: (312) 243-5900 / Direct: (312) 789-4969
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On Mon, Apr 15, 2024 at 6:04 AM William Bazarek <web@halemonico.com> wrote:

Sure, no problem.

On Mon, Apr 15, 2024 at 6:01 AM Scott Rauscher <scott@loevy.com> wrote:

Can we move this call to tomorrow? Thanks.

--
Scott Rauscher (He/Him)

Office: (312) 243-5900 / Direct: (312) 789-4969
311 N Aberdeen St, Chicago, IL 60607
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On Thu, Apr 11, 2024 at 7:32 AM William Bazarek <web@halemonico.com> wrote:

Monday is good for me.

Thanks

On Wed, Apr 10, 2024 at 9:24 PM Scott Rauscher <scott@loevy.com> wrote:

Let's talk about that and the Clarissa Glenn exam early next week. Does Monday or Tuesday work for you?

--
Scott Rauscher (He/Him)

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311 N Aberdeen St, Chicago, IL 60607
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On Wed, Apr 10, 2024 at 1:20 PM <web@halemonico.com> wrote:

Hi Scott – available to discuss Mr. Patrick today if you have a few minutes.

From: Scott Rauscher <scott@loevy.com>
Sent: Monday, March 18, 2024 2:47 PM
To: web@halemonico.com
Cc: Gianna Gizzi <gizzi@loevy.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>; Kelly Olivier <kolivier@halemonico.com>
Subject: Re: In re Watts - Damages Witnesses

We should confer because I don't believe he was disclosed by any party on those topics or for Mr. Baker's case even more generally.

--
Scott Rauscher (He/Him)

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311 N Aberdeen St, Chicago, IL 60607
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On Mon, Mar 18, 2024 at 2:43 PM <web@halemonico.com> wrote:

Hi Scott – Mr. Patrick is a test case witness in that he sold narcotics for Mr. Baker and was involved in Mr. Baker's narcotics trafficking operation at Ida B Wells. I don't think he should be removed from the list but I am available to confer with you on this issue.

From: Scott Rauscher <scott@loevy.com>
Sent: Monday, March 18, 2024 2:22 PM
To: web@halemonico.com; Gianna Gizzi <gizzi@loevy.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>
Subject: Re: In re Watts - Damages Witnesses

Bill,

Do you have an answer on this yet? We think it makes sense to remove Mr. Patrick from the deposition chart before filing tomorrow's joint status report unless you've found a reason to think he's a test-case witness. Thanks.

Scott

--
Scott Rauscher (He/Him)

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311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Thu, Mar 7, 2024 at 4:14 PM Scott Rauscher <scott@loevy.com> wrote:

Bill - just so that we know where things stand, I'm writing to confirm that you are checking on whether you still believe that Mr. Patrick is a test-case witness. We'll reassess this once we hear back on that. Thanks.

Scott

--
Scott Rauscher (He/Him)

Office: (312) 243-5900 / Direct: (312) 789-4969
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Fri, Mar 1, 2024 at 10:03 AM <web@halemonico.com> wrote:

Hi Gianna – when is Plaintiff Bryant Patrick available for deposition ?

Thanks

William E. Bazarek

Partner

Hale & Monico LLC

53 W. Jackson Blvd.

Suite 3304

Chicago, Illinois 60604

(312) 870-6902

web@halemonico.com

From: Gianna Gizzi <gizzi@loevy.com>
Sent: Friday, March 1, 2024 9:55 AM
To: Brian P. Gainer <gainerb@jbltd.com>
Cc: Andrew Hale <Andy@halemonico.com>; Anthony Zecchin <azecchin@halemonico.com>; Brian Stefanich <bstefanich@halemonico.com>; Daniel M. Noland <dneland@reiterburns.com>; Daniel Neville <dnevilles@reiterburns.com>; Dhaviella Harris <dharris@reiterburns.com>; Elizabeth Ekl <eekl@reiterburns.com>; Eric Palles <epalles@mohangroble.com>; Fiona Winfrey <fwinfrey@mohangroble.com>; Frank Rocco <frocco@mohangroble.com>; Gary Ravitz <gravitz@mohangroble.com>; Jason Marx <jmarx@halemonico.com>; Josh Tepfer <josh@loevy.com>; Katherine C. Morrison <kmorrison@reiterburns.com>; Kelly Olivier <kolivier@halemonico.com>; Lilia Martinez <martinez@loevy.com>; Lisa Altukhova <lisaa@mohangroble.com>; Lisa M. McElroy <mcelroy@jbltd.com>; Lohith Ramanujam <lo@halemonico.com>; Maria Avitia <mavitia@reiterburns.com>; Mirzeta Causevic <mcausevic@halemonico.com>; Monica Burkoth <burkothm@jbltd.com>; Octavia Jackson <ojackson@halemonico.com>; Paul A.

Michalik <pmichalik@reiterburns.com>; Scott Rauscher <scott@loevy.com>; Sean Starr <sean@loevy.com>; Sean Sullivan <ssullivan@mohangroble.com>; Taylor A. Atwater <atwater@jbltd.com>; Terrence M. Burns <tburns@reiterburns.com>; Theresa Kleinhaus <tess@loevy.com>; To: Bill Bazarek <wbazarek@halemonico.com>; Valerie Barajas <valerie@loevy.com>
Subject: Re: In re Watts - Damages Witnesses

Yes, we plan on proceeding with their deps on 3/5.

Gianna Gizzi (She/Her)

Office: (312) 243-5900
 311 N Aberdeen St, Chicago, IL 60607
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On Thu, Feb 29, 2024 at 5:36 PM Brian P. Gainer <gainerb@jbltd.com> wrote:

Gianna, we currently have Alissa Broughton and Tashana Jones noticed for Tuesday, March 5th, at the same time as Elsworth Smith. Do you intend to produce them on the 5th or another date?

From: Gianna Gizzi <gizzi@loevy.com>
Sent: Tuesday, February 6, 2024 3:41 PM
To: Brian P. Gainer <gainerb@jbltd.com>
Cc: Lohith Ramanujam <lo@halemonico.com>; To: Bill Bazarek <wbazarek@halemonico.com>; Octavia Jackson <ojaxson@halemonico.com>; Jason Marx <jmarx@halemonico.com>; Anthony Zecchin <azecchin@halemonico.com>; Brian Stefanich <bstefanich@halemonico.com>; Kelly Olivier <kolivier@halemonico.com>; Andrew Hale <Andy@halemonico.com>; Mirzeta Causevic <mcausevic@halemonico.com>; Maria Avitia <mavitia@reiterburns.com>; Paul A. Michalik <pmichalik@reiterburns.com>; Daniel Neville <dneville@reiterburns.com>; Dhaviella Harris <dharris@reiterburns.com>; Daniel M. Noland <dnloland@reiterburns.com>; Elizabeth Ekl <eekl@reiterburns.com>; Katherine C. Morrison <kmorrison@reiterburns.com>; Terrence M. Burns <tburns@reiterburns.com>; Gary Ravitz <gravitz@mohangroble.com>; Fiona Winfrey <fwinfrey@mohangroble.com>; Frank Rocco <frocco@mohangroble.com>; Lisa Altukhova <lisaa@mohangroble.com>; Eric Palles <epalles@mohangroble.com>; Sean Sullivan <ssullivan@mohangroble.com>; Lisa M. McElroy <mcelroy@jbltd.com>; Taylor A. Atwater <atwater@jbltd.com>; Monica Burkoth <burkothm@jbltd.com>; Scott Rauscher <scott@loevy.com>; Theresa Kleinhaus <tess@loevy.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>; Josh Tepfer <josh@loevy.com>; Sean Starr <sean@loevy.com>
Subject: Re: In re Watts - Damages Witnesses

Brian,

Alisa Broughton can be available for her deposition on February 29th or any day in the first week of March. If you want, we could do her dep in the afternoon on 3/5.

Gianna Gizzi (She/Her)

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311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

Direct: (312) 357-5414

On Tue, Feb 6, 2024 at 1:04 PM Brian P. Gainer <gainerb@jbltd.com> wrote:

I can do either, but prefer the 5th. We will send a notice for 3/5 at 10am.

From: Gianna Gizzi <gizzi@loevy.com>
Sent: Tuesday, February 6, 2024 11:55 AM
To: Brian P. Gainer <gainerb@jbltd.com>
Cc: Lohith Ramanujam <lo@halemonico.com>; To: Bill Bazarek <wbazarek@halemonico.com>; Octavia Jackson <ojackson@halemonico.com>; Jason Marx <jmarx@halemonico.com>; Anthony Zecchin <azecchin@halemonico.com>; Brian Stefanich <bstefanich@halemonico.com>; Kelly Olivier <kolivier@halemonico.com>; Andrew Hale <Andy@halemonico.com>; Mirzeta Causevic <mcausevic@halemonico.com>; Maria Avitia <mavitia@reiterburns.com>; Paul A. Michalik <pmichalik@reiterburns.com>; Daniel Neville <dnevile@reiterburns.com>; Dhaviella Harris <dharris@reiterburns.com>; Daniel M. Noland <dnloland@reiterburns.com>; Elizabeth Ekl <eekl@reiterburns.com>; Katherine C. Morrison <kmorrison@reiterburns.com>; Terrence M. Burns <tburns@reiterburns.com>; Gary Ravitz <gravitz@mohangroble.com>; Fiona Winfrey <fwinfrey@mohangroble.com>; Frank Rocco <frocco@mohangroble.com>; Lisa Altukhova <lisaa@mohangroble.com>; Eric Palles <epalles@mohangroble.com>; Sean Sullivan <ssullivan@mohangroble.com>; Lisa M. McElroy <mcelroy@jbltd.com>; Taylor A. Atwater <atwatert@jbltd.com>; Monica Burkoth <burkothm@jbltd.com>; Scott Rauscher <scott@loevy.com>; Theresa Kleinhaus <tess@loevy.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>; Josh Tepfer <josh@loevy.com>; Sean Starr <sean@loevy.com>
Subject: Re: In re Watts - Damages Witnesses

March 4th or 5th then.

Gianna Gizzi (She/Her)

Andrew M. Hale & Associates Mail 8th flre, 311 N. Aberdeen, Chicago, IL 60607
 Direct: (312) 357-5414
 311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

Direct: (312) 357-5414

On Tue, Feb 6, 2024 at 11:37 AM Brian P. Gainer <gainerb@jbltd.com> wrote:

Unfortunately, I cannot do either of those dates for Ms. Jones. Can you provide dates in the beginning of March?

From: Gianna Gizzi <gizzi@loevy.com>
Sent: Tuesday, February 6, 2024 11:08 AM
To: Brian P. Gainer <gainerb@jbltd.com>
Cc: Lohith Ramanujam <lo@halemonico.com>; To: Bill Bazarek <wbazarek@halemonico.com>; Octavia Jackson <ojackson@halemonico.com>; Jason Marx <jmarx@halemonico.com>; Anthony Zecchin <azecchin@halemonico.com>; Brian Stefanich <bstefanich@halemonico.com>; Kelly Olivier <kolivier@halemonico.com>; Andrew Hale <Andy@halemonico.com>; Mirzeta Causevic <mcausevic@halemonico.com>; Maria Avitia <mavitia@reiterburns.com>; Paul A. Michalik <pmichalik@reiterburns.com>; Daniel Neville <dneville@reiterburns.com>; Dhaviella Harris <dharris@reiterburns.com>; Daniel M. Noland <dnloland@reiterburns.com>; Elizabeth Ekl <ekl@reiterburns.com>; Katherine C. Morrison <kmorrison@reiterburns.com>; Terrence M. Burns <tburns@reiterburns.com>; Gary Ravitz <gravitz@mohangroble.com>; Fiona Winfrey <fwinfrey@mohangroble.com>; Frank Rocco <frocco@mohangroble.com>; Lisa Altukhova <lisaa@mohangroble.com>; Eric Palles <epalles@mohangroble.com>; Sean Sullivan <ssullivan@mohangroble.com>; Lisa M. McElroy <mcelroy@jbltd.com>; Taylor A. Atwater <atwater@jbltd.com>; Monica Burkoth <burkothm@jbltd.com>; Scott Rauscher <scott@loevy.com>; Theresa Kleinhaus <tess@loevy.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>; Josh Tepfer <josh@loevy.com>; Sean Starr <sean@loevy.com>
Subject: Re: In re Watts - Damages Witnesses

Counsel,

Tashana Jones is available for her deposition on February 19th or 20th in the morning. And Clarice Woods is available on February 26th or 29th in the morning. I am still working on getting the remaining witnesses' availability that you all have requested.

Gianna Gizzi (She/Her)

Direct: (312) 357-5414
 311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

Direct: (312) 357-5414

On Tue, Feb 6, 2024 at 9:57 AM Brian P. Gainer <gainerb@jbltd.com> wrote:

Gianna, please provide dates for the following:

Alissa Broughton in the Chauncey Ali case.

Tashana Jones in the Tyrone Herron case.

Thank you.

From: Gianna Gizzi <gizzi@loevy.com>
Sent: Monday, January 22, 2024 11:38 AM
To: Lohith Ramanujam <lo@halemonico.com>; To: Bill Bazarek <wbazarek@halemonico.com>; Octavia Jackson <ojackson@halemonico.com>; Jason Marx <jmarx@halemonico.com>; Anthony Zecchin <azecchin@halemonico.com>; Brian Stefanich <bstefanich@halemonico.com>; Kelly Olivier <kolivier@halemonico.com>; Andrew Hale <Andy@halemonico.com>; Mirzeta Causevic <mcausevic@halemonico.com>
Cc: Maria Avitia <mavitia@reiterburns.com>; Paul A. Michalik <pmichalik@reiterburns.com>; Daniel Neville <dneville@reiterburns.com>; Dhaviella Harris <dharris@reiterburns.com>; Daniel M. Noland <dnloland@reiterburns.com>; Elizabeth Ekl <eekl@reiterburns.com>; Katherine C. Morrison <kmorrison@reiterburns.com>; Terrence M. Burns <tburns@reiterburns.com>; Gary Ravitz <gravitz@mohangroble.com>; Fiona Winfrey <fwinfrey@mohangroble.com>; Frank Rocco <frocco@mohangroble.com>; Lisa Altukhova <lisaa@mohangroble.com>; Eric Palles <epalles@mohangroble.com>; Sean Sullivan <ssullivan@mohangroble.com>; Lisa M. McElroy <mcelroy@jbltd.com>; Taylor A. Atwater <atwatert@jbltd.com>; Monica Burkoth <burkothm@jbltd.com>; Brian P. Gainer <gainerb@jbltd.com>; Scott Rauscher <scott@loevy.com>; Theresa Kleinhaus <tess@loevy.com>; Lilia Martinez <martinez@loevy.com>; Valerie Barajas <valerie@loevy.com>; Josh Tepfer <josh@loevy.com>; Sean Starr <sean@loevy.com>
Subject: In re Watts - Damages Witnesses

Counsel,

Please provide the list of names of remaining damages witnesses you intend to depose for the test cases so we can facilitate scheduling logistics for those we have contact with. Thank you.

Gianna Gizzi (She/Her)

Andrew M. Loevy & Associates Trial & Mass Damage Attorneys
Office: (312) 243-5900
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

Brian P. Gainer, Attorney at Law



33 West Monroe Street, Suite 2700
Chicago, Illinois 60603-5404
T: (312) 372-0770 | F: (312) 372-9818
D: (312) 984-0236
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Kelly Olivier <kolivier@halemonico.com>

Fwd: Case Law on Rule 35 Exam/Calrissa Glenn

William Bazarek <web@halemonico.com>
To: Kelly Olivier <kolivier@halemonico.com>

Thu, May 2, 2024 at 1:50 PM

From: Scott Rauscher <scott@loevy.com>
Sent: Thursday, April 18, 2024 8:40 AM
To: Gianna Gizzi <gizzi@loevy.com>
Cc: To: Bill Bazarek <wbazarek@halemonico.com>; William Bazarek <web@halemonico.com>
Subject: Re: Case Law on Rule 35 Exam

Bill- we will call your cell then.

--
Scott Rauscher (He/Him)

Office: (312) 243-5900 / Direct: (312) 789-4969
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Apr 17, 2024 at 5:49 PM Gianna Gizzi <gizzi@loevy.com> wrote:

Works for me too.

On Wed, Apr 17, 2024 at 5:37 PM Scott Rauscher <scott@loevy.com> wrote:

That should work for me if Gianna is available.

--
Scott Rauscher (He/Him)

Office: (312) 243-5900 / Direct: (312) 789-4969
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Apr 17, 2024 at 5:36 PM William Bazarek <web@halemonico.com> wrote:

Sure , talk around 9AM ?

On Wed, Apr 17, 2024 at 5:32 PM Scott Rauscher <scott@loevy.com> wrote:

How does tomorrow look for you? We can also talk about rescheduling Tisha's deposition, which I'm hopeful we will be able to complete soon. Thanks.

--
Scott Rauscher (He/Him)

Office: (312) 243-5900 / Direct: (312) 789-4969
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com

On Wed, Apr 17, 2024 at 2:12 PM <web@halemonico.com> wrote:

Do you want to reconvene on discussion this afternoon on the Rule 35 ? I'm available .

From: Gianna Gizzi <gizzi@loevy.com>
Sent: Tuesday, April 16, 2024 1:57 PM
To: To: Bill Bazarek <wbazarek@halemonico.com>; Scott Rauscher <scott@loevy.com>
Subject: Case Law on Rule 35 Exam

Bill,

As promised, here is the Finnegan case that Scott and I referenced on our call this afternoon.

Gianna Gizzi (She/Her)

Office: (312) 243-5900
311 N Aberdeen St, Chicago, IL 60607
www.loevy.com



Andrew M. Hale & Associates, LLC, Fwd: Baker, 16C8949 (Watts)

Fwd: Baker, 16C8949 (Watts)

Kelly Olivier <kolivier@halemonico.com>
Draft To: William Bazarek <web@halemonico.com>

Fri, May 3, 2024 at 2:21 PM

On Fri, Apr 26, 2024 at 12:40 PM William Bazarek <web@halemonico.com> wrote:

----- Forwarded message -----

From: **Izeta Causevic** <icausevic@halemonico.com>
Date: Fri, Apr 26, 2024 at 12:40 PM
Subject: Baker, 16C8949 (Watts)
To: Scott Rauscher <scott@loevy.com>, <gizzi@loevy.com>
CC: <web@halemonico.com>, Mirzeta Causevic <mcausevic@halemonico.com>

Hello,

Per Bill Bazarek's direction, please see attached. Bill will contact you about attachments.

Thanks,

Izeta Causevic

Hale & Monico LLC

53 W Jackson Blvd., Suite 334

Chicago, IL 60604

872-214-2947

icausevic@halemonico.com

THE ISAAC RAY FORENSIC GROUP BIOGRAPHICAL QUESTIONNAIRE

Instructions. Thank you for completing this questionnaire. You will find it is very comprehensive, spanning from early childhood to current experiences. Not all inquiries may be relevant to the reason you are meeting with us. Nevertheless, please complete each section; it is just as important for a clinician to learn which experiences or difficulties you have *not* had as those you have. Completing this questionnaire will help us to focus on your particular history during the interview. The clinician you are meeting with will go through this questionnaire with you, at which time you will have an opportunity to provide more detail about your responses.

IDENTIFYING INFORMATION

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

Referring Agency/Attorney/Doctor: _____ *If applicable:* Position Applying for: _____

Age: _____ DOB: _____ Gender: Male Female Handedness: Right Left Use Both Equally

I typically: Put the phone to my right left ear... Look into a camera with my right left eye...

Kick a ball with my right left foot... Hold a bat on my right left shoulder.

Race: Caucasian African-American Asian Hispanic Native American Other _____

First Language: _____ Other Languages Spoken: _____

Current Address: _____ Telephone to Reach You if Necessary: _____

DEVELOPMENTAL HISTORY

1. Where were you born (city/state/country)? _____
2. In what environment were you primarily raised? Urban Suburban Rural
3. Were you adopted? Yes No
4. To your knowledge, did your mother smoke, take drugs, or use alcohol during pregnancy? Yes No
→ If Yes, please describe: _____
5. To your knowledge, were there any complications during the pregnancy or delivery? Yes No
→ If Yes, please describe: _____
6. Please list all members of your family of origin (**parents, step-parents, brothers/sisters, half- or step-siblings**):

Name (First, Last)	Age	Relationship to you	Current Health	Occupation	How is/was your relationship?

7. What was the primary language spoken in the home during your childhood? _____

Were any other languages spoken in the home? No Yes: _____

In what language did you complete your education through the 6th grade? _____

In what language did your parents watch television? _____

8. Please list all of the locations in which you have lived to date:

Beginning at Age:	Ending at Age:	City	State or Country
1. 0	-	_____	_____
2.	-	_____	_____
3.	-	_____	_____
4.	-	_____	_____
5.	-	_____	_____
6.	-	_____	_____
7.	-	_____	_____
8.	-	_____	_____
9.	-	_____	_____
10.	-	_____	_____

9. Did you ever live in a foster home during your childhood? Yes No

10. Were you ever removed from the home by a state agency during your childhood? Yes No

→ If Yes, please explain the circumstances?

11. Were your parents together while you were growing up (through age 18)? Yes No

→ If No, how old were you when they separated or divorced? ____ Who primarily raised you? _____

→ If Yes, are they still together (if still living)? Yes No

12. Have any members of your family of origin (e.g., parents or siblings) passed away? Yes No

13. How many years of education does/did your father have? _____ mother have? _____

14. What is/was your father's ethnic background? _____ mother's ethnic background? _____

15. What is/was your father's primary occupation? _____ mother's occupation? _____

16. With whom did you feel closest? Mother Father Both Neither Other _____

17. Was there any domestic violence in your family? Yes No

→ If Yes, did you witness it personally? Yes No

Was there any physical abuse in your family? Yes No

Was there any sexual abuse in your family? Yes No

Were you ever physically abused? Yes No

Were you ever sexually abused? Yes No

18. Was physical punishment used in your family? Yes No

19. How were you typically disciplined (e.g., being grounded, loss of allowance/privileges, spanking, whipping)?

What was the most severe kind of punishment you ever received? _____

20. Please check each of the following conditions that describe behaviors or emotions you experienced as a child or adolescent (**age 17 and younger**):

<input type="checkbox"/> Delay in learning to walk	<input type="checkbox"/> Acted young for age
<input type="checkbox"/> Delay in learning to talk	<input type="checkbox"/> Frustrated easily
<input type="checkbox"/> Delay learning to read	<input type="checkbox"/> Excitable
<input type="checkbox"/> Speech or language problems	<input type="checkbox"/> Stubborn
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Poor coordination
<input type="checkbox"/> Behavioral problems at home	<input type="checkbox"/> Hyperactive
<input type="checkbox"/> Behavioral problems at school	<input type="checkbox"/> Blank or staring spells
<input type="checkbox"/> Nail-biting	<input type="checkbox"/> Difficulty making friends
<input type="checkbox"/> Difficulty paying attention	<input type="checkbox"/> Impulsivity
<input type="checkbox"/> Depressed	<input type="checkbox"/> Disorganized
<input type="checkbox"/> Aggressive	<input type="checkbox"/> Difficulty controlling emotions
<input type="checkbox"/> Shy	<input type="checkbox"/> Daydream often
<input type="checkbox"/> Tantrums	<input type="checkbox"/> Easily distracted
<input type="checkbox"/> Nightmares	<input type="checkbox"/> Trouble sitting still
<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Difficulty finishing projects
<input type="checkbox"/> Poor self-esteem	<input type="checkbox"/> Attention wanders
<input type="checkbox"/> Unpredictable	<input type="checkbox"/> Fidgety
<input type="checkbox"/> Cried easily and often	<input type="checkbox"/> Memory problems

21. As a child or adolescent (**age 17 and younger**), were you ever diagnosed with or told that you had any of the following:

Learning Disorder of any kind? Yes No

Attention Deficit Disorder? Yes No

Hyperactivity? Yes No

Other Behavior Disorder (explain)? Yes No

22. Before the age of 18 (age 17 and younger):

Did you ever get into any physical fights? Yes No

Did you ever run away from home overnight? Yes No

Did you ever steal anything from a store? Yes No

Did you ever steal anything from a school or other public or private building? Yes No

Did you ever steal anything from a home or vehicle? Yes No

Did you ever steal anything from a family member or a friend? Yes No

Did you ever take money, merchandise, or other items (pens, etc.) from your workplace?.... Yes No

Did you ever buy or sell stolen property? Yes No

Did you ever knowingly use a stolen credit or debit card? Yes No

Did you ever knowingly write a bad check? Yes No

Before the age of 18 (age 17 and younger):

Did you ever vandalize anything? Yes No

Did you ever throw a rock or other object into moving traffic? Yes No

Did you ever write/paint graffiti on any structure? Yes No

Did you ever set fire to a piece of property or other object, even accidentally? Yes No

Did you ever hurt or taunt a pet or other animal? Yes No

Did you ever gamble on or attend dog fights (or other animal fights)? Yes No

Were you ever ticketed/brought home by the police for a curfew violation? Yes No

Did you ever join or leave a gang? Yes No

Were you ever arrested? Yes No

Were you ever placed on probation? Yes No

Were you ever required to perform community service? Yes No

Were you ever sent to a juvenile detention center or reform school? Yes No

Have you had any other police contacts before the age of 18? Yes No

EDUCATIONAL HISTORY

1. Please summarize your educational history below, ***beginning with elementary school***. Please include college & technical school/training even if you did not complete the degree or program.

School Name	City, State	Dates	Degree Completed (AA, BA, BS, MA, MS, PhD)	Average Grades	College or Tech School Major

2. Did you complete high school? Yes No

→ If No, what was the last year of school you attended? _____ last year you completed? _____

→ If No, did you obtain a GED? No Yes (Date: _____)

3. ACT Score: _____ SAT Verbal: _____ Math: _____ ASVAB AFQT: _____ %ile GT Score: _____

4. Did you attend religious school?

..... Yes No

→ If Yes, type? _____

5. Was attending religious services/participating in religious activities a part of your upbringing? Yes No

6. Have you ever received any certifications or other [nonmilitary] training?
(e.g., training officer/instructor, CPR, EMT-B/P, tactical training, rescue) Yes No
→ If Yes, please explain: _____

7. Did you have difficulty with any school subjects? Yes No
→ If Yes, list which one(s): _____

8. Were any school subjects a particular strength for you? Yes No
→ If Yes, list which one(s): _____

9. Did you ever have any tutoring? Yes No
→ If Yes, please explain: _____

10. Were you ever placed in special classes in school? Yes No
→ If Yes, please explain: _____

11. Did you ever repeat or skip any grades? Yes No
→ If Yes, please explain: _____

12. Did you ever have any school counseling? Yes No
→ If Yes, please explain: _____

13. Did you skip classes or full school days? Yes No
→ If Yes, please explain (how often, etc.): _____
→ If Yes, did the school ever involve your parent(s), guardian or a truancy officer? Yes No

14. During grade or high school, did you miss a month or more of school for any reason? Yes No
→ If Yes, please explain: _____

15. Did you ever receive detention while in grade or high school? Yes No
→ If Yes, please explain (number of times, what happened, etc.):

16. Did you transfer schools for any reason? Yes No
→ If Yes, please explain: _____

17. Were you ever suspended or expelled from any school? Yes No
→ If Yes, please explain (number of times, what happened, etc.):

18. Have you ever been the recipient of a scholarship or other school award? Yes No
→ If Yes, please explain: _____

SOCIAL HISTORY

1. Current Marital Status: Single, Never Married; Single but Living with Partner; Married (first marriage); Separated; Divorced; Widowed; Married (second marriage); Other _____

→ Date of first marriage: _____

→ If separated or divorced, date of first separation/divorce: _____

→ If remarried, date of second marriage: _____ date of third marriage: _____

→ If currently cohabitating, how long have you lived together? _____

2. With whom do you currently live? _____ Since: _____

3. Have you ever lived with an intimate partner? Yes No

→ If yes, number of times _____ Age first time: _____

4. Have you ever lived with an elder or disabled relative for purposes of providing care? Yes No

5. Whom do you currently consider your social support network? (e.g., friends, intimate partner, coworkers, family, or some combination?) _____

6. If applicable, please list all members of your current immediate family (*spouse, children, step-children*):

Name	Age	Relationship to you	Current Health	How is Your Relationship?

7. Please list any hobbies you may have: _____

How often do you have an opportunity to do (the activity)? _____

8. Did you play sports in high school? Yes No

→ If Yes, which one(s)? _____

→ In College? _____ → In City or other leagues? _____

9. Have you ever coached sports? Yes No

→ If Yes, what type, when and where? _____

10. Have you ever become involved in volunteer work? Yes No

→ If Yes, what type, when and where? _____

11. Have you ever become involved in church/synagogue/mosque activities? Yes No

→ If Yes, what type, when and where? _____

12. Is attending religious services or participating in religious activities an important part of your life? Yes No

MEDICAL HISTORY

1. Please list all childhood *and* adult illnesses, conditions, injuries, broken bones, surgeries, and hospitalizations:

Type of Injury or Illness	Approx Year	Hospitalized?	Outcome?

2. Have you ever experienced a head injury with loss of consciousness or sense of being “dazed”? Yes No

Type of Head Injury	Date	Loss of Consciousness?	Outcome?

3. Please check any of the following that you have ever experienced, and *briefly describe* (dates, frequency):

<input type="checkbox"/> Seizures	<input type="checkbox"/> Chronic headaches or migraines
<input type="checkbox"/> Thyroid Problems	<input type="checkbox"/> Chronic pain
<input type="checkbox"/> Loss of sensation in any part of body	<input type="checkbox"/> Persistent fatigue
<input type="checkbox"/> “Pins and Needles” or crawling sensations	<input type="checkbox"/> Dizziness
<input type="checkbox"/> Paralysis or weakness in any part of body	<input type="checkbox"/> Fainting spells
<input type="checkbox"/> Balance or coordination problems	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Tremors or shakiness	<input type="checkbox"/> High cholesterol
<input type="checkbox"/> Difficulty swallowing	<input type="checkbox"/> Skin rashes or (non-acne) irritation
<input type="checkbox"/> Restless legs (at night or during the day)	<input type="checkbox"/> Electrical injury
<input type="checkbox"/> Movement during sleep or while dreaming	<input type="checkbox"/> Exposure to toxic chemicals
<input type="checkbox"/> Loss or change in sense of smell	<input type="checkbox"/> Concentration or Memory difficulties
<input type="checkbox"/> Loss of hearing	<input type="checkbox"/> Word-finding problems
<input type="checkbox"/> Loss of vision	<input type="checkbox"/> Getting lost easily or frequently
<input type="checkbox"/> Change in sense of taste	<input type="checkbox"/> Periods of confusion

5. Is there any other physical illness, injury or concern you would like for us to know about? If so, please describe:

5. Please list ***past and current*** (including seasonal) over-the-counter and/or prescription medications you have ever taken regularly:

6. Please list any known allergies: _____

7. Do you presently have any physical limitations? Yes No

→ If Yes, please explain _____

8. If you are here for a forensic evaluation (e.g., a civil or criminal matter, a worker compensation, fitness for duty or disability evaluation), please provide a list of medical, mental health and substance use treaters **during the past 10 years**. If you have been hospitalized, please include the hospital name or treatment program in the first column.

Medical Type of Care

(Name and Type of Treater, e.g., Primary Care, Neurology, etc.)

Approx Dates of Care

-
-
-
-
-

Mental Health (Name of Psychiatrist, Counselor or Treatment Program)

Approx Dates of Care

-
-
-
-
-
-
-
-

Substance Abuse (Name of Counselor or Treatment Program)

Approx Dates of Care

-
-
-

FAMILY HISTORY

1. Has any biological relative ever had the following (**Please check the appropriate box and list family member**):

M-Mother F-Father S-Sibling C-Child GM-Grandmother GF-Grandfather A-Aunt U-Uncle Cz-Cousin

High Blood Pressure

High Cholesterol

Heart Disease/Heart Attack

Obesity

Diabetes

Dialysis for Kidney Problems

Asthma or Emphysema

Chronic Headaches/Migraines

Thyroid Problems

Sickle Cell

Cancer/Leukemia

Brain Tumor

Seizures (or "Spells")

Stroke/Aneurysm

Multiple Sclerosis

ALS (Lou Gehrig's Disease)

Intellectual Deterioration before Age 60

Alzheimer's Disease

Parkinson's Disease

Huntington's Disease

Prion Disease

Other?

2. Has any close relative ever had (**Please check the appropriate box and list the family member**):

M-Mother F-Father S-Sibling C-Child GM-Grandmother GF-Grandfather A-Aunt U-Uncle Cz-Cousin

Anxiety or Panic Attacks

Obsessive Compulsive Disorder

Depression

Suicide or Suicide Attempt

Bipolar (Manic-Depressive) Illness:

Paranoia

Schizophrenia

Eating Disorder

Autism

Outpatient Mental Health Treatment/Counseling

Psychiatric Hospitalization

Learning Disability

Mental Retardation

Attention Deficit or Hyperactivity

Alcohol or Drug Problems

Criminal Arrests

SUBSTANCE USE

1. Do you currently use tobacco (cigarettes/cigars/pipe/chewing tobacco)? Yes No

→ If Yes, how much per day? _____

→ If No, did you use tobacco previously? Yes No

2. If you have ever used tobacco, how old were you the first time? N/A

3. Have you ever attempted to stop using tobacco/quit smoking? N/A Yes No

→ If Yes, how many times and what happened? _____

4. How old were you the first time you drank alcohol? or Never have

5. Please characterize your drinking habits ***during the past 12 months*** (Check One):

I typically drink (check all that apply): beer; wine; hard liquor/mixed drinks

Frequency: 1-2 times per week; 3-4 times per week; 5-7 times per week; 1-2 times per month;

once every two months; special occasions only; other: _____

Quantity: 1 drink; 2 drinks; 3 drinks; 4-5 drinks; 6-8 drinks; 9-11 drinks; ≥ 12 drinks

6. In the past, have you ever:

Felt the need to cut down on your drinking? Yes No

Felt bad or guilty about your drinking alcohol? Yes No

Been annoyed by people who criticize your drinking Yes No

Vomited from alcohol use? Yes No

Had hangovers? Yes No

Missed work or another important get-together because of drinking Yes No

Been unable to recall part of an evening or time when you were drinking? Yes No

Had "the shakes," DTs or withdrawal symptoms? Yes No

Felt the need to drink alcohol in the morning to steady your nerves or get rid of a hangover? Yes No

Been treated for alcohol problems? Yes No

7. Have you ever attended AA, ACOA, ALANON or another self-help group related to personal or family alcohol problems? Yes No

→ If Yes, which one(s) and when? _____

8. Have you ever used recreational or street drugs, such as marijuana, cocaine, heroin, speed, ecstasy, mushrooms, PCP or LSD, or others (please include: _____)? Yes No

→ If Yes, how old were you the first time you tried the drug(s)? _____

9. Have you ever used prescription or over-the-counter medications in ways other than instructed in order to get high? Yes No

10. Have you ever sold illicit drugs (even casually, to friends)? Yes No

11. Have you ever sold prescription medication (even casually, to friends)? Yes No

12. Have you ever been treated for drug problems? Yes No

→ If Yes, where and what year? _____

13. Have you ever attended NA or another self-help group related to personal or family drug problems?... Yes No

PERSONALITY/EMOTIONAL FUNCTIONING

1. Have you had any prior psychological evaluations (job applications included)?..... Yes No

2. Have you ever had treatment or counseling for psychological or psychiatric problems?..... Yes No

→ If Yes, please indicate type(s): individual; support group; family; marital; grief/bereavement
How many times? When? _____

3. Have you ever been given a psychiatric diagnosis? Yes No

→ If Yes, to your knowledge what was the diagnosis (diagnoses)? _____

4. Have you ever had any significant problems with any of the following:

Consistently feeling depressed or down, most of the day, nearly every day for at least two weeks? Yes No

Thoughts of death, dying, or things coming to an end? Yes No

Feelings of hopelessness or helplessness? Yes No

Frequent or continuing sleep problems? Yes No

Nightmares? Yes No

Significant appetite change (increase or decrease)? Yes No

Weight gain or loss of 5 lbs. or greater within two weeks without trying?..... Yes No

Prolonged problems with decreased initiative, low energy, tiredness or fatigue? Yes No

Withdrawing from others? Yes No

Low self-esteem? Yes No

Guilt or self-blame? Yes No

Feelings of wanting to harm yourself? Yes No

Feelings of wanting to harm others? Yes No

5. Have you ever had any significant problems with:

Anger or temper? Yes No

Frustration? Yes No

Irritability? Yes No

6. Have you ever had any significant problems with:

Feeling very happy, elated, dancing on air as if you just won the lotto, so that others thought you were not your usual self? Yes No

Your thoughts racing ahead of your ability to keep up with them? Yes No

Feeling so full of energy that you could work for more than a day without feeling the need to eat or sleep? Yes No

Going several nights in a row without sleeping, or sleeping under 2-3 hours per night? Yes No

7. Have you ever had any significant problems with:

General anxiety, tension, or nervousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anxiety or fears related to being in public or enclosed places? (e.g., eating in restaurants, speaking in public, elevators, crowds, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Repetitive thoughts, words, or songs in your head you could not stop even if you wanted to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needing to repeat things over and over in your head?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needing to check things repeatedly? (e.g., door or window locks, appliances to ensure they are off, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Needing to order things in a certain way (e.g., in a drawer, a closet, on a desk, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fear of germs or needing to clean excessively?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Having difficulty throwing things away to the point that things pile up at home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Having repeated thoughts or worries about hurting someone even though you know you wouldn't?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Worrying that you may have hurt someone by accident, but not being sure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there anything you are especially afraid of (e.g., rats, snakes, blood, heights, flying, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you ever felt particularly concerned about your weight or appearance?		
Have you ever significantly restricted food intake in order to manage your weight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever purged (vomited) in order to control weight gain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever used diet pills, laxatives, or other products to lose weight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever struggled with overeating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you ever experienced a psychological trauma of any sort?		
Have you ever been involved in/witnessed a fire, environmental flood or other disaster?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever experienced any near-accidents (e.g., accidental drowning, serious fall)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any family member ever been the victim of a violent crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever witnessed the death or serious injury of another person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. <u>Have you ever had any significant problems with:</u>		
Difficulty trusting others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling suspicious of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling in danger from others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling others had something personally against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Feeling that someone was purposely harassing you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Have you ever believed you could read other people's thoughts?		
Have your own thoughts ever seemed strange, alien, or confusing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever felt you were not in control of your thoughts or actions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever seen or heard things that others could not see or hear?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. **Since the age of 18** (including 18):

Have you gotten into any physical fights? Yes No

Have you ever stolen anything from a store? Yes No

Have you ever stolen anything from a school or other public or private building? Yes No

Have you ever stolen anything from a home or vehicle? Yes No

Have you stolen anything from a family member or a friend? Yes No

Have you ever taken money, merchandise, or other items from your workplace? Yes No

Have you ever bought or sold stolen property? Yes No

Have you ever knowingly used a stolen credit or debit card? Yes No

Have you ever knowingly written a bad check? Yes No

Have you ever vandalized anything? Yes No

Have you ever thrown a rock or other object into moving traffic? Yes No

Have you ever written/painted graffiti on any structure? Yes No

Have you ever set fire to a piece of property or other object, even accidentally? Yes No

Have you ever hurt or taunted a pet or other animal? Yes No

Have you ever gambled on or attended dog fights (or other animal fights)? Yes No

Have you joined a gang or left a gang? Yes No

13. Have you ever (Check all that apply and () indicate approximate number of times):

<input type="checkbox"/> () Driven a motorcycle?	<input type="checkbox"/> () Surfboarded?
<input type="checkbox"/> () Driven off-road vehicles such as dirt bikes or snowmobiles?	<input type="checkbox"/> () Wind or Ice surfed?
<input type="checkbox"/> () Drag raced?	<input type="checkbox"/> () Downhill skied?
<input type="checkbox"/> () Skydived?	<input type="checkbox"/> () Snowboarded?
<input type="checkbox"/> () Bungee jumped?	<input type="checkbox"/> () Water skied or Jet skied?
<input type="checkbox"/> () Scuba dived?	

Have you had any accidents (even minor) doing any of the above? Yes No

→ If Yes, explain? _____

14. Have you ever gambled? Yes No

→ If Yes, check all types and indicate approximate number of times ():

<input type="checkbox"/> () Lottery Tickets...	<input type="checkbox"/> () Card Games...	<input type="checkbox"/> () Dog Races...	<input type="checkbox"/> () Horse Races...
<input type="checkbox"/> () Off-track betting...	<input type="checkbox"/> () Sports...	<input type="checkbox"/> () River Boat...	<input type="checkbox"/> () Land Casino...
<input type="checkbox"/> () Used a Bookie...	<input type="checkbox"/> () Other _____		

15. Has gambling has ever caused problems for you (e.g., tension with family, financial strain)? ... Yes No

MILITARY HISTORY

1. Have you ever served in the military? Yes No
2. Branch: _____ Highest Rank/Title: _____ Dates Served: _____ - _____
Reserves: _____ Highest Rank/Title: _____ Dates Served: _____ - _____
3. Armed Forces Qualification Test (AFQT) Score: _____ %ile
General Technical (GT) Composite Score: _____ %ile
4. Where were you stationed? (list all locations and dates):

5. What specialty training did you receive (weapons, machinery, other operations?)

6. Were you ever in combat? Yes No
→ If Yes, indicate dates, location(s), and duration: _____
7. Were you ever assigned hazardous duty? Yes No
→ If Yes, please provide detail (duties, date/location/duration): _____
8. Did you ever have any leadership positions in the military? Yes No
9. Did you ever receive any awards or medals while in the military? Yes No
→ If Yes, describe all: _____
10. Were you ever reprimanded, suspended or disciplined? Yes No
11. Were you ever reduced in rank? Yes No
→ If Yes to #8 or #9, please explain: _____
12. Did you receive an Honorable Discharge? Yes No
13. Did you receive a Medical Discharge? Yes No

WEAPONS HISTORY

1. Did you grow up with firearms in the home? Yes No
2. Have you ever owned any firearms or other weapons? Yes No
3. Do you *currently* own any firearms or other weapons (*types*)? Yes No
→ If Yes, what types and how many? _____
4. Do you currently have access to weapons (e.g., spouse, relative, workplace)? Yes No
5. Do you currently own a FOID card Yes No
→ If Yes, year first issued? _____
6. Have you ever had your FOID card suspended or revoked? N/A Yes No
7. Have you ever had difficulty renewing your FOID card? Yes No
→ If Yes, briefly describe the circumstance(s): _____
8. Do you have a concealed carry or other special weapons permit (*types*)? Yes No
9. Have you received formal firearms or other weapons training? Yes No
→ If Yes, when and where? _____
10. Do you have any specialty training with weapons (MP-5, Taser, explosives, etc.)? Yes No
→ If Yes, please describe: _____
11. Other than formal training, qualification or range practice, have you ever discharged a firearm? Yes No
→ If Yes, briefly describe the circumstance(s): _____

DRIVING HISTORY

1. How old were you when you first obtained your driver's license? _____

Did you receive your license on your first attempt? Yes No

Have you ever had a commercial driver's license or other specialty license (M or B, Military)? . Yes No

2. How many speeding tickets have you had in your life? _____ In the past 5 years? _____

How many parking tickets have you had in your life? _____ In the past 5 years? _____

Other traffic violations in your life? (please describe): _____

Approximately how many "professional courtesies" have you received (e.g., pulled over but not ticketed)?

In your life? _____ In the past 5 years? _____

Do you have any outstanding tickets currently? Yes No

3. Have you ever been involved in court proceedings resulting from failure to pay tickets?..... Yes No

Have you ever had your car "booted" for failure to pay tickets? Yes No

Have you ever attended driving school? Yes No

→ If Yes, how many were court ordered _____ versus volunteered/requested by you _____?

4. Have you ever been requested to engage in a field sobriety test? Yes No

Have you ever been charged with a DUI (even if not convicted)? Yes No

Please estimate the number of times you have driven intoxicated (i.e., over the legal limit of .08 BAL):

Never; 1-2 times; 3 times; 4 times; 5-7 times; 8-10 times; 11-15 times; > 15 times

5. Has your driver's license ever been suspended or revoked? Yes No

→ If Yes, briefly describe circumstance: _____

6. Have you been involved in any motor vehicle accidents as a civilian driver? Yes No

→ If Yes, number of times _____

→ If Yes, brief explanation of accident(s): _____

→ If Yes, were you ticketed for any of the accidents? Yes No

7. Have you been involved in any accidents while driving a military vehicle? N/A Yes No

→ If Yes, number of times _____ Brief explanation of accident(s): _____

→ If Yes, were you disciplined for any of the accidents? Yes No

8. Have you been involved in any job-related accidents as a police officer/EMT driver, etc.? N/A Yes No

→ If Yes, number of times _____

→ If Yes, brief explanation of accident(s): _____

→ If Yes, were you disciplined for any of the accidents? Yes No

Details of discipline? _____

FINANCIAL HISTORY

1. Do you currently: Rent an apartment (*how long there*)? _____
 Own your own home (*since when*)? _____ Other _____

2. If you have ever owned a home: Year of first home ownership: _____ Total number of homes owned: _____

3. Do you currently own or have a loan for (*please circle*): an automobile, boat, school, other? Yes No

4. Have you ever owned or had a loan for (*please circle*): an automobile, boat, school, other? Yes No

5. Do you currently own/use any credit cards? Yes No

6. Have you ever (had): (*Check all that apply*)

- Serious Debt
- Creditor Involvement
- Utilities shut off for lack of payment
- Eviction notices/proceedings
- Loan Default
- Foreclosure or Property Seizure (Repossession)
- Filed Bankruptcy or required court involvement for financial problems (chapter 7, 11, or 13)
- Problems with alimony payments
- Wages Garnished

→ If Yes to any of the above, please describe (year, circumstance, etc.) _____

7. Have you ever received state or federal financial assistance? (*Check all that apply*)

- Public Aid or Link Card
- Assistance for Newborn Care
- Section 8 or other Subsidized Housing
- Social Security Income
- Social Security Disability
- Other _____

→ If Yes to any of the above, please describe (year, circumstance, etc.) _____

8. Have you ever received work benefits? (*Check all that apply*) Yes No

- Unemployment Benefits
- Worker's Compensation Benefits
- Family Medical Leave Act (FMLA)
- Short-term Disability Benefits
- Long-term Disability Benefits
- Other: _____

9. Have you ever depended on family or friends for financial help? Yes No

→ If Yes, for how long and what was/is the circumstance? _____

10. Have you ever been homeless? Yes No

→ If Yes, for how long and how did you get by (shelters, street, etc.)? _____

LEGAL HISTORYSince the age of 18 (including age 18):

1. Have you ever been arrested? Yes No

Have you been charged with any local ordinance violations (or received ordinance citations/tickets)? Yes No

Have you been placed on probation? Yes No

Have you been required to do community service? Yes No

Have you been placed on house arrest? Yes No

Have you been sentenced to jail or prison? Yes No

Has law enforcement ever been called to your home as a result of a domestic situation? Yes No

Have you ever called 911 for any reason? Yes No

→ If Yes, what were the circumstances? _____

Have you had any other police contacts? Yes No

→ If you have been arrested, received ordinance violations/tickets (such as a drinking ticket on a college campus),
Or had other police contacts for conduct, please below. **Note:** agency may perform a background check:

Charge	Date of Arrest	Disposition (dropped/conditional release/jail/prison)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

2. Have you ever been required to appear in Court due to issues related to financial support of children?.. Yes No
→ If Yes, what were/are the circumstances? _____

3. Have you ever been involved in any lawsuits (as plaintiff or defendant)? Yes No
→ If Yes, what were/are the circumstances? _____

EMPLOYMENT HISTORY

Please list all of your past job positions since the age of 16, ***beginning with your current or most recent position.*** Please include months/years of all jobs, including military service. Estimate dates to the best of your ability. If you have had managerial experience, please include your title. Use the back of this page if necessary. If you have a public safety position, questions about supervisory positions and promotion dates are asked in question #2, below.

Agency/Institution (Full Name)	Position Title and Brief Description of Duties	Dates (Mo/Yr)	PT or FT	Reason for Leaving
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

2. Have you ever worked as a supervisor? Yes No

3. If you have a public safety job, please note your current rank, promotion dates if relevant, and all prior formal duties (e.g., Patrol, FTO, Canine Officer, Patrol Sergeant, Detective, Paramedic in Charge, Rig Driver, Lieutenant, etc.):

4. If you have a public safety job, have you ever served on specialty teams, rescue squads, or taskforces? Yes No
 → If Yes, please provide details: _____

5. Have you ever been unemployed? Yes No
 → If Yes, how many times? _____ → What is the longest time you went without work? _____

6. Have you ever quit a job without having another one lined up? Yes No
 → If Yes, please provide a brief explanation: _____

7. Have you ever been terminated from a job for any reason? Yes No
 → If Yes, please briefly explain: _____

8. Have you ever been required to enter into a last-chance agreement with your employer? Yes No

→ If Yes, please briefly explain: _____

9. Have you ever been reprimanded or disciplined (even if later removed from your personnel file)? Yes No

→ If Yes, please briefly explain: _____

10. Have you ever been required to engage in further training as part of a corrective action? Yes No

→ If Yes, please briefly explain: _____

11. Have you ever had a citizen complaint against you (even if unsustained)? Yes No

→ If Yes, please briefly explain: _____

12. Have you ever been involved in administrative adjudication? Yes No

→ If Yes, please briefly explain: _____

13. Has a Union or other administrative body ever become involved in dispute resolution on your behalf? Yes No

→ If Yes, please briefly explain: _____

14. Have you ever earned any awards as an employee? Yes No

→ If Yes, please describe: _____

15. Have you ever taken a leave of absence from work (medical or other type)? Yes No

→ If Yes, please briefly explain: _____

16. In the past five years, on average, how many times have you been late for work?

Never 1-2 times per month 1-2 times per year 3-4 times per year ≥ 5 times per year

17. In the past five years, on average, how many times have you used sick days?

Never 1-3 times per year 4-6 times per year up to 10 times per year > 10 times per year

18. Are you currently having any work-related difficulties? Yes No

→ If Yes, please briefly explain: _____

(please continue on the back if you wish): _____

19. Is there anything else you wish your examiner to know? If yes, please tell us:

(please continue on the back if you wish): _____



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April 22, 2024

Dear Mr. Bazarek:

You have asked that I provide a list of tests that we plan to administer to Ms. Clarissa Glenn should we be permitted to conduct a Rule 35 examination in this matter. We are happy to do so, though can only provide a general, rather than specific test list. The reason for this is that psychologists have an array of testing materials from which they may choose, and the decision as to which are ultimately administered is a dynamic process, not decided prior to an examination. While an examinee's particular history may be helpful in considering relevant tests to administer, ultimate decisions regarding the administration of any one test are based upon the presentation of the examinee *at the time of the examination*. Related, we do not wish to find ourselves limited to employing specific tests. We simply do not conduct our practice in such a manner (nor do any of our psychologist colleagues with similar training); a prior designation of tests falls far from the mark of good practice and can limit our capacity to address the psycholegal inquiries being posed.

We can certainly describe our general approach to testing, which includes both psychological and cognitive testing. While the relevance of cognitive testing to a primary claim of psychiatric disorder may not immediately be evident, nearly every psychiatric disorder includes criteria or is secondarily associated with cognitive symptom complaints. Primary neurocognitive disorders are additionally associated with psychiatric symptomatology, and must therefore be ruled out as an alternative explanation for an examinee's clinical presentation. There may or may not be a history of identified neurologic conditions in such cases. We administer psychological and cognitive tests in every case.

Finally, I can assure you that any and all tests we will employ as part of an examination of Ms. Glenn are standardized, widely used instruments that have undergone empirical investigation, have acceptable reliability and validity, are peer-reviewed and accepted by the fields of clinical psychology and neuropsychology, and have histories of being employed repeatedly in the forensic setting. In the attached Appendix, please find a list of psychological and neurocognitive tests that I may choose to administer during the course of the proposed examination.

Respectfully,

Kristen M. Klipfel, Ph.D.

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APPENDIX. POTENTIAL TESTS TO BE ADMINISTERED

Rey 15-item Test (FIT)
Test of Memory Malingering (TOMM)
Word Memory Test (WMT)
Victoria Symptom Validity Test (VSVT)
Word Choice Test (WCT)
Validity Indicator Profile (VIP)
Structured Interview of Reported Symptoms (SIRS)
Structured Inventory of Malingered Symptoms (SIMS)
Woodcock Johnson, 4th edition (WJ-IV)
Wide Range Achievement Test, 5th edition (WRAT-5)
Scales of Independent Behavior, Revised (SIB-R)
Independent Living Scales (ILS)
Test of Practical Judgment (TOP-J)
Test of Premorbid Functioning (TOPF)
Wechsler Adult Intelligence Scale, 4th edition (WAIS-IV)
Dementia Rating Scale (DRS)
Montreal Cognitive Assessment (MoCA)
Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)
Neuropsychological Assessment Battery (NAB)
Trailmaking Test, Parts A and B
Connors' Continuous Performance Test, 2nd edition (CPT-II)
Stroop Color-Word Test
Paced Auditory Serial Addition Test (PASAT)
Visual Search and Attention Test (VSAT)
Speech Sounds Perception Test (SSPT)
Seashore Rhythm Test (SRT)
Wechsler Memory Scale, 3rd edition (WMS-III)
Wechsler Memory Scale 4th edition (WMS-IV)
California Verbal Learning Test, 2nd edition (CVLT-II)
Hopkins Verbal Learning Test, Revised (HVLT-R)
Rey Auditory Verbal Learning Test (RAVLT)
Rey Osterrieth Complex Figure Test (RCF)
Benton Revised Visual Retention Test (BRVRT)
Benton Selective Reminding Test (SRT)
Brief Visuospatial Memory Test, Revised (BVMT-R)
Rivermead Behavioral Memory Test (RBMT)
Controlled Oral Word Association Test (COWAT)
Category Fluency
Boston Naming Test (BNT)
Multilingual Aphasia Examination (MAE)
Benton Judgment of Line Orientation (JLO)
Benton Facial Recognition
Beery Developmental Test of Visual-Motor Integration, 5th Edition (BVMI-5)
Hooper Visual Organization Test (HVOT)
Finger Oscillation Test (FOT)
Grooved Pegboard
Purdue Pegboard
Grip Strength

Tactual Performance Test (TPT)

Wisconsin Card Sorting Test (WCST)

Booklet Category Test (BCT)

Raven's Progressive Matrices (RPM)

Shipley Institute of Living Scale, 2nd edition (SILS-2)

Delis-Kaplan Executive Function System (DKEFS)

Tower of Hanoi

Minnesota Multiphasic Personality Inventory, 2nd edition (MMPI-2)

Minnesota Multiphasic Personality Inventory, 3rd edition (MMPI-3)

Millon Clinical Multiaxial Inventory, 3rd edition (MCMI-III)

Personality Assessment Inventory (PAI)

Symptom Checklist-90-Revised (SCL-90-R)

Beck Depression Inventory, 2nd edition (BDI-II)

State Trait Anxiety Inventory (STAI)

Beck Anxiety Inventory (BAI)

State-Trait Anger Expression Inventory-2 (STAXI-2)

Alcohol Use Inventory (AUI)

Alcohol Use Disorder Identification Test (AUDIT)

Cannabis Use Disorder Identification Test (CUDIT)

University of Rhode Island Change Assessment (URICA)

Adult ADHD Self-Report Scale (ASRS-v1.1)

Conners' Adult ADHD Diagnostic Interview for DSM-IV (CAADID)

Clinician-Administered PTSD Scale (CAPS)

Trauma Symptom Inventory, 2nd edition (TSI-2)

Posttraumatic Diagnostic Scale (PDS)

Impact of Events Scale (IES)

Pain Patient Profile (P3)

Pain Catastrophizing Scale (PCS)

Barrow Neurological Institute Fatigue Scale (BNI-FS)

Pittsburgh Sleep Quality Index (PSQI)