

03-71-CD  
IN RE: JOSEPH S. MILLER

CA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

IN RE: JOSEPH S. MILLER

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\* No.

03-71-CD

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\* Type of Pleading:

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\* PETITION TO LIFT DISABILITY  
\* AND POSSESS FIREARM  
\* PURSUANT TO  
\* TITLE 18 Pa. C. S. §6105 (f)(1)

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\* Filed on Behalf of:

\* Joseph S. Miller

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\* Counsel of Record for  
\* Petitioner:

\*

\* David C. Mason, Esquire  
\* MASON LAW OFFICE  
\* P. O. Box 28  
\* 409 North Front Street  
\* Philipsburg, PA 16866  
\* (814) 342-2240  
\* PA Id No. 39180

**FILED**

JAN 17 2003

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

IN RE: JOSEPH S. MILLER

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\* No.  
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**PETITION TO LIFT DISABILITY AND POSSESS FIREARM**

AND NOW, comes the Petitioner, **JOSEPH S. MILLER**, by and through his Attorney, David C. Mason, Esquire, and files this Petition to Lift Disability and Possess Firearm in accordance with title 18 Pa. C. S. §6105(f)(1), based upon the following averments:

1. Petitioner is an adult individual currently residing at 424 Walnut Street, Curwensville, Clearfield County, Pennsylvania, 16833.

2. On or about December 13, 1993, Petitioner was involuntarily committed under the Pennsylvania Mental Health Procedures Act, title 50 P.S. §7302, to the DuBois Regional Medical Center after his mother called the Clearfield Police and reported that Petitioner had threatened to kill himself.

3. Clearfield-Jefferson MH/MR responded and involuntarily committed the Petitioner on January 13, 1993, at the DuBois Regional Medical Center under the care of James K. Fugate, M. D.

4. Petitioner admitted to having been consuming an excessive amount of alcohol, and was distraught over the breakup of his marriage, and his loss of employment.

5. While involuntarily committed, Petitioner signed a voluntary admission for alcohol rehabilitation.

6. Since his discharge from DCMR in January of 1994, Petitioner has remained sober as a recovering alcoholic.

7. As a result of this involuntary commitment, Petitioner is prohibited from possessing a firearm under the Pennsylvania Uniform Firearms Act of 1995, title 18 Pa. C.S.A. §6105(c)(4).

8. Petitioner has not been the subject of any treatment for mental health issues since his discharge on January 13, 1994, and has not been voluntarily or involuntarily hospitalized for mental health reasons since that time.

9. Petitioner does not present a clear and present danger to himself or to others at this time. The discharge summary by Dr. Fugate reads that the Petitioner "has shown significant improvement and was not found to be a threat to himself or others". Petitioner has remarried, is gainfully employed by the Commonwealth of Pennsylvania, and has led a normal, sober and well-adjusted life since his involuntary commitment.

10. Petitioner wishes to purchase and possess firearms for hunting, sport and recreation, employment reasons and protection.

11. Title 18 Pa. C.S.A. §6105(f)(1) provides that a Petitioner may be adjudicated exempt from the firearm prohibition set forth in Section 6105(c)(4) upon a finding by this

Court that Petitioner's possession of a firearm does not create a risk to himself or others.

**WHEREFORE**, Petitioner respectfully requests this Court enter an order adjudicating Petitioner exempt from the firearm prohibition set forth at title 18 Pa. C.S. §6105(c)(4) and to issue any other appropriate Order necessary to allow Petitioner to legally possess a firearm.

Respectfully submitted,

MASON LAW OFFICE

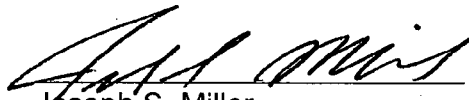
BY: 

David C. Mason  
Attorney for Petitioner  
409 N. Front St.  
P.O. Box 28  
Philipsburg, PA 16866  
(814) 342--2240

### VERIFICATION

I, JOSEPH S. MILLER, hereby attest that the averments contained in the foregoing pleading are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa. C.S.A. §4904 relating to unsworn falsifications to authorities.

Date: 1/16/2003

  
Joseph S. Miller

FILED

3 cc

01/07/1981  
JAN 17 2003

Ang Mason

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

IN RE: JOSEPH S. MILLER

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No. 03-71-CD

Type of Pleading: Rule Returnable

Counsel of Record for this Party:

David C. Mason, Esquire  
409 North Front Street  
P.O. Box 28  
Philipsburg, PA 16866  
814-342-2240  
Supreme Court ID NO. 39180

FILED

JAN 21 2003

William A. Shaw  
Prothonetary



## IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

## CIVIL ACTION - LAW

IN RE: JOSEPH S. MILLER

\*  
\* No. 03-71-CD  
\*RULE RETURNABLE

NOW, this 20th day of January, 2003, upon consideration of the attached **PETITION TO LIFT DISABILITY AND POSSESS FIREARM**, a Rule is hereby issued to Show Cause why the relief requested in said Petition should not be granted.

Rule Returnable the 13 day of February, 2003, at 2:30 o'clock, 9 .m., in Courtroom No. 1.

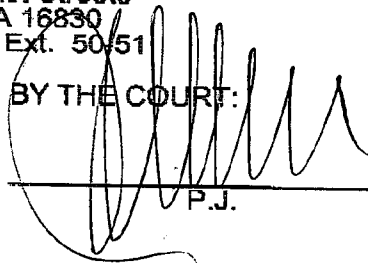
**NOTICE**

A PETITION OR MOTION HAS BEEN FILED AGAINST YOU IN COURT. IF YOU WISH TO DEFEND AGAINST THE CLAIMS SET FORTH IN THE FOLLOWING PAGES, YOU MUST FILE A WRITTEN RESPONSE ON OR BEFORE February 13, 2003, BY ENTERING A WRITTEN APPEARANCE PERSONALLY OR BY ATTORNEY AND FILING IN WRITING WITH THE COURT YOUR DEFENSES OR OBJECTIONS TO THE MATTER SET FORTH AGAINST YOU. YOU ARE WARNED THAT IF YOU FAIL TO DO SO THE CASE MAY PROCEED WITHOUT YOU AND AN ORDER MAY BE ENTERED AGAINST YOU BY THE COURT WITHOUT FURTHER NOTICE FOR RELIEF REQUESTED BY THE PETITIONER OR MOVANT. YOU MAY LOSE RIGHTS IMPORTANT TO YOU.

YOU SHOULD TAKE THIS PAPERS TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER OR CANNOT AFFORD ONE, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW TO FIND OUT WHERE YOU CAN GET LEGAL HELP.

Court Administrator  
Clearfield County Courthouse  
Second & Market Streets  
Clearfield, PA 16830  
(814) 765-2641, Ext. 50/51

BY THE COURT:



P.J.

FILED

3cc

01/10/2003  
JAN 21 2003

Atty Mason

William A. Shaw  
Prothonotary



Date: 02/19/2003

**Clearfield County Court of Common Pleas**

User: DGREGG

Time: 10:08 AM

ROA Report

Page 1 of 1

Case: 2003-00071-CD

Current Judge: John K. Reilly Jr.

IN RE: Joseph S. Miller

Civil In RE

Date		Judge
01/17/2003	✓ Filing: Petition to Lift Disability and Possess Firearm Pursuant to Title 18 Pa.C.S. 6105 (f)(1) Paid by: Mason, David C. (attorney for Miller, Joseph S.) Receipt number: 1854083 Dated: 01/17/2003 Amount: \$85.00 (Check) filed by s/David C. Mason, Esquire Verification s/Joseph S. Miller 3 cc Atty Mason	No Judge
01/21/2003	✓ RULE RETURNABLE, NOW, this 20th day of January, 2003. Rule Returnable the 13th day of February, 2003, at 2:30 p.m. by the Court, s/JKR, JR., P.J. 3 cc Atty Mason	John K. Reilly Jr.

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# **EXHIBITS**

1. 302 Records MH/MR
2. Medical Records - - Hospital
3. Pistol Permit
4. Criminal Record Reply
5. Denial
6. Affidavit of Service

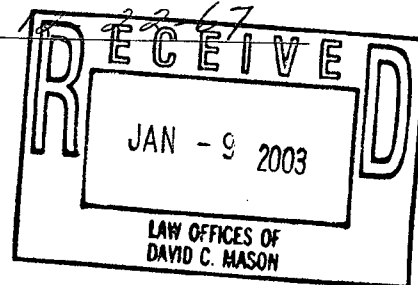
# CLEARFIELD JEFFERSON

## MENTAL HEALTH/MENTAL RETARDATION PROGRAM

### CORRESPONDENCE REPLY

RE: JOSEPH S. MILLER DOB: 1-22-67

DATE: 1-7-03



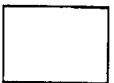
Enclosed please find a copy of the requested information.



Could you please provide additional information that may assist us in identifying the patient, i.e. date of birth, social security number.



We have no records to indicate that this patient received services from our Program. We regret that we are unable to assist you in this matter.



It is federal law that we are unable to release information received from another agency to a third party. The MH/MR Program does not generate the type of outpatient medical records you requested for this client. This information can be obtained from our provider of outpatient psychotherapy services. Send request to:

Clearfield-Jefferson Community Mental Health Center  
100 Caldwell Drive  
DuBois, PA 15801

Cen-Clear Child Services  
RD 3 Box 106  
Philipsburg, PA 16866

If you have any questions, please call our Brockway number to speak with Olga Chiodo, Administrative Assistant, at extension 346. Thank you.

1200 Wood Street \* Suite U110 \* Brockway, PA 15824 \* (814) 265-1060, Fax (814) 265-1049  
Email: [cljmhmr@key-net.net](mailto:cljmhmr@key-net.net)  
TTY/TDD (814) 265-8682

RR#2 Box 295 \* Golden Rod Farms \* Clearfield, PA 16830 \* (814) 765-1820, Fax (814) 765-1824  
Email: [cljmhmr@clearmet.net](mailto:cljmhmr@clearmet.net)

# NOTIFICATION OF MENTAL HEALTH COMMITMENT

The Uniform Firearms Act, 18 PA. C.S. 6105 (c)(4) specifies that it shall be unlawful for any person adjudicated as an incompetent or who has been involuntarily committed to a mental institution for inpatient care and treatment under Section 302, 303, or 304 of the Mental Health Procedures Act of July 9, 1978 (P.L. 817, No. 143) to possess, use, manufacture, control, sell or transfer firearms. This would include adjudication of incapacity pursuant to 20 Pa.C.S.A. §5501. Pursuant to the Pennsylvania Mental Health Procedures Act, Section 109, notification shall be transmitted to the Pennsylvania State Police by the judge, mental health review officer or county mental health and mental retardation administrator within SEVEN days of the adjudication, commitment or treatment by first class mail to the Pennsylvania State Police, Attention: Firearm Unit, 1800 Elmerton Avenue, Harrisburg, PA 17110. NOTE: The envelope shall be marked "CONFIDENTIAL"

Place an "X" on either Involuntary Commitment or Adjudicated Incompetent

INVOLUNTARY COMMITMENT X 302 ADJUDICATED INCOMPETENT \_\_\_\_\_

Date of Involuntary Commitment or Adjudicated Incompetent 12-13-93

## INDIVIDUAL INFORMATION (INDIVIDUAL INVOLUNTARILY COMMITTED OR ADJUDICATED INCOMPETENT)

LAST NAME Miller FIRST JOSEPH MIDDLE S  
JR., ETC. \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_ ALIAS \_\_\_\_\_  
DATE OF BIRTH 12-22-67 SOCIAL SECURITY NUMBER 133-52-6924  
SEX M RACE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR \_\_\_\_\_ EYES \_\_\_\_\_  
ADDRESS 18 N Second St, Clearfield, PA 16830

## NOTIFICATION BY (Please print name, address, area code, and phone number of agency or county court.)

County Submitting Notification Clearfield-Jefferson MH/MR Program, Suite U-110, 1200 Wood St., Brockway  
PA 15824 (814) 265-1060

County Mental Health and Mental Retardation Administrator Raymond E. Freeburg

County Mental Health Review Officer \_\_\_\_\_

Physician J K Fugate  
Hospital / Facility Providing Treatment / Address DuBois Regional Medical Center, PO Box 447, DuBois, PA 15801

Judge \_\_\_\_\_

SIGNATURE OF NOTIFYING OFFICIAL Charlotte Kirk-Murphy DATE 10-1-99  
sent by Charlotte W Schuchman Date 10-01-99

Court Case Number \_\_\_\_\_ Date of Court Order \_\_\_\_\_

## NOTIFICATION OF PHYSICIAN'S DETERMINATION THAT NO SEVERE MENTAL DISABILITY EXISTS

The physician shall provide signed confirmation of the determination of the lack of severe mental disability following the Uniform Firearms Act, Section 6111 (g)(3). Notice shall be transmitted by the physician to the Pennsylvania State Police through the county mental health and mental retardation administrator or mental health review officer.

Name of Physician (Please print.) \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

"This information has been disclosed to you from records whose confidentiality is protected by Federal, State, and local regulations (42CFR) prohibit you from making any further disclosure of a patient's information without the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."

03-298-22 0105-01  
 MILLER, JOSEPH  
 EUGATE, JAMES K  
 12/22/93  
 133-52-6924 9334700262  
 133-52-6924  
 12-22-97

# APPLICATION FOR INVOLUNTARY EMERGENCY EXAMINATION AND TREATMENT

Mental Health Procedures Act of 1976  
 Section 302

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION.)

NAME LAST <i>Miller</i>	FIRST <i>Joseph</i>	MIDDLE <i>S</i>	AGE <i>25</i>	SEX <i>M</i>
ADDRESS <i>18 N. Second ST CLEAR PA 16830</i>				
NAME OF COUNTY PROGRAM <i>CLEAR/JEFF MHA</i>		NAME OF BSU <i>CLEAR/JEFF MHA</i>		BSU NO. <i>171</i>
NAME OF FACILITY <i>ONMC-WEST/EAST</i>		ADMISSION DATE <i>12-13-93</i>		ADMISSION NO. <i>9334700262</i>

## INSTRUCTIONS

- Part I must be completed by the person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
- If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
- When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
- Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
- Part VI is to be completed by the examining physician.
- If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
- If the patient is subject to criminal proceedings/detention, briefly describe below.

COPY

<i>N/A</i>	This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42CFR) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

403-298 21 0105-01  
MILLER, JOSEPH  
FUGATE, JAMES K  
12722/57 M 12/ 5793  
133-52-6924 93347 00249

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN HE COMPLETES THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

Part I  
APPLICATION

I believe that Joseph S Miller  
(PERSON'S NAME)

is severely mentally disabled: (Check and complete all applicable for this patient.)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days,

☐ (i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☒ (ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☒ (iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability or mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.



Describe in detail the specific behavior within the 30 days which s  
date and time whenever possible, and state who observed the behavior):

MILLER, JOSEPH

12/22/93 12/11/93  
133-52-4929 9334700202

It is of alcohol Abuse. Talking to wife today he made suicidal thoughts - saying goodbye to kids (3) & to his mother. Stated he has nothing to live for. That his "life is over". He separated in July & moved from Cedar Lake Ind. to PA in Sept. He has mutilated himself today & some of the marks are of a suicidal nature. He has been withdrawing, not eating, not sleeping. He is agitated, sullen, hostile & angry. Alcohol Abuse TABUG. Today has probably consumed 2 pint of Black & Tan. Last etc. He was going through D.T.'s - shaking. Apt disheveled. Eye contact nil. He has been very dependent on wife. Their impending divorce has depressed him. He often states he is "crazy". Holiday season has made things worse.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that Joseph S. Miller

(PERSON'S NAME)

is in need of involuntary examination and treatment. I request that: (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

A.



The County Administrator issue a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.

Shirley A. Richards  
SIGNATURE OF APPLICANT

13 Dec. 93

DATE

Shirley A. Richards

PRINT NAME AND ADDRESS OF APPLICANT

765-9832

TELEPHONE NO.

B.



That this facility examine the patient to determine his/her need for treatment.

SIGNATURE OF PHYSICIAN, POLICE OFFICER,  
COUNTY ADMINISTRATOR, OR REPRESENTATIVE

PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER,  
COUNTY ADMINISTRATOR OR REPRESENTATIVE

ADDRESS

"This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42CFR) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by these regulations. A general authorization for the release of medical or other information is not sufficient for this purpose."

## PART II

PAGE 4 of 7

P. III  
WARRANT

40 298 25Y 0105-01  
MILLER, JOSEPH  
FUGATE, JAMES K  
12/22/97 M 12/13/93  
133-52-4924 9334700242

(Check A or B)

- A. ☐ Based upon representations made to me by Shirley A. Richards  
(NAME OF APPLICANT)  
I hereby order that Joseph S. Miller  
(NAME OF PERSON) shall be taken to  
and examined at ORMC-WEST  
(NAME OF FACILITY) and if required,  
shall be admitted to a facility designated for treatment for a period of time not to exceed  
120 hours.

Name of facility designated for treatment if other than the facility conducting the examination:

ORMC-EAST

Glenn C. McQuinn M.D. Crisis Worker  
SIGNATURE OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

12-13-93  
DATE AND TIME

Glenn C. McQuinn M.D. Crisis Worker  
PRINT NAME OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

DENIAL OF WARRANT

- B. ☐ The request of the petitioner for a warrant is denied:

SIGNATURE OF COUNTY ADMINISTRATOR OR REPRESENTATIVE

DATE

PART IV  
THE PATIENT'S RIGHTS

I affirm that when the patient arrived at DRM.C. - West  
(NAME OF FACILITY)

I explained his rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

- ☒ does understand these rights.  
☐ does not understand these rights.

Wayne E. Blotzer  
SIGNATURE OF PERSON EXPLAINING RIGHTS

Wayne E. Blotzer  
PRINT NAME OF PERSON EXPLAINING RIGHTS

"This information has been disclosed to  
you from records whose confidentiality  
is protected by Federal law. Federal  
regulations (42CFR) prohibit you from  
making any further disclosure of it  
without specific written authorization  
of the person to whom it pertains or as  
otherwise permitted by such regulations.  
A general authorization for the release  
of medical or other information is not  
sufficient for this purpose."

403-298 25Y 0105-01

PART V

MILLER, JOSEPH

FUGATE, JAMES K

12/22/67

133-52-6924

12/13/93

9334700262

ACTIONS TAKEN TO PROTECT THE

PATIENT'S INTEREST

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below. Use additional sheets if required.

Suspect lives @ John @ This Address: 12-14 N. Second St. Clear PA, 1530

John is tenant & will be reg along @ petitioner for 765-9882

premises & personal property - minor child are in custody of estranged spouse

Glenn C. McQuinn M.D. Crisis Worker

SIGNATURE OF COUNTY ADMINISTRATOR/REPRESENTATIVE  
OR THE DIRECTOR OF THE FACILITY OR REPRESENTATIVE

12-13-93

DATE

Glenn C. McQuinn M.D. Crisis Worker

PRINT NAME OF COUNTY ADMINISTRATOR/REPRESENTATIVE/  
DIRECTOR OF THE FACILITY OR REPRESENTATIVE

RECEIVED  
JAN 14 1994  
COUNTY OF ALLEGANY

F TVI 40. 298 25Y 0105-01  
PHYSICIAN'S EXAMINATION MILLER, JOSEPH

I affirm that Joseph Miller arrived at this facility on 12/22/67  
3:30 p.m. and was examined by me at 3:45 p.m.  
(EXACT TIME) (EXACT TIME)

RESULTS OF EXAMINATION

Findings: (Describe your findings in detail. Use additional sheets if necessary).

History as described. in  
mind - suicidal ideations for past  
Physical Exam - Heart now (normal) (normal)  
(normal) (normal) (normal)

Treatment Needed: (Describe the treatment needed by the patient. Continue on additional sheets if necessary).

Admit to mental health unit for  
evaluation and treatment as needed

In my opinion: (Check A or B.)

- A. ☒ The patient is severely mentally disabled and in need of treatment. He should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.
- B. ☐ The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

Joseph Miller  
SIGNATURE OF EXAMINING PHYSICIAN

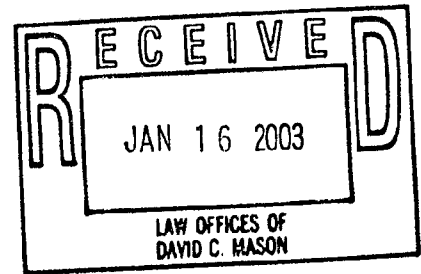
Joseph F. Shilala D.O.  
PRINT NAME OF EXAMINING PHYSICIAN

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## DuBois Regional Medical Center

*P.O. Box 447, 100 Hospital Avenue  
DuBois, PA 15801*



DAVID C MASON  
409 NORTH FRONT STREET  
PO BOX 28  
PHILIPSBURG, PA 16866

Jan 14 2003

Your reference number:

Enclosed please find copies of medical records you requested on JOSEPH S MILLER.

Among our patients' rights are the right to privacy and the protection of medical records. Each request is carefully reviewed to assure proper disclosure; any re-disclosure without written consent of the person to whom the information pertains, or the authorized representative, is prohibited. Also, the use of the information for other than the stated purpose is prohibited. The American Health Information Management Association recommends that the information be destroyed after the stated need has been fulfilled.

If you have a question regarding this request, please call Medical Records at (814) 375-3484 Monday through Friday, between 7:30 a.m. and 4:00 p.m. EST.

Thank you.

Medical Records Department

~~DAVID C. MASON~~

*Attorney at Law*

409 NORTH FRONT STREET  
P.O. Box 28  
PHILIPSBURG, PENNSYLVANIA 16866  
(814) 342-2240  
FAX (814) 342-5318

DEC 28 2002

Date 1/14/03 Rec # 56190  
SPOS 11 Initials JP  
*microfilm*  
*prebill faxed*  
*1/7/03*  
*#35.3 ncd*

December 23, 2002

403298/9334700262  
DC 12/17/93  
JK *Thugale*

DuBois Regional Medical Center - West  
Box 447  
DuBois, PA 15801

Attn: Medical Records Department

In RE: Joseph S. Miller  
DOB: 12/22/67  
SS#: 173-52-6924

Dear Sir or Madam:

Enclosed please find a Statement of Authorization dated December 23 2002. I represent Mr. Joseph S. Miller with regard to certain matters and it necessary for us to obtain your records from a 1993 hospital treatment.

Would you please forward to me copies of your file related to this treatment, the commitment (voluntary or involuntary), and discharge summary. Your invoice for these photocopying services will be promptly paid.

Thank you.

Very truly yours,

MASON LAW OFFICE

*David C. Mason*  
David C. Mason

DCM/kib

Enclosure

cc: Joseph S. Miller

<div style="display: flex; justify-content: space-around;"> <div> <input type="checkbox"/> ADVANCE DIRECTIVE  <div style="border: 1px solid black; padding: 2px;">DUBOIS REGIONAL MEDICAL CENTER</div> </div> <div>ADMISSION</div> <div>SUMMARY</div> <div> <div style="border: 1px solid black; padding: 2px;">ORGAN DONOR</div> <div style="border: 1px solid black; padding: 2px;">000403298</div> </div> </div>															
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">PATIENT</div> <div> <div style="margin-bottom: 5px;">NAME AND ADDRESS</div> <div>MILLER, JOSEPH 18 NORTH 2ND STREET APT 4 CLEARFIELD PA 16830 TELEPHONE NO. (814)765-9832 EMPLOYER, ADDRESS, OCCUPATION, PHONE NONE</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">PREVIOUS NAME</div> <div> <div style="margin-bottom: 5px;">ADMISSION DATE</div> <div>12/13/93 16:11</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">ROOM NO.</div> <div> <div style="margin-bottom: 5px;">BED</div> <div>0105-01</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">PUB</div> <div> <div style="margin-bottom: 5px;">N N</div> <div>9334700262</div> </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">COUNTY</div> <div> <div style="margin-bottom: 5px;">CLEARFIELD COUNTY</div> <div>CHURCH</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">AGE</div> <div> <div style="margin-bottom: 5px;">25Y</div> <div>12/22/67</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">BIRTH DATE</div> <div> <div style="margin-bottom: 5px;">12/22/67</div> <div>1/PM</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">P.T.</div> <div> <div style="margin-bottom: 5px;">1</div> <div>X</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">SEX/RACE</div> <div> <div style="margin-bottom: 5px;">46</div> <div>AMH</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">M.S.</div> <div> <div style="margin-bottom: 5px;">SP</div> <div>JM</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">REFERRAL</div> <div> <div style="margin-bottom: 5px;">SC</div> <div>F.C.</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">ADMIT BY</div> <div> <div style="margin-bottom: 5px;">SP</div> <div></div> </div> </div>	
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">S.S. NO.</div> <div> <div style="margin-bottom: 5px;">133-52-6924</div> <div>*PROTESTANT</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">UNEMPLOYED</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">LAST ADM. DATE</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">WHERE</div> <div></div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">PERSON TO NOTIFY IN CASE OF EMERGENCY</div> <div> <div style="margin-bottom: 5px;">RICHARDS, SHIRLEY</div> <div>(814)857-7500</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">ADDRESS</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">REL</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">PHONE</div> <div></div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">NAME AND ADDRESS</div> <div> <div style="margin-bottom: 5px;">MILLER, JOSEPH 18 NORTH 2ND STREET CLEARFIELD PA 16830</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">TELEPHONE</div> <div> <div style="margin-bottom: 5px;">(814)765-9832</div> <div>UNEMPLOYED</div> <div>133-52-6924</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">REL</div> <div> <div style="margin-bottom: 5px;">EMPLOYER NAME AND ADDRESS</div> <div>NONE</div> </div> </div>											
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">INSURANCE COMPANY</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">PLAN</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">POLICY HOLDER</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">REL</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">POLICY #</div> <div></div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">GROUP #</div> <div></div> </div>					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">ATTENDING PHYSICIAN</div> <div> <div style="margin-bottom: 5px;">FUGATE, JAMES K</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">REFERRING PHYSICIAN</div> <div> <div style="margin-bottom: 5px;">SHILALA, PATRICK F</div> </div> </div>		<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; padding: 5px;">CONSULTING PHYSICIAN</div> <div></div> </div>											
<p>PRINCIPAL DIAGNOSIS: The condition established, after study, to be chiefly responsible for causing the admission to the hospital for care.</p> <p>SECONDARY DIAGNOSIS: All conditions that coexist at the time of admission or develop subsequently which affect the treatment received and/or the length of stay.</p> <p>PRINCIPAL PROCEDURE: That procedure most related to the principal diagnosis.</p>															
<p>PRINCIPAL AND SECONDARY DIAGNOSIS AND COMPLICATIONS</p> <ul style="list-style-type: none"> <li>✓ Major depression:</li> <li>✓ Adjustment reaction of adult life with disturbance of conduct, mixed emotions</li> <li>✓ Alcohol dependence, continuous</li> <li>✓ Marital problems</li> </ul>										<p>CODE</p> <p>296.30</p> <p>309.4</p> <p>303.91</p> <p>✓ 61.1</p>					
<p>COMPLICATIONS</p>										<p>9462</p>					
<p><b>This information has been disclosed to you from records whose confidentiality is protected by Federal Law, Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.</b></p>															
<p>PRINCIPAL AND SECONDARY PROCEDURES:</p> <p>12-13-93 Detoxification</p>										<p>CONFIDENTIAL FILED REQUIRES SPECIFIC DISCLOSURE CONSENT</p>					
<p>SPECIAL UNIT DAYS: Behavioral Health-Adult</p> <p>12-13-93 to 12-17-93</p>						<p>TRANSFER DESTINATION</p>									
<p>DATE DISCHARGED: 12/17/93</p>						<p>TYPE OF ADMISSION</p> <p><input type="checkbox"/> ELECTIVE <input type="checkbox"/> URGENT <input type="checkbox"/> EMERGENCY</p>									
<p>DATE DISCHARGED: 12/17/93</p>						<p>ATTENDING PHYSICIAN: James K. Fugate</p>									
<p>DATE DISCHARGED: 12/17/93</p>						<p>DATE: 12-17-93</p>									
<p>DATE DISCHARGED: 12/17/93</p>						<p>PHYSICIAN: James K. Fugate</p>									



## DISCHARGE SUMMARY

DUBOIS REGIONAL MEDICAL CENTER  
DuBois, Pennsylvania

MILLER, JOSEPH 9334700262-000403298

Admission: 12-13-93

Discharge: 12-17-93

### HISTORY

This is a 26-year-old white male who was admitted to DuBois Regional Medical Center on a 302. The patient had been having marital problems and a history of drinking and had made suicidal ideations, saying good-bye to his three children. He had nothing to live for and life was over. He has been separated from his wife since July after moving from the state of Indiana to Pennsylvania. He had mutilated himself somewhat today, and overall he seemed to be decompensating and was admitted on a 302. He subsequently had signed in on a voluntary basis and was ultimately transferred to the open unit.

His main problems at this time did seem to be the deteriorating relationship with his wife and showing some depressive symptoms with sleep and appetite disturbance, psychomotor retardation, poor concentration and some feelings of hopelessness. He was oriented in all four spheres. His recent and remote memory appear to be fairly well intact. His insight and judgment, perhaps, were somewhat lifted initially. Initially his cognitive functions were relatively normal.

### HABITS

He does give a history of drinking approximately 20 beers a day and perhaps 3-4 shots of brandy a day and as a youngster, perhaps, had been involved in some marijuana but has not used any street drugs since his teens.

### SOCIAL HISTORY

He is currently married. He is separated from his wife. They have three children with this relationship. He is presently laid off from work at this time.

### FAMILY HISTORY

His mother apparently has lung problems due to gas she inhaled at work, otherwise healthy. His father is deceased. He was in his late 50's. He was killed due to an accident. He has five sisters and three brothers who are alive and healthy. He has one son and two daughters who are living.

### REVIEW OF SYSTEMS

Relatively normal.

CONTINUED ON NEXT PAGE....

NAME OF REPORT: Discharge Summary  
DUBOIS REGIONAL MEDICAL CENTER  
DuBois, Pennsylvania  
MILLER, JOSEPH 9334700262-000403298  
PAGE: 2

PAST MEDICAL HISTORY

He had a T & A. He had gastric ulcers at one time and has a history of asthma.

ALLERGIES

HE DENIES ANY ALLERGIES.

His system review is reported as being relatively normal. His physical examination also was reported as being relatively normal at this time.

LABORATORY STUDIES

At the time of admission his CBC was relatively normal. His hemoglobin was 15. His WBC was 4.9 with a normal differential. Urine was clear and reported as normal. His Super 17, BUN was 5, total bilirubin was 1.6, otherwise the remaining findings were within normal limits. His liver enzymes were normal and his PT time was relatively normal also at this time. Urine drug screen was reported as negative.

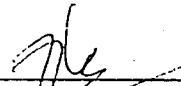
He had been placed on a detox program and did well with this. His feelings of hopelessness and helplessness subsided. He had a number of conversations on the telephone with his wife and there was some resolution of their difficulties and with the plan to have ongoing marital sessions and he did show significant improvement and had been placed on Zoloft at 50 mg a day. His mood has showed significant improvement and he was agreeable to enter into the Chemical Dependency Unit and arrangements were made for him to enter in there on Monday, December 20.

At this, time had shown significant improvement and was not felt to be a threat to himself or others and is discharged to be taking Zoloft 50 mg daily and Antabuse 250 mg daily and then to enter the rehab unit on Monday of this coming week.

FINAL DIAGNOSIS

1. Major depression.
2. Adjustment reaction of adult life with disturbance conduct, mixed emotions.
3. Alcohol dependence, continuous.
4. Marital problems.

D: 12-17-93 0947  
T: 12-19-93 0927 JKF/sml  
0345/9872D

  
\_\_\_\_\_  
JAMES K. FUGATE, M.D.

APPLICATION FOR  
INVOLUNTARY EMERGENCY EXAMINATION  
AND TREATMENT

Mental Health Procedures Act of 1976  
Section 302

298-27 0105-01  
MILLER, JOSEPH  
JAMES K  
12/22/67 M 12/11/93  
133-52-6924 9334700262  
133-52-6924  
12-22-67

(THE BLANKS BELOW MAY BE COMPLETED FOLLOWING ADMISSION.)

NAME LAST Miller		FIRST Joseph	MIDDLE S	AGE 25	SEX M
ADDRESS 18 N. Second ST CLEAR PA 16830					
NAME OF COUNTY PROGRAM CLEAR/JEFF MHA		NAME OF BSU CLEAR/JEFF MHA		BSU NO. 171	
NAME OF FACILITY ORMC-WEST/EAST		ADMISSION DATE 12-13-93		ADMISSION NO. 9334700262	

INSTRUCTIONS

1. Part I must be completed by the person who believes the patient is in need of treatment. If this person is not a physician, police officer, the County Administrator or his delegate, he or she must request authorization or a warrant through the County Administrator.
2. If the authorization or a warrant through the County Administrator is required, call or visit the Office of the County Administrator. Authorization to take a patient for examination without a warrant is to be documented in Part II. If a warrant is required, Part III must be completed by the County Administrator or a person designated by the Administrator to sign the warrants.
3. When the patient is taken to the examination facility, the rights described in Form MH 783-A must be explained. Part IV should be signed by the person who explains these rights to the patient.
4. Part V is to be completed by the County Administrator (or representative) or by the Director of the Facility (or representative) upon arrival of the patient at the facility.
5. Part VI is to be completed by the examining physician.
6. If additional sheets are required at any point in completing this form, note on this form the number of additional sheets which are attached.
7. If the patient is subject to criminal proceedings/detention, briefly describe below.

N/A

403-298  
MILLER, JOSEPH  
FUGATE, JAMES X  
12/22/67  
133-52-6924

0105-01

IMPORTANT NOTICE

ANY PERSON WHO PROVIDES ANY FALSE INFORMATION ON PURPOSE WHEN HE COMPLETES THIS FORM MAY BE SUBJECT TO CRIMINAL PROSECUTION AND MAY FACE CRIMINAL PENALTIES INCLUDING CONVICTION OF A MISDEMEANOR.

Part I  
APPLICATION

I believe that Joseph S Miller

(PERSON'S NAME)

is severely mentally disabled: (Check and complete all applicable for this patient.)

A person is severely mentally disabled when, as a result of mental illness, his/her capacity to exercise self-control, judgment and discretion in the conduct of his/her affairs and social relations or to care for his/her own personal needs is so lessened that he/she poses a clear and present danger of harm to others or to himself or herself.

☐ Clear and present danger to others shall be shown by establishing that within the past 30 days the person has inflicted or attempted to inflict serious bodily harm on another and that there is reasonable probability that such conduct will be repeated. A clear and present danger of harm to others may be demonstrated by proof that the person has made threats of harm and has committed acts in furtherance of the threat to commit harm; or

Clear and present danger to himself shall be shown by establishing that within the past 30 days:

☐ (i) the person has acted in such manner as to evidence that he/she would be unable, without care, supervision and the continued assistance of others, to satisfy his/her need for nourishment, personal or medical care, shelter, or self-protection and safety, and that there is reasonable probability that death, serious bodily injury or serious physical debilitation would ensue within 30 days unless adequate treatment were afforded under the act; or

☒ (ii) the person has attempted suicide and that there is reasonable probability of suicide unless adequate treatment is afforded under this act. For the purpose of this subsection, a clear and present danger may be demonstrated by the proof that the person has made threats to commit suicide and has committed acts which are in furtherance of the threat to commit suicide; or

☐ (iii) the person has substantially mutilated himself/herself or attempted to mutilate himself/herself substantially and that there is the reasonable probability of mutilation unless adequate treatment is afforded under this act. For the purposes of this subsection, a clear and present danger shall be established by proof that the person has made threats to commit mutilation and has committed acts which are in furtherance of the threat to commit mutilation.

MILLER, JOSEPH

Describe in detail the specific prior within the 30 days which your beliefs include location, date and time whenever possible, and state who observed the behavior): 12/22/87 12/13/93  
133-52-69297 9334700262

14x of alcohol Abuse. Talking 2 wife today he made suicidal thoughts - saying goodbye to kids(2). He has repeatedly stated he has nothing to live for. That his "life is over". He separated in July + moved from Cedar Lake Ind. to PA in Sept. He has mutilated himself today + some of the marks are of a suicidal nature. He has been withdrawing, not eating, not sleeping. He is agitated, sullen, hostile, anxious. Alcohol Abuse ↑ Today has probably consumed 2 pint of Black & Tan. Last eve. he was going through O.T.'s - shaking, apt disheveled. Eye contact nil. He has been very dependent on wife. Their impending divorce has "depressed" him. He often states he is "crazy". Holiday season has made things worse.

I understand that I may be required to testify at a court hearing concerning the information I gave.

On the basis of the information I gave above, I believe that Joseph S. Miller  
(PERSON'S NAME)  
is in need of involuntary examination and treatment. I request that: (Check A or B - Notice that B can only be checked by a physician, a police officer, the County Administrator or his/her delegate).

A.



The County Administrator issue a warrant authorizing a policeman or someone representing the County Administrator to take the patient to a facility for examination and treatment.

Shirley A. Richards  
SIGNATURE OF APPLICANT

13 Dec. 93  
DATE

Shirley A. Richards  
PRINT NAME AND ADDRESS OF APPLICANT

765-9832  
TELEPHONE NO.

B.



That this facility examine the patient to determine his/her need for treatment.

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN, POLICE OFFICER,  
COUNTY ADMINISTRATOR, OR REPRESENTATIVE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME AND TITLE OF PHYSICIAN, POLICE OFFICER,  
COUNTY ADMINISTRATOR OR REPRESENTATIVE

\_\_\_\_\_  
TELEPHONE NO.

\_\_\_\_\_  
ADDRESS

403-298

MILLER, JOSEPH

FUGATE, JAMES X

12/22/67

M

12/13/93

133-52-6924

9334700262

0105-

## PART II

Authorization for Transportation to an Approved Facility  
for Examination Without a Warrant  
(Under Section 302(a) (2))

For use in emergency situations when the Administrator orally authorizes a responsible person to take a patient to a designated facility for examination without a warrant. When such authorization of a County Administrator or designee is obtained by telephone, the documentation below is required:

NAME OF PERSON REQUESTING AUTHORIZATION

DATE/TIME OF CALL/AUTHORIZATION

REASON FOR ORAL AUTHORIZATION

NAME AND TITLE OF PERSON GIVING THE AUTHORIZATION

I swear or affirm that I personally obtained authorization for transporting the patient to \_\_\_\_\_ from the above-named  
(FACILITY)

Administrator or his/her representative and that I was advised that documentation of this telephone call is maintained in the Administrator's files.

NAME AND ADDRESS

RELATIONSHIP TO PATIENT

Part III  
WARRANT

40 000 25Y 0105-01  
MILLER, JOSEPH  
FUGATE, JAMES K  
12/22/93 M 12/13/93  
133-52-6924 9374700262

(Check A or B)

- A. ☐ Based upon representations made to me by Shirley A. Richards  
(NAME OF APPLICANT)  
I hereby order that Joseph S. Miller  
(NAME OF PERSON)  
and examined at ORMC-WEST  
(NAME OF FACILITY)  
and if required,  
shall be admitted to a facility designated for treatment for a period of time not to exceed  
120 hours.

Name of facility designated for treatment if other than the facility conducting the examination:

ORMC-EAST

Glenn C. McQuinn M.D. Crisis Worker  
SIGNATURE OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

12-13-93  
DATE AND TIME  
1401 hrs

Glenn C. McQuinn M.D. Crisis Worker  
PRINT NAME OF COUNTY ADMINISTRATOR OR HIS/HER REPRESENTATIVE

DENIAL OF WARRANT

- B. ☐ The request of the petitioner for a warrant is denied:

\_\_\_\_\_  
SIGNATURE OF COUNTY ADMINISTRATOR OR REPRESENTATIVE

\_\_\_\_\_  
DATE

PART IV  
THE PATIENT'S RIGHTS

I affirm that when the patient arrived at DRH.C. West  
(NAME OF FACILITY)

I explained his rights to him/her. These rights are described in Form MH 783-A. I believe that he/she:

- ☒ does understand these rights.  
☐ does not understand these rights.

Wayne E. Blotzer  
SIGNATURE OF PERSON EXPLAINING RIGHTS

12-13-93  
DATE

Wayne E. Blotzer  
PRINT NAME OF PERSON EXPLAINING RIGHTS

403-298 25Y

0105-01

PART V

MILLER, JOSEPH

FUGATE, JAMES X

12/22/57

M

12/13/93

## ACTIONS TAKEN TO PROTECT THE

133-52-6924

9334700262

PATIENT'S INTEREST

I affirm that to the best of my knowledge and belief the following actions which were taken constituted all reasonable steps needed to assure that while the patient is detained the health and safety needs of any his/her dependents are met and that his/her personal property and the premises he/she occupies are secure.

Describe the actions taken below. Use additional sheets if required.

Suspect lives at John @ This Address: 12-14 N. Second St. Clam. 1st, 1830

John is tenant & will be neg. along with petition for

765-9872

premises & personal property minor child. one is custody of estranged spouse

Glenn C. McQuown M.D. Crisis Worker

SIGNATURE OF COUNTY ADMINISTRATOR/REPRESENTATIVE  
OR THE DIRECTOR OF THE FACILITY OR REPRESENTATIVE

12-13-93

DATE

Glenn C. McQuown M.D. Crisis Worker

PRINT NAME OF COUNTY ADMINISTRATOR/REPRESENTATIVE/  
DIRECTOR OF THE FACILITY OR REPRESENTATIVE



3457023  
(EXACT TIME)

FUGATE, JAMES K  
12/22/57 arrived at this facility at 3  
345/ 933-52-6924 9334720262

## RESULTS OF EXAMINATION

**FINDINGS:** (Describe your findings in detail. Use additional sheets if necessary).

2 History as described, it depends on several descriptive per production.

Physical Exam - (Rate) RRW (Temp) Core Temp  
(Aes) SpO2 (Blood Pressure)

**TREATMENT NEEDED:** (Describe the treatment needed by the patient. Continue on additional sheets if necessary).

Admit to Mr. For Health Unit for observation and treatment as needed.

In my opinion: (Check A or B.)

- A. ☒ The patient is severely mentally disabled and in need of treatment. He should be admitted to a facility designated by the County Administrator for a period of treatment not to exceed 120 hours.
- B. ☐ The patient is not in need of emergency involuntary treatment. He shall be returned to a place which he shall reasonably designate.

*[Signature]*  
SIGNATURE OF EXAMINING PHYSICIAN

12-13-93  
DATE

Patrick F. Shilala D.D.  
PRINT NAME OF EXAMINING PHYSICIAN

# CONSENT FOR VOLUNTARY INPATIENT TREATMENT

NAME OF PATIENT		LAST <i>Miller</i>	FIRST <i>Joseph</i>	MIDDLE	AGE <i>35</i>	SEX <i>M</i>
NAME OF COUNTY PROGRAM		NAME OF BASE SERVICE UNIT		BASE SERVICE UNIT NUMBER		
NAME OF FACILITY <i>DuBois Regional Medical Center</i>		ADMISSIONS DATE <i>12-13-93</i>		ADMISSIONS NUMBER <i>9334700262</i>		

## INSTRUCTIONS

BEFORE SIGNING THIS FORM, YOUR TREATMENT SHOULD BE EXPLAINED TO YOU AND YOU MUST BE GIVEN A COPY OF THE PATIENT'S BILL OF RIGHTS. THE REPORT OF YOUR INITIAL EVALUATION AND THE PROPOSED TREATMENT PLAN MUST BE COMPLETED AND SIGNED BY YOU AND THE PHYSICIAN.

## VOLUNTARY CONSENT TO INPATIENT TREATMENT

For the above-named person who is: ☒ an adult 18 years of age or older  
☐ a person who is at least 14 years of age and not yet 18 years old

I consent to the treatment which has been explained to me including the types of medication, examination procedures and the types of restrictions which are applicable; and

I understand that in order to leave before I am discharged, I must give 72 hours advance notice in writing to those in charge of my treatment; and  
(UP TO 72)

I confirm that my rights and responsibilities while a patient in this hospital have been explained to me.

*[Signature]*  
 SIGNATURE OF PATIENT

DATE OF SIGNATURE

For the above-named person who is: ☐ under 14 years of age.

I consent to the treatment of my child or ward which has been explained to me including the types of medication, examination procedures and the types of restrictions which are applicable; and

I understand that in order to take my child or ward out of the hospital before he or she is discharged, I must give \_\_\_\_\_ hours advance notice in writing to those in charge of the patient's treatment; and  
(UP TO 72)

I confirm that the rights and responsibilities for myself and my child or ward while a patient in this hospital have been explained to me.

SIGNATURE OF:

DATE OF SIGNATURE

☐ PARENT OR  
☐ GUARDIAN

PRINT NAME OF PERSON SIGNING ABOVE

(FIRST) JOSEPH (MIDDLE) S.

Pa. 16830

HAIR	EYES	DATE OF EXPIRATION
Brn	Blue	3/31/2002

ING, FISHING, EMPLOYMENT,  
of TARGET & COLLECTION  
USA

  
SIGNATURE - LICENSEE

No. 17212

ERY FIREARMS  
ATED UNLESS SOONER REVOKED)

NAME (LAST) MILLER

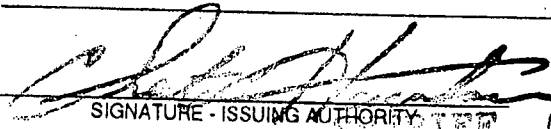
ADDRESS PO Box 966, Clearfield,

SEX	DOB	RACE	HEIGHT	WEIGHT
M	12/22/67	CAU	5'10	170

DATE OF ISSUE	PROTECTION, HUNT
3/31/1997	

SSN 173-52-6924

LICENSEE

  
SIGNATURE - ISSUING AUTHORITY

CHESTER A. HAWKINS  
SHERIFF OF CLEARFIELD COUNTY, PA

LICENSE TO CAR  
(VALID UNTIL EXPIRATION DATE INDICATED)

PENNSYLVANIA STATE POLICE  
REQUEST FOR CRIMINAL HISTORY RECORD INFORMATION  
(SEE REVERSE SIDE FOR INSTRUCTIONS)

TYPE OR PRINT ONLY

FOR CENTRAL REPOSITORY USE ONLY  
(LEAVE BLANK)

893730 JAN 23 8

## PART I TO BE COMPLETED BY REQUESTER

DATE OF REQUEST

1/16/2003

NAME (Last) (First) (Middle)

MILLER

JOSEPH

S.

MAIDEN NAME AND/OR ALIASES

SOCIAL SECURITY NO.

173-52-6924

DATE OF BIRTH

12/22/67

SEX

M

RACE

CAU

## REQUESTER IDENTIFICATION

☐ CRIMINAL JUSTICE AGENCY - FEE EXEMPT☐ NONCRIMINAL JUSTICE AGENCY - FEE EXEMPT☒ INDIVIDUAL - NONCRIMINAL JUSTICE AGENCY - \$10 FEE ENCLOSED

## REASON FOR REQUEST

☐ CRIMINAL INVESTIGATION☒ INDIVIDUAL ACCESS AND REVIEW BY SUBJECT OF RECORD OR LEGAL REPRESENTATIVE☐ CRIMINAL JUSTICE EMPLOYMENT☐ NONCRIMINAL JUSTICE EMPLOYMENT☐ COURT REQUEST ON PRIOR ARD☐ OTHER (Specify) \_\_\_\_\_

## PART II TO BE COMPLETED BY CRIMINAL JUSTICE AGENCIES ONLY

## INFORMATION REQUESTED

☐ RAP SHEET☐ PHOTO☐ FINGERPRINTS☐ PRIOR ARD

SID NO. (If available)

OTN OR OCA NO. (If available)

## PART III FOR CENTRAL REPOSITORY USE ONLY (LEAVE BLANK)

## INFORMATION DISSEMINATED

☐ NO RECORD OR NO RECORD THAT MEETS DISSEMINATION CRITERIA☐ RAP SHEET☐ FINGERPRINTS☐ PHOTO

SID NO.

159-66-54-8

INQUIRY BY

A. Wheeler 1-2903

DISSEMINATION BY

THE INFORMATION FURNISHED BY THE CENTRAL REPOSITORY IS SOLELY BASED ON THE FOLLOWING IDENTIFIERS THAT MATCH THOSE FURNISHED BY THE REQUESTER:

☐ SID NO.☐ DATE OF BIRTH☐ RACE☐ OTN/OCA NO.☐ MAIDEN NAME☐ SEX☐ NAME☐ SOCIAL SECURITY NO.☐ ALIAS

Nancy A. Sarsheen

Director, Central Repository

Response based on comparison of requester furnished information and/or fingerprints against a name index and/or fingerprints contained in the files of the Pennsylvania State Police Central Repository only, and does not preclude the existence of other criminal records which may be contained in the repositories of other local, state or federal criminal justice agencies.

## PART IV TO BE COMPLETED BY REQUESTER

NAME OF INDIVIDUAL  
MAKING REQUEST

Joseph S. Miller

REQUEST TO BE MAILED TO:

NAME

David C. Mason, Esquire

ADDRESS

409 N. Front Street, P.O. Box 28

CITY

Philipsburg

STATE

PA

ZIP CODE

16866

LIST TELEPHONE NO. TO BE USED IN  
CASE OF PROBLEM.

INCLUDE AREA CODE

814-342-2240

88330 087828

INSTRUCTIONS FOR COMPLETION OF REQUEST FOR  
CRIMINAL HISTORY RECORD INFORMATION

PARTS I AND IV

TYPE OR PRINT LEGIBLY WITH BALL-POINT PEN.

PARTS I AND IV ARE TO BE COMPLETED BY THE REQUESTER ON EACH AND EVERY INDIVIDUAL THEY DESIRE TO HAVE CRIMINAL HISTORY RECORD INFORMATION ON.

AFTER COMPLETION, FORWARD BOTH COPIES WITH THE CARBON INTACT TO:

DIRECTOR, RECORDS AND IDENTIFICATION DIVISION  
1800 ELMERTON AVENUE, ATTN: CENTRAL REPOSITORY,  
HARRISBURG, PA. 17110.

NONCRIMINAL JUSTICE AGENCIES AND INDIVIDUALS MUST  
INCLUDE A CHECK OR MONEY ORDER (NON REFUNDABLE) IN  
THE AMOUNT OF \$10.00 PAYABLE TO "COMMONWEALTH OF  
PENNSYLVANIA" FOR EACH REQUEST.

NOTE: NONCRIMINAL JUSTICE AGENCIES AND INDIVIDUALS  
WILL ONLY RECEIVE A COPY OF THE "RAP SHEET"  
IF ANY RECORD IS IN FILE.

PART II

PART II IS TO BE COMPLETED BY A CRIMINAL JUSTICE AGENCY THAT REQUESTS CRIMINAL HISTORY RECORD INFORMATION ON AN INDIVIDUAL.

PART III

PART III IS TO BE COMPLETED BY A DESIGNATED EMPLOYEE OR OFFICER OF THE PENNSYLVANIA STATE POLICE, CENTRAL REPOSITORY.

PENNSYLVANIA STATE POLICE  
CENTRAL REPOSITORY  
1800 ELMERTON AVENUE  
HARRISBURG, PENNSYLVANIA 17110  
(717) 787-9092

COMPILED: 01/29/2003  
PAGE: LAST OF 1

-----  
USE OF THE FOLLOWING CRIMINAL HISTORY RECORD FOR \*\*\* SID/159-66-54-8 \*\*\*  
REGULATED BY ACT 47, AS AMENDED.  
-----

DOB: 12/22/1967 SEX: M RAC: W SOC: 173-52-6924 FBI: -----

NAME: MILLER, JOSEPH S OTN: B211283-2  
ARRESTED: 07/25/1984 PA0070400 TYRONE PD OCA: C0840260  
DISPOSITION DATE: 09/04/1984 DISTRICT JUSTICE: 24301

07/25/1984 CC3929 RETAIL THEFT - S PLEAD GUILTY  
FINES AND COSTS

+++++

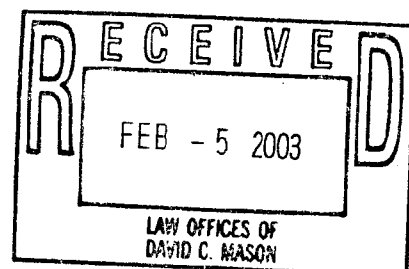
<<<<<<<<<< ADDITIONAL IDENTIFIERS >>>>>>>>>>

AKA'S: MILLER, JOEY

F = FELONY, M = MISDEMEANOR, S = SUMMARY AND THE NUMERIC = THE DEGREE.

ARREST(S) SUPPORTED BY FINGERPRINT CARD(S) ON FILE.

RESPONSE BASED ON COMPARISON OF REQUESTER FURNISHED INFORMATION AND/OR  
FINGERPRINTS AGAINST A NAME INDEX AND/OR FINGERPRINTS CONTAINED IN THE FILES  
OF THE PENNSYLVANIA STATE POLICE CENTRAL REPOSITORY ONLY, AND DOES NOT  
PRECLUDE THE EXISTENCE OF OTHER CRIMINAL RECORDS WHICH MAY BE CONTAINED IN  
THE REPOSITORIES OF OTHER LOCAL, STATE OR FEDERAL CRIMINAL JUSTICE AGENCIES.



PENNSYLVANIA STATE POLICE  
**REVIEW OF CRIMINAL HISTORY RECORD INFORMATION**  
(Submit in duplicate – See reverse side for instructions)

**PART I (COMPLETED BY CENTRAL REPOSITORY OFFICIAL)**

SID NUMBER

159-66-54-8

DATE CHRI FORWARDED

01-30-03

IF CHALLENGED, DATE DUE

03-01-03

COMPLETE NAME AND ADDRESS OF REQUESTER

Joseph Miller  
409 N. Front St. PO Box 28  
Phillipsburg, PA 16866

STATUTORY LAW  
PROVIDES THAT YOU  
ARE UNDER  
NO OBLIGATION  
TO DIVULGE THIS  
INFORMATION  
TO ANY PERSON  
OR AGENCY.

YOU HAVE 30 DAYS  
FROM THE DATE OF  
THIS NOTICE TO  
CHALLENGE THE  
ACCURACY OF  
THE INFORMATION  
CONTAINED HEREIN.

**PART II (COMPLETED BY REQUESTER, IF A CHALLENGE)****CHALLENGE OF CRIMINAL HISTORY RECORD INFORMATION**

I HAVE REVIEWED A COPY OF MY CRIMINAL HISTORY RECORD INFORMATION MAINTAINED BY THE CENTRAL REPOSITORY,  
PENNSYLVANIA STATE POLICE, AND FIND INCOMPLETE AND/OR INACCURATE AS FOLLOWS:

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Signature

Date

**PART III (COMPLETED BY CENTRAL REPOSITORY OFFICIAL)****CENTRAL REPOSITORY RESPONSE TO CHALLENGE OF CRIMINAL HISTORY RECORD INFORMATION**

THE EXCEPTION(S) NOTED IN PART II HAS BEEN REVIEWED.

☐

EXCEPTIONS VALID

CORRECTED CRIMINAL HISTORY INFORMATION ENCLOSED.

CORRECTED CRIMINAL HISTORY INFORMATION DISSEMINATED TO ALL CRIMINAL JUSTICE  
AGENCIES WHICH HAVE RECEIVED INACCURATE CRIMINAL HISTORY RECORD INFORMATION.

CRIMINAL HISTORY RECORD INFORMATION PREVIOUSLY FURNISHED TO THE FOLLOWING  
NONCRIMINAL JUSTICE AGENCIES:

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☐

EXCEPTIONS INVALID

Central Repository Official  
Reviewing Challenge

Date

**INSTRUCTIONS FOR COMPLETION OF  
REVIEW OF CRIMINAL HISTORY RECORD INFORMATION**

**PART I**

Part I shall be completed by a Central Repository official, in duplicate, when an individual is provided a copy of his/her criminal history information for the purposes of review, challenge, correction or appeal.

**PART II**

Part II shall be completed by the individual who has reviewed his/her criminal history record information and finds it incomplete and/or inaccurate. After specifying which portion of the record is incorrect and what the correct version should be, the individual shall place his/her signature and date of challenge the appropriate lines, and forward the form to the PENNSYLVANIA STATE POLICE, BUREAU OF RECORDS AND IDENTIFICATION, CRIMINAL RECORDS AND IDENTIFICATION DIVISION, ATTN: CENTRAL RESPOSITORY, 1800 ELMERTON AVENUE, HARRISBURG, PENNSYLVANIA 17110-9758.

1. Any individual exercising his or her right to access and review shall be informed when the criminal history record information is made available that he or she is under no obligation to divulge such information to any person or agency.
2. An individual has 30 days from the date of this notice to challenge the accuracy of the information contained herein. If the individual determines the criminal history record information furnished is accurate, no further action is required. Any information not challenged within 30 days of receipt of this information shall be presumed by law to be accurate.

**PART III**

When a Challenge of Criminal History Record Information (Part II) is initiated by an individual who has reviewed his/her criminal history record information, PART III shall be completed by the Central Repository official reviewing the challenge.

1. If the exceptions are valid, corrections will be made and a certified corrected Criminal History Record Information form will be forwarded by mail to the individual within 60 days of receipt by the Central Repository of the challenge, together with a list of all noncriminal justice agencies to which the incorrect Criminal History Record Information form has been disseminated. The Central Repository shall also forward a corrected Criminal History Record Information form to all criminal justice agencies that have received incorrect Criminal History Record Information forms from the Central Repository.
2. If the exceptions are invalid, the individual shall be notified that the Central Repository has determined the record to be correct.

**NOTE:** Statutory law provides that if the challenge is ruled INVALID, an individual has the right to appeal the decision to the Pennsylvania Attorney General within 30 days of notification of the decision by the Central Repository.





## PENNSYLVANIA STATE POLICE

1800 ELMERTON AVENUE  
HARRISBURG, PENNSYLVANIA 17110-9758

December 6, 2002

File Number:02-12-04510

JOSEPH S MILLER  
424 WLANUT STREET  
CURWENSVILE PA 16833

Dear Mr. Miller:

We are in receipt of your challenge request form SP4-197, which you submitted in response to a Pennsylvania Instant Check System (PICS) denial for a purchase/transfer of a firearm dated December 4, 2002.

Please be advised that at this time your denial is confirmed. Attached is a listing of the information or record that identifies the reason for the denial. This information is confidential and to be used only if you decide to continue with the challenge procedure.

Please be advised that the basis for your denial can be found under 18 Pa. C. S. § 6105 (c) 4, which prohibits a person who has been adjudicated incompetent or has been involuntarily committed to a mental institution for inpatient care under Section 302, 303, or 304 of the Mental Health Procedures Act from possessing a firearm. Also, Federal Law 18 U.S.C. § 922, restricts any person adjudicated as a mental defective or involuntarily committed to any mental institution.

Should the attached information NOT pertain to you, please call the number listed below. Pennsylvania law provides that any person who knowingly and intentionally obtains or furnishes information collected or maintained pursuant to the Uniform Firearms Act for any purpose other than compliance with the Act, or who knowingly or intentionally disseminates, publishes or otherwise makes available such information to any person, commits a felony of the third degree.

**Questions about the PICS Denial and Challenge Process may be directed to the following PICS Legal Assistant: Sam Colbert at (717) 705-4542 or (717) 705-4682 or by writing to the above address ATTN: PICS Legal.** You may appeal this decision to the Office of Attorney General, Regulatory Compliance & Intelligence Section, at 610-631-6592 in accordance with the provisions of the Uniform Firearms Act.

Sincerely,

Lieutenant Joseph G. Elias  
Director, Firearms Division

Enclosure(s)

December 6, 2002

File Number: 2-12-4510

Possible Reason(s) for Denial:

Name: MILLER, JOSEPH S.  
Mental Health Commitment Date: 12-13-93  
Issuing Authority: CLEARFIELD/JEFFERSON MH/MR  
Location: PA

Name:  
Date of Arrest:  
Arresting Authority:  
Location:  
Charges:

Name:  
Date of Arrest:  
Arresting Authority:  
Location:  
Charges:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

**IN RE: JOSEPH S. MILLER**

DOB: December 22, 1967

SSN: 173-52-6924

Address: 424 Walnut Street  
Curwensville, PA 16833

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\* No. 03-71-CD

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\* Type of Pleading:

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\* ORDER

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\* Filed on Behalf of:

\* Joseph S. Miller

\*

\* Counsel of Record for

\* Petitioner:

\*

\* David C. Mason, Esquire

\* MASON LAW OFFICE

\* P. O. Box 28

\* 409 North Front Street

\* Philipsburg, PA 16866

\* (814) 342-2240

\* PA Id No. 39180

\*

**FILED**

MAR 27 2003

**William A. Shaw**  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

**IN RE: JOSEPH S. MILLER**

DOB: December 22, 1967

SSN: 173-52-6924

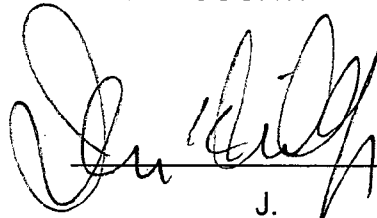
Address: 424 Walnut Street  
Curwensville, PA 16833

\*  
\* No. 03-71-CD  
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**ORDER**

AND NOW, this 28 day of March, 2003, being the day and date set for a Hearing into the Petitioner's request to lift the disability imposed upon him pursuant to the Pennsylvania Uniform Firearms Act of 1995, Title 18 Pa. C. S. §6105(c)(4), it is hereby ordered and decreed that the said disability imposed under the Pennsylvania Uniform Firearms Act of 1995 is hereby lifted, as the Court is of the opinion that Petitioner's possession of a firearm does not create a risk of harm to himself or others.

BY THE COURT:

  
J.

Date: \_\_\_\_\_

FILED

3 cc

013:336th  
MAR 27 2003

Attg Mason

William A. Shaw  
Prothonotary

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

**IN RE: JOSEPH S. MILLER**

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\* No. 03-71-CD

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\* Type of Pleading:

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\* **CERTIFICATE OF SERVICE**

\*

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\*

\*

\* Filed on Behalf of:

\* Joseph S. Miller

\*

\* Counsel of Record for

\* Petitioner:

\*

\* David C. Mason, Esquire

\* MASON LAW OFFICE

\* P. O. Box 28

\* 409 North Front Street

\* Philipsburg, PA 16866

\* (814) 342-2240

\* PA Id No. 39180

**FILED**

MAR 27 2003

**William A. Shaw**  
**Prothonotary**

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PA.

CIVIL ACTION - LAW

IN RE: JOSEPH S. MILLER

\*  
\* No. 03-71-CD  
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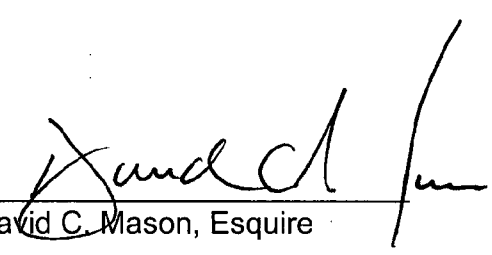
CERTIFICATE OF SERVICE

I, David C. Mason, Esquire, do hereby certify that the original copy, of the Petition to Lift Disability and Possess Firearm, in the above captioned matter, is to be served on the following by placing the same in the United States Mail, postage prepaid, addressed as follows:

Clearfield/Jefferson MHMR  
1200 Wood Street  
Suite U110  
Brockway, PA 15824

DATED: 2/12/03

BY:

  
David C. Mason, Esquire

FILED

013:3084  
MAR 27 2003

William A. Shaw  
Prothonotary

NO  
CC

2/1