

08-1970-CD  
Deutsche Bank vs Michael Carter et al

OFFICE OF THE PROTHONOTARY  
COURT OF COMMON PLEAS OF CLEARFIELD COUNTY

Prothonotary

To: Michael D. Carter a/k/a Micheal D. Carter  
Georgina A. Carter

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

**No.: 2008-1970-CD**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter,**

**and**

**Georgina A. Carter,**

**Defendants.**

**NOTICE PURSUANT TO RULE 236**

Pursuant to Rule 236 of the Supreme Court of Pennsylvania, you are hereby notified that a Judgment has been entered against you in the above proceeding as indicated below.

Prothonotary

*William A. Shaw*  
12-15-2008

**MORTGAGE FORECLOSURE JUDGMENT BY DEFAULT**

IF YOU HAVE ANY QUESTIONS CONCERNING THIS NOTICE, PLEASE CALL:

MARY L. HARBERT-BELL, ESQ. #80763  
MILSTEAD & ASSOCIATES, LLC  
856-482-1400

Notice Pursuant To Fair Debt Collection Practices Act

This is an attempt to collect a debt and any information obtained will be used for that purpose.

MILSTEAD & ASSOCIATES, LLC  
BY: Mary L. Harbert-Bell, Esquire  
ID No. 80763  
220 Lake Drive East, Suite 301  
Cherry Hill, NJ 08002  
(856) 482-1400

Attorney for Plaintiff

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1  
4837 Watt Avenue, Suite 100  
No. Highlands, CA 95660,  
Plaintiff,  
Vs.  
Michael D. Carter a/k/a Micheal D. Carter  
170 Anderson Avenue  
Curwensville, PA 16833,  
and  
Georgina A. Carter  
170 Anderson Avenue  
Curwensville, PA 16833,  
Defendants.**

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

No.: 2008-1970-CD

pd \$70.00 Atty  
FILED 11/12/2008 ICC+Notice to  
defts  
DEC 15 2008 (in) William A. Shaw  
Prothonotary/Clerk of Courts  
ICC+Statement  
to Atty

**PRAECIPE FOR JUDGMENT, *IN REM*, FOR FAILURE TO  
ANSWER AND ASSESSMENT OF DAMAGES**

TO THE PROTHONOTARY:

Kindly enter Judgment, *in rem*, in favor of Plaintiff and against Michael D. Carter a/k/a Micheal D. Carter and Georgina A. Carter, Defendants, for failure to file an Answer on Plaintiff's Complaint within 20 days from service thereof and for Foreclosure and sale of the mortgaged premises, and assess Plaintiff's damages as follows:

As set forth in Complaint	\$79,288.47
Interest 10/15/08 through 12/12/08	1,862.63
Late Charges	39.16
Additional Corporate Advance	794.00
<b>TOTAL</b>	<b>\$81,984.26</b>

I hereby certify that (1) the addresses of the Plaintiff and Defendants are as shown above and (2) that notice has been given in accordance with Rule 237.1. copy attached.

*mll*  
Mary L. Harbert-Bell, Esquire  
Attorney for Plaintiff

DAMAGES ARE HEREBY ASSESSED AS INDICATED

DATE: December 15, 2008

*Willie A. Shaw*  
PROTHONOTARY

MILSTEAD & ASSOCIATES, LLC  
BY: Mary L. Harbert-Bell, Esquire  
ID No. 80763  
220 Lake Drive East, Suite 301  
Cherry Hill, NJ 08002  
(856) 482-1400  
Attorney for Plaintiff

Our file number: 55.09380

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

**No.: 2008-1970-CD**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter**

**and**

**Georgina A. Carter,**

**Defendants.**

**TO:** Michael D. Carter a/k/a  
Micheal D. Carter  
170 Anderson Avenue,  
Curwensville, PA 16833

Georgina A. Carter  
170 Anderson Avenue,  
Curwensville, PA 16833

**DATE OF NOTICE: December 2, 2008**

THIS FIRM IS A DEBT COLLECTOR ATTEMPTING TO COLLECT A DEBT. THIS NOTICE IS SENT TO YOU IN AN ATTEMPT TO COLLECT THE INDEBTEDNESS REFERRED TO HEREIN, AND ANY INFORMATION OBTAINED FROM YOU WILL BE USED FOR THAT PURPOSE. IF YOU HAVE PREVIOUSLY RECEIVED A DISCHARGE IN BANKRUPTCY, THIS CORRESPONDENCE IS NOT AND SHOULD NOT BE CONSTRUED TO BE AN ATTEMPT TO COLLECT A DEBT, BUT ONLY AS ENFORCEMENT OF LIEN AGAINST PROPERTY.

**IMPORTANT NOTICE**

You are in default because you have failed to enter a written appearance personally or by attorney and file in writing with the court your defenses or objections to claims set forth against you. Unless you act within ten (10) days from the date of this notice, a judgment may be entered against you without a hearing and you may lose your property or other important rights. You should take this paper to your lawyer at once. If you do not have a lawyer, go to or telephone the {00020971}

office set forth below. This office can provide you with information about hiring a lawyer. If you cannot afford to hire a lawyer, this office may be able to provide you with information about agencies that may offer legal services to eligible persons at a reduced fee or no fee.

LAWYERS REFERRAL AND INFORMATION SERVICES  
CLEARFIELD COUNTY BAR ASSOCIATION  
CLEARFIELD COUNTY COURTHOUSE  
230 E. MARKET STREET  
CLEARFIELD, NJ 16830  
800-692-7375

MILSTEAD & ASSOCIATES, LLC

  
By: Mary L. Harbert-Bell, Esquire  
ID No. 80763  
Attorney for Plaintiff

MILSTEAD & ASSOCIATES, LLC  
BY: Mary L. Harbert-Bell, Esquire  
ID No. 80763  
220 Lake Drive East, Suite 301  
Cherry Hill, NJ 08002  
(856) 482-1400

Attorney for Plaintiff

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

**No.: 2008-1970-CD**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter,**

**and**

**Georgina A. Carter,**

**Defendants.**

---

**VERIFICATION OF NON-MILITARY SERVICE**

Mary L. Harbert-Bell, Esquire, hereby verifies that she is attorney for the Plaintiff in the above-captioned matter, and that on information and belief, she has knowledge of the following facts, to wit:

1. that the defendants are not in the Military or Naval Service of the United States or its Allies, or otherwise within the provisions of the Soldier' and Sailors' Civil Relief Act of Congress of 1940, as amended,
2. defendant, Michael D. Carter a/k/a Micheal D. Carter, is over 18 years of age and resides at 170 Anderson Avenue, Curwensville, PA 16833,
3. defendant, Georgina A. Carter, is over 18 years of age and resides at 170 Anderson Avenue, Curwensville, PA 16833.

  
\_\_\_\_\_  
Mary L. Harbert-Bell, Esquire

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY ,  
PENNSYLVANIA  
STATEMENT OF JUDGMENT

Deutsche Bank National Trust Company  
Plaintiff(s)

No.: 2008-01970-CD

Real Debt: \$81,984.26

Atty's Comm: \$

Vs.

Costs: \$

Int. From: \$

Michael D. Carter  
Georgina A. Carter  
Defendant(s)

Entry: \$20.00

Instrument: Default Judgment

Date of Entry: December 15, 2008

Expires: December 15, 2013

Certified from the record this December 15, 2008

  
\_\_\_\_\_  
William A. Shaw, Prothonotary

\*\*\*\*\*

SIGN BELOW FOR SATISFACTION

Received on \_\_\_\_\_, \_\_\_\_\_, of defendant full satisfaction of this Judgment,  
Debt, Interest and Costs and Prothonotary is authorized to enter Satisfaction on the same.

\_\_\_\_\_  
Plaintiff/Attorney

**PRAECIPE FOR WRIT OF EXECUTION – (MORTGAGE FORECLOSURE)**  
**P.R.C.P. 3180-3183**

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter**

**and**

**Georgina A. Carter,**

**Defendants.**

**IN THE COURT OF COMMON PLEAS  
OF CLEARFIELD COUNTY,  
PENNSYLVANIA**

**No.: 2008-1970-CD**

**FILED**

**JAN 22 2009**

**12:50 PM**

**William A. Shaw  
Prothonotary/Clerk of Courts**

**1 copy to MATT  
w/wnr +  
6 units to  
SHAW**

To the Prothonotary:

Issue Writ of Execution in the above matter:

<b>AMOUNT DUE</b>	<b>\$81,984.26</b>
<b>INTEREST</b>	
From 12/13/2008 to <b>Date of Sale</b> at	\$
\$13.48 per diem	
<b>Attorney's Fees</b>	
(Costs to be added)	\$
<b>TOTAL DUE</b>	\$

**Prothonotary costs 135-**

  
**Mary L. Harbert-Bell, Esquire  
Attorney for Plaintiff**

All that certain parcel of land and improvements therein situate in the Borough of Curwensville, County of Clearfield, and Commonwealth of Pennsylvania, and designated as Parcel No. 6.1-H10-279-00005 and more fully described in a Deed dated June 2, 2005 and recorded June 14, 2005 in Clearfield County in Deed Instrument Number 200508878, granted and conveyed unto Michael D. Carter and Georgina A. Carter, husband and wife.

**Being known as 170 Anderson Avenue, Curwensville, PA 16833  
Tax Parcel Number: 6.1-H10-279-00005**

SEIZED, taken in execution to be sold as the property of Michael D. Carter a/k/a Micheal D. Carter and Georgina A. Carter, at the suit of Deutsche Bank National Trust Company as Trustee under Pooling and Servicing Agreement dated as of June 1, 2007 EquiFirst Loan Securitization Trust 2007-1 Mortgage Pass-Through Certificates, Series 2007-1, Judgment No. 2008-1970-CD.

**WRIT OF EXECUTION and/or ATTACHMENT  
COMMONWEALTH OF PENNSYLVANIA, COUNTY OF CLEARFIELD  
CIVIL ACTION – LAW**

Deutsche Bank National Trust Company, as  
Trustee under Pooling and Servicing Agreement dated as  
of June 1, 2007 EquiFirst Loan Securitization Trust  
2007-1 Mortgage Pass-Through Certificates, Series  
2007-1

Vs.

NO.: 2008-01970-CD

Michael D. Carter, a/k/a Micheal D. Carter and  
Georgina A. Carter,

**TO THE SHERIFF OF CLEARFIELD COUNTY:**

To satisfy the judgment, interest and costs in the above matter you are directed to levy upon and sell the following described property:

(1) See Attached

(2)

AMOUNT DUE/PRINCIPAL: \$81,984.26  
INTEREST FROM: \$12/13/2008 to date of sale at  
\$13.48 per diem  
ATTY'S COMM: \$  
DATE: 1/22/2009

PROTH. COSTS PAID: \$135.00  
SHERIFF: \$

OTHER COSTS: \$

  
\_\_\_\_\_  
William A. Shaw  
Prothonotary/Clerk Civil Division

Received this writ this \_\_\_\_\_ day  
of \_\_\_\_\_ A.D. \_\_\_\_\_  
At \_\_\_\_\_ A.M./P.M.

Requesting Party: Mary L. Harbert-Bell  
220 Lake Drive East, Ste. 301  
Cherry Hill, NJ 08002  
856-482-1400

\_\_\_\_\_  
Sheriff

**WRIT OF EXECUTION – (MORTGAGE FORECLOSURE)**  
**P.R.C.P. 3180-3183**

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter**

**and**

**Georgina A. Carter,**

**Defendants.**

**IN THE COURT OF COMMON PLEAS  
OF DELAWARE COUNTY,  
PENNSYLVANIA**

**No.: 2008-1970-CD**

To the Prothonotary:

Issue Writ of Execution in the above matter:

AMOUNT DUE	\$81,984.26
INTEREST	
From 12/13/2008 to <u>Date of</u>	\$
<u>Sale</u> at \$13.48 per diem	
(Costs to be added)	\$
TOTAL DUE	\$
	Prothonotary costs 135 -

  
\_\_\_\_\_  
Mary L. Harbert-Bell, Esquire  
Attorney for Plaintiff

All that certain parcel of land and improvements therein situate in the Borough of Curwensville, County of Clearfield, and Commonwealth of Pennsylvania, and designated as Parcel No. 6.1-H10-279-00005 and more fully described in a Deed dated June 2, 2005 and recorded June 14, 2005 in Clearfield County in Deed Instrument Number 200508878, granted and conveyed unto Michael D. Carter and Georgina A. Carter, husband and wife.

**Being known as 170 Anderson Avenue, Curwensville, PA 16833  
Tax Parcel Number: 6.1-H10-279-00005**

SEIZED, taken in execution to be sold as the property of Michael D. Carter a/k/a Micheal D. Carter and Georgina A. Carter, at the suit of Deutsche Bank National Trust Company as Trustee under Pooling and Servicing Agreement dated as of June 1, 2007 EquiFirst Loan Securitization Trust 2007-1 Mortgage Pass-Through Certificates, Series 2007-1, Judgment No. 2008-1970-CD.

MILSTEAD & ASSOCIATES, LLC  
BY: Mary L. Harbert-Bell, Esquire  
ID No. 80763  
220 Lake Drive East, Suite 301  
Cherry Hill, NJ 08002  
(856) 482-1400

Attorney for Plaintiff  
File: 55.09380

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1  
4837 Watt Avenue, Suite 100  
No. Highlands, CA 95660,**

Plaintiff,

Vs.

**Michael D. Carter a/k/a Micheal D. Carter  
170 Anderson Avenue  
Curwensville, PA 16833,**

and

**Georgina A. Carter  
170 Anderson Avenue  
Curwensville, PA 16833,**

Defendants.

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

No.: 2008-1970-CD

**CIVIL ACTION  
MORTGAGE FORECLOSURE**

*s* **FILED** pd \$95.00 Atty  
m 12/05 LM ICC Atty  
OCT 15 2008 JCC Shft  
*LM*

William A. Shaw  
Prothonotary/Clerk of Courts

## **NOTICE**

**You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the Court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.**

**YOU SHOULD TAKE THIS PAPER 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.**

Lawyers Referral and Information Services  
Clearfield County Bar Association  
Clearfield County Courthouse  
230 E. Market Street  
Clearfield, NJ 16830  
800-692-7375

Daniel J. Nelson, Court Admin  
Clearfield County Courthouse  
230 E. Market Street  
Clearfield, PA 16830  
814-765-2641 ex 5982

\*\*\*\*\*  
**NOTICE PURSUANT TO FAIR DEBT COLLECTION PRACTICES ACT**  
\*\*\*\*\*

- 1. This communication is from a debt collector. This is an attempt to collect a debt and any information obtained will be used for that purpose.**
- 2. Unless you dispute the validity of this debt, or any portion thereof, within 30 days after receipt of this notice, the debt will be assumed to be valid by our offices.**
- 3. If you notify our offices in writing within 30 days of receipt of this notice that the debt, or any portion thereof, is disputed, our offices will provide you with verification of the debt or copy of the Judgment against you, and a copy of such verification or judgment will be mailed to you by our offices.**

MILSTEAD & ASSOCIATES, LLC  
BY: Mary L. Harbert-Bell, Esquire  
ID No. 80763  
220 Lake Drive East, Suite 301  
Cherry Hill, NJ 08002  
(856) 482-1400

Attorney for Plaintiff

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1  
4837 Watt Avenue, Suite 100  
No. Highlands, CA 95660,**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter  
170 Anderson Avenue  
Curwensville, PA 16833,**

**and**

**Georgina A. Carter  
170 Anderson Avenue  
Curwensville, PA 16833,**

**Defendants.**

---

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

**No.:**

**CIVIL ACTION  
MORTGAGE FORECLOSURE**

---

**COMPLAINT IN MORTGAGE FORECLOSURE**

1. Plaintiff, Deutsche Bank National Trust Company as Trustee under Pooling and Servicing Agreement dated as of June 1, 2007 EquiFirst Loan Securitization Trust 2007-1 Mortgage Pass-Through Certificates, Series 2007-1 (the "Plaintiff"), is a corporation registered to conduct business in the Commonwealth of Pennsylvania and having an office and place of business at 4837 Watt Avenue, Suite 100, No. Highlands, CA 95660.

2. Defendants, Michael D. Carter a/k/a Micheal D. Carter and Georgina A. Carter, (collectively, the “Defendants”), are adult individuals and are the real owners of the premises hereinafter described.

3. Michael D. Carter a/k/a Micheal D. Carter, Defendant, resides at 170 Anderson Avenue, Curwensville, PA 16833. Georgina A. Carter, Defendant, resides at 170 Anderson Avenue, Curwensville, PA 16833.

4. On December 29, 2006, in consideration of a loan in the principal amount of \$72,000.00, the Defendants executed and delivered to EquiFirst Corporation a note (the “Note”) with interest thereon at 9.990 percent per annum, payable as to the principal and interest in equal monthly installments of \$631.32 commencing March 1, 2007.

5. To secure the obligations under the Note, the Defendants executed and delivered to Mortgage Electronic Registration Systems, Incorporated as nominee for EquiFirst Corporation a mortgage (the “Mortgage”) dated December 29, 2006, recorded on January 16, 2007 in the Department of Records in and for the County of Clearfield under Mortgage Instrument Number 200700714. Pursuant to Pa.R.C.P. 1019 (g) the mortgage is incorporated herein by reference. Plaintiff is proper party plaintiff by way of an assignment to be recorded.

6. The Mortgage secures the following real property (the “Mortgaged Premises”): 170 Anderson Avenue, Curwensville, PA 16833. A legal description of the Mortgaged Premises is attached hereto as Exhibit “A” and made a part hereof.

7. The Defendants are in default of their obligations pursuant to the Note and Mortgage because payments of principal and interest due May 1, 2008, and monthly thereafter are due and have not been paid, whereby the whole balance of principal and all interest due thereon have

become due and payable forthwith together with late charges, escrow deficit (if any) and costs of collection including title search fees and reasonable attorney's fees.

8. The following amounts are due on the Mortgage and Note:

Balance of Principal .....	\$71,522.12
Accrued but Unpaid Interest from 4/1/08 to 10/14/08 @ 9.990% per annum (\$19.58 per diem) .....	\$3,857.26
Accrued Late Charges .....	\$126.28
Corporate Advance .....	\$146.96
Escrow Advance .....	\$2,035.85
Title Search Fees .....	\$350.00
Reasonable Attorney's Fees .....	\$1,250.00
TOTAL as of 10/14/2008 .....	\$79,288.47

Plus, the following amounts accrued after October 14, 2008:

Interest at the Rate of 9.990 per cent per annum (\$19.58 per diem);

Late Charges of \$31.57 per month.

9. Plaintiff has complied fully with Act No. 91 (35 P.S.'1680.401(c) of the 1983 Session of the General Assembly ("Act 91") of the Commonwealth of Pennsylvania, by mailing to the Defendants at 170 Anderson Avenue, Curwensville, PA 16833 as well as to address of residences as listed in paragraph 3 of this document on July 7, 2008, the notice pursuant to § 403-C of Act 91, and the applicable time periods therein have expired.

WHEREFORE, Plaintiff demands an in rem judgment against the Defendants for foreclosure and sale of the Mortgaged Premises in the amount due as set forth in paragraph 8, namely, \$79,288.47, plus the following amounts accruing after October 14, 2008, to the date of judgment: (a) interest of \$19.58 per day, (b) late charges of \$31.57 per month, (c) plus interest at

the legal rate allowed on judgments after the date of judgment, (d) additional attorney's fees (if any) hereafter incurred, (e) and costs of suit.

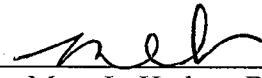
MILSTEAD & ASSOCIATES, LLC



Mary L. Harbert-Bell, Esquire  
Attorney for Plaintiff

**VERIFICATION**

I, Mary L. Harbert-Bell, hereby certify that I am an Attorney for Plaintiff and am authorized to make this verification on Plaintiff's behalf. I verify that the facts and statements set forth in the forgoing Complaint in Mortgage Foreclosure 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. ' 4904, relating to unsworn falsification to authorities.

  
\_\_\_\_\_  
Name: Mary L. Harbert-Bell, Esquire  
Title: Attorney

# EXHIBIT A

United General Title Insurance Company

## SCHEDULE C

File Number: COM06-00542

Policy Number: 63836563

All that certain parcel of land and improvements therein situate in the Borough of Curwensville, County of Clearfield, and Commonwealth of Pennsylvania, and designated as Parcel No. 6.1-H10-279-00005 and more fully described in a Deed dated June 2, 2005 and recorded June 14, 2005 in Clearfield County in Deed Instrument Number 200508878, granted and conveyed unto Michael D. Carter and Georgina A. Carter, husband and wife.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

NO: 08-1970-CD

DEUTSCHE BANK NATIONAL TRUST COMPANY AS TRUSTEE UNDER POOLING AND SERVICING AGREEMENT  
DATED AS OF JUNE 1, 2007-1 MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-1

vs  
MICHAEL D. CARTER A/K/A MICHAEL D. CARTER AND GEORGINA A. CARTER  
COMPLAINT IN MORTGAGE FORECLOSURE

SERVE BY: 11/13/2008 HEARING: PAGE: 104791

DEFENDANT: GEORGINA A. CARTER  
ADDRESS: 170 ANDERSON AVENUE  
CURWENSVILLE, PA 16836

ALTERNATE ADDRESS

SERVE AND LEAVE WITH: DEFENDANT/PIC

CIRCLE IF THIS HIGHLIGHTED ADDRESS IS: VACANT OCCUPIED

ATTEMPTS \_\_\_\_\_

5, **FILED**  
03/33/08  
DEC 08 2008  
William A. Shaw  
Prothonotary/Clerk of Courts

**SHERIFF'S RETURN**

NOW, 11-4-08 AT 9:38 AM SERVED THE WITHIN

COMPLAINT IN MORTGAGE FORECLOSURE ON GEORGINA A. CARTER, DEFENDANT

BY HANDING TO Jane Knight A.A.R.

A TRUE AND ATTESTED COPY OF THE ORIGINAL DOCUMENT AND MADE KNOW TO HIM /HER THE CONTENTS THEREOF.

ADDRESS SERVED 170 Anderson Ave.  
Curwenville, Pa. 16833

NOW \_\_\_\_\_ AT \_\_\_\_\_ AM / PM POSTED THE WITHIN

COMPLAINT IN MORTGAGE FORECLOSURE FOR GEORGINA A. CARTER

AT (ADDRESS) \_\_\_\_\_

NOW \_\_\_\_\_ AT \_\_\_\_\_ AM / PM AFTER DILIGENT SEARCH IN MY BAILIWICK,

I MAKE RETURN OF **NOT FOUND** AS TO GEORGINA A. CARTER

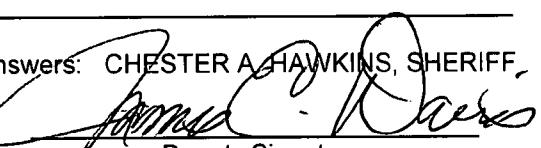
REASON UNABLE TO LOCATE \_\_\_\_\_

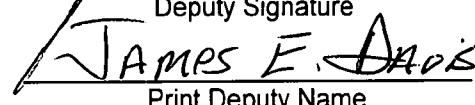
SWORN TO BEFORE ME THIS

\_\_\_\_\_  
DAY OF \_\_\_\_\_ 2008

So Answers: CHESTER A. HAWKINS, SHERIFF,

BY:

  
Deputy Signature

  
Print Deputy Name

0  
IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

NO: 08-1970-CD

DEUTSCHE BANK NATIONAL TRUST COMPANY AS TRUSTEE UNDER POOLING AND SERVICING AGREEMENT  
DATED AS OF JUNE 1, 2007-1 MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-1

vs  
MICHAEL D. CARTER A/K/A MICHAEL D. CARTER AND GEORGINA A. CARTER  
COMPLAINT IN MORTGAGE FORECLOSURE

SERVE BY: 11/13/2008 HEARING: PAGE: 104791

DEFENDANT: MICHAEL D. CARTER A/K/A MICHAEL D. CARTER  
ADDRESS: 170 ANDERSON AVENUE  
CURWENSVILLE, PA 16833

ALTERNATE ADDRESS

SERVE AND LEAVE WITH: DEFENDANT/PIC

CIRCLE IF THIS HIGHLIGHTED ADDRESS IS: VACANT OCCUPIED

ATTEMPTS \_\_\_\_\_

5  
FILED  
073:33 AM  
DEC 08 2008  
William A. Shaw  
Prothonotary/Clerk of Courts

SHERIFF'S RETURN

NOW, 11-4-08 AT 9:38 AM / PM SERVED THE WITHIN

COMPLAINT IN MORTGAGE FORECLOSURE ON MICHAEL D. CARTER A/K/A MICHAEL D. CARTER, DEFENDANT  
BY HANDING TO SARA Knight, A.A.R.

A TRUE AND ATTESTED COPY OF THE ORIGINAL DOCUMENT AND MADE KNOW TO HIM / HER THE CONTENTS  
THEREOF.

ADDRESS SERVED 170 Anderson Ave.  
Curwenville, Pa. 16833

NOW \_\_\_\_\_ AT \_\_\_\_\_ AM / PM POSTED THE WITHIN

COMPLAINT IN MORTGAGE FORECLOSURE FOR MICHAEL D. CARTER A/K/A MICHAEL D. CARTER

AT (ADDRESS) \_\_\_\_\_

NOW \_\_\_\_\_ AT \_\_\_\_\_ AM / PM AFTER DILIGENT SEARCH IN MY BAILIWICK,

I MAKE RETURN OF **NOT FOUND** AS TO MICHAEL D. CARTER A/K/A MICHAEL D. CARTER

REASON UNABLE TO LOCATE \_\_\_\_\_

SWORN TO BEFORE ME THIS

\_\_\_\_\_  
DAY OF 2008

So Answers: CHESTER A. HAWKINS, SHERIFF

BY:

James E. Davis  
Deputy Signature  
James E. Davis  
Print Deputy Name

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 104791  
NO: 08-1970-CD  
SERVICES 2  
COMPLAINT IN MORTGAGE FORECLOSURE

PLAINTIFF: DEUTSCHE BANK NATIONAL TRUST COMPANY AS TRUSTEE UNDER POOLING AND SERVICING AGREEMENT DATED AS OF JUNE 1, 2007-1 MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-1

VS.

DEFENDANT: MICHAEL D. CARTER A/K/A MICHAEL D. CARTER AND GEORGINA A. CARTER

**SHERIFF RETURN**

---

RETURN COSTS

Description	Paid By	CHECK #	AMOUNT
SURCHARGE	MILSTEAD	51731	20.00
SHERIFF HAWKINS	MILSTEAD	51731	31.02

S  
**FILED**  
9/3:30 AM  
FEB 04 2009

William A. Shaw  
Prothonotary/Clerk of Courts

Sworn to Before Me This

So Answers,

\_\_\_\_ Day of \_\_\_\_\_ 2008



Chester A. Hawkins  
Sheriff

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 20911

NO: 08-1970-CD

PLAINTIFF: DEUTSCHE BANK NATIONAL TRUST COMPANY AS TRUSTEE UNDER POOLING AND SERVICING AGREEMENT DATED AS OF JUNE 1, 2007 EQUIFIRST LOAN SECURITIZATION TRUST 2007-1 MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-1

vs.  
DEFENDANT: MICHAEL D. CARTER A/K/A MICHAEL D. CARTER AND GEORGINA A. CARTER

Execution REAL ESTATE

**SHERIFF RETURN**

DATE RECEIVED WRIT: 1/22/2009

LEVY TAKEN 3/26/2009 @ 2:00 PM

POSTED 3/26/2009 @ 2:00 PM

SALE HELD

SOLD TO

SOLD FOR AMOUNT PLUS COSTS

WRIT RETURNED 11/17/2009

DATE DEED FILED **NOT SOLD**

**FILED**

013386V  
NOV 17 2009

William A. Shaw  
Prothonotary/Clerk of Courts

**DETAILS**

3/26/2009 @ 2:00 PM SERVED MICHAEL D. CARTER A/K/A MICHEAL D. CARTER

SERVED MICHAEL D. CARTER A/K/A MICHEAL D. CARTER, DEFENDANT, AT HIS RESIDENCE 170 ANDERSON AVENUE, CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO GEORGINA CARTER, WIFE/CO-DEFENDANT

A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT OF EXECUTION, NOTICE OF SALE, AND COPY OF THE LEVY AND BY MAKING KNOW TO HIM / HER THE CONTENTS THEREOF.

3/26/2009 @ 2:00 PM SERVED GEORGINA A. CARTER

SERVED GEORGINA A. CARTER, DEFENDANT, AT HER RESIDENCE 170 ANDERSON AVENUE, CURWENSVILLE, CLEARFIELD COUNTY, PENNSYLVANIA BY HANDING TO GEORGINA CARTER

A TRUE AND ATTESTED COPY OF THE ORIGINAL WRIT OF EXECUTION, NOTICE OF SALE, AND COPY OF THE LEVY AND BY MAKING KNOW TO HIM / HER THE CONTENTS THEREOF.

@ SERVED

NOW, JUNE 4, 2009 RECEIVED A FAX LETTER FROM THE PLAINTIFF'S ATTORNEY TO POSTPONE THE SHERIFF SALE SET FOR JUNE 5, 2009 TO AUGUST 7, 2009.

@ SERVED

NOW, AUGUST 7, 2009 RECEIVED A FAX LETTER FORM THE PLAINTIFF'S ATTORNEY TO STAY THE SHERIFF SALE SCHEDULED FOR AUGUST 7, 2009.

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA

DOCKET # 20911

NO: 08-1970-CD

PLAINTIFF: DEUTSCHE BANK NATIONAL TRUST COMPANY AS TRUSTEE UNDER POOLING AND SERVICING AGREEMENT DATED AS OF JUNE 1, 2007 EQUIFIRST LOAN SECURITIZATION TRUST 2007-1 MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-1

vs.

DEFENDANT: MICHAEL D. CARTER A/K/A MICHAEL D. CARTER AND GEORGINA A. CARTER

Execution REAL ESTATE

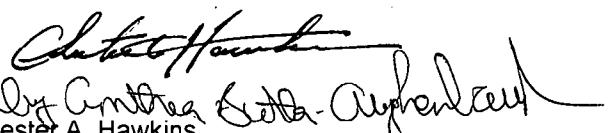
**SHERIFF RETURN**

---

SHERIFF HAWKINS \$224.92

SURCHARGE \$40.00 PAID BY ATTORNEY

So Answers,

  
by Andrea Sotka-Alphen, Esq.  
Chester A. Hawkins  
Sheriff

**WRIT OF EXECUTION and/or ATTACHMENT  
COMMONWEALTH OF PENNSYLVANIA, COUNTY OF CLEARFIELD  
CIVIL ACTION – LAW**

Deutsche Bank National Trust Company, as  
Trustee under Pooling and Servicing Agreement dated as  
of June 1, 2007 EquiFirst Loan Securitization Trust  
2007-1 Mortgage Pass-Through Certificates, Series  
2007-1

Vs.

NO.: 2008-01970-CD

Michael D. Carter, a/k/a Micheal D. Carter and  
Georgina A. Carter,

**TO THE SHERIFF OF CLEARFIELD COUNTY:**

To satisfy the judgment, interest and costs in the above matter you are directed to levy upon and sell the following described property:

(1) See Attached

(2)

AMOUNT DUE/PRINCIPAL: \$81,984.26  
INTEREST FROM: \$12/13/2008 to date of sale at  
\$13.48 per diem  
ATTY'S COMM: \$  
DATE: 1/22/2009

PROTH. COSTS PAID: \$135.00  
SHERIFF: \$

OTHER COSTS: \$

  
\_\_\_\_\_  
William A. Shaw  
Prothonotary/Clerk Civil Division

Received this writ this 22nd day  
of January A.D. 2009  
At 3:00 A.M./P.M.

Requesting Party: Mary L. Harbert-Bell  
220 Lake Drive East, Ste. 301  
Cherry Hill, NJ 08002  
856-482-1400

Chesler A. Hawkins  
Sheriff by Cynthia Butler-Bugherdale

**WRIT OF EXECUTION – (MORTGAGE FORECLOSURE)**  
**P.R.C.P. 3180-3183**

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter**

**and**

**Georgina A. Carter,**

**Defendants.**

**IN THE COURT OF COMMON PLEAS  
OF DELAWARE COUNTY,  
PENNSYLVANIA**

**No.: 2008-1970-CD**

To the Prothonotary:

Issue Writ of Execution in the above matter:

AMOUNT DUE	\$81,984.26
INTEREST	
From 12/13/2008 to <u>Date of</u>	\$
<u>Sale</u> at \$13.48 per diem	
(Costs to be added)	\$
<b>TOTAL DUE</b>	\$

Prothonotary costs 135-

  
\_\_\_\_\_  
Mary L. Harbert-Bell, Esquire  
Attorney for Plaintiff

All that certain parcel of land and improvements therein situate in the Borough of Curwensville, County of Clearfield, and Commonwealth of Pennsylvania, and designated as Parcel No. 6.1-H10-279-00005 and more fully described in a Deed dated June 2, 2005 and recorded June 14, 2005 in Clearfield County in Deed Instrument Number 200508878, granted and conveyed unto Michael D. Carter and Georgina A. Carter, husband and wife.

**Being known as 170 Anderson Avenue, Curwensville, PA 16833  
Tax Parcel Number: 6.1-H10-279-00005**

SEIZED, taken in execution to be sold as the property of Michael D. Carter a/k/a Micheal D. Carter and Georgina A. Carter, at the suit of Deutsche Bank National Trust Company as Trustee under Pooling and Servicing Agreement dated as of June 1, 2007 EquiFirst Loan Securitization Trust 2007-1 Mortgage Pass-Through Certificates, Series 2007-1, Judgment No. 2008-1970-CD.

**REAL ESTATE SALE  
SCHEDULE OF DISTRIBUTION**

NAME MICHAEL D. CARTER A/K/A MICHEAL D. CARTER

NO. 08-1970-CD

NOW, November 17, 2009, by virtue of the Writ of Execution hereunto attached, after having given due and legal notice of time and place of sale by publication in a newspaper published in this County and by handbills posted on the premises setting for the date, time and place of sale at the Court House in Clearfield on August 07, 2009, I exposed the within described real estate of Michael D. Carter A/K/A Michael D. Carter And Georgina A. Carter to public venue or outcry at which time and place I sold the same to he/she being the highest bidder, for the sum of and made the following appropriations, viz:

**SHERIFF COSTS:**

RDR	15.00
SERVICE	15.00
MILEAGE	6.60
LEVY	15.00
MILEAGE	6.60
POSTING	15.00
CSDS	10.00
COMMISSION	0.00
POSTAGE	6.72
HANDBILLS	15.00
DISTRIBUTION	25.00
ADVERTISING	15.00
ADD'L SERVICE	15.00
DEED	
ADD'L POSTING	
ADD'L MILEAGE	
ADD'L LEVY	
BID/SETTLEMENT AMOUNT	
RETURNS/DEPUTIZE	
COPIES	15.00
	5.00
BILLING/PHONE/FAX	5.00
CONTINUED SALES	40.00
MISCELLANEOUS	
<b>TOTAL SHERIFF COSTS</b>	<b>\$224.92</b>

**DEED COSTS:**

ACKNOWLEDGEMENT	
REGISTER & RECORDER	
TRANSFER TAX 2%	0.00
<b>TOTAL DEED COSTS</b>	<b>\$0.00</b>

**PLAINTIFF COSTS, DEBT AND INTEREST:**

DEBT-AMOUNT DUE	81,984.26
INTEREST @ 13.4800	3,194.76
FROM 12/13/2008 TO 08/07/2009	
ATTORNEY FEES	
PROTH SATISFACTION	
LATE CHARGES AND FEES	
COST OF SUIT-TO BE ADDED	
FORECLOSURE FEES	
ATTORNEY COMMISSION	
REFUND OF ADVANCE	
REFUND OF SURCHARGE	40.00
SATISFACTION FEE	
ESCROW DEFICIENCY	
PROPERTY INSPECTIONS	
INTEREST	
MISCELLANEOUS	
<b>TOTAL DEBT AND INTEREST</b>	<b>\$85,219.02</b>

**COSTS:**

ADVERTISING	321.25
TAXES - COLLECTOR	0.00
TAXES - TAX CLAIM	
DUE	
LIEN SEARCH	200.00
ACKNOWLEDGEMENT	
DEED COSTS	0.00
SHERIFF COSTS	224.92
LEGAL JOURNAL COSTS	216.00
PROTHONOTARY	135.00
MORTGAGE SEARCH	80.00
MUNICIPAL LIEN	
<b>TOTAL COSTS</b>	<b>\$1,177.17</b>

DISTRIBUTION WILL BE MADE IN ACCORDANCE WITH THE ABOVE SCHEDULE UNLESS EXCEPTIONS ARE FILED WITH THIS OFFICE **WITHIN TEN (10) DAYS FROM THIS DATE.**

CHESTER A. HAWKINS, Sheriff

**MILSTEAD & ASSOCIATES, LLC**

WOODLAND FALLS CORPORATE PARK  
220 LAKE DRIVE EAST, SUITE 301  
CHERRY HILL, NJ 08002

(856) 482-1400  
fax: (856) 482-9190

---

**FACSIMILE TRANSMITTAL SHEET**

---

TO:	FROM:
Cindy	Greg Wilkins
COMPANY:	DATE:
Clearfield County Sheriff's Office	June 4, 2009
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
814-765-5915	1
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	55.09380
RE:	YOUR REFERENCE NUMBER:
Michael D. Carter a/k/a Micheal D.	2008-1970-CD
Carter	
Georgina A. Carter	

---

A follow-up copy  will  not be sent by mail.

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**Comments**

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Please accept this fax as authorization to postpone the sale set for 6/5/09. The defendant is still in bankruptcy. Please reschedule the sale for 8/7/09

Thank you for your attention in this matter.

Thanks,

  
Gregory Wilkins

**IF THERE IS A PROBLEM WITH THIS TRANSMISSION  
PLEASE CALL (856) 482-1400**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INTENDED RECIPIENT(S) NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA UNITED STATES POSTAL SERVICE.

**MILSTEAD & ASSOCIATES, LLC**

WOODLAND FALLS CORPORATE PARK  
220 LAKE DRIVE EAST, SUITE 301  
CHERRY HILL, NJ 08002

(856) 482-1400  
fax: (856) 482-9190

---

**FACSIMILE TRANSMITTAL SHEET**

---

TO:	FROM:
Cindy	Greg Wilkins
COMPANY:	DATE:
Clearfield County Sheriff's Office	August 7, 2009
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
814-765-5915	1
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
	55.09380
RE:	YOUR REFERENCE NUMBER:
Michael D. Carter a/k/a Micheal D. Carter Georgina A. Carter	2008-1970-CD

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A follow-up copy  will  not be sent by mail.

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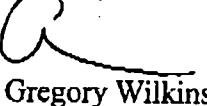
**Comments**

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Please accept this fax as authorization to stay the sale set for 8/7/09. The defendant is still in bankruptcy.

Thank you for your attention in this matter.

Thanks,



Gregory Wilkins

**IF THERE IS A PROBLEM WITH THIS TRANSMISSION  
PLEASE CALL (856) 482-1400**

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INTENDED RECIPIENT(S) NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA UNITED STATES POSTAL SERVICE.

WELTMAN, WEINBERG & REIS CO., L.P.A.

BY: James C. Warmbrodt, Esquire  
I.D. No.42524  
436 Seventh Avenue, Suite 1400  
Pittsburgh, PA 15219  
Phone: 412.434.7955  
Fax: 412.434.7959  
File # 07049293

Attorney for Plaintiff(s)

FILED 3CC Atty  
M 11:40 AM Warmbrodt  
NOV 18 2009

William A. Shaw  
Prothonotary/Clerk of Courts

DISCOVER BANK

CLEARFIELD County  
Court of Common Pleas

vs.

SHAUNA R OLSON

NO. 2008-2269 CD

and

CNB  
AND FIRST COMMONWEALTH BANK

Garnishee(s)

PRAECIPE TO DISCONTINUE ATTACHMENT EXECUTION

TO THE PROTHONOTARY:

Kindly mark the above matter settled, discontinued, and ended as to  
Garnishee(s), CNB  
AND FIRST COMMONWEALTH BANK, only.

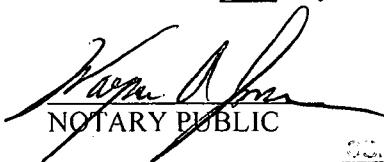
WELTMAN, WEINBERG & REIS CO., L.P.A.

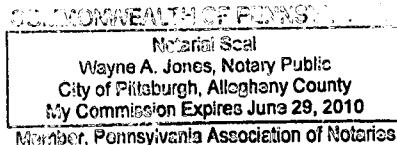
By

James C. Warmbrodt, Esquire  
Attorney for Plaintiff

Sworn to and subscribed

Before me the 8 Day of November, 2009

  
NOTARY PUBLIC



MILSTEAD & ASSOCIATES, LLC  
BY: Patrick J. Wesner, Esquire  
ID No. 203145  
220 Lake Drive East, Suite 301  
Cherry Hill, NJ 08002  
(856) 482-1400  
Attorney for Plaintiff

Our File No. 55.09380

FILED NO  
M 11/07/11 CC  
APR 12 2012  
William A. Shaw  
Prothonotary/Clerk of Court  
6K

**Deutsche Bank National Trust Company as  
Trustee under Pooling and Servicing  
Agreement dated as of June 1, 2007  
EquiFirst Loan Securitization Trust 2007-1  
Mortgage Pass-Through Certificates, Series  
2007-1,**

**Plaintiff,**

**Vs.**

**Michael D. Carter a/k/a Micheal D. Carter  
and  
Georgina A. Carter,**

**Defendants**

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

**No.: 2008-1970-CD**

**Withdrawal and Entry of Appearance**

**WITHDRAWAL/ENTRY OF APPEARANCE**

**TO THE PROTHONOTARY:**

Kindly withdraw the appearance of Mary L. Harbert-Bell, Esquire as counsel for the Plaintiff, and enter my appearance on behalf of the Plaintiff, Deutsche Bank National Trust Company as Trustee under Pooling and Servicing Agreement dated as of June 1, 2007 EquiFirst Loan Securitization Trust 2007-1 Mortgage Pass-Through Certificates, Series 2007-1, in the above captioned matter.

MILSTEAD & ASSOCIATES, LLC

MILSTEAD & ASSOCIATES, LLC

BY:   
MARY L. HARBERT-BELL, ESQ  
Withdrawing Attorney

BY:   
PATRICK J. WESNER, ESQ  
Attorney ID No. 203145

08-1971-CD

Nastashya Magill vs PA State Police

IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

CA  
ORIGINAL

IN RE: : Docket No. 08-1971-CD  
NASTASHYA L. WEHLER - MAGILL :  
vs : Type of Pleading: PETITION TO  
: REINSTATE RIGHT TO POSSESS  
: FIREARMS WITH RULE TO  
: SHOW CAUSE  
PENNSYLVANIA STATE POLICE : Attorney for Petitioner:  
Respondent : FRED D. HUMMEL, ESQUIRE  
: SUPREME COURT I.D. # 78120  
: 111 West Union Street  
: Punxsutawney, PA 15767  
: Voice: (814) 938-9166  
: Fax: (814) 938-9160

S FILED 4CC  
OCT 15 2008 Atty Hummel  
010361  
William A. Shaw Piff, pd.  
Prothonotary/Clerk of Courts 95.00

IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. 08-1971-CD  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**FILED**

OCT 21 2008

0/12:05 (W) (CR)  
William A. Shaw  
Prothonotary/Clerk of Courts  
3 cent to Atty

**SCHEDULING ORDER**

*st*  
AND NOW, this 21 day of October, 2008, upon consideration of the Petition to Reinstate Right to Possess Firearms filed by Nastashya Lynn Wehler-Magill, it is hereby ORDERED that

1. a Rule is issued upon the Petitioner and Respondent to show cause why the Petitioner is not entitled to the relief requested;
2. the Respondent shall file and serve an answer to the prayer within twenty (20) days of service upon Respondent;
3. the Petition shall be decided under Pa.R.C.P. No. 206.7;
4. an evidentiary hearing on disputed issues of material fact shall be held on \_\_\_\_\_, the 19<sup>th</sup> day of November, 2008 at 2:30 o'clock P.M. in Courtroom Number 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania;

~~5. notice of the entry of this Order shall be provided to all parties by the Clerk of Courts.~~ *FJA*

BY THE COURT:

*Frederick J. Kumerow*  
P.J.

IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. 08-1971-CJ  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**ORDER OF COURT**

**AND NOW**, this \_\_\_\_\_ day of \_\_\_\_\_, 2008, upon petition seeking reinstatement of rights pursuant to 18 Pa.C.S.A. § 6105(f) with hearing on the matter, and the Court having found the petitioner may possess firearms without risk to himself or any other person, it is hereby **ORDERED AND DECREED** as follows:

- a. All records and other indicia in the possession of the Clearfield County Mental Health Administrator, filed of record in the Prothonotary's Office of Clearfield County, and in the possession of the Pennsylvania State Police of the Petitioner's involuntary commitments of February 1 - 6, 2001 and February 12 - 16, 2001 which occurred pursuant to the Pennsylvania Mental Health Procedures Act, 50 P.S. 7101, *et. seq.* at DuBois Regional Medical Center shall be expunged;
- b. those civil rights that may have been adversely affected under the provisions of The Pennsylvania Uniform Firearms Act of 1995, (as amended) and in particular 18 Pa.C.S.A. § 6105 of said act, resulting from the involuntary psychiatric commitment of Petitioner, Nastashya L. Wehler - Magill are hereby restored, effective immediately;
- c. Pursuant to 18 Pa.C.S.A. § 6105 (f)(1) and § 6105 (j), within ten (10) days of the entry of this Order, the Prothonotary of this Court shall serve a copy of this order upon all parties including the Pennsylvania State Police and Clearfield and Butler County Sheriffs, and shall include the name, date of birth and Social Security number of Nastashya L. Wehler, and the Pennsylvania State Police are directed to execute the terms of this Order immediately upon receipt thereof; and,
- d. The aforesaid record, together with the original and all copies of this Order and all certificates and affidavits filed in response to this Order, shall be sealed and impounded and no person or agency shall be permitted to examine such documents without a further order of this Court.

BY THE COURT:

J.

**IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. \_\_\_\_\_  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**AND NOW** comes your Petitioner, Nastashya Lynn Wehler - Magill, by and through her attorney, Fred D. Hummel, Esquire to petition this Honorable Court for an Order reinstating her rights to possess firearms pursuant to the Pennsylvania Uniform Firearms Act of 1995 (18 Pa.C.S.A. § 6101 *et seq*), and for expungement of all mental health commitment records. Petitioner avers as follows:

**INTRODUCTORY STATEMENT**

1. Petitioner is Nastashya Lynn Wehler -Magill, who resides at 612 Primrose Lane, Slippery Rock, Butler County, Pennsylvania. Petitioner is twenty-three years old, with a date of birth of October 12, 1984, and is the single parent of one child. At all times relevant hereto Petitioner used her maiden name of Nastashya Lynn Wehler.
2. Petitioner is currently employed as an associate mail carrier with the USPS and but has an Associate Degree Criminology from Butler County Community College.
3. On or about November 16, 2007 Petitioner was graduated from the Indiana University Criminal Justice Training Center where she attended as a police cadet.
4. Prior to being admitted as a police cadet and pursuant to the requirements of the Municipal Police Officers' Education and Training Commission, Petitioner was examined by a licensed physician and was found physically fit to be certified as a police officer in Pennsylvania.
5. Also for the purposes of entrance into the police academy Petition was examined by a

licensed psychologist and was found psychologically fit and accepted as a candidate.

6. Petitioner now stands ready make application for employment as a municipal police officer or similar such position, but suffers from a lingering record of two involuntary mental health commitments when she was a minor, pursuant to 50 P.S. § 7302 of the Mental Health Procedures Act. Petitioner's career opportunities are stifled by a firearms disability stemming from these incidents and pursuant to 18 Pa.C.S.A. § 6105(f)(1) and is seeking to reinstate her right to possess firearms and the expungement of all mental health commitment records.

#### **RELEVANT HISTORY**

7. On February 1, 2001 Petitioner was sixteen (16) years old and a tenth grade student at St. Marys High School, Elk County, Pennsylvania. Prior to this date Petitioner had become aware that her mother suffered from a terminal illness, felt rejected and discriminated against by her friends, went through a break up with her boyfriend, and suffered from a poor self image. She had seen a counselor on a couple of occasions, and had previously been prescribed Paxil and Desyrel by her primary care physician.

8. On February 1, 2001 Petitioner went to the emergency room of the DuBois Regional Medical Center of her own volition with feelings of depression, mood swings, and related complaints. At that time Petitioner admitted to drinking socially and to a past history of alcohol abuse, but non-prescription drugs were not involved.

9. Of particular importance, Petitioner was willing then to voluntarily admit herself for mental health examination and treatment but was refused insurance coverage and therefore denied admittance. Petitioner was angered by the refusal of treatment and she and her mother left the hospital to go home.

10. While traveling home Petitioner became more angry over being rejected for treatment, exhibited self mutilatory behavior by scratching her left arm with a three bladed woman's shaving instrument. Upon return to the hospital Petitioner was held for evaluation and treatment pursuant to 50 P.S. § 7302. The medical records describe these cuts as "superficial scratches to the left forearm".

11. While Petitioner was a patient adjustments were made to medications, including the

discontinuation of Paxil and the prescription of Celexa. Petitioner was found not to be in acute danger to herself or others and she was released on February 6, 2001.

12. On February 12, 2001 Petitioner was again subject to involuntary hospitalization pursuant to § 7302. The events leading to this hospitalization were a deterioration in her mental status, manifested by mood instability and odd behaviors, including thoughts of aggressive acts and obsessing over a male.

13. During the course of this stay it was determined that the antidepressant regimen might actually be causing the present symptoms and the Celexa was discontinued and Depakote was substituted. This caused a marked reduction in mood instability.

14. Petitioner was discharged on February 16, 2001 as she was found not to be an acute present danger to herself or others.

15. From and after discharge Petitioner has suffered no further incidents and takes no such medications.

**COUNT ONE**  
**REINSTATEMENT OF RIGHTS and EXPUNGEMENT**  
**PURSUANT TO 18 P.A.C.S.A. § 6105 (f)(1)**

16. All prior paragraphs are incorporated herein by reference thereto.

17. 18 Pa.C.S.A. § 6105(f)(1) provides a vehicle by which Petitioner's right to possess firearms may be reinstated and her commitment records expunged, if this Honorable Court determines that Petitioner may possess a firearm without risk to herself of any other person.

18. Petitioner prays that this Court make such finding and in support thereof offers the following:

A. On May 26, 2006 Petitioner was examined and determined to be physically fit for certification as a police officer in Pennsylvania. Attached hereto as Exhibit "A" (two pages) is a photocopy of the Physical Certification of Anne Breindel, PAC and Robert J. Schmidt, MD.

B. On November 4, 2006 Petitioner was found psychologically fit for acceptance as a police candidate. Attached hereto as Exhibit "B" is a photocopy of the Psychological Evaluation Rating Form of Donald U. Robertson, Ph.D., a Licensed Psychologist in the Commonwealth of

Pennsylvania.<sup>1</sup>

C. With respect to Petitioner's current mental health status, on November 14, 2007 Petitioner commissioned Donald U. Robertson, Ph.D., Licensed Psychologist to conduct an in depth psychological evaluation to determine whether she continues to suffer from the conditions that led to her 2001 hospitalizations. The Report determined that the conditions were short lived, and that Petitioner is psychologically capable of possessing a firearm without risk to herself or others. A copy of the 2007 Psychological Report is attached hereto as Exhibit "C".

D. As a followup to the 2007 evaluations, on September 5, 2008 Dr. Robertson re-evaluated Petitioner to confirm that she is psychologically fit. A copy of the 2008 Psychological Report is attached hereto as Exhibit "D".

18. Petitioner avers that the events leading to her hospitalizations were isolated incidents not likely to reoccur, that took place a time of particular vulnerability due to her age, admitted alcohol use and excessive dieting. The effects of these circumstances were exacerbated by her primary care physician prescribing Paxil.

19. Petitioner further avers that but for the denial of insurance and voluntary treatment, the incident of inflicting herself with superficial cuts would not have occurred, and therefore the involuntary treatment would not have been necessary.

20. Petitioner avers that the second involuntary treatment would not have occurred but for the side effects of the prescription drug regime resulting from the first hospitalization.

21. Petitioner has been stripped of important constitutional rights, as she is subject to a bar from possession of firearms pursuant to 18 Pa.C.S.A. § 6105 (c)(4).

22. Had Petitioner been able to voluntarily receive the treatment she sought on February 1, 2001, there would be no bar to her possession of a firearm regardless of the length of stay or severity of condition, even if that condition still existed.<sup>2</sup>

23. Petitioner has never done anything that would call into question her ability to safely

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<sup>1</sup> Donald U. Robertson, Ph. D. is a Licensed Psychologist an on faculty at the Center for Applied Psychology, Indiana University of Pennsylvania.

<sup>2</sup> Curiously, there is no bar to firearm possession or ownership by persons who voluntarily commit themselves for mental health treatment regardless of the condition leading to the hospitalization or length of treatment.

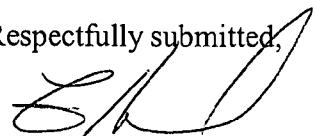
possess or use firearms.

24. Petitioner avers that she is fully able to own and possess firearms without risk to herself or any other person and that the Commonwealth has no legitimate reason for objecting to the restoration of Petitioner's rights.

**WHEREFORE**, Petitioner prays this Honorable Court enter an Order whereby her rights to possess firearms are reinstated, all records in the possession of the Clearfield County Mental Health Administrator, those filed of record in Clearfield County, and those in possession of the Pennsylvania State Police of Petitioner's involuntary commitments occurring in February, 2001 are vacated and expunged, and specifically directing the Pennsylvania State Police and all other appropriate law enforcement agencies expunge all reference in their records, files and data banks and fully restoring all of the civil rights and privileges lost by Petitioner including the right to possess firearms.

Date: 10/15/08

Respectfully submitted,



Fred D. Hummel, Esquire  
Attorney for Petitioner  
I.D. # 78120  
111 West Union Street  
Punxsutawney, PA 15767  
Voice: (814) 938 - 9166  
Fax: (814) 938 - 9160

COMMONWEALTH OF PENNSYLVANIA  
 MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION  
**PHYSICAL EXAMINATION**

**NOTICE TO EXAMINING PHYSICIAN**

THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN.

This examination is to determine the physical fitness of the applicant to be certified as a police officer in Pennsylvania. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress.

NOTE: THIS FORM MUST BE PRINTED IN INK OR TYPEWRITTEN; PHOTOCOPIES WILL NOT BE ACCEPTED.

1. SOCIAL SECURITY NUMBER <i>168-66-2738</i>	2. DATE OF BIRTH (MO-DAY-YEAR) <i>10-12-84</i>	3. DATE OF EXAM <i>5-26-06</i>	
4. NAME (PRINT) LAST <i>Wenler</i>	FIRST <i>Nastashya</i>	MIDDLE <i>Lynn</i>	SUFFIX
5. STREET ADDRESS <i>612 Primrose Lane</i>	CITY/BOROUGH <i>Slippery Rock Pa</i>	STATE	ZIP CODE <i>16057</i>

6. PHYSICIAN SHALL COMPLETE THE FOLLOWING:

- A. Is this applicant free from the addictive or excessive use of either alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures?  YES  NO
- B. Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress?  YES  NO
- C. Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer?  YES  NO
- D. Is this applicant free from any other significant physical limitations or disabilities which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements?  YES  NO
- E. Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements?  YES  NO

QUESTIONS A - D MUST BE ANSWERED "YES" AND QUESTION E MUST BE ANSWERED "NO" FOR THE APPLICANT TO BE FOUND FIT.

BLOOD PRESSURE SYSTOLIC <i>110</i>	DIASTOLIC <i>64</i>	HEART <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	LUNGS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
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HEARING

The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

RIGHT <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	LEFT <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
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VISION

The applicant must have distant vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; and must be free of any significant visual abnormality. THE FOLLOWING MUST BE COMPLETED:

RIGHT	UNCORRECTED 20/ <u><i>300</i></u> CB	LEFT	UNCORRECTED 20/ <u><i>300</i></u> CB
RIGHT	CORRECTED 20/ <u><i>20</i></u>	LEFT	CORRECTED 20/ <u><i>15</i></u>

- (i) Does the applicant have normal depth perception?  YES  NO
- (ii) Does the applicant have normal color perception?  YES  NO
- (iii) Is the applicant free from any other significant visual abnormalities?  YES  NO

IF THE APPLICANT'S HEARING OR VISION DOES NOT MEET THE REQUIREMENTS ABOVE, THE APPLICANT IS UNFIT.

7. REMARKS

(OVER)

8. <b>PHYSICAL CERTIFICATION</b> <p>I HAVE PERSONALLY EXAMINED THE ABOVE-NAMED APPLICANT, AND IT IS MY PROFESSIONAL OPINION THAT THIS PERSON IS PHYSICALLY FIT OR UNFIT TO BE CERTIFIED AS A POLICE OFFICER IN PENNSYLVANIA AS INDICATED BELOW:</p>	<b>PHYSICAL VERIFICATION</b> <p>I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED IN THIS EXAMINATION FORM ARE TRUE AND CORRECT, AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO CRIMINAL PENALTIES OF 18 PA.C.S. § 4904, RELATING TO UNSWORN FALSIFICATION, TO AUTHORITIES.</p>
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<input checked="" type="checkbox"/> FIT	<input type="checkbox"/> UNFIT	<u>5/26/06</u>	<u>Anne Breindel PAC / Robert J Schmidt MD</u> <small>SIGNATURE - EXAMINING PHYSICIAN</small>		
<small>A. NAME OF EXAMINING PHYSICIAN (PRINT)</small> <u>Anne Breindel PAC / Robert J Schmidt MD</u>		<small>B. LICENSE NO.</small> <u>M1402264-L/MPO22292-L PA</u>		<small>C. STATE</small>	
<small>D. STREET ADDRESS</small> <u>Ecma 177 Washington St.</u>		<small>E. CITY/BORO</small> <u>St Marys</u>	<small>F. STATE</small> <u>PA</u>	<small>G. ZIP CODE</small> <u>15851</u>	<small>H. TELEPHONE NO.</small> <u>814-781-7531</u>

9. <b>RELEASE OF PHYSICAL INFORMATION</b> <p>Having applied for certification as a police officer in Pennsylvania I, <u>Nastashya Wehler</u>, have duly subjected myself to a physical examination by <u>Anne Breindel PAC / Robert J Schmidt MD</u>, as required by the Act. I hereby reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate.</p> <p>I hereby grant release for the aforesaid information to the police department employing me and the Municipal Police Officers' Education and Training Commission, or official designee, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.</p>					
 <small>SIGNATURE - APPLICANT</small>		<u>CC8-6602738</u> <small>SOCIAL SECURITY NO.</small>	<small>SIGNATURE - EXAMINING PHYSICIAN</small> <u>9-10-06</u> <small>DATE</small>		

<b>FORM PROCESSING</b> <p>This examination form must be forwarded to the employing police department by the examining physician within 15 days of the date of examination, <u>even if the applicant is found unfit</u>, and forwarded by that department with an application for certification to the Municipal Police Officers' Education and Training Commission.</p>					
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# PSYCHOLOGICAL EVALUATION RATING FORM

## POLICE ACADEMY

Applicant's Name: Wehler, Natasha Date: 11-4-06

The following scale is used for rating the categories below:

1      2      3      4      5      6      7      8      9      10  
below average      /      average      /      above average

6 1. Academic/Intellectual Ability  
(Reading Comprehension: 7)

4 2. Interpersonal Relations: Ability to get along effectively with others.

4 3. Integrity/Self-Control: Ability to act in a dependable and conscientiously controlled manner.

4 4. Emotional Maturity: Way the applicant handles feelings, including qualities such as (a) ability to act calmly and appropriately in uncertain situations; (b) level of self-assurance, and; (c) level of anxiety and tension.

4 5. Overall Rating.

X Accept

      Accept with Reservations (See attached)

      Reject

*Donald U. Robertson, Ph.D.*  
Donald U. Robertson, Ph.D.  
Licensed Psychologist

# Indiana University of Pennsylvania

Center for Applied Psychology  
Uhler Hall, Room 238  
1020 Oakland Avenue  
Indiana, Pennsylvania 15705-1064

724-357-6228  
Fax: 724-357-7817  
Internet: <http://www.iup.edu/psychology/cap>

## PSYCHOLOGICAL EVALUATION

**Name:** Nastashya Wehler

**Age:** 23

**Address:** 612 Primrose Lane

**Education:** Assoc.

Slippery Rock, PA 16057

**Evaluation Date:** November 14, 2007

### Reason for Evaluation:

Nastashya Wehler requested this evaluation at the suggestion of her attorney, Fred Hummel. Ms. Wehler was involuntarily hospitalized because of a psychiatric condition when she was 16. The purpose of this evaluation is to determine whether she continues to suffer from the condition that led to her hospitalization.

### Procedures Used:

Clinical Interview

Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

Review of medical records from DuBois Regional Medical Center

### Background Information:

Nastashya Wehler is a 23 year old, single woman who graduated from St. Mary's Area High School in 2003. She attended Slippery Rock State University from the fall of 2003 through the fall semester of 2004. She transferred to Butler County Community College in the spring of 2005 and graduated with an associate degree in the spring of 2007. Ms. Wehler then applied to the IUP Municipal Police Academy. A psychological evaluation was conducted at that time and she was found to be acceptable for Academy training. She completed the Academy and graduated in November 2007.



Ms. Wehler also has a consistent work history. She has been employed at Eat 'N Park restaurant since graduation from high school. In addition, she has worked for UPS since November 2006 where she is still employed. She reported that she has never been fired or asked to resign from a job.

During February 2001, when Ms. Wehler was 16 years old, she was hospitalized on the Child/Adolescent Health Services Unit

of the DuBois Regional Medical Center (DRMC). According to medical records, she was first hospitalized from February 1, 2001 to February 6, 2001. On 2/1/01 she was depressed, went to the emergency room at DRMC, and indicated she was willing to voluntarily enter the hospital, but "the insurance refused payment for admission." While her mother was taking her home, Nastashya became angry and cut her arm several times with a razor blade. She was then involuntarily committed to the hospital where she was treated for five days. After discharge, she continued to experience difficulties and was rehospitalized on 2/12/01. After five days, she was discharged much improved. There were no further hospitalizations. She was diagnosed with major depression (first hospitalization) and bipolar disorder, mixed (second hospitalization).

Ms. Wehler reported that there were a number of stressors that contributed to reactions at that time of her life. She reported that her mother had been diagnosed with cancer, she lost a pet, and she had broken up with her boyfriend. She indicates that she has not been significantly depressed since that time, although she did experience a normal grief reaction when her mother died approximately five years ago. She has not been in treatment since the hospitalizations and she does not take psychotropic medication.

During the interview, Ms. Wehler was pleasant and cooperative. Her speech was at a normal rate and tone; the content was relevant and coherent. Affect was well within normal limits and there were no indications of thought disorder. She denied alcohol/drug abuse and indicated that she has never been arrested or charged with a crime. Her social comprehension, impulse control and judgment all were well within normal limits. There were no indications of psychopathology.

#### **Test Results and Discussion:**

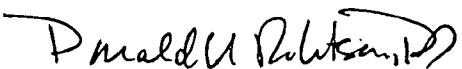
The MMPI-2 is a general measure of psychopathology based on the respondent's answers to 567 true/false items. In addition to scales that identify attempts to distort one's self-presentation, there are ten clinical scales and several auxiliary scales that can be employed to assess a variety of emotional and psychological problems.

Analysis of validity scales indicates that Ms. Wehler answered the questions honestly and without distortion. None of the clinical scales were elevated. This result suggests an absence of psychopathology. Specifically, test results give no indication of symptomatology consistent with major depression or bipolar disorder.

#### **Summary:**

The results of this evaluation suggest that Nastashya Wehler

no longer displays any signs of depression or bipolar disorder. The conditions that led to her hospitalization at age 16 appear to have been short lived and not an indication of a chronic psychiatric condition. At this time, the results of this evaluation suggest that Ms. Wehler is psychologically capable of possessing a firearm without risk to herself or others.



Donald U. Robertson, Ph.D.  
Licensed Psychologist

# Indiana University of Pennsylvania

Center for Applied Psychology  
Uhler Hall, Room 238  
1020 Oakland Avenue  
Indiana, Pennsylvania 15705-1064

724-357-6228  
Fax: 724-357-7817  
Internet: <http://www.iup.edu/psychology/cap>

## PSYCHOLOGICAL EVALUATION

**Name:** Nastashya Magill (Wehler)

**Age:** 23

**Address:** 612 Primrose Lane  
Slippery Rock, PA 16057

**Education:** Assoc.

**Evaluation Date:** September 5, 2008

### Reason for Evaluation:

Nastashya Magill requested this evaluation through her attorney, Fred Hummel, to update an evaluation conducted in October 2007. The purpose of that evaluation was to provide information about whether the condition that led to her involuntary hospitalization in 2001 persists and whether she is psychologically fit to safely possess a firearm.

### Procedures Used:

Clinical Interview  
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

### Background Information:

Nastashya Magill is a 23 year old woman who was first evaluated for admission to the IUP Municipal Police Academy in November 2006. At that time she was found acceptable, attended the Academy and graduated in the spring of 2007. She was also evaluated in October 2007; results indicated no evidence of psychopathology.



Since the last evaluation, Ms. Magill has continued to work part time as a waitress. In addition, she began working part time for the US Postal Service where she continues to be employed. In August 2008, Ms. Magill was married. Although she described the month before the wedding as stressful, she reported no periods of depression, anxiety, or mania. Her mood has been stable and she denied suicidal thoughts. She has not taken any psychotropic medications since the last evaluation.

During the interview, Ms. Magill was pleasant and cooperative. The content and rate of speech was well within

normal limits and there were no indications of significant anxiety or depression.

**Test Results and Discussion:**

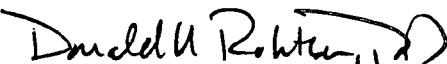
The MMPI-2 is a general measure of psychopathology based on the respondent's answers to 567 true/false items. In addition to scales that identify attempts to distort one's self-presentation, there are ten clinical scales and several auxiliary scales that can be employed to assess a variety of emotional and psychological problems.

Analysis of validity scales indicated that Ms. Magill answered the questions openly and honestly. None of the clinical scales were elevated. This result is consistent with the interview impression of no psychopathology. The MMPI-2 profile is consistent with the conclusion that Ms. Magill is not currently experiencing significant emotional distress.

**Summary:**

Nastashya Magill is a 23 year old woman who was involuntarily hospitalized in 2001. Client report and two prior psychological evaluations indicate that there has been no recurrence of the problems that led to her hospitalization since 2001 when the client was 16 years old. Results of the present update to those evaluations also show no evidence of significant psychopathology.

The absence of a recurrence of the behavior that led to hospitalization in 2001, her capacity to deal with significant personal stressors (e.g., her mother's death five years ago, recent marriage), successful completion of training as a municipal police officer, and objective test results from three evaluations, each about one year apart, suggest that the likelihood of a reoccurrence of the condition that led to her hospitalization is low. In my opinion she is psychologically fit to possess a firearm.



Donald U. Robertson, Ph.D.  
Professor of Psychology  
Licensed Psychologist

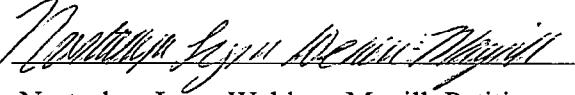
IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. \_\_\_\_\_  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**VERIFICATION**

I, Nastashya Lynn Wehler - Magill, hereby swear or affirm that the facts contained in the foregoing are true and correct to the best of my knowledge, information and belief. This statement is made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date: 10/9/08



Nastashya Lynn Wehler - Magill, Petitioner

**IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. \_\_\_\_\_  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**CERTIFICATE OF SERVICE**

I, the undersigned counsel for Petitioner, hereby certify that on the date below listed I served one (1) true and correct copy of the foregoing Petition with proposed Order affixed thereto upon the following in the manner so indicated:

BY UNITED STATES CERTIFIED MAIL TO:

Thomas J. Rozman, Esquire  
Office of Chief Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110

Date: 10.15.08

Respectfully submitted,

  
Fred D. Hummel, Esquire  
Attorney for Petitioner

IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

FILED *hu*

OCT 31 2008

h1 10:30/C  
William A. Shaw  
Prothonotary/Clerk of Courts

2 CENTS TO PARTY

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. 08-1971-CD  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**CERTIFICATE OF SERVICE**

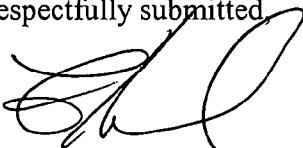
I, the undersigned counsel for Petitioner, hereby certify that on the date below listed I served one (1) true and correct copy of the SCHEDULING ORDER upon the following in the manner so indicated:

BY UNITED STATES CERTIFIED MAIL TO:

Thomas J. Rozman, Esquire  
Office of Chief Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110

Date: October 30, 2008

Respectfully submitted,

  
Fred D. Hummel, Esquire  
Attorney for Petitioner

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,

PENNSYLVANIA

IN RE:

CIVIL DIVISION

NASTASHYA L. WEHLER-MAGILL  
Petitioner

NO. 08-1971-CD

vs.

**MOTION FOR CONTINUANCE**

PENNSYLVANIA STATE POLICE  
Respondent

Filed on behalf of:  
Pennsylvania State Police

Counsel of Record:

Thomas J. Rozman, Esquire  
Assistant Counsel  
PA Supreme Court I.D. # 72649

Pennsylvania State Police  
Office of Chief Counsel  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
(717) 783-5568  
(717) 772-2883 (Fax)

FILED No CC  
m 11:54 am  
NOV 10 2008  
S

William A. Shaw  
Prothonotary/Clerk of Courts

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE: : CIVIL DIVISION  
NASTASHYA L. WEHLER-MAGILL : NO. 08-1971-CD  
Petitioner :  
VS. :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**MOTION BY PENNSYLVANIA STATE POLICE**  
**FOR CONTINUANCE OF HEARING**

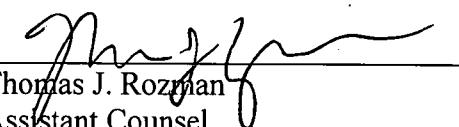
AND NOW, comes the Respondent, Commonwealth of Pennsylvania, Pennsylvania State Police, by and through its counsel, Thomas J. Rozman, and files the following MOTION FOR CONTINUANCE OF HEARING, pursuant to Rule 216(A)(1) of the Pennsylvania Rules of Civil Procedure, stating in support thereof the following:

- 1) A hearing in the above captioned matter is scheduled for November 19, 2008 at 2:30 P.M. in Courtroom No.1 of the Clearfield County Courthouse.
- 2) The order scheduling this hearing was received by counsel for the Pennsylvania State Police on November 3, 2008.
- 3) Counsel for the Commonwealth of Pennsylvania, Pennsylvania State Police is requesting a continuance due to a scheduling conflict.
- 4) On this date, November 19, 2008, Attorney Rozman is scheduled to appear at another hearing in the Allegheny County Courthouse in the matter of *Commonwealth v. Catanzaro*.
- 5) The Pennsylvania State Police, Office of Chief Counsel has advised

Petitioner's counsel of this request for a continuance and Petitioner's counsel does not oppose the granting of the continuance.

WHEREFORE, the counsel for the Pennsylvania State Police respectfully request this court grant a continuance in this matter, based on the conflicts in Attorney Rozman's schedule.

Respectfully submitted,

  
Thomas J. Rozman  
Assistant Counsel  
Pennsylvania State Police

Dated: November 5, 2008

7 TMO

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

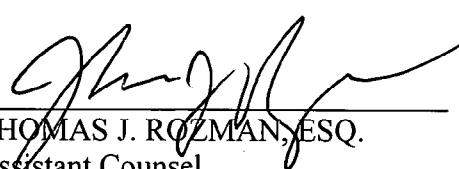
IN RE: : CIVIL DIVISION  
NASTASHYA L. WEHLER-MAGILL : NO. 08-1971-CD  
Petitioner :  
vs. :  
PENNSYLVANIA STATE POLICE :  
Respondent :  
:

**CERTIFICATE OF SERVICE**

I, Thomas J. Rozman, Esq., hereby certifies that a true and correct copy of the foregoing Motion for Continuance was served by regular mail and fax this day to:

Fred D. Hummel, Esquire  
111 West Union Street  
Punxsutawney, PA 15767

Date: November 7 2008.

  
THOMAS J. ROZMAN, ESQ.  
Assistant Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
(717)783-5568  
Attorney ID# 72649

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE: : CIVIL DIVISION  
NASTASHYA L. WEHLER-MAGILL : NO. 08-1971-CD  
Petitioner :  
vs. :  
PENNSYLVANIA STATE POLICE :  
Respondent :  
:

**SCHEDULING ORDER**

AND NOW, this 13 day of November, 2008, upon consideration of the  
MOTION TO CONTINUE filed by Pennsylvania State Police, it is hereby **ORDERED**:

1. Pursuant to Rule 216(A)(1) of the Pennsylvania Rules of Civil  
Procedure the Pennsylvania State Police's MOTION FOR CONTINUANCE is  
**GRANTED**;
2. An evidentiary hearing on disputed issues of material fact shall be held on  
the 16<sup>th</sup> day of December, 2008 at 3:00 o'clock P.M. in Courtroom  
Number 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

BY THE COURT:



P.J.

FILED 2cc  
014-00831 Any Rozman  
NOV 14 2008 (60)

William A. Shaw  
Prothonotary/Clerk of Courts

**FILED**

NOV 14 2008

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 11/14/08

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)  Plaintiff(s) Attorney  Other

Defendant(s)  Defendant(s) Attorney

Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE: : CIVIL DIVISION  
: NO. 08-1971-CD  
NASTASHYA L. WEHLER-MAGILL :  
Petitioner :  
vs. :  
PENNSYLVANIA STATE POLICE :  
Respondent :

FILED  
M 12/5/2008 NOCC  
DEC 08 2008 (60)

S William A. Shaw  
Prothonotary/Clerk of Courts

**MOTION BY PENNSYLVANIA STATE POLICE  
FOR CONTINUANCE OF HEARING**

AND NOW, comes the Respondent, Commonwealth of Pennsylvania, Pennsylvania State Police, by and through its counsel, Thomas J. Rozman, and files the following MOTION FOR CONTINUANCE OF HEARING, pursuant to Rule 216(A)(1) of the Pennsylvania Rules of Civil Procedure, stating in support thereof the following:

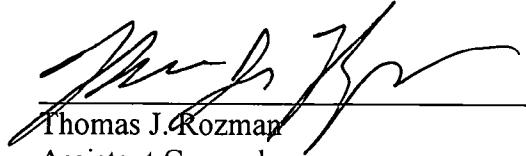
- 1) A hearing in the above captioned matter is scheduled for December 16, 2008 at 3:00 P.M. in Courtroom No.1 of the Clearfield County Courthouse.
- 2) The order scheduling this hearing was received by counsel for the Pennsylvania State Police on November 18, 2008.
- 3) Counsel for the Commonwealth of Pennsylvania, Pennsylvania State Police is requesting a continuance due to a scheduling conflict.
- 4) From December 15 thru December 18, 2008, Attorney Rozman will be preparing and participating in an arbitration proceeding in Reading, Pennsylvania.
- 5) The Pennsylvania State Police, Office of Chief Counsel has advised

Petitioner's counsel of this request for a continuance and Petitioner's counsel does not oppose the granting of the continuance.

- 6) This Honorable Court has granted one previous Motion for Continuance in this matter, requested by the Pennsylvania State Police.

WHEREFORE, the counsel for the Pennsylvania State Police respectfully request this court grant a continuance in this matter, based on the conflicts in Attorney Rozman's schedule. Additionally, due to the numerous hearings of this type previously scheduled in the month of December, Pennsylvania State Police respectfully request this matter be scheduled in early 2009 to avoid further scheduling conflicts.

Respectfully submitted,



Thomas J. Rozman  
Assistant Counsel  
Pennsylvania State Police

Dated: December 1, 2008

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

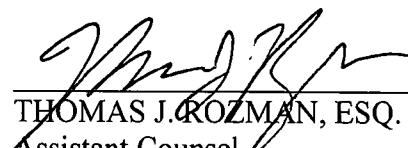
IN RE: : CIVIL DIVISION  
: :  
NASTASHYA L. WEHLER-MAGILL : NO. 08-1971-CD  
Petitioner :  
vs. :  
: :  
PENNSYLVANIA STATE POLICE :  
Respondent :  
:

**CERTIFICATE OF SERVICE**

I, Thomas J. Rozman, Esq., hereby certifies that a true and correct copy of the foregoing Motion for Continuance was served by regular mail and fax this day to:

Fred D. Hummel, Esquire  
111 West Union Street  
Punxsutawney, PA 15767

Date: December 1 2008.

  
\_\_\_\_\_  
THOMAS J. ROZMAN, ESQ.  
Assistant Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
(717)783-5568  
Attorney ID# 72649

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

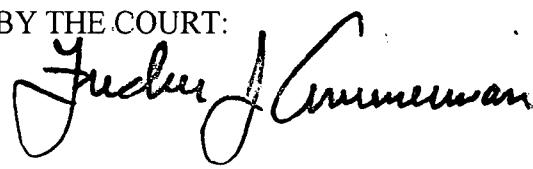
IN RE: : CIVIL DIVISION  
NASTASHYA L. WEHLER-MAGILL : NO. 08-1971-CD  
Petitioner :  
vs. :  
PENNSYLVANIA STATE POLICE :  
Respondent :  
:

**SCHEDULING ORDER**

AND NOW, this 9<sup>th</sup> day of December, 2008, upon consideration of the  
MOTION TO CONTINUE filed by Pennsylvania State Police, it is hereby **ORDERED**:

1. Pursuant to Rule 216(A)(1) of the Pennsylvania Rules of Civil  
Procedure the Pennsylvania State Police's MOTION FOR CONTINUANCE is  
**GRANTED**;
2. An evidentiary hearing on disputed issues of material fact shall be held on  
the 5<sup>th</sup> day of January, 2009 at 2:30 o'clock P.M. in Courtroom  
Number 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

BY THE COURT:



P.J.

FILED 3ce  
10/05/08 AttyRozman  
DEC 10 2008 (60)

5  
William A. Shaw  
Prothonotary/Clerk of Courts

**FILED**

**DEC 10 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 12/10/08

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s) \_\_\_\_\_ Plaintiff(s) Attorney \_\_\_\_\_ Other \_\_\_\_\_

Defendant(s) \_\_\_\_\_ Defendant(s) Attorney \_\_\_\_\_ Other \_\_\_\_\_

Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE: : CIVIL DIVISION  
NASTASHYA L. WEHLER-MAGILL : NO. 08-1971-CD  
Petitioner :  
vs. :  
PENNSYLVANIA STATE POLICE :  
Respondent : President Judge F. J. Ammerman

FILED *PW*

JAN 05 2009  
S m (11:00/ )  
William A. Shaw  
Prothonotary/Clerk of Courts

✓ 1 CERT COPY  
to  
NORTH

PRAECIPE FOR ENTRY OF APPEARANCE

Please enter my appearance on behalf of the Respondent, the  
Pennsylvania State Police, in this case.



KELI M. NEARY  
Assistant Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
717-783-5568  
Attorney I.D. #205178

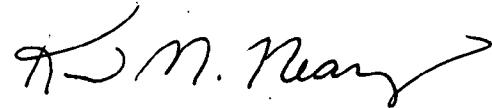
Dated: December 30, 2008

PROOF OF SERVICE

I hereby certify on this date that I served a copy of the foregoing  
Praecipe for Appearance on behalf of the Pennsylvania State Police, on the  
individual listed below at the address listed below:

By first class mail, addressed to:

Fred D. Hummel, Esquire  
111 West Union Street  
Punxsutawney, PA 15767



Keli M. Neary  
Attorney ID #205178  
Office of Chief Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
717-783-5568  
717-772-2883 (fax)  
Attorney for Respondent

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

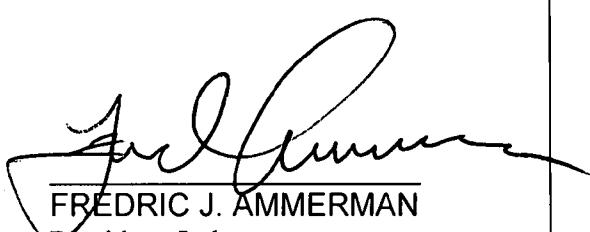
IN RE: :  
NASTASHYA L. WEHLER- MAGILL :  
Petitioner, :  
vs. : NO. 2008-1971-CD  
PENNSYLVANIA STATE POLICE :  
Respondent :

**ORDER**

AND NOW, this 12<sup>th</sup> day of January 2009, upon consideration of the Petitioner's application for relief from the firearm disability imposed by 18 Pa.C.S.A. §6105(c)(4), it is the Order of this Court that the Petitioner's request to reinstate her right to possess a firearm pursuant to 18 Pa.C.S.A. §6105(f) be and is hereby GRANTED.

The Petitioner's request for expungement of her mental health records is hereby DENIED. A petition to reinstate one's right to possess a firearm is not an expungement process and as a matter of law this Court lacks any statutory authority to expunge the Petitioners mental health records.

BY THE COURT,

  
FREDRIC J. AMMERMAN  
President Judge

**FILED**

01/12/09  
JAN 12 2009

S William A. Shaw  
Prothonotary/Clerk of Courts

4CC Atty's:  
Hummel  
Rozman/Neary  
(6)

**FILED**

JAN 12 2009

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 1/10/09

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)  Plaintiff(s) Attorney  Other \_\_\_\_\_

Defendant(s)  Defendant(s) Attorney  Other \_\_\_\_\_

Special Instructions:

U

**IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

IN RE: : Docket No. 2008 - 1971 CD  
NASTASHYA L. WEHLER - MAGILL :  
: Type of Pleading: MOTION TO  
: RECONSIDER  
vs :  
: :  
PENNSYLVANIA STATE POLICE : Attorney for Petitioner:  
Respondent : FRED D. HUMMEL, ESQUIRE  
: SUPREME COURT I.D. # 78120  
: :  
: 111 West Union Street  
: Punxsutawney, PA 15767  
: Voice: (814) 938 - 9166  
: Fax: (814) 938 - 9160

5  
**FILED**  
JAN 21 2009  
William A. Shaw  
Prothonotary/Clerk of Courts  
G10

**IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. 2008 - 1971 CD  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**MOTION TO RECONSIDER**

**AND NOW** comes your Petitioner, Nastashya L. Wehler - Magill, by and through her attorney, Fred D. Hummel, Esquire to respectfully request this Honorable Court reconsider a portion of it's Order of January 12, 2009, and to aver as follows:

1. Petition is Nastashya L. Wehler - Magill, an adult individual who currently resides in Weedville, Elk County, Pennsylvania.
2. On October 15, 2008 Petitioner filed her Petition to Reinstate Right to Possess Firearms, and after hearing on January 5, 2009, this Honorable Court entered its Order of January 12, 2009, a copy of which is attached hereto as Exhibit "A".
3. Pursuant to said Order, the Court reinstated Petitioner's right to possess firearms but denied her request to expunge the mental health commitment records. The Court indicated it lacked statutory authority to expunge said records.
4. Petitioner is grateful for the Court having reinstated her right to possess, but respectfully Petitioner now prays this Court reconsider the denial of expungement for the following reasons.
5. Petitioner acknowledges she presented no evidence or testimony in support of expungement pursuant to those procedures set forth in the Mental Health Procedures Act.
6. In her Petition to Reinstate your Petitioner sought expungement pursuant to 18 Pa.C.S.A. § 6105 (f)(1) of the Pennsylvania Uniform Firearms Act of 1995, which reads as follows:

Upon application to the court of common pleas under this subsection by an applicant subject to the prohibitions under subsection (c)(4), the court may grant **such relief as it deems appropriate** if the court determines that the

applicant may possess a firearm without risk to the applicant or any other person. (Emphasis added herein.)

7. Petitioner offers that the phrase “such relief as it deems appropriate” provides sufficient statutory authority to this Court to expunge the commitment records as this is the only subsection of § 6105 where such language occurs.

8. 18 Pa.C.S.A. § 6105 (d) provides that a person convicted of certain criminal acts may “make application to the court of common pleas ... for **relief from the disability imposed...**” and upon the required findings “the court shall grant **such relief** if it determines...”. (Emphasis added herein.)

9. In 18 Pa.C.S.A. § 6105 (e)(2) the Act makes provision for the court to “**grant such relief**” for those convicted of DUI, once certain requirements are satisfactorily met.

10. Petitioner calls to the Court’s attention that the Legislature specifically limited the language in subsections (d) and (e)(2) to “such relief”, being relief from the disability only.

11. Petitioner asserts that by expanding the statutory language of (f)(1) at issue herein to “the court may grant such relief as it deems appropriate”, the legislature provided this Honorable Court with the statutory authority to expunge Petitioner’s mental health commitment records.

12. Further support that the Legislature empowered the courts of common pleas to expunge mental health records pursuant to the Uniform Firearms Act exists in 18 Pa.C.S.A. § 6111.1(g), where a procedure for expungement is provided to those who have a factual basis to contest the mental health commitment.

13. Offering that the Court has statutory authority in § 6105 (f)(1), Petitioner now avers that she presented sufficient factual basis and reasons in support of expungement:

a. Petitioner respectfully reminds this Court of her testimony and of the medical records in this case that support the determination that the need to go to the hospital was exacerbated if not caused by her primary care physician prescribing Paxil and Petitioner’s reaction to the drug which is now medically known and nearly predictable;.

b. Petitioner further reminds the Court that Petitioner went to the hospital seeking voluntary hospitalization and only after being refused insurance did Petitioner scratch her arm to permit an involuntary hospitalization; and,

c. Rather than need based, the commitments of Petitioner were insurance driven.

Petitioner was released by the hospital to go home and only then did she scratch her arm to return.

14. Petitioner will be harmed by the existence of the Mental Health Records in her search for employment as a municipal police officer.

15. Since this Honorable Court has reinstated Petitioner's State right to possess, and although 18 U.S.C. § 925(a)(1) provides for federal relief while Petitioner would be on duty, the existence of the commitment records may still call into question a federal disability that may apply.

16. That means Petitioner will be lawfully entitled to possess a firearm while on-duty, but may not be able to protect herself or family at home where the risk may be greater.

17. Petitioner offers that our federal legislature has recently provided that the granting of state relief from a mental health disability relieves a federal disability, however that relief is not yet certain or clear.

18. On January 8, 2008 President Bush signed the NICS Improvement Act of 2007 into law. (Public Law 110-190.) This Act provides that if a state establishes a relief from the disability of 18 U.S.C. § 922(g), (federally prohibiting possession for one who has been adjudicated as a mental defective or who has been committed to a mental institution) and the person is granted relief by the state, the commitment is deemed not to have occurred for purposes of 18 U.S.C. § 922(g).

19. However, the NICS Improvement Act has three essential characteristics: (1) it permits a person adjudicated or committed to apply to the state for relief; (2) it provides that a state court shall grant relief upon finding the person will not be likely to act in a manner dangerous to public safety and the granting of relief would not be contrary to public interest; and, (3) it permits a person denied relief to have *de novo* judicial review.<sup>1</sup>

20. Pennsylvania has a statutory scheme in place consistent with the first two criteria, but the question of whether state relief fully relieves a federal disability is unanswered as it has not been judicially determined whether Pennsylvania's appeal based upon the record satisfies the intent of *de novo* provision of third.

21. Petitioner offers that it is clear that the intent of the federal legislature is to put into the state court's hand the decision of whether a person is able to safely possess.

---

<sup>1</sup> NICS Improvement Act information provided to counsel by March 11, 2008 communication for Office of Associate Chief Counsel (Northeast) of the U.S. Department of Justice, Bureau of Alcohol, Tobacco, firearms and Explosives.

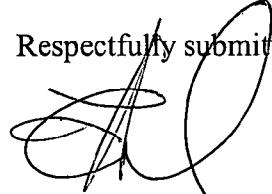
22. Petitioner further offers this federal intent, and the intent of this Court evidenced by its Order of January 12, 2009, will be more fully implemented by the expungement of all records of her mental health commitments and the sealing of this record.

23. Petitioner further offers that no prejudice will come to any person or agency by the expungement of said records.

**WHEREFORE**, Petitioner prays this Honorable Court reconsider that portion of its January 12, 2009 Order in this matter, and grant the expungement of all records and other indicia in the possession of the Clearfield County Mental Health Administrator, filed of record in the Prothonotary's Office of Clearfield County, and in the possession of the Pennsylvania State Police of the Petitioner's involuntary commitments of February 1 - 6, 2001 and February 12 - 16, 2001 which occurred pursuant to the Pennsylvania Mental Health Procedures Act, 50 P.S. 7101, *et. seq.* at DuBois Regional Medical Center.

Date: January 19, 2009

Respectfully submitted,

  
Fred D. Hummel, Esquire

Attorney for Petitioner

IN THE COURT OF COMMON PLEAS CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

IN RE: :  
NASTASHYA L. WEHLER- MAGILL :  
Petitioner, :  
vs. : NO. 2008-1971-CD  
PENNSYLVANIA STATE POLICE :  
Respondent :

**ORDER**

AND NOW, this 12<sup>th</sup> day of January 2009, upon consideration of the Petitioner's application for relief from the firearm disability imposed by 18 Pa.C.S.A. §6105(c)(4), it is the Order of this Court that the Petitioner's request to reinstate her right to possess a firearm pursuant to 18 Pa.C.S.A. §6105(f) be and is hereby GRANTED.

The Petitioner's request for expungement of her mental health records is hereby DENIED. A petition to reinstate one's right to possess a firearm is not an expungement process and as a matter of law this Court lacks any statutory authority to expunge the Petitioners mental health records.

BY THE COURT,

/S/ Fredric J Ammerman

**FREDRIC J. AMMERMAN**

President Judge

I hereby certify this to be a true and accurate copy of the original statement filed in this case.

JAN 12 2009

**EXHIBIT "A"**

Attest.

*William E. Ammerman*  
Prothonotary/  
Clerk of Courts

**IN THE COURT OF COMMON PLEAS  
CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION**

IN RE: NASTASHYA L. WEHLER - MAGILL : Docket No. 2008 - 1971 C.D.  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

**CERTIFICATE OF SERVICE**

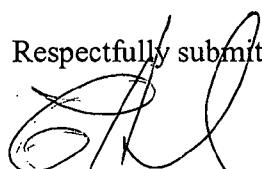
I, the undersigned counsel for Petitioner, hereby certify that on the date below listed I served one (1) true and correct copy of the foregoing Petition with proposed Order affixed thereto upon the following in the manner so indicated:

BY UNITED STATES FIRST CLASS MAIL TO:

Keli M. Neary, Esquire  
Assistant Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110

Date: January 19, 2009

Respectfully submitted,

  
Fred D. Hummel, Esquire  
Attorney for Petitioner

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER-MAGILL  
Petitioner

08-1971-CD

PENNSYLVANIA STATE POLICE  
Respondent

vs

FILED

JAN 26 2009

01/26/09

William A. Shaw  
Prothonotary/Clerk of Courts

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Court to Hummel  
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ORDER

NOW, this 23<sup>rd</sup> day of January, 2009, upon receipt of the Motion to Reconsider filed on behalf of the Petitioner by Attorney Fred D. Hummel, it is the ORDER of this Court that a rule for written response be and is hereby issued upon the Pennsylvania State Police, Respondent, to file a written answer to the Motion within no more than twenty days (20) of this date to show cause why the Petitioner is not entitled to the relief requested.

BY THE COURT,



FREDRIC J. AMMERMAN  
President Judge

**FILED**

**JAN 26 2009**

**William A. Shaw**  
**Prothonotary/Clerk of Courts**

DATE: 1-26-09

You are responsible for serving all appropriate parties.  
 The Prothonotary's office has provided service to the following parties:  
 Plaintiff(s)  Plaintiff(s) Attorney  Other  
 Defendant(s)  Defendant(s) Attorney  Other  
 Special Instructions:

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY  
COMMONWEALTH OF PENNSYLVANIA  
CIVIL DIVISION

FILED

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William A. Shaw  
Prothonotary/Clerk of Courts

IN RE:

NASTASHYA L. WEHLER-MAGILL  
Petitioner

VS.

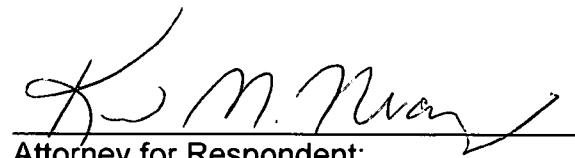
PENNSLVANIA STATE POLICE

Docket No. 2008-1971 CD

W.C.C.

Type of Pleading: Answer to Request to  
Show Cause

Filed on Behalf of:  
Pennsylvania State Police

  
Attorney for Respondent:

Keli M. Neary, Esquire  
1800 Elmerton Avenue  
Harrisburg, PA 17110  
717-783-5568

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY  
COMMONWEALTH OF PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER-MAGILL

Petitioner

v.

2008-1971 CD

PENNSYLVANIA STATE POLICE

Respondent.

**ANSWER TO REQUEST TO SHOW CAUSE**

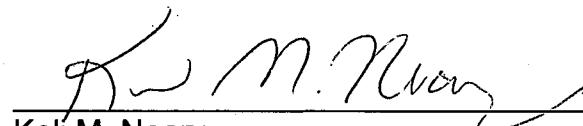
NOW COMES the Pennsylvania State Police (PSP), by and through Keli M. Neary, Assistant Counsel, and respectfully submits an answer to this Court's request to show cause why the Petitioner is not entitled to the relief requested and in support thereof states:

1. An order was issued on January 12, 2009 by this Court granting the Petitioner's motion to reinstate her right to possess a firearm pursuant to 18 Pa.C.S.A. § 6105(f). This Court denied the Petitioner's request for expungement of her mental health records stating "as a matter of law this Court lacks any statutory authority to expunge the Petitioner's mental health records."
2. On January 19, 2009 the Petitioner filed a Motion for Reconsideration requesting the Court to expunge her mental health record.
3. The PSP does not dispute the averment advanced by the Petitioner that 18 Pa.C.S.A. § 6105(f)(1) provides the Court with authority to grant "such relief

as it deems appropriate if the court determines that the applicant may possess a firearm without risk to the applicant or any other person."

4. In accordance with the statutory delegation, the PSP defers to This Honorable Court to determine what relief it deems appropriate under the facts and circumstances of the case.

Respectfully submitted,

  
\_\_\_\_\_  
Keli M. Neary  
Assistant Counsel  
Office of Chief Counsel

Date Submitted: 2/11/09

COURT OF COMMON PLEAS OF CLEARFIELD COUNTY  
COMMONWEALTH OF PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER-MAGILL

Petitioner

v.

2008-1971 CD

PENNSYLVANIA STATE POLICE

Respondent.

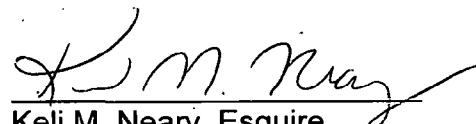
**CERTIFICATE OF SERVICE**

I hereby certify that on this date the forgoing ANSWER TO SHOW CAUSE dated February 11, 2009 was served on the persons in the manner indicated below:

Service by first class mail, addressed as follows:

Fred D. Hummel, Esquire  
11 West Union Street  
Punxsutawney, PA 15767

Date: 2/11/09

  
Keli M. Neary, Esquire  
Assistant Counsel  
Office of Chief Counsel  
Pennsylvania State Police  
1800 Elmerton Avenue  
Harrisburg, PA 17110

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY, PENNSYLVANIA  
CIVIL DIVISION

IN RE: NASTASHYA L. WEHLER – MAGILL \* NO. 08-1971-CD  
Petitioner \*  
\*  
\*  
\*  
vs.  
PENNSYLVANIA STATE POLICE \*  
Respondent \*  
\*  
\*

**O R D E R**

AND NOW, this 19th day of May, 2009, upon petition seeking reinstatement of rights pursuant to 18 Pa.C.S.A. §6105(f) with hearing on the matter, and the Court having found the Petitioner may possess firearms without risk to herself or any other person, it is hereby ORDERED and DECREED as follows:

- a. All records and other indicia in the possession of the Clearfield County Mental Health Administrator, filed of record in the Prothonotary's Office of Clearfield County, and in the possession of the Pennsylvania State Police of the Petitioner's involuntary commitments of February 1 – 6, 2001 and February 12 – 16, 2001 which occurred pursuant to the Pennsylvania Mental Health Procedures Act, 50 P.S. 7101, et. seq. at DuBois Regional Medical Center shall be expunged;
- b. All those civil rights that may have been adversely affected resulting from the involuntary psychiatric commitments of Petitioner, Nastashya L. Wehler – Magill, including but not limited to those under the provisions of The Pennsylvania Uniform Firearms Act of 1995, (as amended) and in particular 18 Pa.C.S.A. §6105 of said act are hereby fully restored, effective immediately; and

FILED  
04/08/09  
MAY 20 2009  
S

1cc: Atty: F. Hummel  
T. Rozman / K. Neary  
1cc: PSP, Butler Sheriff, Elk Sheriff  
with cover letter  
William A. Shaw  
Prothonotary/Clerk of Courts  
5/21/09 1cc: Cifca M# Admin.

c. Pursuant to 18 Pa.C.S.A §6105(f)(1) and §6105(j), within ten (10) days of the entry of this Order, the Prothonotary of this Court shall serve a copy of this order upon all parties including the Pennsylvania State Police and Elk and Butler County Sheriffs, and shall include the name, date of birth and Social Security number of Nastashya L. Wehler – Magill, and the Pennsylvania State Police are directed to execute the terms of this Order immediately upon receipt thereof.

BY THE COURT,



FREDRIC J. AMMERMAN  
President Judge

**FILED**

**MAY 20 2009**

William A. Shaw  
Prothonotary/Clerk of Courts

Shaw, Jr.

DATE: 5/20/09

You are responsible for serving all appropriate parties.

The Prothonotary's office has provided service to the following parties:

Plaintiff(s)  Plaintiff(s) Attorney  Other  
 Defendant(s)  Defendant(s) Attorney  
 Special Instructions.



# COPY

## Clearfield County Office of the Prothonotary and Clerk of Courts

**William A. Shaw**  
Prothonotary/Clerk of Courts

**Jacki Kendrick**  
Deputy Prothonotary/Clerk of Courts

**Bonnie Hudson**  
Administrative Assistant

**David S. Ammerman**  
Solicitor

PO Box 549, Clearfield, PA 16830 • Phone: (814) 765-2641 Ext. 1330 • Fax: (814) 765-7659 • [www.clearfieldco.org](http://www.clearfieldco.org)

May 20, 2009

Pennsylvania State Police  
Central Repository  
1800 Elmerton Ave.  
Harrisburg, PA 17110

Butler County Sheriff  
Main & Diamond Street  
PO Box 1208  
Butler, PA 16003

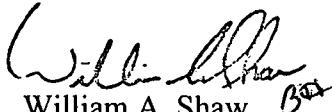
Elk County Sheriff  
Main & Court Street  
Ridgway, PA 15853

Re: Nastashya L. Wehler-Magill  
DOB: 10/12/1984  
SSN: 168-66-2738

To Whom It May Concern:

Enclosed, please find a certified copy of the order pursuant to the direction of the Honorable President Judge Fredric J. Ammerman. If you need any additional certified copies, please contact my office at (814) 765-2641, ext. 1330.

Sincerely,

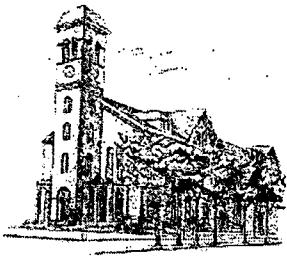


William A. Shaw  
Prothonotary

Enclosure

Cc: Fred D. Hummel, Esq.  
Thomas J. Rozman, Esq.

08-1971-CD



## Clearfield County Office of the Prothonotary and Clerk of Courts

**William A. Shaw**  
Prothonotary/Clerk of Courts

**Jacki Kendrick**  
Deputy Prothonotary/Clerk of Courts

**Bonnie Hudson**  
Administrative Assistant

**David S. Ammerman**  
Solicitor

PO Box 549, Clearfield, PA 16830 • Phone: (814) 765-2641 Ext. 1330 • Fax: (814) 765-7659 • [www.clearfieldco.org](http://www.clearfieldco.org)

May 20, 2009

*COPIED*

William Mendat  
Clearfield County Mental Health Administrator  
1200 Wood Street  
Ste. U-110  
Brockway, PA 15824

Re: Nastashya L. Wehler-Magill  
DOB: 10/12/1984  
SSN: 168-66-2738

To Whom It May Concern:

Enclosed, please find a certified copy of the order pursuant to the direction of the Honorable President Judge Fredric J. Ammerman. If you need any additional certified copies, please contact my office at (814) 765-2641, ext. 1330.

Sincerely,

William A. Shaw  
Prothonotary

Enclosure

INITIAL PSYCHIATRIC EVALUATION  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA

WEHLER, NASTASHYA L 0103200190-000464218

IP

DATE:

IDENTIFYING INFORMATION: The client is a 16-year-old single white female who has been seen in outpatient behavioral health counseling twice, has a past history of substance abuse which is in remission. The client is in the 10<sup>th</sup> grade in regular courses.

PRESENTING PROBLEM: The client presents as 302 involuntary commitment for evaluation and treatment of increasing depression, associated neurovegetative symptoms and signs of depression, some obsessive compulsive symptomatology, and self mutilatory behavior.

HISTORY OF PRESENT ILLNESS: On the 302 involuntary commitment document, it is reported that the client has been depressed for at least the past two months. She has been missing school because she does not feel like going. Her appetite is described as being down, and she has lost 25 lbs. She is having sleep disturbance. She was in the emergency room at DRMC earlier in the day and was willing to admit herself, but the insurance refused payment for the admission. Her mother was taking her home. She became angry, and she felt like cutting herself. Mother stopped at a store. Natasha had a razor blade and cut her left arm several times because she was angry. She was reported in the intake to feel relief when she saw that she was bleeding. She said that she flipped out because of "everyone's empty promises." She is reported to be depressed with mood swings, irritability, decreased concentration, decreased energy, decreased motivation with the situation worsening since November. She describes increased anxiety and obsessive compulsive symptoms since the fifth grade. She has been missing school two to three times per week. Her grades has dropped from As to Bs. She has been put on Paxil titrated to 30 mg p.o. q.d. and Desyrel 50 mg p.o., q.h.s. under her primary care physician. She is reported to have lost 25 lbs since November. She describes depression that is worse in the morning, crying, apathy, irritability, mood swings, obsessive compulsive symptoms, being paranoid of others. Her sleep is not restful and five to six hours per night with increased nightmares, middle insomnia. She has been excessively dieting with 25 lb weight loss since November. She drinks socially and has had past history of alcohol abuse in the distant past.

She had head injury in November, 2000, was not serious. She has had traumatic event with recent breakup with boyfriend. She has generalized anxiety.

She denies endocrine disease, seizure disorder, neurologic condition, or current substance abuse.

PAST PSYCHIATRIC HISTORY: She said that she was seen by Mr. Digiarimo two times in the outpatient setting, had seen Dr. Frances one time but did not like their interaction.

D&A HISTORY: She admits to having drank alcohol a lot in the past, but she said over the past year she has only had one beer. She tried marijuana once.

FAMILY PSYCHIATRIC HISTORY: Maternal grandmother was never diagnosed or hospitalized, but she has admitted to hearing voices and being suicidal in the past. Great maternal uncle was an alcoholic. Maternal great grandmother was an alcoholic and abused prescription medications.

Chart Copy

PETITIONER'S  
EXHIBIT

1/15/09

PROGRESS NOTE  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA  
RE: WEHLER, NASTASHYA L 0103200190 - 000464218 Room #:  
PAGE 2

**PSYCHOSOCIAL HISTORY:** The client's biological parents have been divorced since the client was 4 years old. The client admits to having a poor relationship with her mother's current live-in boyfriend. The boyfriend has been with the mother for three years. He has female child but does not live in client's house. The client has conflict with parents, lack of friends. She feels that her friends have rejected her although her friends are a group of individuals who often reject one of the members of the group and discriminate against them and then eventually take them back, however, the client blames herself and has extremely poor self image. She goes to St. Marys High School and is in the 10<sup>th</sup> grade in regular courses. She denies physical or sexual abuse.

**MEDICAL HISTORY:** No chronic medical problems. Superficial scratches to the left forearm.

**ALLERGIES: PENICILLIN.**

**CURRENT MEDICATIONS:** Paxil 30 mg q.a.m., Desyrel 50 mg p.o., q.h.s.

**MENTAL STATUS:** Appearance: Well-developed, well-nourished, blonde 16-year-old white female with adequate hygiene, grooming, in hospital pajamas. Behavior: She was guarded but cooperative. Psychomotor: Decreased. Speech: Decreased tone and rate. Regular rhythm. Mood: "Depressed." Affect was dysthymic with constricted range, labile when talking about affect laden issues like the breakup with her boyfriend. Thought form: Mildly concrete with no gross looseness of association or flight of ideas. Perception: She denies hallucinations. Thought content: She admits to impulses to want to harm herself but not suicidal ideations. She denies assaultive or homicidal ideations. She denies paranoia or delusions. Cognition: She was awake, alert, oriented x three. Her fund of knowledge, memory, language, and concentration consistent with an individual of average to above average intelligence and was otherwise unremarkable. Her insight was impaired, judgment impaired.

**FORMULATION:** This is a 16-year-old single white female who was admitted as 302 involuntary commitment for evaluation and treatment of increasing depression, associated neurovegetative symptoms and signs of depression occurring in the context of multiple psychosocial stressors that has led the client to engage in self mutilatory behavior. There is a family history of mental illness and substance abuse. The client herself has abused alcohol in the distant past. She just drinks socially at this time with no significant problem from it.

**DIAGNOSES**

- Axis I Major depression, single episode, severe, without psychosis, rule out bipolar disorder.
- Axis II Rule out borderline features.
- Axis III Superficial scratches to left forearm.
- Axis IV Breakup with boyfriend, friends' rejection.
- Axis V 25.

**TREATMENT PLAN**

1. Suicide watch.
2. Increase Paxil to 40 mg p.o., q.d.
3. Involvement in ward treatment activities, individual, group, family, school, and recreational activities as her mental and physical state permit.

**PROGRESS NOTE**

Chart Copy

HISTORY AND PHYSICAL EXAMINATION  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA

10/12/1984

WEHLER, NASTASHYA L

0103200190 - 000464218 0229

CHIEF COMPLAINT: 302.

HISTORY OF PRESENT ILLNESS: Nastashya is from Weedville. It says on the 302 evaluation that she was depressed and missing a lot of school. In having been refused admission, she said she felt like cutting herself and she'd get a razor blade and cut her left arm. Contact was made with Adolescent Unit and she was admitted for psych evaluation and treatment.

ALLERGIES: SHE IS ALLERGIC TO PENICILLIN.

MEDICATIONS: Paxil 30 mg daily, Desyrel 15 mg at h.s.

PAST MEDICAL HISTORY: She's had a staph infection for which she was hospitalized as a child but no other hospitalizations and no surgeries.

SOCIAL HISTORY: She lives in Weedville and goes to St. Marys school. Her mother is a waitress at the Bavarian Inn. She smokes some, doesn't drink or use illicit drugs.

FAMILY HISTORY: Unremarkable.

REVIEW OF SYSTEMS: Her weight is down 25 pounds since November. She has had a little bit of weight problems and is working on that. HEENT: She wears glasses. She denies headache, auditory or visual complaints. Pulmonary: No asthma, hemoptysis or pneumonia. Cardiac: Denies hypertension. There is no history of hypertension, chest pain, palpitations, rheumatic fever or murmurs. GI: She has some dyspeptic symptomatology at times with mild reflux. She denies peptic ulcer or gallbladder disease. GU: No hematuria or UTIs. She is on Depo-Provera shots, sexually active. Musculoskeletal: No arthritis, arthralgias. Neurologic: No history of TIA's or seizures.

**PHYSICAL EXAMINATION**

VITAL SIGNS: Temp. 99, pulse 92, blood pressure 118/82, weight 143, height 5 ft. 5 1/2 inches. GENERAL: Well-developed female in no distress. SKIN: The skin reveals no rashes. HEENT: Normal. PERLA: The posterior pharynx is clear. Neck reveals no masses. LUNGS: Clear. HEART: Regular rhythm without murmurs. ABDOMEN: Flat, nontender without liver/spleen enlargement or mass. EXTREMITIES: Symmetric without deformity. NEUROLOGIC: Intact without lateralizing motor or sensory deficits.

IMPRESSION: Major depression.

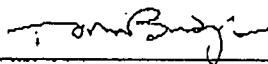
PLAN: Patient is for psych evaluation and treatment.

D: 02/01/2001 8:00 A

T: 02/01/2001 8:35 A TJB/bc

DOCUMENT NO: 181130

Job/Tape ID: 034511



T.J. Bradley, M.D.

cc: T.J. Bradley, M.D.

Chart Copy



Child and Adolescent Behavioral Health Services  
Intake Evaluation

Child and Adolescent Behavioral Health Services  
Intake Evaluation

Making the difference since 1964

Instructions: Fill in the Blanks and/or Check Boxes  
Refer to Supplemental Data Page and note Page # and Letter

164213 167 ADD 10/12/84  
WEHLER, NASTASHYA  
FRITZ, PAUL A  
10/12/84 F 02/01/81  
168-66-2738 0103200190



Past History I	Psychiatric History							Past History I
	<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission Psychiatric Diagnosis: <input type="checkbox"/> Bipolar <input type="checkbox"/> None <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective <input type="checkbox"/> Personality Disordered Features <input type="checkbox"/> Major Depression <input type="checkbox"/> Other: <input type="checkbox"/> Cognitive Dx <input type="checkbox"/> ADHD							
Therapy	Psychiatric Hospitalizations							Therapy
	Most recent to the distant past.							
	Date (Month/Year)	Location	Reason	Total:				
	#1 /			<input type="checkbox"/> None				
	#2 /							
#3 /								
#4 /								
Current Outpatient treatment: Beijing 101 Mental Health Center								
Psychiatrist Name: Tel#: <input type="checkbox"/> See Page 2								
Therapist Name: Tel#: <input type="checkbox"/> See Page 2								
Psychiatric Medication History								
Substance Abuse History							Have used: <input type="checkbox"/> Antabuse <input type="checkbox"/> Naltrexone	
For substance use with psychological, social, occupational, and/or health consequences, enter the details in the numbered rows for each drug. Review: Alcohol; Cannabis; Cocaine; Amphetamine; Stimulants; Opiates; Hallucinogens; Sedatives; Solvents; Nicotine; Caffeine; Other								
Drug Name	Age first Use	Date last use	Frequency last 90 days	Recent quantity per use	Symptoms of Withdrawal	po, smoked, inhaled, iv	Treatment	
#1							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
#2							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
#3							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
#4							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	
Number of Inpatient Rehab's		Where and When						
<input type="checkbox"/> None								
OPD D/A Therapist:			Tel#:			Sponsor <input type="checkbox"/> Yes <input type="checkbox"/> No AA/12Step <input type="checkbox"/> Yes <input type="checkbox"/> No		

Family Psych. & D/A Hx.					
<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission					
For Psych. Diagnosis fill in; for others: Yes(Y), No(N) or Completed(C)					
Relative	Psych. Diagnosis	Psych. Hospitalization	Substance Abuse	Suicidal	Homicidal
Maternal Grandmother - never been sick or hospitalized, but has acknowledged the following: (1) depression, (2) alcoholism, (3) currently is not taking any medication.					
Maternal Grandmother - alcoholism					
Grandmother - alcoholism					
Data Collected by: <input type="checkbox"/> Child in need of Discipline; <input type="checkbox"/> Parent/Parent Date: 10/10/84 Time: 12:00 AM/PM					

WEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/01/01  
168-66-2738 0103200190



DuBois Regional  
Medical Center

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## Child/Adol Behavioral Health Services Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page 8 and Letter

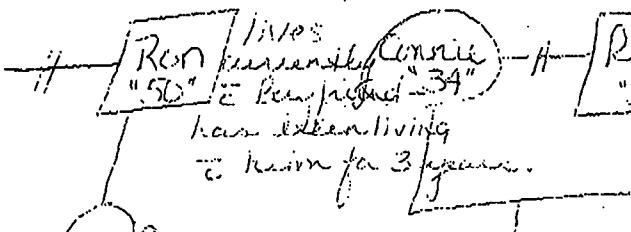
G:\doctors\fritz\revised adolescent intake pg1-12.pub;8/11/00;lm

### Family Genogram

None  Uncooperative  Role in current admission

Client's family of origin; client and significant others; client's biological/step/foster parents and siblings; etc. Also other demographic information such as age, boyfriend/girlfriend, common-law, divorce, separation, death, etc. When relevant indicate quality of the relationship and/or abuse. If not already indicated, Family Psychiatric History

have been divorced since pt. was 14 years old.



pt. admits to having a poor relationship  
to mothers' live-in boyfriend - we just don't talk to each other

### Complicating History

None  Uncooperative  Role in current admission

<input type="checkbox"/> Parental Conflict	<input type="checkbox"/> Breast sucking	<input type="checkbox"/> <b>At times</b>	<input type="checkbox"/> <b>Harsh Discipline by Caregiver</b>	<input type="checkbox"/> <b>No Support</b>	<input type="checkbox"/> <b>Child in Parental Role</b>	<input type="checkbox"/> <b>Negative feelings toward Child</b>	<input type="checkbox"/> <b>Parental Denial of Child's Problem</b>
<input type="checkbox"/> Oppositional	<input type="checkbox"/> Lack of Friends		<input type="checkbox"/> Gang Activities	<input type="checkbox"/> Fighting	<input type="checkbox"/> Nonaggressive Stealing	<input type="checkbox"/> Running Away Overnight	<input type="checkbox"/> Lack of Supervision
<input type="checkbox"/> School refusal	<input type="checkbox"/> lying		<input type="checkbox"/> Bullying or Exortion	<input type="checkbox"/> Vandalsim	<input type="checkbox"/> Aggressive Stealing	<input type="checkbox"/> Worry about Attachment Figure	<input type="checkbox"/> Separation Anxiety
<input type="checkbox"/> Night Terrors	<input type="checkbox"/> Malinquency		<input type="checkbox"/> Cruelty (People or Animals)	<input type="checkbox"/> Piretting	<input type="checkbox"/> Social Impairment	<input type="checkbox"/> <b>when pt. is going to real, concrete, 1. he hangs</b>	<input type="checkbox"/> <b>hangs on School Days</b>

### Placement History (RTF, Group Home, Juvenile Detention, Boot Camp, Foster Care, etc.; Noting Facility or Name and Dates): None

none

### Development (For questions that family and/or client do not know answers, mark "DK" to the right of the item)

#### Family/Client Uncooperative

#### Pregnancy

Length of pregnancy (e.g., full term, 40 weeks, 32 weeks, etc.)

**10 weeks**

Child's birth weight

**7.25 lbs**

Birth Order

**1/2**

Length of delivery (number of hours from initial labor pains to birth)

**10 hours**

Mother's age when child was born

**18 years**

#### Bleeding

Yes  No

Serious illness or injury

Yes  No

Used alcohol

Yes  No

Excessive weight gain (+30 lb)

Yes  No

#### Toxemia/preeclampsia

Yes  No

Seizures

Yes  No

Took illegal drugs

Yes  No

Gestational Diabetes

Yes  No

#### Rh factor incompatibility

Yes  No

Infection

Yes  No

Took prescription meds

Yes  No

Other: \_\_\_\_\_

Yes  No

#### High Fever

Yes  No

Smoked cigarettes

Yes  No

Nauses or Vomiting

Yes  No

Other: \_\_\_\_\_

Yes  No

#### Delivery

Yes  No

1/3 (1st, 2nd, 3rd)

Cord around neck

Yes  No

Cardiopulmonary distress

Yes  No

Meds used to ease labor pains

Yes  No

#### Vaginal Delivery

Yes  No

Injured

Yes  No

Needed oxygen

Yes  No

Given meds for other reasons

Yes  No

#### Cesarean Delivery

Yes  No

Was cyanotic (blue)

Yes  No

Trouble breathing after delivery

Yes  No

Congenital defect

Yes  No

#### Forceps

Yes  No

Was jaundiced (yellow)

Yes  No

Was in hospital more than 7 days

Yes  No

Other: \_\_\_\_\_

Yes  No

#### Developmental Milestones

At what age did your child first accomplish the following:

Sitting without help **10 months**

Crawling **10 months**

Walking alone **10 months**

Bowel training, day and night **10 months**

Using single words ("mama", etc.) **10 months**

Putting 2 or more words together **10 months**

Bladder training, day and night **10 months**

10 months

#### Developmental History:

#### Seizures

Yes  No

Abnormal motor skills

Yes  No

#### Child's Behavior

Yes  No

Colic(s)

Yes  No

#### Affectionate

Yes  No

Easy to comfort

Yes  No

#### Abnormal Social Bonding

Yes  No

Very withdrawn, unable to play

Yes  No

#### Difficult to Teach

Yes  No

Difficult

Yes  No

Notes Collected by: **None**

Discipline:

Date: **None**

Time: **None**

AMPM



Dubois Regional  
Medical Center

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Child/Adol Behavioral Health Services  
Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page # and Letter

464418 161 ADU 1 10/12/84  
WEHLER, NAGASHIYA  
FRITZ, PAUL G  
10/12/84 10/20/10  
168-66-2738 0103200190

168-66-2738 0103200190

Past History III	Physical/ Sexual/Other Traumatic Events		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission		
	Type (circle one)	Perpetrator(s)	Effect on Client		
	Physical/Emotional				
	Sexual/Neglect				
	Sexual History		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission		
	<input type="checkbox"/> Risk for and/or Current Sexually Transmitted Disease		<input type="checkbox"/> Past Sexually Transmitted Disease <input type="checkbox"/> Homosexual <input type="checkbox"/> Hetero-sexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gender Identity Issues		
	Comments				
	Educational History		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission		
	General Performance <input type="checkbox"/> Superior <input type="checkbox"/> Above Ave. <input type="checkbox"/> Average(Ave.) <input type="checkbox"/> Below Ave. <input type="checkbox"/> Failing <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Truant <input type="checkbox"/> Suspension <input type="checkbox"/> Expulsion				
Highest Grade Achieved <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		Grades Failed: <input type="checkbox"/> None Year(s): _____		Graduate High School Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Name of School <i>Meigs HS</i>		OSED	OSAP	DLS	
Occupational History					
Current Employer <input type="checkbox"/> None		Position <i>Teacher</i>			
Religious Influences		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission <input type="checkbox"/> Family/Client wants Pastoral Care			
Religious Faith <input type="checkbox"/> Catholic <input type="checkbox"/> Protestant <input type="checkbox"/> Jewish <input type="checkbox"/> None <input type="checkbox"/> Other _____					
Religious Belief <input type="checkbox"/> Atheist <input type="checkbox"/> Agnostic <input type="checkbox"/> Indifferent <input type="checkbox"/> Moderate <input type="checkbox"/> Strong <input type="checkbox"/> Unknown					
Family Financial Stressors		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission			
<input type="checkbox"/> Significant Savings <input type="checkbox"/> Modest Savings <input type="checkbox"/> Making it Monthly <input type="checkbox"/> In Significant Debt <input type="checkbox"/> Indigent					
Legal Issues		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission			
<input type="checkbox"/> Current litigation <input type="checkbox"/> Criminal proceeding or charges <input type="checkbox"/> Juvenile justice <input type="checkbox"/> History of jail time Time: _____ <input type="checkbox"/> Civil Suit <input type="checkbox"/> Parole/Probation					
Explain Endorsed Items		<input type="checkbox"/> Parole/Probation Officer Name: _____ Tel#: _____			
Relevant Culture & Ethnic Issues		<input type="checkbox"/> None <input type="checkbox"/> Uncooperative <input type="checkbox"/> Role in current admission			
Therapist Formulation		<i>Presenting Sxs: Trif. Trich (crying &amp; self-harm)</i>			
Plan		<i>Classified Sxs: Refer to TEAM; Develop Tx plan that fits pts individualized needs; encourage pt to engage herself in life; residential; group; community therapies.</i>			
Data Collected by: <i>Brainan Kueh</i>		Discipline: Therapist Date: 03/01/01 Time: 1:20 AM/PM			





DUBUS REGIUS

### Welche die Affen aus für Sie?

## Child/Adol Behavioral Health Services Intake Evaluation

*Instructions: Fill in the Blanks and/or Check Boxes  
Going to Supplemental Data Page and note Page # and Letter*

Status of problem(s) to be a focus of treatment, mark T; not a focus of treatment, mark NFT; to be addressed by referral, mark RF

**Multi Disciplinary Team Affirming Signature**

## Psychiatrist

1115

Date

### Primary Therapist

Initial:

Date:

Primary Novels

Index

Date

Reactive and Thermo-

S. 1. 1. 2. 2. 3.

188:

110

• 200



DuBois Regional  
Medical Center

### Acknowledging the difference for life

## **Child/Adol Behavioral Health Services Intake Evaluation**

ר' ג. סָמָעֵל

*Instructions: Fill in the Blanks and/or Check Boxes*  
**OR** Go to Supplemental Data Page and note Page # and Letter

Geometria

**Status of problem(s) to be a focus of treatment, mark T; not a focus of treatment, mark NFT; to be addressed by referral, mark RF.**

### Multi Disciplinary Team Affirming Signature

## Psychiatrist

Initial:

Date:

### Primary Therapist

Initial:

Date:

### Primary Nursing

spiritus:

1219

## Recreational Therapy

introduction

1912

## Social Work

111

.....  
Date:

118



United Behavioral Health

Making a difference for you

Child/Adult Behavioral Health Services  
Intake EvaluationInstructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page 8 and Letter564218 47 AND 0000000000000000  
MEHLER, NASTASIA  
FRITZ, PAUL A  
10/12/84 F 02/01 01  
168-65-2738 0103200190

## Diagnostic Summary

Diagnostic Summary

Diagnostic Summary

## Axis I Clinical Disorder(s) Other Conditions that might be a focus of tx

1. Depression
2.
3.

## Global Assessment of Functioning (GAF) Scale

100-91: Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.  
 90-81: Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.  
 80-71: If symptoms are present, they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning.  
 70-61: Some mild symptoms or some difficulty in social, occupational, or school functioning but generally functioning pretty well, has some meaningful interpersonal relationships.  
 60-51: Moderate symptoms or moderate difficulty in social, occupational or school functioning.  
 50-41: Serious symptoms or any serious impairment in social, occupational, or school functioning.  
 40-31: Some impairment in reality testing or communication or major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.  
 30-21: Behavior is considerably influenced by delusions or hallucinations or serious impairment in communication or judgment.  
 20-11: Some danger of hurting self or others or occasionally fails to maintain minimal personal hygiene or gross impairment in communication.  
 10-1: Persistent danger of severely hurting self or others or persistent inability to maintain minimal personal hygiene or serious suicidal act with clear expectation of death.  
 0 Inadequate information.

## Axis II Personality Disorder/Mental Retardation

1. Depression
2.

## Axis III General Medical Conditions

1. Depression
2.
3.
4.

## Axis IV

Problems with primary support group	Specify: _____
Problems related to the social environment	Specify: _____
Educational problems	Specify: _____
Occupational problems	Specify: _____
Housing problems	Specify: _____
Economic problems	Specify: _____
Problems with access to health care services	Specify: _____
Problems related to interaction with the legal system/crime	Specify: _____
Other psychosocial and environmental problems	Specify: _____ <u>Relationship difficulties</u>

## Axis V Global Assessment of Functioning Scale

Admission Score: \_\_\_\_\_ Discharge Score: \_\_\_\_\_

## Multi Disciplinary Team Affirming Signature

Psychiatrist	Initial: <u>P</u>	Date: <u>2/1/01</u>	Primary Therapist	Initial: <u>S</u>	Date: <u>02/01/01</u>
Primary Nurse	Initial: <u>YH</u>	Date: <u>2/1/01</u>	Recreational Therapy	Initial: <u>S</u>	Date: <u>2/1/01</u>
Social Work	Initial: <u>TS</u>	Date: <u>2/1/01</u>	Other:	Initial: <u>TS</u>	Date: <u>2/1/01</u>



DuBois Hospital  
Medical Center

مکالمہ علیہ شفیع

## Child/Adol Behavioral Health Services Intake Evaluation

EMERSON, STASHIYA ..  
ITZ PAUL S  
07/12/84 7 22010101  
168-86-2738 0103200190

*Instructions: Fill in the Blanks and/or Check Boxes  
□ Go to Supplemental Data Page and note Page # and Letter*

Geodetergents in the revised nomenclature of detergents

Mode of Admission:  Ambulatory  Wheelchair  Litter

 Ambulance

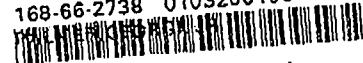
Accompanied By: Imperial Guards Regiment, Secondary gunnery (150, 170)

Data Collected by: Keyan Patel Discipline: PSY

Date: 2/1/101 Time: 5:00 (AM)PM

Child/Adol Behavioral Health Services  
Intake EvaluationDuBois Regional  
Medical Center

Making the difference for life

Instructions: Fill in the Blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page # and LetterWEHLER, NASTASHA M  
FRITZ, PAUL G  
10/12/84 F 02/01/01  
168-66-2738 0103200190

D:\doctors\fritz\intake\revised adolescent intake pg1-12.pub;8/11/00;ln

## Nursing Formulation

All contraband to safe area; 1:1, group + family therapy as needed. Suicide watch initiated. Assess for suicidal ideations; assess for depression; assess pt/family coping skills

(A)  
K. Bolam Pt

Nursing Formulation/T.P.

Nursing Formulation/T.P.

## Nursing Treatment Plan

## Intervention Codes

F. Redirect as needed

A. Provide a safe/secure environment

G. Medications as prescribed by Doctor

B. Suicide Watch q 5, 10, 15 minutes

H. Medication education with stress on compliance

C. Restricted use of contraband

I. Time outs, seclusion or restraints if behavior warrants per unit policy

D. Provide supportive therapy as needed.

J. Anticipate patient needs

E. Individual and Group therapy daily.

K. Reduced excessive stimuli

Column "I(s)" represents Nursing Intervention(s). Indicate the clinically indicated letter(s) code(s) next to the problem under consideration in the "I" column

Column "A" represents client acuity. Indicate Low(L); Moderate "M"; High "H" severity in the appropriate space next to the problem

## Problem

## I(s)

## A

## Problem

## I(s)

## A

Potential for self-harm

A, B, C

H

Alteration in Thought Processes

Potential to Harm Others

H

Depressive Signs and Symptoms

A, D, E, G, H

H

Poor Impulse Control

A, B, C, D, E, F

H

Non compliance with medication

A, B, C, D, E, F, G, H

H

Agitation

Ineffective Coping Skills

Psychosis

Other:

Dubois Regional  
Medical Center

Waiting for: [Redacted]

Child/Adol Behavioral Health Services  
Intake Evaluation

484718 16Y 11/2/2010 10:28 AM  
NEILER NASTASHA  
10122 FAULDS  
10/2/84 6/2/01/01  
168-36-2738 0103200190

Instructions: Fill in the Blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page # and Line #

Glossary Intake/Revised Adolescent intake page 11

Medical History

Nursing Assessment

Medical History

Nursing Assessment

## Vital Signs

Temperature	Pulse		Blood Pressure	Respiration	Weight:	Eye Color:
99 <sup>2</sup> (F) <input type="checkbox"/> PO <input type="checkbox"/> Rectal	92 (Beats/min)	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Weak	Right Arm 118/122 Left Arm 1	16 (Resp/min)	143 lbs 5'5 1/2"	Blue

Special Diet: Devil's foodSpecial Treatment(s): Devil's foodImpairment of Critical Capacities (Check those items that are applicable)  None

Vision <input type="checkbox"/> None <b>We're glasses</b>	Hearing <input type="checkbox"/> None	Speech <input checked="" type="checkbox"/> None	Disability/ Malformation: <input type="checkbox"/> None	Intellectual; IQ (if known): <input type="checkbox"/> None
<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Mute		<input type="checkbox"/> Mental Retardation
<input checked="" type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech Impaired		<input type="checkbox"/> Known Dementia

## Medical History

General Health:  Superior Good Uncooperative Average Mildly Impaired Poor Very PoorFamily Care Physician: Dr. Schmidt St. Mary's Regional Med. CenterCurrent Medical Problems under treatment:  NoneChronic Medical Conditions not of current concern:  NoneHistory of Previous Hospitalizations Relevant to Current Admission:  NonePrevious Surgery and/or Injury:  NoneStaph Infection + Hospitalization

## Pain Assessment

Are you having any discomfort now?  Yes  NoHave you had pain in the past several weeks/months?  Yes  No

If either question was answered yes, please fill out the DRMC Initial Pain Assessment

DRMC Initial Pain Assessment Completed

in ER

## Immunization Status

 Not Applicable  Uncooperative  Guardian says "Up to Date"  Copy of record in chart

Dates

1 2 3 4 5

Diphtheria and Tetanus

(For all clients, get the date (at least approximate) of the last shot received)

Polio

Hepatitis B

Measles ("Hard") ("Red")

or Measles Serology:

Date:

Titer:

Rubella ("German Measles")

or Rubella Serology:

Date:

Titer:

Mumps

or Mumps diagnosed by MD

Date:

Titer:

Tuberculin Test

Results:

Data Collected by: Matthew BrammerDiscipline: NSGDate: 2/11/10 Time: 5:00 AM/PM

DuBois Regional  
Medical Center

Making the difference for life.

# Child/Adol Behavioral Health Services

## Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page II and Letter

C:\doctors\fritz\intake\revised adolescent intake pg1-12.pub;8/11/00,lm

(A)

ROS and Skin Assessment

Nursing Assessment

ROS and Skin Assessment

Nursing Assessment

## Medical Review of System

Directions: For endorsed items in a body system, circle it in the left box. Those items requiring explanation or not mentioned use box at right.

<p><b>General Constitutional:</b> Excessive fatigue; malaise; night sweats; fevers; weakness; <u>weight loss</u> or gain; change appetite <input checked="" type="checkbox"/> 20-25 lbs since Nov 1, 2000 to Dec 2000</p> <p><b>Head:</b> Headaches; trauma; facial malformation <input type="checkbox"/></p> <p><b>Eyes:</b> Visual loss or color blindness; double vision; field loss; trauma; inflammation; <u>glasses</u> <input type="checkbox"/></p> <p><b>Ears:</b> Deafness; ringing of ears; discharge; pain; infection; trauma; hearing aide <input checked="" type="checkbox"/></p> <p><b>Nose:</b> Runny; discharge; obstruction; bloody <input type="checkbox"/></p> <p><b>Throat:</b> Hoarseness; sore; voice changes <input type="checkbox"/></p> <p><b>Mouth:</b> Soreness; symptoms in teeth; pain; sores or wounds <input type="checkbox"/></p> <p><b>Neck:</b> Swelling; lesions; goiter; stiffness, and limitation of motion <input checked="" type="checkbox"/></p> <p><b>Cardiovascular:</b> Chest pain; palpitations; DOE; blue skin; distended abdomen; swelling of lower extremities; phlebitis; hypertension; rheumatic fever <input type="checkbox"/></p> <p><b>Respiratory:</b> Pain; wheezing; SOB; cough; sputum, coughing blood <input type="checkbox"/></p> <p><b>Gastrointestinal:</b> Pain on swallowing; nausea; excessive burping or flatulence; abdominal pain; vomiting; yellowing of sclera/skin; change stools or bowel habits; hemorrhoids; encopresis <u>upset stomach from stress</u> <input checked="" type="checkbox"/></p> <p><b>Bone, Joints, and Muscles:</b> Fractures; dislocations; sprains; arthritis; pain; swelling; stiffness; weakness; wasting; or cramps <input type="checkbox"/></p>	<p><b>Allergic/ Immunologic:</b> Rashes; hay fever; seasonal runny nose or conjunctivitis; asthma; Insect bite; food allergy; danders; Drugs <u>PCP rash all over body</u> <input type="checkbox"/></p> <p><b>Skin:</b> Changes in pigmentation; eruptions; <u>itching</u>; scaling; bruising; bleeding; Changes in hair and Nails <input type="checkbox"/></p> <p><b>Genitourinary:</b> Frequency; dysuria; blood and/or pus in urine; hesitancy; incontinence; stones; Menstruation (if applicable) <input type="checkbox"/> Irregularities in frequency and/or duration; flow; pus; pain; Venereal Disease; genital lesions; discharge; Nocturnal Enuresis; Diurnal Enuresis <input type="checkbox"/> LIMP: / /</p> <p><b>Gravida:</b> <u>Pura</u> <input type="checkbox"/> Post-menopausal <input type="checkbox"/> Infertile <input type="checkbox"/> Active <input type="checkbox"/> Not Active <input type="checkbox"/> Uses Protection</p> <p><b>Nervous System:</b> Disturbances of senses; paralyses; atrophy; involuntary movements; convulsions; gait; uncoordinated; pain; parasthesia; hyperesthesia; anesthesia; lack of control of urination and/or defecation; lack of control of sweating and/or temperature <input type="checkbox"/></p> <p><b>Endocrine:</b> Abnormal habitus; weight, hair distribution, weakness; bulging of eyes; intolerance to heat or cold; changes in food intake, fluid intake <input type="checkbox"/></p> <p><b>Hematopoietic:</b> Anemia; bleeding <input type="checkbox"/></p> <p><b>Lymph Nodes:</b> Enlargement; pain; pus; draining sinuses; location <input type="checkbox"/></p> <p><b>Breasts:</b> Asymmetry; trauma; lumps; pain; discharge from nipples <input type="checkbox"/></p>
---	--

History of Infectious Disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Risk for Genetic Disease <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Scarlet Fever Exposure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Toxic Exposure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hx of Transfusion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chicken Pox Exposure <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p>Front</p>	<p>Back</p>	<p><b>Skin Assessment</b></p> <p>Please mark sites numerically on the figures at left and describe abnormalities, lesions, rash, scar, bruise, laceration, etc below</p> <p><u>2 blisters</u> <u>in right side of neck by shoulder</u></p>
		<p>Head Lice / Other Infestation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If yes, describe:</p>



## Child/Adol Behavioral Health Services Intake Evaluation

*Instructions: Fill in the Blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page # and Letter*

34218 0103200190 02/01/01  
JEHLER,NASTASHYA L ER  
168-66-2738 F 16Y 10/12/84  
PALMER,GEORGE JR  
SCHMIDT,ROBERT J  
LAWRENCE COUNTY JAIL

C:\documents\friz\intake\revised adolescent intake pg1-12.pub;8/11/00;lm

## **Mental Status Examination**

Mental Status Exam, Part 2	Cognition		Uncooperative		Pt S was not rechecked			
	Consciousness	<input type="checkbox"/> Awake	<input type="checkbox"/> Alert	<input type="checkbox"/> Clouded	<input type="checkbox"/> Dream-like	<input type="checkbox"/> Somnolent	<input type="checkbox"/> Stuporous	<input type="checkbox"/> Comatose
Orientation	Response	Response						
Person		Date						
Place		Situation						
Serial 7's (&/or Spell World backwards; Check correct answers)	093	086	079	072	065	0 "dlrow" (C)		
<input type="checkbox"/> Could not do serial 7's, but could do serial 3's	<input type="checkbox"/> Could not subtract serial 3's							
Name Last Five Presidents (check if correct)	<input type="checkbox"/> Clinton	<input type="checkbox"/> Bush	<input type="checkbox"/> Reagan	<input type="checkbox"/> Carter	<input type="checkbox"/> Ford	(D)		
Proverbs (Glass Houses) <input type="checkbox"/> Normal <input type="checkbox"/> Concrete	<input type="checkbox"/> Loose	Similarities (Orange-Apple) <input type="checkbox"/> Normal <input type="checkbox"/> Concrete <input type="checkbox"/> Loose (E)						
Digit Span	(F)							
Forward 7286	35829	716938	Backward	815	7296	93741		
MMSE Addendum (complete if indicated by MSE above; score 1 for each correct answer in the space to the right of the item)	<input type="checkbox"/> Not indicated (G)							
Recall three objects at 5 minutes (one point for each object)	Say "No ifs, &'s, or buts"						County	
Show a watch and pen and ask to name							State	
Pick up paper in right hand, fold it in half, and put on floor	Obeys "close your eyes"						Day of Week	
Write any sentence (has to have proper elements)	Floor						City	
Insight	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Impaired	(H)			Season
Judgment	<input type="checkbox"/> Good	<input type="checkbox"/> Adequate	<input type="checkbox"/> Poor	<input type="checkbox"/> Impaired	<input type="checkbox"/> Danger to Self	<input type="checkbox"/> Danger to Other(s)	Estimated Intelligence (I)	
Initial Diagnostic Impression	Axis I : MDD, single. Severe. C-CD, distract. long course			Axis III : none			(K)	
	Axis II : delirious			Axis IV : BSI, memory, keen				
				Axis V : 30				

## Initial Assessment

Client will contract for safety  Yes  No

Follow-up consent signed

Pt. reported on 11/11/76 to ER w/ pain in left eye & depression. Discharge note  
Denied S.I. - Pt. was accepted "unconscious" denied them now. 8 of 9 cond  
of head & neck. Right eye pain. When pt. left she was given 3 tablets  
Diazepam 10 mg & Tylenol 500 mg. Discharge note  
Plan: Refer to ophthalmologist  
Dr. Tarkman consulted 10/16/76 - No gross fundus / Retina  
finds. Left eye pain - likely due to glaucoma.

*Note to Evaluator: Any Client Discharged to community from the ER with Suicidal/Homicidal/Psychotic Symptoms Must be Cleared Before by a Psychiatrist*

Insurance Contacted  
Person Spoke to:

Teli.

Time:

Do's authorized:

**Data Collected by:**

## Discussions

Dawn

Time: 1:30 AM/PM

Child/Adol Behavioral Health Services  
Intake EvaluationDubois Regional  
Medical Center

Making the difference for you

Instructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page # and LetterWEHLER, NASTASHYA L ER  
168-66-2738 F 16Y 10/12/84  
PALMER, GEORGE JR  
SCHMIDT, ROBERT J

G/doctors/fritz/intake/rotated adolescent intake pg 1-13.pub;8/11/00;tm

Responsible Parties and Other Historian(s)		None		(A)	
Name		Custody Role	Relationship to Patient	Interviewed <input type="checkbox"/> Notified <input type="checkbox"/> Notified	Telephone #
Connie Wehler	full mother			787-8265	Reliability <input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable
					<input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable
					<input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable

Past Behavioral History		None		(B)	
Self Injurious Behavior	<input type="checkbox"/> None	Dangerousness to Other(s)	<input type="checkbox"/> None	Impulsiveness/Anorexia/Bulimia	<input type="checkbox"/> None
<input type="checkbox"/> Suicide	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Sexually	<input type="checkbox"/> Property <input type="checkbox"/> None
				Type of Action:	<input type="checkbox"/> Damage/ Fire Setting
Description of any Yes Answers. Please detail approximate dates, content of ideation/plans, frequency and actions /consequences.					
<i>Pl. made 3 superficial cuts on 1 arm to a boy when she left after 1st F TP</i>					

Medical Problems Relevant to Evaluation		None		(C)	
Current Services:	Name/Facility		Telephone #	Last Visit	(D)
Psychiatrist:	<i>Dr. D. Galloway</i>	( )	371-1789	Date: 1/30/01	
Therapist:		( )	<i>no new appt scheduled</i>	Date: 1/1	
ICM/CM /MRCM (circle one):		( )		Date: 1/1	
RTF:		( )			
Group Home/Partial (circle one):		( )			
Juvenile Detention/Boot Camp		( )			
IN-HOME SERVICES:	<input type="checkbox"/> Mobile Therapy hr/w	<input type="checkbox"/> Therapeutic Staff: Community hr/w/ School hr/w			
	<input type="checkbox"/> Behavioral Specialist hr/w x m then hr/w for x m	<input type="checkbox"/> DBMH		Family Preservation	
	Contact Person:			Phone #:	( )
Agency Providing Services:	<input type="checkbox"/> CHMC <input type="checkbox"/> GUIDANCE CENTER <input type="checkbox"/> OTHER (NAME PLEASE):	<input type="checkbox"/> GATEWAY <input type="checkbox"/> AGAWOOD	<input type="checkbox"/> HIGHPOINT <input type="checkbox"/> DICKINSON MENTAL HEALTH	<input type="checkbox"/> CENCLEAR/CHAMPS	
	<input type="checkbox"/> Last CASSP Meeting	Date 1/1/01	Time: 8 a.m. 8 p.m.	Phone #:	( )
	<input type="checkbox"/> CVS County:	Caseworker:			
	Probation County:	Probation Officer:		Phone #:	( )

Medication(s)	Dosages and Frequency	Time of Last Dose	Patient's Knowledge of Medication
<i>1/2 x 1/3 1/3</i>	<i>2 x 4 AM</i>	<i>1/3/01</i>	<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None
<i>1/2 x 1/3 1/3</i>	<i>2 x 4 AM</i>	<i>1/3/01</i>	<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None

Date Collected by:

Discipline: Date: 7/1/01 Time: 11 AM/PM

Initial Presentation

Face to Face (or Therapy/Nursing If Direct Admit)

Initial Presentation

Face to Face (or Therapy/Nursing If Direct Admit)

4278 0103200190  
WEHLER, NASTASHYA L ER  
168-66-2738 7 6Y 10/12/84  
PALMER, GEORGE JR  
SCHMIDT, ROBERT J



5/20/2011/12/15/2011/12/15/2011



DuBois Regional  
Medical Center

Adding one difference for this

## Child and Behavioral Health Services Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page 4 and Later

### Mental Status Examination

Mental Status Exam, Part I

Face to Face (or Therapy/Nursing If Direct Admit)

Mental Status Exam, Part I

Face to Face (or Therapy/Nursing If Direct Admit)

Severity	Assign severity to any checked item by putting the number code to the right the symptom or sign							
	<input type="checkbox"/> Poorly Nourished	<input type="checkbox"/> Ectomorphic	<input checked="" type="checkbox"/> Mesomorphic	<input type="checkbox"/> Endomorphic	<input type="checkbox"/> Looks Younger than stated age	<input type="checkbox"/> Looks Older than stated age	<input type="checkbox"/> Unshaven/Bearded	<input type="checkbox"/> Hairy
General	<input type="checkbox"/> Diry	<input type="checkbox"/> Soiled skin	<input type="checkbox"/> Dirt under nails	<input checked="" type="checkbox"/> Malodorous	<input type="checkbox"/> Impaired Hygiene	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Evident Cuts/Bruises/Abrasions/other Injury	<input type="checkbox"/> Handicap/Malformation
	<input type="checkbox"/> Infested							<input type="checkbox"/> Fragile
Comments:								
Attire	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Neat	<input type="checkbox"/> Outdated	<input checked="" type="checkbox"/> Casual	<input type="checkbox"/> Flamboyant	<input type="checkbox"/> Stylopy	<input type="checkbox"/> Sexually Provocative	<input type="checkbox"/> Soiled
								<input type="checkbox"/> Infested
Behavior	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Friendly	<input checked="" type="checkbox"/> Guarded	<input type="checkbox"/> Evasive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Disinhibited	<input type="checkbox"/> Poor Eye Contact
	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Charming	<input checked="" type="checkbox"/> Seductive	<input type="checkbox"/> Odd	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Eccentric	<input type="checkbox"/> Mannerisms
								<input type="checkbox"/> Distractibility
								<input type="checkbox"/> Reacts to Internal Stimuli
Psychomotor	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypomotiv	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Stereotypies	<input type="checkbox"/> Dystonic	<input type="checkbox"/> Choreoathetoid	<input type="checkbox"/> Restless
								<input type="checkbox"/> Catatonia
Speech	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Pressured	<input type="checkbox"/> Impaired Articulation	<input type="checkbox"/> Rapid	<input type="checkbox"/> Slow	<input type="checkbox"/> Cloud	<input type="checkbox"/> Soft	<input type="checkbox"/> Lisp
								<input type="checkbox"/> Vocal Tics
								<input type="checkbox"/> Obscenity
								<input type="checkbox"/> Ametism
								<input type="checkbox"/> Stammer/Stutter
Mood and Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Euphoric/Expansive	<input type="checkbox"/> Labile	<input checked="" type="checkbox"/> Restricted		<input type="checkbox"/> Anxious/Worried	<input type="checkbox"/> Blunted
	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Inappropriate	<input checked="" type="checkbox"/> Depressed	<input type="checkbox"/> Irritable/Angr	<input type="checkbox"/> Panicked	<input checked="" type="checkbox"/> Silly	<input type="checkbox"/> Flat	<input type="checkbox"/> Not congruent to context
Thought Processes	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Scholalia	<input type="checkbox"/> Clanging	<input type="checkbox"/> Neologisms	<input type="checkbox"/> Perseverative	<input type="checkbox"/> Poverty of Content/Slowed	<input type="checkbox"/> Planning
	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Tangential	<input type="checkbox"/> Derailed	<input type="checkbox"/> Blocking	<input type="checkbox"/> Vague	<input type="checkbox"/> Word Approximation	<input type="checkbox"/> Concrete ness
								<input type="checkbox"/> Word Salad
Perception/Hallucinations	<input type="checkbox"/> One/ Many Voices	<input type="checkbox"/> Visual	<input type="checkbox"/> Olfactory	<input type="checkbox"/> Gustatory	<input type="checkbox"/> Synesthesia			
	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Command Kill/Hurt Self	<input type="checkbox"/> Command Kill/Hurt Others	<input type="checkbox"/> Tactile	<input type="checkbox"/> Mood Congruent			
								<input type="checkbox"/> Flashbacks
Thought Content	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Illusions	<input type="checkbox"/> Delusions	<input type="checkbox"/> Somatic	<input type="checkbox"/> Nihilistic	Beliefs Controlled By:		
	<input type="checkbox"/> Depersonalizations	<input type="checkbox"/> OCD Thoughts/Rituals	<input type="checkbox"/> Telepathy	<input type="checkbox"/> Reference	<input type="checkbox"/> Religious	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Thought Insertion/ Broadcasting	
	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Derailments	<input type="checkbox"/> Magical Thoughts	<input type="checkbox"/> Persecution	<input type="checkbox"/> Erotic	<input type="checkbox"/> Grandeur	<input type="checkbox"/> Thought Withdrawal	
Current Potential for Dangerousness to Self/Other	(Check those items that apply and note details)							
Harm to Self	<input type="checkbox"/> No Problem	<input type="checkbox"/> Self Mutilatory	<input type="checkbox"/> No Problem	<input type="checkbox"/> Homicidal	<input checked="" type="checkbox"/> No Problem	<input type="checkbox"/> Assaultive/Sexually Aggressive	<input type="checkbox"/> No Problem	<input type="checkbox"/> None
	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation		<input type="checkbox"/> Ideation		<input type="checkbox"/> Ideation		<input type="checkbox"/> Risk Taking
	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan		<input type="checkbox"/> Plan		<input type="checkbox"/> Plan		<input type="checkbox"/> Dangerous Behavior
	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent		<input type="checkbox"/> Intent		<input type="checkbox"/> Intent		<input type="checkbox"/> No Problem
	<input type="checkbox"/> Action	<input checked="" type="checkbox"/> Action superficial atm or Cdm		<input type="checkbox"/> Action		<input type="checkbox"/> Action		<input type="checkbox"/> Action

Comments (about any section above that needs elaboration):

After leaving Et after 1st FTF pt. hyperactively  
act her 3 days

Data Collected by: test Discipline: no Date: 11/10/11 Time: 11:45 AM/PM



## Dufresne Regional Medical Center

Child/Adolescent Behavioral Health Services

### Intake Evaluation

#### What are the differences between 100%

*Instructions: Fill in the Blanks and/or Check Boxes  
Or Go to Supplemental Data Page and note Page # and Letter*

54218 0103200190 02/01/  
EHLER,NASTASHYA L 58  
158-36-2738 F 157 071054  
PALMER,GEORGE JR  
SCHMIDT,ROBERT J

G:\errors\fritz\intake\revised adolescent intake \g1-l6.pdb;8/11/2013

Name: <u>John Doe</u>	Age: <u>18</u>	Grade: <u>12</u>	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Language: <input checked="" type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Other: _____			
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Afro-American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Latin <input type="checkbox"/> Other _____			

**Presenting Problem** Client's History  Reliable  Unreliable **Referral Source:** \_\_\_\_\_

Highly developed, complex, low FTF of 7 days.

Past Psychiatric Diagnosis: Major Depressive       History of Past Psychiatric Hospitalization # 1

#### History of the Present Illness (The time course of New and/or Changing Chronic Problems that have led to Evaluation)

He is having bad anxiety. made 3 superficial C. C. & is over  
it. seems to "help" with the whole thing. but they can't seem to  
signify progress, "it's not helped it makes me feel  
lighter?" it's depressed & moodiness, instability & inconsistency  
& energy, & motivation. Situation has become Mr. P. experiencing  
Paranoia & refutes OCD symptoms since 8th grade. He has  
missed school 2-3 times a week, his grades have dropped from  
B's to D's. Marned have been charged w/ 5-6 of 75 pts since  
May. I am P.T.S with other clients, any substance abuse  
problems

## Face to Face (or Therapy/Nursing If Direct Admin)

Initial Presentation

Face to Face (or Therapy/Nursing If Direct Admit)

**Preliminary Psychiatric Review** (Check and/or fill a blank if the item contributed to current difficulties)

Harm to Self / Suicide <input type="checkbox"/> No Problem	Harm to Other/Impulsive <input type="checkbox"/> No Problem	Mood <input type="checkbox"/> No Problem	Irrational Thinking <input type="checkbox"/> No Problem	Sleep <u>  </u> hrs/d <input type="checkbox"/> No Problem	Appetite/Eating <input type="checkbox"/> No Problem	Substance Abuse <input type="checkbox"/> No Problem
<input type="checkbox"/> Thoughts of wanting to die <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Plan _____	<input type="checkbox"/> Conduct Disordered/ Antisocial Behavior <input type="checkbox"/> Aggressive Ideation <input type="checkbox"/> Plan _____	<input type="checkbox"/> Depressed Worse in: <u>AM</u> <input type="checkbox"/> PM <input type="checkbox"/> Hopeless <input type="checkbox"/> Crying <input type="checkbox"/> Apathy <input type="checkbox"/> Irritable	<input type="checkbox"/> Hallucinations: <input type="checkbox"/> Visual <input type="checkbox"/> Olfactory <input type="checkbox"/> Gustatory <input type="checkbox"/> Tactile <input type="checkbox"/> Auditory <input type="checkbox"/> Command <i>right now</i>	<input type="checkbox"/> Restful <input type="checkbox"/> Non Restful <input type="checkbox"/> Circadian Reversal <i>right now</i>	<input type="checkbox"/> Decrease <input type="checkbox"/> Increase <input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia <input type="checkbox"/> Pica <input type="checkbox"/> Gorging <input type="checkbox"/> Excessive Exercise	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs _____
<input type="checkbox"/> Intent <input type="checkbox"/> Gesture _____	<input type="checkbox"/> Intent <input type="checkbox"/> Gesture _____	<input type="checkbox"/> Mood Swings <input type="checkbox"/> Elevated <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Grandiosity	<input type="checkbox"/> Delusions Mood <input type="checkbox"/> Congruent <input type="checkbox"/> Non Congruent <input type="checkbox"/> Obsessions/Compulsions <input type="checkbox"/> Paranoia <input type="checkbox"/> Disorganized <input type="checkbox"/> Dissociative <input type="checkbox"/> Illusions	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Fragmented <input type="checkbox"/> Early AM Awaking	<input type="checkbox"/> Laxative Use <input type="checkbox"/> Over Pill Use <input type="checkbox"/> Diuretic Use <input type="checkbox"/> Distorted Body Image	<input type="checkbox"/> Problems due to Alcohol: <input type="checkbox"/> GI Bleed <input type="checkbox"/> Ulcer <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas
<input type="checkbox"/> Means by ( <input type="checkbox"/> Lethal <input type="checkbox"/> Non-Lethal)	<input type="checkbox"/> Means by ( <input type="checkbox"/> Lethal <input type="checkbox"/> Non-Lethal)	<input type="checkbox"/> Concentration: <input type="checkbox"/> Decreased <input type="checkbox"/> Increased Energy: <input type="checkbox"/> Decreased <input type="checkbox"/> Increased	<input type="checkbox"/> Difficulty Initiating Insomnia: <input type="checkbox"/> Initial <input type="checkbox"/> Middle <input type="checkbox"/> Terminal	<input type="checkbox"/> Excessive Dieting <input type="checkbox"/> Weight Change How much: <u>  </u>		<input type="checkbox"/> Blood Alcohol Level in ED
<input type="checkbox"/> Rehearsal <input type="checkbox"/> Suicide Note/ Communication <input type="checkbox"/> Self-mutilatory	<input type="checkbox"/> Rehearsal <input type="checkbox"/> Threatening Note/ Communication <input type="checkbox"/> Impulsivity	<input type="checkbox"/> Social Isolation <input type="checkbox"/> Low motivation/interest	<input type="checkbox"/> Depersonalization <input type="checkbox"/> Confusion	<input type="checkbox"/> Not getting out of bed in the morning	<input type="checkbox"/> Over what time: <u>  </u> <u>  </u>	Last Drink: / /
<input type="checkbox"/> Completed Suicide <input type="checkbox"/> Relative(s) or Acquaintance(s)	<input type="checkbox"/> Completed Homicide <input type="checkbox"/> Relative(s) or Acquaintance(s)					

General:  Somatic  Conversion Symptoms  Phobias  Panic / Agoraphobia  Anxiety  Physical  Sexual Abuse  Traumatic Recollections  Trichotillomania  Sexual Issues

Seizure History       Neurologic Disorder       Head Injury 11/00       History HIV/AIDS       Endocrine       Ignorprexis       Thyroid/Endocrine Dx:

Anniversary of Traumatic Event       Recent Traumatic Event Stressful to Client      Recent Death:  Family       Friend       Important Other

In this past month Number of :  1) Crisis Line calls:  2) Other:  3) Face to Face Evaluations:  4) Other:

Page 3 of 10 - 100% Complete

Data Collected by: John Doe Discipline: Physics Date: 11/18 Time: 10:00 AM AM/PM

Data Collected by: April B. Breyer Discipline: 13

Date: 3/17/01 Time: 4:13 PM

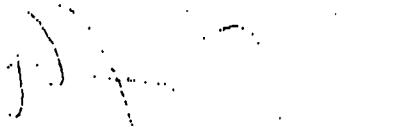
Downloaded by [University of California, Berkeley] at 09:17 17 March 2018

Data Collected by: Will Brown Discipline: 12 Date: 2/17/01 Time: 00:00 AM/PM

PROGRESS NOTE  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA  
RE: WEHLER, NASTASHYA L 0103200190 - 000464218 Room #:  
PAGE 3

4. Get history from outpatient counselor.

D: 02/02/2001 3:45 P  
T: 02/09/2001 7:27 APGF/Imp  
DOCUMENT NO: 182374  
Job/Tape ID: 035389

  
P. G. Fritz, M.D.

PROGRESS NOTE

Chart Copy

6-09-19-'07 07:07 FROM-DRMC 'WEST HIM MEDREC

T-141 P002/047 F-231

DIRECIVE		ADMISSION		SUMMARY		FINANCIAL		PATIENT							
DUBOIS REGIONAL MEDICAL CENTER		PREVIOUS NAME		ADMISSION DATE		NAME		ROOMING							
NAME AND ADDRESS				02/12/01		12:50		0223	01						
WEHLER, NASTASHYA L PO BOX 129								U	N						
WEEDVILLE PA 15868		COUNTY		AGE		BIRTH DATE		P.T.	SEX	M.S.	REFERRAL	S.C.	P.C.	ADMISSION	
		MD		16Y		10/12/84		MH	F	1	S	ER	AMH	BC	JR
TELEPHONE NO. (814)787-8265		S.S. NO. 168-66-2738		RELIGION-CHURCH		UNKNOWN								NAME	
EMPLOYER, ADDRESS, OCCUPATION, PHONE NONE														S	
STUDENT															
ADMITTING DIAGNOSIS ADMISSION 302				STAFF ALERT		LAST ADM. DATE 02/01/01		WHERE DRMC EAST 2/1		RELATIONSHIP MOTHER					
PERSON TO NOTIFY IN CASE OF EMERGENCY WEHLER, CONNIE E PO BOX 129 WEEDVILLE PA 15868				ADDRESS						PHONE (814) 787-8265					
NAME AND ADDRESS WEHLER, CONNIE E PO BOX 129 WEEDVILLE PA 15868				TELEPHONE (814)787-8265 WAITRESS SOC. SEC. # 191-62-1299		REL.		EMPLOYER NAME AND ADDRESS BAVARIAN INN ST MARYS PA 15857 (814)834-2161							
INSURANCE COMPANY BLUE CROSS 363 BLUE SHIELD PROFESSIONAL MA PSYCH INPATIENT		PLAN 100001 105000 200030	POLICY HOLDER WEHLER, CONNIE E WEHLER, CONNIE E WEHLER, NASTASHYA L	REL.	POLICY # YYD208569565 YYD208569565 0301137030				GROUP # 05075100 05075100						
ATTENDING PHYSICIAN FRITZ, PAUL G P.R. SCHMIDT, ROBERT J				REFERRING PHYSICIAN MCKINLEY, ERIN A FRITZ, PAUL G		CONSULTING PHYSICIAN									

**PRINCIPAL DIAGNOSIS:** The condition established, after study, to be chiefly responsible for causing the admission to the hospital for care.  
**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.  
**PRINCIPAL PROCEDURE:** That procedure most related to the principal diagnosis.

PRINCIPAL AND SECONDARY DIAGNOSIS AND COMPLICATIONS		CODE
<ul style="list-style-type: none"> <li>✓ Bipolar Disorder; mixed</li> <li>✓ Borderline features</li> </ul>		296.60 V62.84
COMPLICATIONS		
PRINCIPAL AND SECONDARY PROCEDURES		
<b>PETITIONER'S EXHIBIT</b>		

**PETITIONER'S  
EXHIBIT**

2 100  
Cf

PSYCHIATRIC EVALUATION/DISCHARGE SUMMARY  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA

10/12/1984

PATIENT NAME: WEHLER, NASTASHYA L 0104300478 - 000464218

ADMISSION DATE: 02/12/2001

DISCHARGE DATE: 02/16/2001

IDENTIFYING INFORMATION: The client is a 16-year-old white female who has previously been diagnosed with major depression, rule out bipolar disorder, has one previous psychiatric hospitalization. She was recently discharged from the adolescent unit on 2/06/01.

PRESENTING PROBLEM: The client presents as a 302 involuntary commitment for evaluation and treatment of increased irritability, mood swings, impulsivity, possible visual hallucinations.

HISTORY OF PRESENT ILLNESS: Since the client was discharged from the adolescent unit on 2/06/01, the client has had a deterioration in her mental status manifested by mood instability with crying in significant events. She has been going to the school nurse reporting visual hallucinations, seeing lines on a blackboard when none are there, having odd behaviors in school. She planned an assault on a female peer who called her a "bitch". She was going to gouge her eyes out. She apparently was suspended from school in relationship to these difficulties. She was apparently obsessing over a male patient that she met while she in the inpatient unit, calling and doing ICQ on the internet. She had a date last Friday. She called him to let him know that it was her. She also has been getting into conflicts at work, being paranoid and harassing the manager and took a knife to work and was threatening her old boyfriend. She is described as having depression, crying irritability, apathy, mood swings, possible visual hallucinations with obsessive compulsive thoughts, paranoia, and threatening to cut others. As of note, she has lost 25 pounds in the past two months.

The client's mother states that the Celexa seems to be revving her up, and on that basis she asked if she could decrease it to 20 mg p.o. qd.

PAST PSYCHIATRIC HISTORY: D&A HISTORY: FAMILY PSYCHIATRIC AND D&A HISTORY: These remain essentially unchanged from last admission. Please see the Discharge Summary from the previous hospitalization and psychiatric intake for this information.

SOCIAL HISTORY: Please see the content of the Discharge Summary from the previous hospitalization and the intake.

REVIEW OF SYSTEMS: PER DR. BRADLEY: She had weight loss, sleep and appetite disturbances and lost 25 pounds. HEENT: She has headaches, migraines, wears contacts and has wax in her ears. She thinks she has chronic infections, but that does not appear to be the case. MUSCULOSKELETAL: Her neck will get stiff, joints will get a little stiff and cracked but they are not true arthritides. PULMONARY: She smokes, has a cough with sputum production with exertion and a little bit of asthma from smoking. CARDIAC: There is non-anginal chest pain, no history of rheumatic fever or valvular disease or dysrhythmia or anginal type chest pain. GI: There is no history of GERD, peptic ulcer, gallbladder disease or melena. GU: Last period was 02/12/01. She is sexually active with protection and has had Depo-Provera therefore her periods are regular with spotting much of the time. NEUROLOGIC: No history of TIA or seizures.

PHYSICAL EXAMINATION: PER DR. BRADLEY: VITAL SIGNS: Temp 94, pulse 100, blood pressure is 122/62. Respirations are 20, weight is 143. Height 5'5". GENERAL: A well-developed female not in any distress. SKIN: Skin reveals no rashes. HEENT: HEENT is normal. Pupils are equal and reactive. Posterior pharynx is clear. NECK: Neck reveals no

## PSYCHIATRIC EVALU. ON/DISCHARGE SUMMARY

DUBOIS REGIONAL MEDICAL CENTER

DUBOIS, PENNSYLVANIA

WEHLER, NASTASHYA L.

0104300478-000464218

PAGE 2

masses. LUNGS: Lungs are clear. HEART: Heart reveals a regular rhythm without murmurs. ABDOMEN: Flat, non-tender, without liver or spleen enlargement or masses. EXTREMITIES: Extremities are symmetric without deformity. NEUROLOGIC: Neurologic is intact without lateralizing motor or sensory deficit. DTR are +2 and equal bilaterally.

PAST MEDICAL HISTORY: No chronic medical problems. Borderline asthma.

ALLERGIES: NONE NOTED, ALTHOUGH IT IS DESCRIBED DISTINCTLY THAT SHE HAS ALLERGIES TO DRUGS.

MEDICATIONS: Celexa 20 mg p.o. qd.

MENTAL STATUS EXAMINATION: Well-developed, well nourished adolescent, white, blond female, with adequate hygiene and grooming in hospital pajamas. BEHAVIOR: She was guarded, but cooperative. PSYCHOMOTOR: Increased at times, decreased at times. SPEECH: Increased tone and rate. Regular rhythm. MOOD: "I'm having a lot of mood swings." AFFECT: Labile. THOUGHT FORM: Mildly concrete. No gross looseness of associations or flight of ideas. PERCEPTION: Denied hallucinations. THOUGHT CONTENT: Denied suicidal or homicidal or assaultive ideation. Denied paranoia or delusions. COGNITION: Awake, alert, oriented X3. FUND OF KNOWLEDGE: MEMORY: LANGUAGE: CONCENTRATION: Consistent with an individual of above average intelligence. Otherwise, unremarkable. INSIGHT/JUDGMENT: Impaired.

FORMULATION: This is a 16-year-old white female who has a previous diagnosis of major depression and has one previous psychiatric hospitalization recently being discharged on 2/06/01 who presents as a 302 involuntary commitment in relationship to out of control impulsivity and potential threatening behavior with a knife to others with a significant mood instability consistent with mixed manic type symptomatology for evaluation and treatment.

HOSPITAL COURSE: The client was admitted under suicide watch to prevent impulsivity toward self or others. By 02/15/01 the client was felt not to have substantial risks to harm herself within the hospital setting and her suicide watch was discontinued. Because of evidence now of mixed manic type of symptoms it was felt that the antidepressant regimen might actually be causing her to flip to this state and therefore Celexa was discontinued, ordered on 02/13/01. Then to treat her mood instability Depakote ER 500 mg p.o. q. hs was ordered on 02/13/01 after having gotten a CBC and LFT.

It is of note that the client had a marked reduction in mood instability in association with the pharmacologic strategy described above. However, she had side effects that were felt to be secondary to the Depakote. The client was complaining of stomach pain and nausea and had emesis in association with the medication. It is on this basis that at discharge I did decrease her Depakote and went to another preparation of Depakote Sprinkles in the hope that a lower dose would be tolerable to the client while having the positive effects that we noticed with the current strategy.

The client participated increasingly adaptively in the ward treatment activities, individual, group, family, school, and recreational activities. With the exception that she did not completely cooperate with some of our discharge recommendations we thought that partial hospitalization would be the most effective intervention for her. She would be able to catch up at school, she would have ongoing psychiatric follow-up. She however, refused. She also did have persistent evidence of borderline features that complicated her treatment as she had a tendency to make

## PSYCHIATRIC EVALU. ON/DISCHARGE SUMMARY

DUBOIS REGIONAL MEDICAL CENTER

DUBOIS, PENNSYLVANIA

WEHLER, NASTASHYA L.

0104300478 .. 000464218

PAGE 3

decisions impulsively without sufficient thought, but on a relative basis these symptoms as well as the other symptoms mentioned above all decreased on a sustained basis and she denied suicidal, homicidal, or assaultive ideation. It was felt that by 02/16/01, she had achieved the objectives of inpatient hospitalization and was discharged to outpatient management.

SUMMARY OF INPATIENT LABS: CBC and LFT were unremarkable. Her pregnancy test on 02/13/01 was negative. Her urine drug screen on 02/13/01 was negative.

DISCHARGE MENTAL STATUS: APPEARANCE: A well developed, well nourished, blonde adolescent white female with adequate hygiene, grooming, and clothing. BEHAVIOR: She was guarded but cooperative. Psychomotor was decreased. SPEECH: Speech was decreased tone, and rate, regular rhythm. MOOD: "I am feeling better, I am not having as many mood swings." AFFECT: Dysthymic with constriction, with only occasional smiling. THOUGHT FORM: No gross looseness of associations or flight of ideas. PERCEPTION: She denied hallucinations. THOUGHT CONTENT: She denied suicidal, homicidal, or assaultive ideation. She denied paranoia or delusions. COGNITION: She was awake, alert, oriented times three. Her fund of knowledge, memory, language and concentration was consistent with an individual of average to above average intelligence and was otherwise unremarkable. INSIGHT: Her insight is impaired. JUDGMENT: Her judgment is impaired. But she is not in an acute present danger to self or others and her current mental status is compatible with safe outpatient management if the treatment plan designed is expeditiously implemented.

DISCHARGE DIAGNOSES:

Axis I. Bipolar disorder, mixed.

Axis II. Borderline features.

Axis III. None.

Axis IV. Relational problems, NOS.

Axis V. 55.

DISCHARGE TREATMENT PLAN:

1. Psychiatric follow-up with Doctor Baxi on 03/29/01 at 1 PM.
2. Therapy follow-up with Buzz DiGiarimo who will call family with an appointment.

DISCHARGE MEDICATIONS:

Depakote sprinkles 125 mg tablets one tablet p.o. b.i.d. She was given a month's supply with four refills.

LABORATORY: Depakote level, CBC, and LFT on 02/20/01 and 02/24/01.

D: 02/21/2001 10:33 A

T: 02/26/2001 9:55 A PGF/bam

DOCUMENT NO: 184758

Job/Tape ID: 042767

cc: P. G. Fritz, M.D.

  
P. G. Fritz, M.D.

Chart Copy

HISTORY AND PHYSICAL EXAMINATION  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA

10/12/1984

WEHLER, NASTASHYA L.

0104300478 - 000464218 0223

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Admitted to Dr. Fritz 02/12/01.

CHIEF COMPLAINT: 302.

HISTORY OF PRESENT ILLNESS: This 16-year-old female got into an agitated state in which she threatened an employee by cutting with a knife and also threatened to slash her own wrists, ~~she was identified in the Weedville area~~. She just left the adolescent unit on 02/06/01. She has been weeping inappropriately, possibly was hallucinating visually and made threatening statements about other peers. She works at Wendy's and it is there where the threat to the other employee took place. She is admitted for psyche evaluation and treatment.

ALLERGIES: NONE.

MEDICATIONS: Celexa 20 daily.

PAST SURGICAL HISTORY: Status post T & A. No history of trauma or surgery or major illnesses.

SOCIAL HISTORY: She does some smoking. She lives with her mother, but would like to live with her biological father. She goes to St. Marys school where she had had a suspension recently of a few days, because she said she was going to cut the face of one of her peers.

FAMILY HISTORY: Family history is evidently unremarkable for an psychiatric problems. Her mom does have cervical cancer and has at least a 16-year-old sibling.

REVIEW OF SYSTEMS: In general she had weight loss, sleep and appetite disturbances and lost 25 pounds. HEENT: She has headaches, migraines, wears contacts and has wax in her ears. She thinks she has chronic infections, but that does not appear to be the case. MUSCULOSKELETAL: Her neck will get stiff and her joints will get a little stiff and cracked but they are not true arthritides. PULMONARY: She smokes and gets a cough with sputum production with exertion and a little bit of asthma from smoking. CARDIAC: There is non-anginal chest pain, there is no history of rheumatic fever or valvular disease or dysrhythmia or anginal type chest pain. GI: There is no history of GERD, peptic ulcer, gallbladder disease or melena. GU: Last period was 02/12/01. She is sexually active with protection and has had Depo-Provera therefore her periods are regular with spotting much of the time. NEUROLOGIC: No history of TIA or seizures.

**PHYSICAL EXAMINATION**

VITAL SIGNS: Temp 94, pulse 100, blood pressure is 122/62. Respirations are 20, weight is 143. Height 5'5". GENERAL: A well-developed female not in any distress. SKIN: Skin reveals no rashes. HEENT: HEENT is normal. Pupils are equal and reactive. Posterior pharynx is clear. NECK: Neck reveals no masses. LUNGS: Lungs are clear. HEART: Heart reveals a regular rhythm without murmurs. ABDOMEN: Flat, non-tender, without liver or spleen enlargement or masses. EXTREMITIES: Extremities are symmetric without deformity. NEUROLOGIC: Neurologic is intact without lateralizing motor or sensory deficit. DTR are +2 and equal bilaterally.

Chart Copy

09-19-'07 07:08 FROM-DRMC WEST HIM MEDREC

T-141 P007/047 F-231

HIS, DRY AND PHYSIC... EXAMINATION  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA  
RE: WEHLER, NASTASHYA L.  
PAGE 2

0104300478 - 000464218 Room #:

IMPRESSION:

1. Depression with suicidal and homicidal thoughts.
2. Racing thoughts with anger control problem.
3. Extensive smoking history.
4. Menometrorrhagia related to the Depo-Provera shot.
5. History of migraine cephalgia.
6. 25 pound voluntary weight loss.

PLAN: Patient is for psyche evaluation and treatment.

D: 02/13/2001 8:21 A

T: 02/13/2001 11:24 A TJB/bam

DOCUMENT NO: 182861

Job/Tape ID: 039202

  
T.J. Bradley, M.D.

Chart Copy

ADMISSION NOTE  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA

WEHLER, NASTASHYA L 0104300478-000464218

IP

DATE: 02/14/2001

IDENTIFYING INFORMATION: The client is a 16-year-old white female who has previously been diagnosed with major depression, rule out bipolar disorder, has one previous psychiatric hospitalization. She was recently discharged from the adolescent unit on 2/06/01.

PRESENTING PROBLEM: The client presents as a 302 involuntary commitment for evaluation and treatment of increased irritability, mood swings, impulsivity, possible visual hallucinations.

HISTORY OF PRESENT ILLNESS: Since the client was discharged from the adolescent unit on 2/06/01, the client has had a deterioration in her mental status manifested by mood instability with crying in significant events. She has been going to the school nurse reporting visual hallucinations, seeing lines on a blackboard when none are there, having odd behaviors in school. She planned an assault on a female peer who called her a "bitch". She was going to gouge her eyes out. She apparently was suspended from school in relationship to these difficulties. She was apparently obsessing over a male patient that she met while she in the inpatient unit, calling and doing ICQ on the internet. She had a date last Friday. She called him to let him know that it was her. She also has been getting into conflicts at work, being paranoid and harassing the manager and took a knife to work and was threatening her old boyfriend. She is described as having depression, crying irritability, apathy, mood swings, possible visual hallucinations with obsessive compulsive thoughts, paranoia, and threatening to cut others. As of note, she has lost 25 pounds in the past two months.

The client's mother states that the Celexa seems to be revving her up, and on that basis she asked if she could decrease it to 20 mg p.o. qd.

PAST PSYCHIATRIC HISTORY: D&A HISTORY: FAMILY PSYCHIATRIC AND D&A HISTORY: These remain essentially unchanged from last admission. Please see the Discharge Summary from the previous hospitalization and psychiatric intake for this information.

SOCIAL HISTORY: Please see the content of the Discharge Summary from the previous hospitalization and the intake.

REVIEW OF SYSTEMS: PER DR. BRADLEY: She had weight loss, sleep and appetite disturbances and lost 25 pounds. HEENT: She has headaches, migraines, wears contacts and has wax in her ears. She thinks she has chronic infections, but that does not appear to be the case. MUSCULOSKELETAL: Her neck will get stiff, joints will get a little stiff and cracked but they are not true arthritides. PULMONARY: She smokes, has a cough with sputum production with exertion and a little bit of asthma from smoking. CARDIAC: There is non-anginal chest pain, no history of rheumatic fever or valvular disease or dysrhythmia or anginal type chest pain. GI: There is no history of GERD, peptic ulcer, gallbladder disease or melena. GU: Last period was 02/12/01. She is sexually active with protection and has had Depo-Provera therefore her periods are regular with spotting much of the time. NEUROLOGIC: No history of TIA or seizures.

PHYSICAL EXAMINATION: PER DR. BRADLEY: VITAL SIGNS: Temp 94, pulse 100, blood pressure is 122/62. Respirations are 20, weight is 143. Height 5'5". GENERAL: A well-developed female not in any distress. SKIN: Skin reveals no rashes. HEENT: HEENT is normal. Pupils are equal and reactive. Posterior pharynx is clear. NECK: Neck reveals no

Chart Copy

**PROGRESS NOTE**

DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA

RE: WEHLER, NASTASHYA L 0104300478 - 000464218 Room #:

PAGE 2

masses. LUNGS: Lungs are clear. HEART: Heart reveals a regular rhythm without murmurs.

ABDOMEN: Flat, non-tender, without liver or spleen enlargement or masses. EXTREMITIES: Extremities are symmetric without deformity. NEUROLOGIC: Neurologic is intact without lateralizing motor or sensory deficit. DTR are +2 and equal bilaterally.

PAST MEDICAL HISTORY: No chronic medical problems. Borderline asthma.

ALLERGIES: **NONE NOTED, ALTHOUGH IT IS DESCRIBED DISTINCTLY THAT SHE HAS ALLERGIES TO DRUGS.**

MEDICATIONS: Celexa 20 mg p.o. qd.

MENTAL STATUS EXAMINATION: Well-developed, well nourished adolescent, white, blond female, with adequate hygiene and grooming in hospital pajamas. BEHAVIOR: She was guarded, but cooperative. PSYCHOMOTOR: Increased at times, decreased at times. SPEECH: Increased tone and rate. Regular rhythm. MOOD: "I'm having a lot of mood swings." AFFECT: Labile. THOUGHT FORM: Mildly concrete. No gross looseness of associations or flight of ideas. PERCEPTION: Denied hallucinations. THOUGHT CONTENT: Denied suicidal or homicidal or assaultive ideation. Denied paranoia or delusions. COGNITION: Awake, alert, oriented X3. FUND OF KNOWLEDGE: MEMORY: LANGUAGE: CONCENTRATION: Consistent with an individual of above average intelligence. Otherwise, unremarkable. INSIGHT/JUDGMENT: Impaired.

FORMULATION: This is a 16-year-old white female who has a previous diagnosis of major depression and has one previous psychiatric hospitalization recently being discharged on 2/06/01 who presents as a 302 involuntary commitment in relationship to out of control impulsivity and potential threatening behavior with a knife to others with a significant mood instability consistent with mixed manic type symptomatology for evaluation and treatment.

**DIAGNOSES:**

- Axis I. Bipolar disorder, mixed.
- Axis II. Rule out borderline features.
- Axis III. Borderline asthmatic.
- Axis IV. Relational problems, NOS.
- Axis V. 25.

**PLAN:**

1. Suicide watch.
2. Discontinue Celexa. Start Depakote ER 500 mg p.o. qhs after getting CBC and LFTs.
3. Get a repeat Depakote level, CBC and LFTs on 2/17.
4. Involvement in the ward treatment activities, individual, group, family, school and recreational activities as her mental and physical state permit.
5. Consider convening a CASSP meeting for the purposes of making a referral to partial and in-home services as necessary and appropriate based on the information that we gather from the various family members and others in contact with the client such as school.

D: 02/14/2001 1:15 P

T: 02/19/2001 12:39 P

DOCUMENT NO: 183873

Job/Tape ID: 039999

PGF/nb

**PROGRESS NOTE**

Chart Copy



DuBois Regional  
Medical Center

Making the difference for life.

Child/Adol Behavioral Health Services  
Intake EvaluationInstructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page # and Letter

WEHLER, NASTASHYA L

FRITZ, PAUL G

10/12/84 F 02/12/01

168-66-2738 0104300478



G:\doctors\fritz\intake\revised adolescent intake pg1-12.pub;8/11/00;ln

Responsible Parties and Other Historian (s) (A)					
Name <i>Carrie L. Schleifer</i>	Custody Rule	Relationship to Patient	<input type="checkbox"/> None <input checked="" type="checkbox"/> Interviewed <input type="checkbox"/> Notified <input type="checkbox"/> Interviewed <input type="checkbox"/> Notified	Telephone #	Reliability <input checked="" type="checkbox"/> Reliable <input type="checkbox"/> Unreliable
			<input type="checkbox"/> Interviewed <input type="checkbox"/> Notified		<input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable
			<input type="checkbox"/> Interviewed <input type="checkbox"/> Notified		<input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable

Past Behavioral History (B)					
Self Injurious Behavior <input type="checkbox"/> None <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Mutilation	Dangerousness to Other(s) <input type="checkbox"/> None <input type="checkbox"/> Homicidal <input type="checkbox"/> Assaultive <input type="checkbox"/> Sexually	<input type="checkbox"/> None	Impulsiveness/Anorexia/Bulimia <input type="checkbox"/> None <input type="checkbox"/> Type of Action:	Property <input type="checkbox"/> None	<input type="checkbox"/> Damage/ Fire Setting

Description of any Yes Answers. Please detail approximate dates, content of ideation/plans, frequency and actions/consequences.

Medical Problems Relevant to Evaluation (C)					
None					

Current Services (D)					
Psychiatrist: <i>Dr. M. M. Lohr 5/25 @ 5/1</i>	Name/Facility	Telephone #	Last Date: <i>1/1</i>	Visit Date: <i>1/1</i>	
Therapist: <i>Sinclair 2/14/01 @ 22</i>			Date: <i>1/1</i>		
ICM/CM /MRCM (circle one): <input type="checkbox"/>	( )		Date: <i>1/1</i>		
RTP: <input type="checkbox"/>	( )				
Group Home/Partial (circle one): <input type="checkbox"/>	( )				
Juvenile Detention/Boot Camp <input type="checkbox"/>	( )				
IN-HOME SERVICES: <input type="checkbox"/> Mobile Therapy hr/w <input type="checkbox"/> Therapeutic Staff: Community hr/w/ <input type="checkbox"/> School hr/w					
<input type="checkbox"/> Behavioral Specialist hr/x m then hr/x for x m <input type="checkbox"/> Caseworker Contact Person: _____		<input type="checkbox"/> FBMH	<input type="checkbox"/> Family Preservation Phone #: ( ) _____		
Agency Providing Services: <input checked="" type="checkbox"/> CHMC <input type="checkbox"/> GUIDANCE CENTER <input type="checkbox"/> OTHER (NAME PLEASE): <i>DCYS County: _____</i>	<input type="checkbox"/> GATEWAY <input type="checkbox"/> SAGEWOOD <i>DCYS County: _____</i>	<input type="checkbox"/> HIGHPOINT <input type="checkbox"/> DICKINSON MENTAL HEALTH <i>DCYS County: _____</i>	<input type="checkbox"/> CENCLEAR/CHAMPS Phone #: ( ) _____		
<input type="checkbox"/> Last CASSP Meeting Date _____ Time: _____ a.m. p.m.					
Probation County: _____	Caseworker: _____	Probation Officer: _____	Phone #: ( ) _____		
Medication(s) <i>Plax</i>	Dosages and Frequency <i>20 mg</i>	Time of Last Dose	Patient's Knowledge of Medication (E)		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		
			<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None		



DuBois Registry  
Medical Center

### Marketing and distribution

## Child/Adol Behavioral Health Services Intake Evaluation

Instructions: Fill in the blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page # and Letter

42-9 16V AGO 1971 41 MI  
FEHLER,MASTABA-YAL  
SHITZ,PAUL G  
10 2/84 F 421407  
168-66-2738 0104300478

## **Mental Status Examination**

Severity	Assign severity to any checked item by putting the number code to the right the symptom or sign								Mild=1	Moderate=2	Severe=3	Extreme=4	
General	<input type="checkbox"/> Poorly Nourished	<input type="checkbox"/> Ectomorphic	<input type="checkbox"/> Mesomorphic	<input type="checkbox"/> Endomorphic	<input type="checkbox"/> Looks Younger than stated age	<input type="checkbox"/> Looks Older than stated age	<input type="checkbox"/> Unshaven/Barbered	<input type="checkbox"/> Hairy	(A)				
<input type="checkbox"/> Dirty	<input type="checkbox"/> Soiled skin	<input type="checkbox"/> Dirt under nails	<input type="checkbox"/> Malodorous	<input type="checkbox"/> Impaired Hygiene	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Evident Cuts/Bruises/Abrasions/other Injury	<input type="checkbox"/> Handicaps/Malformation	<input type="checkbox"/> Fragile					
Comments:													
Attire	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Neat	<input type="checkbox"/> Untidied	<input type="checkbox"/> Casual	<input type="checkbox"/> Flamboyant	<input type="checkbox"/> Sloppy	<input type="checkbox"/> Sexually Provocative	<input type="checkbox"/> Soiled	<input type="checkbox"/> Infested	(B)			
Behavior	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Friendly	<input checked="" type="checkbox"/> Agitated	<input type="checkbox"/> Evasive	<input type="checkbox"/> Hostile	<input type="checkbox"/> Disruptive	<input type="checkbox"/> Disinhibited	<input type="checkbox"/> Poor Eye Contact	<input type="checkbox"/> Poor Attention Span	<input type="checkbox"/> Dramatic			
	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Relaxed	<input type="checkbox"/> Charming	<input type="checkbox"/> Seductive	<input type="checkbox"/> Odd	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Eccentric	<input type="checkbox"/> Mannerisms	<input type="checkbox"/> Distractibility	<input type="checkbox"/> Reacts to Internal Stimuli	<input type="checkbox"/> Histrionic		
Psychomotor	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Hypoactive	<input type="checkbox"/> Clumsy	<input type="checkbox"/> Stereotypies	<input type="checkbox"/> Dystonic	<input type="checkbox"/> Chorea/athetoid	<input type="checkbox"/> Restless	<input type="checkbox"/> Catatonia	<input type="checkbox"/> Tics	<input type="checkbox"/> Tremor		
Speech	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Pressured	<input type="checkbox"/> Impaired Articulation	<input checked="" type="checkbox"/> Rapid	<input type="checkbox"/> Slow	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Lisp	<input type="checkbox"/> Vocal Tics	<input type="checkbox"/> Obscenity	<input type="checkbox"/> Mumbling	<input type="checkbox"/> Stammer/Slur	
Mood and Affect	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Apathetic	<input type="checkbox"/> Euphoric/Expansive	<input checked="" type="checkbox"/> Labile	<input type="checkbox"/> Restricted	<input type="checkbox"/> Anxious/Worried	<input type="checkbox"/> Blunted						
	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Inappropriate	<input checked="" type="checkbox"/> Depressed	<input checked="" type="checkbox"/> Irritable/Angry	<input checked="" type="checkbox"/> Panicked	<input type="checkbox"/> Silly	<input type="checkbox"/> Flat	<input type="checkbox"/> Not congruent to context					
Thought Processes	<input type="checkbox"/> Loose Associations	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Echolalia	<input type="checkbox"/> Clanging	<input type="checkbox"/> Neologisms	<input type="checkbox"/> perseverative	<input type="checkbox"/> Poverty of Content/Slowed	<input type="checkbox"/> Running (G)					
	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Flight of Ideas	<input type="checkbox"/> Tangential	<input type="checkbox"/> Derailed	<input type="checkbox"/> Blocking	<input type="checkbox"/> Vague	<input type="checkbox"/> Word Approximation	<input type="checkbox"/> Concreteness	<input type="checkbox"/> Word Salad				
Perception/Hallucinations	<input type="checkbox"/> One/Many Voices	<input type="checkbox"/> Visual	<input type="checkbox"/> Olfactory	<input type="checkbox"/> Gustatory	<input type="checkbox"/> Synesthesia	(H)							
	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Command Kill/Hurt Self	<input type="checkbox"/> Command Kill/Hurt Others	<input type="checkbox"/> Tactile	<input type="checkbox"/> Mood Congruent	<input type="checkbox"/> Flashbacks							
Thought Content	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Illusions	<input type="checkbox"/> Delusions	<input type="checkbox"/> Somatic	<input type="checkbox"/> Nihilistic	Beliefs Controlled By:							
	<input type="checkbox"/> Depersonalizations	<input type="checkbox"/> OCD Thoughts/Rituals	<input type="checkbox"/> Telepathy	<input type="checkbox"/> Reference	<input type="checkbox"/> Religious	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Thought Insertion/Broadening						
	<input type="checkbox"/> Ideas of Reference	<input type="checkbox"/> Derealizations	<input type="checkbox"/> Magical Thoughts	<input type="checkbox"/> Persecution	<input type="checkbox"/> Erotic	<input type="checkbox"/> Grandeur	<input type="checkbox"/> Thought Withdrawal						
Current Potential for Dangerousness to Self/Other (Check those items that apply and note details)													
Harm to Self	Harm to Others						Risk Taking						
Suicidality	<input type="checkbox"/> No Problem	Self Mutilatory	<input type="checkbox"/> No Problem	Homicidal	<input type="checkbox"/> No Problem	Assaultive/Sexually Aggressive	<input type="checkbox"/> No Problem	Dangerous Behavior	<input type="checkbox"/> No Problem				
Self Mutilation	<input type="checkbox"/> Self Mutilation		<input type="checkbox"/> No Problem	<input type="checkbox"/> Homicidal	<input type="checkbox"/> No Problem	<input type="checkbox"/> Assaultive/Sexually Aggressive	<input type="checkbox"/> No Problem	<input type="checkbox"/> Self Mutilation	<input type="checkbox"/> Self Mutilation				
Plan	<input type="checkbox"/> Plan		<input type="checkbox"/> No Problem	<input type="checkbox"/> Plan	<input type="checkbox"/> No Problem	<input type="checkbox"/> Plan	<input type="checkbox"/> No Problem	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan				
Intent	<input type="checkbox"/> Intent		<input type="checkbox"/> No Problem	<input type="checkbox"/> Intent	<input type="checkbox"/> No Problem	<input type="checkbox"/> Intent	<input type="checkbox"/> No Problem	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent				
Action	<input type="checkbox"/> Action		<input type="checkbox"/> No Problem	<input type="checkbox"/> Action	<input type="checkbox"/> No Problem	<input type="checkbox"/> Action	<input type="checkbox"/> No Problem	<input type="checkbox"/> Action	<input type="checkbox"/> Action				

Comments (about any section above that needs elaboration):

denies 302 allegations



## DuBois Regional Medical Center

### Addressing the difference for life.

## Child/Adol Behavioral Health Services Intake Evaluation

*Instructions: Fill in the Blanks and/or Check Boxes*  
 *Go to Supplemental Data Page and note Page # and Letter*

464218 16Y ADO 0223-01 MH  
WEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

doctors/fritz/intake/revised adolescent intake pg 1-12 pd; 8/11/00;lm

## **Mental Status Examination**

## Initial Assessment

Client will contact for safety:  Yes  No

PRACTICAL CONSIDERATIONS

denying allegations of 302 petition - admits to many  
seizures, finding thoughts, dist

## Plain:

*Note to Evaluator: Any Client Discharged to community from the ER with Suicidal/Homicidal/Psychotic Symptoms Must be Checked Before Discharge.*

**Insurance Contacted  
Person Spoke to:**

214

112

THE CLOTHES-MAKING INDUSTRY

Duluth Regional  
Medical Center

Medical History Assessment

Child/Adol Behavioral Health Services  
Intake EvaluationWEHLER, NASTASHYA  
FRITZ, PAUL G  
10/12/84 4 02/12/01  
168-66-2738 0104300478

Gardocors.fraz-intake/revised adolescent intake pg1-12 pub.3-11/00.lm

Medical History

Nursing Assessment

Medical History

Nursing Assessment

## Vital Signs

Temperature	Pulse		Blood Pressure	Respiration	Weight:	Eye Color:
98.4° (F) <input checked="" type="checkbox"/> Rectal	160 (Beats/min)	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Irregular <input type="checkbox"/> Weak	Right Arm 123/62 Left Arm 1	12 (Resp/min)	143 lbs 5'5 1/2"	Blue

## Special Diet:

## Special Treatment(s):

Impairment of Critical Capacities (Check those items that are applicable)  None

Vision <input type="checkbox"/> None <input checked="" type="checkbox"/> Contacts	Hearing <input type="checkbox"/> None <input checked="" type="checkbox"/> Very Slight Impairment <input type="checkbox"/> Deaf	Speech <input type="checkbox"/> None <input type="checkbox"/> Mute	Disability/ Malformation: <input type="checkbox"/> None	Intellectual; IQ(if known): <input type="checkbox"/> None <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Known Dementia
<input type="checkbox"/> Blind <input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech Impaired		

## Medical History

General Health:  Superior  Good  Average  Mildly Impaired  Poor  Very PoorFamily Care Physician: Dr. Schmidt St. MarysCurrent Medical Problems under treatment:  NoneChronic Medical Conditions not of current concern:  NoneHistory of Previous Hospitalizations Relevant to Current Admission:  NonePrevious Surgery and/or Injury:  None T+A 4y/oNo head injuries - no MVA No fractures

## Pain Assessment

Are you having any discomfort now?  Yes  No At referred to complete assessment.Have you had pain in the past several weeks/months?  Yes  NoIf either question was answered yes, please fill out the DRMC Initial Pain Assessment  DRMC Initial Pain Assessment Completed

## Immunization Status

 Not Applicable  Uncooperative  Guardian says "Up to Date"  Copy of record in chart

## Dates

1 2 3 4 5

Diphtheria and Tetanus

\*For all clients: get the date (at least approximate) of the last shot received

Polio

Hepatitis B

Measles ("Hard") ("Red")

or Measles Serology:

Date: Titer:

Rubella ("German Measles")

or Rubella Serology:

Date: Titer:

Mumps

or Mumps diagnosed by MD

Date: Titer:

Tuberculin Test

## Results:

Data Collected by Mary Ellen Miller Discipline: AdolescentDate: 2/12/01 Time: 10 AM

DuBois Regional  
Medical Center

Making the difference for life.

Page 6

Child/Adol Behavioral Health Services  
Intake EvaluationWEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-86-2738 0104300478

Barcode

G:\doctors\fritz\intake\revised adolescent intake pg1-12.pub;8/11/00,lm

Instructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page # and Letter.

## Medical Review of System

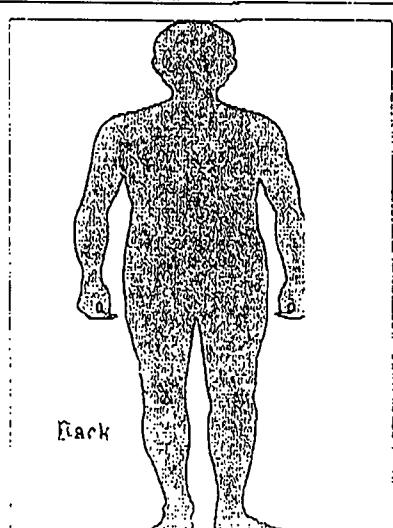
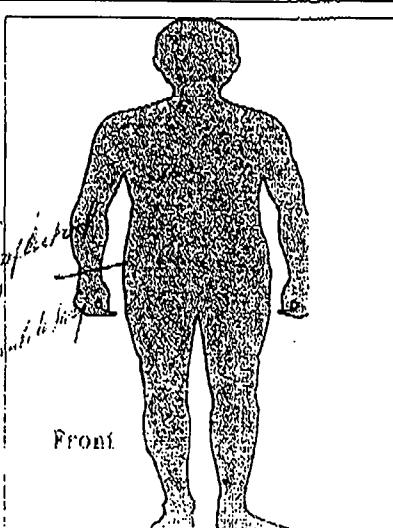
Directions: For endorsed items in a body system, circle it in the left box. Those items requiring explanation or not mentioned use box at right.

ROS and Skin Assessment

ROS and Skin Assessment

Nursing Assessment

General Constitutional: Excessive fatigue; malaise; night sweats; fever; weakness; weight loss; or gain; change appetite.	<input type="checkbox"/> None R5 LBS on 3000. Nausea & medicine	Allergic/ Immunologic: Rash; hay fever; seasonal runny nose or conjunctivitis; asthma; insect bite; food allergy; danders; <input type="checkbox"/> None Bordetella asthma; insect bite; food allergy; danders; <input type="checkbox"/> None Triglycerides
Head/Headaches; trauma; facial malformation	<input type="checkbox"/> None <input checked="" type="checkbox"/> Migraine and tension.	Skin: Changes in pigmentation; eruptions; itching; scaling; bruising; bleeding; <input type="checkbox"/> None Changes in hair and Nails
Eyes: Visual loss or color blindness; double vision; field loss; trauma; inflammation; glasses	<input type="checkbox"/> None	Genitourinary: Frequency; dysuria; blood and/or pus in urine; hesitancy; incontinence; stones; Menstruation (if applicable); <input type="checkbox"/> None Irregularities in frequency and/or duration; flow; pus; pain; Venerel Disease; genital lesions; discharge; Nocturnal Enuresis; <input type="checkbox"/> None Diurnal Enuresis
Ear: Deafness; ringing of ears; discharge; pain; infection; trauma; hearing aids	<input type="checkbox"/> None <input checked="" type="checkbox"/> Ear pain and discharge	LMP: 10/12/01 Gravida: <input checked="" type="checkbox"/> Paru: <input checked="" type="checkbox"/> Post-menopausal Infertile <input type="checkbox"/> Yes Sexual: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Not Active Contraception: <input type="checkbox"/> None Lubricant <input type="checkbox"/> Flow
Nose: Runny discharge; obstruction; bloody	<input type="checkbox"/> None	Nervous System: Disturbances of senses; paralyses; atrophy; involuntary movements; convulsions; gait; uncoordinated; pain; paraesthesia; hyperesthesia; anesthesia; lack of control of urination and/or defecation; lack of control of sweating and/or temperature; <input type="checkbox"/> None Urinary tract infection
Throat: Hoarseness; sores; voice changes	<input type="checkbox"/> None	Endocrine: Abnormal habitus; weight; hair distribution; weakness; bulging of eyes; intolerance to heat or cold; changes in food intake; fluid intake; <input type="checkbox"/> None Hypothyroidism
Mouth: Soreness; symptoms in teeth; pain; sores or wounds	<input type="checkbox"/> None	Hematopoietic: Anemia; bleeding; <input type="checkbox"/> None Flow & Smear
Neck: Swelling; lesions; goiter; stiffness; and limitation of motion	<input type="checkbox"/> None Occipital lymphadenopathy	Lymph Nodes: Enlargement; pain; pus; <input type="checkbox"/> None draining sinuses; location
Cardiovascular: Chest pain; palpitations; DOE; blue skin; distended abdomen; swelling of lower extremities; phlebitis; hypertension; Rheumatic fever	<input type="checkbox"/> None Pain in feet; airway; progressive	Breasts: Asymmetry; trauma; lumps; <input type="checkbox"/> None pains; discharge from nipples
Respiratory: Pain; wheezing; SOB; cough; sputum; coughing blood	<input type="checkbox"/> None Sputum is clear; <input checked="" type="checkbox"/> Smoker Bronchitis; aspiration	
Gastrointestinal: Pain on swallowing; nausea; excessive burping or flatulence; abdominal pain; vomiting; yellowing of sclera/skin; change stools or bowel habits; hemorrhoids; encopresis	<input type="checkbox"/> None Bowel distension	
Bone, Joints, and Muscles: Fractures; dislocations; sprains; arthritis; pain; swelling; stiffness; weakness; wasting; or cramps	<input type="checkbox"/> None Joint pain	

History of Infectious Disease  Yes  NoRisk for Genetic Disease  Yes  NoScarlet Fever Exposure  Yes  NoToxic Exposure  Yes  NoHx of Transfusion  Yes  NoChicken Pox Exposure  Yes  No

## Skin Assessment

Please mark sites numerically on the figures at left and describe abnormalities, lesions, rash, scar, bruise, incision, etc below.

Front:  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  56  57  58  59  60  61  62  63  64  65  66  67  68  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83  84  85  86  87  88  89  90  91  92  93  94  95  96  97  98  99  100  101  102  103  104  105  106  107  108  109  110  111  112  113  114  115  116  117  118  119  120  121  122  123  124  125  126  127  128  129  130  131  132  133  134  135  136  137  138  139  140  141  142  143  144  145  146  147  148  149  150  151  152  153  154  155  156  157  158  159  160  161  162  163  164  165  166  167  168  169  170  171  172  173  174  175  176  177  178  179  180  181  182  183  184  185  186  187  188  189  190  191  192  193  194  195  196  197  198  199  200  201  202  203  204  205  206  207  208  209  210  211  212  213  214  215  216  217  218  219  220  221  222  223  224  225  226  227  228  229  230  231  232  233  234  235  236  237  238  239  240  241  242  243  244  245  246  247  248  249  250  251  252  253  254  255  256  257  258  259  260  261  262  263  264  265  266  267  268  269  270  271  272  273  274  275  276  277  278  279  280  281  282  283  284  285  286  287  288  289  290  291  292  293  294  295  296  297  298  299  300  301  302  303  304  305  306  307  308  309  310  311  312  313  314  315  316  317  318  319  320  321  322  323  324  325  326  327  328  329  330  331  332  333  334  335  336  337  338  339  340  341  342  343  344  345  346  347  348  349  350  351  352  353  354  355  356  357  358  359  360  361  362  363  364  365  366  367  368  369  370  371  372  373  374  375  376  377  378  379  380  381  382  383  384  385  386  387  388  389  390  391  392  393  394  395  396  397  398  399  400  401  402  403  404  405  406  407  408  409  410  411  412  413  414  415  416  417  418  419  420  421  422  423  424  425  426  427  428  429  430  431  432  433  434  435  436  437  438  439  440  441  442  443  444  445  446  447  448  449  450  451  452  453  454  455  456  457  458  459  460  461  462  463  464  465  466  467  468  469  470  471  472  473  474  475  476  477  478  479  480  481  482  483  484  485  486  487  488  489  490  491  492  493  494  495  496  497  498  499  500  501  502  503  504  505  506  507  508  509  510  511  512  513  514  515  516  517  518  519  520  521  522  523  524  525  526  527  528  529  530  531  532  533  534  535  536  537  538  539  540  541  542  543  544  545  546  547  548  549  550  551  552  553  554  555  556  557  558  559  560  561  562  563  564  565  566  567  568  569  570  571  572  573  574  575  576  577  578  579  580  581  582  583  584  585  586  587  588  589  590  591  592  593  594  595  596  597  598  599  600  601  602  603  604  605  606  607  608  609  610  611  612  613  614  615  616  617  618  619  620  621  622  623  624  625  626  627  628  629  630  631  632  633  634  635  636  637  638  639  640  641  642  643  644  645  646  647  648  649  650  651  652  653  654  655  656  657  658  659  660  661  662  663  664  665  666  667  668  669  670  671  672  673  674  675  676  677  678  679  680  681  682  683  684  685  686  687  688  689  690  691  692  693  694  695  696  697  698  699  700  701  702  703  704  705  706  707  708  709  710  711  712  713  714  715  716  717  718  719  720  721  722  723  724  725  726  727  728  729  730  731  732  733  734  735  736  737  738  739  740  741  742  743  744  745  746  747  748  749  750  751  752  753  754  755  756  757  758  759  760  761  762  763  764  765  766  767  768  769  770  771  772  773  774  775  776  777  778  779  780  781  782  783  784  785  786  787  788  789  790  791  792  793  794  795  796  797  798  799  800  801  802  803  804  805  806  807  808  809  810  811  812  813  814  815  816  817  818  819  820  821  822  823  824  825  826  827  828  829  830  831  832  833  834  835  836  837  838  839  840  841  842  843  844  845  846  847  848  849  850  851  852  853  854  855  856  857  858  859  860  861  862  863  864  865  866  867  868  869  870  871  872  873  874  875  876  877  878  879  880  881  882  883  884  885  886  887  888 <

DuBois Regional  
Medical CenterChild/Adol Behavioral Health Services  
Intake Evaluation
 464513  
 WEHNER,ASTASHYA  
 FRITZ,PAUL G  
 10/12/84 621201  
 168-66-2738 0104300478

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 Instructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page # and Letter

Patient Orientation/Rights	Mode of Admission:		<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Wheelchair	<input checked="" type="checkbox"/> Litter	<input checked="" type="checkbox"/> Ambulance	(A)
	Accompanied By:		Ambulatory Patient				
Nursing Assessment	Patient Orientation and Rights:	Response	Response	Response	Response	Response	(B)
	Voluntary Consent Signed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Involuntary Commitment Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
	Bill of Rights Provided for 2012/302	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Bill of Rights Reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Patient Voiced Understanding of Rights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Oriented to Department	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Patient Handbook Provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
	Comment	<p>"I don't think I need to be here because I was going to see Dr. DiHilario and taking any medicine - I only took 20 mg because it made me hyper" <del>It was suspended from school for I sleep there to telling guidance counselor that she wanted to cut the face of a peer at school. says I want to go home to my dad. Because mom doesn't help me"</del></p>					

Child/Adol Behavioral Health Services  
Intake Evaluation

WEHLER, NASTASHYA L

FRITZ, PAUL G

10/12/84 F 02/12/01

168-66-2738 0104300478



G:\doctors\fritz\intake\revised adolescent intake pg1-12.pub;8/11/00,lm

Nursing Formulation T.P.

*Lab mood, Crying 11/12/00 - Refused  
to answer most open ended questions. Refused 11-14 wt  
Denial 302- allegations. Denies suicidal ideation - admits  
to feeling depressed "Nothing matters" (Angry to Mother. Blame  
mother for readmission). Good personal hygiene, able to morn  
blanks and walks around table during intake. Girders aghast him  
to gain then refuses to stay where the pain is located.*

Nursing Formulation T.P.

Nursing Assessment

## Nursing Treatment Plan

Nursing Assessment

## Intervention Codes

F. Redirect as needed

A. Provide a safe/secure environment

G. Medications as prescribed by Doctor

B. Suicide Watch q 5, 10, 15 minutes

H. Medication education with stress on compliance

C. Restricted use of contraband

I. Time outs, seclusion or restraints if behavior warrants per unit policy

D. Provide supportive therapy as needed.

J. Anticipate patient needs

E. Individual and Group therapy daily.

K. Reduced excessive stimuli

Column "I" represents Nursing Intervention(s). Indicate the clinically indicated letter(s) code(s) next to the problem under consideration in the "I(s)" column

Column "A" represents client acuity. Indicate Low(L); Moderate "M"; High "H" severity in the appropriate space next to the problem

Problem	I(s)	A	Problem	I(s)	A
Potential for self-harm	A B C D E G I J K	L	Alteration in Thought Processes		
Potential to Harm Others	A B C D E G I J K	L	Depressive Signs and Symptoms		
Poor Impulse Control			Non compliance with medication		
Agitation			Ineffective Coping Skills	O P Q R S	
Psychosis			Other:		

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Child/Adol Behavioral Health Services  
Intake EvaluationInstructions: Fill in the Blanks and/or Check Boxes  
Or Go to Supplemental Data Page and note Page # and Letter4210 181 ADC 02  
FEHLER, NASTASHYA

RITZ, PAUL G

10/12/84 F 02/12/01

68-66-2738 0104300478



C:\doctors\fritzintake\revised adolescent intake pg1-12.puh;8/11/00.lm

Past History I

Past History I

Therapy

## Psychiatric History

None Uncooperative Role in current admission

(A)

Psychiatric Diagnosis: Bipolar  
None SchizophreniaSchizoaffectivePersonality Disordered FeaturesMajor DepressionCognitive DxOther:ADHD

## Psychiatric Hospitalizations

Most recent to the distant past.

Total:

None

Date (Month/Year) Location Reason

#1 2/16/01

DRMC

#2 /

#3 /

#4 /

## Current Outpatient treatment

Psychiatrist Name:

Tel#:

See Page 2

Therapist Name: L.P.C. D. Carlson, LPN, CPT, TTS

Tel#:

See Page 2

## Psychiatric Medication History

Plexa - way by mouth daily 20 "all day" 7.

## Substance Abuse History

None Uncooperative Role in current admissionHave used: Antabuse Naltrexone

For substance use with psychological, social, occupational, and/or health consequences, enter the details in the numbered rows for each drug. Review: Alcohol; Cannabis; Cocaine; Amphetamines; Stimulants; Opiates; Hallucinogens; Sedative; Solvents; Nicotine; Caffeine; Other

Drug Name	Age first use	Date last use	Frequency last 90 days	Recent quantity per use	Symptoms of Withdrawal	po, smoked, inhaled, iv	Treatment
#1 Tobacco - "I started as a young child" 50 I can't count cigarettes							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
#2							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
#3							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient
#4							<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient

Number of Inpatient Rehab's

Where and

None

When

OPD D/A Therapist:

Tel#:

Sponsor Yes No AA/12Step Yes No

## Family Psych. &amp; D/A Hx.

None Uncooperative Role in current admission

(C)

For Psych. Diagnosis fill in; for others: Yes(Y), No(N) or Completed (C)

Relative	Psych. Diagnosis	Psych. Hospitalization	Substance Abuse	Suicidal	Homicidal
mt. grandparent	Dysthymia				
mt. mother					
mt. grandfather					

Other diagnoses

Date collected: 09-19-07

Date of intake: 09-19-07



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Child/Adol Behavior Health Services  
Intake EvaluationInstructions: Fill in the Blanks and/or Check Boxes  
□ Go to Supplemental Data Page and note Page # and Letter464218 16Y ADD 0223-01 VR  
WEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

Past History III

Past History III

Therapy

Therapy

## Physical/ Sexual/Other Traumatic Events

□ None □ Uncooperative □ Role in current admission

Type (circle one) Perpetrator(s)

Effect on Client

Physical/Emotional

Sexual/Neglect

## Sexual History

□ None □ Uncooperative □ Role in current admission

(B)

□ Risk for and/or Current Sexually Transmitted Disease

□ Past Sexually Transmitted Disease □ Homosexual □ Hetero-sexual □ Bisexual □ Gender Identity Issues

Comments:

## Educational History

□ None □ Uncooperative □ Role in current admission

(C)

General Performance □ Superior □ Above Ave. □ Average (Ave.)

□ Below Ave. □ Failing □ Disciplinary Action □ Truant □ Suspension □ Expulsion

Highest Grade Achieved

□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10 □ 11 □ 12

Grades Failed □ None Year(s): \_\_\_\_\_ Graduate High School Yes □ No □

Name of School

5-1-1-1-1-1-1

□ SED □ DSAP □ DLS

(D)

## Occupational History

Current Employer

□ None

Position

Last Soc.

(E)

## Religious Influences

□ None □ Uncooperative □ Role in current admission

□ Family/Client wants Pastoral Care

(E)

Religious Faith

□ Catholic

□ Protestant

□ Jewish

□ None

□ Other \_\_\_\_\_

Religious Belief

□ Atheist

□ Agnostic

□ Indifferent

□ Moderate

□ Strong

□ Unknown

(F)

## Family Financial Stressors

□ None □ Uncooperative □ Role in current admission

(F)

□ Significant Savings □ Modest Savings □ Making it Monthly □ In Significant Debt □ Indigent

## Legal Issues

□ None □ Uncooperative □ Role in current admission

(G)

□ Current litigation

□ Criminal proceeding or charges

□ Juvenile justice

□ History of jail time

Time: \_\_\_\_\_

□ Civil Suit

□ Parole/Probation

## Explain Endorsed Items

□ Parole/Probation Officer Name: \_\_\_\_\_

Tel#: \_\_\_\_\_

(H)

## Relevant Culture &amp; Ethnic Issues

□ None □ Uncooperative □ Role in current admission

(H)

## Therapist Formulation

Fit 30+ days of the chart  
to start work

(I)

## Plan

Post 11/1/07 receive and begin developing tx plan  
Typing, E-mail and Post of Report

(J)

09-19-'07 07:15 FROM-DRMC WEST HIM MEDREC

T-141 P021/047 F-231



**DuBois Regional  
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### Measuring the difference for Df.

## Child/Adol Behavioral Health Services Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
 Go to Supplemental Data Page and note Page # and Letter

FRITZ,PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

WICHENWEMMEL 1981

C:\doctors\fr12\intake\revised adolescent intake pg 1-12.pub; 8/11/00, lm

## Supplemental Data Page

Supplemental Data Page

Duluth Regional  
Medical Center

Making the difference for life.

Child/Adol Behavioral Health Services  
Intake EvaluationInstructions: Fill in the Blanks and/or Check Boxes  
Q Go to Supplemental Data Page and note Page # and Letter

44218 18Y ADD 0223-01 MF  
WEHLER,NASTASHYA  
FRITZ,PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

Status of problem(s) to be a focus of treatment, mark T; not a focus of treatment, mark NFT; to be addressed by Referrals, mark

Date ID'd	Staff Initials	Status	Problem List	Date ID'd	Staff Initials	Status	Problem List	Date ID'd	Staff Initials	Status	Problem List
<b>#1 Psychiatric</b>											
			Altered thought process				Delusions				Psychomotor Retardation
			Anxiety				Flight of ideas				Retardation
			Catatonia				Hallucinations	3/13	AD	7	Sadness
			Confusion				Ideas of reference				
			Decreased Concentration				Paranoia				
<b>#2 Behavioral</b> Consider: Self-Injurious/Suicidal; Assaultive/Homicidal; Agitated/Impulsive; Sexual; Other											
			Agitation				Destruction of Property				Withdrawal
			Assaultive / Combative				Homicidal				
			Behavior, Bizarre				Self-mutilation				
			Behavior, Impaired				Suicidal				
<b>#3 Substance Abuse</b>											
			Alcohol dependency				Drug dependency				
			Alcohol abuse				Polysubstance dependency				
			Drug abuse				Tobacco dependency				
<b>#4 Medical</b>											
			Appetite disturbance				Edema				Pneumonia
			Bronchitis / Asthma				Fever				Potential for infection
			Constipation				Hypertension				Urinary tract infection
			Dehydration				Nausea / Vomiting				
			Diabetes Mellitus				Pain, acute				
			Diarrhea				Pain, chronic				
<b>#5 Allergies</b>											

## Multi-Disciplinary Team Affirming Signature

Psychiatrist	<i>Paul G</i>	Initials: <i>PG</i>	Date: <i>3/13/01</i>	Primary Therapist	Initials: <i>Paul G</i>	Date: <i>3/13/01</i>
Primary Nurse	<i>Paul G</i>	Initials: <i>PG</i>	Date: <i>3/13/01</i>	Recreational Therapy	Initials: <i>Paul G</i>	Date: <i>3/13/01</i>
Social Work	<i>Paul G</i>	Initials: <i>PG</i>	Date: <i>3/13/01</i>	Other:	Initials: <i>Paul G</i>	Date: <i>3/13/01</i>



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Canaan/Adol Behavioral Health Services  
Intake EvaluationInstructions: Fill in the Blanks and/or Check Boxes  
Q Go to Supplemental Data Page and note Page # and Letter464218 164 ADO 0223-01 AMH  
WEHLER,MASTERS,WAHL  
FRITZ,PAUL G  
10/12/84 F 02/12/01  
168-68-2738 0104300478

Diagnostic Summary

Diagnostic Summary

## Diagnostic Summary

## Axis I Clinical Disorder(s) Other Conditions that might be a focus of tx

1. *Depression*
2. \_\_\_\_\_
3. \_\_\_\_\_

## Axis II Personality Disorder/Mental Retardation

1. \_\_\_\_\_
2. \_\_\_\_\_

## Axis III General Medical Conditions

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Axis IV

Problems with primary support group

Specify: \_\_\_\_\_

Problems related to the social environment

Specify: \_\_\_\_\_

Educational problems

Specify: \_\_\_\_\_

Occupational problems

Specify: \_\_\_\_\_

Housing problems

Specify: \_\_\_\_\_

Economic problems

Specify: \_\_\_\_\_

Problems with access to health care services

Specify: \_\_\_\_\_

Problems related to interaction with the legal system/crime

Specify: \_\_\_\_\_

Other psychosocial and environmental problems

Specify: \_\_\_\_\_

## Axis V Global Assessment of Functioning Scale

Admission Score: 70 Discharge Score: \_\_\_\_\_

## Multi Disciplinary Team Affirming Signature

Psychiatrist

Initial: PJDate: 2/13/01

Primary Therapist

Initial: PJDate: 2/13/01

Primary Nurse

Initial: JWDate: 2/13/01

Recreational Therapy

Initial: MMDate: 2/13/01

Social Work

Initial: KLDate: 2/13/01

Other

Initial: MMDate: 2/13/01

Kathy L. Kosar MSW 2/13/01

## DUBOIS REGIONAL MEDICAL CENTER

## ADMISSION

## SUMMARY

## DONOR

IMK

PLC

BLOOD GROUP

NAME AND ADDRESS

WEHLER,CONNIE E. SHYAL  
PO BOX 129

WEEDVILLE PA 15868

COUNTY

MD

TELEPHONE NO. (814)787-8265

S.S. NO. 168-66-2738

EMPLOYER, ADDRESS, OCCUPATION, PHONE

STUDENT

ADMITTING DIAGNOSIS ADMISSION 302		STAFF ALERT	LAST ADM. DATE WHERE 01/31/01			RELATIONSHIP MOTHER
PERSON TO NOTIFY IN CASE OF EMERGENCY WEHLER,CONNIE E. PO BOX 129		ADDRESS WEEDVILLE PA	PHONE (814)787-8265			
NAME AND ADDRESS WEHLER,CONNIE E PO BOX 129 WEEDVILLE PA 15868		TELEPHONE (814)787-8265 WAITRESS SOC. SEC. # 191-62-1299	REL.	EMPLOYER NAME AND ADDRESS BAVARIAN INN ST MARYS PA 15857 (814)834-2161		
INSURANCE COMPANY BLUE CROSS 363 BLUE SHIELD PROFESSIONAL	PLAN 100001 105000	POLICY HOLDER WEHLER,CONNIE E WEHLER,CONNIE E	REL.	PO.LICY # YYD208569565 YYD208569565	GROUP # 05075100 05075100	
ATTENDING PHYSICIAN FRITZ,PAUL G PRI SCHMIDT,ROBERT J		REFERRED PHYSICIAN PALMER,GEORGE JR FRITZ,PAUL G	CONSULTING PHYSICIAN			

PRINCIPAL DIAGNOSIS: The condition established, after study, to be chiefly responsible for causing the admission to the hospital for care.

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.

PRINCIPAL PROCEDURE: That procedure most related to the principal diagnosis.

## PRINCIPAL AND SECONDARY DIAGNOSIS AND COMPLICATIONS

CODE

276.23  
V62.89

✓ major depression, single episode/acute  
 ✓ without psychoses  
 ✓ Psychotic features

## COMPLICATIONS

CONFIDENTIAL RECORD  
REQUIRES SPECIFIC  
DISCLOSURE CONSENT

## PRINCIPAL AND SECONDARY PROCEDURES

## Adolescent Unit

SPECIAL  
UNIT DAYS  
Behavioral Health  
2/1-2/6/01

## TRANSFER DESTINATION

I certify that the narrative descriptions of the principal and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

ATTENDING  
PHYSICIANDATE  
2/1/01TYPE  
OF  
ADMISSION  
ELECTIVE    URGENT    EMERGENCYATTENDING  
PHYSICIANDATE  
2/1/01DATE  
DISCHARGED  
2-6-01

TIME

8:00

A.M.        
P.M.    YES    NO

PHYSICIAN

DONALD UREY ROBERTSON

Department of Psychology  
Indiana University of Pennsylvania  
Indiana, Pennsylvania 15705

EDUCATION

B.S.	1971	University of Illinois (Psychology)
M.A.	1974	Bowling Green State University (Clinical Psychology)
Ph.D.	1981	Bowling Green State University (Clinical Psychology)

LICENSURE

Licensed psychologist, Pennsylvania (No. PS00325-L)

PROFESSIONAL EXPERIENCE

1987 - Present	Professor of Psychology, Indiana University of Pennsylvania, Indiana, PA
1993 - 2003	Director of Doctoral Training, Department of Psychology, Indiana University of Pennsylvania, Indiana, PA
1992 - 1993	Director, Applied Research Lab, Indiana University of Pennsylvania, Indiana, PA
1983 - 2002	Consulting Psychologist, Family Counseling Center of Armstrong County, Kittanning, PA
1987	Summer Faculty Research Associate, Armstrong Aerospace Medical Research Laboratory, Wright-Patterson Air Force Base, Dayton, Ohio
1984 - 1987	Associate Professor of Psychology, Indiana University of Pennsylvania, Indiana, PA
1981 - 1984	Assistant Professor of Psychology, Indiana University of Pennsylvania, Indiana, PA
1979 - 1981	Consulting Psychologist, Gustavus Adolphus Children's Home, Jamestown, New York.
1976 - 1981	Psychologist, Warren State Hospital, Warren, PA
1975 - 1976	Clinical Psychology Intern, U. S. Bureau of Prisons, McNeil Island Federal Penitentiary, Steilacoom, WA

**PETITIONER'S  
EXHIBIT**

3 11569  
CP

1975 Consulting Psychologist, Bureau of Vocational Rehabilitation, Perrysburg, OH

1974 - 1975 Psychologist Associate, Hancock County Mental Health Clinic, Findlay, OH

1973 Psychology Trainee, Level II, Psychology Services, Veterans Administration Hospital, Walla Walla, WA

## PUBLICATIONS

Zimny, S. T., Robertson, D. U., & Bartoszek, T. (2008). Academic and personal dishonesty in college students. North American Journal of Psychology, 10, 291-312.

LaPorte, D. J., Blaxton, T. A., Michzaelidis, R., Robertson, D. U., Weiler, M. A., Tamminga, C. A., & Lahti, A. C. (2005). Subtle effects of ketamine on memory when administered following stimulus presentation. Psychopharmacology, 180, 385-390.

White, R. J., Gondolf, E. W., Robertson, D. U., Goodwin, B. G., & Caraveo, L. E. (2002). Extent and characteristics of woman batterers among federal inmates. International Journal of Offender Therapy and Comparative Criminology, 46, 412-426.

Wiseman, K. A., Ratcliff, G., Chase, S., Laporte, D. J., Robertson, D. U., & Colantonio, A. (2000). Does a test of functional memory during the post-acute period predict long-term outcome of traumatic brain injury? Brain and cognition, 44, 14-18.

Larose, S., Robertson, D. U., Roy, R., & Legault, F. (1998). Nonintellectual learning factors as determinants for success in college. Research in Higher Education, 39, 275-297.

Zimny, S. & Robertson, D. U. (1997). A stringent test of the influence of attitudes on text memory. Discourse Processes, 24, 167-197.

Thornton, G., Robertson, D. U., & Mlecko, M.L. (1991). Disenfranchised grief and evaluations of social support by college students. Death Studies, 15, 355-362.

Robertson, D. U., & Brown, V. L. (1992). Review of The Marriage and Family Attitude Survey. In J. K. Kramer & J. C. Conoley (Eds.) The eleventh mental measurements yearbook (507-508). Lincoln, Nebraska: University of Nebraska.

Robertson, D. U., & Brown, V. L. (1992). Review of Style of Learning and Thinking. In J. K. Kramer & J. C. Conoley (Eds.) The eleventh mental measurements yearbook (890-891). Lincoln, Nebraska: University of Nebraska.

Kubitz, N., Thornton, G. F., & Robertson, D. U. (1989). Expectations about grief and evaluation of the griever. Death Studies, 13, 39-47.

Thornton, G. F., Robertson, D. U., & Whittemore, K. (1989). Evaluation of people bereaved by suicide. Death Studies, 13, 119-126.

Robertson, D. U., Della-Rodolfa, T., & Forester, J. (1988). Probabilistic inference and ambiguity in a missile warning officer task. Proceedings of the 11th Biennial Psychology in the Department of Defense Symposium, Colorado Springs, CO, 291-295.

Sussmann, M., & Robertson, D. U. (1986). The validity of validity: An analysis of validation study designs. Journal of Applied Psychology, 71, 461-468.

Culig, R., Thornton, G., & Robertson, D. U. (1986). The effect of the personality of the deceased on the development of the concept of death in children. In R. A. Pacholski (Ed.), Researching death: Selected essays in death education and counseling (pp. 19-28). Lakewood, Ohio: Forum for Death Education and Counseling.

Utley, E., Pettit, K., & Robertson, D. U. (1983). SCPNT adult normative data. Occupational Therapy in Mental Health, 3, 29-34.

Robertson, D. U., & Hyde, J. S. (1982). Factorial validity of the Family Environment Scale. Educational and Psychological Measurement, 42, 1233-1241.

Robertson, D. U., Mesmer, R., Hoshino, A. Y., & Steinmeyer, C. S. (1982). The effect of work shift on nurses' evaluations of patient behavior: Implications for team decision making. Community Mental Health Journal, 18, 268-273.

Utley, E.R., & Robertson, D. (1981). Commentary: "Activity and vestibular function in chronic schizophrenia." Occupational Therapy Journal of Research, 1, 179-184.

Robertson, D. U., Steinmeyer, C. H., & Goff, C. P. (1980). A decision-theoretic approach for WAIS short forms with an inpatient psychiatric population. Journal of Consulting and Clinical Psychology, 48, 657-658.

Hartz, F. R., Mann, W. M., & Robertson, D. U. (1979). Racial delusion: Psychopathology and legal antisemitism of Luther, Wagner, and Hitler. Legal Medical Quarterly, 3, 246-259.

PRESENTATIONS

Eisensmith, K. E., & Robertson, D. U. (2008, April). Managing music performance anxiety. Workshop presented at the Pennsylvania Music Educator's Association Annual In-service Conference, Hershey, PA.

Robertson, D. U., Federoff, L., & Eisensmith, K. E. (2007, June). Heart rate variability during trumpet playing. Paper presented at the 25<sup>th</sup> Annual Symposium on Medical Problems Of Musicians and Dancers, Aspen, CO.

Robertson, D. U. & Eisensmith, K. E. (2007, March). Construct validity for a multidimensional measure of psychological factors in music performance. Paper presented at the annual MENC Eastern Division Conference, Hartford, CT.

Robertson, D. U. & Eisensmith, K. E. (2007, March). Scratch pads and pop-ups: A model of music performance anxiety. Paper presented at the annual MENC Eastern Division Conference, Hartford, CT.

Eisensmith, K., & Robertson, D. (2006, June). Scratch pads and pop-ups: A cognitive science approach to performance anxiety. Paper presented at The 2006 International Trumpet Guild Conference, Glassboro, NJ.

Ratcliff, K., & Robertson, Donald U. (2006, March). Independence of ADHD subtypes: Differing relationships between parental Reports and childs behavior. Paper presented at the annual Meeting of the Eastern Psychological Association, Baltimore, MD.

Zychowski, L., Tussey, C., & Robertson, D. U. (April, 2004). Response distortion in personality assessment for police academy applicants. Paper presented at the annual meeting of the Eastern Psychological Association, Washington, D.C.

Huss, L., & Robertson, D. U. (April, 2004). Generalizability of behavioral measures in a summer treatment program for disruptive behavior disorder children. Paper presented at the annual meeting of the Eastern Psychological Association, Washington, D.C.

Dunlap, B. S., & Robertson, D. U. (2003, March). An empirical typology of volunteer motivation. Paper presented at the annual meeting of the Eastern Psychological Association, Baltimore, MD.

Magee, R., Robertson, D., Carlson, A., Droeze-Varellie, A., Goldstrohm, W. & Monaghan, E. (April 1998). Family-school consultation project: A community, school and university partnership. Paper presented at Building on Family Strengths: Research and Services in Support of Children and Their Families, Portland, OR.

Robertson, D. U., & Knotts, L. (1996, August). Gender differences in nonintellective determinants of college success. Paper presented at the annual meeting of the American Psychological Association, Toronto, Ontario, Canada.

Cisewski, D., & Robertson, D. U. (1996, August). Confirmatory factor analysis of the NEO-PI-R controlling for response set. Paper presented at the annual meeting of the American Psychological Association, Toronto, Ontario, Canada.

Gaudette, M. D., Robertson, D. U., Ratcliff, G., & Sussmann, M. (1995, August). Clinical judgment in neuropsychology: Bootstrapping the neuropsychologist utilizing Brunswik's lens model. Paper presented at the annual meeting of the American Psychological Association, New York, NY.

Robertson, D. U., Sutton, J., & Cisewski, D. (1995, August). Prediction of municipal police officer training success with the NEO-PI-R. Paper presented at the annual meeting of the American Psychological Association, New York, NY.

Robertson, D. U., Cisewski, D., & Sutton, J. (1995, March). Relationship between MMPI-2 validity scales and the NEO-PI-R. Paper presented at the annual meeting of the Eastern Psychological Association, Boston, MA.

Zimny, S., Robertson, D. U., & Kunselman, I. (1994, April). A stringent test of attitude effects on text memory. Paper presented at the annual meeting of the Eastern Psychological Association, Providence, RI.

Robertson, D. U. & Zimny, S. (1990, November). A connectionist model of Bayesian inference. Paper presented at the annual meeting of the Judgment and Decision Making Society, New Orleans, LA.

Robertson, D. U., Zimny, S., & Speca, M. (1990, April). Reliability bias in probabilistic judgment. Paper presented at the annual meeting of the Western Psychological Association, Los Angles, CA.

Hammond, K., & Robertson, D. U. (1990, March). Influence of reliability on probabilistic judgment. Paper presented at the annual meeting of the Eastern Psychological Association, Philadelphia, PA.

Robertson, D. U., & VandeCreek, L. (1990, Februrary). Pennsylvania's Multi-agency Data Base of Service Patterns and Mental Health Needs of Children. Paper presented at the Third Annual Research Conference "A System of Care for Children's Mental Health: Building a Research Base," Tampa, FL.

Ellis, D. T., & Robertson, D. U. (1989, March). Wisdom and Decision Making. Paper presented at the annual meeting of the Eastern Psychological Association, Boston, MA.

Robertson, D. U., & Starr, J. (1988, April). Extension of the Einhorn-Hogarth ambiguity model to multiple sources. Paper presented at the annual meeting of the Midwestern Psychological Association, Chicago, IL.

Robertson, D. U., Della-Rodolfa, T., & Sussmann, M. (1988, April). Revision of the Eihorn-Hogarth ambiguity model. Paper presented at the annual meeting of the Eastern Psychological Association, Buffalo, NY.

Serafin, J., Thornton, G., & Robertson, D. U. (1988, April). The social stigma of suicide. Paper presented at the National Conference of the Association of Death Education and Counseling, Orlando, FA.

Whittemore, K., Thornton, G. F., & Robertson, D. U. (1987, May) Stereotype sex role and grief. Paper presented at the National Conference of the Association for Death Education and Counseling, London, Ontario, Canada.

Thornton, G. F., Robertson, D. U., & Whittemore, K. (1987, May) Evaluation of people bereaved by suicide. Paper presented at the National Conference of the Association for Death Education and Counseling, London, Ontario, Canada.

Robertson, D. U., & VandeCreek, L. D. (1987, August). Pennsylvania's children/youth needs assessment: Empirical reference groups. Paper presented at the annual meeting of the American Psychological Association, New York, NY.

VandeCreek, L., & Robertson, D. (1987, May). Discussion of child and adolescent needs in Pennsylvania. Paper presented at Interagency Children's Conference: Pennsylvania Child and Adolescent Service System Program, State College, PA.

Robertson, D. U., Thornton, G. F., & Della-Rodolfa, T. (1987, April). Memory and covariation judgment. Paper presented at the annual meeting of the Eastern Psychological Association, Arlington, VA.

Horst, D., Rufrano-Ruffner, T., & Robertson, D. U. (1987, April). WAIS-R short forms: Outpatient cross-validation. Paper presented at the annual meeting of the Eastern Psychological Association, Arlington, VA.

Turek, C., & Robertson, D. U. (1986, August). Effect of sex, disability type and experimenter on disability stereotyping. Paper presented at the annual meeting of the American

Psychological Association, Washington, DC.

Kubitz, N., Thornton, G. F., & Robertson, D. U. (1986, April). Expectations about grief and evaluation of the griever. Paper presented at the meeting of the Forum for Death Education and Counseling, Atlanta, GA.

Lundberg, K., Thornton, G. F., & Robertson, D. U. (1986, April). Personal and social rejection of the bereaved. Paper presented at the meeting of the Forum for Death Education and Counseling, Atlanta, GA.

Holleran, S. A., Robertson, D. U., & Sussmann, M. (1986, May). Effects of unreliability and personal belief on probabilistic inference under ambiguity. Paper presented at the annual meeting of the Midwestern Psychological Association, Chicago, IL.

Hauptly, J. M., & Robertson, D. U. (1986, April). Development of noncompensatory search patterns in children. Paper presented at the annual meeting of the Eastern Psychological Association Convention, New York, NY.

Starr, J., & Robertson, D. U. (1986, April). Source credibility and labeling. Paper presented at the annual meeting of the Eastern Psychological Association, New York, NY.

Souder, S. V., Robertson, D. U., & Thornton, G. F. (1986, April). Effect of causal base rates on children's probability judgments. Paper presented at the annual meeting of the Eastern Psychological Association, New York, NY.

Daubert, S., & Robertson, D. U. (1986, April). Behavioral and cognitive factors in assertiveness. Paper presented at the annual meeting of the Eastern Psychological Association, New York, NY.

Gordon, P. B., & Robertson, D. U. (1985, November). An empirical typology of domestic violence terminating strategies. Paper presented at the annual meeting of the National Council on Family Relations, Dallas, TX.

Spana, R., Rich, A., & Robertson, D. U. (1985, March). Factorial validity of the Self-consciousness Scale. Paper presented at the annual meeting of the Eastern Psychological Association, Boston, MA.

Kalcevich, K., & Robertson, D. U. (1985, March). Children's risky choices. Paper presented at the annual meeting of the Eastern Psychological Association, Boston, MA.

Hauptly, J., & Robertson, D. U. (1985, March). Predecisional search patterns in young children. Paper presented at the

annual meeting of the Eastern Psychological Association, Boston, MA.

Ellis, D., Robertson, D. U., & Souder, S. (1984, August). Stereotypic labels and the hindsight bias: An anchoring and adjustment explanation. Paper presented at the annual meeting of the American Psychological Association, Toronto, Canada.

Kwiecinski, C., Robertson, D. U., & Thornton, G. F. (1984, April). Effects of hypothesis confirmation and the case data bias on judgments of illusory and valid correlation. Paper presented at the annual meeting of the Eastern Psychological Association, Baltimore, MD.

Culig, R., Thornton, G., & Robertson, D. U. (1983, October). The effects of the personality of the deceased on the development of the concept of death in children. Paper presented at the annual meeting of the Forum for Death Education and Counseling, Chicago, IL.

Robertson, D. U., & Tokarsky, K. (1983, June). Labeling effects on memory reconstruction and the hindsight bias. Paper presented at the meeting of the Pennsylvania Psychological Association, Lancaster, PA.

Robertson, D. U., & Thornton, G. F. (1983, April). Distracting effects of illusory correlates. Paper presented at the annual meeting of the Eastern Psychological Association, Philadelphia, PA.

Robertson, D. U., & O'Mara, J. J. (1981, November). Log-linear modeling of a multidimensional contingency table as an aid to making staff assignments. Paper presented at the meeting of the Pennsylvania Evaluation Network, Harrisburg, PA.

Robertson, D. U. (1980, November). Initial evaluation of the Continuity of Care Planning System. Paper presented at the meeting of the Pennsylvania Evaluation Network, Pittsburgh, PA.

Robertson, D. U., & Nakashima, D. B. (1977, April). A lens-model analysis of the custody decision process in an adult maximum security correctional institution. Paper presented at the annual meeting of the Western Psychological Association, Seattle, WA.

Robertson, D. U. (1977, April). Verbal control of nonverbal behavior: A systematic replication of Luria's discriminative vocalization paradigm. Paper presented at the annual meeting of the Western Psychological Association, Seattle, WA.

Robertson, D. U., & Keeley, S. M. (1974, August). Evaluation of

a mediational training program for impulsive children by a multiple case study design. Paper presented at the annual meeting of the American Psychological Association, New Orleans, LA.

GRANTS AND CONTRACTS/CONSULTANT

Robertson, D. U. & Husenits, K. J. Impact of Health Choices on children's mental health services in rural Pennsylvania. Center for Rural Pennsylvania, 2004.

Husenits, K. J. & Robertson, D. U. Impact of mandatory managed care for Medicaid clients on the delivery of mental health services to children and adolescents in rural Pennsylvania. Center for Rural Pennsylvania. Center for Rural Pennsylvania, 2002.

Luo, D. & Robertson, D. U. Deficiencies in processing speed and working memory of attention deficit hyperactive disorder children. University Senate Research Committee, IUP. 2001.

Robertson, D. U. Family-school collaboration project. Purchase Line Schools. 1998-2004.

Robertson, D. U. Family-school collaboration project. Marion Center Schools. 1998-2004.

Magee, R., & Robertson, D. U. Family-school collaboration project. Marion Center Schools. 1997-1998.

Magee, R., & Robertson, D. U. Family-school collaboration project. Purchase Line Schools. 1997-1998.

Robertson, D. U. Evaluation consultant for IUP Employee Assistance Program, OSHA, 1989-1990.

Berman, P., & Robertson, D. U. Psychological services consultation for Indiana County Head Start, 1989-1990.

Robertson, D. U. Evaluation consultant for Indiana County Children Services Child Sexual Abuse Treatment Project, 1989-1990.

Robertson, D. U. Indiana County needs assessment. Indiana County Human Services and Indiana County United Way, 1989.

Berman, P., & Robertson, D. U. Psychological services consultation for Indiana County Head Start. (Clinical services contract) Indiana County Head Start, 1989.

Vandecreek, L., & Robertson, D. U. CASSP follow-up: System data. Pennsylvania Office of Mental Health, 1989.

Vandecreek, L., & Robertson, D. U. CASSP follow-up: Interagency

relationships. Pennsylvania Office of Mental Health, 1988.

Robertson, D. U. Effect of system reliability on probabilistic inference. Air Force Office of Scientific Research contract, January 1988.

Robertson, D. U. Summer faculty research program: USAF - Human Engineering Laboratory, Armstrong Aerospace Medical Research Laboratory, Dayton, Ohio, Summer 1987.

Vandecreek, L, & Robertson, D. U. Needs assessment and model program identification for children and youth in Pennsylvania. Pennsylvania Office of Mental Health, 1986.

Gordon, P., & Robertson, D. U. An empirical typology of women's strategies to stop wife abuse. IUP Internal Research Grant, 1985-1986.

Robertson, D. U., & Thornton, G. F. Hypothesis confirmation and the illusory correlation effect. IUP Internal Research Grant, 1984-1985.

Robertson, D. U., & Rittle, R. H. Interactive tutorial program for the BMDP statistical package. IUP Creative Teaching Grant, 1983-1984.

Robertson, D. U., & Thornton, G. F. Human judgment of covariation: Distraction and the illusory correlation effect. IUP Internal Research Grant, 1983-1984.

#### PROFESSIONAL ORGANIZATION MEMBERSHIP

Member of the American Psychological Society

Member of the American Psychological Association

Member of the Association for Behavioral and Cognitive Therapies

Member of the International Trumpet Guild

Member of the Music Educators National Conference

Member of the Pennsylvania Music Educators Association

Member of the Performing Arts and Medicine Association

#### CLINICAL ACTIVITIES

Center for Applied Psychology (1993 to present). Conduct evaluations for IUP Municipal Academy, Act 235 clearance, and police employment. Past supervisor of Assessment Clinic and Child/Family Clinic.

# PSYCHOLOGICAL EVALUATION RATING FORM

## POLICE ACADEMY

Applicant's Name: Wehler, Natasha Date: 11-4-06

The following scale is used for rating the categories below:

1	2	3	4	5	6	7	8	9	10
below average		/		average		/		above average	

- 6 1. Academic/Intellectual Ability  
(Reading Comprehension: 7)
- 4 2. Interpersonal Relations: Ability to get along effectively with others.
- 4 3. Integrity/Self-Control: Ability to act in a dependable and conscientiously controlled manner.
- 4 4. Emotional Maturity: Way the applicant handles feelings, including qualities such as (a) ability to act calmly and appropriately in uncertain situations; (b) level of self-assurance, and; (c) level of anxiety and tension.
- 4 5. Overall Rating.

X Accept

       Accept with Reservations (See attached)

       Reject

  
Donald U. Robertson, Ph.D.  
Licensed Psychologist

**PETITIONER'S  
EXHIBIT**

4 11/5/06

COMMONWEALTH OF PENNSYLVANIA  
MUNICIPAL POLICE OFFICERS' EDUCATION AND TRAINING COMMISSION  
**PHYSICAL EXAMINATION**

**NOTICE TO EXAMINING PHYSICIAN**

**THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN.**

This examination is to determine the physical fitness of the applicant to be certified as a police officer in Pennsylvania. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust. He/she may, at some future time, be required to exercise significant physical strength and undergo high emotional stress.

**NOTE: THIS FORM MUST BE PRINTED IN INK OR TYPEWRITTEN; PHOTOCOPIES WILL NOT BE ACCEPTED.**

1. SOCIAL SECURITY NUMBER <i>168-66-2738</i>	2. DATE OF BIRTH (MO-DAY-YEAR) <i>10-12-84</i>	3. DATE OF EXAM <i>5-24-06</i>			
4. NAME (PRINT) <i>Wenler</i>	LAST	FIRST	MIDDLE	SUFFIX	
5. STREET ADDRESS <i>612 Primrose Lane</i>	CITY/BOROUGH <i>Slippery Rock Pa</i>			STATE <i>PA</i>	ZIP CODE <i>16057</i>

**6. PHYSICIAN SHALL COMPLETE THE FOLLOWING:**

- A. Is this applicant free from the addictive or excessive use of either alcohol, drugs, or illegal controlled substances which has been determined using current laboratory testing procedures?  YES  NO
- B. Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress?  YES  NO
- C. Is this applicant free from any debilitating conditions such as tremor, incoordination, convulsion, fainting episodes, or other neurological conditions which may affect the applicant's ability to perform as a police officer?  YES  NO
- D. Is this applicant free from any other significant physical limitations or disabilities which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements?  YES  NO
- E. Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements?  YES  NO

QUESTIONS A - D MUST BE ANSWERED "YES" AND QUESTION E MUST BE ANSWERED "NO" FOR THE APPLICANT TO BE FOUND FIT.

BLOOD PRESSURE SYSTOLIC <i>110</i>	HEART DIASTOLIC <i>64</i>	LUNGS <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
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**HEARING**

The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

RIGHT <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	LEFT <input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL
---	--

**VISION**

The applicant must have distant vision of at least 20/70, uncorrected, in the stronger eye, correctable to 20/20; and at least 20/200, uncorrected, in the weaker eye, correctable to at least 20/40; and must be free of any significant visual abnormality. THE FOLLOWING MUST BE COMPLETED:

RIGHT UNCORRECTED 20/ <i>300</i> 20 CB	LEFT UNCORRECTED 20/ <i>300</i> 15 CB
RIGHT CORRECTED 20/ <i>20</i>	LEFT CORRECTED 20/ <i>20</i>

- (i) Does the applicant have normal depth perception?  YES  NO
- (ii) Does the applicant have normal color perception?  YES  NO
- (iii) Is the applicant free from any other significant visual abnormalities?  YES  NO

IF THE APPLICANT'S HEARING OR VISION DOES NOT MEET THE REQUIREMENTS ABOVE, THE APPLICANT IS UNFIT.

**7. REMARKS**


<p>8. <b>PHYSICAL CERTIFICATION</b></p> <p>I HAVE PERSONALLY EXAMINED THE ABOVE-NAMED APPLICANT, AND IT IS MY PROFESSIONAL OPINION THAT THIS PERSON IS PHYSICALLY FIT OR UNFIT TO BE CERTIFIED AS A POLICE OFFICER IN PENNSYLVANIA AS INDICATED BELOW:</p>	<p><b>PHYSICAL VERIFICATION</b></p> <p>I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED IN THIS EXAMINATION FORM ARE TRUE AND CORRECT, AND THAT I AM SIGNING THIS DOCUMENT WITH THE FULL UNDERSTANDING THAT ANY FALSE INFORMATION OR STATEMENT WILL SUBJECT ME TO CRIMINAL PENALTIES OF 18 P.A.C.S. § 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.</p>
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<input checked="" type="checkbox"/> FIT <input type="checkbox"/> UNFIT <u>5/26/06</u>	<u>Anne Breindel PAC / Robert J Schmidt MD</u> <small>DATE</small>	<u>Anne Breindel PAC / Robert J Schmidt MD</u> <small>SIGNATURE - EXAMINING PHYSICIAN</small>		
<small>A. NAME OF EXAMINING PHYSICIAN (PRINT)</small> <u>Anne Breindel PAC / Robert J Schmidt MD</u> <small>D. STREET ADDRESS</small> <u>Ecma 177 Washington St.</u>		<small>B. CITY/BORO</small> <u>St Marys</u>	<small>C. LICENSE NO.</small> <u>MA003364-L / MD022292-E PA</u>	<small>E. STATE</small> <u>PA</u>
		<small>F. STATE</small> <u>PA</u>	<small>ZIP CODE</small> <u>1851</u>	<small>E. TELEPHONE NO.</small> <u>814-781-7531</u>

<p>9. <b>RELEASE OF PHYSICAL INFORMATION</b></p> <p>Having applied for certification as a police officer in Pennsylvania I, <u>Nastashya Wehler</u>, have duly subjected  <small>NAME OF APPLICANT</small></p> <p>myself to a physical examination by <u>Anne Breindel PAC / Robert J Schmidt MD</u>, as required by the Act. I hereby reserve  <small>NAME OF PHYSICIAN</small></p> <p>the right to have the data and conclusions of the physician remain confidential except to those whom I designate.</p> <p>I hereby grant release for the aforesaid information to the police department employing me and the Municipal Police Officers' Education and Training Commission, or official designee, for purposes consistent with the application process pursuant to this Act. No other release of this information, explicit or implied, is granted at this time.</p>				
 <small>SIGNATURE - APPLICANT</small>	<u>668-6608738</u> <small>SOCIAL SECURITY NO.</small>	<u>Anne Breindel PAC / Robert J Schmidt MD</u> <small>SIGNATURE - EXAMINING PHYSICIAN</small>	<u>7-10-06</u> <small>DATE</small>	
<p><b>FORM PROCESSING</b></p> <p>This examination form must be forwarded to the employing police department by the examining physician within 15 days of the date of examination, even if the applicant is found unfit, and forwarded by that department with an application for certification to the Municipal Police Officers' Education and Training Commission.</p>				

# Indiana University of Pennsylvania

Center for Applied Psychology  
Uhler Hall, Room 238  
1020 Oakland Avenue  
Indiana, Pennsylvania 15705-1064

724-357-6228  
Fax: 724-357-7817  
Internet: <http://www.iup.edu/psychology/cap>

## PSYCHOLOGICAL EVALUATION

**Name:** Nastashya Wehler

**Age:** 23

**Address:** 612 Primrose Lane

**Education:** Assoc.

Slippery Rock, PA 16057

**Evaluation Date:** November 14, 2007

### Reason for Evaluation:

Nastashya Wehler requested this evaluation at the suggestion of her attorney, Fred Hummel. Ms. Wehler was involuntarily hospitalized because of a psychiatric condition when she was 16. The purpose of this evaluation is to determine whether she continues to suffer from the condition that led to her hospitalization.

### Procedures Used:

Clinical Interview  
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)  
Review of medical records from DuBois Regional Medical Center

### Background Information:

Nastashya Wehler is a 23 year old, single woman who graduated from St. Mary's Area High School in 2003. She attended Slippery Rock State University from the fall of 2003 through the fall semester of 2004. She transferred to Butler County Community College in the spring of 2005 and graduated with an associate degree in the spring of 2007. Ms. Wehler then applied to the IUP Municipal Police Academy. A psychological evaluation was conducted at that time and she was found to be acceptable for Academy training. She completed the Academy and graduated in November 2007.

Ms. Wehler also has a consistent work history. She has been employed at Eat 'N Park restaurant since graduation from high school. In addition, she has worked for UPS since November 2006 where she is still employed. She reported that she has never been fired or asked to resign from a job.

During February 2001, when Ms. Wehler was 16 years old, she was hospitalized on the Child/Adolescent Health Services Unit

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EXHIBIT**

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of the DuBois Regional Medical Center (DRMC). According to medical records, she was first hospitalized from February 1, 2001 to February 6, 2001. On 2/1/01 she was depressed, went to the emergency room at DRMC, and indicated she was willing to voluntarily enter the hospital, but "the insurance refused payment for admission." While her mother was taking her home, Nastashya became angry and cut her arm several times with a razor blade. She was then involuntarily committed to the hospital where she was treated for five days. After discharge, she continued to experience difficulties and was rehospitalized on 2/12/01. After five days, she was discharged much improved. There were no further hospitalizations. She was diagnosed with major depression (first hospitalization) and bipolar disorder, mixed (second hospitalization).

Ms. Wehler reported that there were a number of stressors that contributed to reactions at that time of her life. She reported that her mother had been diagnosed with cancer, she lost a pet, and she had broken up with her boyfriend. She indicates that she has not been significantly depressed since that time, although she did experience a normal grief reaction when her mother died approximately five years ago. She has not been in treatment since the hospitalizations and she does not take psychotropic medication.

During the interview, Ms. Wehler was pleasant and cooperative. Her speech was at a normal rate and tone; the content was relevant and coherent. Affect was well within normal limits and there were no indications of thought disorder. She denied alcohol/drug abuse and indicated that she has never been arrested or charged with a crime. Her social comprehension, impulse control and judgment all were well within normal limits. There were no indications of psychopathology.

#### **Test Results and Discussion:**

The MMPI-2 is a general measure of psychopathology based on the respondent's answers to 567 true/false items. In addition to scales that identify attempts to distort one's self-presentation, there are ten clinical scales and several auxiliary scales that can be employed to assess a variety of emotional and psychological problems.

Analysis of validity scales indicates that Ms. Wehler answered the questions honestly and without distortion. None of the clinical scales were elevated. This result suggests an absence of psychopathology. Specifically, test results give no indication of symptomatology consistent with major depression or bipolar disorder.

#### **Summary:**

The results of this evaluation suggest that Nastashya Wehler

no longer displays any signs of depression or bipolar disorder. The conditions that led to her hospitalization at age 16 appear to have been short lived and not an indication of a chronic psychiatric condition. At this time, the results of this evaluation suggest that Ms. Wehler is psychologically capable of possessing a firearm without risk to herself or others.



Donald U. Robertson, Ph.D.  
Licensed Psychologist

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## PSYCHOLOGICAL EVALUATION

**Name:** Nastashya Magill (Wehler)      **Age:** 23

**Address:** 612 Primrose Lane      **Education:** Assoc.  
Slippery Rock, PA 16057

**Evaluation Date:** September 5, 2008

### Reason for Evaluation:

Nastashya Magill requested this evaluation through her attorney, Fred Hummel, to update an evaluation conducted in October 2007. The purpose of that evaluation was to provide information about whether the condition that led to her involuntary hospitalization in 2001 persists and whether she is psychologically fit to safely possess a firearm.

### Procedures Used:

Clinical Interview  
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

### Background Information:

Nastashya Magill is a 23 year old woman who was first evaluated for admission to the IUP Municipal Police Academy in November 2006. At that time she was found acceptable, attended the Academy and graduated in the spring of 2007. She was also evaluated in October 2007; results indicated no evidence of psychopathology.



Since the last evaluation, Ms. Magill has continued to work part time as a waitress. In addition, she began working part time for the US Postal Service where she continues to be employed. In August 2008, Ms. Magill was married. Although she described the month before the wedding as stressful, she reported no periods of depression, anxiety, or mania. Her mood has been stable and she denied suicidal thoughts. She has not taken any psychotropic medications since the last evaluation.

During the interview, Ms. Magill was pleasant and cooperative. The content and rate of speech was well within

**PETITIONER'S  
EXHIBIT**

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normal limits and there were no indications of significant anxiety or depression.

**Test Results and Discussion:**

The MMPI-2 is a general measure of psychopathology based on the respondent's answers to 567 true/false items. In addition to scales that identify attempts to distort one's self-presentation, there are ten clinical scales and several auxiliary scales that can be employed to assess a variety of emotional and psychological problems.

Analysis of validity scales indicated that Ms. Magill answered the questions openly and honestly. None of the clinical scales were elevated. This result is consistent with the interview impression of no psychopathology. The MMPI-2 profile is consistent with the conclusion that Ms. Magill is not currently experiencing significant emotional distress.

**Summary:**

Nastashya Magill is a 23 year old woman who was involuntarily hospitalized in 2001. Client report and two prior psychological evaluations indicate that there has been no recurrence of the problems that led to her hospitalization since 2001 when the client was 16 years old. Results of the present update to those evaluations also show no evidence of significant psychopathology.

The absence of a recurrence of the behavior that led to hospitalization in 2001, her capacity to deal with significant personal stressors (e.g., her mother's death five years ago, recent marriage), successful completion of training as a municipal police officer, and objective test results from three evaluations, each about one year apart, suggest that the likelihood of a reoccurrence of the condition that led to her hospitalization is low. In my opinion she is psychologically fit to possess a firearm.

  
Donald U. Robertson, Ph.D.  
Professor of Psychology  
Licensed Psychologist

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Fax: 724-357-7817  
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## PSYCHOLOGICAL EVALUATION

**Name:** Nastashya Magill (Wehler)      **Age:** 23

**Address:** 612 Primrose Lane      **Education:** Assoc.  
Slippery Rock, PA 16057

**Evaluation Date:** September 5, 2008

### Reason for Evaluation:

Nastashya Magill requested this evaluation through her attorney, Fred Hummel, to update an evaluation conducted in October 2007. The purpose of that evaluation was to provide information about whether the condition that led to her involuntary hospitalization in 2001 persists and whether she is psychologically fit to safely possess a firearm.

### Procedures Used:

Clinical Interview  
Minnesota Multiphasic Personality Inventory-2 (MMPI-2)

### Background Information:

Nastashya Magill is a 23 year old woman who was first evaluated for admission to the IUP Municipal Police Academy in November 2006. At that time she was found acceptable, attended the Academy and graduated in the spring of 2007. She was also evaluated in October 2007; results indicated no evidence of psychopathology.



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During the interview, Ms. Magill was pleasant and cooperative. The content and rate of speech was well within

normal limits and there were no indications of significant anxiety or depression.

**Test Results and Discussion:**

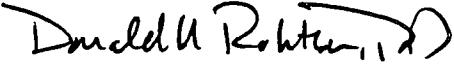
The MMPI-2 is a general measure of psychopathology based on the respondent's answers to 567 true/false items. In addition to scales that identify attempts to distort one's self-presentation, there are ten clinical scales and several auxiliary scales that can be employed to assess a variety of emotional and psychological problems.

Analysis of validity scales indicated that Ms. Magill answered the questions openly and honestly. None of the clinical scales were elevated. This result is consistent with the interview impression of no psychopathology. The MMPI-2 profile is consistent with the conclusion that Ms. Magill is not currently experiencing significant emotional distress.

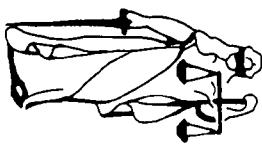
**Summary:**

Nastashya Magill is a 23 year old woman who was involuntarily hospitalized in 2001. Client report and two prior psychological evaluations indicate that there has been no recurrence of the problems that led to her hospitalization since 2001 when the client was 16 years old. Results of the present update to those evaluations also show no evidence of significant psychopathology.

The absence of a recurrence of the behavior that led to hospitalization in 2001, her capacity to deal with significant personal stressors (e.g., her mother's death five years ago, recent marriage), successful completion of training as a municipal police officer, and objective test results from three evaluations, each about one year apart, suggest that the likelihood of a reoccurrence of the condition that led to her hospitalization is low. In my opinion she is psychologically fit to possess a firearm.

  
Donald U. Robertson, Ph.D.  
Professor of Psychology  
Licensed Psychologist

# Indiana University of Pennsylvania



## Criminal Justice Training Center

College of Health & Human Services

*Nastashya L. Wehler*

Has completed all requirements for graduation from the Indiana University of Pennsylvania's Municipal Police Training Academy at Indiana 62 presented this 16th day of November, 2007 and is hereby recommended for certification as a police officer, under Act 120, Commonwealth of Pennsylvania.

*Janice A. Jones*  
Janice A. Jones  
Dcpn, College of Health & Human Services

*Deanne G. Jones*  
Deanne G. Jones  
Chairperson, Department of Criminology

*Roger A. Wehler*  
Roger A. Wehler  
Director, Criminal Justice Training Center

**PETITIONER'S  
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