

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,**

**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**

**FILED**  
m/12:20cm  
**DEC 15 2008**

William A. Shaw  
Prothonotary/Clerk of Courts

**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*  
cm  
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**

**COURT OF COMMON PLEAS  
CLEARFIELD COUNTY**

**4837 Watt Avenue, Suite 100  
No. Highlands, CA 95660,  
Plaintiff,**

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

**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.**

**FILED** pd \$20.00 Atty  
12/12/2008 ICC + Notice to  
DEC 15 2008 debts  
William A. Shaw ICC + Statement  
Prothonotary/Clerk of Courts to Atty

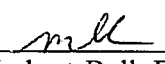
**PRAECIPE FOR JUDGMENT, IN REM, FOR FAILURE TO  
ANSWER AND ASSESSMENT OF DAMAGES**

**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.

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

DAMAGES ARE HEREBY ASSESSED AS INDICATED

DATE: December 15, 2008

  
\_\_\_\_\_  
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,**

**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**

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

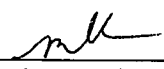
**VERIFICATION OF NON-MILITARY SERVICE**

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

CC-11

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**

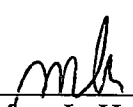
*S* *W/12:50/*  
William A. Shaw  
Prothonotary/Clerk of Courts  
*12:50 to 1:15*  
*w/writ*  
*6 writ to*  
*SHL*

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 Sale</u> at	\$
\$13.48 per diem	
Attorney's Fees	
(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.

**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:

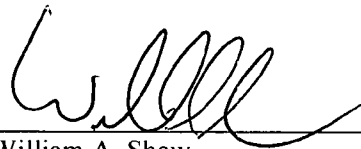
(1) See Attached

(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.

\_\_\_\_\_  
Sheriff

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

**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

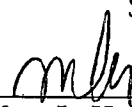
From 12/13/2008 to Date of \$

Sale at \$13.48 per diem

(Costs to be added) \$

TOTAL DUE \$

Prothonotary costs 135.-

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

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**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**

5  
**FILED** Pd \$95.00 Atty  
m/12:05 um ICC Atty  
OCT 15 2008 acc Shff  
(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);

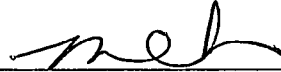
Late Charges of \$31.57 per month.

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.

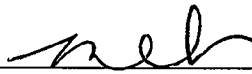
MILSTEAD & ASSOCIATES, LLC

A handwritten signature in cursive script, appearing to read 'meh', is written over a horizontal line.

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

SERVICE # 2 OF 2

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

**SHERIFF'S RETURN**

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

COMPLAINT IN MORTGAGE FORECLOSURE ON GEORGINA A. CARTER, DEFENDANT

BY HANDING TO JANA 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.  
Curwensville, 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

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 SERVICE # 1 OF 2

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

**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.P.R.

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

ADDRESS SERVED 170 Anderson Ave.  
Curwensville, 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

<sup>5</sup>  
**FILED**  
9/3:30 am  
FEB 04 2009

William A. Shaw  
Prothonotary/Clerk of Courts

Sworn to Before Me This

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

So Answers,



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**  
0133861  
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 GEROGINA 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 GEROGINA 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


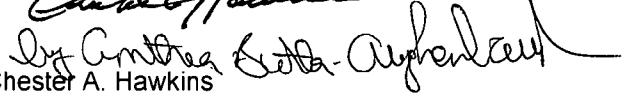
SHERIFF RETURN

---

SHERIFF HAWKINS \$224.92

SURCHARGE \$40.00 PAID BY ATTORNEY

So Answers,

  
  
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:**

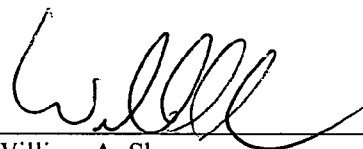
To satisfy the judgment, interest and costs in the above matter you are directed to levy upon and sell the following described property:

(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.

Chester A. Hawkins  
Sheriff Sgt. Cynthia Butler-Bugherland

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

**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.

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

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

**Comments**

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

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

**Comments**

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  
(M)

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

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

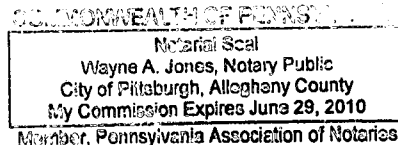
By

James C. Warmbrodt, Esquire  
Attorney for Plaintiff

Sworn to and subscribed

Before me the 5 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

**FILED** <sup>NO CC</sup>  
MAY 11 07 07  
APR 12 2012  
William A. Shaw <sup>62</sup>  
Prothonotary/Clerk of Courts

Our File No. 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,**

**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

CA

 ORIGINAL

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

IN RE:	:	Docket No. <u>08-1971-CD</u>
NASTASHYA L. WEHLER - MAGILL	:	
	:	Type of Pleading: PETITION TO
	:	REINSTATE RIGHT TO POSSESS
vs	:	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

5  
**FILED** 4cc  
01:03/01  
OCT 15 2008  
William A. Shaw  
Prothonotary/Clerk of Courts  
Piff pd  
95.00  
*Atty Hummel*

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

IN RE: NASTASHYA L. WEHLER - MAGILL :  
Petitioner :  
vs :  
PENNSYLVANIA STATE POLICE :  
Respondent :

Docket No. 08-1971-CD

**FILED**

OCT 21 2008

5 0/12:05/4 CR  
William A. Shaw  
Prothonotary/Clerk of Courts  
3 sent to ATT

**SCHEDULING ORDER**

AND NOW, this 21<sup>st</sup> day of October, 2008, upon consideration of the Petition to Reinstatement 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.~~ **ETA**

BY THE COURT:

Frederick J. Zimmerman  
P.J.

**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 :

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

## 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 PA.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 or 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 barr 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.

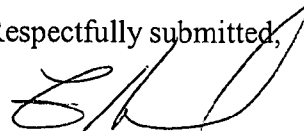
possess or use firearms.

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: 1015.08

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

**THIS EXAMINATION MUST BE ADMINISTERED BY A LICENSED PHYSICIAN.**

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

[illegible]

<p style="text-align: center;"><u>PHYSICAL CERTIFICATION</u></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 style="text-align: center;"><u>PHYSICAL VERIFICATION</u></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 PA.C.S. § 4904, RELATING TO UNSWORN FALSIFICATION, TO AUTHORITIES.</p>
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<input checked="" type="checkbox"/> <b>FIT</b>	<input type="checkbox"/> <b>UNFIT</b>	<u>5/26/06</u> DATE	<u>Anne Breindel PAC / Robert J Schmidt MD</u> SIGNATURE - EXAMINING PHYSICIAN
<small>A. NAME OF EXAMINING PHYSICIAN (PRINT)</small> <u>Anne Breindel PAC / Robert J Schmidt MD</u>		<small>B. LICENSE NO.</small> <u>MA002264-L / MD022292-E</u> <small>C. STATE</small> <u>PA</u>	
<small>D. STREET ADDRESS</small> <u>ECMA 177 Washington St.</u>		<small>CITY/BORO</small> <u>St Marys</u>	<small>STATE</small> <u>PA</u> <small>ZIP CODE</small> <u>18557</u> <small>E. TELEPHONE NO.</small> <u>814-781-7531</u>

9. RELEASE OF PHYSICAL INFORMATION

Having applied for certification as a police officer in Pennsylvania I, Nastashya Wehler, have duly subjected myself to a physical examination by Anne Breindel PAC / Robert J Schmidt MD, 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.

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.

 <small>SIGNATURE - APPLICANT</small>	<u>008-662238</u> <small>SOCIAL SECURITY NO.</small>	<u>[Signature]</u> <small>SIGNATURE - EXAMINING PHYSICIAN</small>	<u>7-10-06</u> <small>DATE</small>
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FORM PROCESSING

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.

# 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

# 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:**

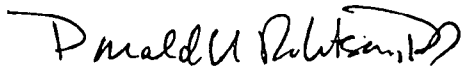
The MMPI-2 is a general measure of psychopathology based on the respondent's answers to 567 true/false items. In addition to scales that identify attempts to distort one's self-presentation, there are ten clinical scales and several auxiliary scales that can be employed to assess a variety of emotional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

A handwritten signature in cursive script, reading "Donald U. Robertson". The signature is written in dark ink and is positioned above the printed name.

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      **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



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

Nastashya Lynn Wehler - Magill, Petitioner

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

IN RE: NASTASHYA L. WEHLER - MAGILL	>:	Docket No. _____
	:	
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 <sup>W</sup>

OCT 31 2008

W 10:30/C  
William A. Shaw

Prothonotary/Clerk of Courts

2 CEM TO ARTS

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

**CERTIFICATE OF SERVICE**

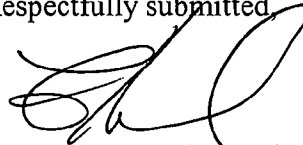
I, the undersigned counsel for Petitioner, hereby certify that on the date below listed I served one (1) true and correct copy of the SCHEDULING ORDER upon the following in the manner so indicated:

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:

NASTASHYA L. WEHLER-MAGILL  
Petitioner

vs.

PENNSYLVANIA STATE POLICE  
Respondent

CIVIL DIVISION

NO. 08-1971-CD

**MOTION FOR CONTINUANCE**

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/11:54am  
NOV 10 2008

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**

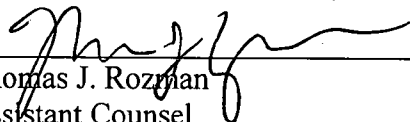
AND NOW, comes the Respondent, Commonwealth of Pennsylvania, Pennsylvania State Police, by and through its counsel, Thomas J. Rozman, and files the following MOTION FOR CONTINUANCE OF HEARING, pursuant to Rule 216(A)(1) of the Pennsylvania Rules of Civil Procedure, stating in support thereof the following:

- 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

*7 TMR*  
Dated: November 3, 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: November 7 2008.

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

VA

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

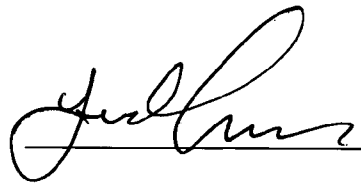
IN RE:	:	CIVIL DIVISION
	:	
NASTASHYA L. WEHLER-MAGILL	:	NO. 08-1971-CD
Petitioner	:	
vs.	:	
	:	
PENNSYLVANIA STATE POLICE	:	
Respondent	:	

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 <sup>2cc</sup>  
11/4/08  
NOV 14 2008  
Ang Rozman  
(610)

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

**FILED** NOCC  
11/25/08  
**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:

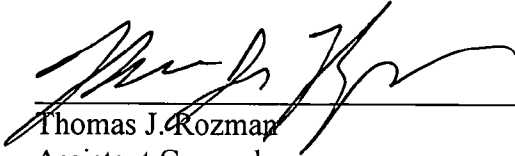
- 1) A hearing in the above captioned matter is scheduled for December 16,  
2008 at 3:00 P.M. in Courtroom No.1 of the Clearfield County Courthouse.
- 2) The order scheduling this hearing was received by counsel for the  
Pennsylvania State Police on November 18, 2008.
- 3) Counsel for the Commonwealth 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

(2)

**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, <sup>2009</sup>~~2008~~ at 2:30 o'clock P.M. in Courtroom Number 1 of the Clearfield County Courthouse, Clearfield, Pennsylvania.

BY THE COURT:

*Frederick J. Zimmerman*

\_\_\_\_\_  
P.J.

**FILED**  
DEC 10 2008

5  
William A. Shaw  
Prothonotary/Clerk of Courts

302  
My Rozman  
CW

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

☐ Special Instructions:

IN THE COURT OF COMMON PLEAS OF CLEARFIELD COUNTY,  
PENNSYLVANIA

IN RE:

CIVIL DIVISION

NASTASHYA L. WEHLER-MAGILL  
Petitioner

NO. 08-1971-CD

vs.

PENNSYLVANIA STATE POLICE  
Respondent

President Judge F. J. Ammerman

FILED

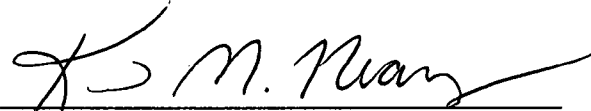
JAN 05 2009

5 m 11:00/2  
William A. Shaw  
Prothonotary/Clerk of Courts

1 Clerk  
copy  
to  
HMH

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

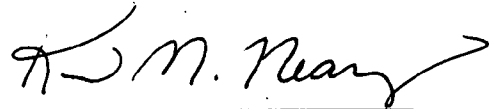
Dated: December 30, 2008

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

LA

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**  
014:0064  
JAN 12 2009  
William A. Shaw  
Prothonotary/Clerk of Courts

4CC AnyS:  
Hummel  
Rozman/Neary  
(60)

FILED

JAN 12 2009

William A. Shaw  
Prothonotary/Clerk of Courts

DATE: 1/12/09

☐ 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:

CA

**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** <sup>icc</sup>  
M 11 30 08 *Atty Hummel*  
JAN 21 2009  
William A. Shaw  
Prothonotary/Clerk of Courts (610)

**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.

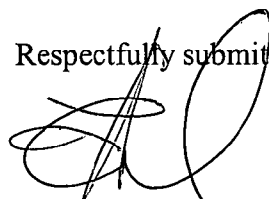
22. Petitioner further offers this federal intent, and the intent of this Court evidenced by its Order of January 12, 2009, will be more fully implemented by the expungement of all records of her mental health commitments and the sealing of this record.

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,

A handwritten signature in black ink, appearing to read 'Fred D. Hummel', is written over the text '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 attested copy of the original  
statement filed in this case.

JAN 12 2009

**EXHIBIT "A"**

Attest.

*William A. Brown*  
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.
	:	
	:	
vs	:	
	:	
PENNSYLVANIA STATE POLICE	:	
	:	
Respondent	:	

**CERTIFICATE OF SERVICE**

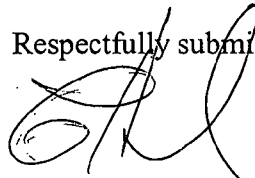
I, the undersigned counsel for Petitioner, hereby certify that on the date below listed I served one (1) true and correct copy of the foregoing Petition with proposed Order affixed thereto upon the following in the manner so indicated:

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

A

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

IN RE: NASTASHYA L. WEHLER-MAGILL  
Petitioner

08-1971-CD

VS

PENNSYLVANIA STATE POLICE  
Respondent

*S*  
**FILED**

JAN 26 2009

0/100/W  
William A. Shaw

Prothonotary/Clerk of Courts (610)

*sent to Hummel  
N. Shaw*

**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)   X   Plaintiff(s) Attorney    Other  
   Defendant(s)   X   Defendant(s) Attorney     
   Special Instructions:

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

FILED

FEB 13 2009

5 m/10:20/w  
William A. Shaw  
Prothonotary/Clerk of Courts  
no c/c

IN RE:

NASTASHYA L. WEHLER-MAGILL

Petitioner

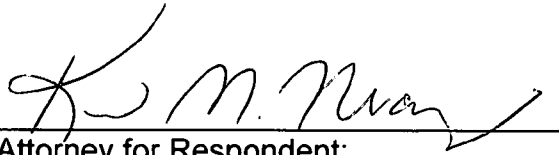
vs.

PENNSYLVANIA STATE POLICE

Docket No. 2008-1971 CD

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**

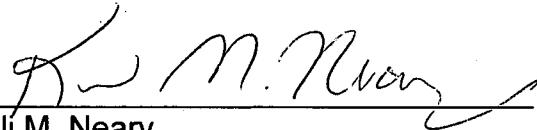
NOW COMES the Pennsylvania State Police (PSP), by and through Keli M. Neary, Assistant Counsel, and respectfully submits an answer to this Court's request to show cause why the Petitioner is not entitled to the relief requested and in support thereof states:

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,

A handwritten signature in cursive script, appearing to read "Keli M. Neary", written over a horizontal line.

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.

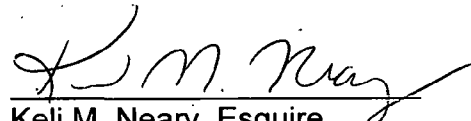
**CERTIFICATE OF SERVICE**

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 \*

ORDER

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

014:00301  
MAY 20 2009

William A. Shaw  
Prothonotary/Clerk of Courts

1CC:Phys: F. Hummel

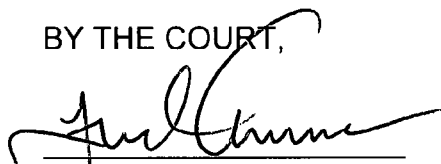
T. Rozman/R. Neary

1CC: PSP, Butler Sheriff, Elk Sheriff  
with cover letter

5/20/09 1cc: Cifd Co 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

DATE: 5/20/09

\_\_\_\_ You are responsible for serving all appropriate parties.

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

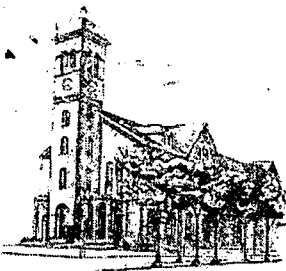
\_\_\_\_ Plaintiff(s) X Plaintiff(s) Attorney \_\_\_\_ Other

\_\_\_\_ Defendant(s) X 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

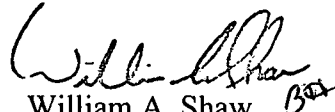
Elk County Sheriff  
Main & Court Street  
Ridgway, PA 15853

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.

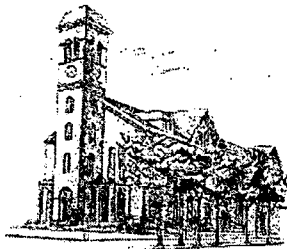
Sincerely,

  
William A. Shaw  
Prothontoary

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

COPY

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  
Prothontoary

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. Nastashya 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. Digilarmo 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 4509

**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



Children's Regional  
Medical Center

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# Child/Adol Behavioral Health Services Intake Evaluation

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

164215 187 ADD 1 07 MI:  
MEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/03/01  
168-66-2738 0103200190



Past History I

Past History I

Therapy

## Psychiatric History

☒ None ☐ Uncooperative ☐ Role in current admission

## Psychiatric Diagnosis:

☐ Bipolar

☐ Schizoaffective

☐ Major Depression

☐ Other:

☐ None

☐ Schizophrenia

☐ Personality Disordered Features

☐ Cognitive Dx

☐ ADHD

## Psychiatric Hospitalizations

Most recent to the distant past.

Total:

☒ None

Date(Month/Year)

Location

Reason

#1

/

#2

/

#3

/

#4

/

## Current Outpatient treatment

Psychiatrist Name:

Tel#:

☒ See Page 2

Therapist Name:

Tel#:

☒ See Page 2

## Psychiatric Medication History

## Substance Abuse History

☒ None ☐ Uncooperative ☐ Role in current admission

Have 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; Amphetamine; 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							<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/12 Step ☐ Yes ☒ No

## Family Psych. & D/A Hx.

☒ None ☐ Uncooperative ☐ 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 was dx or hospitalized, but has admitted to having voices and being suicidal in the past. Currently is not taking any medication.  
Great Maternal Uncle - Alcoholism  
Great Grand Mother (Maternal) - alcoholism + abused prescription med  
Data Collected by: John M. Buse Discipline: Therapist Date: 2/1/01 Time: 2:02 AM/PM



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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

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

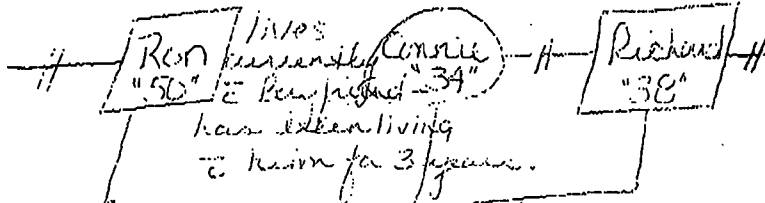
C:\docs\ntf\ntf\ntf\revised adolescent intake pg1-12.pub:8/11/00:1m

## 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

has been divorced since pt. was 4 years old.



doesn't live  
in house hold

Nastashya don't talk to each other

pt. admits to  
having a peer  
relationship  
to mother's live-in  
boyfriend - "we just  
don't talk to each other"

## Complicating History

☐ None ☐ Uncooperative ☐ Role in current admission

At home  
Oppositional  
School refusal  
Night Terrors  
Parental Conflict  
Tummy sucking  
Harsh Discipline by Caregiver  
Lack of Friends  
Gang Activities  
Fighting  
Nonaggressive Stealing  
Running Away (overnight)  
Parental Denial of Child's Problem  
Lack of Supervision  
Separation Anxiety  
Anxiety about Attachment Figure  
Head Banging  
Social Impairment  
When he gets real angry, he beats  
her head & a hair brush

## Placement History (RTF, Group Home, Juvenile Detention, Boot Camp, Foster Care, etc.; Noting Facility or Name and Dates):

☐ 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.) 34 weeks early Child's birth weight 7 lbs 4 oz Birth Order only child  
Length of delivery (number of hours from initial labor pains to birth) 10 hours Mother's age when child was born 18 1/2  
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 Nausea or Vomiting ☐ Yes ☒ No Other: ☐ Yes ☒ No  
Delivery ☐ Yes ☒ No Cord around neck ☐ Yes ☒ No Cardiorespiratory 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  
Breach Delivery ☐ Yes ☒ No

### Developmental Milestones

At what age did your child first accomplish the following

Sitting without help 12 mo Crawling 12 mo Walking alone 12 mo Bowel training, day and night 12 mo  
Using single words ("mama", etc) 12 mo Putting 2 or more words together 12 mo Bladder training, day and night 12 mo

### Developmental History Of:

Child's Behavior  
Affectionate ☐ Yes ☒ No Enjoys ☐ Yes ☒ No Alert ☐ Yes ☒ No Cheerful ☐ Yes ☒ No  
Abnormal social bonding ☐ Yes ☒ No Easy to comfort ☐ Yes ☒ No Very stubborn, unable to give ☐ Yes ☒ No Difficult to discipline ☐ Yes ☒ No  
Difficult to feed ☐ Yes ☒ No Difficult to sleep ☐ Yes ☒ No Difficult to play ☐ Yes ☒ No

Data Collected by:

Discipline:

Date:

Time:

AM/PM



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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

364218 187 ADU  
WEHLER, NASHA  
FRITZ, PAUL G  
10/12/84 7 02/01/01  
168-66-2738 0103200190

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

☒ 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

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

11 DuBois HS

☒ SED

☐ SAP

☐ LSL

## Occupational History

Current Employer

☒ None

Indefinite

Position

Bill

## Religious Influences

☒ None ☐ Uncooperative ☐ Role in current admission ☐ Family/Client wants Pastoral Care

Religious Faith

☐ Catholic

☐ Protestant

☐ Jewish

☒ None

☐ Other

Religious Belief

☒ Atheist

☐ Agnostic

☐ Indifferent

☒ Moderate

☐ Strong

☐ Unknown

## Family Financial Stressors

☒ None ☐ Uncooperative ☐ Role in current admission

☒ Significant Savings ☐ Modest Savings ☐ Making It Monthly ☐ In Significant Debt ☐ Indigent

## Legal Issues

☒ None ☐ Uncooperative ☐ Role in current admission

☒ 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#:

## Relevant Culture & Ethnic Issues

☒ None ☐ Uncooperative ☐ Role in current admission

## Therapist Formulation

presenting Sxs: Truff. Incl. coping & self-hatred

Plan

Assess its Sxs; Refer to TEAM; Develop Tx plan that fits pt's individualized needs; encourage pt to engage herself in lit, recreational, group; family therapy.

Date/Collected by: Sharon Beach Discipline: Therapist Date: 02/10/01 Time: 1:30 AM/PM



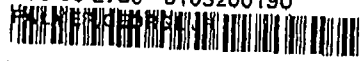
DuBois Regional  
Medical Center

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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**

464218 16Y ADO 0229-01 MH  
WEHLER,NASTASHYA L  
FRITZ,PAUL G  
10/12/84 F 02/01/01  
168-66-2738 0103200190



## Supplemental Data Page

[illegible]

Supplemental Data Page:

Supplemental Data Page

Data collected by:

Discipline :

Here:

Time:

А. В. Давыдов



DuBois Regional  
Medical Center

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# Child/Adol Behavioral Health Services Intake Evaluation

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

104213 10Y 170 100000 1000  
MEHLER, NASTABHYA L  
FRITZ, PAUL G  
10/12/84 S 02/01/01  
168-66-2738 0103200190

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

Date ID'ed	Staff Initials	Status	Problem List	Date ID'ed	Staff Initials	Status	Problem List	Date ID'ed	Staff Initials	Status	Problem List
<b>#1 Psychiatric</b>											
			Altered thought process				Delusions				Psychomotor Retardation
			Anxiety				Flight of ideas				Retardation
			Catatonia				Hallucinations				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

Initial:

Date:

Primary Therapist

Initial:

Date:

Primary Nurse

Initial:

Date:

Recreational Therapy

Initial:

Date:

Social Work

Initial:

Date:

Other:

Initial:

Date:



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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

464218 16Y ADO 0229-01 MH  
WEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/01/01  
168-66-2738 0103200190



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

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>#6 Psychosocial</b>											
			Ambivalence re: treatment				Impaired social interaction				Low self esteem
			Diversional activity deficit				Loss				
<b>#7 Knowledge Deficits</b> Consider education about diagnosis, treatment, substance abuse, medications, etc											
			Knowledge deficit - substance abuse				Non-compliance with psychiatric medication				
			Knowledge deficit - disease process								
<b>#8 Coping Deficits</b> Consider ineffectual and maladaptive coping strategies such as self destructive behavior; abusive relationship, etc											
			Denial				Ineffective coping / family				
			Hopelessness	2/10/01	SNK	T	Ineff. Indi. Coping				
<b>#9 Dispositional</b> Consider: Benefits; Financial Assistance; Housing/Placement; CASSP; In-home Services; CYS; ICM/Case Management; Probation; Community Support; Legal; Other.											

### Multi Disciplinary Team Affirming Signature

Psychiatrist

Initial:

Date:

Primary Therapist

Initial:

Date:

Primary Nurse

Initial:

Date:

Recreational Therapy

Initial:

Date:

Social Work

Initial:

Date:

Therapist

Initial:

Date:



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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

684210 ST ADD HEDM C1 AM  
MEHLER, NASTAG IVA L  
FRITZ, PAUL G  
10/12/84 F 02/01 01  
168-65-2738 0103200190



## Diagnostic Summary

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

1. Depression MDD
2. \_\_\_\_\_
3. \_\_\_\_\_

### Axis II Personality Disorder/Mental Retardation

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

### Axis III General Medical Conditions

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

### 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 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: Relational difficulties

### Axis V Global Assessment of Functioning Scale

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

## Multi Disciplinary Team Affirming Signature

Psychiatrist

Initial: [Signature]

Date: 2/1/01

Primary Therapist

Initial: [Signature]

Date: 02/01/01

Primary Nurse

Initial: [Signature]

Date: 2/1/01

Recreational Therapy

Initial: [Signature]

Date: 2/1/01

Social Work

Initial: [Signature]

Date: 2/1/01

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

Initial: \_\_\_\_\_

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



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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

SHLER, MAJESTASIA  
ITZ, PAUL J  
07/12/84 12/01/01  
168-66-2738 0103200190



Director/Physician Reviewed Adolescent Intake pg 1 of 2, pgs 3 of 11 06/11/01

Patient Orientation/Rights

Nursing Assessment

Patient Orientation/Rights

Nursing Assessment

Mode of Admission: ☐ Ambulatory ☐ Wheelchair ☒ Litter ☒ Ambulance

Accompanied By: ambulance personnel, security guard 6/15/01

## Patient Orientation and Rights:

Response

Yes(Y)

No(N)

Voluntary Consent Signed

Religious Consent signed

Consent to County MB/MR signed

Involuntary Commitment Completed

Patient Valuables Sent to Safe

Consent to Family/Significant Other Signed

Bill of Rights Provided for 201 & 302

Patient Valuables Sent Home

Voiced Understanding of How to Address Ethical Concerns

Bill of Rights Reviewed

Advanced Directive Information Provided

Functional Assessment Screen Completed

Patient Voiced Understanding of Rights

Patient has Advanced directive

Patient Education Assessment Screen completed

Oriented to Department

Unit Information Material

Would you or your parents like to have a consultation with a pharmacist

Patient Handbook Provided

Consent for release of information signed for CVS

Consent for release of information signed for Probation

## Comment

It appears to be profoundly sad but cooperative. Stated she wanted to go home at least 30 times during nursing intake. - Utz Lam R

Data Collected by: Kay Capalumpay Discipline: MS Date: 2/11/01 Time: 5:00 (AM/PM)



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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

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



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

**Nursing Formulation** (A)

*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*

*W. Bolam PW*

**Nursing Treatment Plan** (B)

**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" 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			Depressive Signs and Symptoms	A, D, E, G, H	H
Poor Impulse Control	F, G, K	M	Non compliance with medication		
Agitation			Ineffective Coping Skills		
Psychosis			Other:		

Data Collected by:

Discipline:

Date:

Time:

ASL/PW



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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

484718 16Y 00  
NEELER NASTASHA  
PATZ PAUL  
10/2/84 02/01/01  
168-36-2738 0103200190  
Ginozers-Intz/intake/vised adolescent intake p...  
(A)

Medical History

## Vital Signs

Temperature

Pulse

Blood Pressure

Respiration

Weight:

Eye Color:

99.2 (F)  
XPO ☐ Rectal

92  
(Beats/min)

☒ Regular  
☐ Irregular  
☐ Weak

Right Arm  
118/82  
Left Arm  
/

16  
(Resp/min)

143 1/2 lbs  
Height:  
5'5 1/2"

Hazel

Special Diet:

Dinner

Special Treatment(s):

Dinner

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

Vision

Hearing

Speech

Disability/  
Malformation:

Intellectual; IQ (if  
known):

☐ None

☒ None

☒ None

☒ None

☒ None

☐ Blind

☐ Deaf

☐ Mute

☐ Mental Retardation

☐ Known Dementia

☒ Vision Impaired

☒ Hearing Impaired

☒ Speech Impaired

Nursing Assessment

Medical History

☐ Uncooperative

General Health:

☐ Superior

☒ Good

☐ Average

☐ Mildly Impaired

☐ Poor

☐ Very Poor

Family Care Physician:

Dr. Schmidt St. Mary's Regional Med. Center

Current Medical Problems under treatment: ☒ None

Chronic Medical Conditions not of current concern: ☒ None

History of Previous Hospitalizations Relevant to Current Admission: ☒ None

Previous Surgery and/or Injury: ☐ None

Staph Infection & Hospitalization

Pain Assessment

Are you having any discomfort now? ☐ Yes ☒ No

Have 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

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: Hanky Bole

Discipline: NSG

Date: 2/10/11 Time: 5:00 AM/PM

Medical History

Nursing Assessment



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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 II and Letter

464218 16Y ADU 0229-01 MH

WEHLER,NASTASHYA L

FRITZ,PAUL G

10/12/84 F 02/01/01

168-66-2738 0103200190



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## 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

Nursing Assessment

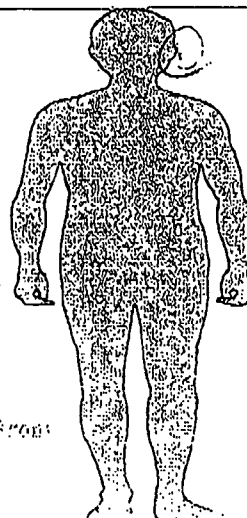
ROS and Skin Assessment

Nursing Assessment

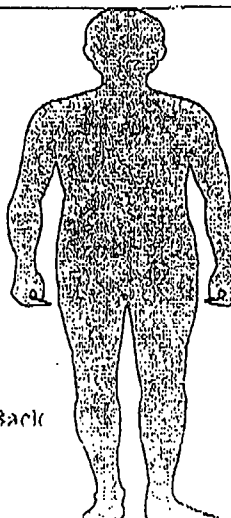
General Constitutional: Excessive fatigue; malaise; night sweats; fevers; weakness; <u>weight loss</u> or gain; change appetite <u>20-25 lbs since Nov 2000 to Dec 2000</u>	<input type="checkbox"/> None
Head: Headaches; trauma; facial malformation	<input type="checkbox"/> None
Eyes: Visual loss or color blindness; double vision; field loss; trauma; inflammation; <u>glasses</u>	<input type="checkbox"/> None
Ears: Deafness; ringing of ears; discharge; pain; infection; trauma; hearing aids	<input checked="" type="checkbox"/> None
Nose: Runny; discharge; obstruction; bloody	<input checked="" type="checkbox"/> None
Throat: Hoarseness; sore; voice changes	<input checked="" type="checkbox"/> None
Mouth: Soreness; symptoms in teeth; pain; sores or wounds	<input checked="" type="checkbox"/> None
Neck: Swelling; lesions; goiter; stiffness; and limitation of motion	<input checked="" type="checkbox"/> None
Cardiovascular: Chest pain; palpitations; DOE; blue skin; distended abdomen; swelling of lower extremities; phlebitis; hypertension; Rheumatic fever	<input checked="" type="checkbox"/> None
Respiratory: Pain; wheezing; SOB; cough; sputum; coughing blood	<input checked="" type="checkbox"/> None
Gastrointestinal: 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"/> None
Bone, Joints, and Muscles: Fractures; dislocations; sprains; arthritis; pain; swelling; stiffness; weakness; wasting; or cramps	<input checked="" type="checkbox"/> None

Allergic/Immunologic: Rashes; hay fever; seasonal runny nose or conjunctivitis; asthma; insect bite; food allergy; danders; Drugs <u>PCN - rash all over body</u>	<input type="checkbox"/> None
Skin: Changes in pigmentation; eruptions; itching; scaling; bruising; bleeding; Changes in hair and Nails	<input type="checkbox"/> None
Genitourinary: Frequency; dysuria; blood and/or pus in urine; hesitancy; incontinence; stones; Menstruation (if applicable) Irregularities in frequency and/or duration; flow; pus; pain; Venereal Disease: genital lesions; discharge; Nocturnal Enuresis; Diurnal Enuresis	<input checked="" type="checkbox"/> None on Depo Provera Shot. LMP: / / Gravida: ____ Para: ____ <input type="checkbox"/> Post-menopausal <input type="checkbox"/> Infertile Sexual: <input checked="" type="checkbox"/> Active <input type="checkbox"/> Not Active <input checked="" type="checkbox"/> Uses Protection
Nervous System: Disturbances of senses; paralysis; atrophy; involuntary movements; convulsions; gait; uncoordinated; pain; paresthesia; hyperesthesia; anesthesia; lack of control of urination and/or defecation; lack of control of sweating and/or temperature	<input checked="" type="checkbox"/> None
Endocrine: Abnormal habits; weight; hair distribution; weakness; bulging of eyes; intolerance to heat or cold; changes in food intake, fluid intake	<input checked="" type="checkbox"/> None
Hematopoietic: Anemia; bleeding	<input checked="" type="checkbox"/> None
Lymph Nodes: Enlargement; pain; pus; draining sinuses; location	<input checked="" type="checkbox"/> None
Breasts: Asymmetry; trauma; lumps; pains; discharge from nipples	<input checked="" type="checkbox"/> None

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



Front



Back

### Skin Assessment

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

2 Plush Surgery Scar from b.c. the last

Head Lice / Other Infestation ☒ Yes ☒ No

If yes, describe:



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# Child/Adol Behavioral Health Services Intake Evaluation

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

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



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## Mental Status Examination

Mental Status Exam, Part 2

Mental Status Exam, Part 2

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

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

Cognition		<input type="checkbox"/> Uncooperative <i>PS Exam not repeated</i>						
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	Place	Date						
Serial 7's (&/or Spell World backwards; Check correct answers)	<input type="checkbox"/> 93 <input type="checkbox"/> 86 <input type="checkbox"/> 79 <input type="checkbox"/> 72 <input type="checkbox"/> 65 <input type="checkbox"/> "dlrow"							
<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							
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						
Digit Span	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								
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		Obeys "close your eyes"		State				
Pick up paper in right hand, fold it in half, and put on floor		Floor		Day of Week				
Write any sentence (has to have proper elements)		City		Season				
Insight	<input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Impaired	Estimated Intelligence						
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)	<input type="checkbox"/> Superior <input type="checkbox"/> Average <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded						
Initial	Axis I : <i>MOD, single series</i>	Axis III : <i>none</i>						
Diagnostic	<i>CCD, disturbed body image</i>							
Impression	Axis II : <i>depressed</i>	Axis IV : <i>BT perhaps, hear</i>						
		Axis V : <i>30</i>						

Initial Assessment	Client will contract for safety <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Follow-up consent signed
<i>pt. reported earlier to ER - p. completely &amp; depressed since then</i>		
<i>Denies S.I. - pt. was accepted - known - denied then - no point of contact</i>		
<i>and contact - but when pt. left she made 3 calls</i>		
<i>angry - was in a room - 3 calls - 3 calls - 3 calls</i>		
Plan:	<i>with care - no more</i>	
<i>Dr. Tarbush contacted @ 0100 - not connected - pt. not</i>		
<i>at 1130 - pt. not connected - pt. not connected</i>		

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

Discharge Contacted	Tell:	Time:	Days Authorized:
Person Spoke to:			



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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

WEHLER, NASTASHYA L ER  
168-66-2738 F 16Y 10/12/84  
PALMER, GEORGE JR  
SCHMIDT, ROBERT J



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Initial Presentation

Responsible Parties and Other Historian (s) <span style="float: right;">(A)</span>					
Name	Custody Role	Relationship to Patient	Interviewed <input type="checkbox"/> Notified	Telephone #	Reliability <input type="checkbox"/> Reliable <input type="checkbox"/> Unreliable
Connie Wehler	full	mother	<input type="checkbox"/> Interviewed <input type="checkbox"/> Notified	787-8265	<input 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

Initial Presentation

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

Past Behavioral History <span style="float: right;">(B)</span>					
Self-Injurious Behavior <input type="checkbox"/> None <input type="checkbox"/> Suicide	Dangerousness to Other(s) <input type="checkbox"/> None <input type="checkbox"/> Homicidal	Relationship to Patient <input type="checkbox"/> None <input type="checkbox"/> Assaultive	Impulsiveness/Anorexia/Bulimia <input type="checkbox"/> None Type of Action:	Property <input type="checkbox"/> None <input type="checkbox"/> Damage/ Fire Setting	
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	
<input type="checkbox"/> Suicide	<input type="checkbox"/> Homicidal	<input type="checkbox"/> Assaultive	<input type="checkbox"/> Sexually		

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

*Pl. made 3 superficial cuts on @ arm 2-3 days ago when she left after 1st FTF*

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

Medical Problems Relevant to Evaluation <span style="float: right;">(C)</span>
<input type="checkbox"/> None

Current Services:		Name/Facility	Telephone #	Last Visit	(D)
Psychiatrist:	<i>Sean Ryan</i>	<i>Dr. D. Gelande</i>	<i>371-1789</i>	Date: <i>1/30/01</i>	<input type="checkbox"/>
Therapist:			<i>no new app/ scheduled</i>	Date: <i>1/1</i>	<input type="checkbox"/>
ICM/CM /MRCM (circle one):				Date: <i>1/1</i>	<input type="checkbox"/>
RTF:					<input type="checkbox"/>
Group Home/Partial (circle one):					<input type="checkbox"/>
Juvenile Detention/Boot Camp					<input type="checkbox"/>

IN-HOME SERVICES: ☐ Mobile Therapy ☐ hr/w ☐ Therapeutic Staff: Community ☐ hr/w ☐ School ☐ hr/w

☐ Behavioral Specialist ☐ hr/ ☐ x ☐ m then ☐ hr/ ☐ for ☐ x ☐ m ☐ DBMH ☐ Family Preservation

Contact Person: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_

Agency Providing Services: ☐ CHMC ☐ GATEWAY ☐ HIGHPOINT ☐ CENCLEAR/CHAMPS  
☐ GUIDANCE CENTER ☐ SAGEWOOD ☐ DICKINSON MENTAL HEALTH  
☐ OTHER (NAME PLEASE): \_\_\_\_\_

Last CASSP Meeting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_ a.m. \_\_\_\_ p.m. Phone #:( ) \_\_\_\_\_

CYS County: \_\_\_\_\_ Caseworker: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_

Probation County: \_\_\_\_\_ Probation Officer: \_\_\_\_\_ Phone #:( ) \_\_\_\_\_

Medication(s)	Dosages and Frequency	Time of Last Dose	Patient's Knowledge of Medication <span style="float: right;">(E)</span>
<i>Risperidone</i>	<i>2 mg qd</i>	<i>1/31/01</i>	<input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None
<i>Prozac</i>	<i>50 mg qd</i>	<i>1/31/01</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

Data Collected by: \_\_\_\_\_ Discipline: \_\_\_\_\_ Date: *1/31/01* Time: *11 AM/PM*



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Medical Center

Asking one question for 1/2 hr

## 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

4278 0103200790 1070 10  
WEHLER, NASTASHYA L ER  
168-66-2738 F 16Y 10712784  
PALMER, GEORGE JR  
SCHMIDT, ROBERT J

[illegible]

### 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	
<b>General</b>		<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								
<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"/> Handicap/ Malformation	<input type="checkbox"/> Fragile								
<b>Comments:</b>																	
<b>Attire</b>		<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Not	<input type="checkbox"/> Outdated	<input checked="" 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</b>		<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"/> 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						
<b>Psychomotor</b>		<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"/> Choreoathetoid	<input type="checkbox"/> Restless	<input type="checkbox"/> Catatonia	<input type="checkbox"/> Tics Tremor						
<b>Speech</b>		<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Pressured	<input type="checkbox"/> Impaired Articulation	<input 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"/> Mutism	<input type="checkbox"/> Stammer/Stutter				
<b>Mood and Affect</b>		<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/Angry	<input type="checkbox"/> Panicked	<input type="checkbox"/> Silly	<input type="checkbox"/> Flat	<input type="checkbox"/> Not congruent to context									
<b>Thought Processes</b>		<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"/> Punning								
<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								
<b>Perception/Hallucinations</b>		<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											
<b>Thought Content</b>		<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Illusions	<input type="checkbox"/> Delusions	<input type="checkbox"/> Somatic	<input type="checkbox"/> Nihilistic	<input type="checkbox"/> 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"/> Derealizations	<input type="checkbox"/> Magical Thoughts	<input type="checkbox"/> Persecution	<input type="checkbox"/> Erotic	<input type="checkbox"/> Grandeur	<input type="checkbox"/> Thought Withdrawal										
<b>Current Potential for Dangerousness to Self/Other</b> (Check those items that apply and note details)																	
<b>Harm to Self</b>						<b>Harm to Others</b>						<b>Risk Taking</b>					
<b>Suicidality</b>		<input checked="" 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"/> Dangerous Behavior	<input checked="" type="checkbox"/> No Problem							
<input type="checkbox"/> Ideation		<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation							
<input type="checkbox"/> Plan		<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan							
<input type="checkbox"/> Intent		<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent							
<input type="checkbox"/> Action		<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action							
<b>Comments (about any section above that needs elaboration):</b>																	
<p>After leaving Ed after 1st FTF pt. was personally          out her 3 phone</p>																	

Data Collected by: Ush / Boreen Discipline:      Date: 2/1/10 Time: 11:45 AM/PM



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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 until note Page # and Letter

64218 0104200480 02/01/01  
EHLER, NASTASHYA L  
58-36-2738 F 197 01/05/01  
PALMER, GEORGE JR  
SCHMIDT, ROBERT J



Client(s)/Intake/revise adolescent intake pgi-12.pub:8/11/00jm

Initial Presentation

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

Initial Presentation

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

Name: Alp... Age 10 Grade 7 Gender ☒ Male ☐ Female (A)  
Language ☒ English ☐ Spanish ☐ German ☐ French ☐ Other: \_\_\_\_\_  
Ethnicity ☒ Caucasian ☐ Afro-American ☐ Native American ☐ Asian ☐ Latin ☐ Other \_\_\_\_\_

Presenting Problem Client's History ☒ Reliable ☐ Unreliable Referral Source: \_\_\_\_\_ (B)

It was identified in FTF of 7 depression  
and anxiety. Also PC from 6th pt. client went  
Past Psychiatric Diagnosis: Depression History of Past Psychiatric Hospitalization # 1 (C)

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

to bring out and made 3 superficial cuts on  
his arm. He said "I just wanted to let my feelings  
out." When I asked if he was feeling  
better, he said "I'm depressed, no energy, & can't  
do anything." Situation has been new. He's experiencing  
anxiety attacks, OCD symptoms since 8th grade. He has  
missed school 2-3 times a week. His grades have dropped from  
B's to D's. He has been charged w/ 5's. He's 75 lbs since  
was 17 and his mother denies any substance abuse  
problems.

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

<p><b>Harm to Self/Suicide</b> <input checked="" type="checkbox"/> No Problem <input type="checkbox"/> Thoughts of wanting to die <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Plan  <input type="checkbox"/> Intent <input type="checkbox"/> Gesture <input type="checkbox"/> Means by _____ (<input type="checkbox"/> Lethal <input type="checkbox"/> Non-Lethal)  <input type="checkbox"/> Rehearsal <input type="checkbox"/> Suicide Note/Communication <input type="checkbox"/> Self-mutilatory  Completed Suicide <input type="checkbox"/> Relative(s) or Acquaintance(s)</p>	<p><b>Harm to Other/Impulsive</b> <input checked="" type="checkbox"/> No Problem <input type="checkbox"/> Conduct Disordered/Antisocial Behavior <input type="checkbox"/> Aggressive Ideation <input type="checkbox"/> Plan  <input type="checkbox"/> Intent <input type="checkbox"/> Gesture <input type="checkbox"/> Means by _____ (<input type="checkbox"/> Lethal <input type="checkbox"/> Non-Lethal)  <input type="checkbox"/> Rehearsal <input type="checkbox"/> Threatening Note/Communication <input type="checkbox"/> Impulsivity  Completed Homicide <input type="checkbox"/> Relative(s) or Acquaintance(s)</p>	<p><b>Mood</b> <input checked="" type="checkbox"/> No Problem <input type="checkbox"/> Depressed Worse in: <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Hopeless <input type="checkbox"/> Crying <input type="checkbox"/> Apathy <input type="checkbox"/> Irritable  <input type="checkbox"/> Mood Swings <input type="checkbox"/> Elevated <input type="checkbox"/> Racing thoughts <input type="checkbox"/> Grandiosity  Concentration: <input type="checkbox"/> Decreased <input type="checkbox"/> Increased Energy: <input type="checkbox"/> Decreased <input type="checkbox"/> Increased  <input type="checkbox"/> Social Isolation <input type="checkbox"/> Low motivation/interest</p>	<p><b>Irrational Thinking</b> <input checked="" type="checkbox"/> No Problem <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  <input type="checkbox"/> Delusions Mood <input type="checkbox"/> Congruent <input type="checkbox"/> Non Congruent <input type="checkbox"/> Obsessions/Compulsions <input type="checkbox"/> Paranoid <input type="checkbox"/> Disorganized <input type="checkbox"/> Dissociative <input type="checkbox"/> Illusions  <input type="checkbox"/> Depersonalization <input type="checkbox"/> Confusion</p>	<p><b>Sleep</b> <u>5-6 hrs</u> <input checked="" type="checkbox"/> No Problem <input type="checkbox"/> Restful <input type="checkbox"/> Non Restful <input type="checkbox"/> Circadian Reversal <input type="checkbox"/> Excessive Exercise  <input type="checkbox"/> Decreased <input type="checkbox"/> Increased <input type="checkbox"/> Fragmented <input type="checkbox"/> Early AM Awakening  <input type="checkbox"/> Difficulty Initiating Insomnia: <input type="checkbox"/> Initial <input type="checkbox"/> Middle <input type="checkbox"/> Terminal  <input type="checkbox"/> Not getting out of bed in the morning</p>	<p><b>Appetite/Eating</b> <input checked="" type="checkbox"/> No Problem <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"/> Laxative Use <input type="checkbox"/> Diet Pill Use <input type="checkbox"/> Diuretic Use <input type="checkbox"/> Distorted Body Image  <input type="checkbox"/> Excessive Dieting <input type="checkbox"/> Weight Change How much: <u>175</u> Over what time: <u>over 1 yr</u></p>	<p><b>Substance Abuse</b> <input checked="" type="checkbox"/> No Problem <input type="checkbox"/> Alcohol <u>beer</u> <input type="checkbox"/> Drugs <input type="checkbox"/> Blackouts <input type="checkbox"/> Shakes  Problems due to Alcohol: <input type="checkbox"/> GI Bleed <input type="checkbox"/> Ulcer <input type="checkbox"/> Liver <input type="checkbox"/> Pancreas  <input type="checkbox"/> Blood Alcohol Level in ED  Last Drink: <u>1/1</u></p>
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General: ☐ Somatic ☐ Conversion Symptoms ☐ Phobias ☐ Panic ☐ Agoraphobia ☐ Physical ☐ Sexual Abuse ☐ Traumatic Recollections ☐ Trichotillomania ☐ Sexual Issues  
☐ Seizure History ☐ Neurologic Disorder ☐ Head Injury 11/00 ☐ History HIV/AIDS ☐ Enuresis ☐ Encopresis ☐ Thyroid/Endocrine Dx: \_\_\_\_\_  
☐ Anniversary of Traumatic Event ☒ Recent Traumatic Event Successful to Client Recent Death: ☐ Family ☐ Friend ☐ Important Other  
In the past month Number of: \_\_\_\_\_ A) Crises Line calls: \_\_\_\_\_ B) Face to Face Evaluations: \_\_\_\_\_

Data Collected by: Alp... Discipline: 12 Date: 2/17/01 Time: 0630 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/lmp

DOCUMENT NO: 182374

Job/Tape ID: 035389



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P. G. Fritz, M.D.

**PROGRESS NOTE**

Chart Copy

DUBOIS REGIONAL MEDICAL CENTER		DIRECTIVE		ADMISSION		SUBMITTER		PATIENT		SMK		PUB		TOTAL	
NAME AND ADDRESS WEHLER, NASTASHYA L. PO BOX 129 WEEDVILLE PA 15868				PREVIOUS NAME		ADMISSION DATE 02/12/01 12:50		ROOM NO. 0223		01		U N		0104300478	
COUNTY MD				S.S. NO. 168-66-2738		AGE 16Y BIRTH DATE 10/12/84		P.T. MH F 1		SEX M.S. S		REFERRAL ER		S.C. AMI BC JH	
TELEPHONE NO. (814)787-8265				RELIGION-CHURCH UNKNOWN		REL. HELD S									
EMPLOYER, ADDRESS, OCCUPATION, PHONE NONE 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 (814)787-8285															
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 PROFESSI 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 PRI 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	
<i>- Bipolar Disorder, mixed</i> <i>- Borderline features</i>														296.60	
														V62.89	
COMPLICATIONS															
PRINCIPAL AND SECONDARY PROCEDURES															
PETITIONER'S EXHIBIT															
2 11509 CP															
TRANSFER DESTINATION				TYPE OF ADMISSION <input type="checkbox"/> ELECTIVE <input type="checkbox"/> URGENT <input type="checkbox"/> EMERGENCY				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.							
DATE DISCHARGED 2-16-01				TIME 6:00 am				ATTENDING PHYSICIAN [Signature]				DATE 2/16/01			
DATE DISCHARGED 2-16-01				TIME 6:00 am				AUTOPSY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				PHYSICIAN			

PETITIONER'S  
EXHIBIT

DATE

DATE DISCHARGED

DUBOIS REGIONAL MEDICAL CENTER - DUBOIS, PA.

ADMISSION SUMMARY SHEET

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

Chart Copy

PSYCHIATRIC EVALUATION/DISCHARGE SUMMARY  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA  
WEHLER, NASTASHYA I.  
PAGE 2

0104300478 -- 000464218

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

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PSYCHIATRIC EVALUATION/DISCHARGE SUMMARY  
DUBOIS REGIONAL MEDICAL CENTER  
DUBOIS, PENNSYLVANIA  
WEHLER, NASTASHYA L.  
PAGE 3

0104300478 - 000464218

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 DiGilarmo 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 I.

0104300478 - 000464218 0223

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 is being~~ 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 &amp; 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

HISTORY 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

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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

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**PROGRESS NOTE**

DUBOIS REGIONAL MEDICAL CENTER

DUBOIS, PENNSYLVANIA

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

PAGE 2

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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

PGF/nb

DOCUMENT NO: 183873

Job/Tape ID: 039999

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**PROGRESS NOTE**

Chart Copy



DuBois Regional  
Medical Center

Making the difference for you

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

64218 13Y AGG O. J. M.  
WENLER, NASTASHYA L.  
FRITZ, PAUL G.  
10/12/84 F 02/12/01  
168-66-2738 0104300478

Onlocenryh/2intake/vised adolescent intake pg 1-12 pub. 8/1/00:dm

Initial Presentation

Initial Presentation

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

Name: Paul G. Fritz Age 13 Grade 7 Gender ☒ Male ☐ Female  
Language ☒ English ☐ Spanish ☐ German ☐ French ☐ Other: \_\_\_\_\_  
Ethnicity ☒ Caucasian ☐ Afro-American ☐ Native American ☐ Asian ☐ Latin ☐ Other: \_\_\_\_\_

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

Referral from last evening. The father  
called to report that his son  
was having a panic attack.

Past Psychiatric Diagnosis: Major Depressive Disorder 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)

2 wks from Adol report. Came on  
insignificant events. "I was at school but  
couldn't get to school because of  
visual hallucinations "Red devils" I saw  
in school. Planned to assault father  
over who called her "a bitch" but  
going to gouge her eyes out. Some  
observed over former male patient.  
Calling and TSCing. Had dates last Fri  
night. She called him to let him know  
she was here. Brown at last night.

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

Harm to Self/Suicide	Harm to Other/Impulsive	Mood	Irrational Thinking	Sleep	Appetite/Eating	Substance Abuse
<input checked="" type="checkbox"/> No Problem	<input checked="" type="checkbox"/> No Problem	<input checked="" type="checkbox"/> No Problem	<input checked="" type="checkbox"/> No Problem	<input checked="" type="checkbox"/> No Problem	<input checked="" type="checkbox"/> No Problem	<input checked="" type="checkbox"/> No Problem
<input type="checkbox"/> Thoughts of wanting to die	<input type="checkbox"/> Conduct Disordered/Antisocial Behavior	<input type="checkbox"/> Depressed	<input type="checkbox"/> Hallucinations:	<input type="checkbox"/> Restful	<input type="checkbox"/> Decrease <input type="checkbox"/> Increase	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Aggressive/Identical	<input type="checkbox"/> Worse in: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> Visual <input type="checkbox"/> Olfactory	<input type="checkbox"/> Non Restful	<input type="checkbox"/> Anorexia <input type="checkbox"/> Bulimia	<input type="checkbox"/> Drugs
<input type="checkbox"/> Plan	<input type="checkbox"/> Plan <u>to kill</u>	<input type="checkbox"/> Hopeless <input type="checkbox"/> Crying	<input type="checkbox"/> Gustatory <input type="checkbox"/> Tactile	<input type="checkbox"/> Circadian Reversal	<input type="checkbox"/> Pica <input type="checkbox"/> Gorging	<input type="checkbox"/> Blackouts
<input type="checkbox"/> Intent	<input type="checkbox"/> Intent <u>not</u>	<input type="checkbox"/> Apathy <input type="checkbox"/> Irritable	<input type="checkbox"/> Auditory <input type="checkbox"/> Command	<input type="checkbox"/> Decreased	<input type="checkbox"/> Excessive Exercise	<input type="checkbox"/> Shakes
<input type="checkbox"/> Gesture	<input type="checkbox"/> Gesture <u>not</u>	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Delusions	<input type="checkbox"/> Increased	<input type="checkbox"/> Laxative Use	<input type="checkbox"/> Problems due to Alcohol:
<input type="checkbox"/> Means by <u>knife</u>	<input type="checkbox"/> Means by <u>knife</u>	<input type="checkbox"/> Elevated	<input type="checkbox"/> Mood <input type="checkbox"/> Congruent	<input type="checkbox"/> Fragmented	<input type="checkbox"/> Diet Pill Use	<input type="checkbox"/> GI Bleed <input type="checkbox"/> Ulcer
<input type="checkbox"/> (Lethal/Non-Lethal)	<input type="checkbox"/> (Lethal/Non-Lethal)	<input type="checkbox"/> Racing thoughts	<input type="checkbox"/> Non Congruent	<input type="checkbox"/> Early AM Awakening	<input type="checkbox"/> Diuretic Use	<input type="checkbox"/> Liver <input type="checkbox"/> Pancreas
<input type="checkbox"/> Obsessions/Compulsions	<input type="checkbox"/> Obsessions/Compulsions	<input type="checkbox"/> Grandiosity	<input type="checkbox"/> Obsessions/Compulsions	<input type="checkbox"/> Difficulty Initiating	<input type="checkbox"/> Distorted Body Image	<input type="checkbox"/> Blood Alcohol Level in ED
<input type="checkbox"/> Rehearsal	<input type="checkbox"/> Rehearsal	<input type="checkbox"/> Concentration:	<input type="checkbox"/> Paranoia	<input type="checkbox"/> Insomnia:	<input type="checkbox"/> Excessive Dieting	<input type="checkbox"/> Last Drink: / /
<input type="checkbox"/> Suicide Note/Communication	<input type="checkbox"/> Threatening Note/Communication	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased	<input type="checkbox"/> Disorganized	<input type="checkbox"/> Initial <input type="checkbox"/> Middle <input type="checkbox"/> Terminal	<input type="checkbox"/> Weight Change	
<input type="checkbox"/> Self-mutilatory	<input type="checkbox"/> Impulsivity	<input type="checkbox"/> Energy:	<input type="checkbox"/> Dissociative	<input type="checkbox"/> Not getting out of bed in the morning	<input type="checkbox"/> How much: <u>25%</u>	
<input type="checkbox"/> Completed Suicide	<input type="checkbox"/> Completed Homicide	<input type="checkbox"/> Decreased <input type="checkbox"/> Increased	<input type="checkbox"/> Illusions		<input type="checkbox"/> Over what time: <u>2 mo</u>	
<input type="checkbox"/> Relative(s) or Acquaintance(s)	<input type="checkbox"/> Relative(s) or Acquaintance(s)	<input type="checkbox"/> Social Isolation	<input type="checkbox"/> Depersonalization			
		<input type="checkbox"/> Low motivation/interest	<input type="checkbox"/> Confusion			
			<input type="checkbox"/> Threatening to cut			

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

☐ Seizure History ☐ Neurologic Disorder ☐ Head Injury ☐ History HIV/AIDS ☐ Enuresis ☐ Encopresis ☐ Thyroid/Endocrine Dx: \_\_\_\_\_

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

In the past month Number of: A) Crisis Line calls: \_\_\_\_\_ B) Face to Face Evaluations: \_\_\_\_\_

Data Collected by: DRMC Discipline: IT Date: 2/12/01 Time: 2:00 PM



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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

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



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Initial Presentation

Initial Presentation

### Responsible Parties and Other Historian (s)

None

(A)

Name	Custody Role	Relationship to Patient	Interviewed Notified	Telephone #	Reliability Reliable Unreliable
Course Wehler			Interviewed Notified		Reliable Unreliable
			Interviewed Notified		Reliable Unreliable
			Interviewed Notified		Reliable Unreliable

### Past Behavioral History

None

(B)

Self-Injurious Behavior Suicide	Dangerousness to Other(s) Homicidal	Relationship to Patient Assaultive	Impulsiveness/Anorexia/Bulimia Type of Action:	Property Damage/ Fire Setting
None Mutilation	None Sexually			

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

### Medical Problems Relevant to Evaluation

None

(C)

Current Services:	Name/Facility	Telephone #	Last Visit
Psychiatrist:	D. Miller 5/25 @ 11		Date: / /
Therapist:	S. L. L. 2/14/01 @ 12		Date: / /
ICM/CM /MRCM (circle one):	( )		Date: / /
RTP:	( )		
Group Home/Partial (circle one):	( )		
Juvenile Detention/Boot Camp	( )		

IN-HOME SERVICES: ☐ Mobile Therapy hr/w ☐ Therapeutic Staff: Community hr/w/ School hr/w

☐ Behavioral Specialist hr/ x m then hr/ for x m ☐ DBMH ☐ Family Preservation

Contact Person: Phone #: ( )

Agency Providing Services: ☒ CHMC ☐ GATEWAY ☐ HIGHPOINT ☐ CCNCLAR/CHAMPS

☐ GUIDANCE CENTER ☐ SAGEWOOD ☐ DICKINSON MENTAL HEALTH

☐ OTHER (NAME PLEASE):

☐ Last CASSP Meeting Date / / Time: a.m. p.m. Phone #: ( )

☐ CYS County: Caseworker: Phone #: ( )

☐ Probation County: Probation Officer: Phone #: ( )

Medication(s)	Dosages and Frequency	Time of Last Dose	Patient's Knowledge of Medication (K)
Plavix	75 mg		<input checked="" 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

Data Collected

Discipline

Date

Time

APM

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

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



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McKeesport, PA 15136

## 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

4219 16V AD(1) 10  
WEHLER, MASTASHA L  
SRITZ, PAUL G  
10: 2/84 F 02/12/07  
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
<b>General</b>	<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"/> Glatry				
<b>Dirty</b>	<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"/> Handicap/ Malformation	<input type="checkbox"/> Fragile				
<b>Comments:</b>												
<b>Attire</b>	<input type="checkbox"/> Unremarkable	<input type="checkbox"/> Neat	<input type="checkbox"/> Outdated	<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			
<i>hospital attire (2)</i>												
<b>Behavior</b>	<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"/> Poor Attention Span	<input checked="" 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 checked="" type="checkbox"/> Histrionic	
<b>Psychomotor</b>	<input checked="" 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"/> Choreoathetoid	<input type="checkbox"/> Restless	<input type="checkbox"/> Catatonia	<input type="checkbox"/> Tics	<input type="checkbox"/> Tremor	
<b>Speech</b>	<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"/> Mutism	<input type="checkbox"/> Stammer/Stutter
<b>Mood and Affect</b>	<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 type="checkbox"/> Panicked	<input type="checkbox"/> Silly	<input type="checkbox"/> Flat	<input type="checkbox"/> Not congruent to context				
<b>Thought Processes</b>	<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"/> Punning				
	<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			
<b>Perception/Hallucinations</b>	<input type="checkbox"/> One/Many Voices	<input type="checkbox"/> Visual	<input type="checkbox"/> Auditory	<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"/> Mood Congruent	<input type="checkbox"/> Flashbacks							
<b>Thought Content</b>	<input checked="" type="checkbox"/> Unremarkable	<input type="checkbox"/> Illusions	<input type="checkbox"/> Delusions	<input type="checkbox"/> Somatic	<input type="checkbox"/> Nihilistic	<input type="checkbox"/> 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"/> Derealisations	<input type="checkbox"/> Magical Thoughts	<input type="checkbox"/> Persecution	<input type="checkbox"/> Erotic	<input type="checkbox"/> Grandeur	<input type="checkbox"/> Thought Withdrawal					
<b>Current Potential for Dangerousness to Self/Other</b> (Check those items that apply and note details)												
<b>Harm to Self</b>						<b>Harm to Others</b>						
<b>Suicidality</b>	<input checked="" type="checkbox"/> No Problem	<b>Self Mutilatory</b>	<input checked="" type="checkbox"/> No Problem	<b>Homicidal</b>	<input checked="" type="checkbox"/> No Problem	<b>Assaultive/Sexually Aggressive</b>	<input checked="" type="checkbox"/> No Problem	<b>Risk Taking</b>	<input checked="" type="checkbox"/> No Problem			
	<i>at present</i>											
<b>Ideation</b>	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation	<input type="checkbox"/> Ideation			
<b>Plan</b>	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan	<input type="checkbox"/> Plan			
<b>Intent</b>	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent	<input type="checkbox"/> Intent			
<b>Action</b>	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action	<input type="checkbox"/> Action			
<b>Comments(about any section above that needs elaboration):</b>												
<i>denies 302 allegations</i>												



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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

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



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### Mental Status Examination

Mental Status Exam, Part 2	Cognition		<input checked="" type="checkbox"/> Uncooperative	
	Consciousness	<input checked="" type="checkbox"/> Awake	<input checked="" 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	Nastashya Wehler		Date
	Place	In the Hospital - DuBois		Situation
	Serial 7's (or Spell World backwards; Check correct answers)		<input checked="" type="checkbox"/> 73 <input checked="" type="checkbox"/> 86 <input checked="" type="checkbox"/> 79 <input type="checkbox"/> 12 <input type="checkbox"/> 65 <input type="checkbox"/> "dlrow"	
	<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 checked="" type="checkbox"/> Clinton <input checked="" type="checkbox"/> Bush <input type="checkbox"/> Reagan <input type="checkbox"/> Carter <input type="checkbox"/> Ford	
	Proverbs (Glass Houses)		<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Loose Similarities (Orange-Apple) <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Concrete <input type="checkbox"/> Loose	
	Digit Span			
Forward		Backward		
7286 7286 35829 35829 716938 716938		815 518 7296 69 9374114793		
Face to Face (or Therapy/Nursing If Direct Admit)	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			
	Recall three objects at 5 minutes (one point for each object)		Say "No ifs, &s, or buts"	
	Show a watch and pen and ask to name		Obey "close your eyes"	
	Pick up paper in right hand, fold it in half, and put on floor		Floor	
	Write any sentence (has to have proper elements)		City	
			Season	
	Insight		Estimated Intelligence	
	<input type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor <input type="checkbox"/> Impaired		<input type="checkbox"/> Superior <input type="checkbox"/> Average <input type="checkbox"/> Borderline <input type="checkbox"/> Retarded	
	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)	
	Initial		Axis I: MDD, recurrent	
Diagnostic		Axis III: MDD, recurrent		
Impression		Axis II: borderline features		
		Axis IV: relational problems		
		Axis V: 25		
Initial Assessment				
Client will contract for safety <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Follow-up consent signed				
denying allegations of 303 petition - admits to mood swings, racing thoughts, dist				
Plan:				
initiate 1st, group, family + referral - mental services				
medication as prescribed, monitor safety				
discharge				
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:				
Telt:				
Time:				
Days Authorized:				
Date Collected by:				
Discipline:				
Date:				
Time:				
AM/PM:				

Mental Status Exam, Part 2

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

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Child/Adol Behavioral Health Services  
Intake EvaluationInstructions: Fill in the blanks and/or Check Boxes  
Go to Supplemental Data Page and note Page # and LetterWEHLER, NASTASHYA  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

Circulators from intake revised adolescent intake pg1-12 pub.3-11/00,1r.

Medical History

Medical History

Nursing Assessment

Nursing Assessment

## Vital Signs

Temperature 98.4° (F) PO Rectal	Pulse 100 (Beats/min)	Blood Pressure Right Arm 123/62 Left Arm /	Respiration 20 (Resp/min)	Weight: 143 lbs Height: 5'5 1/2"	Eye Color: Green
---------------------------------------	-----------------------------	--	---------------------------------	---	---------------------

Special Diet:

Special Treatment(s):

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

Vision <input checked="" type="checkbox"/> None Contacts <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Vision Impaired	Hearing <input checked="" type="checkbox"/> None 2224 build up <input type="checkbox"/> Deaf <input checked="" type="checkbox"/> Hearing Impaired	Speech <input checked="" type="checkbox"/> None <input type="checkbox"/> Mute <input checked="" type="checkbox"/> Speech Impaired	Disability/ Malformation: <input checked="" type="checkbox"/> None	Intellectual; IQ (if known): <input type="checkbox"/> None <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Known Dementia
---	---	--	--	---

## Medical History

General Health: ☒ Superior ☐ Good ☐ Average ☐ Mildly Impaired ☐ Poor ☐ Very Poor

Family Care Physician: Dr. Schmidt St. Marys

Current 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 4/10  
No head injuries - no MVA No fractures

## Pain Assessment

Are you having any discomfort now? ☒ Yes ☐ No At Refused to complete assessment.Have 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

## Immunization Status

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

	Dates	1	2	3	4	5
Diphtheria and Tetanus						
Polio						
Hepatitis B						
Measles ("Hard") ("Red")						
Rubella ("German Measles")						
Mumps						
Tuberculin Test						

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

or Measles Serology: Date: Titer:

or Rubella Serology: Date: Titer:

or Mumps diagnosed by MD Date: Titer:

Results:

Data Collected by: M. Fritz, MD Date: 2/12/07 Time: 1:10 AM/PM



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## Child/Adol Behavioral Health Services Intake Evaluation

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



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### 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		Nursing Assessment	
General Constitutional: Excessive fatigue, malaise, night sweats, fevers, weakness, weight loss or gain, change appetite	<input type="checkbox"/> None 25 LBS in 2 mo. Nausea & medicine	Allergic/ Immunologic: Rashes, hay fever, seasonal runny nose or conjunctivitis; asthma; insect bite, food allergy; danders; drugs	<input type="checkbox"/> None Bordetella diphtheria
Head: Headaches; trauma; facial malformation	<input type="checkbox"/> None Hx Migraine and tension	Skin: Changes in pigmentation; eruptions; itching; scaling; bruising; bleeding; Changes in hair and Nails	<input type="checkbox"/> None Rash Lyme and go He - 1/2 h x 1/2 h in 1/2 h
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 LMP: 12/12/01 Gravida: 2 Para: 2 Post-menopausal Infertile Sexual: 5 pks Active Not Active Uses Protection Dop: Private first given 2 1/2 mo ago - Irrig & Flow
Ears: Deafness; ringing of ears; discharge; pain; infection; trauma; hearing aide	<input type="checkbox"/> None Occas. Wax build up No obvious ear problem	Nervous System: Disturbances of senses; paralysis; atrophy; involuntary movements; convulsions; gait; uncoordinated; pain; paresthesia; hyperesthesia; anesthesia; lack of control of urination and/or defecation; lack of control of sweating and/or temperature	<input type="checkbox"/> None Occas. dysuria
Nose: Runny; discharge; obstruction; bloody	<input checked="" 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
Throat: Hoarseness; sore; voice changes	<input checked="" type="checkbox"/> None	Hematopoietic: Anemia; bleeding	<input type="checkbox"/> None Flow & normal
Mouth: Soreness; symptoms in teeth; pain; sores or wounds	<input checked="" type="checkbox"/> None	Lymph Nodes: Enlargement; pain; pus; draining sinuses; location	<input checked="" type="checkbox"/> None
Neck: Swelling; lesions; gonor; stiffness; and limitation of motion	<input type="checkbox"/> None Occas upon drinking	Breasts: Asymmetry; trauma; lumps; pains; discharge from nipples	<input checked="" type="checkbox"/> None
Cardiovascular: Chest pain; palpitations; DOE; blue skin; distended abdomen; swelling of lower extremities; phlebitis; hypertension; Rheumatic fever	<input type="checkbox"/> None few min in foot dyspnea; frequent		
Respiratory: Pain; wheezing; SOB; cough; sputum; coughing blood	<input type="checkbox"/> None SOB & chest pain Smokes Breathless after exertion		
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 Bim daily		
Bone, Joints, and Muscles: Fractures; dislocations; sprains; arthritis; pain; swelling; stiffness; weakness; wasting; or cramps	<input type="checkbox"/> None Joints crackle		
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
Toxic Exposure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hx of Transfusion	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Scarlet Fever Exposure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Chicken Pox Exposure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Skin Assessment

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

Debtors: Mr R from deep in the Chair.

Head Lice / Other Infestation ☒ Yes ☐ No

if yes, describe:



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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

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

Childcare/Fritz/Make revised adolescent intake pg1-12 pub, 8/11/00, lm

Patient Orientation/Rights

Nursing Assessment

Patient Orientation/Rights

Nursing Assessment

Mode of Admission: ☐ Ambulatory ☐ Wheelchair ☒ Litter ☒ Ambulance

Accompanied By: *Ambulance crew  
Security*

Patient Orientation and Rights:	Response			Response			Response	
	Yes(Y)	No(N)		Yes(Y)	No(N)		Yes(Y)	No(N)
Voluntary Consent Signed		<input checked="" type="checkbox"/>	Religious Consent signed	<input checked="" type="checkbox"/>		Consent to County MH/MR signed	<input checked="" type="checkbox"/>	
Involuntary Commitment Completed	<input checked="" type="checkbox"/>		Patient Valuables Sent to Safe		<input checked="" type="checkbox"/>	Consent to Family/Significant Other Signed	<input checked="" type="checkbox"/>	
Bill of Rights Provided for 2012(302)	<input checked="" type="checkbox"/>		Patient Valuables Sent Home	<input checked="" type="checkbox"/>		Voiced Understanding of How to Address Ethical Concerns	<input checked="" type="checkbox"/>	
Bill of Rights Reviewed	<input checked="" type="checkbox"/>		Advanced Directive Information Provided	<input checked="" type="checkbox"/>		Functional Assessment Screen Completed	<input checked="" type="checkbox"/>	
Patient Voiced Understanding of Rights	<input checked="" type="checkbox"/>		Patient has Advanced directive		<input checked="" type="checkbox"/>	Patient Education Assessment Screen completed	<input checked="" type="checkbox"/>	
Oriented to Department	<input checked="" type="checkbox"/>		Unit Information Material	<input checked="" type="checkbox"/>		Would you or your parents like to have a consultation with a pharmacist	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Patient Handbook Provided	<input checked="" type="checkbox"/>		Consent for release of information signed for CYS		<input checked="" type="checkbox"/>	Consent for release of information signed for Probation		<input checked="" type="checkbox"/>

Comment (c)

"I don't think I need to be here because I was going to see Dr. DiBilardino and taking my medicine - I only took 20mg because it made me hyper" It was suspended from school for 3 days due to telling guidance counselor that she wanted to cut the face of a peer at school. Says I want to go live with my dad because mom doesn't help me"



DuBois Regional  
Medical Center

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## Child/Adol Behavioral Health Services Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
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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;8/11/00,1m

### Nursing Formulation

Sad mood, Crying - Anxious - Refused to answer most open ended questions. Refused to admit 302 allegations. Denies suicidal ideations - admits to feeling depressed "Nothing matters" Angry to mother. Blame mother for readmission. Good personal hygiene, well at morning. Hands and wrists unremarkable during intake. Borderline agitation. No pain then refuses to state where the pain is located.

### Nursing Treatment Plan

#### Intervention Codes

- A. Provide a safe/secure environment
- B. Suicide Watch q 5, 10 15 minutes
- C. Restricted use of contraband
- D. Provide supportive therapy as needed.
- E. Individual and Group therapy daily.
- F. Redirect as needed
- G. Medications as prescribed by Doctor
- H. Medication education with stress on compliance
- I. Time outs, seclusion or restraints if behavior warrants per unit policy
- J. Anticipate patient needs
- 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" 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, F, I, J, K	M	Alteration in Thought Processes		
Potential to Harm Others	A, B, C, D E, F, I, J, K	M	Depressive Signs and Symptoms		
Poor Impulse Control			Non compliance with medication		
Agitation			Ineffective Coping Skills	O, P, Q, R	
Psychosis			Other:		



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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

4210 187 ADU 02  
HELENA, NASTASHYA  
RITZ, PAUL G  
10/12/84 F 02/12/01  
68-66-2738 0104300478



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Past History I

Past History I

Therapy

Therapy

**Psychiatric History** ☐ None ☐ Uncooperative ☐ Role in current admission

**Psychiatric Diagnosis:** ☐ Bipolar ☐ Schizoaffective ☒ Major Depression ☐ Other:  
☐ None ☐ Schizophrenia ☐ Personality Disordered Features ☐ Cognitive Dx ☐ ADHD

**Psychiatric Hospitalizations** Most recent to the distant past. Total: ☐ None

Date (Month/Year)	Location	Reason
#1 2/14/01	DRMC	
#2 /		
#3 /		
#4 /		

**Current Outpatient treatment**

**Psychiatrist Name:** Dr. D. Schmidt Tel#:                      ☐ See Page 2

**Therapist Name:** Dr. D. Schmidt Tel#:                      ☐ See Page 2

**Psychiatric Medication History**  
Prozac - very happy - taking 20 mg daily

**Substance Abuse History** ☒ None ☐ Uncooperative ☐ Role in current admission Have 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 want to quit but I can't stop yet"							<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** ☒ None ☐ Where and When

**OPD D/A Therapist:** Tel#:                      Sponsor ☐ Yes ☐ No AA/12Step ☐ Yes ☐ No

**Family Psych. & D/A Hx.** ☐ None ☐ Uncooperative ☐ 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
mother	Depression				
father					
brother					



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## Child/Adol Behavioral Health Services Intake Evaluation

Instructions: Fill in the Blanks and/or Check Boxes  
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464210 101 000 0000  
WEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

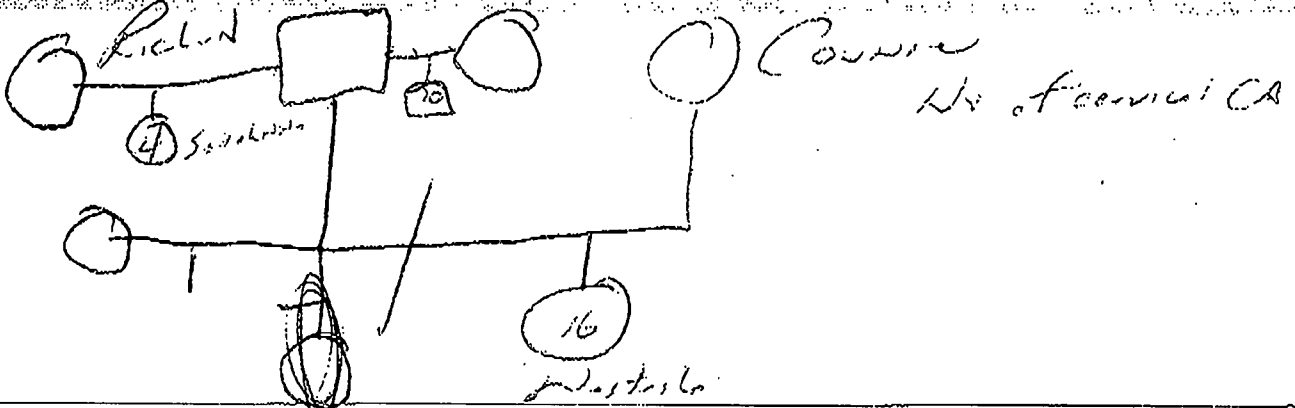


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### Family Genogram

☐ None ☐ Uncooperative ☐ Role in current admission

Client's family of origin; client and significant others; client's biological/stepfoster 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.



### Complicating History

☐ None ☐ Uncooperative ☐ Role in current admission

- |   |   |   |                                       |   |   |   |
|---|---|---|---------------------------------------|---|---|---|
| <input checked="" type="checkbox"/> Parental Conflict | <input checked="" type="checkbox"/> Thumb sucking | <input checked="" type="checkbox"/> Harsh Discipline by Caregiver | <input type="checkbox"/> No Support   | <input type="checkbox"/> Child in Parental Role | <input type="checkbox"/> Negative feelings toward Child         | <input type="checkbox"/> Parental Denial of Child's Problem |
| <input checked="" 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 checked="" type="checkbox"/> School refusal    | <input type="checkbox"/> Lying                    | <input type="checkbox"/> Bullying or Extortion                    | <input type="checkbox"/> Vandalism    | <input type="checkbox"/> Aggressive Stealing    | <input type="checkbox"/> Worry about Attachment Figure/Disaster | <input type="checkbox"/> Separation Anxiety                 |
| <input type="checkbox"/> Night Terrors                | <input type="checkbox"/> Delinquency              | <input type="checkbox"/> Cruelty (People or Animals)              | <input type="checkbox"/> Fire setting | <input type="checkbox"/> Social Impairment      | <input type="checkbox"/> Hoarding                               | <input type="checkbox"/> Somatize on School Days            |

### Placement History (RTF, Group Home, Juvenile Detention, Boot Camp, Foster Care, etc.; Noting Facility or Name and Dates):

☒ 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.)  | Child's birth weight   | Birth Order   |
| Length of delivery (number of hours from initial labor pains to birth)                                   | Mother's age when child was born   |   |
| Bleeding <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  | Serious illness or injury <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Used alcohol <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                     |
| Taxemia/preeclampsia <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No      | Seizures <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  | Took illegal drugs <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |
| Rh factor incompatibility <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Infection <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 | Took prescription meds <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No           |
| High Fever <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                | Smoked cigarettes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Nausea or Vomiting <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |
| Delivery   |  |   |
| Vaginal Delivery <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Cord around neck <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No          | Cardiopulmonary distress <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No         |
| Cesarean Delivery <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No         | Injured <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   | Needed oxygen <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |
| Forceps <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   | Was cyanotic (blue) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No       | Trouble breathing after delivery <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Breach Delivery <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No           | Was jaundiced (yellow) <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No    | Was in hospital more than 7 days <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Developmental Milestones   |  |   |

At what age did your child first accomplish the following

- |                                  |                                  |                                 |                               |
|----------------------------------|----------------------------------|---------------------------------|-------------------------------|
| Sitting without help             | Crawling                         | Walking alone                   | Bowel training, day and night |
| Using single words ("mama", etc) | Putting 2 or more words together | Bladder training, day and night |                               |

#### Developmental History Of:

- |  |   |   |   |
|--|---|---|---|
| <input checked="" type="checkbox"/> Seizures   | <input type="checkbox"/> Head injury  | <input type="checkbox"/> Abnormal motor skills  | <input type="checkbox"/> High Fever   |
| Child's Behavior   |   |   |   |
| Affectionate <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No            | Colicky <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No            | Anxious <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                          | Chronic <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |
| Abnormal Social Bonding <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Easy to soothe <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No     | Very stubborn/challenging <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No        | Difficult to keep busy <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No       |
| Difficult to feed <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No       | Difficult to sleep <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Overactive in emotional reaction <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Difficult to put on schedule <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

Data Collected

Discipline:

Date

Time:

PM



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## Child/Adol Behavioral Health Services Intake Evaluation

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464218 16V ADD 0223-01 MI-  
WEHLER, NASTASHYA I  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478



### 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

☐ 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

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

5th St. H.S.

CSBD

OSAP

OLS

### Occupational History

Current Employer

☒ None

Position

Cost. Sec.

### Religious Influences

☒ None ☐ Uncooperative ☐ Role in current admission

☐ Family/Client wants Pastoral Care

Religious Faith

☒ Catholic

☐ Protestant

☐ Jewish

☐ None

☐ Other

Religious Belief

☒ Atheist

☐ Agnostic

☐ Indifferent

☒ Moderate

☐ Strong

☐ Unknown

### Family Financial Stressors

☒ None ☐ Uncooperative ☐ Role in current admission

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

### Legal Issues

☒ None ☐ Uncooperative ☐ Role in current admission

☐ 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#:

### Relevant Culture & Ethnic Issues

☒ None ☐ Uncooperative ☐ Role in current admission

### Therapist Formulation

PT 302 today after threats  
to start work

Plan

PT still receives multiple telephone  
calls from family (PT's Mom)

Data Collected by

Discipline

Date: 2/11/01 Time: 7:30 AM

Past History III

Therapy

Past History III

Therapy



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



## Summary

*Making the difference for Df.*

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

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Supplemental Data Page

Supplemental Data Page



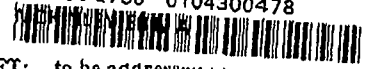
San Joaquin  
Medical Center

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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

200218 18v ADD 0221-01 MF  
WEHLER, NASHYA I  
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 N/T; to be addressed by referral, mark R

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	4/13	AD	T	Sadness
			Confusion				Ideas of reference				
			Decreased Concentration				Paranoia				
<b>#2 Behavioral</b> Consider: Self-hijurious/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

Initials

Date:

Primary Therapist

Initials

Date:

Primary Nurse

Initials

Date:

Recreational Therapy

Initials

Date:

Social Work

Initials

Date:

Other:

Initials

Date:



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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

404218 101 ADD 0223-01 MH  
WEHLER, NASTASHYA L  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478

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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

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>#6 Psychosocial</b>											
			Ambivalence re: treatment				Impaired social interaction				Low self esteem
			Diversional activity deficit				Loss				
<b>#7 Knowledge Deficits</b> Consider education about diagnosis, treatment, substance abuse, medications, etc											
			Knowledge deficit - substance abuse				Non-compliance with psychiatric medication				
			Knowledge deficit - disease process								
<b>#8 Coping Deficits</b> Consider ineffectual and maladaptive coping strategies such as self destructive behavior, abusive relationship, etc											
			Denial	2/13	PD	T	Ineffective coping / family				
			Hopelessness								
<b>#9 Dispositional</b> Consider: Benefits; Financial Assistance; Housing/Placement; CASSP; In-home Services; CYS; ICM/Case Management; Probation; Community Support; Legal; Other											

### Multi Disciplinary Team Affirming Signature

Psychiatrist

Initials:

Date:

Primary Therapist

Initials:

Date:

Primary Nurse

Initials:

Date:

Recreational Therapy

Initials:

Date:

Social Work

Initials:

Date:

Other

Initials:

Date:



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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

464218 167 ABO 0223-01 AMH  
WENIG, MASTAS, IYA L  
FRITZ, PAUL G  
10/12/84 F 02/12/01  
168-66-2738 0104300478



### Diagnostic Summary

Diagnostic Summary

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

1. Major Depressive Disorder
2. Generalized Anxiety Disorder
3. Specific Phobia

#### Axis II Personality Disorder/Mental Retardation

1. None
2. None

#### Axis III General Medical Conditions

1. None
2. None
3. None
4. None

#### 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: 70

#### 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.

Diagnostic Summary

### Multi Disciplinary Team Affirming Signature

Psychiatrist

[Signature]

Initial:

PA

Date:

2/13/01

Primary Therapist

Pamela Rosellaro MD

Initial:

PR

Date:

2/13/01

Primary Nurse

Heidi May RN

Initial:

HM

Date:

2/13/01

Recreational Therapy

Debra J. Hall

Initial:

DH

Date:

2/13/01

Social Work

Karen Thomas MSW

Initial:

KT

Date:

2/13/01

Other:

Initial:

Date:

DUBOIS REGIONAL MEDICAL CENTER		ADMISSION		SUMMARY		CONOR		464218	
NAME AND ADDRESS WEHLER, NASTASHYA L. PO BOX 129 WEEDVILLE PA 15858				AGE 16Y		BIRTH DATE 10/12/84		RELIGION-CHURCH UNKNOWN	
TELEPHONE NO. (814)787-8265				S.S. NO. 168-66-2738		RELATIONSHIP MOTHER		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 WEEDVILLE PA				ADDRESS (814)787-8265		PHONE (814)787-8265			
NAME AND ADDRESS WEHLER, CONNIE E PO BOX 129 WEEDVILLE PA 15868				TELEPHONE (814)787-8266 WAITRESS SOC. SEC. # 191-62-1299		REL. REL.		EMPLOYER NAME AND ADDRESS BAVARIAN INN ST MARYS PA 15857 (814)834-2161	
INSURANCE COMPANY BLUE CROSS 363 BLUE SHIELD PROFESSI				PLAN 100001 105000		POLICY HOLDER WEHLER, CONNIE E WEHLER, CONNIE E		GROUP # 05075100 05075100	
ATTENDING PHYSICIAN FRITZ, PAUL G PRI SCHMIDT, ROBERT J				REFERRING 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	
<i>✓ major depression single episode severe</i> <i>✓ without psychosis</i> <i>✓ Borderline features</i>								276.23	
								✓ 62.89	
COMPLICATIONS									
PRINCIPAL AND SECONDARY PROCEDURES									
Adolescent Unit Behavioral Health 2/1-2/6/01								CONFIDENTIAL RECORD REQUIRES SPECIFIC DISCLOSURE CONSENT	
SPECIAL UNIT DAYS 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.			
DATE DISCHARGED 2-6-01				TIME 8:00		ATTENDING PHYSICIAN <i>[Signature]</i> DATE 2/6/01			
DATE DISCHARGED 2-6-01				TIME 8:00		PHYSICIAN <i>[Signature]</i> DATE 2/6/01			

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**

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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., Droese-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 Angeles, 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, February). 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

**PETITIONER'S  
EXHIBIT**

4 11/5/06

Donald U. Robertson, Ph.D.

Donald U. Robertson, Ph.D.  
Licensed Psychologist



<p>8. <u>PHYSICAL CERTIFICATION</u></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><u>PHYSICAL VERIFICATION</u></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 PA.C.S. § 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.</p>
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☒ **FIT**
☐ **UNFIT**

5/26/06  
DATE

Anne Breindel PA Robert J Schmidt MD  
SIGNATURE - EXAMINING PHYSICIAN

A. NAME OF EXAMINING PHYSICIAN (PRINT) <u>Anne Breindel PA / Robert J Schmidt MD</u>	B. LICENSE NO. <u>MA002264-L / MD022292-E</u> C. STATE <u>PA</u>
D. STREET ADDRESS <u>ECMA 177 Washington St.</u>	CITY/BORO <u>St Marys</u> STATE <u>PA</u> ZIP CODE <u>18557</u> E. TELEPHONE NO. <u>814-781-7531</u>

9. RELEASE OF PHYSICAL INFORMATION

Having applied for certification as a police officer in Pennsylvania I, Nastashya Wehler, have duly subjected

myself to a physical examination by Anne Breindel PA / Robert J Schmidt MD, 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.

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.

SIGNATURE - APPLICANT

608-6602238  
 SOCIAL SECURITY NO.

Anne Breindel PA / Robert J Schmidt MD  
 SIGNATURE - EXAMINING PHYSICIAN

7-10-06  
 DATE

**FORM PROCESSING**

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.

# Indiana University of Pennsylvania

Center for Applied Psychology  
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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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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.

A handwritten signature in black ink, reading "Donald U. Robertson" with a stylized flourish at the end.

Donald U. Robertson, Ph.D.  
Licensed Psychologist

# Indiana University of Pennsylvania

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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



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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.  
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## 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:**

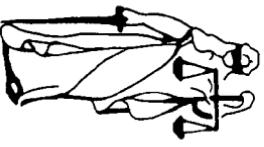
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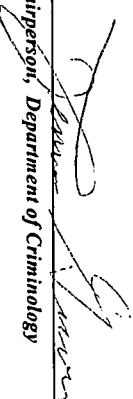
Criminal Justice Training Center

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.

  
Depn, College of Health & Human Services

  
Chairperson, Department of Criminology

  
Director, Criminal Justice Training Center

PETITIONER'S  
EXHIBIT

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ag