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RE: Jennifer Emmi DOB: 1/16/1978 Age: 46 yo female

TO WHOM IT MAY CONCERN:

SUBJECT MATTER EXPERT BACKGROUND

I, Charles Howard, MD, MMM am retired from the Federal Bureau of Prisons (BOP) having served- twenty (20) years as a Medical Officer. During these twenty (20) years I served as the National Ophthalmology consultant to the Federal Bureau of Prisons. From November 2002 to December 2016, I worked at the Federal Medical Center, Devens, (FMC Devens) in Ayer, Massachusetts. My duties also included those of a General Staff Physician. From December 2016 until December 2022, I served as Medical Director at the Federal Detention Center, Miami (FDC Miami). I was responsible for examining, evaluating, treating, and coordinating all Medical Care for all inmates in the facility. There are approximately 20,000-30,000 inmates seen at this institution annually. I am Board Certified in Quality Assurance and Utilization Review, a Fellow of the American Institute of Health Care Quality Management, and a Diplomat and Senior Analyst of the American Board of Disability Analysts. In 2005, I earned a Master's Degree in Medical Management (MMM) from HJ Heinz School of Public Policy and Management at Carnegie Mellon University, Pittsburgh, PA.

I have testified in several federal courts as an expert witness in Correctional Health Care. Cases have been for Defendants as well as for the US Government on different occasions.

FMC Devens is an administrative facility that houses convicted Federal Offenders who require all levels of specialized or long term medical and/or mental health care. It is one of six (6) Federal Medical Centers nationwide operated by the BOP. FDC Miami is also an administrative facility that houses Detainees who are Pre-Trial, Pre-Sentenced, and Sentenced inmates. As Administrative Facilities, both house individuals of minimal to maximum security levels. Both facilities also house low and medium security level inmates who do not require specialized medical or mental health care. Under my tutelage, they repeatedly attained full accreditation by several Accrediting Agencies. These include the American Correctional Association, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Accreditation Association of Ambulatory Healthcare (AAAHC) and BOP Program Review Accreditation.

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SCOPE OF REPORT

I was contacted as a Subject Matter Expert to provide appropriate, accurate medical information based upon an extensive and comprehensive review of Ms. Emmi's medical records. The intention is to assist understanding of Ms. Emmi's extraordinarily complex medical issues. She and her family have repeatedly pleaded the complexity of her medical conditions, but their efforts have thus far fallen on deaf ears. It appears that her extraordinarily complex medical issues have not been appropriately managed since incarceration and transfer from Colorado to Virginia. I will opine on the best location geographically, physically and fiscally for Ms. Emmi's very complex medically necessary care.

To render my Subject Matter Expert opinion, I performed a comprehensive and extensive review of the provided complex medical records which included over 3200 pages of medical records, e-mails between her mother Mrs. Barbara Crist and several doctors, as well as a handwritten diary of medical entries dating back as far as 2015. Medical sub-specialty opinions included: Cardiology, Dermatology (skin), Internal Medicine, Hematology (blood, anemias), Oncology (Cancer & Autoimmune Diseases), Rheumatology (Autoimmune Conditions), Ophthalmology (Eye Issues), Neuro-Ophthalmology and Neurology (Nervous System issues).

The latest medical records from her Colorado incarceration available are only until October 2022. Ms. Emmi was incarcerated in Colorado until January of 2023, and when she was transferred to Fluvanna Women's Correctional Facility in Virginia. This occurred during the night a few weeks after she alleged assault and rape in Colorado. No medical notes, injury assessment, nor rape report have been provided by the Department of Corrections in Colorado. The records for Colorado do not include anything past October 2022. This is inconsistent with ANY correctional setting. I personally requested medical records with a signed Authorization for release from Fluvanna (Virginia) and spoke by telephone with them several times in August 2023, but no medical records have been provided. This is further troubling with respect to medical care and not in keeping with medical standards anywhere in the United States, including in prisons. In addition, it is highly irregular as under the Federal PREA (Prison Rape Elimination Act) and American Correctional Association Regulations, EVERY alleged rape must be thoroughly and immediately documented and investigated. This was not done in Ms. Emmi's case.

Many attempts to obtain Ms. Emmi's Medical Records from Fluvanna Women's Correctional Center in Virginia since August 2023 proved to be fruitless. This is highly irregular, as most correctional institutions will provide records properly requested within approximately one month. It was not until Ms. Emmi's Attorney also repeatedly requested them that the Attorney was finally able to obtain her records. Records including photographs taken when Ms. Emmi first arrived at Fluvanna were also specifically requested. This specificity was because she alleged, she was raped three times and assaulted by staff while incarcerated in Colorado. She alleged this was the reason she was transferred without notice during the night to Fluvanna in Virginia. I received from Fluvanna an additional 1276 pages of documents, but no photographs. This brings to a total of over 4476 pages reviewed. Some of the Fluvanna records included duplicates, but again, no photographs and no documentation of the "investigator's" report of her alleged rapes while in Colorado were received.

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MEDICAL SUMMARY

Jennifer Emmi is a 46-year-old lady with an extensive medical history. Her extraordinarily complex medical issues are described below. She has a history of three Caesarean sections, most recently in 2015. In 2013 Ms. Emmi developed radiating pain down her right leg. A workup including an MRI (Magnetic Resonance Imaging study) found the cause to be a result of back and lower back issues reported as: Lumbar T12-S1 distribution degenerative changes and T6-7, and T8-9 disc space loss and bulge. (Thoracic vertebrae #6, 7, 8, 9 and #12 and Sacral vertebrae #1 levels). She was also found to have an old compression fracture at T8. Medications and Nerve blocks were used for treatment intermittently. Despite these treatments, she continued to worsen and developed difficulty ambulating, and at times needing a cane for stabilization.

In 2017 Ms. Emmi developed recurrent refractory to treatment (unsuccessful treatment) sinus infections. A CT scan revealed some obstruction of the sinuses. She underwent sinus surgery bilaterally (both sides). The pathology of tissue removed revealed chronic inflammation. Despite the surgery, she continued to have recurrent sinus infections requiring antibiotics and irrigations.

In 2019 Ms. Emmi went to see her Primary Care Physician complaining of loss of vision, Headache, Dizziness, numbness and tingling (paresthesia) of both her upper and lower extremities. She had gait abnormalities (ataxia) as well. She was seen six times in 2019 for loss of vision. Her multiple symptoms have waxed and waned ever since. Because of these symptoms and the ominous, potentially mortal finding of abnormal pupil reactions in the eyes, she was sent to the local hospital emergency room and admitted. MRIs of her head, orbits, and spine as well as a lumbar puncture only showed equivocal findings. There was a "question of possible blockage in occipital (back of head) region that could not be clearly visualized on the MRI". The orbit MRI had an equivocal finding of "post contrast volumetric enhancement of both Optic Nerves". There was a mention of re-admitting for additional evaluation, but that did not happen. The most likely diagnosis, despite not finding definitive evidence, was Optic Neuritis, or Retrobulbar Neuritis. This condition is well known to be a fore warning of developing Multiple Sclerosis (MS) with severe incapacitation. She was treated symptomatically with high dose intravenous steroids. It is reported that she developed Steroid Psychosis as a result, and they were stopped in late 2020/early 2021 following her admission to Porter Hospital in Denver Colorado. There is documentation in the letter from Dr. Sarche, as well as in her Pre-Sentence letter from Dr. Lisch confirming her diagnosis of Steroid Psychosis.

Since that time, she has had intermittent recurrent episodes of similar complaints and findings involving vision loss, severe headaches and paresthesias of upper and lower extremities. She was re-admitted to the hospital with a complaint of chest pain and shortness of breath with a very swollen left arm. She was found to have a pulmonary embolus and arm clot. She was started on anticoagulants to help prevent further clotting. The initial medication (Xarelto) caused bleeding in her nose, stool, urine, and vaginally. It was ultimately stopped, and she was placed on a different anti-coagulant (Eliquis). The bleeding ultimately stopped. She was started on Intravenous Immunoglobulin (IVIG) infusion monthly for her symptoms. Her episodes re-occurred less frequently, but still affected her intermittently as the effect of the monthly IVIG wore off.

IVIG is a treatment that involves infusing antibodies derived from donated blood plasma into the patient's bloodstream each month in a hospital outpatient setting similar to cancer chemotherapy infusions. It is used to boost the immune system and help control autoimmune diseases. In Ms. Emmi's case, the IVIG infusions have been proven to decrease her symptomatology and improve her vision. The infusions require monthly administration and have reliably provided relief for her intermittent episodes of vision loss, severe headaches, and paresthesias (tingling sensations) in her extremities.

By 2020, Ms. Emmi had been examined by an entire team of physicians at University Medical Centers around Denver, Colorado. These included Neurology, Ophthalmology, Neuro-Ophthalmology, Rheumatology, Dermatology, and Internal Medicine. An MRI of the orbits was repeated, many blood tests were obtained, and still the only findings were symptomatic, with intermittently different vision, and pupil findings documented with prescription changes and ophthalmology records. A consistent finding within her Ophthalmology records is the poor color vision perception in her left eye. This indicates a problem with optic nerve function, despite the lack of definitive findings on imaging (CT, MRI scans). The Neurologist suggested other possible diagnoses such as optic neuritis with superimposed persistent trigeminal nerve irritation on the left side (This nerve affects the eyes and face) with chronic intractable migraine. Another possibility raised by the Neurologist was retinal vasospasm possibly mimicking Optic Neuritis. He recommended continuing monthly IVIG infusions.

In April of 2020 she had a PICC line placed (Peripherally Inserted Central Catheter). This is a device used for repeated access to the blood stream for medication infusions. There is a "port" implanted under the skin in the upper chest, and a catheter from that location to very near, or just inside the heart. She was started on Monthly injections of Intravenous Immunoglobulin (IVIG). Receiving medication in this fashion is common for patients receiving chemotherapy for cancer, and are ALWAYS done in a Hospital Infusion Center, not a clinic or office. This is because specific protocols must be followed and the PICC line requires extremely specific care to ensure patency (remains open and sterile). These infusions consistently decreased her symptomatology and returned her vision to normal or near normal each time.

It is reported in Ms. Emmi's medical record that her daughter has Eosinophilic Esophagitis (another autoimmune disease) and has required tube feedings (a tube introduced through the nose, and down the esophagus to the stomach). Although Ms. Emmi does NOT have this condition, she clearly also has severe Auto-Immune issues.

Over the months, with lab testing for all kinds of infectious diseases, autoimmune diseases and congenital conditions, the only finding was a Lupus test called Anti-Nuclear Antibody (ANA). It was found to be a high titer, (1:80) indicating active disease. She was started on Hydroxychloroquine (Plaquenil), the only treatment for Lupus. Since starting on the Hydroxychloroquine, she continued to have intermittent vision loss, headaches, and paresthesia episodes but they were now consistently relieved with the IVIG infusions. Her working diagnoses for this constellation of findings have been expanded to be Antiphospholipid Antibody Syndrome, Unclassified Connective Tissue Disease (UCTD), Lupus, Hypercoagulation defects (clots, emboli). These all fall into the category of Auto-Immune diseases. She was also on treatment for hypertension and depression. Autoimmune conditions specifically make one much more prone to infections than the average population. Repeat blood tests have shown a negative ANA. I must mention my own experience with this test over forty years ago. I had a known Lupus patient who tested negative at the local lab, and six months later tested positive at the University Center lab. Upon re-testing the following year, the local test was positive, and the University test was Negative. The following year, the results were, again, reversed. Neither the university doctors nor I could explain this. I have never found this reported in literature anywhere, but this was personal experience. Lab tests sometimes have false negatives and positives that cannot be explained.

Ms. Emmi's medical records include documentation from the physicians she had seen prior to incarceration in Denver at major University Medical Center facilities. Letters from those physicians documenting her extraordinarily complex conditions and needed treatment thereof, are attached to this report.

After arrival to jail in Colorado in 2021, Ms. Emmi had similar recurrent episodes, difficulty obtaining medications, weakness, and an inability to ambulate. She was noted, at times, to be in a wheelchair, while at others, not in a wheelchair. She repeatedly reported to her mother that she was not allowed to use the

wheelchair, despite having difficulty ambulating distances. Medical notes in January 2020 specifically state “continued need for wheelchair”. She had several complaints of headaches, dizziness, and nausea. Because of a complaint of chest pain, she had an Echocardiogram that showed a “hyperdynamic Left Ventricle” (overactive), a normal ejection fraction of 75%, and a CT Angiogram which was negative for any new pulmonary embolus (clot in lungs which could be lethal).

Lab testing for several Auto-Immune entities was obtained in May 2020 and, except for the previously reported elevated ANA, and a newer POSITIVE test called a DRVVT for Lupus, all tests were normal or negative. It was also noted in these lab reports by the ANCA Group Consensus (of Sub-Specialty Physicians) that up to 5% of Auto-Immune diseases report all negative tests, except for only one enzyme immunoassay (EIA). Except for the positive ANA, Ms. Emmi was negative. She was labelled as ANA Antibody IFA POSITIVE 1:80. Homogeneous DNA ds, ss category by the Rheumatologist. (This refers to a specific type of ANA antibody positivity). Ms. Emmi, continued to have intermittent complaints of vision loss, paresthesias, headaches, and nausea that were consistently relieved with monthly IVIG infusions, when she received them, and persisted, while incarcerated when the infusions were missed for one reason or another.

In July 2020, while being released on bond, she was admitted to a Psychiatric inpatient program in California. There are several medical notes indicating tachycardia (high heart rate) while there, requiring hospitalization.

In November 2020 due to chest pain, a myocardial stress test was done, which was reported as “suggestion of reversible perfusion defect anterior and septal region, approximately 5% of total myocardium. Ischemia NOT excluded, may be artifact”. There was no cardiac ischemia (area of heart attack or infarction). A CT angiogram was done, and no pulmonary embolism (clot) was found. The PICC line catheter tip was noted in the right Internal Jugular vein at the Superior Vena Cava (large vessel returning to heart, correct position). There was also a 4mm Pulmonary nodule located in the Right Middle lobe. **A follow up CT scan was recommended within Twelve Months. NOTE: This was not obtained until January 2022, well beyond 12 months.**

It is not clear when, but approximately January 2021, she was returned to the Jefferson County Colorado Detention Center, having not had IVIG for a period of time, and feeling very weak and unable to manage her self-care adequately. After returning from sea level to the 8000 feet above sea level in Colorado, she became weaker and weaker. A repeat ANA was reported as POSITIVE 1:40 with a “nuclear/speckled pattern”. According to the medical record, on 1/11/2021, she got dizzy and hit her head on the closet door striking above her left eyebrow. She continued to have intractable (unrelenting) left frontal headaches, and anxiety, with tingling in both hands and tachycardia (rapid heartbeat). She was given medication for her tachycardia, Metoprolol (a beta blocker, which will slow the heart) as well as Cymbalta and Diazepam for anxiety. Continuing the IVIG monthly was recommended to help prevent questionable small vessel vasculitis (blood vessel inflammation). She was advised to try neutral position wrist braces for painful hand complaints.

It appears from the Medical Records, that while housed in the Jefferson County Detention Center, she received regular IVIG infusions monthly. However, once transferred to the General Population Jail, at Denver Women’s Prison these IVIG infusions were not received.

Ms. Emmi had many documented “copout requests” for health issues throughout 2021. Most were responded to by staff as either “discussed” “Done”, “scheduled”, or “not available”. I was unable to corroborate all of the requests with actual services provided responding to each issue. There should be a medical encounter that addresses each of the copout requests. This is an internal inconsistency I cannot resolve.

She was repeatedly seen by medical in February 2021 and noted to be "agitated" but no Psychiatry referrals were offered. She was also seen several times on overnights requesting to go to the hospital, noted to be pale, complaining of weakness, dehydration, rapid heartbeat, severe palpitations, weight loss (no weight noted in most medical notes). Note: Weight was recorded as 108 lbs. on 1/17/2020 and 98 lbs. on 2/16/2021, a 10-pound weight loss in one month. She complained of weakness and inability to get her food. Certainly, these should be cause for concern for any medical personnel. **Due to the extreme complexity of Ms. Emmi's medical conditions, and inexperience of most medical practitioners in management of her diagnoses, this lack of immediate transfer to a hospital, in my professional medical opinion constitutes delay in care and is either willful neglect, deliberate indifference or lack of professional knowledge.** Because Ms. Emmi could not go obtain her food, one could consider her lack of eating a food strike. Food strike protocol could have been initiated, including forced tube feeding if needed after Psychology and Physician evaluation and approval. She refused blood work on this date because "I don't want it going to law enforcement of Jefferson County" according to her medical notes. This response could very easily be due to her prior steroid psychosis, as it may persist long after stopping steroids.

She repeatedly requested the Pre-IVIG allergic reaction blocking medications be strictly adhered to, but they were often not available, and she refused treatment because of fear of reactions to the IVIG. **Ms. Emmi was seen by medical at 0130 AM, 0144 AM, 0248 AM on February 11, 2021, and 1246 PM, and 2058 PM on February 12, 2021. The last 2058 PM visit was the ONLY one with vital signs noted. Ms. Emmi's blood pressure was recorded as a low 94/68, pulse 63, respirations 16 and Oxygen as 63%. These Vital Signs would indicate IMMEDIATE hospitalization is MANDATORY to any medical practitioner. Normal Blood pressure is 120/80, Pulse 70-80, and Oxygen over 95%!! Immediate oxygen and ambulance transfer to a hospital would have been the correct response. This lack of treatment, again, is clear evidence of willful neglect and deliberate indifference. I do NOT call these internal inconsistencies, because, especially with a complex medical condition, ANY medically trained individual would know this as life threatening requiring immediate mandatory lab testing, intravenous fluids, oxygen, and ICU care. Another note the same date simply stated: "Not hydrating enough, Decreased weight, will contact Provider for food supplement. VS normal". There is nothing normal about the noted vital signs from the prior visit. No vital signs were recorded at the 1246PM visit, and no effort made to properly care for her on either visit.**

Between February 24 and March 1, 2021, she was observed to take only partial meals and few snacks. She received her IVIG. She complained of right clavicle swelling and pain on March 3, noting it was the same as when previously diagnosed with a pulmonary embolus. An EKG was normal, and an ultrasound of the right upper extremity showed no clot in the arm. On March 10, 2021, she complained of overwhelming depression, anxiety, chest pain, a horrible divorce, not seeing her children, but declined referral to Psychiatry. All these symptoms, could, again be remnants of her prior steroid psychosis. By March 18 her weight was 103 pounds, a gain of five pounds. She frequently did not take the Ensure prescribed to her claiming it caused diarrhea.

A note stating she was lactating on April 28, 2021, but was postpartum 6 years previously. Her last menstrual period was in December 2020. A pregnancy test done at that time was negative, but no further testing was done to rule out a pituitary tumor as the source of producing breast milk (lactating). Lactating, when not postpartum, is frequently the hallmark of a pituitary tumor. This too is definitely not the standard of care anywhere in the United States and represents further non treatment issues sustained by Ms. Emmi.

She had a new onset of tremors starting in April 2021, likely side effects of medications. These tremors lessened when medications were changed. Her Plaquenil medication ran out without being refilled in July 2021 resulting in a Lupus flare up until it was finally renewed and restarted. It certainly is not consistent with good medical

care, to run out of a medically necessary medication with potentially calamitous results. Ms. Emmi also noted a lump under her breast appeared to be enlarging. The medical note states: “has task for outside referral”.

She was seen by a Rheumatology consultant on August 25, 2021. Diagnoses: Undifferentiated Connective Tissue Disease, Antiphospholipid Antibody Syndrome, Tachycardia, Optic Neuritis, Menstrual bleeding (for months), joint swelling, facial arm and leg rash, oral ulcers, paresthesias of feet and hands, Abdominal swelling. Receiving IVIG monthly. Weight 143 lbs., vital signs normal. On Plaquenil, Eliquis, IVIG. Hematology Consult. (requested).

On an Intake Report dated August 30, 2021, Ms. Emmi was reported to be Hepatitis A Antibody POSITIVE. This indicates a prior Hepatitis A infection. There is no other mention of disease, nor treatment. Hepatitis A is similar to other mild viruses, and is self-limited (goes away by itself, untreated) unlike Hepatitis B or C.

In September and October 2021 her jail facility medical record states it did not have Heparin for her Port Flush. The Medical Record states again, that she verbalized concerns with the pre-medication regimen prior to IVIG. There are specific sterile protocols required of IV infusions through a “port” such as Ms. Emmi’s and caring for the port with intermittent flushing is usually the responsibility of a well-trained IV nurse. Appropriately trained staff and supplies need ALWAYS be available without fail. Neither proper supplies, nor appropriately trained staff have been the case for Ms. Emmi. As stated previously, the IVIG infusions are typically accomplished in a hospital outpatient setting so resources are available in case of any immediate severe reactions, or cardiac arrest. Proper technique and sterile conditions must be maintained as well.

The Physician request for a repeat CT scan of her chest regarding the previously identified pulmonary nodule was denied on October 25, 2021. Again, no follow-up of a possible calamitous health outcome further smacks of poor medical care (malpractice if in a private clinic setting) especially for an extraordinarily complex patient.

In a Medical Note dated November 8, 2021, while at Denver Women’s facility, a Physician review of records CLEARLY states that “Pt. needs housing elsewhere for infusion, not available in DOC”.

Ms. Emmi had a Rheumatology consult dated November 16, 2021. Her Lupus was noted to be well controlled on Plaquenil, and it should be continued. She was noted to have fibromyalgia with tender joints, central pain (chest wall area) and non-restful sleep.

A December 1, 2021, Neurology consult was reported as “stable” “continue meds”, and “follow up” with no specific time frame indicated.

Ms. Emmi was evaluated by medical on December 23, 2021, complaining of vomiting all night and body aches. She reported she was “manhandled” and upon evaluation she was found to have left thumb and middle finger superficial marks, neck pain and confirmation of upper body soreness. An incident report (Injury form) was completed by the RN on duty and her medications were renewed.

Ms. Emmi finally received her CT scan follow up on January 18, 2022, for a 4mm suspicious pulmonary nodule noted on a CT scan dated November 2020. This was supposed to be completed within a year, but as noted above was first denied in October 2021 after being requested by the Physician following her in the jail. This is further medical evidence of not being capable of professionally managing Ms. Emmi’s medical issues.

A Neurology follow up evaluation performed on February 3, 2022, reported she was unchanged. Repeat studies were recommended, but the prison never requested such a follow up.

Throughout 2022 she frequently did not receive her IVIG infusions due to no infusion nurse, no heparin, or the inability of the facility to follow her prescribed pre-medication protocol. The lack of regular IVIG treatment meaningfully contributed to her worsening medical conditions, anxiety, and ability to cope in an incarcerated environment.

A Neuro-Ophthalmology follow up was obtained March 7, 2022. Her color testing was reported as 10/12 in the right eye (correctly identifying ten out of twelve color plates, which is Normal) and 1.5/12 in the left eye, (abnormal, consistent with an abnormal Optic Nerve). Her previously identified dry cornea pain resolved with ophthalmic, a topical anesthetic. This indicates the dry cornea as the cause of eye pain. The note states "Need Orbit MRI with and without contrast because of prior note stating Optic Nerve inflammation or injury past/present". The Neuro-Ophthalmologist did not recommend IVIG but did not explain the rationale- particularly since he had identified abnormal color vision in the left eye which is consistent with an abnormal optic nerve. The records reflect that Ms. Emmi declined a repeat MRI at that time. The records do not indicate reliable documentation procedures. (see below discussion of records). Further having a history of steroid psychosis, having been in segregated housing (in a cell alone) for an extended period of time, recurrent issues with not obtaining appropriate, urgent, nor timely care, all affect her ability to control behavior and conduct while in confinement through no fault of her own.

There is a Behavioral Plan report in Ms. Emmi's chart dated April 22, 2022, also noting "psychiatric rating scale" but there are no details as to the scale, nor the plan. Another example of internal inconsistencies.

Upon leaving a medical appointment on April 27, 2022, the record states she struck her head on a cabinet resulting in a 2cm swelling over the left eye with a 0.5 cm bruise, and cracked skin on the left side of the nose.

I reviewed a letter dated May 31, 2022, from Dr. Maul: (verbally informed Dr. Maul is Medical Director for Colorado DOC) : In it he states Ms. Emmi received 70-80% of her medications until two months prior to May and has received 100% since then. He also stated in that e-mail: "it is my understanding that the DOC's Inspector General's Office is investigating an allegation of concern pertaining to Ms. Emmi" This could be related to her reporting and documented being "manhandled" on December 23, 2021. The records I reviewed did not specify what allegations were being investigated, nor the outcome of this investigation. There was also no indication of correctional action as a result of the investigation.

I received a verbal report from Mrs. Crist, Ms. Emmi's mother, that Ms. Emmi was left unattended on a stretcher in the Medical area of the Colorado prison. When someone came to move her back to her cell, she was lying there in a state of nakedness. Ms. Emmi reportedly stated that when staff left her, she was dressed. The exact date is not clear, and it is not mentioned in the medical record from Colorado. This is an important inconsistency in the record. Was this the date of the later alleged rape, why was there no record, nor medical record? This allegation was referenced in a medical note later found in the Fluvanna records dated January 31, 2023 shortly after her arrival there.

NOTE: There are NO records obtained from Ms. Emmi's incarceration in Colorado beyond October of 2022. It is my understanding she alleged assault and rape thereafter, in December 2022, and was mysteriously relocated to Fluvanna Women's Correctional Facility in Virginia in January 2023. I was verbally informed, and corroborated the information via internet search, that several officers and executive staff at the Colorado facility have been fired and/or arrested at that institution for various inappropriate activities. Fluvanna has been in the news media several times over the past few years for many staffing, and staff behavior issues as well. There have reportedly been several individuals at Fluvanna relieved of duties and/or incarcerated for inappropriate behavior. Anyone would consider this to be very troubling institutional climate and treatment.

According to the Federal law know as Prison Rape Elimination Act (PREA), all alleged inmate claims of rape whether or not there is penetration by objects or body parts ABSOLUTELY require immediate processing and investigation as a rape, including a Rape Kit obtained by a certified rape investigator at an outside third-party hospital facility. Failure to do so is in clear violation of this federal law. The Colorado facility Ms. Emmi was housed in not only did not follow this law but did not even have an "injury assessment", in fact, as stated, there were no medical records from October 2022 through her mysterious transfer to Fluvanna on January 20, 2023.

A properly executed request for records had been provided to Fluvanna, in July 2023, but no records were produced for several months. Finally, after involvement of Ms. Emmi's Attorney, records were provided in February 2024. Summarizing these records follows:

On January 20, 2023, Ms. Emmi had a Nurse intake evaluation which indicated abrasive wounds (scratches) to her right neck, back, front and back of her right shoulder. She was seen the same day by a Physician (Dr. Stitch). He documented that she stated she was "unable to ambulate" but was able to rise and stand from a wheelchair. He also documented that she stated she was assaulted by officers while in transit from Colorado. The Doctor note corroborated the injuries noted by the nurse. X rays of her wrist, shoulder and hand were reported as "normal". Ms. Emmi reported that the last time she had her indwelling IV port flushed was in November 2022. However, I reiterate, there is no documentation for that period in the Colorado notes. This note from the intake physician corroborates very troubling institutional treatment of Ms. Emmi.

The Medical record reports that Ms. Emmi was brought to another room for an investigator interview. She underwent a sexual assault assessment by a nurse. No pelvic exam nor rape kit was mentioned. She reported severe headache, neck and back pain. A healing scab was noted over the right side of her upper chest. Ms. Emmi was worried, complained of bad dreams, flashbacks, restlessness, and was tense and anxious. She stated they took her underwear. The nurse noted it was unusual that Ms. Emmi did not make eye contact with her. She also underwent a mental health screening. She was admitted to the infirmary. A doctor note indicated **"Diagnosis: Has severe medical problems these need to be resolved before visual exam". This, in my professional opinion is unacceptable from a Physician. The patient must have a complete history and physical shortly after arrival, and the details and inconsistencies worked out later. This one statement discredits the Physician's own professionalism.**

Ms. Emmi was noted to have refused peripheral blood draws (from arm) because she had a history of several emboli (clots) as a result. She was insistent that the implanted port should be used under proper sterile conditions. The Fluvanna Center had no staff professionally trained in accessing the implanted port.

She was examined by a Psychiatrist on January 26, 2023, who noted Ms. Emmi's personal history of complex medical issues, murder of a brother, early death of her father at 62yo, and steroid induced psychosis. She was given a diagnosis of Post Traumatic Stress Disorder (PTSD), Delusional disorder, Bipolar, Psychosis secondary to medical conditions, and mania. All of this makes sense due to residual effects of steroid psychosis, being in segregated housing for several months upon incarceration, inability to obtain timely appropriate care of her extraordinarily complex medical conditions. All of these suggest an inability to control behavior through no fault of her own and affect her ability to make rational decisions in a restrictive environment.

Additional issues that must be considered are the effects of her known Steroid Psychosis episodes, her declining health, lack of medical care, and treatment, as well as lack of confidence in the competence of medical staff and equipment knowing that her extraordinarily complex medical conditions require treatment ONLY available at a major University Medical Center. All of these play a role in a reluctance to allow attention. Added to this fear,

is her knowledge that Fluvanna has a documented history of poor medical care of inmates, and, in fact is now federal court monitored on these issues.

Throughout 2023 Ms. Emmi was documented to complain of tachycardia (rapid heart rate) which was recorded at various times from the 50's to approximately 120 per minute. Normal range is 60-80. For the same reasons mentioned above, she again refused a peripheral blood draw, and the nursing note states: "MD does not wish to use port until confirmed status and condition". Nowhere in the medical record does it state what is necessary to confirm status and condition of the port in Ms. Emmi's chest. Also, Fluvanna, like all prisons, does not have the trained personnel nor location to administer an intravenous infusion requiring a hospital setting.

On January 31, 2023, Ms. Emmi had a "routine" physical exam. She reported assault by Colorado guards multiple times before transfer to Fluvanna. At this note Ms. Emmi stated she was raped in July 2022, and January 2023, about 2 weeks before transfer. (NOTE: there are no Colorado Medical notes after October 2022 and no mention of rape in July 2022 in Colorado notes provided). A brain CT was requested due to the head trauma from her alleged assault while in Colorado. Her complaints included intermittent vertigo (dizziness) and decreased sensation on the left side of her body, with weakness causing difficulty standing. **This note specifically states: "Also reports loss of consciousness and woke up naked. Asked how she knew she was raped: "I didn't at first but when I came to, I didn't have any of my clothes on and the guard watched as another inmate helped me get dressed". She reported vaginal bleeding one of the days following. The record also stated, "Refer to WHNP Galloway for pelvic and STD testing". Pregnancy test was normal. There were no physical injury findings reported at this examination.**

Ms. Emmi was seen for an "Interstate Compact Medical Assessment" on 2/3/2023. Her vital signs were normal. She was noted to have an unsteady gait and uses a wheelchair intermittently. She later had her pelvic exam labs reported on 2/7/2023. There were no infectious diseases, nor malignancies noted.

She complained of a swollen bruised left thumb, which began as an injury on January 5, 2023 (While still in Colorado), but still has pain, tenderness, swelling and bruising. She also reported numbness and tingling (paresthesias) in both hands. Again, with the mysterious lack of Colorado medical records after October 2022, I could not determine if this was addressed while still in Colorado.

On February 14, 2023, Ms. Emmi was sent to the local hospital ER complaining of loss of vision in the left eye causing a "deep blue with light flashes" then "gray, muted dark, blurry". Her vision was documented in the right eye as 20/30, but there was no documentation of visual acuity in the left eye. She reported double vision. She had several imaging studies including a CTA (Computerized Tomography Arteriogram) reported as normal. MRI of the brain found a developmental anomaly in a vein, but otherwise was reported as normal as was an MRI of the optic nerves and orbit.

Ms. Emmi was seen for a physical exam on 2/27/2023. Poor vision was again noted in the left eye, but a specific level was not documented. It was documented, however, that she was not receiving her IVIG treatments. She had a weakness in the left lower leg during the exam. The note clearly states: "Spoke with Dr. Srock Rheumatology who stated not Lupus but was Undifferentiated Connective Tissue Disease". She was referred back to Physical Therapy for her left thumb complaint.

Frequent Mental Health notes in Ms. Emmi's record indicate her willingness to cooperate and want to slow down her thoughts and activities, but she "seems unable to do so". Ms. Emmi was offered no medications to assist in slowing those thoughts.

Ms. Emmi was examined by University of Virginia Neurology on 3/14/2023. Her findings included a color perception deficit of the left eye, and weakness of the left leg causing gait difficulties. Presumptive etiology: "MOGAD which occurs as recurrent optic neuritis without brain lesion and responds to IVIG".

MOGAD stands for Myelin Oligodendrocyte Glycoprotein Antibody Disease. It is a rare autoimmune disorder that affects the central nervous system. In this condition, the immune system mistakenly attacks the myelin sheath, which is the protective covering of nerve fibers in the brain and spinal cord. This can lead to various neurological symptoms such as optic neuritis, weakness, numbness, and difficulty with coordination. Treatment for MOGAD typically involves immunosuppressive medications to reduce inflammation and manage symptoms. IVIG is a treatment that helps boost a patient's immune system to treat patients such as Ms. Emmi's multiple autoimmune diseases.

IVIG is a treatment that involves infusing antibodies derived from donated blood plasma into the patient's bloodstream each month in a hospital outpatient setting similar to cancer chemotherapy infusions. It boosts the immune system to help control autoimmune diseases of the nature Ms. Emmi is battling. Most physicians, who are not Major University Medical Center Subspecialty Neurologists are unaware of the constellation of MOGAD, its symptoms, and treatment. In Ms. Emmi's case, the IVIG infusions have been proven to decrease her symptomatology and improve her vision. The infusions require monthly administration and have reliably provided relief for her intermittent episodes of vision loss, severe headaches, and paresthesias (tingling sensations) in her extremities. This treatment must be delivered monthly and reliably, without fail. Such a schedule is not feasible, nor possible in an incarcerated setting.

On 3/15/2023 Ms. Emmi complained again of her left thumb being deformed, bruised, and swollen. An x ray was reported as no hard tissue injury.

Throughout 2023 there were regular Physical Therapy visits. At times Ms. Emmi was able to perform the physical therapy, at other times not. She frequently complained of headaches, dizziness, and balance weakness. This was repeatedly addressed by the therapist indicating no physical evidence of dizziness nor balance weakness. Dizziness and balance weakness are symptoms, and not always visualized by an observer, unless a patient almost falls. However, the notes frequently comment about Ms. Emmi not being able to perform the activities. This is contradictory Physical Therapy reporting.

There are several entries in Ms. Emmi's record stating she refused to hang up the phone for pill line, or stating she refused care because of a "legal call". Writer has discussed this with her attorney who states she has never been on the phone with him and refused to hang up to go for a medical visit.

There are entries in Physical Therapy notes stating, "missed 5 appointments due to legal calls and 5 due to headaches". Again, in discussing with her attorney, he stated he was never on the phone with her when she was called for treatment. There is further discrepancy in notations of No Show's for various reasons. Ms. Emmi has signed some, but most are signed by staff only. Standard procedure in most prisons is to secure two staff signatures for a refusal not acknowledged in writing by the inmate. Such procedure has not been followed here. Moreover, Ms. Emmi would reasonably be concerned about submitting to certain procedures, e.g.: IVIG, given Fluvanna's documented history of poor care.

From January to April 2023 there are daily nursing flow sheets, documenting her care in the infirmary. She is noted to frequently complain of pain in different body parts, sometimes using threatening and abusive language to staff. Taking into consideration her complex, non-treated medical conditions, and having been in isolation

for an extended period of time, it is no wonder she has difficulty interacting with staff. Further, her ability to control behavior and conduct are affected because of her steroid psychosis, and the aforesaid other issues.

Ms. Emmi, according to the records has been ambulating with her walker, complaining repeatedly of feeling unstable, and has been denied a wheelchair. The clinical notes concur with her ability to ambulate, but still require support. Throughout May and June 2023, she repeatedly received reports of being at risk of deterioration and self-harm. Her level of anxiety and agitation and tension continues to elevate with each day according to Mental Health notes.

Shoddy Record Keeping

The medical records I have been provided reflect record keeping no less haphazard than the medical care provided to Ms. Emmi while in confinement.

Several tests and EKG's have documentation inconsistencies. Ms. Emmi had an EKG performed on 6/21/2023 which was cosigned on 5/22/2023 (prior to the date of the EKG!). One cannot sign a document that does not yet exist!! Other EKG's have no cosign at all. (by policy, all labs and tests require physician cosign). In July 2023 another note states "refused to end legal call for EKG. Refused to sign". There is a refusal purportedly signed by Ms. Emmi with no witness dated January 21, 2023, and one refusal labelled "refused to sign" undated and with only one staff signature. It is policy that if an inmate refuses care, two staff signatures are required. (Please see two attachments as examples).

In August 2023 there was an approval for both Hematology/Oncology and Cardiology appointments. No such appointments are recorded.

On August 11, 2023, Ms. Emmi was sent to the local hospital emergency room due to weakness and chest pain. Chest X ray, cardiac ultrasound and "blood clot test" were all normal, per notes, but no ER records were included. An EKG was done dated 11/9/2023 that was crossed out and handwritten as 8/12/2023 with "Normal" interpretation written.

One of Ms. Emmi's refusal forms states "not refusing, cannot get to medical without wheelchair".

In September 2023 Ms. Emmi received approvals for a lower leg Electromyogram (EMG) and Neurology appointments. EMGs are used to determine nerve conduction damage. No EMGs are in her Medical Records.

On September 19, 2023, Ms. Emmi had a Telemedicine evaluation by a Rheumatology specialist. A review of additional testing performed (but not documented in the record) was reported as a normal Echocardiogram. She was off her Lupus medication about six weeks. Hydroxychloroquine, Ms. Emmi's Lupus medication is a chronic medication and should never be missed because she would have flare ups of inflammation again. The specialist ordered continuation of Lupus treatment (Hydroxychloroquine). It was noted that "Lupus coag may be indeterminate because on Eliquis". This would explain the confusion of Ms. Emmi being positive or negative for Lupus testing. A battery of blood testing was ordered. Results for these tests were not found in the medical records.

Medical records repeatedly indicate Ms. Emmi reporting abuses by inmates and staff, contraband in the housing units, smoking and drugs being prevalent in the units. She stated at repeated medical and mental health visits that nothing was being done about these issues and she did not feel safe. She submitted several grievances according to medical notes in reference to these issues. Reportedly no action has been taken. This again raises

the issue of poor institutional management putting not only Ms. Emmi, but all the other inmates at safety and medical risks. Again, these issues have been well documented in the local press over the years. Ms. Emmi reports she was assaulted by several inmates on March 18th of this year sustaining a broken nose.

On September 20, 2023, Ms. Emmi was seen at University of Virginia for an ultrasound of her left hand due to recurrent complaints of swelling and distortion of the left thumb. There was soft tissue swelling and fluid within the palm, possibly a cyst. However, of importance was the report of “subluxation of 1st metacarpal on the trapezium” (dislocation). Also noted was degeneration of several joints and osteoarthritis. A handwritten note on this X ray report dated 9/27/2023 clearly states “she needs percutaneous or open reduction however percutaneous pinning is needed first. (Ayy MD? Unsure of spelling due to legibility, ?Yisreal). There has been no follow up, no orthopedic visit, and no surgical intervention.

On page 41 of a 572-page document labelled “Progress notes” from Fluvanna and appearing to be dated 9/29/2023 (page corner was folded, difficult to confirm date) Dr. Sheffield clearly writes: “Discussed IVIG. Unable to document anything supporting need for IVIG therapy from consultants here at UVA or VCU. Pt has a letter from her specialists in Colorado supporting IVIG. **Would agree & support this patient being at an institution that provides this treatment if they feel it is medically necessary.** She will f/u in 2 weeks”.

Another note from Dr. Sheffield dated 10/5/2023 states: “Swelling, bruising left hand. January X rays normal. Repeat 9/20/2023 show severe moderate arthritis, subluxation 1st metacarpal base, ganglion cyst. Images appear identical”. The note goes on to state “?report will call”. An Orthopedics consult was written. There is no Orthopedic consultation in the record.

Throughout most of the fall of 2023 there is documentation that Ms. Emmi repeatedly submitted sick call requests for pain in various parts of her body, chest pain, tachycardia (rapid heartbeat). At times she was seen by providers with no new treatments. At times, her heart rate was elevated. EKGs were typically normal, when performed.

Ms. Emmi was discharged from Psychiatry on 12/6/2023 and was prescribed no medications.

Her last encounter documented was 12/10/2023 where she was evaluated “to establish if she was currently in a medically unstable condition at risk of losing life or limb in the immediate future that needed to be attended to”. She was determined not to be homicidal, suicidal, nor in immediate need of medical attention. **The reviewed medical records conclusively demonstrate that her not needing immediate medical care is NOT the case. In fact, she requires care that is ONLY available at a major University Medical Center, and not available in a typical institutional setting, be it jail or local hospital.**

Ms. Emmi reports having been seen since December 10, 20203 by a Dr. Elizabeth Rubinstein at VCU Rheumatology who diagnosed her with pericarditis. Ms. Emmi’s attorney reports he has requested these records more than once and has still not received them.

(continued)

JAIL AND PRISON OPERATIONS

Jail and Prison facilities do not have availability of many sub- specialty physicians. Ms. Emmi requires appropriate super sub-specialty care. Medical services departments function solely as outpatient clinics. All subspecialty care requires medical trips outside the secure perimeter of a jail or prison. This is at a cost in personnel, vehicles and time that these facilities are obviously unable to provide. Federal Medical Centers mostly function as Medical Referral Centers requiring any complex cases to leave the secure confines of the prison for specialty medical care. Even a Federal Medical Center would be inadequate for Ms. Emmi's myriad of extraordinarily complex Medical Issues.

PRISON LIFE ENVIRONMENT

Inmates live in a densely populated environment, one in which spread of infectious disease has always been a concern, even prior to COVID-19. These infections are sometimes the result of inmates sharing items such as soap, towels, or clothing, because they are not always readily available. Much of the responsibility for controlling infections falls to inmate's diligence about cleansing and disinfecting areas. As might be expected, inmates frequently fall short on cleansing and disinfecting, creating additional problems. Elderly, infirm, and especially immunocompromised patients, possibly in pain, have difficulty managing movement to and from activities of daily living such as Commissary, Food Service and Medical areas. These individuals frequently rely on others to help with care. Such an inmate is much less likely to be diligent about cleanliness and disinfecting. They are also easy prey for other inmates to take advantage of or harm.

The "high touch" areas where contagion of disease is a concern are toilets, showers, telephones and computer terminals shared by multiple inmates each day. During my career, I witnessed many infectious disease outbreaks including Methicillin Resistant Staph Aureus (MRSA). For healthy inmates, the risks are not as troubling as for a physically compromised, elderly or immunocompromised individuals, such as Ms. Emmi, for whom any type of infection could be life-threatening.

SUMMARY

Upon a comprehensive exhaustive review of all 4476 pages of medical records available, Ms. Emmi has multiple extraordinarily complex medical conditions best managed by Sub-Specialists ONLY available at a major University Health Care System. She, and the state coffers are best served by her being released for a myriad of Medical reasons. She is clearly NOT receiving adequate medical care in her current environment. She has multiple well documented, extraordinarily complex medical problems requiring resources NOT available in a jail or prison setting. This is well documented in the medical records provided. In addition, there are several allegations of mistreatment and rape that are not mentioned, nor appear to have been addressed in the medical record at the time. This is a direct violation of American Correctional Association Guidelines (ACA) and PREA laws that all jails and prisons must abide by. Not allowing her to obtain care at a Major University Medical Center places her at high risk of further rapid deterioration, or death.

Furthermore, I have identified above many specific cases of absent records, mis-statements, internal inconsistencies, and very troubling institutional medical treatment. Medical documentation is sloppy allowing for sloppy, sporadic and inadequate treatment. As an independent and impartial medical reviewer certified in Quality Assurance there is nothing in the record to dissuade me from this conclusion.

Ms. Emmi's extraordinarily complex medical issues, combined with being held in segregation for a long time, not having medical needs addressed, being mistreated medically, physically and mentally would make any human agitated, angry, and uncooperative. She cannot be exclusively responsible for unproductive decisions under these circumstances.

While at Federal Medical Center Devens, and at the Federal Detention Center Miami over my twenty years (20) BOP experience I have observed the downward spiral in both an inmate's physical and mental health many times. It is overwhelming. As medical, psychological and physical conditions worsen, the course of deterioration leaves one little hope of functioning independently for the duration of their incarceration.

Ultimately the inmate gives up entirely, due to recurrent hospitalization for very lengthy periods of time, and unable to receive visitors without special permission of the institution's Warden. This additional life extending medical care comes with a cost of millions of dollars of state funds. Not only are there very expensive medical costs, but there are also significant custody costs per local hospital trip for each consultation. Hospitalized custody costs require at least two officers to stay with the inmate each of three shifts, twenty-four hours/day.

As a physician, and understanding what sometimes goes on behind bars, I find it appalling that there are mysteriously no records in Colorado after October 2022. Ms. Emmi is a patient with frequent medical encounters, and missing records, especially in a complex medical patient, appear to indicate foul play. In my twenty years' experience in the Federal Bureau of Prisons, these "aberrations" in record keeping usually prove to be intentional attempts to cover something that was inappropriate and/or illegal.

CONCLUSIONS

Ms. Emmi requires the following regular ongoing Medical care:

1. Continuation of monthly IVIG Infusion at a Medical Center Infusion Facility via PICC line port:
Requires proper pre-medications, administration under very strict requirements and conditions.
2. Hematology/Oncology: Requires frequent, as often as monthly follow-up with labs for abnormalities.
3. Rheumatology: Requires at a minimum twice yearly evaluation and repeat labs to monitor for anticipated changes in Lupus, Apospholipid Antibody Syndrome, and Undifferentiated Connective Tissue Disease
4. Ophthalmology specifically: Neuro-Ophthalmology: Recurrent visual changes, and episodes of presumed Optic Neuritis present high risk of developing Multiple Sclerosis with severe physical deterioration hastened if not treated timely. Also follow up of dry eye treatment and condition to manage prevention of permanent scarring of the cornea (front clear window of the eye). Requires at a minimum twice yearly comprehensive Ophthalmology exams.
5. Cardiologist: At least twice-yearly evaluations confirming whether or not changes in Echocardiographic findings are present. If so, they must be addressed within a day or two. Suspicious abnormalities place Ms. Emmi at risk of a heart attack.
6. Neurology: Needs to be seen at least two or three times annually for evaluation of any worsening symptomatology related to Multiple Sclerosis. Failure to conduct further evaluation and determination of the "MOGAD" noted by last Neurologist, risks life threatening changes.

To reiterate, Ms. Emmi requires extraordinarily complex medical care ONLY available at a Major University Medical Center, and NOT in a community nor correctional setting.

She is gravely ill with multiple autoimmune illnesses. Ms. Emmi has not received proper medical care in confinement. She cannot receive proper care in confinement as it is not available. Failure to release her forthwith to appropriate care risks a catastrophic decline in health or death.

Thank you for your consideration.

Charles Howard, MD

Charles Howard, MD, MMM

Former Medical Director, Miami Federal Detention Center

Prison Medical Consultant

Master of Medical Management

Fellow American Board of Quality Assurance & Utilization Review Physicians

Fellow American Institute of Health Care Quality Management

Diplomat and Senior Analyst American Board of Disability Analysts

<https://MedAdviseConsultants.com> <https://CharlesHowardMD.com>

choward@medadviseconsultants.com doc@charleshowardmd.com

Attachments: Sample copies of incorrectly completed refusals: unsigned, undated

Dr. Sarche, Conifer Medical Center, Letters February 4, 2022 and July 31, 2023

re: need for complex necessary care, and undated letter re: steroid psychosis.

Dr. Sukovaty Neuro-Ophthalmology note March 7, 2022

Dr. Kung, Blue Sky Neurology Letters January 2021

Health Services Consent to Treatment; Refusal

I, (Inmate Name) Emmi, Jennifer (Number) 217527 (Facility) ECCW
have been advised by Pitt Nurse that it is recommended
for me to undergo the following treatment:

Refusal of medication(s) during pill line

Refusing Peripheral Blood Draw

I refuse this treatment because:

Dr. Targosky is deliberately (borderline criminal neglect) (medical) not for me and I need a higher level of care both subjectively and objectively under the 8th Amendment and request so IMMEDIATELY. I want to go to VOA or other since I am a high-risk patient w/ high-risk pre-existing condition.

I need psychiatric help, need injury assessment, need CT, MRI, Lupus, HIV, etc.
The effect and nature of this treatment has been explained to me. Although I understand that my failure to follow this treatment may seriously impair my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences of such refusal and release the above-named physician, the facility, and its employees or agents, and the Department of Corrections from any liability attributable to my refusal to accept the recommended treatment.

I understand that I may be responsible for any transportation costs and charges the health care provider incurred due to my refusal of an off-site health care appointment.

my medical team is the best and I need continuous access to
Jan 21, 2023

Inmate Signature

Date

Witness Signature

Date

Witness Signature

Date

IF AN INMATE REFUSES TO SIGN, IT SHOULD BE SO NOTED AND A SECOND WITNESS SIGNATURE OBTAINED.

File in Section III of Inmate Health Record



Health Services Consent to Treatment; Refusal

I, (Name)

Emmi Jennifer (DOC#) 2175327 (Facility) FCCW

have been advised by Nurse: Coleman H, Collier M that it is recommended
for me to undergo the following treatment:

REFUSAL TIME

☐ 0600 ☐ 0630 ☒ 1130 ☐ 1200 ☐ 1600 ☐ 1630 ☐ 2030 ☐ 2100

☐ Specific Medications:

☐ Diabetic Management : Glucose Check, Insulin Coverage

☒ Medical Treatment: labs ; EKG

I refuse this treatment because:

- pt. stated that nurses do not know what they are doing
- pt. screamed for nurses to leave

The effect and nature of this treatment has been explained to me. Although I understand that my failure to follow this treatment may seriously impair my life or health, I nevertheless refuse to submit to the recommended treatment. I assume the risks and consequences of such refusal and release the above-named physician, the facility, and its employees or agents, and the Department of Corrections from any liability attributable to my refusal to accept the recommended treatment.

I understand that I may be responsible for any transportation costs and charges the health care provider incurred due to my refusal of an off-site health care appointment.

refused to sign

Inmate/CCAP Probationer/Parolee Signature

Date

Witness Signature

Date

Witness Signature

Date

If an inmate or CCAP probationer/parolee refuses to sign it, it should be noted and a second witness signature obtained.

File in Section III of Inmate/CCAP Probationer/Parolee Health Record



Conifer Medical Center PC
26659 Pleasant Park Road
Conifer CO 804337714
303-647-5300

Robert Sarche MD
2/4/2022

To whom it may concern,

This is a note to confirm that JENNIFER ENMI was my patient in our family practice office starting in May 2016. She has been diagnosed with multiple thromboembolic events (blood clots) including blood clots in her lungs. This is a preventable the potentially life-threatening medical condition. She has worked with a hematologist (blood specialist) Dr Lisa Ahrendt, who, in the light of her hypercoagulability (increased tendency towards blood clots) has recommended lifelong anticoagulation at that time the medicine recommendation was Eliquis 5 mg twice daily. There are other blood thinners that can be used for somewhat protective value. Being without her anticoagulation puts her at risk for life-threatening blood clots.

She has also been diagnosed with optic neuritis by neurology, and has been treated with IVIG as directed by neurology. I believe her most recent treating specialists regarding prescription and supervision of IVIG is Dr. Kim Huynh, to the best of my knowledge. In terms of their long-term recommendations and medical treatment to help prevent and control her optic neuritis please have any medical supervising personnel in charge of her health with her incarceration discussed this immediately with her neurologist, as they could help characterize the potential effectiveness of these treatments in preventing her ophthalmic symptoms, and I believe this should be done in as timely a fashion as possible.

Sincerely,



Robert Sarche MD



26659 Pleasant Park Rd
Conifer, CO 80433
(303) 647-5300

7/31/2023

To Whom It May Concern,

I was the primary care physician for Jennifer Emmi (D.O.B. 1/16/1978) beginning 5/17/2016 through our last visit 6/2/2020.

During this timeframe I witnessed her health deteriorate severely. She has been diagnosed with increased blood clotting risk and history of thromboembolic disease from hypercoagulability, optic neuritis leading to severe visual impairment, I do not know her status now, but this threatens complete blindness, cardiac disorders including supraventricular tachycardia, she has had multiple features of her symptom constellation consistent with lupus (I do not know that this diagnosis was fully established while she was under my care, but there was substantial probability and lupus is sometimes either undiagnosed well or not diagnosed in its initial stages.

I saw her through many extremely severe and catastrophic health crises including multiple hospitalizations and many dozens of doctors visits and specialists. Her health is extraordinarily complex and there are multiple life-threatening risks, the greatest immediate risk is hypercoagulability, history of pulmonary embolism and risk of blood clots to her lungs. With proper treatment with blood thinner this may be entirely preventable. Additionally, her autoimmune disorder was clearly responsive to IVIG and this helped preserve and even restore some of her vision and may help prevent complete blindness. Any cardiothoracic or respiratory symptoms need to be taken extremely seriously, including any form of chest pain or shortness of breath as she has multiple life-threatening conditions that can be associated with this and would need appropriate evaluation.

I strongly advocate for every consideration for appropriate medical care. Ms. Emmi needs a multi-specialty approach, there is no primary qualified to manage all of her severe health issues. I believe she needs a neurologist, rheumatologist, and neuro-ophthalmologist, and a hematologist, as well as an internist. I implore you to try and help establish proper care for her. I am afraid in the absence of appropriate highly qualified care for extreme clinical complexity she may suffer devastating and evening lethal health complications that may otherwise be preventable.

Sincerely,


Robert Sarche, M.D.



26659 Pleasant Park Rd
Conifer, CO 80433
(303) 647-5300

To Whom It May Concern,

I am a family practice physician with greater than 20 years of experience and I have known Jennifer Emmi since 5-2016. In early 2019 she developed, and was treated for, serious neurological symptoms, including frightening visual deficits. She was treated with high-dose corticosteroids, and shortly after she started developing substantial psychiatric symptoms, that had not been present prior to steroid therapy. The symptoms that she experienced between March 2019 to the present were never present in her life prior to this timeframe.

The symptoms she has experienced include unusual thinking patterns, irritability, agitation, restlessness, rapid and pressured speech, racing thoughts, impulsivity, depressed moods, among others. Though she has very good coping mechanism, and has demonstrated very high functionality during her extremely achievement lifetime, she has acted out on impulses that she did not understand and was unable to control during this timeframe.

There is a strong probability that her high-dose steroid treatment, which was effective at temporarily reversing her vision loss, caused a psychiatric reaction. Her symptoms are potentially consistent with a cortical steroid reaction called, "steroid psychosis and a steroid induced mood disorder, and unless absolutely necessary moving forward, she will not be treated with steroids. In the future if it is necessary and there is no alternative to steroid treatment, she will be monitored extremely closely. I think that her general coping and functioning levels may have made it a little harder to understand the ongoing reaction that she is probably been having to the steroid treatments. Though her symptoms got progressively worse despite her best efforts to understand her symptoms, the irritability, agitation, and impulsivity, also progressively worsened as steroid treatments continued. I am not aware of any psychiatric reaction to steroid therapy lasting weeks into months and if this is indeed the explanation of her psychiatric symptoms there is a high probability the further away she gets from her last steroid treatment which ended the beginning of January, the more the symptoms will improve, though she will still be coping with extremely severe stress, which I anticipate will make it harder to return to her baseline, but I certainly would anticipate she will get back to her previous mannerisms and characteristics including patience, compassion, intelligence, professionalism, community service, and though any impulsivity is likely to decrease, I would also anticipate her impulse control will also normalize.

Though she will have to recover from the severe stress of the events that occurred during this timeframe, and the massive amount of effort it will take to resolve these issues, I would anticipate that the further she is away from her steroid treatments more likely her mental and emotional status will return to her lifelong baseline, which included none of the symptomatology, prior to March 2019.

In my opinion, the severe stress and health challenges she will benefit from emotional and psychiatric support during this high stress time as she deals with social, family, legal, and health issues, but she is demonstrating great resolve moving forward, great willingness to cooperate with healthcare providers, and increasing insight as to what has been happening. We are starting treatment today, as I have conferred with the psychiatrist, Dr. Andrew Leifer who will be seeing her on Monday, February 3, and we expect a very good prognosis adding pharmacotherapy to her psychological therapy, in terms of her improving and getting back to her previously healthy baseline.

In the 3 years I knew her prior to March 2019, I had gotten to know Mrs. Emmi fairly well, and had never seen, suspected, or appreciated any of the psychiatric or mental or emotional features that have been demonstrated since March 2019 when her health status change and she began the necessary high-dose thyroid treatments.

Sincerely,


Robert Sarchie, MD

Summarization of Encounter

March 7, 2022 - March 7, 2022

Created: March 5, 2022

| | | | |
|-----------------------|--|-----------------------------|--|
| Patient: | EMM, JENNIFER 3609 HAVANA ST DENVER, Co 80239 Tel: (303) 621-6262 (HP) Tel: (303) 322-4355 (WP) Tel: (303) 566-0122 (HP) Tel: (719) 583-5833 (HP) Tel: (719) 583-5833 (WP) Tel: (303) 271-5444 (HP) Tel: (303) 371-4804 (HP) | Patient ID: | 6521585 |
| Date of Birth: | January 16, 1978 | Support: | NEXT OF KIN CRIST, BARBARA Address: Unknown Tel: (416) 802-3046 (HP) Sukovsky, Runge Correctional Health Partners Normal |
| Gender: | Female | Author: | |
| Race: | Caucasian | Author Organization: | |
| Ethnicity: | Not Hispanic Or Latino | Confidentiality: | |
| Religion: | Unknown | | |
| Language: | EN | | |

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- FAMILY HISTORY
- PREGNANCY
- ADVANCE DIRECTIVES

PROBLEMS

| DATE | TYPE | CONDITION / CODE | ATTENDING | STATUS | SOURCE |
|--------------------|---------------------|---|--------------------|--------|--|
| 03/07/2022 8:53 AM | Admitting Diagnosis | Unqualified visual loss, both eyes / H54.3 (ICD-10) | BENNETT, JEFFREY L | Active | University of Colorado Health Repository |
| 03/07/2022 8:53 AM | Admitting Diagnosis | Personal history of other diseases of the nervous system and sense organs / Z88.69 (ICD-10) | BENNETT, JEFFREY L | Active | University of Colorado Health Repository |
| 03/07/2022 8:53 AM | Admitting Diagnosis | Dry eye syndrome of bilateral lacrimal glands / H04.123 (ICD-10) | BENNETT, JEFFREY L | Active | University of Colorado Health Repository |
| 03/07/2022 8:53 AM | Admitting Diagnosis | Ocular pain, bilateral / H57.12 (ICD-10) | BENNETT, JEFFREY L | Active | University of Colorado Health Repository |
| 03/07/2022 8:51 AM | Admitting Diagnosis | Headache, unspecified, R51.9 (ICD-10) | BENNETT, JEFFREY L | Active | University of Colorado Health Repository |

PROCEDURES

No Procedure Records Found

VITAL SIGNS

No Vital Signs Records Found

RESULTS

No Result Records Found

ALLERGIES

| DATE | TYPE / CODE | NAME / CODE | REACTION | SEVERITY | SOURCE |
|------|--|-------------|----------|----------|--|
| | Drug: INGREFIL / 419511003 (SNOMED CT) | STAVOXABAN | | | University of Colorado Health Repository |

ENCOUNTERS

| ADMIT/DISCHARGE | ACCOUNT NUMBER | ADMITTING | ENCOUNTER CLASS | LOCATION | SOURCE |
|---------------------------------------|----------------|-----------|-----------------|--------------|--|
| 03/07/2022 8:53 AM/03/07/2022 8:51 AM | 241819186 | | Ambulatory | Building:1YE | University of Colorado Health Repository |

| | | | |
|-----------------------|-------------------------------|-------------------|--|
| PROGRESS NOTE | Observed: 03/07/2022 10:00 AM | Status: COMPLETED | Source: UNIVERSITY OF COLORADO HEALTH REPOSITORY |
| 6521585 EMM, Jennifer | 01/16/1978 F | | |

| | | | |
|----------------------|-------------------------------|-------------------|--|
| PROGRESS NOTE | Observed: 03/07/2022 10:00 AM | Status: COMPLETED | Source: UNIVERSITY OF COLORADO HEALTH REPOSITORY |
|----------------------|-------------------------------|-------------------|--|

Assessment and Plan:

1. Vision loss, bilateral
2. History of optic neuritis
3. Dry eye syndrome of both eyes
4. Eye pain, bilateral
5. Intractable headache, unspecified chronicity pattern, unspecified headache type

Ms. Emm is a 44-year-old woman with a medical history notable for a diagnosis of recurrent optic neuritis, IVIG dependent. The patient has been under the care of Dr. Long until her incarceration. Besides multiple events of vision loss, most bilateral and simultaneous involving the left eye greater than the right eye from 2019 through 2020. Unfortunately, records were quite limited. I did not have the opportunity to review records from any physician performing a

detailed ophthalmologic examination. Records from her primary responsible physician, Dr. King, were limited to telehealth visits dating from January 2021 through September 2021. None included detailed ophthalmic records. An additional record from Denver Neurologic dated January 2020 was notable for complaints of vision loss and a detailed history of a lack of objective findings documenting optic nerve injury either by MRI or cerebrospinal fluid testing. That detailed record included multiple psychosocial issues and possible psychiatric illness. Any objective eye testing such as OCT or prior visual fields are unavailable.

Patient currently describes a gradual loss of vision in both eyes since August 2021. It was at that time that she stopped receiving her intravenous immunoglobulin. She states that her eyes are throbbing and that she has a chronic pain in her head. She is not aware of any issues such as eye movement that make her pain worse. She describes being nauseated at times. She has an overlying diagnosis of lupus and states that she has recently seen a rheumatologist. That record was unavailable. He describes significant eye fatigue.

Visual acuity testing recorded 20/15-2 vision in the right eye and 20/30 vision in the left eye with pinhole correction. Initial visual acuity testing by the technician revealed 20/125 vision in the right eye and 20/400 vision in the left eye. This inconsistency represents nonphysiologic overlay. Jewell fields were inconsistent to finger confrontation but generally showed constriction in the right eye and hemifield loss in the left eye. Automated perimetry were again inconsistent with generalized depression particularly when viewed in light of the patient's measured visual acuity. The pupils were 6 mm and briskly reactive to light. There was no afferent pupillary defect. The ocular reflexes were full. Slit-lamp examination was remarkable for significantly dry corneal surfaces. The patient's eye pain resolved with the use of ophthalmic.

Funduscopy examination showed normal-appearing optic nerves with cup-to-disc ratios of 0.5. The maculae were normal. Optical coherence tomography showed normal ganglion cell complex layer thickness in both eyes. The temporal retinal nerve fiber layer in both eyes were less than the 5th percentile but this was likely due to the natural structure of the optic nerves given that the retinal nerve fiber layer traces were absolutely symmetric.

The patient's history is notable for multiple episodes of recurrent vision loss diagnosed as optic neuritis. Unfortunately her available medical records do not confirm objectively an episode of optic neuritis and her current examination is not consistent with such multiple episodes. I will try to obtain ophthalmic records from Dr. King and Dr. Gold here. In addition I will try to obtain records from Dr. Sturdy who may have performed additional eye testing. Although unlikely, I think it is important to obtain an MRI scan of the orbits to rule out any possible evidence of optic nerve inflammatory injury that is ongoing or occurred in the past. At this time, given the available information, I cannot advise for continued use of IVIG. There is no evidence of prior optic nerve injury and her current level of vision is not consistent with her visual field testing. Indeed her current level of vision is much better than stated on repeated testing. A significant source of her eye pain is dry eye. I would recommend the liberal use of artificial tears (refresh or Systane or suitable generic brand) multiple times daily. The dry eye surfaces may stem from autoimmune disease and this could be further evaluated by her rheumatologist.

Recommend

- 1) MRI orbits with and without contrast
- 2) artificial tears 4-6 times daily both eyes
- 3) review of prior ophthalmic records from Dr. King, Dr. Goldstein, Dr. Sturdy

Subjective:

Patient ID: Jennifer Ford is a 44 y/o female who is referred to Neuro-ophthalmology for possible recurrent optic neuritis.

HPI

New patient referred for optic neuritis.
Last edited by Rodriguez, Nancy, DTA on 1/27/2022, 9:55 AM (History)

I have reviewed and verified the chief complaint and HPI with the patient as documented by the technician.

HPI:

Treatment for optic neuritis with Dr. King with IVIG. She has suffered 6 episodes of simultaneous vision loss left > right from 2015 to 2020. She notes that vision loss was associated with eye. She was initially treated steroids but then due to concerns, treatments were switched to IVIG. Issues with Dr. King from 9/2020 through 12/2021 were telemedicine. Vision has not returned to normal. She has noticed a decline since August 30, 2021. Prior to that there was some stability. She has not seen Dr. King since January 2021. She has had pain in her head. Her eyes are throbbing. She has stabbing pain in the front of her head. She is not aware of anything making her pain worse. She is nauseated at times. She is seeing a rheumatologist for a diagnosis of lupus. She was told recently about fibromyalgia. She has seen two other ophthalmologists in the past Dr. Goldstein. Full records of prior diagnostic tests are absent; OCT and VF. January of 2021 was the last time her vision was "perfect". No prior MRI of orbits or optic nerves demonstrating optic nerve lesions.

CURRENT MEDICATIONS:

Current Outpatient Medications

Medication SIG

- * Epidural (EPIQUS) 2 mg tablet Take 5 mg by mouth 2 times daily.
- * diltiazem propionate (FLORAST) 60 mg/retardation nasal spray, diltiazem to migration nasal spray, suspension
- * hydrochloride QUININE (PLAQUENIL) 290 mg tablet Take 300 mg by mouth daily.
- * METOPROLOL SUCCLINATE PO
- * omeprazole (PRILLOSEC) 40 mg capsule omeprazole 40 mg 1 capsule, delayed release.
- * promethazine (PHENEGAN) 25 mg tablet Take 25 mg by mouth
- * rimexrant sulfate (RIMTEC ODT PO)

No current facility-administered medications for this visit.

ALLERGIES: Allergic [rivaroxaban]

I have reviewed, verified and personally updated the past medical, surgical,

Family, and Social History:

Review of Systems:

Objective:

Vital Signs:

Visit Vitals:

BP 115/75 (BP Location: RA, Patient Position: Sitting)

Pulse 84

Temp 36.1C (56.8 F) (Temporal)

HT 5'6" w 150 lb

wt 150 lb (130 lb)

BMI 25.03 kg/m²

Physical Exam

Base Eye Exam

Visual Acuity (Snellen - Linear):

Right Left

Dist SC 20/25 +2 20/50 +2

Dist ph SC N/A 20/30

Initially 20/125 right eye

Second time worked up from 20/16 then read 20/30 down to 20/25+2

Initially 30/400 left and then 20/60+1

Pupils

Dark light Shape React APD

Right 6.4 Round Brisk None

Left 6.4 Round Brisk None

Pt very photophobic

Visual Fields (Counting fingers):

Left Right

Full

Restrictions Total superior-temporal, inferior-temporal deficiencies

Extraocular Movement:

Right Left

Full Full

++ ++ ++

++ ++ ++

++ ++ ++

++ ++ ++

++ ++ ++

++ ++ ++

Additional Tests:

Color:

Right Left

Ishihara 58/12 1.5/12

Slit Lamp and Fundus Exam

Slit Lamp Exam

Right Left

Cilia/Lashes Normal Normal

Conjunctiva/Sclera White and quiet White and quiet

Cornea Clear Clear

Anterior Chamber Deep and quiet Deep and quiet

Iris Round and reactive Round and reactive

Lens Clear Clear

Vitreous Normal Normal

Fundus Exam

Right Left

Disc Normal Normal

C/D Ratio 0.5 0.5

Macula Normal Normal

Neurological Exam

DATA:

Laboratory results reviewed.

Radiology studies independently visualized and are pertinent for prior MRI scans of the brain, optic nerve, and spinal cord with no evident demyelinating or inflammatory lesions.

I have reviewed patient's outside medical records. Summary findings include health visits with Dr. Nathan Tang containing no visual exam information, Telehealth visits documenting continuous infusion of IVIG on a monthly basis, prior visit to Denver Neurologic notable for absence of objective data confirming optic neuritis. Spinal fluid results from lumbar puncture. No ophthalmic records were available.

5/11 OCT-Optic Nerve

Technician Communication

Right Eye

Reliable.

Left Eye
Reliable.

Physician Documentation

Right Eye

Signal Strength was 18 dB. First test. Average RSP was 92 microns. Volume 1.65
GCIP Central Mac thickness: 23.

Left Eye

Signal Strength was 37 dB. First test. Average RSP was 93 microns. Volume 1.61
GCIP Central Mac thickness: 22.

52083 Humphrey Visual Field

Technician Communication

Right Eye

Reliable.

Left Eye

Reliable.

Physician Documentation

Right Eye

Test: 24-2, 28 dB, ILL, -12.01 dB, generalized depression and constriction.

Left Eye

Test: 24-2, 24 dB, ILL, -17.03 dB, generalized depression and constriction.

I personally spent a total of 60 minutes on 03/07/2022 preparing to see the patient, on direct patient care, documenting and independently interpreting results.

Jeffrey L Bennett, MD PhD

| | | | |
|---|-------------------------------|-------------------|--|
| PROGRESS NOTE | Observed: 03/07/2022 10:00 AM | Status: COMPLETED | Source: UNIVERSITY OF COLORADO HEALTH REPOSITORY |
| Electronically signed by Bennett, Jeffrey L, MD PhD at 3/7/2022 2:07 PM | | | |

FUNCTIONAL STATUS

No Functional Status Records Found

EQUIPMENT

No Equipment Records Found

PROVIDERS

| ADMIN DATE | TYPE | Name / ID | SOURCE |
|------------|--------------|--|-------------------------------|
| 03/07/2022 | ATTENDING | BENNETT, JEFFREY L ID: 1245349525 | University of Colorado Health |
| 03/07/2022 | PRIMARY CARE | SARGHE, ROBERT ERIC ID: 1144224628 | University of Colorado Health |
| 03/07/2022 | REFERRING | KUNG, NATHAN HSIANG-EN ID: 1093000960 | University of Colorado Health |

PAYERS

| ENCOUNTER | GUARANTOR | PAYER | SUBSCRIBER | SOURCE |
|--------------------|--|---|--|--|
| 03/07/2022 8:53 AM | DENNIS, EMIL DOB: 1978-01-16 3660 HAWAIIA ST DENVER, CO 80224 Tel: (720) 583-5835 (HP) | Primary Insurance: UNLISTED SPECIAL ACCOUNTS Policy Number: NA Effective Date: 2022-01-01 | DENNIS, EMIL DOB: 1978-01-16 SELF 3660 HAWAIIA ST DENVER, CO 80224 Tel: (720) 583-5835 (HP) | University of Colorado Health Repository |

SOCIAL HISTORY

No Social History Records Found

FAMILY HISTORY

No Family History Records Found

PREGNANCY

No Pregnancy Status Records Found

ADVANCE DIRECTIVES

No Advance Directives Records Found

INFORMATION SOURCE

| DATE CREATED | AUTHOR | AUTHOR'S ORGANIZATION |
|--------------------|----------------|--|
| 03/06/2022 2:06 PM | Renee Sukovaty | Colorado Health Partners 1125 17th St #1010 Denver, CO 80202 |



Date: January 21, 2021

Re: Jennifer Emami

DOB: 01/16/1978

To Whom It May Concern,

Jennifer Emami is under my care for multiple conditions, including but not limited to the following conditions:

- Eye pain
- Optic neuritis
- Dysautonomia
- Cutaneous lupus
- Inappropriate Sinus Tachycardia
- Antiphospholipid Antibody Syndrome
- Undifferentiated Mixed Connective Disease

Taken together, these conditions have rendered her disabled, and at high risk for further deterioration. Due to her medical conditions, she requires very frequent clinic visits, and also intensive cardiac monitoring to maintain her health.

She also requires a complex regimen of pharmacological and non-pharmacological treatments to maintain her health status, including the following:

- Intravenous Immunoglobulin 2g/kg given monthly over 4 days each
- Eliquis 5mg twice daily
- Metoprolol SA 50mg twice daily for heart rate control
- Diazepam 10mg daily as needed for chest tightness
- Adderall XR 10mg in the morning and 5mg in the afternoon
- Promethazine 12.5mg 1-2 tablets by mouth as needed for nausea
- Spiriva Inhaler 1.25 mg inhalation spray for shortness of breath
- Spirometer for breathing several times every day
- Omeprazole 40mg twice day
- Valacyclovir as needed for mouth and nose sores 500mg every day
- Hydroxychloroquine 200mg 2 X per day
- Duloxetine HCL 20mg 2 X per day
- Co Q-10 100mg once a day
- Rizatriptan 10mg as needed for headache

Blue Sky Neurology
(770) 335-4442 | jennifer@bnskneurology.com



- Sumatriptan 100mg as needed for headache
- Nurtec 75mg as needed for headache
- Clobetasol .05% apply twice daily as needed for Lupus rash
- Erythromycin .5% ophthalmic ointment when tear ducts get blocked
- Vitamin D3 50,000 international units once per week
- Ortho B Complex 1 time in the morning
- Cobalofate 1 time in morning
- Multi-Min Chelate 2 times per day
- Several types of essential oils
- SPM Active 2 every morning
- Pulse Oximeter check all day long
- Blood Pressure cuff, check in the morning upon waking and check throughout the day

Please note that her scheduled oral and intravenous medications are time sensitive, and must be given within strict time windows to be effective. If she were taken into custody and any one of these medications were missed or mistimed, this could lead to significant medication complications and deterioration in her condition, including death. She is also at risk of significant morbidity and death if she were to contract COVID-19 while in custody. For these reasons, it is recommended that she be allowed to remain at home during any period of confinement or custody.

Sincerely,

Nathan Kung, MD

Nathan Kung, MD
Blue Sky Neurology
4500 East 9th Ave, Suite 740
Denver, CO 80222



Date: January 11, 2021

Re: Jennifer Enami

DOB: 01/16/1978

To Whom it May Concern,

Jennifer Enami is under my care for multiple neurological conditions. At this time her condition remains unstable and requires frequent medical monitoring and appointments with multiple specialists. She is currently receiving multiple oral and intravenous treatments many of which are time sensitive and must be administered within strict time windows to be effective. If she were taken into custody and any of these were missed or mistimed this could lead to significant medical complications and deteriorations of her condition. She is also at risk of significant morbidity and death if she were to contract Covid-19 while in custody.

if you have any questions please feel free to call 303-781-4485.

Please fax to 303-847-4503.

Sincerely,

Nathan Kung, MD

Nathan Kung, MD
Blue Sky Neurology
4500 East 9th Ave, Suite 740
Denver, CO 80222

| | | | | | | |
|---------|------------|-----|--|------|----------|------------|
| Service | 01/15/2021 | CAE | Reviewed case file and conferral with JLH (0.2). Reviewed email from C. Zanger regarding request for information - sent email with supplemental information - sent email to client to have her follow-up with office (0.2). Reviewed case file, including Order Re Motion to Reconsider - sent email to client regarding same (0.2). | 0.60 | \$375.00 | \$225.00 |
| Service | 01/15/2021 | CAE | No Charge: Additional conferral with JLH and RBW, and case file review (0.2)(N/C). | 0.20 | \$0.00 | \$0.00 |
| Service | 01/18/2021 | JLH | Process and sort discovery. | 1.00 | \$275.00 | \$275.00 |
| Service | 01/18/2021 | CAE | Reviewed financial disclosures from OP and general case file review - sent documents to C.Zanger regarding debts (1.0). | 1.00 | \$375.00 | \$375.00 |
| Service | 01/18/2021 | CAE | No Charge: Additional case file review (0.3)(N/C). | 0.30 | \$0.00 | \$0.00 |
| Service | 01/18/2021 | RBW | Rvw email from client who now says she has hired Seawell instead of Pozner and Kaplan, but also names two other attorneys. Email to Seawell seeking clarification. | 0.10 | \$475.00 | \$47.50 |
| Service | 01/18/2021 | RBW | Rvw response from Seawell who advises that he sought co-counsel to deal with heavy caseload. | 0.10 | \$475.00 | \$47.50 |
| Service | 01/18/2021 | RBW | Email exchanges with OC re JTMC and requested information pertaining to OP's new position. Advised that two paystubs was insufficient disclosure. Need employment offer letter, emails, and details. | 0.20 | \$475.00 | \$95.00 |
| Service | 01/18/2021 | RBW | Rvw minute order from Temporary Orders and confirm that client is entitled to Beaver Creek house, a vehicle, and parenting time. | 0.10 | \$475.00 | \$47.50 |
| Service | 01/19/2021 | ACR | Processed e-filing (Subpoenas and WoS x2) Emailed copies to clt. | 0.20 | \$200.00 | \$40.00 |
| Service | 01/19/2021 | JLH | continue review of file for trial prep. | 0.40 | \$275.00 | \$110.00 |
| Service | 01/19/2021 | CAE | Review of case file and research on case related issues (1.3). Phone call with K. Sender regarding need for information from client (0.2). Phone call with client to discuss positions to issues in the case (0.3). Drafted JTMC (3.5). | 5.30 | \$375.00 | \$1,987.50 |
| Service | 01/19/2021 | CAE | No Charge: Additional case file review (0.5)(N/C). | 0.50 | \$0.00 | \$0.00 |
| Service | 01/19/2021 | RBW | Rvw lengthy email from client with inquiries that are all over the place. Respond to same with interlineations. | 0.30 | \$475.00 | \$142.50 |
| Service | 01/20/2021 | ACR | Filed & sent clt copy of Affidavit for Atty Fees | 0.10 | \$200.00 | \$20.00 |
| Service | 01/20/2021 | JLH | Continue reviewing financial disclosures and file from prior counsel in preparation for hearing. | 0.50 | \$275.00 | \$137.50 |
| Service | 01/20/2021 | RBW | Phone conf with OC who called to make limited time offer of settlement. OC declined to allow recording of call. Essence of call was that OP could help with criminal case and would create a pathway to reunification with the children if client would give up all of the property. OC offered that OP would take both Beaver Creek and Evergreen properties and client could keep everything related to 14 hands ranch. Informed OC that 14 hands had been deeded in lieu of foreclosure back in September. Noted that it had little or no value. OC became noticeably agitated. Offer good until noon tomorrow. | 0.20 | \$475.00 | \$95.00 |
| Service | 01/20/2021 | CAE | Case file review and email related to case status | 1.50 | \$375.00 | \$562.50 |

EXHIBIT

tabbies

FN 3

July 21st 2022

On July 14th, 2022, I was called to the clinic to pick up my client, Jennifer Emmi. I went to the back of the clinic, the officer directed me into the room. I asked if she was ready to go because she was not fully dressed. Her shirt was partially off and her bra strap on the right side was down and exposing half of her chest. The officer remained in the room while I put her bra and shirt back on. I then helped her into her wheelchair and back to her cell.

Ce Anna Garza 182781



Register of Actions

Register of Actions and Party Information

☐ Filed by Appellant
☐ Filed by Appellee
☐ Filed by Court

Case Number: 2021CA001871
Case Type: Civil - Domestic Relations
Case Caption: Marriage of Emmi

Court Location: Court of Appeals
Referring Case Number: 2020DR30090 - Jefferson County
Appellate Case Number: 2023SC914 - Supreme Court

| Filing ID | Date Filed | Authorizer | Organization | Filing Party | Document | Document Title | Document Security |
|----------------|---------------------|------------------|---------------------------|---------------|--|--|-------------------|
| N/A | 12/08/2023 | N/A | N/A | N/A | Case Awaiting Action | N/A | |
| N/A | 12/08/2023 | N/A | N/A | N/A | Advisory Copy | N/A | |
| N/A (Details) | 11/09/2023 | N/A | Colorado Court of Appeals | N/A | Order | ORDER DENYING PETITION FOR REHEARING | Public |
| N/A | 11/09/2023 | N/A | N/A | N/A | Opinion Issued-Mandate Pending | N/A | |
| 728CA01CA4088 | 10/26/2023 5:30 PM | Anne Whalen Gill | Anne Whalen Gill LLC | Jennifer Emmi | Petition for Rehearing | Petition for Rehearing | Public |
| N/A | 10/26/2023 12:00 AM | N/A | N/A | N/A | Rehearing Pending | N/A | |
| N/A (Details) | 10/12/2023 12:00 AM | N/A | Colorado Court of Appeals | N/A | Opinion | Opinion | Public |
| N/A | 10/12/2023 12:00 AM | N/A | N/A | N/A | Opinion Issued-Mandate Pending | N/A | |
| N/A | 07/13/2023 12:00 AM | N/A | N/A | N/A | Judge Assigned, Pending Opinion | N/A | |
| N/A | 07/12/2023 12:00 AM | N/A | N/A | N/A | Division Assigned-Pending Judge Assignment | N/A | |
| N/A | 07/12/2023 12:00 AM | N/A | N/A | N/A | Case | N/A | |
| N/A | 06/30/2023 12:00 AM | N/A | N/A | N/A | Staff Attorney Draft Completed | N/A | |
| N/A | 06/29/2023 12:00 AM | N/A | N/A | N/A | Division Pending | N/A | |
| N/A | 03/20/2023 12:00 AM | N/A | N/A | N/A | Staff Attorney Draft Pending | N/A | |
| 70078A009A1BA | 03/10/2023 2:48 PM | Anne Whalen Gill | Anne Whalen Gill LLC | Jennifer Emmi | Reply Brief | Reply Brief | Public |
| N/A (Details) | 03/10/2023 | N/A | Colorado Court of Appeals | N/A | Order | ORDER OF THE COURT | Public |
| N/A | 03/10/2023 | N/A | N/A | N/A | At Issue Pending | N/A | |
| EB56330B44738A | 03/08/2023 1:48 PM | Donald T Emmi | Hunsaker Emmi PC | Donald Emmi | Response | Response-Extension of Time-Reply Brief | Public |
| 709180CF30C37 | 03/07/2023 3:59 PM | Anne Whalen Gill | Anne Whalen Gill LLC | Jennifer Emmi | Motion or Request | Motion or Request-Extension of Time-Reply Brief | Public |
| N/A (Details) | 03/03/2023 | N/A | Colorado Court of Appeals | N/A | Order (Related Document) | ORDER OF THE COURT | Public |
| 7774382025A79 | 02/27/2023 1:20 PM | Donald T Emmi | Hunsaker Emmi PC | Donald Emmi | Response (Related Document) | Respondent's Response to Motion to Complete Record and for Extension of Time to file Reply Brief | Public |
| AB5309B52521A | 02/20/2023 12:18 PM | Anne Whalen Gill | Anne Whalen Gill LLC | Jennifer Emmi | Motion with Multiple Requests (Related Document) | Motion with Multiple Requests-Supplemental Record | Public |
| | | | | | Advisory Copy (Related Document) | Advisory Copy-Transcript Request 61220 | Public |
| | | | | | Advisory Copy (Related Document) | Advisory Copy-Transcript Request 61820 | Public |
| N/A (Details) | 02/08/2023 9:27 AM | N/A | Colorado Court of Appeals | N/A | Order | ORDER FOR EXTENSION OF TIME TO FILE REPLY BRIEF | Public |
| BAF5ABAN05E0E | 02/03/2023 4:30 PM | Anne Whalen Gill | Anne Whalen Gill LLC | Jennifer Emmi | Motion or Request | Motion or Request-Extension of Time-Reply Brief | Public |
| 700F0A426A5F | 01/20/2023 11:50 PM | Donald T Emmi | Hunsaker Emmi PC | Donald Emmi | Answer Brief | Answer Brief | Public |
| N/A (Details) | 12/30/2022 | N/A | Colorado Court of Appeals | N/A | Notice of Filing Record | NOTICE OF FILING OF SUPPLEMENTAL RECORD | Public |
| N/A | 12/30/2022 | N/A | N/A | N/A | Records Filed | N/A | |
| N/A | 12/30/2022 | N/A | N/A | N/A | Supplemental Record | N/A | |
| N/A | 12/30/2022 | N/A | N/A | N/A | Advisory Copy | N/A | |
| N/A (Details) | 12/23/2022 | N/A | Colorado Court of Appeals | N/A | Certificate | Certificate | Public |
| N/A | 12/23/2022 | N/A | N/A | N/A | Records Received | N/A | |
| N/A | 12/23/2022 | N/A | N/A | N/A | Supplemental Record | N/A | |

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EXHIBIT

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FN 5

Register of Actions and Party Information

| Filing ID | Date Filed | Authorizer | Organization | Filing Party | Document | Document Title | Document Security |
|---------------|---------------------|------------------|---------------------------|---------------|----------------------------------|--|-------------------|
| N/A (Details) | 11/18/2022 | N/A | Colorado Court of Appeals | N/A | Order | ORDER OF THE COURT | Public |
| 33KFE0C4BFD08 | 11/09/2022 9:59 AM | Anne Whalen Gili | Anne Whalen Gili LLC | Jennifer Emmi | Response | Response-Objection to Motion to Supplement Record and for Extension of Time to File Answer Brief | Public |
| 1F409DA7D8919 | 11/08/2022 10:46 PM | Donald T Emmi | Hunsaker Emmi PC | Donald Emmi | Motion or Request | Motion or Request-Supplemental Record | Public |
| N/A | 11/08/2022 | N/A | N/A | N/A | Docket Fee | N/A | |
| N/A (Details) | 10/12/2022 9:03 AM | N/A | Colorado Court of Appeals | N/A | Order | Order for extension of time to file answer brief | Public |
| 40D37E030FF0d | 10/11/2022 1:35 PM | Donald T Emmi | Hunsaker Emmi PC | Donald Emmi | Motion or Request | Motion or Request-Extension of Time-Answer Brief | Public |
| N/A (Details) | 09/07/2022 10:11 AM | N/A | Colorado Court of Appeals | N/A | Order | Order for extension of time to file answer brief | Public |
| 3020FT4H59A9D | 09/06/2022 11:27 AM | Donald T Emmi | Hunsaker Emmi PC | Donald Emmi | Motion or Request | Motion or Request-Extension of Time-Answer Brief | Public |
| 217EA138DC780 | 08/02/2022 4:05 PM | Anne Whalen Gili | Anne Whalen Gili LLC | Jennifer Emmi | Opening Brief | Opening Brief | Public |
| N/A (Details) | 07/20/2022 10:25 AM | N/A | Colorado Court of Appeals | N/A | Order | Order for extension of time to file opening brief | Public |
| A28170855B151 | 07/19/2022 3:13 PM | Anne Whalen Gili | Anne Whalen Gili LLC | Jennifer Emmi | Motion or Request | Motion or Request-Extension of Time-Opening Brief | Public |
| N/A (Details) | 07/06/2022 8:35 AM | N/A | Colorado Court of Appeals | N/A | Order | Order for extension of time to file opening brief | Public |
| 1382700043F1 | 07/05/2022 12:14 PM | Anne Whalen Gili | Anne Whalen Gili LLC | Jennifer Emmi | Motion or Request | Motion or Request-Extension of Time-Opening Brief | Public |
| N/A (Details) | 06/01/2022 10:20 AM | N/A | Colorado Court of Appeals | N/A | Order | Order for extension of time to file opening brief | Public |
| 1D10F273AAJ8T | 05/23/2022 11:42 AM | Anne Whalen Gili | Anne Whalen Gili LLC | Jennifer Emmi | Motion or Request | Motion or Request-Extension of Time-Opening Brief | Public |
| N/A (Details) | 04/18/2022 12:00 AM | N/A | Colorado Court of Appeals | N/A | Notice of Filing Record | NOTICE OF FILING OF RECORD ON APPEAL AND BRIEFING SCHEDULE | Public |
| N/A (Details) | 04/18/2022 12:00 AM | N/A | Colorado Court of Appeals | N/A | Notice | NOTICE REGARDING TRANSMISSION OF THE ELECTRONIC RECORD | Public |
| N/A | 04/18/2022 12:00 AM | N/A | N/A | N/A | Records Filed | N/A | |
| N/A | 04/18/2022 12:00 AM | N/A | N/A | N/A | Record | N/A | |
| N/A | 04/18/2022 12:00 AM | N/A | N/A | N/A | Advisory Copy | N/A | |
| N/A (Details) | 04/15/2022 12:00 AM | N/A | Colorado Court of Appeals | N/A | Certificate | Certificate | Public |
| N/A | 04/15/2022 12:00 AM | N/A | N/A | N/A | Records Received | N/A | |
| N/A | 04/15/2022 12:00 AM | N/A | N/A | N/A | Record | N/A | |
| N/A (Details) | 02/10/2022 | N/A | Colorado Court of Appeals | N/A | Order | ORDER OF reinstatement | Public |
| N/A | 02/10/2022 | N/A | N/A | N/A | Not At Issue Pending | N/A | |
| N/A | 02/04/2022 | N/A | N/A | N/A | Docket Fee | N/A | |
| 34FF0E0DFAE8A | 02/02/2022 5:01 PM | Anne Whalen Gili | Anne Whalen Gili LLC | Jennifer Emmi | Response (Related Document) | Response to Order to Show Cause | Public |
| | | | | | Advisory Copy (Related Document) | Advisory Copy | Public |
| N/A (Details) | 01/24/2022 | N/A | Colorado Court of Appeals | N/A | Order | ORDER OF THE COURT | Public |
| N/A (Details) | 01/11/2022 | N/A | Colorado Court of Appeals | N/A | Order | ORDER OF THE COURT | Public |
| N/A | 01/11/2022 | N/A | N/A | N/A | Closed | N/A | |
| N/A (Details) | 01/10/2022 | N/A | N/A | Jennifer Emmi | Notice of Appeal | Notice of Appeal | Public |
| N/A (Details) | 12/06/2021 | N/A | Colorado Court of Appeals | N/A | Order | ORDER OF THE COURT | Public |
| N/A (Details) | 11/23/2021 | N/A | N/A | Jennifer Emmi | Motion or Request | Motion or Request Extension Notice of Appeal | Public |
| N/A | 11/23/2021 | N/A | N/A | N/A | Not At Issue Pending | N/A | |

Party Information

Register of Actions and Party Information

| Party Name | Party Type | Party Status | Attorney Name |
|-------------------------|------------|--------------|---------------------------------------|
| Donald Emms | Appellee | Active | Donald T Emms (Hunsaker Emms PC) |
| Jennifer Emms | Appellant | Active | Anne Whalen Gil (Anne Whalen Gil LLC) |
| Jeremy Morcklon | Attorney | Withdrawn | N/A |
| Samuel J. Stooman | Attorney | Withdrawn | N/A |
| William Arthur Heeberle | Attorney | Withdrawn | N/A |

1/22/23, 2:29 PM

Gmail - RE: I heard from Jennifer



Barbara - Crist <bme2030@gmail.com>

RE: I heard from Jennifer

1 message

Shaffer, Maxwell N (DEN - X56647) <Maxwell.Shaffer@hklaw.com>
To: Barbara Crist <bme2030@gmail.com>

Sun, Jan 22, 2023 at 11:37 AM

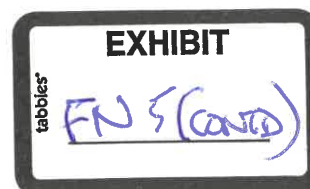
Barbara,

Good morning. All things considering, I hope you are well today.

It was devastating to receive your email. I cannot say how sorry I am to hear that this has happened to Jennifer. I promise and am committed to doing everything I can to hold those responsible accountable.

A couple of follow-ups:

1. Did Jennifer report the rape to either Colorado or Virginia prison officials? If so, was a forensic exam done? If none has been performed, and if this incident has not been reported, we need do report and request the exam as soon as possible.
2. It is my assumption that Jennifer was transferred against her will, or at least not as a result of her request or application. Is that your understanding as well?
3. The transfer seems to have been done clumsily, without much thought, and without significant involvement from the receiving state (Virginia). It is my reading of the Interstate Correctional Compact that the transfer violated the associated legal standards.
4. Perhaps just a point to note, but I wrote an email to the visitation coordinator at CWCF on Wednesday night indicating that they had not provided me with an explanation for the canceled appointment to see Jennifer, that I needed one, and that I would be visiting the facility the next day. I also indicated that <https://mail.google.com/mail/u/0/?ui=731aa88e258&view=pt&search=all&permthid=thread-a%3A7301757887919964581%7Cmsg-7%3A1755748917368111185&siml=msg-7%3A1755748917368111185>.



1/22/23, 2:29 PM

Gmail - RE: I heard from Jennifer

If I was not permitted to see Jennifer when I visited, I would seek a temporary restraining order in federal court to allow the visitation. They did not respond to my email, and at 11:30 a.m. the next morning sent the message indicating that all future inquiries had to go through offender services in the Springs, and to their Interstate Corrections Compact coordinator. In other words, at the time I indicated I would be visiting she was already in the process of being transferred. The timing of it all, lack of communication, and claims of "confidentiality" regarding the transfer are each and all remarkable.

I am still working to get in touch with the operations folks in Virginia. I will continue to make those efforts today. I will let you know when I have more information.

I will talk with you soon.

Best,

Maxwell Shaffer | Holland & Knight
Partner
Holland & Knight LLP
1801 California Street, Suite 5000 | Denver, Colorado 80202
Phone 303.974.6647 | Fax 303.974.6659
maxwell.shaffer@hklaw.com | www.hklaw.com

From: Barbara Crist <bmc2030@gmail.com>
Sent: Saturday, January 21, 2023 11:32 AM
To: Shaffer, Maxwell N (DEN - X56647) <Maxwell.Shaffer@hklaw.com>
Subject: I heard from Jennifer

[External email]

Maxwell,

Jennifer was able to call me this morning. She said she was beaten and raped by the guards. She mentioned the Guard named Tarin. She said her whole body is sore and during her flight she continued to vomit and they actually had to land before they got to their destination. She said she's sure she has a concussion. She

1/22/23, 2:29 PM

Gmail - RE: I heard from Jennifer

told me there are witnesses to her attack. Their names are Ramona, Aundrea Collins, and Latifa. Tahir is the one that said he can do anything he wants to her and nothing would happen to him.

I can't believe I was never alerted by the prison regarding her injuries or her transfer. I was under the impression it was a mandatory filing to notify the next of kin. That place needs to be shut down. I'm so glad you are going there.

Barbara

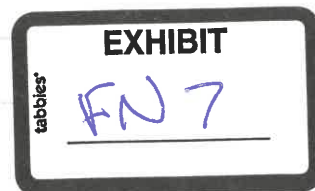
NOTE: This e-mail is from a law firm, Holland & Knight LLP ("H&K"), and is intended solely for the use of the individual(s) to whom it is addressed. If you believe you received this e-mail in error, please notify the sender immediately, delete the e-mail from your computer and do not copy or disclose it to anyone else. If you are not an existing client of H&K, do not construe anything in this e-mail to make you a client unless it contains a specific statement to that effect and do not disclose anything to H&K or reply that you expect it to hold in confidence. If you properly received this e-mail as a client, co-counsel or retained expert of H&K, you should maintain its contents in confidence in order to preserve the attorney-client or work product privilege that may be available to protect confidentiality.

February 18th, 2024

I have personally experienced Fluvanna Correctional Center for Women staff/admin claim or state that I have refused care, treatment or otherwise when I have not refused. Staff/Admin at FCCW is supposed to have us sign a refusal form if we have refused anything and this is part of FCCW policies and procedures.

no refusal
\$5 charge
x2
mammo gro.
pap - form
many times
in w/pers.
exp/others

| Name Printed | Inmate # | Sign/Initial |
|------------------------------|----------|--------------|
| 1. Nancy Fridley | 2109744 | NF |
| 2. Liz Lane | 1167703 | L, L |
| 3. Norma St. Clair | 1367240 | D.S. |
| 4. Melina Baker | 1443426 | MH |
| 5. Taporshen HODGES-Williams | 2040432 | T-H.W. |
| 6. Esther V Gordon | 1159341 | E V G |
| 7. Amanda J. Colavito | 1144021 | AJC |
| 8. A. Cowan | 1529129 | AC |
| 9. M. Hene | 1443426 | MH |
| 10. J. Vanderlander | 1429730 | J.V. |
| 11. M. Wren | 1717162 | mw |



Health Services Complaint and Treatment Form

Facility:

FCCW

Inmate/CCAP

Probationer/Parolee

Name:

Emmi

Jennifer

DOC#:

2175327

Last

First

Date/Time

Complaint and Treatment

Signature and Title

8/10/23

0015

Inmate received from treatment room nurse for observation due to 90 nausea, vomiting, dizziness and headache. Inmate observed lying in bed, sleeping and easily aroused. Stated symptoms have subsided and she's feeling "a little better". Denies nausea/vomiting. Offered Pedialyte to replace electrolytes. Declined at this time, but stated she would take it as needed. Encouraged to notify RN/medical staff of any needs/concerns. Understanding verbalized

Aggen, RN

8/10/23

0330

Inmate sleeping in Observation Ward at this time. No signs of distress. No nausea/vomiting reported at this time. Will continue to monitor for any changes

Aggen, RN

8/10/23 @ 0910

Inmate sleeping in observation ward p.n.v. Will continue to monitor

J. Fied Pa

8/10/23 @ 1010

Inmate states she has blurry vision, is weak, has optic neuritis, lupus, SLE, mixed connective tissue disease + has a wheelchair and an aide 24H/day because she has so many severe and complicated medical conditions. She states she has a "power port" that has not been flushed since Feb 23. She said she needs IVIG & has not had continuity of care. Also states she is on life time Eliquis - Continued



EXHIBIT

tabbies

FN 8

Health Services Complaint and Treatment Form

Facility:

FLUVANNA CORRECTIONAL CENTER FOR WOMEN

Inmate/CCAP

Probationer/Parolee

Name:

Emmi

Last

Jennifer

First

DOC #:

2175327

Date/Time

Complaint and Treatment

Signature and Title

8/10/23 11:22
Continued

T-27.17

6.5

101/57

16

98% RA

that she's not able to get here. States she has left sided paresthesia. NP Bagby was advised of complaints. VSS, A&O X3, GCS was NS. Pt admitted to obs c/o n/v now c/o are neuro. Pt refused CBC w/tx stating will only have blood drawn from port. Demanding "fluids". Demanding to see Dr Sheffield. Dr Sheffield notified. NP Bagby previously released pt to GT. Note no vomiting entire time in obs. Pt given option to have CBC drawn typical or go to VCU/VVA she refused stating she didn't want to be shackled like a prisoner. She also said she wants to go back to the prison. She was at previously "in Colorado". She was very verbally aggressive and manipulating staff with refusing to leave observation despite being told repeatedly that she needed to return to the building. Watch command, ST, and several security guards (as well as NP Bagby, RN Marge Brooks, & Dr. Sheffield.) Safety a place. - J. Hall RN



Health Services Complaint and Treatment Form

Facility:

FLUVANNA CORRECTION CENTER FOR WOMEN

Inmate/CCAF

Probationer/Parolee

Name:

Emm.

Jennifer

DOC#:

2175327

Last

First

Date/Time

Complaint and Treatment

Signature and Title

8/10/23

1552

PC in infirmary today after 4th N/V
headache since last night. States
she vomited in her cell. Now a
headache she states she feels head
+ needs a CBC + fluids but only
wants to use her Medipart. Explained
to pt that medipart is to be insured by
Venetone + TR first. Her appt/prep
scheduled. PC states she did not
want to go out for referral. Offered
to send to UVA today but she did
not want to go out because she doesn't
like head caps. She states she will be
longer she refuses to go out for referral
+ will not go. No N/V since arriving. ate some apple
PE. A x 3. Lying in bed + covers over
her head. WAD
T 97.0 P 80 R 17 Bp 121/68 O2 sat 98%
HEENT WCAT
Nuch Rigidity
Abd - Soft NO NT
A Headache N/V resolved - Stable
Recurrent 2up
Wadent was outside referral
Wadent was fluids or blood work when
it is at y the Med part. Rigidity resolved + stable
P. FHE Clinic as indicated
Recurrent Venetone Appt

Jennifer U. M.





Health Services Complaint and Treatment Form

Facility: Fluvanna Correctional Center for Women

Inmate/CCAP

Probationer/Parolee

Name:

Emmi

Jennifer

DOC #:

2175327

| Date/Time | Complaint and Treatment | Signature and Title |
|------------------|--|-----------------------------|
| Date: 08/11/2023 | Outside Appointment with: UVA ER | |
| Time: 0350 am | Outside documentation placed with chart: YES No | |
| Temp: 97.7°F | Vital Signs - (circle one) Stable Unstable | |
| Pulse: 80 bpm | If unstable, CALL ON-CALL MD for orders: | |
| Resp: 18 | Name of prescriber notified: Shepherd MD | |
| B/P: 123/72 | Recommendations from Consultation Record: NONE | |
| O2 Sat: 99% | Do NOT use "See Consult Form." If none listed, return inmate to general population. | |
| | pt brought back from UVA ER by officers on wheelchair. Vitals done as shown on side margin. All are normal. Pt MDD and stable. Dr. Shepherd no hxed. General discharge instructions read to her in entirety and she made an informed decision for the pt to be returned to GP. Pt herself is 100% dehydration but there are no clinical signs for that. No swollen eyes or dry mouth. Capillary refill is <3 sec. All tests done at UVA ER were neg including CXR, heart Uls and blood clot test. Dr. Shepherd to see pt in her next appointment ~ | Nurse Signature: Oriedo, RN |
| | Inmate disposition: RETURN TO GP (circle one) ADMIT TO OBSERVATION | |
| | Clinic nurse reviewing and entering orders: | |
| | Scheduled F/U in clinic for: | |
| | Return chart and documents to scheduler | Clinic Nurse Signature |
| | Physician Signature: | |



Health Services Complaint and Treatment Form

Facility:

FCCW

Inmate/CCAP

Probationer/Parolee

Name:

Emmi

Jennifer

DOC #:

2175327

Date/Time

Complaint and Treatment

Signature and Title

8/11/23 0139

Around 0133, Medical assistance

was called from building 6.

T=97.8

Upon arrival, the patient

R=20

was observed lying down in

P=86

bed complaining of nausea

BP=117/76

and throwing up blood and

SpO₂=99%RA

she was unable to get up from

bed. Upon assessed her, no

emesis or blood observed but

spitting of saliva on the

multiple fissures. She denied

pain or dizziness when questioned.

Vital signs was recorded within

normal range. PRN phenegon

25mg was given for nausea

and vomiting. She was encouraged

to drink fluids / Fc dialyte.

She was yesterday in the infer-

mary for observation for HIV.

She was educated to call

if the condition is worse.

Infectious / LPA

M. Geyer RN





Health Services Complaint and Treatment Form

Facility:

FLUVANNA CORRECTION CENTER FOR WOMEN

Inmate/CCAP

Probationer/Parolee

Name:

Emmi

Last

Jennifer

First

DOC #:

2175327

| Date/Time | Complaint and Treatment | Signature and Title |
|--------------------|--------------------------------------|---------------------|
| DATE: 8/11/2023 | 45yo : H/O NIV on 8/9/2023 | |
| TIME: 1515 | observed in the infirmary after then | |
| TEMP- 97.8 | until 8/10/23 ~ 1600 presents | |
| PULSE- 102 | for Flu. He states she continues | |
| RESP- 20 | to have a headache & feels | |
| B/P- 113/67 | she is going blind again. She states | |
| O2- % RA | she has lost entire vision. | |
| WT- | She is alert & oriented and is | |
| HIT- | no ocular distress. She is lying | |
| BMI- | down & her head under the | |
| | covers HEGAT - NEAT EENT | |
| PAIN LEVEL 1 to 10 | Neck Sore. CV-Rib hgs. & WA | |
| /10 | Ext. - DCCC | |
| TYPE OF PAIN- | n- Headache / Malaise Poor appetite | |
| | & 2 days Dehydration | |
| PAIN LOCATED AT- | p. will send to ED WA for labwork | |
| | & for IVF & further bloods | |
| | He states she does not want | |
| | to go due to handcuffs | |
| SMOKER- Y N | Refer to ED is recommended | |
| PACKS PER DAY- | Handcuffs per Security. Transport | |
| HOW LONG- YRS | via ambulance | |
| | J. H. Full NID | |



Talk activity

Barbara Crist

410-802-3046

5G CORE SMARTPHONE PDI

| Date | Time | Number | Origination | Destination | Min. | Airtime Charges | LD/Other Charges | Total |
|--------|----------|--------------|---------------|---------------------|------|-----------------|------------------|-------|
| Aug 7 | 1:30 PM | 866-273-8088 | Golden, CO | Incoming, CL | 1 | -- | -- | -- |
| Aug 7 | 3:19 PM | 434-260-8001 | Evergreen, CO | Incoming, CL | 16 | -- | -- | -- |
| Aug 7 | 5:43 PM | 434-260-8001 | Evergreen, CO | Incoming, CL | 21 | -- | -- | -- |
| Aug 7 | 6:05 PM | 434-260-8001 | Evergreen, CO | Incoming, CL | 21 | -- | -- | -- |
| Aug 7 | 9:07 PM | 720-880-7204 | Evergreen, CO | Incoming, CL | 14 | -- | -- | -- |
| Aug 8 | 9:11 AM | 434-260-8001 | Evergreen, CO | Incoming, CL | 21 | -- | -- | -- |
| Aug 8 | 10:04 AM | 804-999-9999 | Evergreen, CO | Richmond, VA | 4 | -- | -- | -- |
| Aug 8 | 12:25 AM | 720-737-0606 | Evergreen, CO | Denver, CO | 2 | -- | -- | -- |
| Aug 8 | 11:29 AM | 970-531-7083 | Evergreen, CO | Fraser, CO | 2 | -- | -- | -- |
| Aug 8 | 2:45 PM | 303-280-2008 | Evergreen, CO | Broomfield, CO | 4 | -- | -- | -- |
| Aug 8 | 4:07 PM | 303-929-0617 | Evergreen, CO | Arvada, CO | 2 | -- | -- | -- |
| Aug 8 | 4:09 PM | 303-929-0617 | Evergreen, CO | Incoming, CL | 1 | -- | -- | -- |
| Aug 8 | 5:35 PM | 303-929-0617 | Evergreen, CO | Incoming, CL | 40 | -- | -- | -- |
| Aug 8 | 9:08 PM | 443-504-2722 | Evergreen, CO | Incoming, CL | 55 | -- | -- | -- |
| Aug 9 | 6:54 AM | 970-531-7083 | Evergreen, CO | Fraser, CO | 2 | -- | -- | -- |
| Aug 9 | 10:08 AM | 970-531-7083 | Evergreen, CO | Incoming, CL | 4 | -- | -- | -- |
| Aug 9 | 10:15 AM | 720-244-5113 | Evergreen, CO | Denver, CO | 3 | -- | -- | -- |
| Aug 9 | 11:19 AM | 410-804-6374 | Evergreen, CO | VM Deposit, CL | 1 | -- | -- | -- |
| Aug 9 | 1:32 AM | 781-308-1771 | Evergreen, CO | VM Deposit, CL | 2 | -- | -- | -- |
| Aug 9 | 1:55 AM | 781-308-1771 | Evergreen, CO | Norfolk, MA | 50 | -- | -- | -- |
| Aug 9 | 5:06 PM | 720-240-6781 | Evergreen, CO | Incoming, CL | 4 | -- | -- | -- |
| Aug 9 | 5:24 PM | 720-240-6781 | Evergreen, CO | Incoming, CL | 1 | -- | -- | -- |
| Aug 10 | 11:00 AM | 303-378-8789 | Evergreen, CO | Incoming, CL | 7 | -- | -- | -- |
| Aug 10 | 11:20 AM | 720-935-9500 | Evergreen, CO | Incoming, CL | 22 | -- | -- | -- |
| Aug 10 | 11:42 AM | 720-935-9500 | Golden, CO | Denver, CO | 1 | -- | -- | -- |
| Aug 10 | 11:44 AM | 303-462-2026 | Golden, CO | Lakewood, CO | 1 | -- | -- | -- |
| Aug 10 | 11:46 AM | 720-935-9500 | Golden, CO | Denver, CO | 2 | -- | -- | -- |
| Aug 10 | 11:49 AM | 720-935-9500 | Golden, CO | Incoming, CL | 12 | -- | -- | -- |
| Aug 10 | 2:15 PM | 303-378-8789 | Lakewood, CO | Denver, CO | 2 | -- | -- | -- |
| Aug 10 | 2:38 PM | 434-260-8001 | Lakewood, CO | Incoming, CL | 21 | -- | -- | -- |
| Aug 10 | 2:37 PM | 303-378-8789 | Evergreen, CO | Denver, CO | 1 | -- | -- | -- |
| Aug 10 | 2:46 PM | 303-378-8789 | Evergreen, CO | Incoming, CL | 18 | -- | -- | -- |
| Aug 10 | 3:06 PM | 786-539-9340 | Evergreen, CO | Miami, FL | 10 | -- | -- | -- |
| Aug 10 | 3:25 PM | 804-999-9999 | Evergreen, CO | Richmond, VA | 1 | -- | -- | -- |
| Aug 10 | 3:26 PM | 804-486-2339 | Evergreen, CO | Old Church, VA | 1 | -- | -- | -- |
| Aug 10 | 3:31 PM | 804-785-2071 | Evergreen, CO | Richmond, VA | 2 | -- | -- | -- |
| Aug 10 | 3:56 PM | 817-858-0008 | Evergreen, CO | Roxbury, MA | 2 | -- | -- | -- |
| Aug 10 | 4:08 PM | 720-715-7900 | Evergreen, CO | Deckers, CO | 4 | -- | -- | -- |
| Aug 10 | 4:12 PM | 434-954-3760 | Evergreen, CO | Charlottesville, VA | 2 | -- | -- | -- |
| Aug 10 | 4:14 PM | 434-954-3700 | Evergreen, CO | Charlottesville, VA | 3 | -- | -- | -- |
| Aug 10 | 4:22 PM | 720-980-7204 | Evergreen, CO | Incoming, CL | 21 | -- | -- | -- |
| Aug 10 | 5:48 PM | 786-539-9340 | Evergreen, CO | Incoming, CL | 4 | -- | -- | -- |
| Aug 11 | 9:30 AM | 804-785-4808 | Evergreen, CO | Incoming, CL | 4 | -- | -- | -- |
| Aug 11 | 9:55 AM | 410-804-6374 | Evergreen, CO | Incoming, CL | 25 | -- | -- | -- |
| Aug 11 | 10:21 AM | 786-539-9340 | Evergreen, CO | Miami, FL | 5 | -- | -- | -- |
| Aug 11 | 10:27 AM | 720-644-7773 | Evergreen, CO | Denver, CO | 15 | -- | -- | -- |
| Aug 11 | 11:47 AM | 410-808-3408 | Evergreen, CO | Saltspring, MD | 43 | -- | -- | -- |
| Aug 11 | 12:08 PM | 804-786-4205 | Evergreen, CO | Incoming, CL | 3 | -- | -- | -- |

My call to Att. Hon.

Return call from Att. Hon. office

Return call from Att. Hon. office

EXHIBIT

tabbles

FN 8 (CONT)

LAW OFFICE
JOHN C. KIYONAGA

510 KING STREET, SUITE 400
ALEXANDRIA, VIRGINIA 22314

ALSO ADMITTED DC AND NY BARS

(703) 739-0009
FAX (703) 836-4285
JOHN@JOHNCKIYONAGA.COM

December 14, 2023

Eric Aldrich
Warden
Fluvanna Correctional Center for Women
144 Prison Lane
Troy, VA 22974

By Email and US Mail

Re: Jennifer Emmi

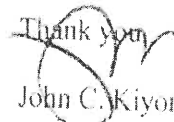
Dear Warden Aldrich:

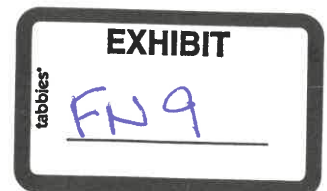
Thank you for taking the time to speak to me yesterday. My impression is that the inmates are very pleased at your return. As I mentioned to you yesterday, I am very concerned for Ms. Emmi's health. I attach two physician letters attesting to her risk of grave complications. I understand Ms. Emmi has been sent off site at least three times for medical examinations – most recently yesterday to a cardiologist at UVa Hospital. I expect the findings of the physicians to have examined her since her arrival at Fluvanna support my fears that she is at risk of irreversible damage (if she has not suffered such already) – or worse.

I have been unable to secure a copy of her medical records from your facility – despite repeated oral and written efforts to do so. The attached emails and letters from me to your facility's staff speak for themselves. Please consider this letter a request pursuant to Sec. XVI of the Settlement Agreement endorsed by the United States District Court for the Western District of Virginia in *Cynthia B. Scott, et al. v. Harold W. Clarke, et al.*, VAWD 3:12cv36 (Doc 221) for Ms. Emmi's medical records (to include photographs) created or received by your facility from her arrival last January to present.

As I mentioned yesterday, I am seeking from Colorado (the state which sentenced her) Ms. Emmi's transfer from penitentiary confinement to a setting wherein she can receive the medical care she needs. I am still exploring the options (e.g., special needs release, community corrections) available under Colorado law, but I would very much appreciate your support in seeing Ms. Emmi removed from your facility to a setting where she will receive the medical care she needs.

I am at your disposal to answer any questions or to assist in any way.

Thank you

John C. Kiyonaga



john@johnckiyonaga.com

From: john@johnckiyonaga.com
Sent: Monday, October 30, 2023 7:09 PM
To: 'FCCW Legal Contact Requests (VADOC)'
Subject: Jennifer Emmi
Attachments: Emmi, Jennifer, Legal Visit Request, 30 Oct, 2023.pdf

Ms. Opie,

Attached, please find my request for a legal visit with Ms. Emmi for two hours commencing at 1:00 pm on Wednesday the 1st Nov.

Please provide me during my visit with a Release of FCCW's medical records for her signature.

Thank you.

John Kiyonaga

john@johnckiyonaga.com

From: john@johnckiyonaga.com
Sent: Thursday, November 2, 2023 6:20 PM
To: 'fccwsettlementinquiries@vadoc.virginia.gov'
Subject: Request for Inmate Medical Records, Jennifer Emmi

Sir/Madam:

I represent Inmate Jennifer Emmi.

Please provide a copy of the settlement agreement referenced in your email address and of any court order/s pertaining to the provision of medical care to inmates in your custody.

Please advise also of the procedure for securing a copy of her medical records held or created by your facility.

Thank you,

John Kiyonaga

Law Office of John C. Kiyonaga
510 King Street, Ste. 400
Alexandria, VA 22314
Tel: (703) 739-0009
john@johnckiyonaga.com

john@johnckiyonaga.com

From: john@johnckiyonaga.com
Sent: Friday, November 3, 2023 4:48 PM
To: 'FCCWSettlementInquiries (VADOC)'
Subject: RE: Request for Inmate Medical Records, Jennifer Emmi
Attachments: Emmi, Jennifer, Med. Records Request, FWCC, 3 Nov, 2023.pdf

Sir/Madam:

Please see attached.

Thank you,

John Kiyonaga

From: FCCWSettlementInquiries (VADOC) <FCCWSettlementInquiries@vadoc.virginia.gov>
Sent: Friday, November 3, 2023 4:01 PM
To: john@johnckiyonaga.com
Subject: Re: Request for Inmate Medical Records, Jennifer Emmi

Good Afternoon,

Please send a request on your letterhead with exactly what you are requesting and a specific time frame. Please also include a mailing address for the records to be sent to.

Thank you.

From: john@johnckiyonaga.com <john@johnckiyonaga.com>
Sent: Thursday, November 2, 2023 10:20 PM
To: FCCWSettlementInquiries (VADOC) <fccwsettlementinquiries@vadoc.virginia.gov>
Subject: Request for Inmate Medical Records, Jennifer Emmi

Sir/Madam:

I represent Inmate Jennifer Emmi.

Please provide a copy of the settlement agreement referenced in your email address and of any court order/s pertaining to the provision of medical care to inmates in your custody.

Please advise also of the procedure for securing a copy of her medical records held or created by your facility.

Thank you,

John Kiyonaga

Law Office of John C. Kiyonaga
510 King Street, Ste. 400
Alexandria, VA 22314

Tel: (703) 739-0009
john@johnckiyonaga.com

LAW OFFICE
JOHN C. KIYONAGA

810 KING STREET, SUITE 400
ALEXANDRIA, VIRGINIA 22314

(703) 739-0009
FAX (703) 836-4285
JOHN@JOHNCKIYONAGA.COM

ALSO ADMITTED DC AND NY BARS

November 3, 2023

Fluvanna Women's Correctional Center
144 Prison Lane
Troy, VA 22974
Attn: FCCW Settlement Inquiries/Inmate Medical Records

By U.S. Mail and Email

Re: Inmate Jennifer Emmi

Dear Sir/Madam:


I represent Inmate Jennifer Emmi.

Please provide a copy of the settlement agreement referenced in your email address and of any court order/s pertaining to the provision of medical care to inmates in your facility's custody.

Please advise also of the procedure for securing a copy of her medical records held or created by your facility to be mailed to me at the above address.

Thank you.

Sincerely,



John C. Kiyonaga

From: john@johnckiyonaga.com
Sent: Wednesday, November 15, 2023 3:21 PM
To: 'FCCW Legal Contact Requests (VADOC)'
Subject: Jennifer Emmi Medical Records

Ms. Opie,

I apologize if you're receiving this request for the second time today, but I cannot seem to generate a copy of my request of earlier.

I have tried without success to secure a copy of Ms. Emmi's medical records (received or created by FCCW since her arrival). Ms. Emmi reports she executed a release for me in September.

If that release is not in your records, I would appreciate your providing Ms. Emmi another release for her endorsement and your advising me of the procedure I must follow to receive a copy of the records.

Thank you,

John Kiyonaga
Law Office of John C. Kiyonaga
510 King Street, Ste. 400
Alexandria, VA 22314
Office: (703) 739-0009
Mobile: (202) 468-2710
john@johnckiyonaga.com

john@johnckiyonaga.com

From: john@johnckiyonaga.com
Sent: Thursday, November 30, 2023 5:39 PM
To: 'FCCWSettlementInquiries (VADOC)'
Subject: RE: Request for Inmate Medical Records, Jennifer Emmi
Attachments: Emmi, Jennifer, 30 Nov, 2023 Request for Med Records.pdf

Sir/Madam:

Please see attached.

Thank you,

John Kiyonaga

From: FCCWSettlementInquiries (VADOC) <FCCWSettlementInquiries@vadoc.virginia.gov>
Sent: Friday, November 3, 2023 4:01 PM
To: john@johnckiyonaga.com
Subject: Re: Request for Inmate Medical Records, Jennifer Emmi

Good Afternoon,

Please send a request on your letterhead with exactly what you are requesting and a specific time frame. Please also include a mailing address for the records to be sent to.

Thank you.

From: john@johnckiyonaga.com <john@johnckiyonaga.com>
Sent: Thursday, November 2, 2023 10:20 PM
To: FCCWSettlementInquiries (VADOC) <fccwsettlementinquiries@vadoc.virginia.gov>
Subject: Request for Inmate Medical Records, Jennifer Emmi

Sir/Madam:

I represent Inmate Jennifer Emmi.

Please provide a copy of the settlement agreement referenced in your email address and of any court order/s pertaining to the provision of medical care to inmates in your custody.

Please advise also of the procedure for securing a copy of her medical records held or created by your facility.

Thank you,

John Kiyonaga

Law Office of John C. Kiyonaga
510 King Street, Ste. 400
Alexandria, VA 22314

Tel: (703) 739-0009

john@johnckiyonaga.com

LAW OFFICE
JOHN C. KIYONAGA

510 KING STREET, SUITE 400
ALEXANDRIA, VIRGINIA 22314

1703-739-0009
FAX 1703-638-4285
JOHN@JOHNCKIYONAGA.COM

ALSO ADMITTED DC AND NY BARS

November 30, 2023

Fluvanna Correctional Center for Women
144 Prison Lane
Troy, VA 22974

By U.S. Mail and Email

Re: Request for Medical Records of Inmate Jennifer Emmi

Dear Sir/Madam:

I represent Ms. Emmi.

Please send a copy of her medical records received or created by your facility since her arrival last January to the present, to the above address. Please advise of any copy or shipment charges.

Thank you.

Sincerely,



John C. Kiyonaga

john@johnckiyonaga.com

From: john@johnckiyonaga.com
Sent: Wednesday, December 6, 2023 4:47 PM
To: 'FCCW Legal Contact Requests (VADOC)'
Subject: Jennifer Emmi Medical records

Ms. Opie:

I have tried multiple times without success to secure a copy of Ms. Emmi's medical records.

My latest attempt was last Thursday when I wrote to request a form release for Ms. Emmi's signature during my visit with the following day. When I arrived the following day, you indicated I should seek the release form from you once I'd spoken to Ms. Emmi. When I did so following my meeting with her, you were unavailable.

I have twice requested on my letterhead a copy of all the medical records (to include photographs of Ms. Emmi reportedly taken upon her arrival at FCCW) created or received by your facility from Ms. Emmi's arrival last January to the present. I repeat that request now. If you need anything further from me (e.g., a signed release), please provide the appropriate form and I will see to its endorsement.

Than you.

John Kiyonaga

**COLORADO**

Department of Corrections

OFFICIAL TIME COMPUTATION REPORT

AS OF: 03/06/2024

Commitment Name: DOC #: Facility: Living Unit:

JENNIFER R. EMMI 191961 DWCF-Reception UNK

Instructions: The above inmate's projected eligibility dates have been established or adjusted for the reasons listed below and this report nullifies any previous computations.

Adjustment Reason(s): Time award.

Remarks: ELF - CLASS II COPD 03/03/23, 04/18/23, 06/09/23, 06/20/23, 06/29/23, 07/24/23, 10/06/23.

Parole Eligibility Date: 05/23/2025

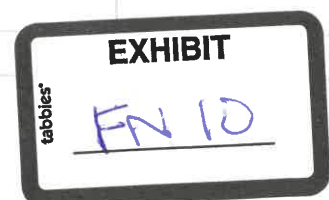
Projected Date of Mandatory Release: 05/30/2030

Sentences Imposed

| Gov | Pfx/Cmp | County | Docket # | Offense | Minimum | | | Maximum | | | Cons To | Jail Time | Jail Credit | NPT Date | Effective Date |
|--|---------|-----------|----------|--|---------|----|-----|---------|----|-----|---------|-----------|-------------|----------|----------------|
| | | | | | Yrs | Mo | Day | Yrs | Mo | Day | | | | | |
| | AA/001 | Jefferson | 20CR181 | MENACING Domestic Violence | 2 | 0 | 0 | 2 | 0 | 0 | | 213 | 213 | | 2021-08-16 |
| | AA/002 | Jefferson | 20CR181 | 2ND DEGREE ASSAULT(PASSION) Domestic Violence | 1 | 0 | 0 | 1 | 0 | 0 | | 213 | 213 | | 2021-08-16 |
| | AC/003 | Jefferson | 20CR1954 | ATTEMPT TO INFLUENCE PUBLIC SERVANT Domestic Violence | 4 | 0 | 0 | 4 | 0 | 0 | | 210 | 210 | | 2021-08-16 |
| | AC/004 | Jefferson | 20CR1954 | VIOLATION OF BAIL BOND Domestic Violence | 2 | 0 | 0 | 2 | 0 | 0 | | 210 | 210 | | 2021-08-16 |
| | AB/005 | Jefferson | 21CR263 | RETALIATION AGAINST VICTIM/WITNESS Domestic Violence | 10 | 0 | 0 | 10 | 0 | 0 | | 206 | 206 | | 2021-08-16 |
| | AB/006 | Jefferson | 21CR263 | HARASSMENT- STALKING WHILE TEMPPRARY RESTRAINING ORDER Domestic Violence | 10 | 0 | 0 | 10 | 0 | 0 | | 206 | 206 | | 2021-08-16 |
| B | AB/007 | Jefferson | 21CR263 | 2ND DEGREE MURDER Solicitation Domestic Violence | 10 | 0 | 0 | 10 | 0 | 0 | | 206 | 206 | | 2021-08-16 |
| M = Max Governing Sentence(s), N = Min Governing Sentence(s), B = Both | | | | | | | | | | | | | | | |

Computational Time Periods

| From | To | Length | | | Type | Null Time? |
|------------|------------|--------|----|------|---------------|------------|
| | | Yrs | Mo | Days | | |
| 2021-08-30 | 2024-03-06 | 2 | 6 | 6 | Incarceration | |
| 2021-08-16 | 2021-08-30 | 0 | 0 | 14 | Delivery Time | |



Time Transactions

| <div><input checked="" type="radio"/> Full <input type="radio"/> Compressed</div> | | | |
|---|------|----------------------------|---------|
| Date | Days | Type | Reason |
| 2024-03-01 | 10 | Earned Time | Awarded |
| 2024-02-01 | 10 | Earned Time | Awarded |
| 2024-01-01 | 10 | Earned Time | Awarded |
| 2023-12-01 | 0 | Earned Time | Awarded |
| 2023-11-01 | 0 | Earned Time | Awarded |
| 2023-10-01 | 10 | Earned Time | Awarded |
| 2023-09-01 | 0 | Earned Time | Awarded |
| 2023-08-01 | 0 | Earned Time | Awarded |
| 2023-07-01 | 0 | Earned Time | Awarded |
| 2023-06-01 | 0 | Earned Time | Awarded |
| 2023-05-01 | 0 | Earned Time | Awarded |
| 2023-04-01 | 0 | Earned Time | Awarded |
| 2023-03-01 | 10 | Earned Time | Awarded |
| 2023-02-01 | 10 | Earned Time | Awarded |
| 2023-01-01 | 10 | Earned Time | Awarded |
| 2022-12-01 | 10 | Earned Time | Awarded |
| 2022-11-01 | 0 | Earned Time | Awarded |
| 2022-10-01 | 0 | Earned Time | Awarded |
| 2022-09-01 | 10 | Earned Time | Awarded |
| 2022-08-01 | 10 | Earned Time | Awarded |
| 2022-07-01 | 10 | Earned Time | Awarded |
| 2022-06-01 | 10 | Earned Time | Awarded |
| 2022-05-01 | 10 | Earned Time | Awarded |
| 2022-04-01 | 10 | Earned Time | Awarded |
| 2022-03-01 | 10 | Earned Time | Awarded |
| 2022-02-01 | 10 | Earned Time | Awarded |
| 2021-12-01 | 10 | Earned Time | Awarded |
| 2021-11-01 | 10 | Earned Time | Awarded |
| 2021-10-01 | 10 | Earned Time | Awarded |
| 2021-09-01 | 10 | Earned Time - Jail Backlog | Awarded |
| 2021-08-16 | 30 | Earned Time - Projected | Awarded |

Computations

| Achievement and Exceptional Time | Yr | Mo | Day | Earned Time Earnable | Yr | Mo | Day |
|-------------------------------------|----|----|-----|----------------------|----|----|-----|
| Max Award | 0 | 4 | 0 | E.T. Max | 3 | 0 | 0 |
| Achievement Granted - | 0 | 0 | 0 | E.T. Awarded - | 0 | 6 | 20 |
| Exceptional Granted - | 0 | 0 | 0 | E.T. Projected - | 0 | 1 | 0 |
| ===== | | | | ===== | | | |
| Balance Earnable = | 0 | 4 | 0 | E.T. Balance = | 2 | 4 | 10 |

| Minimum | Yrs | Mo | Day | Maximum | Yrs | Mo | Day |
|--|------|----|-----|--|------|----|-----|
| Governing SED/NPT | 2021 | 08 | 16 | Total Govn Sentence(s) | 10 | 0 | 0 |
| OCS SED/NPT - | 2021 | 08 | 16 | Jail Time - | 0 | 6 | 26 |
| OCS Pre-Control Length = | 0 | 0 | 0 | E.T. Granted - | 0 | 6 | 20 |
| OCS Null Time - | 0 | 0 | 0 | E.T. Projected - | 0 | 1 | 0 |
| OCS Actual Time Served = | 0 | 0 | 0 | V.T. Granted - | 0 | 0 | 0 |
| Governing Sentence(s) Length + | 10 | 0 | 0 | X.T. Granted - | 0 | 0 | 0 |
| OCS Length Before Reduction = | 10 | 0 | 0 | ===== | | | |
| OCS Governing Sentence(s) @ 50% 10-00-00 | 5 | 0 | 0 | | 8 | 9 | 14 |
| OCS Length After Reduction = | 5 | 0 | 0 | Null Time + | 0 | 0 | 0 |
| PSCC of OCS / Good Time on PSCC - | 0 | 7 | 3 | ===== | | | |
| E.T. Granted (Pre-Control) - | 0 | 0 | 0 | | 8 | 9 | 14 |
| E.T. Granted (Control) - | 0 | 6 | 20 | SED/NPT + | 2021 | 08 | 16 |
| E.T. Projected (Control) - | 0 | 1 | 0 | ===== | | | |
| V.T. Granted (OCS) - | 0 | 0 | 0 | Projected Date of Mandatory Release | 2030 | 05 | 30 |
| X.T. Granted (OCS) - | 0 | 0 | 0 | | | | |
| Lost Good Time (OCS) + | 0 | 0 | 0 | | | | |
| Null Time (OCS) + | 0 | 0 | 0 | | | | |
| OCS SED/NPT + | 2021 | 08 | 16 | | | | |
| ===== | | | | | | | |
| Parole Eligibility Date | 2025 | 05 | 23 | | | | |

Mandatory Parole Period of: 36 Months

CDOC OTCT200
OFFENDER TIME COMPUTATION FORM



**EXECUTIVE CLEMENCY ADVISORY BOARD
APPLICATION ELIGIBILITY CRITERIA
COMMUTATION OF SENTENCE**

An offender who has been tried and convicted as an adult of a crime in Colorado and meets the eligibility criteria set forth below, may submit an Executive Clemency Application for commutation of sentence. The application shall be completed by the offender with the assistance of his/her current Department of Corrections Case Manager and submitted to Offender Services.

Offender Services must forward the application to the Director of Executive Clemency within thirty (30) working days of the date the application is signed and witnessed. The Director of Executive Clemency may grant an additional thirty (30) days to complete the clemency application process.

The commutation process shall be guided by the requirements set forth in C.R.S. § 16-17-102. Reasonable, diligent efforts shall be made to contact victims of crime or their representatives. If an application is denied, the applicant is eligible to re-apply for clemency four (4) years from the date of official notification of denial.

1. Confinement

- An offender must be housed in a CDOC facility or a facility with which CDOC contracts to house its offenders.

2. Time Served

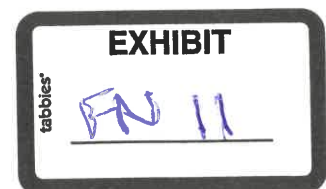
- An offender serving a life sentence must have served 20 calendar years. If the offender was a juvenile at the time of offense and sentenced as an adult to a life sentence, the offender must have served 10 calendar years.
- An offender serving any other sentence must serve one-third of the actual sentence or ten (10) calendar years, whichever is less.

3. Parole Eligibility Status

- At the time of the initiation of the commutation application an offender must have more than 12 months remaining to his/her parole eligibility date. An offender shall not be under the jurisdiction of the Colorado Board of Parole at the time of the commutation application.
- Notwithstanding the above, an offender who is eligible for parole and has been denied parole more than three (3) times may apply for clemency.

4. Ineligibility for Commutation Review

- An offender convicted of a Code of Penal Discipline (COPD) Class I violation may not apply for commutation until 1 year after the date of the COPD conviction.
- An offender in Restrictive Housing is not eligible to apply for clemency consideration.



- As mandated by the Constitution of the State of Colorado, an offender convicted of the offense of treason is not eligible for commutation consideration.
- An offender who, while in the custody or control of CDOC, has been convicted – either criminally or administratively – of an offense involving assaultive behavior against a peace officer or staff person within the CDOC is not eligible for commutation consideration; unless reviewed and approved by CDOC personnel.
- An offender with unresolved criminal charges that might either affect the offender's current sentence or result in a term of imprisonment is not eligible for commutation consideration. Immigration and Customs Enforcement detainers are not unresolved criminal charges for purposes of commutation eligibility.
- An offender with a pending judicial appeal or a pending reconsideration of sentence is not eligible for commutation consideration.

5. Waiver of Criteria:

The Governor and/or the Executive Clemency Advisory Board may grant a waiver of these criteria for any reason, including but not limited to:

- Catastrophic medical and/or mental health issues.
- Highly extraordinary circumstances or unique situations, (examples include acts of heroism, youthful or advanced age of offender)
- Severe sentence disparity
- To further the purposes of rehabilitation
- In the interests of justice

All waiver requests must clearly, and in detail, articulate the reasons why waiver should be considered. Waiver requests shall be submitted to the Office of Executive Clemency.

In rare circumstances, the Governor and/or the Executive Clemency Advisory Board will consider a waiver from an offender with a pending judicial appeal or a pending reconsideration of sentence. Such waiver requests should explain the procedural details of the offender's case and why the offender cannot wait until a judicial appeal or reconsideration of sentence is complete.

Complete clemency applications may only be submitted if a waiver request is granted by the Executive Clemency Advisory Board. Please do not submit a clemency application with a waiver request.