

THE STATE OF SOUTH CAROLINA
In The Supreme Court

APPEAL FROM CALHOUN COUNTY
Court of Common Pleas

Doyet A. Early, III, Circuit Court Judge

Case No. 2014- 002131

RECEIVED

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S.C. Supreme Court

Mikal D. Mahdi, #5238

Petitioner,

v.

State of South Carolina,

Respondent.

APPENDIX

Vol. XV of XXVIII

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Letter from Desiree Allen to Brandon Duke dated November 24, 2014
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Date & Time	Problem No.	PROGRESS NOTES
Sept 92	032	Wkly use note cont. He expresses great dissatisfaction with his circumstances and has not evidenced any expectation of improvement. He continues to express suicidal plans. He usually is not aggressive in group activities but does not fully engage and participate. He has expressed some use of suicidal and self denigrating talk as a device to gain adult attention. He continues to exhibit possible threat to himself. Burchard on
UTILIZATION REVIEW NOTIFICATION		
DATE: 9/2/92		
DIAGNOSIS: Major Depression		
LOS: 21		
EXTENSION DAYS: 5		
COORDINATOR INITIALS: PC		
9/2/92		Team Meeting with David ITP
10:45am	A1	Suicidal ideation & depression resolved by ALLU RARE & education in unit. Related to major depression and possible PTSD.
	B1	poor social interaction as evidenced by (1) poor peer relationships, poor reciprocal relationships, instability and difficulty forming attachments to others.

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

FDR

PATIENT'S NAME

NOT TO BE RELEASED

WFCC

2

CASE NO. E-8-23

Redacted

UNA

U

PATIENT'S D.O.B.

Redacted

MH 3467

Revised 7/30/81

Revised 7/18/83

Revised MRC 12/15/86

PROGRESS NOTES

M00218

7/2/72
part. of Academic achievement as evidenced
by reporting 2nd grade and correct
high grade level achievement related
to previous emotional disturbance and
perhaps developmental delay.

The PT psychiatric evaluation
will be dictated today. Medical
work up is in progress. The pt is being
referred for psychological testing.

The tentative discharge plan is for
the child to return to his Aunt &
Uncle. Once he is ready for discharge
then to that we'll keep that goal.

Stephen Miller, MD (Psychiatry)
Lipson, MD (Sp. Ch.) Charlotte G. Kater
Barbara Kuntz, MD (Ped.) Kenneth Allen MD

Dental screening/testing was/was not
done 7/2/72 because

since since 7/2/72

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

PROGRESS NOTES

M00219

1/2/92

Psychiatry
 Interview Psychiatric evaluation was dictated
 today

Kenley Allen MD

1/2/92 A
 4:45pm

Seclusion on note:

A - Client became disruptive and destructive
 breaking a piece off the room door, he was
 asked to come out of his room he began to
 holler and curse, scream to the top of his
 voice, projected toward the staff, and offered
 a p.r.n he refused so started running and escalated
 nonresponsive to verbal intervention, a code was
 called to assist a p.r.n he was then wild &
 received Haldol 25mg & Benadryl 25mg, he was
 taken to Seclusion on ~~Bed~~ by 3 people supporting Head
 Body and feet out of Control.

P - decrease agitation and Control
 behavior. T - Assess pockets for objects
 give p.r.n Benadryl & Haldol. *Chas. M. Benda*
 E - monitor, q 15 minutes checks for safety and
 needs. *Ida. K. Benda*

WALTER P. CARTER CENTER
 PROGRESS NOTES

ADDRESSOGRAPH PLATE

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PROGRESS NOTES

M00220

12/42 A — Chen is sitting on the Mattress
6:15 pm Color asking to come out states
that he will go to his room
He was told that he has to sit in
quiet room for 15 minutes and then join the
group. The door is open.
P — A.M. Chen to sit 15 open
door 15 minutes and join peers.
T — Assess behavior, and open Seclusion
room door.
E — The Lock door Seclusion and P.N.
Medication was effective.
Dr. Mac Levenski

12/42 N.A.I. Psych attending Note
The patient became aggressive,
would not respond to verbal
redirection. He was fighting
& kicking. Code 1 was called to
assist the nurse. The pt required
to a 2 hrs

UTILIZATION REVIEW NOTIFICATION

DATE: 9/2/92
DIAGNOSIS: Major Depression
LCS NRM: 21
EXTENSION DAYS: 30

COORDINATOR: WALTER P. CARTER CENTER

PROGRESS NOTES

ADDRESSOGRAPH PLATE OF
FDR PROFILE
Not To Be Redisclosed
Redacted

Date & Time	Problem No.	PROGRESS NOTES
9/3/92 3:10 pm		ADDICTION SERVICES Al. attended SAE group on 9/1 & 9/3/92. He became upset while playing the board game "Playing it Straight" because an instruction card set him back. He didn't display good sportsman ship & when asked to leave he began banging on the windows with his fist. He was pleasant & participated in ^{today's} group discussion after film: Can you Tell Me What Drugs Are? Charlotte Gallati AS3

9/13/92		Psychiatry Notes Michael was secluded yesterday for professional use of distinction - out of control behavior. He also received PRN medication. He stated he seemed to recall but the medicines did not work. He was unable to identify what ^{was} triggered the event. D. He denied 57 today but stated that the only thing that would make him feel better w/ his family was together. Al P. Major Depression. All lab results are back and within normal limits. However, we are still waiting for legal determination for legal guardianship of Michael. Some court permission for medication. Walter P. Carter Center Out Patient Services CONFIDENTIAL - PROFESSIONAL USE ONLY CC 24429 45 6-23-92 PATIENT'S NAME: MICHAEL PATIENT'S D.O.B.: 21207 CASE NO.: 4-20-7 PATIENT'S D.O.B.: 21207

PROGRESS NOTES

Time	Problem No.	Progress Notes	M00222
3/42		Nursing Note 3-11	
7:00pm	3-11	Client received a phone call this evening, he was in a pleasant and talkative mood, he was compliant to all activity on the unit, he played games and looked at T.V. there were ^{no} episodes of behavior problems this ^{even} evening. Stewart Phil Dor	
9/92	C1	Was presented at clinical case conference to Dr. P. Hagerty, & Dr. Quarty, RNCS	
1:30pm		Social Work Note - Patient's Aunt was contacted 9/3/92. The following plan was made: patient will have LOR on Sat. from 10am to 8 P.M. Just family therapy session is scheduled for 9/9/92 at 3 P.M. Future family therapy sessions may be held on Mondays when pt. & Uncle are off from work. Patient's aunt will notify us when she has received legal advice about whether or not she can give consent for medication. Tentative discharge date is 10/5/92. Plan is for pt. to return to home of Aunt & Uncle and receive out-patient follow-up. Sylvia Dolgoff, LCSW	

ADDRESSOGRAPH PLATE

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WALTER P. CARTER CENTER
PROGRESS NOTES

7/1/92 8:30 pm

Psychiatry Progress Notes

Michael was presented today in case conference. He stated he was nervous about conference. He still expresses doubt that anyone or anything can help him. He spoke of his father for the first time stating that they used to go fishing. When asked if he liked it or not he would not answer but continued on to describe the fishes.

I spoke to his aunt today who wanted updates on antidepressants and had not heard from him since about the question of legal guardianship.

1. Ominous attempts at verbalization of suicidal ideation

2. Major Depression

3. He is on LRA in am & am & from 10-8 pm.

4. If his previous behavior on Saturday and Sunday is excellent then he can go on another LRA on Monday.

5. Went chipping away at his resistance to expressing his emotions.

6. Went present management.

Kimberly Allen MD

1/93 AP 8:30 pm

Psychiatry Note: Psychological Testing

was held on 7/3/92. Michael took

to entry extremely oppositional, but did finally

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER

Redacted

PROGRESS NOTES

2/4/92 Respond to limit - setting re. ~~compliance~~ ^{Not To Be Reopened}
 Aunt 2 times within the battery. Testing will continue next week. Stephanie Liddy - Ellis PhD (Psychologist)

2/4/92 At Psychology Unit: Group Therapy on 8/26, 6:05 PM 8/28, 9/2 and 9/4/92. He attended & participated in all four groups initially. His depression (& oppositionality) interfered with his full participation in the group activity. He would complain & resist but would finally do it. This has improved somewhat in one group context, for he does respond when the limits are clear. In fact, he seems to enjoy the UNO games & expresses a wide range of affect (including positive feelings) in these groups (8/28, 9/2, 9/4/92). Stephanie Liddy - Ellis PhD Psychologist

3/5/92 7-5:30 Shift Note:
 Client went out a lot with Aunt;
 Client will return on the 9/6/92; no further information. *[Signature]*

ADDRESSOGRAPH TYPE

WALTER P. CARTER CENTER
 PROGRESS NOTES

Redacted

No.

9/5/82
8:05
am

A 149 Note (A) Returned from LSA in jovial upbeat mood. Accompanied by Aunt. Relationship between the two very positive and warm. The Aunt reported he did very well and received the maximum points. M. Kal reports he did well and felt good about the time home. (P) Reinforce to Pt. The benefits of displaying appropriate behavior and discussing issues to Aunt instead of acting out. (I) as per plan (E) Pt. Responded well to the information given and to the emotional support and positive feedback. 10/1/82
7-530 Shift note:

Client interacted well with peers & staff. Client was low keyed; he participated in group activity, no problems; Client followed the rules & regulation of the unit; Client behavior was stable & pleasant.

Sharon Clifford / JCS

ADDRESSOGRAPH PLATE

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WALTER P. CARTER CENTER
PROGRESS NOTES

P. No.

9/6/92 #1
4:35 PM

pt. began (for no apparent reason) to
 break around the ~~quiet~~ day room, hitting
 peers, over turning chairs, cursing staff.
 I took patient his problem, provided behavior
 give emotional support, gave PRN med's,
 have PT use quiet room to deescalate.
 (I) Refused PO med's. "I'll spit it
 out - I don't WANT ANY medicine"
 given 2mg Haldol (I) 20mg Tm (Refusal of
 PO med's). Placed in quiet room. Able
 to calm down after 1 1/2 hours. Had 1:1
 w/ Mikal and explained the benefits
 of seeking staff to discuss concerns
 as an alternative to displaying the
 acting out behavior noted above. (E)
 PT. initially hostile toward writer
 but later able to calm self during
 2nd 1:1 session. Ate dinner, took
 shower and went to bed after-
 -wonder. No further acting out behavior
 seen.

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
 PROGRESS NOTES

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PROGRESS NOTES

M00227

2/1/92 A1 Psychology Note: Psychosocial Testing was continued. Thikal was less oppositional today. We will continue testing on 2/10/92. Stephanie Reedy-Ellis PhD (Psychologist)

9-8-92 Nursing 1389 Robert attended school on fringe of group and low-keyed.

4/1/92 A1 Psychology Note: Group therapy at 2:30pm. He attended & participated appropriately in group activity/discussion. We began with a deep-breathing relaxation exercise. Thikal initially approached this exercise with anxiety (and silliness). However once that subsided, he seemed to relax and enjoy it. Afterward when asked to draw what he had visualized, he drew a picture in which the objects (eg a table) were drawn meticulously & with much detail, while the figures were drawn as stick figures. Stephanie Reedy-Ellis PhD (Psychologist)

WALTER P. CARTER CENTER
PROGRESS NOTES

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Form
No.

PROGRESS NOTES

EDUCATIONAL UPDATE

Mikal Mahadi

Mikal worked on all his tasks with few problems. Mikal got upset when some of his cursive writing letters were not correctly formed. When he got himself together, he did well.

Mikal got along well with his peers. J. King

Mikal had his reading and mathematics instructions on the unit. He worked without any problems. J. King

Mikal did well in school today. He had no management problems. J. King

USE ON
~~Not to be Redisclosed~~

Redacted

WALTER P. CARTER CENTER
PROGRESS NOTES

Mikal Mahadi
21207

10/92
15
pm

A

Nursing notes:

A — The beginning of the Shift Client was Low Keyed. He went to dinner ate poor, stated the food was damn Cold. When dinner was over Client ran from the dining room to the first floor + try to get out of the door by the guards had all doors locked. If he was brought back to unit, he stated he just wanted to get out of here. Client stated later that people are not listening to him. Warden asked Client he had a problem now, he said my Rt ear hurts and that he didn't hear to good, he was put on the Somatic board for examination on 9/10/92 he was closely observed and returned to bed at 8⁴⁵pm. P — Monitor behavior and assess problems. I — Monitor dinner Monitor all A.D.L's and assess reason for Elopement from dining room. E — The Abused Plan and intervention was effective this Shift — J. B. [Signature]

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

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PROGRESS NOTES

M00230

9/10/92

8/15

Assessment to continue seclusion

B went to the room & began pulling, kicking & crying. He wants to get out where he was redirected from the doorway he went into the dayroom & began throwing chairs. P seclusion. I initiate seclusion. B put was yelling & screaming cursing staff & threatening to staff cause he needs staff to use a Backward Take & put it into seclusion his pocket were checked & shoes removed will continue to mount at 8:15 min. — Anti M. W. L. R.

1/10/92

A1

Ryda attending seclusion note:

Mikal told this worker that he was really upset, he started throwing chairs, he would not follow verbal redirection requiring 4 or 5 for 10 to 2 hrs, he had a seizure about 3:30 pm.

1/10/92

9/15

Termination of seclusion note

B at this breakfast & has been lying on the mat Quiet. P & T terminate seclusion. B it has been Quiet & agreed to be in Quiet room for 15 min. in 7 to 10 min anyone chairs. at present time now lying on the mat Quiet will continue to monitor behavior — Anti M. W. L. R.

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

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PROGRESS NOTES

M00231

9/10/92 AT Psychological Testing was continued today.
2:30 pm Our final testing session will take place on Tuesday (9/15/92). (Dyhanu Kelly-Williams PhD (Psychologist))

10-92 Group Therapy - Nursing
3:30 pm Was compliant with the project. However, all his verbal remarks were derogatory about himself or how the staff does not care for him. Barbara Kenty, R.N., C.S., PhD

11/92 C1 Social Work Note -
3:15 AM Patient & his aunt participated in Family Therapy on 9/9/92. Next session is scheduled for 9/14/92 at 11 AM at which the Uncle is expected to also participate. Discharge after-care plans have been changed. Instead of receiving out-pt. after-care at Northwestern CMHC, pt. will be followed-up by Dr. Allen at UMN MD. Pt's Aunt has agreed to this plan. Patient is expected to be ready for discharge by 10/15/92. He continues to appear depressed. He is receiving Psychological Testing and Individual therapy. Issue of medication is not yet resolved. Pt's Aunt is following up on an application for M.D. for patient and possible DSS support that is available to people raising children who are not their own biological children.

- Sylvia Doloff, LCSW

ADDRESSOGRAPH PLATE

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WALTER P. CARTER CENTER

PROGRESS NOTES

9/11/92 AM Psychopharmacology at 2:30 PM
 He attended & participated appropriately in group LNO work. His affect was slightly irritable today. He was especially pliant to the other staff with whom he was pleasantly surprised that we gave a skit to make as he had promised previously. Discharge kindly-
 Ellis Rd. (referred to as)

11/1/92 Psychiatry Progress Note
 Michael reportedly had a good rest on 9/5 & 6 and 7. However, he lost his paint sheet so he was unable to go on an LNA on Monday. On 9/8 he attempted to escape from hospital & to see pain and nurse sister to him which occurred after his family meeting & his aunt where he expressed how fearful he was that his aunt ^{will} make him leave his home. Today he had an altercation with a peer and later was able to state how the peer may have felt only after looking at how he felt. We also discussed and agreed upon the requirements for obtaining an LNA on Sunday. Michael was able to state how

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WALTER P. CARTER CENTER
 PROGRESS NOTES

1/1/92

Psychiatric Progress Notes 'unt'

he behaves when he is mad which is inappropriate
however becoming frustrated when asked for
attentions

Plan (1) Continue to help Mikal organize his feelings
and what behaviors he exhibits

(2) Allow Mikal to attain reachable goals in
LO that ~~reinforce~~ reinforce his ability to influence
the outcome

(3) Mrs. Bunnell gave me Mikal's father
address so a letter will be written

(4) Family meeting with Mr & Mrs. Bunnell
& Mikal will be held on Mon 9/14 at 10⁰⁰ am

Bruno Allen MD

ADDRESSOGRAPH PLATE

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WALTER P. CARTER CENTER
PROGRESS NOTES

No.

1/1/72 A-1 Occupational Therapy Note.

C-1 Michael attended his 1st O.T. cooking session this date. At first he withdrew & tried not to show interest, however he quickly warmed up after the structure & content of today's session was outlined where each child was to make their own grilled cheese sandwich, & do at least one group task. He ended up making 2 sandwiches & otherwise demonstrated acceptable social conduct & behavior. *Erwin H. Byrnes*

Plan: Ray approved for O.T. cooking group & at to be added to his Tx regimen & develop basic awareness of social skills. *Erwin H. Byrnes OTR*

1/19/72 A-1 Missing Note

Mr. M. had spent a family evening, watching T.V. @ intervals and interacting with staff and peers. Client is pleasant and cooperative and approached and presents no maladjustment problem at this time. He ate 100% of supper & snack, & gives no complaints.

WALTER P. CARTER CENTER
PROGRESS NOTES

ADDRESSOGRAPH PLATE
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Conit

7/1/62	A-1	and keep neat and clean
4/1/61		in appearance.
		Ernest J. Harsanyi, Jr.

7/13/92		Nursing Note

Client spent a great day. Socializing & ~~enjoying~~ ^{enjoying} ~~himself~~ ^{himself}.
He watched TV. Client was no longer ~~problem~~ ^{problem} ~~behaviors~~ ^{behaviors}.
Unwillingness of harming himself continues to
abandon his ~~bad~~ ^{bad} habits. ——— Jacqueline Brewster MD

7/13/82	LOA note 7.3130

10:10 Client left in HA & this time accompanied by Aunt. Effect euthymic to return to unit
9/13/62 @ 8pm - *[Signature]*

1/3/92
10:00 pm
LOA Return Note 3-1/2 pm: Client to
visit accompanied by uncle, who
states Dad's joint sheet reflects
visit & event. Affect bright
smiling. Addendum: Eildred R. Johnson
Addendum: Missing or Grateful. Eildred R. Johnson
Kindred Johnson error. Eildred R. Johnson

13/9 ✓ Medication: Missions 4m Debrox 111gth Not given client remains
Aldendium on WA 5 Contact. Fareline K. Phumthit

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

Problem
No.

PROGRESS NOTES

M002:

Educational Update

STUDENT NAME:

Mikal Mahdi

WEEK OF:

4/92

Mikal worked on his task and completed his assignments. He continues to do well.

Mikal is cooperative and seems to enjoy what he does. He continues to enjoy building activities. J. King

92

Mikal worked well this morning. He stayed on task and completed his assignments.

Mikal did not return to school after lunch. J. King

ADDRESSOGRAPH PLATE

Mahdi, Mikal
Redacted

WALTER P. CARTER CENTER
PROGRESS NOTES

PROGRESS NOTES

M00237

P. n

No.

ADDITION SERVICES

Due to counselor vacation no SAE group was held the wk. of 9/7-9/11/92. Charlotte Fallata AS3

14/92

Client affect & mood both good. Attended school. School about "Love Crisis". Seen by family person to find out today. Mood remains stable & pleasant. Continue to encourage verbalization of thoughts & feelings.

Group Therapy - Nursing

Was present, but cooperative with group activity. Was able to verbally state is sad and depressed. He was encouraged to verbalize his feelings to staff. Barbara Kuntz, RN

Weekly Summary 11/15-7/15

Mikal sleeps well @ night, attends to Ad's problem in AM, is happy and cooperative.

Activity Therapy Service:

1pm-2pm

One on one with Mikal was done. He was agitated, aggressive and upset due to "being made fun of" by his peers. He is a very sensitive

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PROGRESS NOTES

Redacted

9-15-92

child. He feels that he is the "odd person out" on the ward. He is melancholy + depressed. I was able to calm his manner to take him up to the gym for activities. He was able to enjoy a game of pool. His mood goes up and down quickly.

1/15/92
4:30pm

~~Psychological~~ Robert Foose ATA_{II}
At Psychological testing was conducted today. Michael seemed eager to come with me & cooperated well. Early in today's session, however he let me know that he had a small puncture wound on the palm of his hand. He said that while he was in the car he was argued by his Aunt's uncle that he could not go beyond the driveway (due to her close obs of his suicidal behavior). Therefore he said he jumped off his bike "any old way" and a piece of

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PROGRESS NOTES

FOR PROGRESS
Not To Be Rediscussed

Redacted

1/5/92

Max got stuck in his hand. He claim that he removed it with tweezers and told his Aunt about it later. I notified Dr. Morrow who cleaned & bandaged the area. She will have it examined by the PM on Dr. Morrow. I also discussed the event of Max's delay in telling anyone in terms of his need to trust himself. I will discuss this with Dr. Allen during tomorrow's team mtg. Stephen Leedy, PhD (Psychologist)

1/6/92

AI

Team Meeting Note: Follow-up on ITP. It is starting to talk about feelings. However psychological testing revealed continued suicidal ^{ideation} & depressed affect & fatalistic ideation. However, he denies suicidal thought when asked directly. He did have an episode where he threw himself off his bike on recent ROA. Dr. Allen continues to discuss possibility of medication with his Aunt.

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PROGRESS NOTES

Redacted

9/16/92
continued

Team Meeting Mtd continued
None

C1 PT was able to participate in family meeting and was able to express himself to family. He has also had 2 good LOA's.

D1 PT is doing well in school. He completes work & is cooperative.

Plan is to obtain consent for meds. & to do risk & benefit discussion w/ parent. The plan LOA's when he reaches established goals. PT continues in individual therapy with Mr. Allen. (By Carolyn)

Susan Tibon (Sp. Ed) Engin M. Parnass, OT
Lyn Dolgoff, LSW
Dorothy Smith, P.N. 800
Charlotte G. Lint, NCN
Dorothy Allen MD
Anna Brown RD

1/16/92 7-3

Shift Note: Client interacted well c peers and staff also participated c staff and peers in a small group.

ADDRESSOGRAPH PLATE

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PROGRESS NOTES

Redacted

PROGRESS NOTES

M00241

2/16/92 At Psychology Lec. Group Therapy at 2:00 pm.
 5:10 pm H attended & participated in Activity
 Discussion in which we used the
 monster metaphor to symbolize angry
 emotions. Nival's attention
 wandered & his comments seemed
 loose. He presented as euthymic
 (almost silly) and somewhat
 hyperactive. Stephanie Reedy Elkins
 (Psychologist)

1/16/92 At Psychology Note: I spoke with
 5:15 pm Thomas Fuller of the Attorney General's
 office ^{by telephone} about the upcoming meeting
 with Nival's Aunt & Uncle on 9/21/92.
 Even though they are not the
 legal guardians, Mr. Mandy's notarized
 letter authorizing them to provide
 the H with educational & medical
 care, authorizes them to receive
 results from the psychological
 testing. These results will be shared
 during the 9/21/92 meeting. Stephanie
 Reedy-Elkins PhD (Psychologist)

ADDRESSOGRAPH PLATE

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 PROGRESS NOTES

Redacted

PROGRESS NOTES

M00242

7/11/92 3:11 Shift Summary
Client spent the afternoon off unit to playground.
Watched T.V AND played unit games.

7/11/92 At Psychology Note: Psych Testing was
2:30pm Continued. At complained of headache
whenever items became more difficult.
Finally he refused to continue. I
suggested we try again another
day. I shared with staff and Activity
Therapist that Nical was not feeling
well. We decided he probably should
not attend swimming & shared that
with Nical. Debralee Rudy-Elles PhD
Psychologist

7/17/92 ADDICTION SERVICES It attended SE group on 9/15 & 9/17/92
4:30 Topics: Types of Drugs & Drug Effects on the Body.
Nical is competing for attention from another
male peer, & often plays when he should be
doing his activity. He responds to redirection
and is able to recall what has been previously
stated to him. ————— Charlotte Allot 11/3

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PROGRESS NOTES

FOR PROST

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sed 12/79 Reviewed 2/21/82; 1/24/83

Tax Exempt Certification No. 3000000-1

A004526

EDUCATIONAL UPDATE
PROGRESS NOTES

M00243

STUDENT NAME: Mikal Mahdi

WEEK OF: September 16, 1992

DATE & TIME	PROBLEM NO.	
9/16/92		Mikal continues to work well. He completes his assignments with little difficulty.
9/17/92		Mikal's behavior was very appropriate. J. King Mikal had another day of following directions. He did his class assignments with few problems. When Mikal completes his assignments, he has been building with Lego pieces. Today, Mikal completed his structure he has been making. J. King
9/18/92		Mikal did fine today. He was compliant. J. King
9/21/92		Mikal didn't have any management problems. J. King
9/22/92		Mikal worked without too many problems this morning. He was able to complete most of his assignments. In the afternoon, Mikal became upset when he was told he was on building restrictions. He said he had been told he no longer was building restricted. He was concerned about this and vowed to find reasons for it when he returned to the unit. J. King

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Not To Be Reused

Mikal Mahdi
Redacted

WALTER P. CARTER CENTER

PROGRESS NOTES

A004527

17/92 A Nursing Notes:
 10:00 A - Client has been no management problem, and prescribed with his level and point sheet.
 P - encourage good socializations, monitor and direct and redirect behaviors
 T - monitor and assess behavior and encourage client to vent his feelings
 E - the the plan and and intervention is effective
 Ida M. Gaudin

UTILIZATION REVIEW NOTIFICATION

DATE: 9/18/92
 DIAGNOSIS: Major Depression
 LOS CODE: 36
 EXTENSION DATE:
 D. COORDINATOR INITIALS: PC

18/92 Psychiatric Progress Notes
 Mikal has improved to with respect to his behavior. The week there has been some some competition between him & his male peers for attention. He still finds it difficult to express feelings but there is some improvement. A family meeting was held on Monday 9/14/92 @ Mrs. Mrs. Burrell. Plot of teaching was done.

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WALTER P. CARTER CENTER
 PROGRESS NOTES

Psychiatry Progress Note (cont)

Michael was able to tell his uncle & aunt he was afraid of getting too close because they may send him away. His aunt & uncle were able to tell him that he is their child & they expect to have him until he is grown.

No suicidal ideations or gestures noted. Michael's affect appears bright & in range.

Rec'd Pt. to go on overnight stay on 9/19-20 & aunt

- ② Team meeting & uncle & aunt scheduled for Monday to discuss psychological report & further recommendations.

- ③ Out working to develop Michael's sense of control.

Summary Attached

1/14/92 At Psychology Note: Group therapy at 3:30 pm. He attended & participated appropriately in group work. He was more relaxed in the activity today & seemed to enjoy himself. (Debra Lee, PhD (Psychologist))

ADDRESOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

9/18/92

A-1

Occupational Therapy Notes

C-1

Michael participated in C.T. cooking group this Sat. (the 2nd session) without any problems (as shown on 9/11/92). He quickly volunteered to cut up onions, doing a carefully + thorough job. He followed directions well with only one demonstration. He accepts directions from staff with ready compliance. Interacting with peers is very good, however he did not volunteer to assist in cleaning up a mess when a female peer spilled her drink next to him as the meal was being served. He was compliant when asked to wait for his others.

Plan: Continue Michael in C.T. cooking group. I x/works to refine social skills + develop basic survival skills for self care.

Eileen if signs of R

9/19/92

9.11 gr. summary

Client went off unit to C.T. (cooking group). He socialized well to peers and staff. Also watched T.V.

92

→

Chin McLaughlin 2002

Wiring Note - Left for LMA @ 11⁰⁰ AM to Aunt - Jackie Hunterman

ADDRESOGRAPH PLATE

WALTER P. CARTER CENTER

PROGRESS NOTES

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d 12/79 Reviewed 2/21/82: 1/24/83

Tax Exempt Certification No. 3000258-3

A004530

9/19/82 A 11:59 AM Note: Remains on LCA
No contact from Family
Gene Speers M.D.

10/20/82 11:00 AM Shift Note 7-3
Ellen + continue on LCA with good
contact

11/21/82 2 PM Group Therapy - Nursing
Willingly attended group and was cheerful and even cracked
a joke. He seems to feel better about himself and so
the other boys + treated him as a peer. He stated that his
LCA went just fine. Barbara Kuntz, R.N. CS PhD

12/1/82 Psychiatry Progress Note
Mikal reportedly did well over his weekend
LCA & any problems.
A meeting was held to Mrs. Mrs. Brewell, myself
Dan Leedy, Mrs. Kuntz, Mrs. Colloff + Kenneth Feltman
to update what is observed about Mikal by
each discipline. Common thread was Mikal's
depression. Medication was brought up & targeted
for but the Brewells decided against medication.
During the discussion about output the week 1-24/
wk it was recommended what we would work on

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PROGRESS NOTES

Redacted

Psychiatry Progress Note (cont.)

Mr. Sumrell got very angry banging on table stating "either you take him or I care for him... I have to work". Then he walked out to his wife. Michael's affect was broader & he was smiling more. He discussed present suicidal ideation. However, when spoke of another situation for someone else he stated ^{ing} indicated that trying to kill himself is a possibility. Michael is just future oriented asking for a LOA to go to his deceased birthday party. His suicidal behavior noted.

All Major Depressive & Michael is improving but
 medication is still recommended. However, since
 Aunt Anne refuse med. will continue to assess immediately
 & safety issues at home. Call's home & more outings
 & staff. If no contact from Burrella will call on
 Friday to ask about her.

Cont. c stabilization. spoke to Michael about requirements for Log.

Kennedy, Allan M.

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2/22/79

7:00 PM

Shift 3-1

Client was pleasant and cooperative
in treatment. Patient is treated as
with other person.

22/2/79

7:00 PM

7 Shift NOTE:

Patient Slept through the
night, with no problems.

21/9/79

4:45 PM

At Psychology Unit. Psychological testing

was completed today. Full report will
be forthcoming. Summary is on pink
sheets filed under Data Base. Mical
began today's testing by complaining
about being restricted to the building.
As I explained our concerns about his
safety, he began to cry and then to
poke his fingers into his eyes. When
I stopped him, he said, "I might
as well poke my eyes if I'm always
going to be on building restriction."
We briefly discussed the distortion
in this thinking and Mical quickly
moved on to focusing on the testing.
Defiance Kelly - Ellen (Psychologist)

WALTER P. CARTER CENTER

PROGRESS NOTES

Redacted

Date &
Time

PSYCHOLOGY NOTES

9/22/92

Psychological testing was administered 9/8, 9/15, 9/17, and 9/21/92 and included the WISC-III, the Wechsler Individual Achievement Test (WIAT), the Bender-Gestalt, the Draw-A-Person, Kinetic Family Drawing, TAT, and Rorschach. Anteromittally, Nihal was oppositional & resistant to participating fully in the testing. This was most noticeable on tests that aroused his performance anxiety. A full report will be forthcoming. The results can be summarized as follows:

- (1) WISC-III Verbal IQ 98 (Average)
 Performance IQ 94 ("")
 Full Scale IQ 95. ("")

A factor analysis suggested that Nihal's processing speed significantly interferes with his performance on certain cognitive tasks. It is possible that extraneous factors slow down his performance.

WALTER P. CARTER CENTER

PSYCHOLOGY NOTES

PATIENT'S NAME: _____

DATE: 9/22/92

AHD1. NIKAL

PATIENT'S D.O.B. _____

Redacted

Redacted

Date &
Time

PSYCHOLOGY NOTES

12/92

- 2 -

and low scores such that these IQ scores might represent an underestimation of his potential. He did evidence significant strength in his Abstract-Thinking abilities. He demonstrated significant weakness in computational skills. His Bender-Gestalt Reproductions were consistent with that of the average 9 year old, indicating adequate perceptual-motor skills.

12. Projective testing suggested:
- (a) profound depression, significant losses, and preoccupation with death;
 - (b) anxiety and occasional aggressiveness;
 - (c) some unconventional, loose & disorganized thinking;
 - (d) the possibility of past experiences with trauma;
 - (e) poor mechanisms for coping with external and internal stress.

WALTER P. CARTER, M.D.

PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____

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Not To

PSYCHOLOGY NOTES

Date &
Time

PSYCHOLOGY NOTES

M00252

9/22/92

-3-

and (f) underlying anger, and
a potential for impulsively acting
out his feelings. The testing
suggests that Michael could be
at risk for harboring feelings
without appropriate structure,
supervision, and treatment.

Diagnostic Impression:

Major Depression

Re Depolar Disorder

Michael completed the WIAT today
but that has not yet been scored.
Those scores will be included
in the formal report on 10/6/92.

Stephen Reedy, Ellis MD
Psychologist

WALTER F. CARTER CENTER

PSYCHOLOGY NOTES

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PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____

WFC - 51

Approved Medical Records Committee

A004536

EDUCATIONAL UPDATE
PROGRESS NOTES

M00253

STUDENT NAME:

Mikal Mikodi

WEEK OF:

DATE &
TIME

PROBLEM
NO.

9/23/92

Mikal was appropriately behaved today. He did his work as he was asked. He was very cooperative. J. King

9/24/92

Mikal came to school at eleven. He started working in the computer room, but soon became tired and returned to the classroom and put his head down and went to sleep.

In the afternoon, Mikal worked hard to complete his assignments. He did not complete everything that had been assigned.

Mikal's behavior was appropriate. J. King

9/25/92

Mikal seemed to have had a good day. J. King

9/28/92

Mikal went on an appointment this morning. The rest of the time Mikal didn't have any problems at school. J. King

9/29/92

Mikal started the day off doing a lot of talking out. He did do his assignments, but he had some slight problems in comprehending his reading task.

In the afternoon, Mikal did much better and his attitude was much more improved. J. King

(Teacher)

ADDRESSOGRAPH PLATE

Mikodi, Mikal

WALTER P. CARTER CENTER

PROGRESS NOTES

A004537

Date &
Time

Problem
No.

PROGRESS NOTES

M00254

9/23/92

Shift Note - 3-11

3-11

Client had a very good evening; he socialize with his peers and played games, there were no behaviors at this time, he had a session with the doctor, no problems this evening - Stewart Hilde

9/24/92

Hall Seclusion / Body Net

8:55 A.M.

Seclusion in hall in bed & body net become necessary when Mikal suddenly began yelling, turning over large tables, throwing chairs and hitting one & attempt to throw at nurse while totally non-responsive to clarification of expectations re: appropriate expression of feelings about what had led to his outburst. Escorted to P.R. by three staff. While struggling child began kicking into walls, throwing door, vulgarly denigrating staff & completely unresponsive to verbal attempts to calm & support.

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME _____

WPCC
HANDI
LIX

CASE NO. _____

MIKAL

PATIENT'S DOB 4-20-____

Redacted

EDR DR

HMH 3467
revised 7/30/81
revised 7/18/83
revised MFC 12/15/86

A004538

Date &
TimeProblem
No.

PROGRESS NOTES

M00255

1/24/92

Cont'd

him. Rejected all attempts on part
of staff made to enable him to
talk about his feelings.

1/24/92

Nursing Note Restraint Note / Body Nit ^{Dr. [unclear]}
Client became extremely agitated after
community meeting due to thinking
that his peers were laughing at him
and calling him "Crazy". Client began yelling
and screaming, stated "Keep laughing at
me, I'm not Crazy". Client talked to by staff
calm enough to go to dining room after
receiving PR medication: Valium 5mg P.O.
and Benadryl 25mg P.O. per Dr. Local. Client
threw away most of his linens and
upsetting back to unit. Client began
throwing chairs and turning over table.
Yelling and screaming. Necessary
to place in quiet room after being non-
compliant to staff's verbal intervention.
Calling staff names making verbal threats.
Kicking wall out of control behavior refused
Continued

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PATIENT'S NAME _____

CASE NO. _____
RedactedPATIENT'S D.O.B. _____
Redacted

PROGRESS NOTES

EDR PROHIBITED
Not To Be Redisclosed

MM 3467
Revised 7/30/81
Revised 7/18/83
Revised MFC 12/15/88

A004539

PROGRESS NOTES

Date &
TimeProblem
No.

9/24/82

Restraint Disposition Summary
(Continued) To be compliant and follow verbal intervention of staff necessary to place in full body restraint per order Mr. Seal. Client very resistant carried and placed on bed by two staff members. Client was placed in body restraint @ 8:55am during his stay in Body Rest Client was resisting in beginning attempting to get out of restraint maintained good circulation in extremities. Talked to by Mr. Seal after becoming quiet and non-resistant to restraint. Body Restraint discontinued @ 10:30am, allowed to go into dayroom. Jacqueline

9/24/82

Nursing Note

E. Coyle, Nurse

Client was able to gain enough control to return to school. No management problem for rest of day interacting w/ peers and staff. Jacqueline Breister

4592
205
p

Nursing Note

A1 A - Talks about self in very negative ways
eg. "You don't like me; you think I'm crazy;
I'm on building restriction for no reason,
I'm having any valid reasons for his feelings

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME _____

CASE NO. _____

PCC PATIENT'S D.O.B. _____
Redacted

PROGRESS NOTES

M00257

9/24/92 cont

now can he state why he thinks staff would put him on building restriction, "you just don't like me," looks sad, thinks everyone thinks he is crazy.

P: if he contact to give verbal feedback he is "ok"

S: started @ this time

E: Despite trying to give positive feedback to Nikol, he can't not to believe staff's efforts. He does not have the ability @ this time to accept a healthy point of view about himself. He walks and keeps a distance fr. staff's pers. When called he will come only to walk away in the midst of the conversation. He has done this @ peers, neg. teaching staff. He will cont @ outlined plan. Colette Davis

24/92
5 pm

ADDICTION SERVICES H. didn't attend group on 9/22 due to psychological testing. He attended group today in better spirits. PT. had difficulty completing written assignments however he will respond to questions verbally. He was instructed to request assistance when needed. Charlotte - A-3

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

PROGRESS NOTES

M00258

9/25/92
12:30 PM

Social Work Note

The treatment team had a meeting on 9/21/92 with pt's Aunt & Uncle. A meeting was held today with pt's Aunt. The Aunt & Uncle are refusing consent for medication for pt. The Uncle walked out angrily af 9/21/92 meeting and has decided not to attend any more meetings. The treatment plan was discussed with the Aunt today (Cognitive therapy, about 3X per week for about 20 sessions). Patient is expected to be ready for discharge about 10/15/92. The Aunt requested and was told she could attend therapy sessions. After-care plan remains the same - pt. will be followed at U.S. MD. by Dr. Allen after he is discharged. Pt. appears depressed, angry.

Sylvia Dolgoff, LCSW

25/92 2:30 PM

Psychiatric Progress Note

A meeting was held - Mr. Benwell's treatment plans were reviewed.

Yesterday & today met - Michael & discussed his behavior in the morning regarding body with 'cousin'

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WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

9/25/92 Psychiatry Progress Note 'cont'

He reported he woke up mad & when another person taunted him his mood deteriorated ending in body not. We spoke of how it he thinks leading to how he feels & then his behaviors resulting from these feelings. Everything said was taken negatively. He stated he was teased & people did things to him for fun. He also complained about others to him (including his father). He described his life as a fishbowl & everything mixed up.

He can't & linking thought to feelings & behavior.

② It may go on only if behavior is inappropriate for 5 hours on 9/27.

9/11/92 Shift Note: Mikal has attended activities & responds well.

Interacting & speaking with others. What appropriate. ~~Earlier~~ ~~He has~~

6 Sept 1992 - 7⁰⁰ AM Wkly. note. Ⓟ potential for self harm, major depression & suicidal ideation Ⓟ

Provide constant observation and therapies to encourage Mikal to express needs and feelings. Provide nurse advocate Ⓡ Reaves & Gregory are advocates, pt. cont

ADDRESSOGRAPH PLATE

Mahdar Mikal

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WALTER P. CARTER CENTER

PROGRESS NOTES

2/79/ Reviewed 2/21/82; 1/24/83

26 Sept 92 7:30 am cont xsc whly note. involved in therapy
 (D) no self harm. Pt. verbalized theme of other people
 "looking at him like he's crazy" also feels others
 can see his feelings in his eyes so he doesn't feel he
 needs to say what is on his mind. (E) Pt. has not
 harmed self. Mikal verbalizes profound inability to
 communicate or receive communication on a feeling level
 and carries an overlying theme of ^{themselves} rejection and
 dislike. Continue to try to build child's trust and give him
 an accurate feedback. O'Burchard: no

9/26/92 Shift Note 7:30-10:00 / LOP Note

21 Client left on bus @ 11:00 am - Accompanied
 by aunt to return by 5 pm. No meds given -
 Shift Note - JBR

9/26/92 LOP Retains Note. Subject & Aunt sat for
 10 little cousin attended birthday celebration
 for cousin. Puzzles, pop pops, crazy glue pen
 labeled placed in office. Telephone for contacting
 Aunt, Sister, & Aunt, well. Evidently, the
 Shift Note - 3-18

9/26/92 Client had a good evening, he played
 10pm games with his peers and looked at T.V. Ppt
 are done, no problems at this time. S. Wilder

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PROGRESS NOTES

M abdi, Mikal
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2/79/ Reviewed 2/21/82; 1/24/83

9/25/92

Appt. for screening/testing was not
done 9/28/92

9/28/92

Signature/Date
Lawrence J. Brown
Shift note 7:30-3:30

28-92

Client attended petrol. behavior appropriate
affected flat interaction to pass minimal - encouraged
to verbalize his thoughts & feelings - *Person*
Group Therapy - Nursing

29-92

After an initial verbal resistance, joined and participated
in making a collage with theme of "Fancy Things". During
the session he was an appropriate member of the group
and interacted well with his peers. Deborah L. Smith, R.N., C.P.N.

29/92

3.11 Shift Summary
Client became upset after finding a few pieces of
his puzzle from his room were missing. TALKED TO
Aunt on phone and verbalized his anger and frustration
to her and staff. HAS DEALT WITH this situation ^{ERROR and} appropriately.
Clement McDougald Sr.

9/29/92

11-7 (7AM)
Pt. stated his per. "S.C. hurt. my Thumb back
(RT Thumb) on 9/28/92 in P.M." Finger is swollen &
Very warm to touch. placed on Somatic board. *Person*

ADDRESSOGRAPH PLATE
maledi, Mikal

WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

PROGRESS NOTES

M00262

9-29-92
8 AM

Nurse Note:

(A) complaining of (P) thumb hurting, stating that
peer S.C. pulled it back last evening (P) observe
re-evaluate, somatic board (I) seen by Don Douglas
Epd. has full ROM able to flex & extend thumb
observed "icing" thumb & difficulty no
bruising of (P) thumb, slightly warm to touch
Anna Monroe RN

29-92

Shift Note 3-11

7:00 PM

Client participated in all activities
on and off the unit this shift Client
presented no behavior problems.
Dis. test limits a little.

3-92

Team Progress Note - ITP Update

9:45 AM

A1

Nikal continues to exhibit depressive symptoms in-
cluding low self-esteem, and self defeating behaviors;
he continues to externalize his behavior & feelings.
His guardians have refused antidepressant medications
but his cooperative in therapy.

B1

No medical issues

C

Problem continues; the team has met in the
family XL.

ADDRESSOGRAPH PLATE

Mahdi, Michel

WALTER P. CARTER CENTER
PROGRESS NOTES

Redacted

EDUCATIONAL UPDATE
PROGRESS NOTES

M00263

STUDENT NAME:

Mikal Mahdi

WEEK OF:

DATE &
TIME

PROBLEM
NO.

9/30/92

Mikal's behavior was appropriate. He worked well and got along with his classmate. J. King

10/01/92

Mikal did fine until twenty minutes to two. At that time, Mikal decided to leave and he walked out of the classroom and was escorted to the unit. J. King

10/02/92

Mikal was low keyed this morning. This afternoon Mikal could not hold it together. He started complaining about the amount of work that he was expected to do. At one twenty, Mikal walked out and was taken back to the unit. J. King

10/05/92

Mikal was agitated most of the day. When he got to a point, during reading time, where the word relax appeared he began musing about not being able to relax. He refused to read the selection.

After lunch, Mikal continued in the same manner. J. King

10/6/92

Mikal's behavior and participations were much improved today. J. King

10/10 ADDRESSOGRAPH PLATE
Redacted

Date	P. No.	cont	M00264
30/92	D1	Academic deficits continues; however, he is making some progress.	
		Discipline plans cont; Mikal will need to demonstrate no self destructive behavior; and intensive therapy will be continued. MC plans to come in approx 3 wks. E. Colette Davis GRS Kimberly Allen MS Barbara Hunt, ed CS PhD Susan P. Smith (SpEd) Lijun Song Lynn Dolgoff LCSW	
30/92 D 1:30-4:30		Activity Therapy note: Mikal is calm today as he normally is unless teased or made fun of. Mikal does not appear to have trouble unless made fun of by other children. He is very sensitive to this. He becomes angry and hostile towards everyone. He is able to verbalize his anger well.	
11/92 1003		Robert Foase AIA⁺ ADDICTION SERVICES No group held 9/29/92 due to counselor illness. Pt. attended SAE group today & participated well in group discussion on Resisting Peer Pressure. Charlitta Gallatin AK3	

ADDRESSOGRAPH PLATE

Madi, Mikal

WALTER P. CARTER CENTER
PROGRESS NOTES

FOR
 201 To 80 - 2012
 Redacted

Date &
Time

Problem
No.

PROGRESS NOTES

M00265

10/1/92

10 pm

Shift Note 3-11

Client went swimming this evening, he was in a pleasant mood, he interacted with peers very well, no problems. ~~Stewart~~ ~~Stewart~~

10/2/92

C1

1:15 P.M.

Social Work Note -

Discharge plans remain the same. Expected date of discharge is 10/15/92. Patient is expected to return to the home of his Aunt & Uncle upon discharge. Patient continues to appear depressed and to have negative thoughts including suicide. Cognitive therapy is in progress. After care will be provided by Dr. Allen on out-patient basis at Univ. of MD. This plan has been accepted by patient's Aunt.

Sylvia Dolgoff, LCSW

10/2/92

2:45 pm

Shift note 7-3

Client attended cognitive therapy conducted by Dr. Jane, client became upset x2 and had to leave. he was observed throwing chairs. Client gained control and had a talk & staff and returned to school & any further problems.

Bar Boss Death

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME

MAHDI M. KAL

CASE NO.

PATIENT'S D.O.B.

Redacted

PROGRESS NOTES

Date & Time	Problem No.	
12/2/92 4:00 pm		Psychiatric Progress Note Mikal was interviewed today cognitively by Dr. Jane Alot of self-deprecating, he felt he was the theme emerged. He was able to say during the session when he became too angry would leave the room then return. An event that occurred in a previous was discussed in the associated feelings of being sad, angry & bad. Mikal generalized that everyone ^{ever} teased him because he thought he is no good. He rejected the evidence that all children get teased & stated "I would rather jump off the building & die" & he couldn't identify any other alternatives. When spoken to later after he walked out of school he reported he did all his school work wrong. He was able to state he has felt terrible all week which led him to have a horrible week. He also expressed that he wants to see his natural mother and father, he doesn't trust anyone or even himself & identify the feelings he had about these statements but unable to turn the thoughts around & look at how he could feel. See No 104 the wheel for destructive behavior the as Cognitive Therapy will return. <i>Shirley Allen MD</i>

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

CONFIDENTIAL

PATIENT'S NAME _____

FOR PAPER _____

CASE NO. _____

PATIENT'S D.O.B. _____
Redacted

PROGRESS NOTES

M00267

Time	Prob. No.	
3/92		3.11 Shift Summary
		Client went off unit with staff to RECREATION AREA on 3RD floor. BECAME angry at PEERS when he thought that they were not playing fair. → Client ~~McBungald~~
10/4/99	101	Shift Note, 7:40-3:30 PM Client spent the day interacting with peers and staff. ———— ~~McBungald~~
10/5/92		Psychiatric Progress Note
		Mikal requested to see me today. We spoke about these issues and new problems including negative perceptions about his handwriting & how people treat him like he is terrible. He reported he felt mad about these situations and his thoughts were that he is bad & everything I do is bad. All evidence pointed to the opposite but he insisted he was still looked at himself negatively. Later he appeared to understand his perceptions may determine the way he feels. We did another exercise where he had to ask me to help him which happened he stated he felt good. He then looked dysphoric & then became more angry. He did repeat he wanted to jump off the window here. I did cognitive therapy & help Mikal change his automatic thoughts that help change feelings.

Shirley Aldridge

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____
Redacted

PROGRESS NOTES

Date & Time	Problem No.	
10/5/92 3 ⁰⁰ pm		Seclusion Note Mikal became very agitated & aggressive after therapy session. He turned over chairs & then a chair at a staff member. He didn't follow verbal instructions & at first was in the quiet room but didn't comply so was necessary to be in seclusion. See seclusion form & two hours for aggressive, agitated & behavior. Quincy Allen
10/5/92 3 ⁰⁰ pm		Notes: Seclusion note: A-Client was secluded for Dist of Control, angry and aggressive to words. Staff, he then a chair and would not allow to verbal intervention. The Dr. ordered quiet room he didn't adhere to — as to decrease the anger present during the staff meeting. Look the situation over for Contingency. E-Check client of fifteen minutes for needs and softness. Quincy Allen

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME

MADH. MIKAL

CASE NO.

PATIENT'S D.O.B.

Redacted

PROGRESS NOTES

M00269

P. n
No.

A

Seclusion Notes:

A - Client is standing at the door asking to come out, stating that he wants to talk about his behavior. He told staff he want the door open and he could stay in 5 rooming and throw chairs

Open the Seclusion door allow the Client to come out and sit in open door for half an hour, and allow Client to return to the community. Open the Seclusion door assess and monitor behavior 15 minutes. E. The above

Plan and intervention is effective with the Lock door Seclusion, because the door is open 5 disruption

Edo M. [Signature]

A

Nursing notes: A - Client has had several outburst of behavior this pm, loud screaming. Decrease the agitated behavior and calm anxiety

1. Session, give punching bag and question to ↓ Stimuli. E. The above plan

and intervention was effective. [Signature]

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
PROGRESS NOTES

WTR PP

Redacted

Redacted

Date &
TimeProblem
No.

PROGRESS NOTES

UTILIZATION REVIEW NOTIFICATION

DATE:

10/5/92

Major Depression

201

15

R

10/4/92

Left note 7-3:30

Chen attended school. Still appears angry
to his father but no impulsive behavior noted.
Continued to encourage child to ventilate the
thoughts & feelings.

Activity/Therapy note.

10/6/92

Michael has been involved in activities on
and off the unit. Patient enjoyed taking
the role of the more experienced participant
during swimming groups. Patient spoke about
to lead others in group activities but
was too shy. Patient can only tolerate
approximately 25 minutes of physical
activity. This activity was to improve
overall motor performance and increase
physical activity in the areas of skeletal
muscle strength, coordination and balance.

Louis Brock, C.Y.R.A.

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

Redacted

PROGRESS NOTES

PATIENT'S NAME

40CASE NO:

4-22

PATIENT'S D.O.B.

EDUCATIONAL UPDATE
PROGRESS NOTES

M00271

STUDENT NAME:

Mikal Madhi

WEEK OF:

DATE &
TIME

PROBLEM
NO.

10/07/92

Mikal was able to go on the field trip to the fire school.

In the afternoon, he started out fine, then he became sad. J. King

10/08/92

Mikal came to school at ten o'clock. Mikal was cooperative when he did come to school. J. King

10/09/92

Mikal was cooperative. He did the tasks that were presented. Mikal got along with his peers. J. King (teacher)

ADDRESSOGRAPH PLATE

Madhi, Mikal

WALTER P. CARTER CENTER

PROGRESS NOTES

A004555

Date &
TimeProblem
No.

PROGRESS NOTES

M00272

10/7/92 H
735 PM

1/4 pg. Note! (A) In the quiet room at 345 PM after meeting with Dr. Allen. began crying, yelling to self. Displayed this behavior in response to his level being suspended due to his (misdeed) pulling the fire alarm earlier in the day. Feels terrible and somewhat regretted. (P) Sit & patient, give emotional support, talk with him when he is ready, show the benefits of resolving issues appropriately as an alternative ^{again} to displaying acting out behavior. (D) Discussed importance of discussing issues with appropriate staff to solve problems. Also discussed the dangers of pulling the fire alarm when there is no fire. (E) Patient able to deescalate in quiet, was able to verbalize he understood the complications of pulling the fire alarm inappropriately. Reports he will work on talking about problems instead of "acting up."

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____

Redacted

PROGRESS NOTES

Problem
No.

Time

7/8/92

Am

Nursing Note

Client defiant and oppositional refusing to follow directions placed in time that rejected time but went into bedroom and barricaded himself in his bedroom by propping bed on door placed in hallway until able to voice his feelings later able to go to school. Client was able to gain control of his behavior and go to school. Client has a difficult time accepting trust from others. Very easily swayed from positive to negative behavior. Client afraid of saying that anyone states that no one cares about him anyway. Needs firm limits. It for he is constantly testing limits.

————— Jacqueline Frewer

7/8/92 3pm

Nursing Note

Client became angry after he made assessment of his behavior earlier in evening and states that he agreed that his level needed to be suspended however he still became angry. necessary to give Xanax 2mg and Haldol 2mg PO @ 245 placed in quiet room.

————— Jackie Frewer

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME

CASE NO.

PATIENT'S D.O.B.
Redacted

L. & S.
TimeProblem
No.

PROGRESS NOTES

10/3/92
403
ADDICTION SERVICES Pt attended SAE group on 10/3 & 10/8/92. Topics: Another Way to Say NO to D/A & Harmful Results of Drinking. Mike has shown increasing interest in group. He participates well in discussions but continues having difficulty completing written activities. — Charlita Ballantyne

10/8/92
11:00 AM
3-11 PM PHN Evaluation of Medication: Client very vague, wanting to be left alone. Stating I'm tired of you all asking these stupid questions. Client to quiet room. Able to enter room quietly appropriately. Medication (Xanax) 2mg Halodol 1mg P.O. given by J. [unclear] effective. Added Johnson's

10/9/92
11:00 AM
Social Work Note: Patient is on Involuntary Status. It was estimated that he would be ready for discharge by 10/15/92. Discharge may be delayed depending on pt's response to Individual Cognitive Therapy which is in progress to address depression and suicidal thoughts. Patient is expected to return to home of Aunt & Uncle and receive out-patient

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

EOR

PATIENT'S NAME

Not To Be Redisclosed

CASE NO.

PATIENT'S D.O.B.

Redacted

Date &
TimeProblem
No.

PROGRESS NOTES

10/9/92

continued

Social Work Note - Continued

after-care with Dr. Allen at UConn MD. I advised
pt's Aunt on 10/6/92 that discharge date might
be delayed beyond 10/15/92.

- Sylvia Dwyer, LCSW

10/9/92

4:45 pm

At Psychopharmacology: Group Therapy on 10/9/92
~~at 10/9/92~~. He attended & participated
appropriately in group UNO game. He
was openly proud to be our 2nd
Place Winner, ex. that he was
smiling & giving "5" to his peers.
He was very eager to buy things
at our soda store with all of his
accumulated stars & in fact
ordered in the AM & then again
before group started to collect
his stars for him. He seemed to
be focusing more on keeping
track of his point sheet today.
Dyler Kelly - UConn MD (Psychopharmacology)

Shift Note 3/1

10/9/92

10pm

Chin had a good evening, there
were no problems at this time. Should be

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME _____

CASE NO
Redacted

PATIENT'S D.O.B. _____

Redacted

PROGRESS NOTES

Time	Problem No.	
10/1/92		Shift note 7:30
10/1/92	A	Client off unit & activity affect: mood bright. Able to verbalize appropriately his anger feelings. 2/2m
10:45 pm		Nursing note 2/2A: Client left for LA at 10:45 pm. His uncle to return this pm. <i>Ida J. J. J.</i>
11/2/92	2pm	Nursing Note
		Client ran from hall down stairs after another person ran from cafeteria. Client called to come back however he refused. Client was found on first floor and brought back to unit by Security guards. Client was laughing as if what he had just done was no big deal as if he was joking. Client unaware of seriousness of his behavior. Client then began throw cushions from furniture and also threatened to suffocate staff member @ pillows. Client also began throwing more objects of furniture and talking loud and argumentative. Unable to manage control of his behavior. Given Haldol 5mg @ 12:00pm. Medication effective. Client able to gain control of his behavior picked up articles of furniture and clothes and able to talk to staff in an appropriate manner. However level suspended due to his behavior.

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PC *Ida J. J.*
Redacted
PATIENT'S NAME
Redacted

CL CASE NO. RD
ALBANY MD 21207

PATIENT'S D.O.B.

PROGRESS NOTES

10/13/92

Problem
No.

Nutrition Facts

It's weight for month of October is 24 lbs. This reflects a 1 lb wt loss since admission. It's weight continues to be at the 95th percentile curve and his ht is well above the 5th percentile. It continues to have a good indication 2nd to religious beliefs ^{especially} before. It has been observed to consume 50% - 75% of his meals. Will continue to follow No Pork diet. *M. K. R. / R.*

10/13/92

3.11 Shift Summary

Client went off unit & staff to activity. No problems. Attempting to horseplay and act silly in the evening. Caught cursing by staff x 2.

10/14/92

Nursing Note 11.7

Client continues to sleep well @ night mostly the entire night. 5 AM Complaint of pressure up in Arm. At wake up call attended to. Personal hygiene & bathroom problems in AM. *Donna McDougald*

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

FOR

Redacted

CONFIDENTIAL

PATIENT'S NAME

CASE NO.

PATIENT'S D.O.B.

PROGRESS NOTES

Time	Problem No.	
10/14/92		Team Meeting Note. ITP Follow up:
9:30 AM	A1	His depression seems to have lifted slightly but his aggressive behavior has increased. Verbalization of suicidal ideation has decreased. Also although his hitting others, his self-destructive actions have decreased. B1 None. C1 Attachment has improved. He has been picking up support from Allen. He continues to have trouble expressing his sadness + anger which is related to modeling by some significant caregivers. D1 Improved Academic and Attitude in School. Plan is to recommend to Allen & Alice that Michael remain here for another week so that we have an opportunity to help him channel his aggressive behavior more appropriately (using Cognitive Therapy model). The team established the

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

Redacted

PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____

Date &
TimeProblem
No.

PROGRESS NOTES

1/14/92 the following discharge criteria: It's
 2nd. Will not require LOS or suspended
 star for the week prior to discharge.
 Dr. Allen will ^{be} call Aunt & uncle
 today and tell them this suggestion.
 She will suggest a family meeting
 for tomorrow. Outpt. follow-up treatment
 will be provided by Dr. Allen, through
 Dept of Maryland: Stephanie Peedy-Allen MD
 (Psychiatrist) & Dr. Allen MD (Psychologist)
 Ligonier E. H. H. Ligonier, D.R. Susan Ligonier (Nurse)
 Lynn D. Ligonier LCSW P. L. McCracken Ph.D. Psy. Assoc. - Doc

2/14/92 Psychiatry Addendum Note

Spoke to Mrs. Bunnell about Michael's behavior
 in the unit & to find out how he did on his
 work. A plan was made that his behavior would
 be reviewed to Mrs. Bunnell during a family
 meeting on 2/19 at 3:00 pm. Michael's anger
 outward will be discussed in therapy on how he
 can better channel his anger.

Stephanie Peedy-Allen MD

WALTER P. CARTER CENTER
 OUT PATIENT SERVICES

Redacted

PROGRESS NOTES

PATIENT'S NAME

CASE NO. 92

SINGLE
PATIENT'S D.O.B.

D

21207

PROGRESS NOTES

Time	Problem No.	
10-14-92 1 PM		Nurses Note: (A) pt. very upset during community meeting, yelling @ staff talked about his interaction earlier in AM. another peer Michael stated that "peer had been teasing earlier today about his mother" & that the peer shook his rear in my face. & so I hit him in the back - I had every right to hit him & the next time I will use a baseball bat." ran from Day Room, saying "stating that the staff would do the same thing that I did." Kicking @ doors, causing (P) & first time out, verbal intervention, PR was needed (A) as per plan, Haldol 2mg. & Benadryl 25mg. PO. 3 PM (E) pt. continued to escalate as interventions were employed. PT did eventually gain emotional control & explanation was given. pt. ab's to attend school & difficulty. When spoke in afternoon shift - Lowy/Johnson RII
10/15/92	A-1 C-1	Occupational Therapy Note Michael participates well in O.T. Children's Cooking Group. Today's session included opportunity for the children to make suggestions for a future session to be led by O.T. student Michael.

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PROGRESS NOTES

PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____

PROGRESS NOTES

10/19/92 A.1
 OT. Note: Carl peers made several good suggestions around a Halloween theme. Group was also given choice within 3 possibilities for today's meal, which Mike handled well in a first role of preparing peers. Mike stood by when peer engaged in repeated oppositional behavior and would only take over the peer group tasks with the request of staff. Later when the peer was removed from the group, therapist asked how "we can help CS," in such situation. Mike expressed concern about "talker behind his back". When explained he understood the difference between planning to help & putting someone down.

10/18/92
 9:30 am
 Activity Therapy Note:

Mike has been very well behaved and cooperative lately. I haven't noticed any behavior problems or emotional outbursts within the last few days. His affect is withdrawn and quiet (which is usual).

Robert Foote A.T.I.

WALTER P. CARTER CENTER
 OUT PATIENT SERVICES

PATIENT'S NAME _____

CASE NO. _____

PROGRESS NOTES

FOR PROGRESS NOTES

PATIENT'S D.O.B. _____

PROGRESS NOTES

Time	Problem No.	
10/15/92 3:35 p		ADDICTION SERVICES Mikal attended SE group today's topic: Types of Drugs & How They're Administered. Pt. completed activity and was able to request assistance with spelling. His verbal participation was minimal during group discussion.
10/15/92		No group held on 10/13/92. — <i>Christa Jallat #3</i>
10pm		Shift Note 3-1 Mikal had a very good evening, he made Halloween decoration and played games, he was compliant to all activities, there were no problems — <i>Theresa Stalder RN</i>
10/16		Admitted following Wants to check for work (L) on O/E no work Re-assured the Pt <i>[Signature]</i>
10/16/92 c1 2:10 PM		Social Work Note — Patient is receiving ind. therapy for depression. He is expected to be ready for discharge by 10/22/92 and may be discharged before that date. After care will be provided at University Hospital out-pat. clinics by Dr. Allen. Patient used relation to home of client & Uncle upon discharge. — <i>Sylvia Dalgoff, LCSW</i>

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PATIENT'S NAME _____

PROGRESS NOTES

CONFIDENTIAL
FOR PROGRESS
NOT 11-1-92

CASE NO. _____

PATIENT'S D.O.B. _____

PROGRESS NOTES

Problem
No.

10/16/92

7-3:30 Shift Note:

Client interacted appropriately with
with peers, such as helping them in com-
munity with solution to their problems. Client
followed rules & regulation of the unit. Client
displayed a pleasant behavior.

10/16/92
3:30p

A.

PSYCHOLOGY NOTE: Group therapy on 10/14/92 and
10/16/92. Mikal attended both activity/discussion
groups, in which Dr. Leedy's leaving was
processed, and Dr. McCusker was introduced.
He was cooperative with the group process,
engaged in all tasks/activities presented
to him, and his behavior was generally
appropriate. — P.E.M.C.L. Ph.D. Psy. Assoc. Doc.

10/16/92 A
9:30pm

1st Note: (A) mood and affect brighten,
pleasant, friendly. No outbursts.
(B) Continue to encourage patient
to ventilate feelings and to avoid
outbursts or ability of getting needs
met. (C) as per plan (D) played &
games, watched television got needs
met appropriately. — Greener

WALTER P. CARTER CENTER
OUT PATIENT SERVICES

PATIENT'S NAME _____

PROGRESS NOTES

CASE NO. _____

PATIENT'S D.O.B. _____

PROGRESS NOTES

Problem
No.

Time

10/15/92

Shift note 7-3:30 - Lot like

Client left on bus @ 10:15 accompanied by Uncle
 Affect & mood bright - to return by 9:00 bright.

10/18/92: A
9:00 PM

159 Note: Returned to unit at
 at 9:05 PM. Uncle reports he did
 well ("Perfect behavior").

10/19/92

6:00 PM

Discharge Psychiatric Note (King)

Date of Admission - August 23, 1992

Date of Discharge - October 19, 1992

Hx: Mikhail was admitted for suicidal ideation
 Hospital Course: Mikhail adjusted to unit.
 He showed no clear signs of depression & was
 to a degree since meals were not approved
 by his aunt & uncle. He responded to cognitive
 therapy & increased ability to express feelings,
 improved affect and decreased self derogatory
 statements. He did show ambivalence of
 having and going home. No suicidal/paranoid
 ideations.

After care: Outpatient 10/26 at 4:00 PM. Pt to go
 home - Dr. Bennett. Kimberly Allen MD

WALTER P. CARTER CENTER
 OUT PATIENT SERVICES

PATIENT'S NAME _____

CASE NO. _____

PATIENT'S D.O.B. _____

PROGRESS NOTES

M00286

MIKAL MAHDI MD ORDERS

A004570

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00287

DATE	TIME	ORDER	NURSE
8/25/92	11 ¹⁵ AM	1. P K D today or 8/26/92 P.O. Dr. Allen Marie Bruce, MD Ligum W	
8/25/92	12 ⁵⁰ PM	Pt. Aunt may visit pt on unit for up to 1 hr. P.O. Dr. S. Jani Marie Bruce, MD	
8/26/92	1 ¹⁵ PM	Orders checked	PSadum & A
8/27/92	12 ³⁰ PM	Orders checked	PSadum & A
8/27/92	9 ³⁰ AM	PRN meds - Haldol 2mg po or im - benachyl 25mg po or im q 2 ^o to max 3 in 24 ^o for severe aggr agitation, destruction & aggression behaviors. May give im if pt is dangerous to himself or others x 7 days. B. Allen P. Sadum	
8/27/92	3 ^{PM}	Unit Restrictions x 24 hrs V.O. Dr. Jani / A. Mowen RN	
8/27/92		Dr. Mowen RN	

ADDRESSOGRAPH PLATE

CONFIDENTIAL

FOR PRO

Not to be re

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

DHMH 2025
V18/86

A004571

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00288

E	TIME	ORDER	NURSE
8/27/92	12 ⁰⁰ pm	~~Please place pt on close observation & take~~ Bunker Allen MD	
8/28/92		Post A.M. nurse	
8/28/92	1 ⁰⁰ am	Orders checked	Redmond
8/28/92	9 ⁰⁰ am	Diet - Please no pork in diet Bunker Allen MD	Redmond
8/28/92	3 ³⁵ pm	~~Please extend unit instructions until 8/31/92~~ ~~Please extend close observation until 8/31/92~~ Bunker Allen MD	Redmond
29 August 1992-0207-		orders checked. Caroline Burchard	
8/30/92	12 ³⁰ am	Orders checked	Redmond
8/31/92	1 ¹⁵ am	Orders checked	Redmond
8/31/92	3 ⁴⁰ pm	Please d/c close observation It may go off unit & staff activities but can not go out of building Bunker Allen MD	Redmond
8/31/92		Order ✓	
8/31/92		Order ✓	

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

MAHDI, Mikel

Redacted

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00289

DATE	TIME	ORDER	NURSE
2 Sept 1992		0044-orders checked. Cariadne Burchard RN	
9/2/92	9:45 am	① Renew Naloxone 2mg po or iv q 3 hrs x 3 in 24 hrs for severe agitation & violent behavior Please give ins only if pt presents danger to self or others x 7 days. Demazyl 25 mg po or iv q 2 hrs x 7 days. Please give Demazyl 25 mg po or iv each for haldol dosage x 7 days ② Mrs. Durnell, her aunt may visit off nursing home for ins. 30 days ③ Please order psychological tests & psychophysics noted Dumphy, Ellen M. Anna M. Kousan, R.N.	4m
9-2-92	11:45 am	T. O. Secluded up to 2° for Out of Control Over Stimulated and Agitated behavior & destructive & self-harm Dr. J. Ani/Ida M. Kousan, R.N.	
3 September 1992		0038-orders checked. Cariadne Burchard RN	

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

Redacted

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00290

DATE	TIME	ORDER	NURSE
9/3/92		~~LOA Sat 9/5/92 to Mrs. Bennett from~~ ~~room until 8pm.~~	
		<i>Gracie Allen MD</i> <i>Ida M. Reames, RN</i>	
4 Sept 1992		0015- orders checked. Carladne Burchard pr	
9/4/92		~~Mikal may have an LOA on Monday~~	
3 ⁴⁵ pm		~~9/7/92 from room until 8pm only if he gets~~ ~~20 points or better on his point sheet on~~ ~~Sat and Sun 9/5 and 9/6.~~	
		<i>Gracie Allen MD</i> <i>9/4/92 5⁰⁰ pm / Ida M. Reames, RN</i>	
9/5/92	12 ³⁰ am	Orders checked —	Bladine
9/6/92	12 ³⁰ am	Orders checked —	Bladurish
9/7/92	12 ³⁰ am	Orders checked —	Bladurish
9/8/92	12 ³⁰ am	Orders checked —	Bladurish
9/9/92	1 am	Orders checked —	Bladurish

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

MAHDI

Mikal

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

ADDRESSOGRAPH PLATE

EOR

Not To Be Disclosed
Redacted
Redacted

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00291

DATE	TIME	ORDER	NURSE
9/9/92	10:45 AM	① Renew haloperidol 2mg po or 1mg im q 3 hours x 3 in 24 hrs per severe agitation and violent behavior. Please give in only if it presents danger to self or others x 7 days. Benadryl 25mg po q 2 x 4 in 24 hrs per EPS or dystonia. Give in only if dystonia or severe and patient unable to swallow x 7 days. Please give Benadryl 25mg po with each prn haloperidol usage x 7 days. Shirley Allen MD C. Long, MD 9-9-92	

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

ADDRESSOGRAPH PLATE

FOR PROFESSIONAL USE ONLY
Not To Be Redisclosed
Redacted

INSTRUCTIONS:

1. Use Ballpoint Pen.
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M00292

TE	TIME	ORDER	NURSE
9/10/92	8:00	Debruy 4 GTTS - BOTH EARS. QTD x 5 days Mikah MHP	9-10-92 C. Chappell RN
9/10/92	9:35 am	Restored to unit until 6 pm. 9/10/92 Beverly Allen MD C. Chappell RN	9-10-92
9/10/92		Stetude at 10 up to 2 hrs a unit later T.O. 2. June 10 at M.H. 2.0. Amway	
9/11/92	12:30 am	Orders checked	9-11-92 B. Adams RN
9-11-92	11:40 pm	Orders / Bery M. Thomas, RN	
9-12-92	1:00 am	LOA am 9/13/92 from team until 8 pm a unit only if earnings gold busk from 9/11's and 9/12's sent sheets without any quiet run, seclusionary assignments. Beverly Allen MD J. Jenkins B. Adams RN	
13 September 1992		0121 - orders checked. Caradue Burchard	
14 September 1992		0250 - orders checked. Caradue Burchard	

ADDRESSOGRAPH PLATE

MHPD

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

MAHDI
Mikal

DOCTOR'S ORDER SHEET

ORIGINAL

Redacted

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

TE	TIME	ORDER	NURSE
9/16/92	12 ¹⁵ am	Orders checked	BBidms
9/16/92	7 ³²	Specimen & Band Aid to wound on (L) hand daily x's 5 days	
		For relief only	
9-16-92	8 ³⁰ A		Posted Anna Morrow RN
9/16/92	10 ⁴⁵	It may go out of building per activities as per staff discussion. Renex halved 2mg po & 1mg im q 3 hours x 3 in 24 hrs. prn severe agitation and violent behavior. Please give im only if pt presents danger to self or others x 7 days. Benadryl 25mg po & 1mg q 2 ⁰ x 4 in 24 hrs prn EPS & dystonia. Give im only if dystonia is severe and pt is unable to swallow x 7 days. Please give benadryl 25mg po with each prn halved dosage x 7 days.	
		Debra Allen MD	
9-16-92			Posted Anna Morrow RN
9/17/92	12 ²⁰ am	Orders checked	BBidms

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

DKMH 2025
4/18/25

A004577

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00294

DATE	TIME	ORDER	NURSE
9/17/92	12 ¹⁵ pm	Orders checked	PB Padua
9/17/92			
9/18/92		18 September 1992-0001-orders checked. Cariadue Burchard	
9/18/92		Michal may go on 10:14 to Mrs Summell from 8 am	
9/19/92		9/19/92 to 9/20/92 at 8:00 pm	
19 September 1992	0345	orders checked. Burchard	Kenrick
20 September 1992	0111	orders checked. Cariadue Burchard	
21 September 1992	0002	orders checked. Cariadue Burchard	
9/22/92	12 ³⁰ am	Orders checked	PB Padua
9/22/92	9 ⁰⁵ AM	PRN Order: ^{large within} CAL	
		1. Pt. may leave building for therapeutic activities	
		2 staff escort at staff discretion 2 staff ch.	
		2. For agitation and/or potentially assaultive	
		behaviors to self or others to be renewed	
		for 7 days, give Haldol, 2 mg p.o. or	
		i.m. q 3 hours up to three doses in 24 hrs.	
		With each Haldol dose, give Benadryl 25 mg	
		p.o. prn up to 3 doses in 24 hrs. 7 days	

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

DHMH 2025
4/18/85

A004578

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00295

DATE	TIME	ORDER	NURSE
9/22/92		3. For dystonia + other extra-pyramidal signs which may emerge, give Benadryl, p.o., 25 mg stat + q 4h X 4 in 24 hours. If reaction is severe + pt. unable to swallow, Benadryl 25 mg I.V. may be given instead. Renew for 7 days	
		Carol Ann Lenth	
9/23/92	12 ⁴⁵ AM	Orders checked	Bledum
9/24/92	12 ³⁰ AM	Orders checked	Bledum
9/24/92	8 ⁰⁵ AM	Seclusion + body not for up to two hours stat.	
		Carol Ann Lenth	
9/25/92	12 ⁴⁵ AM	Orders checked	Bledum
9/25/92	2 ³⁰ PM	LOA. Michael may go on a LOA on 9/27 for five hours - Mr. Mrs. Bunnell only - no guest may no emerge, no temp. anticholinergics + cold meds on 9/26	
		Security Alert	

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

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INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00296

DATE	TIME	ORDER	NURSE
26 September 1992		0119 - orders checked	Cariadue Burchard RN
9/27/92	12 ³⁰ AM	Orders checked	PB Radum
9/28/92	12 ³⁰ AM	Orders checked	PB Radum
9/29/92	12 ³⁰ AM	Orders checked	PB Radum
30 September 1992		0031 - orders checked	Cariadue Burchard RN
9/30/92	12 ³⁰ AM	Orders checked	PB Radum
10/1/92	8 ³⁰ AM	PRN Lincoral 1000mg po ^{q 3 hours x 3} or ^{im} prn severe agitation, aggressive behavior. Only give im if pt refuses and if he is a danger to others or self. Benadryl 25mg po or im q 2 hours x 3 prn dystonia. Only give im for severe dystonia if can't swallow. X 7 days. Give Benadryl 25mg po each on hold D. Burke, M.D. ^{10/1/92} J. Radum ^{10/1/92}	
10/2/92	1 ³⁵ PM	Orders checked	PB Radum
3 October 1992		0154 - orders checked	Cariadue Burchard RN
5 October 1992		0025 - orders checked	Cariadue Burchard RN
10/7/92		(1) Off-unit activities at staff direction x 30 days	Cariadue Burchard RN

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

DHMH 2025
4/18/85

A004580

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00297

DATE	TIME	ORDER	NURSE
10/5/92	3 ⁰⁰ pm	depression from for aggressive and destructive behavior	Bennedy Allen
10/6/92	11 ⁴⁰ P	V by human Greene RN	Bennedy Allen
10/7/92	12 ⁴⁵ Am	Orders checked — B. Fordman RN	Bennedy Allen
10/7/92	3 ¹⁵ pm	Pharm removal. Haldol 2mg po on mg on 8 ³⁰ x 3 prn severe agitation, aggressive behavior x 2 days. Only give in if pt refuses and if he is a danger to others or self. Benadryl 25 mg po on mg 8 ³⁰ hours x 3 prn dystonia. Only give in for severe dystonia if can't swallow x 7 days. Give benadryl 25- mg each prn haldol.	Bennedy Allen
10/8/92	12 ³⁰ Am	Orders checked — B. Fordman RN	Bennedy Allen
10/9/92	12 ³⁵ Am	Orders checked — B. Fordman RN	Bennedy Allen
10.10.92	0321	orders checked. Caradine Burchard	Bennedy Allen

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

Mahdi Mital

Redacted

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00298

DATE	TIME	ORDER	NURS
10/10/92	8 ⁰⁰ pm	LOA on vol from 10 ⁰⁰ am to 10 ⁰⁰ pm & admit Brendy Allen MD ✓ [Signature]	
10/11/92	12 ¹⁵ am	Orders checked ——— P3 Padungu	
10/12/92	12 ⁵⁰ am	Orders checked ——— P3 Padungu	
10/14/92	12 ⁰⁰ pm	PAU removal. Haloperidol 2mg po q 4h in 8 ⁰⁰ & 8 ⁰⁰ pm some agitation & aggressive behavior x 2 days. Only give in if pt refuses and if he is a danger to others or self. Benadryl 25mg po q 4h x 4 prn dyslexia. Only give in for severe dyslexia or if can't swallow x 2 days. Give benadryl 25 mg = each prn haloperidol Brendy Allen MD [Signature]	
10/15/92	12 ³⁰ pm	Michael may go on 12 hr LOA & admit on 10/17 or 10/18. Only if no seclusion, no restraints, no suspended beds at staff discretion Brendy Allen MD [Signature]	
10/15/92	12 ³⁰ pm	Orders checked ——— P3 Padungu	

ADDRESSOGRAPH PLATE

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

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EDR PROFESSIONAL

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93

M00299

DATE	TIME	ORDER	NURSE
10/16/92	12 ³⁰ PM	Orders checked	Blodgett RN
10/18/92	12 ⁴⁰ PM	Orders checked	Blodgett RN
10/19/92	12 PM	Orders checked - Sullivan RN.	
10/19/92		Phase discharge Michael & home aunt	Renee Allen MD

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

DHMM 2026
4/18/85

ADDRESSOGRAPH PLATE
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A004583

M00300

MIKAL MAHDI LABS AND MED SHEETS

A004584

INSTRUCTIONS:

1. Use Ballpoint Pen.
2. Original (white) remains on record and Copies (yellow) to Pharmacy.

M00301

DATE	TIME	ORDER	NURSE
8/24/92		① admit to HE (m cert)	
		② Dx: Major Depression, recurrent & suicidal ideation	
		③ obs: ~~else obs, patient to work~~	
		④ allergies: NKDA	
		⑤ Diet: Regular	
		⑥ Activity: as tolerated	
		⑦ Physical exam by another physician	
		⑧ Lab: admission lab & drug screen	
		⑨ Vitals: pr routine	
		⑩ Medication: P. for PRN's call H.O.	
		Sexton Dillm. 12/2	
8/24/92	2 AM	Above were noted	Belmont
8/24/92	1:10 PM	Please attend CTS on the 4th floor to meet a Michael Stultz from 2nd	
		Reverly Allen	
8/24/92	1:30 PM	Please d/c close observation. If in return observation	
		It may have unit ^{building} for activities and to go to hospital school	
		Reverly Allen	

WALTER P. CARTER CENTER
BALTIMORE, MARYLAND

INPATIENT SERVICES

DOCTOR'S ORDER SHEET

ORIGINAL

A004585

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratories Administration
201 W. Preston St.
P.O. Box 2355, Baltimore, Maryland 21203
J. Mehsen Joseph, Ph.D., Director

COUNTY _____

THYROID FUNCTION

Physician
WALTER P. CARTER CENTER
Street
630 W. FAYETTE ST.
Town **BALTO, MD. 21201** Zip
MD

Physician's Telephone _____

TYPE OR PRINT

Imprint _____

Case # _____

Patient MAHDI Mutal Lab. No. _____Date of Birth _____ Sex: M ☒ F ☐ Race _____
(Requested to identify patients)

Address _____

City _____ County _____ State _____

Medical Assistance No. _____ SEP 2 1991 State ☐ Federal ☐
Other Third Party _____
(Policy Number) _____ P. Carter
(Group Affiliation) _____ Soc. Sec. No. _____
Individual Payer (Health Dept.) N/C ☐ A ☐ B ☐ C ☐ D ☐
Minor receiving care under Minor Consent Law: information confidential ☐

Provisional Diagnosis or Chief Symptoms _____

Test Requested _____

Specimen Taken 8:41 Received 9:25 Reported 8-31-92
Hour Date

LABORATORY REPORT

TESTS	RESULT	NORMAL RANGES
T ₃ Uptake	28.16	23-32 Percent
T ₄ Total	6.46	4.5-12 ug/dl
TSH	1.34	0-5.5 uIU/ml
T ₇	1.82	1.04-3.84
Free T ₄	1.02	0.71-1.85 mg/dl

Remarks _____

Analyst Lab Lab _____

DHMH-249 2/88

SUBMITTER'S COPY

20M

P. n
No.

PROGRESS NOTES

M00303

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LABORATORIES ADMINISTRATION

BLOOD LEAD / FEP LABORATORY REPORT

PATIENT NAME: MAMDI, MIKAL
ADDRESS:
DOB: Redacted SEX: M
MOTHER: NONE GIVEN

SPECIMEN: 044367 VENIPUNCTURE
TAKEN BY: GC
CASE: NONE GIVEN
COLLECTED: 08/25/92
RECEIVED: 08/25/92

RESULTS (MICROGRAMS PER DECILITER)
1ST RESULT(S): 1ST 2
BLOOD LEAD:
P (WHOLE BLOOD):
P (RED BLOOD CELLS):

COMMENTS:
LAV TOP
FAXED RESULTS TO PROVIDER.

CDC STATEMENT (OCTOBER 1991): PREVENTING LEAD POISONING IN YOUNG CHILDREN
INTERPRETATION OF BLOOD LEAD TEST RESULTS AND FOLLOW-UP ACTIVITIES:
CLASS OF CHILD BASED ON BLOOD LEAD CONCENTRATION

BLOOD LEAD
CLASS CONCENTRATION (UG/DL)
I < = 9

A CHILD IN CLASS I IS NOT CONSIDERED TO BE
LEAD-POISONED

RECEIVED

SEP 8 1992

TO: WALTER P CARTER CTR- 4E
630 W FAYETTE ST
BALTO, MD 21201

Walter P. Carter Center
Nurses Services

REPORTED: 08/28/92
ANALYST(S): U. DIXIT

WALTER P. CARTER CENTER
PROGRESS NOTES

ADDRESSOGRAPH PLATE

Redacted

COUNTY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratory Administration

201 W. Preston St.

P.O. Box 2355, Baltimore, Maryland 21203

J. Mehsen Joseph, Ph.D., Director

M00304

Redacted

ROUTINE URINALYSIS OR PREGNANCY TEST

(For use with Miscellaneous Jar Outfit)

Physician

WALTER P. CARTER CENTER

48 Street

630 W. FAYETTE ST.

BALTO. MD. 21201

Zip

MD

Physician's Telephone

TYPE OR PRINT

SS # _____ Case # _____

Patient MAHDI Mikal Lab. No. _____

Last Name

First

Middle

Date of Birth Redacted

Sex

M ☒F ☐

(Requested to identify patients)

Address _____

City _____ County _____ State _____ Zip _____

Medical Assistance No. _____ State ☐ Federal ☐

Other Third Party _____

(Policy Number)

(Group Affiliation)

Individual Payer (Health Dept.) N/A ☐ A ☐ B ☐ C ☐ D ☐Minor receiving care under Minor Consent Law; information confidential ☐Specimen taken _____ Received _____ Reported 8/25/92

Hour

Date

LABORATORY REPORT

URINALYSIS

Sp. Gr. 1.030 Protein _____ Glucose _____ pH 5.0Casts NA RBC NA WBC NAEpith. Cells _____ Crystals NUM. 4-6 Yeast _____Bact. NA Nitrite _____ Muc. Thds. NA Leuk. Est. _____☐ PREGNANCY TEST (Submit FIRST MORNING URINE)

1st Day LMP _____

RESULTS _____

INTERPRETATION: "Positive" indicates the presence of HCG greater than 25 mIU/ml. If clinical indication of pregnancy, a "Negative" test should be repeated at least 48 hours later.

Remarks: _____

Analyst SM Lab _____

DHSM-60 (7/91)

60M

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A004588

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Laboratory Administration
201 W. Preston Street
P.O. Box 2355, Baltimore, Maryland 21203
J. Meisen Joseph, Ph.D., Director

COUNTY

HEMATOLOGY

WALTER P. CARTER CENTER

Physician

630 W. FAYETTE ST.
BALTO. MD. 21201

Town

MD

Physician's Telephone

Redacted

TYPE OR PRINT

SS # _____ Case # _____

Patient MAHDI MikalDate of Birth _____ Sex ☒ M ☐ F

Address _____

City _____ County _____ State _____ Zip _____

Medical Assistance No. _____ State ☐ Federal ☐

Other Third Party _____ Policy Number _____

Group Affiliation _____

Individual Payer (Health Dept.) N/C ☐ A ☐ B ☐ C ☐ D ☐Minor receiving care under Minor Consent Law: information confidential ☐

Provisional Clinical Diagnosis _____ ICD Code _____

Specimen taken 8:45 AM Received 8-25-92 Reported 8/25/92LABORATORY REPORT
(Adult normal ranges indicated)☐ CBC

	Patient	Male	Female
☐ WBC	<u>39</u> $\times 10^3$	4.8-10.8	4.8-10.8
☐ RBC	<u>4.22</u> $\times 10^6$	4.7-6.1	4.2-5.4
☐ Hemoglobin	<u>12.7</u> g/dl	14-18	12-16
☐ Hematocrit	<u>37.0</u> %	42-52	37-47
☐ MCV	<u>87.6</u> fL	80-94	81-99
☐ MCH	<u>29.7</u> pg	27-31	27-31
☐ MCHC	<u>33.5</u> g/dl	33-37	33-37
☐ RDW	<u>40.1</u> %	11.5-14.5	11.5-14.5
☐ PLT	<u>401</u> $\times 10^3$	130-400	130-400
☐ MPV	_____ fL	7.4-10.1	7.4-10.4

☐ Reticulocytes _____ % 0.5-1.5 0.5-1.5
☐ ESR _____ mm-hr 0-15 0-20

Remarks _____

Analyst _____

DHMH-62 (5-91)

☐ Differential Count (% Cells)

Automated	Manual
Lymph <u>13.6</u> 20.5-51.1	Segmented Cells _____ 54-62
Mono <u>4.2</u> 1.7-9.3	Bands _____ 3-5
Gran <u>12.2</u> 42.2-75.2	Lymphocytes _____ 25-33
Eos (#) <u>2.2</u> < 7	Monocytes _____ 3-7
Baso (#) <u>2.2</u> < 2	Eosinophiles _____ 1-3
	Basophiles _____ 0-1
	Metamyelocytes _____ 0-1
	Myelocytes _____
	Promyelocytes _____
	Blast Cells _____
	N R B C _____

Red Cell Morphology

Macrocytic _____
 Microcytic _____
 Hypochromia _____
 Anisocytosis _____
 Poikilocytosis _____

Interpretation

1 = Slight 3 = Mod to Marked
 2 = Moderate 4 = Marked

SUBMITTER'S COPY

Lab. _____
Tel: 225-6088

50M

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration

201 W. Preston Street

P.O. Box 2355, Baltimore, Maryland 21203

J. Melham Joseph, P.E.D., Director

COUNTY

M00306

BLOOD CHEMISTRY

Physician
WALTER P. CARTER CENTER
Address
630 W. FAYETTE ST.
BALTO. MD. 21201
Town Zip
MD

Physician's Telephone

TYPE OR PRINT

SS # _____ Case # _____ Imprint _____

Patient Walter P. Carter Last Name First Middle Lab. No. _____Date of Birth Redacted Sex ☒ M ☐ F ☐ (Requested to identify patient)

Address _____

City _____ County _____ State _____ Zip _____

Medical Assistance No. _____ State ☐ Federal ☐

Other Third Party _____

(Policy Number) _____

(Group Affiliation) _____

Individual Payer (Health Dept.) N/C ☐ A ☐ B ☐ C ☐ D ☐Minor receiving care under Minor Consent Law; information confidential ☐

Provisional Clinical Diagnosis _____

Specimen taken 8/25/92 Received 8/25/92 Reported 8/26/92
Hour Date

LABORATORY REPORT

(Adult normal ranges indicated. Results per dl except as noted)

Bilirubin Total 0.1-1.0 mg	0.4	Glucose 76-113 mg (F) (fasting blood only)	107	Lithium 0.6-1.5 mEq/L (during treatment)	
ALT Phosphatase 36-92 U/L	19.3	Urea Nitrogen 9-19 mg	13	Sodium 135-155 mEq/L	146
SGOT (AST) 16-40 U/L	19	Creatinine 0.7-1.3 mg	0.7	Potassium 3.6-5.5 mEq/L	4.3
SGPT (ALT) 8-34 U/L	12	Uric Acid M:3.0-7.4, F:2.1-6.3 mg	3.6	Chloride 98-110 mEq/L	108
LDH 109-193 U/L	183	Cholesterol 131-200 mg	198	Calcium 9-11 mg	10.3
Total Protein 6.6-8.7 g	7.6	Triglycerides (fasting) up to 210 mg	86	Phosphorus, Inorg. 2.5-4.8 mg	5.7
Albumin 3.8-5.3 g	5.1	CPE 45-225 U/L		Iron, Total 65-175 mg	109
Globulin 2.3-4.3 g	2.5	GGT M:11-63, F:8-35 U/L	23	TIBC 250-420 mg	
A/G Ratio 1.0-2.2	2.1	Magnesium 1.67-1.99 mEq/L		% Saturation 20-50	

Remarks CO2 25 mm Hg (22-30)Analyst K. H. H. H. Lab _____

DHMH-55 (12/89)

SUBMITTER'S COPY

Control Lab, Tel. 225 6002
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A004590

/ YEAR																			
DAY																			
DURE OF DAY		12 M	4 AM	8 AM	12 N	4 PM	8 PM	12 M	4 AM	8 AM	12 N	4 PM	8 PM	12 M	4 AM	8 AM	12 N	4 PM	8 PM
PULSE TEMP P	140																		
	130																		
	120																		
	110																		
	100																		
	90																		
	80																		
	70																		
	60																		
	50																		
BLOOD PRESSURE (mm Hg)		Systolic																	
residual Hb.																			
of (Lbs. Kg.) (Shunt)																			
0	Per Oral																		
	Per Nasal																		
	Urine																		
	Venous																		
	Stool																		

Addressograph Photo

WALTER P. CARTER CENTER

GRAPHIC CHART

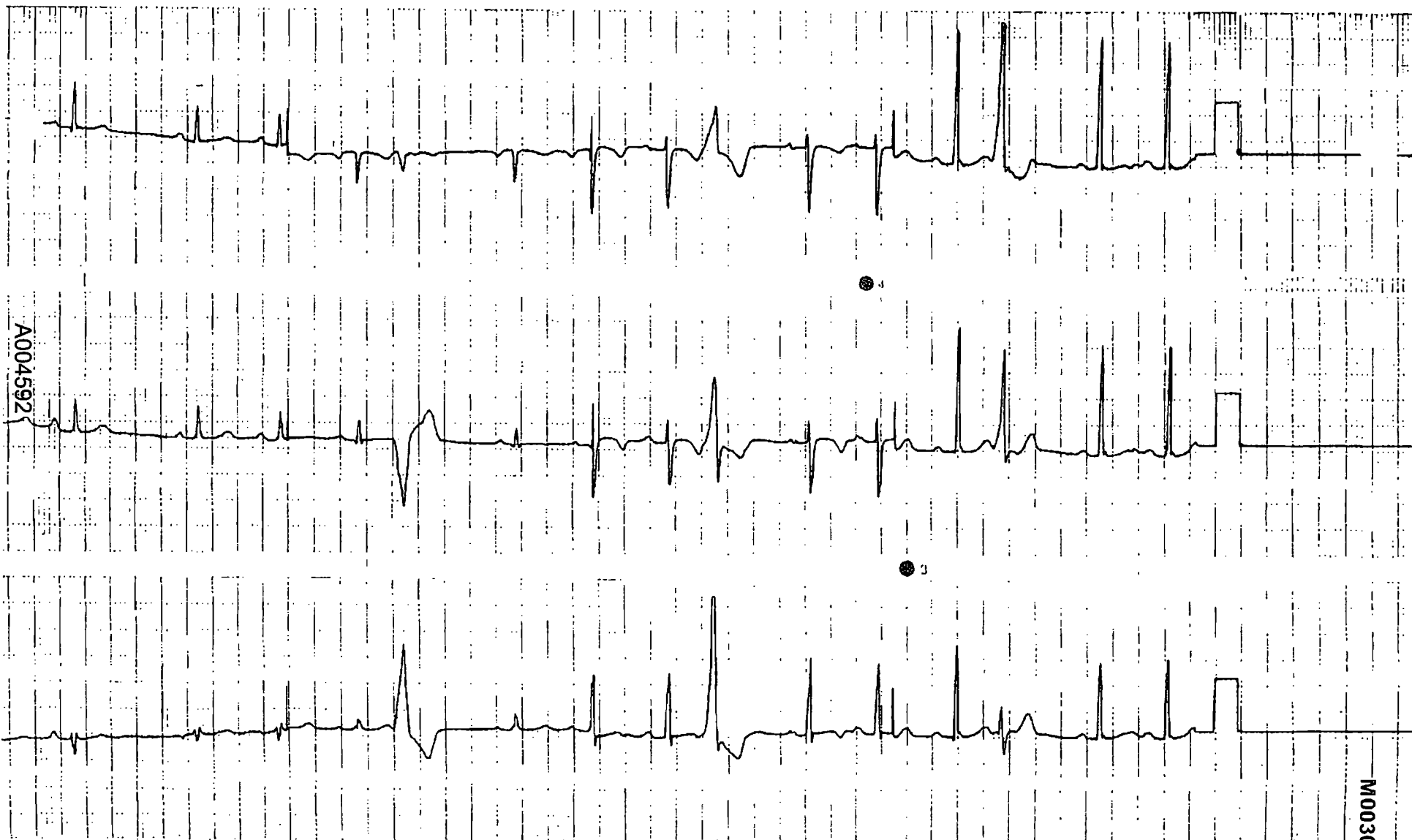
MAR 1958

2/79

A004591

FOR PROFESSIONAL USE OF
Not To Be Redisclosed

6/11



MARQUETT  PRESSURE-SCRIBE™

RECORDING 1978

MARQUETT  ELECTRONICS, INC.

JUPITER, FLORIDA U.S.A.

M.E.I. 

M00308

Service Requested

Dentistry

State reason for consultation and a clinical summary.

Dental screen

Date

9/2/92

Signature of Physician requesting Consult

[Signature]

Consultant's Opinion

- good dentition
- small decay #B
- emphasized good oral hygiene

Date

9-2-92

Signature of Consultant

[Signature]

WALTER P. CARTER CENTER
Inpatient Services

CONSULTATION

DHMH 938

Revised MRC 11/25/85

WARD CHART

ADDRESSOGRAPH PLATE

Redacted

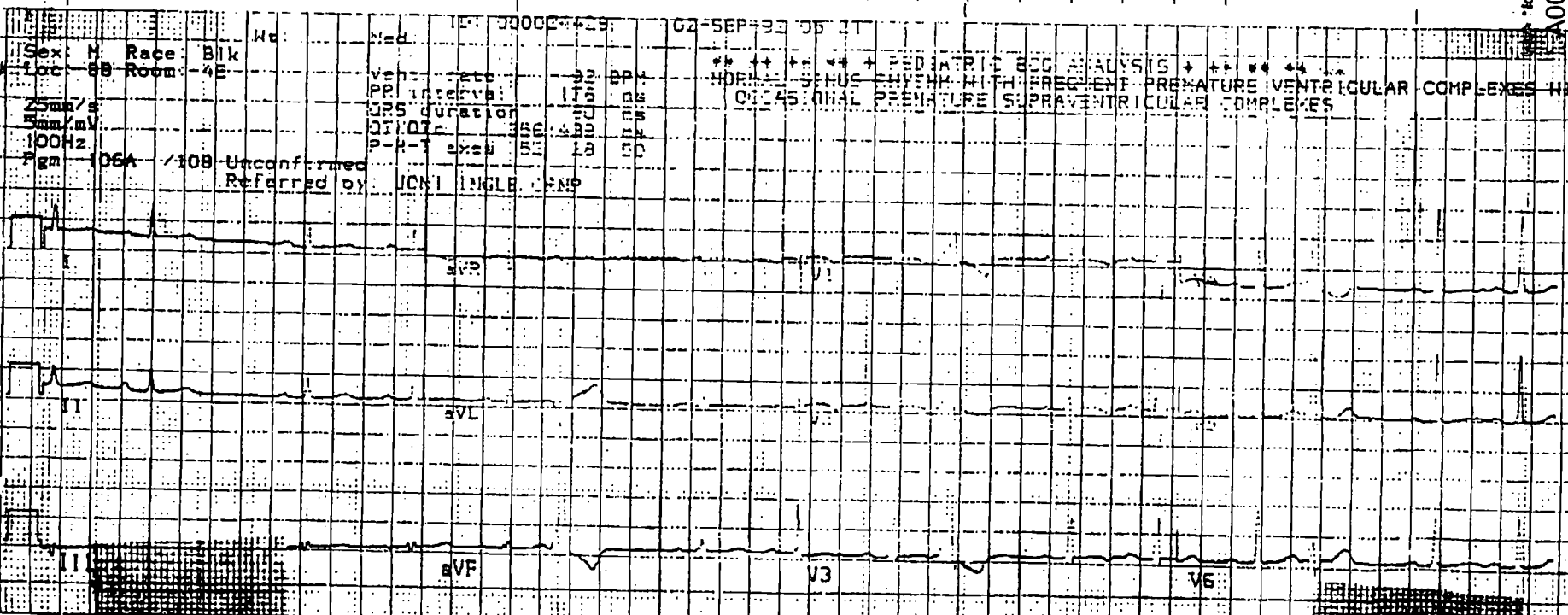
M00310

LESS NOTES

Redacted

ADDRESSOCHAMPPLATE
Redacted

No. 3000256-3
A004594



MO0311
 ic to: _____

Baltimore, Maryland 21201

Treatment Sheet

Redacted

Medication Sheet

BALTO. MD. 21207

Status		Medication		Month												Year												Weight									
Date	Reordered	Date	Discontinued	Drug Name	Dosage	Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
8/16				Bacitracin	90																																
				cover to																																	
				bandaid																																	
				Dhand																																	
				daily x 5																																	
8/16		8/16		Bacitracin		5m																															
				cover to																																	
				Band aid																																	
				Dhand																																	

A004595

Not to be used

PA 2155

NK A

Redacted

Address:

Mahdi

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21207

Medication Sheet

Medication Sheet																																			
			Medication	Month	Sept					Year	1992					Weight	82 lbs.																		
Date Started	Date Reordered	Date Discontinued	Drug Name	Dosage	Place	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
7-10-72			~~Del~~																																
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TH / YEAR		9 92		9. 92		9-92							
		23		24		25		26					
		SUNDAY											
HRS OF DAY		12 M	4 AM	8 AM	12 N	4 PM	8 PM	12 M	4 AM	8 AM	12 N	4 PM	8 PM
PULSE TEMP °F													
140	105°												
130	100°												
120	103°												
110	102°												
100	101°												
90	100°												
80	99°												
70	98°												
60	97°												
50	96°												
LOAD													
RESPIRE													
UPPER													
LWR													
Systolic													
Diastolic													
Rate / Min.													
Lbs. (Kg.) (Weight)		82 1/2											
Per Oral													
Per Rectal													
Urine													
Vomitus													
Stools													

WALTER P. CARTER CENTER

GRAPHIC CHART

EX 1958

A004597

Addressograph Plot

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allergic to:

NKA

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FOR PROCEEDINGS

Not To Be Reused

Medication Sheet

makia MAHOI MIKAC

Medication			Month	Year	Weight
Date Started	Date Reconsidered	Date Discontinued	Drug Name	Dosage	Hours
					1
					2
					3
					4
					5
					6
					7
					8
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					10
					11
					12
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					31

A004598

[illegible]

MI00315

M00316

MIKAL MAHDI
NURSING OBSERVATION

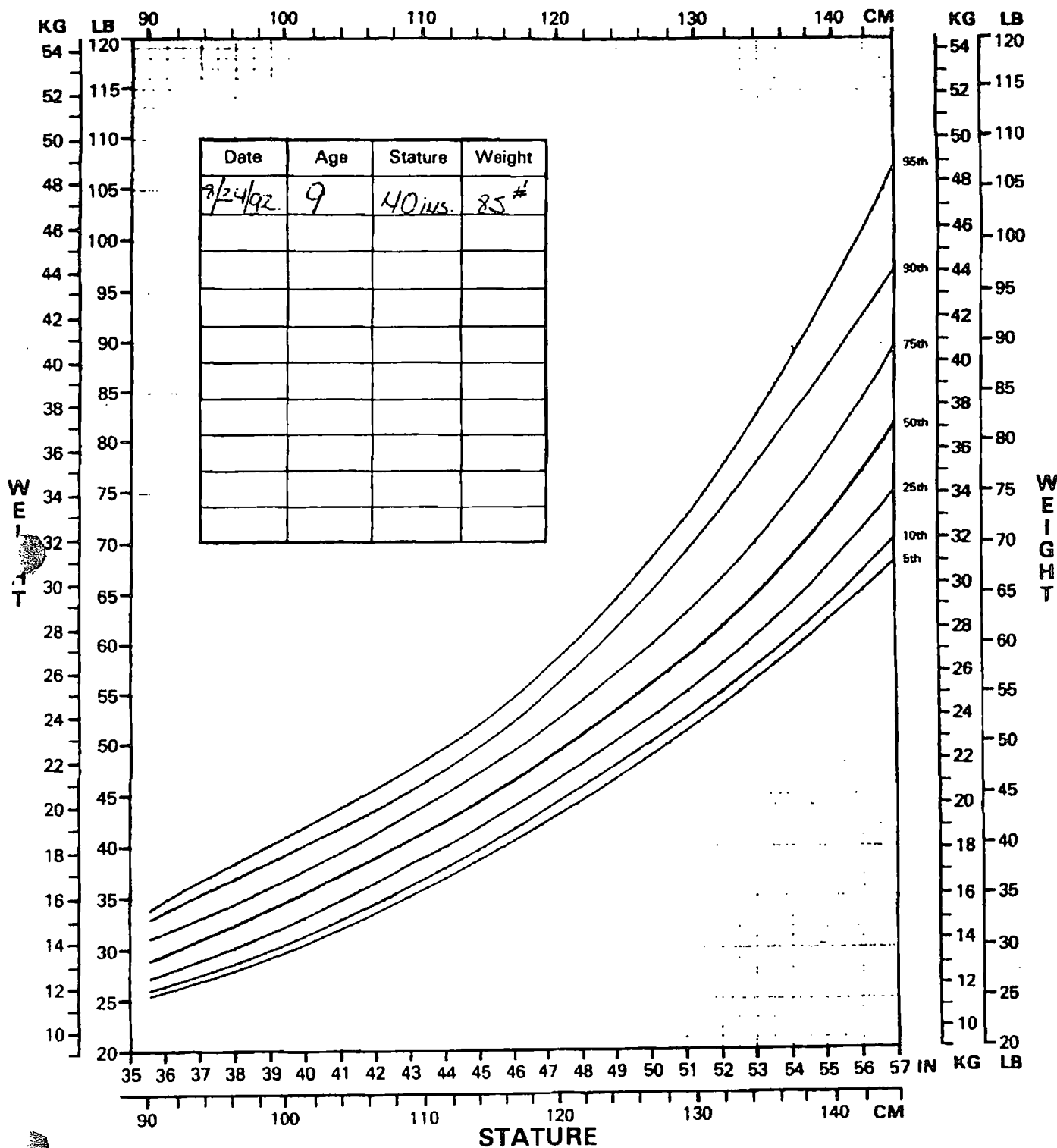
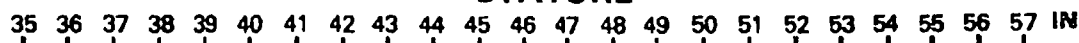
A004600

WEIGHT FOR STATURE

NAME _____

RECORDS

STATURE



Growth Record

WPC - 76 APPROVED MRC April 29, 1991

A004601

WALTER P. C. CENTER
NURSING OBSERVATION FORM

(TIME) M00318

ote: This form is to be utilized to document observation of seclusions, precautions, restraint and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation Clonal (Seclusion, Precaution, Restraint, Protective Device)

te	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
12:00		seen by doctor	[Signature]
	30	seen by doctor	[Signature]
1		in bed	[Signature]
	30	in bed	[Signature]
2		in bed	[Signature]
	30	in bed	[Signature]
3		in bed	[Signature]
	30	in bed	[Signature]
4		in bed	[Signature]
	30	in bed	[Signature]
5		in bed	[Signature]
	30	in bed	[Signature]
6		in bed	[Signature]
	30	in bed	[Signature]
7		Sitting in day room	[Signature]
	30	Sitting in day room	[Signature]
8		8:00 eating breakfast	[Signature]
	30	8:30 eating breakfast	[Signature]
9		9:00 sitting in day room	[Signature]
	30	9:30 sitting in day room	[Signature]
10		10:00 2/10/88	[Signature]

ADDRESSOGRAPH PLATE

WCC 2402 1/15 1/15
Redacted

WALTER P. CARTER CENTER
NURSING OBSERVATION FORM

CONFIDENTIAL M00319
FOR PROFESSIONAL USE ONLY

Note: This form is to be utilized to document observation of seclusions, precautions, restraints, and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation: Class Observation
(Seclusion, Precautions, Restraint, Protective Device)

Date	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
12/2/92	4:11	Sitting in the guest room singing	[Signature]
	4:30	Sitting in the guest room singing	[Signature]
	5:04	Sitting in guest room asleep	[Signature]
	5:30	Sitting in guest room asleep	[Signature]
	6:00	Sitting in the room on bed	[Signature]
	6:30	Talking to peer in hall	[Signature]
	7:00	In Day room eating snack	[Signature]
	7:30	In day room watching video	[Signature]
12/2	8:30	In hallway / bedroom door	[Signature]
	9:00	In hall in bed awake	[Signature]
	9:30	In hall in bed awake	[Signature]
	10:14	In hall in bed awake	[Signature]
	30	Asleep in hall	[Signature]
	11:00	Asleep in bed in hall	[Signature]
	30	Asleep on bed in hall	[Signature]
	12:00	Asleep	[Signature]
	2:00	Asleep	[Signature]
	1:00	Asleep	[Signature]
	3:00	Asleep	[Signature]
	2:00	In bath room	[Signature]
	3:00	In bed in hall	[Signature]
	3:00	Asleep on bed in hall	[Signature]
	3:00	Asleep	[Signature]
	4:00	Asleep	[Signature]

Documentation Requirements:

Seclusion, Precaution, Restraint: q. 15 Min.
Protective Device: q. 1/2 hour

Redacted

ADDRESSOGRAPH PLATE

WALTER E. CARTER CENTER

NURSING OBSERVATION FORM

Note: This form is to be utilized to document observation of seclusions, precautions, restraint and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation (Seclusion, Precautions, Restraint, Protective Device)

Date	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
8/28/92	4:30A	Sleep	L. Greene
	5:00A	Sleep	L. Greene
	5:30A	Sleep	L. Greene
	6:00A	Sleep	L. Greene
	6:30A	Asleep	L. Greene
	7:00A	Asleep up down 4 m care	L. Greene
	7:15A	Up! down 4 m care	L. Greene
	8:00A	Sitting in day room	L. Greene
	8:30A	eating breakfast	L. Greene
	9:00A	day room watching T.V.	W. Johnson
	9:15A	Community meeting	W. Johnson
	9:30A	Community meeting	W. Johnson
	9:45A	Community meeting	W. Johnson
	10:00A	day room talking	W. Johnson
	10:15A	Talking to peers	G. Steyer
	10:30A	Talking to peers	G. Steyer
	10:45A	Talking to peers	G. Steyer
	11:00A	Watching T.V.	G. Steyer
	11:15A	Watching T.V.	G. Steyer
	11:30A	Watching T.V.	G. Steyer
	11:45A	Watching T.V.	G. Steyer
	12:00A	eating lunch	G. Steyer
	12:15A	eating lunch	G. Steyer

Documentation Requirements:

Seclusion, Precaution, Restraint: q. 15 Min.

Protective Device: q. 1/2 hour

PC: 24423

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ADDRESSOGRAPH/PLATE

WALTER F. CARTER CENTER
NURSING OBSERVATION FORM

M00321

Note: This form is to be utilized to document observation of seclusions, precautions, restraints, and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation C/O
(Seclusion, Precautions, Restraint, Protective Device)

Date	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
	12 ³⁰	Eating lunch	Allyson Jones
	1 ⁰⁰	Playing game	Allyson Jones
	30	Playing game	Allyson Jones
	2 ⁰⁰	Playing game	Allyson Jones
	30	Playing game	Allyson Jones
	3 ⁰⁰	talking to Dr. Allen	Jackie Brewster
	3 ³⁰	talking to Dr. Allen	Jackie Brewster
	4 ⁰⁰	Sitting in room watching TV	Jackie Brewster
	4 ³⁰	Watching TV	Jackie Brewster
	5	Watching TV	Jackie Brewster
	5 ³⁰	Eating dinner	Jackie Brewster
	6 ⁰⁰	Playing in room	Jackie Brewster
	6 ³⁰	In community meeting	Jackie Brewster
	7	Eating Snacks	Jackie Brewster
	7 ³⁰	Watching TV	Jackie Brewster
	8	Watching T.V	Jackie Brewster
	8 ³⁰	Taking a bath	Jackie Brewster
	9	In bed awake	Jackie Brewster
	9 ³⁰	In bed asleep	Jackie Brewster
	10	Asleep	Jackie Brewster
	10 ³⁰	Asleep	Jackie Brewster
	11	Asleep	Jackie Brewster
	11 ³⁰		

Documentation Requirements:

Seclusion, Precaution, Restraint: q. 15 min.
Protective Device: q. 1 hour

ADDRESSOGRAPH PLATE

Redacted

M00322

(1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Date	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
8/28	11:15	Asleep in hall.	T. Green
	30	Asleep	T. Green
	45	Asleep	T. Green
8/29	12:15 PM	Asleep	T. Green
	3:10	Asleep	T. Green
	1 AM	Asleep	T. Green
	3:10	Asleep	T. Green
	2 AM	Asleep	T. Green
	3:10	Asleep	T. Green
	3 AM	Asleep	T. Green
	7:10	Asleep	T. Green
	4 AM	Up to back porch	T. Green
	6:10	Asleep	T. Green
	5 AM	Asleep	T. Green
	3:10	Asleep	T. Green
	6 AM	Asleep	T. Green
	3:10	Asleep	T. Green
	7 AM	Up to BK.	T. Green
	8:10		

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(1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

C. J. H. H. H.

(Seclusion, Precaution, Restraint, Protective Device)

e	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
7		Sleeping on bed in hallway	W. Johnson
30		Remains on bed in hallway	W. Johnson
8		Eating breakfast	W. Johnson
30		Watching TV in dayroom	W. Johnson
9		Uses bathroom	W. Johnson
30		Sitting at Pew in dayroom	W. Johnson
10		Watching TV in dayroom	W. Johnson
30		Sitting in dayroom	W. Johnson
11		Watching TV	W. Johnson
30		Sitting in dayroom	W. Johnson
12		Sitting at Pew in dayroom	W. Johnson
30		Eating breakfast lunch in dayroom	W. Johnson
1		Sitting at Pew	W. Johnson
30		Sitting in dayroom watching TV	W. Johnson
2		Uses bathroom	W. Johnson
30		Watching TV in dayroom	W. Johnson
3		Sitting in dayroom	W. Johnson
3:30		sitting in dayroom watching T.V.	W. Johnson
4 PM		sitting in dayroom playing with ^{visiting} par. Bath room family	W. Johnson
4:30		sitting in dayroom watching T.V.	W. Johnson
5:00 PM		sitting in dayroom eating dinner	W. Johnson
5:30		Eating dinner	W. Johnson
6 PM		Watching TV	W. Johnson
6:30		Watching TV	W. Johnson

ADDRESSOGRAPH⁴ PLATE⁵

FOR PROFESSIONAL USE (P)

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2. To Be Redisclosed

Redacted

WALTER P. CARTER CENTER
NURSING C. EVALUATION FORM

M00324

te: This form is to be utilized to document observation of seclusions, precautions, restraint and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation Class Observation
(Seclusion, Precaution, Restraint, Protective Device)

te	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
7 ^{PM}	7 ^{PM}	Relaxing game with staff	[Signature]
	30	Watching + V	[Signature]
8 ^{PM}	8 ^{PM}	Watching + V	[Signature]
	30	Watching + V	[Signature]
9 ^{PM}	9 ^{PM}	Imagined awake	[Signature]
	30	Asleep	[Signature]
10 ^{PM}	10 ^{PM}	Asleep	[Signature]
	30	Asleep	[Signature]
11 ^{PM}	11 ^{PM}	Asleep	[Signature]
	30	Asleep	[Signature]
12 ^{AM}	12 ^{AM}	Asleep	[Signature]
	30	Asleep	[Signature]
1 ^{AM}	1 ^{AM}	Asleep	[Signature]
	30	Asleep	[Signature]
2 ^{AM}	2 ^{AM}	Asleep	[Signature]
	30	Asleep	[Signature]
3 ^{AM}	3 ^{AM}	Asleep	[Signature]
	30	Bathroom	[Signature]
4 ^{AM}	4 ^{AM}	Asleep	[Signature]
	30	Asleep	[Signature]
5 ^{AM}	5 ^{AM}	Asleep	[Signature]
	30	Asleep	[Signature]
6 ^{AM}	6 ^{AM}	Asleep	[Signature]
	30	Asleep	[Signature]

PCC 24 ADDRESSOGRAPH PLATE 2
Redacted

WALTER F. CARTER CENTER
NURSING OBSERVATION FORM

M00325

This form is to be utilized to document observation of seclusions, precautions, restraints and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation Close Observation
(Seclusion, Precautions, Restraint, Protective Device)

Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
7:40	Getting on Bed	McKany
30	Eating breakfast	Johnson
8:00	Eating breakfast	Johnson
30	Playing table game	Johnson
9:00	Playing table game	Johnson
30	Playing table game	Johnson
10:00	Remain in day room	Johnson
30	Using bathroom	Johnson
11	Sitting in day room	Johnson
30	Remain in day room	Johnson
12	Using bathroom	Johnson
30	Watching video	Johnson
1	Sitting in day room	Johnson
30	Watching video	Johnson
2	Watching TV	Johnson
30	Watching TV	Johnson
3	Sitting in day room watching TV	W Johnson
30	Lying down hallway	W Johnson
4:00	Lying down hallway	W Johnson
30	Day Room playing with peers	W Johnson
5:00	Dinner day room	W Johnson
30	Watching TV day room	W Johnson
6:00	Watching TV day room	W Johnson
30	Bath	W Johnson

Documentation Requirements:

Seclusion, Precaution, Restraint: q. 15 Min.

Protective Device: q. 1/2 hour

ADDRESSOGRAPH PLATE

Redacted

H 1668

Writing Policy and Procedure
dated 05/88

A004609 10 21207

WALTER F. CARTER CENTER
NURSING C IVATION FORM

M00326

te: This form is to be utilized to document observation of seclusions, precautions, restraint and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present.
- (2) RN's assessment.
- (3) Physician's Order obtained, who was notified.
- (4) Any clothing or articles removed for safety.
- (5) Account of patient's behavior.
- (6) Medication given, vital signs; BP, pulse, effectiveness of medication.
- (7) Rationale for continuing seclusion.
- (8) Every two hours, fluid intake and bathroom breaks, bath.
- (9) Food intake.
- (10) Patient's conversation.
- (11) Seen by Physician.
- (12) Seclusion room safe and temperature comfortable.

Type of Observation Close observation
(Seclusion, Precaution, Restraint, Protective Device)

Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
7 ⁰⁰ PM	shake day room	W Johnson
30	day room - watching T.V.	W Johnson
8 ⁰⁰ PM	day room - watching T.V.	W Johnson
30	bed awake - hallway	W Johnson
9 ⁰⁰ PM	bed awake - hallway	W Johnson
30	bed sleep hallway	W Johnson
10 ⁰⁰ PM	bed sleep hallway	W Johnson
30	sleep - hallway	W Johnson
11 ⁰⁰ PM	sleep - hallway	W Johnson
30	" "	" "
12 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny
1 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny
2 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny
3 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny
4 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny
5 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny
6 ⁰⁰ AM	Deep	McKenny
30	Deep	McKenny

18cc ADDRESSOGRAPH PLATE
Redacted

NURSING OBSERVATION FORM

Note: This form is to be utilized to document observation of seclusions, precautions, restraints, and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation, (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation CLASS MD
(Seclusion, Precautions, Restraint, Protective Device)

Date	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
3/1/72	7 AM	In bed in hall - awakes	Anna Morrison RN
	7 ³⁰	In hall talking to staff	Anna Morrison RN
	8 ⁴	In day room eating breakfast	Anna Morrison RN
	8 ³⁰	In day room watching TV	Anna Morrison RN
	9 ⁴	In day room talking to peers	Anna Morrison RN
	9 ³⁰	In day room talking to peers	Anna Morrison RN
	10 ⁴	In day room watching TV	Anna Morrison RN
	10 ³⁰	In day room talking with	Anna Morrison RN
	11 ⁴	In day room reading with staff	Anna Morrison RN
	11 ³⁰	In day room playing game with staff	Anna Morrison RN
	12 ^N	Eating lunch	Jackie Brewster RN
	12 ³⁰	Eating lunch	Jackie Brewster RN
	1 ^P	went to Hearing on 7th Floor	Jackie Brewster RN
	1 ³⁰	Still attending Hearing	Jackie Brewster RN
	2 ^P	in group	Anna Morrison RN
	2 ³⁰	In day room to peers	Anna Morrison RN
	3 ^P	In hall room (quiet time in hall)	Anna Morrison RN

Exposure Requirements:
Exposure, Precaution, Restraint: q. 15 Min.
Protective Device: q. 1/2 hour

ADDRESSOGRAPH PLATE

Redacted

M00328

(1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

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M00329

(1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation

Seclusion, Precautions, Restraint, Protective Device

te	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
1/92	4 ³⁰ PM	Being destructive and yelling + banging on door	Stewart Thullen ^{DE 7}
	15	Stomping at door banging	Stewart Thullen ^{DE 7}
	30	pumping and yelling at door	Stewart Thullen ^{DE 7}
	5 ⁰⁰	yelling on door handle	Stewart Thullen ^{DE 7}
	15	Stand at door + door open	Stewart Thullen ^{DE 7}
	30	Sitting on floor eating his dinner	Stewart Thullen ^{DE 7}
	4 ⁵⁵	Sitting quietly on floor	Stewart Thullen ^{DE 7}
	20	Lat 106, Quiet Room behavior terminated	Stewart Thullen ^{DE 7}

ADDRESSOGRAPH PLATE

ADDRESS ONLY PLEASE
Makela, Mikal

H 1668

A004513

WALTER CARTER CENTER
NURSING OBSERVATION FORM

Note: This form is to be utilized to document observation of seclusions, precautions, restraints and protective devices. Please indicate which observation the form is being utilized for in the space provided. Seclusion Criteria - Describe in Progress Note by the RN.

- (1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable.

Type of Observation Restraint Body Net
(Seclusion, Precautions, Restraint, Protective Device)

Date	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
7/27/88	8:55 AM	Pt. non-compliance to verbal interventions and quiet room measures, cursing, calling staff names and kicking walls. Pt. placed in bodynet. Pt. to this measures pt. angry in community mtg. Made statement that this is a place for "crazy people" when asked to explain his statement pt. becomes increasingly agitated. Pt. proceeded to pretend and throwing furniture in day room. Screaming and yelling that he is "crazy". PRA was given ^{500mg} ~~100mg~~ ~~200mg~~ ~~300mg~~ ~~400mg~~ ~~500mg~~ ~~600mg~~ ~~700mg~~ ~~800mg~~ ~~900mg~~ ~~1000mg~~ ~~1100mg~~ ~~1200mg~~ ~~1300mg~~ ~~1400mg~~ ~~1500mg~~ ~~1600mg~~ ~~1700mg~~ ~~1800mg~~ ~~1900mg~~ ~~2000mg~~ ~~2100mg~~ ~~2200mg~~ ~~2300mg~~ ~~2400mg~~ ~~2500mg~~ ~~2600mg~~ ~~2700mg~~ ~~2800mg~~ ~~2900mg~~ ~~3000mg~~ ~~3100mg~~ ~~3200mg~~ ~~3300mg~~ ~~3400mg~~ ~~3500mg~~ ~~3600mg~~ ~~3700mg~~ ~~3800mg~~ ~~3900mg~~ ~~4000mg~~ ~~4100mg~~ ~~4200mg~~ ~~4300mg~~ ~~4400mg~~ ~~4500mg~~ ~~4600mg~~ ~~4700mg~~ ~~4800mg~~ ~~4900mg~~ ~~5000mg~~ ~~5100mg~~ ~~5200mg~~ ~~5300mg~~ ~~5400mg~~ ~~5500mg~~ ~~5600mg~~ ~~5700mg~~ ~~5800mg~~ ~~5900mg~~ ~~6000mg~~ ~~6100mg~~ ~~6200mg~~ ~~6300mg~~ ~~6400mg~~ ~~6500mg~~ ~~6600mg~~ ~~6700mg~~ ~~6800mg~~ ~~6900mg~~ ~~7000mg~~ ~~7100mg~~ ~~7200mg~~ ~~7300mg~~ ~~7400mg~~ ~~7500mg~~ ~~7600mg~~ ~~7700mg~~ ~~7800mg~~ ~~7900mg~~ ~~8000mg~~ ~~8100mg~~ ~~8200mg~~ ~~8300mg~~ ~~8400mg~~ ~~8500mg~~ ~~8600mg~~ ~~8700mg~~ ~~8800mg~~ ~~8900mg~~ 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M00331

(1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable. *See page 220*

ce	Time	Remarks - Behavior, Activities, Intake, Meds. etc.	Signature
14	8:15	pt arrived at the clinic today. He didn't & Kelly he came into the classroom & began throwing chairs. ⁹ used a Backing	
		took a seat in his seat. shoes removed	Ante M. White
	8:30	yelling & banging on the door	Ante M. White
	8:45	given a seclusion bag for Breakfast	Ante M. White
	9:00	sitting on mat	Ante M. White
	9:15	seclusion terminated & pt in Room for 15 min	Ante M. White

A004615

M00332

(1) Behavior prior to seclusion, alternative tried, and mechanism used to seclude, includes Management of Violent Patient approved holds), and number of staff present RN's assessment. (2) Physician's Order obtained, who was notified. (3) Any clothing or articles removed for safety. (4) Account of patient's behavior. (5) Medication given, vital signs; BP, pulse, effectiveness of medication. (6) Rationale for continuing seclusion. (7) Every two hours, fluid intake and bathroom breaks, bath. (8) Food intake. (9) Patient's conversation. (10) Seen by Physician. (11) Seclusion room safe and temperature comfortable. *Sgt.*

Type of Observation: Direct
(Seclusion, Precaution, Restraint, Protective Device)

[illegible]

ADDRESSOGRAPH PLATE

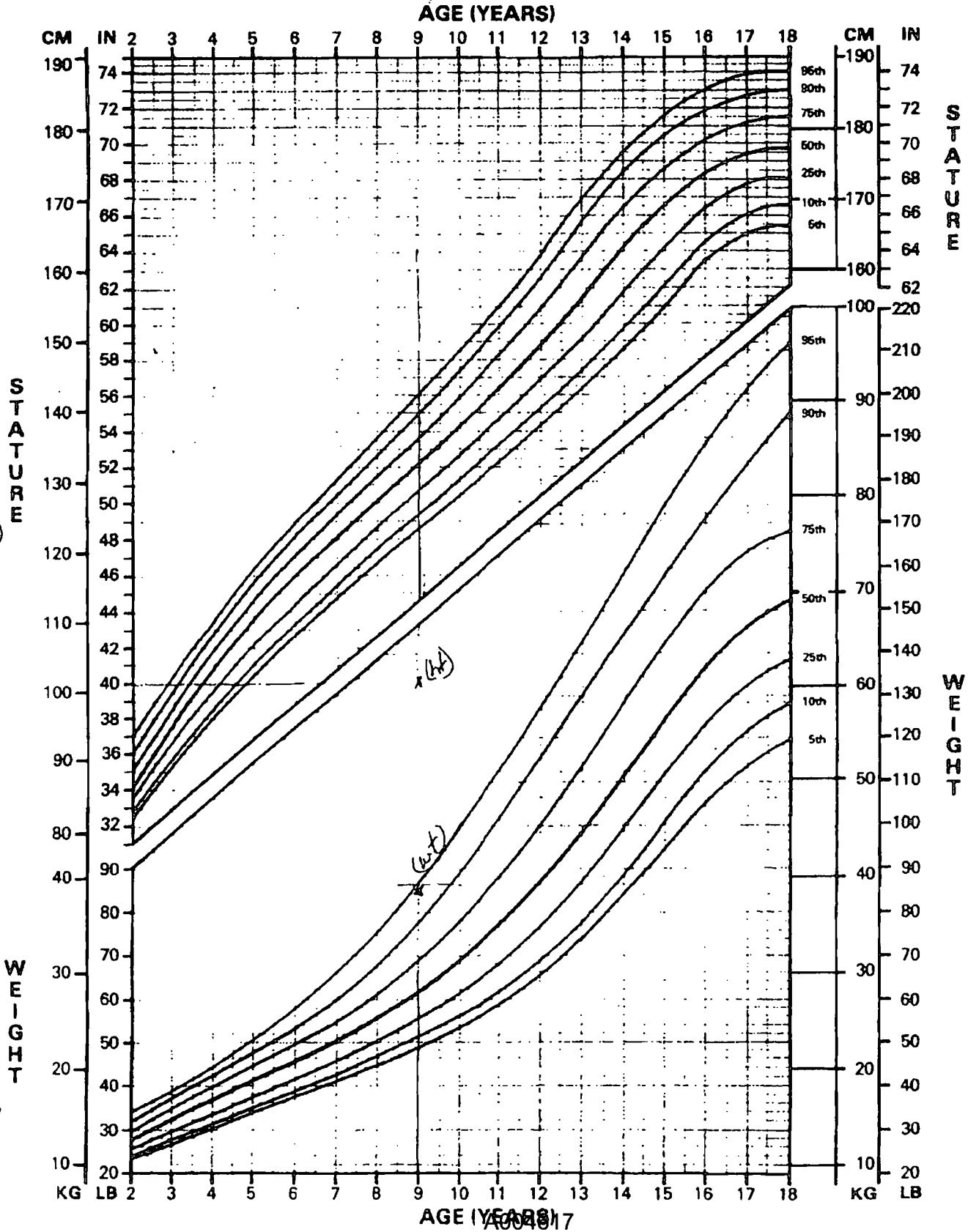
Redacted

BOYS: 2 TO 18 YEARS
STATURE FOR AGE &
WEIGHT FOR AGE

M00333

NAME _____

RECORD # _____



M00334

MIKAL MAHDI IN-PATIENT TRACKING

A004618

M00335

Form LF.009 5.88

CUMULATIVE HEALTH RECORD

ID#

Redacted

ANNUAL PHYSICAL INSPECTION

Redacted

FULL NAME

Mah-di

LAST

Mikal

FIRST

Deen

MIDDLE

DATE OF BIRTH

SEX

M

CHECK DISEASES HAD (✓)

RHEUMATIC FEVER ()

DIPHTHERIA ()

SCARLET FEVER ()

SMALL POX ()

PERTUSSIS (WHOOPIING COUGH) ()

CHICKEN POX ()

MUMPS ()

MEASLES ()

From Short Pump

CODE: NO DEFECT ○

DEFECT X

DEFECT CORRECTED ⊗

DEFECT BEING TREATED ⊕

YEAR	1989	19	19	19	19	19	19	19	19	19	19	19	19	19	19
HEIGHT	55														
WEIGHT	56 1/2														
VISION RIGHT	20/20														
VISION LEFT	20/20														
HEARING RIGHT															
HEARING LEFT															
TEETH															
THROAT															
SCOLIOSIS															
OSTURE															
SPEECH															
PARENTS/GUARDIAN NOTIFIED ()															
EXAM (BY PHYSICIAN) ()															
EXAM (BY DENTIST) ()															

IMMUNIZATION HISTORY

Dose	DPT MO DAY YR	POLIO MO DAY YR	MEASLES MO DAY YR	RUBELLA MO DAY YR	MUMPS MO DAY YR	To ADULT MO DAY YR
1st	8-1-83	8-1-83	3-25-88	3-25-88	3-25-88	
2nd	9-7-83	9-7-83	3-29-91	3-29-91	3-29-91	
3rd	2-8-84	2-8-84				

C. S. 3-7-91

A004619

Redacted

Redacted

M00336

PART I

PERSONAL DATA

NAME: Mahdi Mikal Deer BIRTH DATE: Redacted
SEX: MALE ☒ FEMALE ☐ RACE: Redacted CHILD'S SOCIAL SECURITY #: Redacted
PARENT OR GUARDIAN: Mahdi Sherrif WORK PHONE: Redacted
HOME ADDRESS: Redacted Lawrenceville Va ZIP: Redacted

SCHOOL DATA

SCHOOL: Redacted SCHOOL DIVISION: Redacted STUDENT I.D. NUMBER: Redacted SCHOOL YEAR/GRADE: Redacted

HEALTH HISTORY

LIST ANY SERIOUS ILLNESSES, ACCIDENTS, OPERATIONS, NUTRITIONAL, DENTAL, MENTAL OR EMOTIONAL PROBLEMS OR HANDICAPPING CONDITIONS:

1. IS CHILD RECEIVING CONTINUING MEDICAL CARE: YES ☐ NO ☐
2. IS CHILD TAKING ANY MEDICATION REGULARLY: YES ☐ NO ☐
3. IS CHILD USING ANY MEDICAL DEVICE: YES ☐ NO ☐

SIGNED: PARENT ☐ OR GUARDIAN ☐DATE: 10/14/88

PHYSICAL EXAMINATION

HT: 45" WT: 45 1/2 lbs B/P: Redacted UNALYSIS: Protein - Glucose - Neg PH 7.4
HEARING: Redacted R Redacted L Redacted HEMOGLOBIN: Redacted
VISION: W/O GLASSES: R Redacted L Redacted TUBERCULIN (IF GIVEN): Redacted
COLOR DISCRIMINATION: Redacted OTHER: Redacted

NORMAL EVALUATION ☐

IF NOT, DESCRIBE ABNORMAL OR HANDICAPPING CONDITIONS:

1. Bishop RECOMMENDATIONS: Redacted
2. Redacted
3. Redacted

SIGNED: X PHYSICIAN RedactedDATE: Redacted

PART II

CERTIFICATION OF IMMUNIZATION

IMMUNIZATIONS	VACCINE DOSES ADMINISTERED					RELIGIOUS EXEMPTION
DIPHTHERIA TETANUS PERTUSSIS (DTP)	1) <u>8, 1, 83</u> Mo Day Yr	2) <u>9, 7, 83</u> Mo Day Yr	3) <u>2, 8, 84</u> Mo Day Yr	4) <u>4, 19, 88</u> Mo Day Yr	5) <u>/ /</u> Mo Day Yr	§22.1-271.2, C.(7) of the Code allows a child an exemption from receiving immunizations required for school attendance if he or his parent or guardian submits an affidavit to the school's governing official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school for the first time after July 1, 1983 must submit this affidavit on a Certificate of Religious Exemption (Form CRE-1) which may be obtained at any local health department, school division superintendent's office or local department of social services.
DIPHTHERIA TETANUS (Td)	1) <u>/ /</u> Mo Day Yr	2) <u>/ /</u> Mo Day Yr	3) <u>/ /</u> Mo Day Yr	4) <u>/ /</u> Mo Day Yr	5) <u>/ /</u> Mo Day Yr	
POLIOMYELITIS (OPV)	1) <u>9, 1, 88</u> Mo Day Yr	2) <u>9, 7, 83</u> Mo Day Yr	3) <u>2, 8, 84</u> Mo Day Yr	4) <u>4, 19, 88</u> Mo Day Yr	5) <u>/ /</u> Mo Day Yr	
MEASLES	<u>/ /</u> Mo Day Yr Live Virus Vaccine? Yes ☐ No ☐		Serological Confirmation of Immunity <u>/ /</u> Mo Day Yr		MEDICAL EXEMPTION ☐ DTP ☐ Td ☐ OPV ☐ Measles ☐ Rubella ☐ Mumps As specified in §22.1-271.2, C.(1) of the Code, I certify that administration of the vaccine(s) designated above would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because _____ This contraindication is ☐ permanent (or) ☐ temporary and expected to preclude immunization until _____ <u>X</u> Signature of Physician or Health Department Official Date	
RUBELLA	<u>/ /</u> Mo Day Yr		Serological Confirmation of Immunity <u>/ /</u> Mo Day Yr			
MUMPS	<u>/ /</u> Mo Day Yr		Child entered school before August 1, 1981 ☐ YES			
MEASLES, MUMPS, RUBELLA (MMR)	<u>3, 25, 88</u> Mo Day Yr		I certify that this student has received at least one dose of each of the vaccines required by the State Board of Health attending school and that this student has a plan for the completion of his immunization requirements.			

X
Signature of Physician or Health Department Official

Date

M00337

DISCHARGED TO: _____

DISCHARGE DATE: \ \

ADDRESS GIVEN

\	\	_____	_____
\	\	_____	_____
\	\	_____	_____
\	\	_____	_____
\	\	_____	_____
\	\	_____	_____

DATE

REPORT

RESULT

Describe discharge planning efforts since last report:

First choice: Second: Third:
 PRIORITIZE AND FACTOR(S) THAT MIGHT HINDER RELEASE: (See code sheet)

In separate placement:

DESCRIBE, based on documentation, any other services which might benefit the patient

Third choice - Residency: School: Treatment:
 Second choice - Residency: School: Treatment:
 First choice - Residency: SE School: I Treatment: I
 APPROPRIATE AFTERCARE SETTING(S) FOR THIS PATIENT: (See code sheet)

If NO, date determined clinically ready for discharge by treatment team: \ \
 If YES, estimate date ready for discharge: 10/12/05

DOES PATIENT NEED CONTINUED INPATIENT TREATMENT: A

(A)ADULT (I)JUVENILE - COPS (C)CONF : I
 SINGLE APPROPRIATE AFTERCARE SETTING -
 BIRTH DATE: Redacted SEX: M RACE: B COMPLY: 03

PATIENT DEMOGRAPHICS: ADM DATE: 08/53/05

CIRCU -- ALL addresses involved -- DSS: X DRS: NEDS: DHM: X

P.A. PHONE: Redacted PHONE: 358-5001

P.A. CONTACT PERSON: MR. BLAKE COMPLETED BY: SARAH DORRIS

P.A. FOCUS: DMH
 LEAD AGENCY - STATE: DMH HOSPITAL: CYRUS CENTER

PATIENT: MIKE HANDE
 REPORT DATE: \ \

INPATIENT TRACKING FORM
 CHILD & ADOLESCENT

A004621

CHILD & ADOLESCENT
INPATIENT TREATMENT FORM

M00338

REPORT DATE: 8/24/92

LEAD AGENCY: DHMH

HOSPITAL: Center Center

L.A. CONTACT PERSON:

COMPLETED BY: Sylvia Dolgoff

L.A. PHONE: -

PHONE: 328-2601

CHECK -- All Agencies Involved -- DSS: X

DJS:

MSDE:

DHMH: X

PATIENT NAME: Mikal MAHDI

ADM DATE: 8/23/92

BIRTH DATE: Redacted

SEX: M

RACE: B

COUNTY: Baltimore

INDICATE (By Single Letter) Admission Status -

(V) Voluntary (I) Involuntary - Cerls (C) Court: I

DOES PATIENT NEED CONTINUED INPATIENT TREATMENT?: X

If 'YES', estimate date ready for discharge: 9/12/92

If 'NO', date determined clinically ready for discharge by treatment team: / /

APPROPRIATE AFTERCARE SETTING(S) FOR THIS PATIENT: (See Code Sheet)

First Choice - Residential: School: Treatment:

Second Choice - Residential: School: Treatment:

Third Choice - Residential: School: Treatment:

DESCRIBE, based on documentation, any other service which might benefit the patient in aftercare placement:

PRIORITIZE ANY FACTOR(S) THAT WOULD HINDER RELEASE: (See Code Sheet)

First Choice: Second: Third:

Describe Discharge Planning Efforts Since Last Report:

DATE	EFFORT	RESULT

/ /		
/ /		
/ /		
/ /		
/ /		
/ /		

Redacted

DISCHARGE DATE: / /

M00339

CHILD & ADOLESCENT
INPATIENT TRACKING FORM

PATIENT: MIKAL MAHDI

REPORT DATE: 9/13/92

LEAD AGENCY - STATE: DHMH

HOSPITAL: CARTER CENTER

L.A. LOCAL: DHMH

L.A. CONTACT PERSON: Mr. Blake

COMPLETED BY: SYLVIA DOLGOFF

L.A. PHONE: Redacted

PHONE: 328-2601

CIRCLE -- All Agencies Involved -- DSS: X DJS: MSDE: DHMH: X

PATIENT DEMOGRAPHICS:

ADM DATE: 08/23/92

BIRTH DATE: Redacted

SEX: M

RACE: B

COUNTY: 03

CIRCLE Appropriate Admission Status -

(V) Voluntary (I) Involuntary - Certs (C) Court: I

DOES PATIENT NEED CONTINUED INPATIENT TREATMENT?: Y

If 'YES', estimate date ready for discharge: 09/12/92 / 0/15/92

If 'NO', date determined clinically ready for discharge by treatment team: / /

APPROPRIATE AFTERCARE SETTING(S) FOR THIS PATIENT: (See Code Sheet)

First Choice - Residential: 26 School: / Treatment: /

Second Choice - Residential: School: Treatment:

Third Choice - Residential: School: Treatment:

DESCRIBE, based on documentation, any other service which might benefit the patient
in aftercare placement: CONFIDENTIAL

PRIORITIZE ANY FACTOR(S) THAT WOULD HINDER RELEASE: (See Code Sheet)

First Choice: Second: Third: N:

Describe Discharge Planning Efforts Since Last Report:

DATE	EFFORT	RESULT
1/1	Meeting with pt's Aunt	obtained history, discussed discharge
8/28/92	Contacted pt's Aunt	request
8/31/92	Involuntary Status Hearing	Aunt reports patient can come home when ready for discharge
9/1/92	Contacted pt's Aunt	patient retained
1/1	Evaluation in Progress	Aunt not clear about legal rights to give consent for medication
9/2/92	Treatment Team Mtg	will be scheduled for day 2 on week-end
9/3/92	Contacted pt's Aunt	Redacted

DISCHARGE DATE: / /

DISCHARGED TO:

A004623

① L.A. on 9/5/92
② family therapy on 9/9/92

CHIEF OF MEDICAL STAFF
HOSPITAL DISTRICT CENTER

PATIENT: MR. AL. LAMM

REPORT DATE: 10.2.92

LEAD AGENCY - STATE: DMH
L.A. LOCAL: DMH

HOSPITAL: DIST. CENTER

L.A. CONTACT PERSON: MR. LAMM

COMPLETED BY: SYLVIA DELUCOFF

L.A. PHONE: Redacted

PHONE: 100-0000

CIRCLE -- All Agencies Involved -- DSS: X DJS: MSDE:

CONFIDENTIAL

PATIENT DEMOGRAPHICS:

ADJ. DATE: **PROFESSIONAL**

BIRTH DATE: Redacted SEX: M RACE: B COUNTY: 10
 PERIOD Appropriate Admission Status -
 (1) Voluntary (2) Involuntary - Court (3) Court (4) Court

LONG TERM NEED CONTINUED INPATIENT TREATMENT: 1

11/92, estimate date ready for discharge: 10/92
 12/92, date determined clinically ready for discharge by treatment team.

APPROPRIATE AFTERCARE SETTING(S) FOR THIS PATIENT: (See Code Sheet)

First Choice - Residential: 20 School: 1 Treatment: 1
 Second Choice - Residential: School: Treatment:
 Third Choice - Residential: School: Treatment:

DISCLOSED, based on documentation, any other services which might benefit the patient
 in aftercare placement:

PRIORITIZE ANY FACTOR(S) THAT WOULD HINDER RELEASE: (See Code Sheet)

First Choice: Second: Third:

Describe Discharge Planning Efforts Since Last Report:

DATE

EFFORT

RESULT

Pt. had NOA
 9/21/92 mtg. with PT's Aunt & Uncle

9/25/92 mtg. with PT's Aunt

9/27/92 Pt had NOA - successful
 Treatment in progress
 (Cognitive therapy)

Redacted

successful
 provided explanation
 of diagnosis; Aunt & Uncle
 refused consent for
 medication
 - discussed pt's need
 for treatment - Cognitive th.
 Pt's Aunt requested to
 attend therapy session
 pending, pt has
 depression and
 suicidal thoughts

REPORT DATE: 10/16/82

HOSPITAL: CARTER CENTER

COMPLETED BY: SYLVIA DOLGOFF

PHONE: 328-2601

CIRCLE -- All Agencies Involved -- DES: X DJS: MSDE: DMM: X ~~CONFIDENTIAL~~ -

PATIENT DEMOGRAPHICS:

ADM DATE: 08/28/95

BIRTH DATE: Redacted **SEX:** M **RACE:** B **COUNTY:** 03

CIRCLE Appropriate Admission Status -
(V) Voluntary (I) Involuntary - Courts (C) Court : I

DOES PATIENT NEED CONTINUED INPATIENT TREATMENT?: Y

If 'YES', estimate date ready for discharge: 10/15/92 10/22/92

If 'NO', date determined clinically ready for discharge by treatment team: / /

APPROPRIATE AFTERCARE SETTING(S) FOR THIS PATIENT: (See Code Sheet)

First Choice	- Residential:	26	School:	1	Treatment:	1
Second Choice	- Residential:		School:		Treatment:	
Third Choice	- Residential:		School:		Treatment:	

DESCRIBE, based on documentation, any other service which might benefit the patient in aftercare placement:

PRIORITIZE ANY FACTOR(S) THAT WOULD HINDER RELEASE: (See Code Sheet)

First Choice: **Second:** **Third:**

Describe Discharge Planning Efforts Since Last Report:

DATE	EFFORT	RESULT
1 / 1	Treatment in Progress	pt. mood is improving
1 / 1	Contacts with pt's Aunt	- treatment plan discussed including
1 / 1		LOAH continued on pt's behavior;
1 / 1		pt. might be discharged between
1 / 1		10/14 & 10/22,
1 / 1		meeting with aunt scheduled for
1 / 1		10/10/12

Redacted

A P H

DISCHARGE DATE: / /

DISCHARGED TO: _____

M00342

CHILD & ADOLESCENT
INPATIENT TRACKING FORM

PATIENT: MIRAL MAHDI

REPORT DATE: 10/27/92

LEAD AGENCY - STATE: DHMH
L.A. LOCAL: DHMH

HOSPITAL: CARTER CENTER

L.A. CONTACT PERSON: MR. BLAKE

COMPLETED BY: SYLVIA DOLGOFF

L.A. PHONE: Redacted

PHONE: 328-2601

Case # 24428

CIRCLE -- All Agencies Involved -- DBS: X DJS: MSDE: DHMH: X

PATIENT DEMOGRAPHICS:

ADM DATE: 08/23/92

BIRTH DATE: Redacted SEX: M RACE: B COUNTY: 03

CIRCLE Appropriate Admission Status -

(V) Voluntary (I) Involuntary - Certs (C) Court : I

DOES PATIENT NEED CONTINUED INPATIENT TREATMENT?: XH

If 'YES', estimate date ready for discharge: 10/15/92

If 'NO', date determined clinically ready for discharge by treatment team: 10/19/92

APPROPRIATE AFTERCARE SETTING(S) FOR THIS PATIENT: (See Code Sheet)

First Choice - Residential: 26

School: 1

Treatment:

Second Choice - Residential:

School:

Treatment:

Third Choice - Residential:

School:

Treatment:

CONFIDENTIAL

FOR PROFESSIONAL USE OF

Not To Be Released

DESCRIBE, based on documentation, any other service which might benefit the patient
in aftercare placement:

PRIORITIZE ANY FACTOR(S) THAT WOULD HINDER RELEASE: (See Code Sheet)

First Choice:

Second:

Third:

Describe Discharge Planning Efforts Since Last Report:

DATE	EFFORT	RESULT
1 / 1	Cognitive Therapy	patient improved
10/19/92	Patient discharged to home/Aunt's	not active treatment at Carter MD scheduled for 11/26/92.
1 / 1		
1 / 1		
1 / 1		
1 / 1		

ADDRESSOGRAPH

MAHDI, Miral

DISCHARGE DATE: 10/19/92

DISCHARGED TO: home (Aunt & Uncle)

A004626

SOUTHSIDE COMMUNITY SERVICES BOARD

AUTHORIZATION TO DISCLOSE CONFIDENTIAL INFORMATION

NAME OF CLIENT Mikal Deen Mahdi SS# Redacted

AGENCY REQUESTING INFORMATION:

AGENCY PROVIDING INFORMATION:

Brunswick Mental Health Center
50 Pook 218
Lawrenceville Va 23864Walter P. Carter Center
630 West Fayette St.
Baltimore, Md 21201

410-328-2270

The information to be released is:

admission - discharge summary, dx, medication,
or any other pertinent informationI hereby authorize the above parties to exchange confidential
information contained in my record to be used for treatmentI agree that a photocopy of this authorization is as valid as the
original. This authorization is also subject to written revocation
by me at any time, except to the extent that action has already been
taken.This authorization is for: one disclosure only or continuous
disclosure and will expire in ninety days or upon termination of
treatment.

Signature, Client

Date

Shamir Mahdi2/24/94Signature, Parent/Legal Guardian (if
client is under 18 years or is legally
incompetent)

Date

Julie Greene2/24/94

Signature, Witness (Required)

Date

Sent out Alexia's Summary & Medication
date 2/24/94
A004627

M00344

MIKAL MAHDI
CUSTODY LETTER AND VITAL
RECORDS

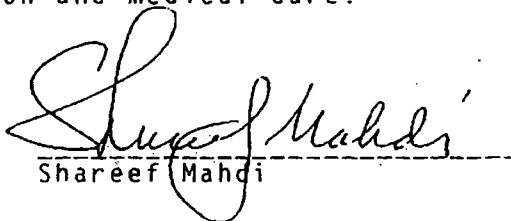
A004628

5812 Glascock Court
 Richmond, Virginia
 October 27, 1991

TO WHOM IT MAY CONCERN:

I, Shareef Mahdi, do entrust the care of my son, Mikal Deen Mahdi, to my brother, Carson A. Burwell and his wife, LaWanda Green Burwell. I have been the custodial parent and sole support for Mikal since separation from my wife, Vera Mahdi, in 1988.

I entrust Carson A. Burwell and LaWanda Green Burwell to provide the sole support for my son, Mikal, such that he will reside with them and they will have the authority to provide his education and medical care.


 Shareef Mahdi

CONFIDENTIAL -
 USE OF

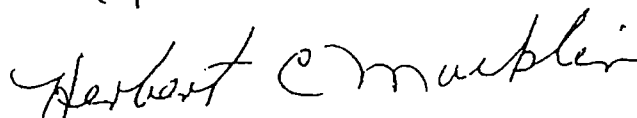
Not to be disclosed

South Hill, VA

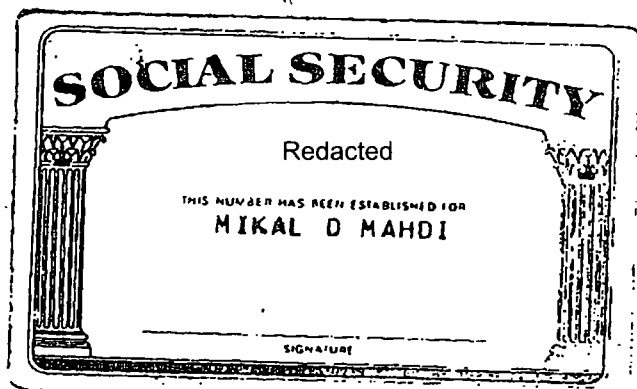
Oct 28, 1991

on this 28th day of Oct, 1991
 appeared before a notary and signed
 the foregoing document of his own
 free will, Shareef Mahdi.

My Commission Exp 5-31-1997



M00346



A004630

Baltimore Col General Hospital
5401 Old Court road
Baltimore, Maryland 21133
(301) 521-2200

Redacted

M00347

Authorization for Transfer

Directions: This form must be completed by a physician who authorizes transfer to another medical facility of a patient determined by the Emergency Department to have an emergency medical condition or to be in active labor as defined by the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 (42USC 1395dd) and amended by the Omnibus Budget Reconciliation Act (OMBRA) of 1987 and 1989 as described on the back of this form.

SECTION 1 STABILIZATION

- A. ☒ THE PATIENT HAS BEEN STABILIZED such that, within reasonable medical probability, no material deterioration of the patient's condition is likely to result from or occur during the transfer. (A patient in active labor has been stabilized if she has delivered, including the placenta.)
- B. ☐ THE PATIENT HAS NOT BEEN STABILIZED.

SECTION 2 INDICATION

- A. ☒ THIS TRANSFER IS TO A HIGHER LEVEL OF CARE:
- ☐ Trauma ☐ Burns ☐ Cardiac ☐ Obstetrics ☐ Pediatrics ☒ Psychiatric ☐ Other

- B. ☐ REASON FOR TRANSFER: NOTE: If B was checked, RISKS AND BENEFITS MUST ALSO BE LISTED BELOW.

REMINDER: If the reason for transfer is because the on-call physician failed or refused to appear within a reasonable period of time, indicate the name and address of the on-call physician. Without the services of the on-call physician, the benefits outweigh the risks of transfer. The on-call physician was notified on _____ at _____ am/pm & failed/refused to appear (_____ am/pm).

SECTION 3 COMPLETE ONLY IF 1(B) above has been checked. If not, proceed to Section 4.

- Check one of the following:
- A. ☒ Patient (or a legally responsible individual acting on the patient's behalf) requests transfer.
(TRANSFER REQUEST BY UNSTABILIZED PATIENT on signature page of this form must be completed.)
- B. ☐ Medical Benefits outweigh risks: Based on the reasonable risks and benefits to the patient, and based upon the information available at the time of the patient's transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks, if any, to the patient's medical condition [including, in the case of a pregnant woman, the risks to the unborn child(ren)] from effecting the transfer.

SECTION 4 OMIT THIS SECTION IF 3(A) was checked. Otherwise complete as appropriate.

- A. ☐ Patient (or a legally responsible individual acting on the patient's behalf) consents to transfer.
(TRANSFER CONSENT on signature page of this form must be completed.)
- B. ☐ Transfer was offered but refused by the patient or a legally responsible individual acting on the patient's behalf.
(TRANSFER REFUSAL on signature page of this form must be completed.)

SECTION 5 APPROPRIATE TRANSFER

NOTE: The patient may not be transferred unless each of the following requirements is met:

- A. ☒ The receiving facility has available space and qualified personnel for the treatment of the patient.
- B. ☒ The receiving facility has agreed to accept transfer and to provide appropriate medical treatment.
1. Name of the receiving facility (please print) WALTER P. CARTER
2. Name of individual accepting transfer (please print) Dr. Dillian
- C. ☒ The receiving facility will be provided with appropriate medical records of the examination and treatment of the patient.
- D. ☒ The patient will be transferred by qualified personnel and transportation equipment as required, including the use of necessary and medically appropriate life support measures.

1. Transferred Via

- ☒ Ground Ambulance (☐ BLS ☐ ALS) name: MAY AMBO
- ☐ Air Ambulance (☐ BLS ☐ ALS) name: _____
- ☐ Transport Team (name): _____
- ☐ Private car
- ☐ Other _____

2. Accompanying Personnel

- ☐ EMT - A
- ☐ EMT - P
- ☐ Physician
- ☐ Nurse
- ☐ Respiratory Therapist
- ☒ Other

I certify that I have answered the above questions based upon the information available to me at the time of the patient's transfer and that I have made the appropriate disclosures indicated on the form.

JEFFREY GIMPER
Name of Physician authorizing transfer (please print)

[Signature]
Physician Signature

Date 8/23/92

Time 2225

1. This patient, Mikhail J. Mahdi, is suffering from a mental disorder, diagnosed as Major Depression Recurrent, w/ suicidal ideation
2. The patient is in need of institutional care because he is stating unable to kill himself, with a plan; he is a minor, and unable to decide on outpt. treatment.
3. The patient presents a danger to his/her self or others because of suicide threat today w/ a plan; self-reported 4-5 yrs. hxs. of suicidal ideation.
4. The patient is unwilling or unable to be voluntarily admitted to the facility (YES OR NO) _____
5. There is no less restrictive intervention available because of pts. inability to access outpt. treatment/ suicidal ideation.
6. If the person is 65 or older, have they been evaluated by a geriatric evaluation team? (YES OR NO) N/A
If no, please explain _____



Physician's Signature

2310692

Date

(Must be one of certifying doctors)

M00349

CERTIFICATION OF VITAL RECORD

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS

STATE FILE NUMBER: Redacted
NAME OF REGISTRANT: MIKAL DEEN MAHDI
DATE OF BIRTH: Redacted SEX: MALE
PLACE OF BIRTH: PETERSBURG, VIRGINIA
MAIDEN NAME OF MOTHER: VERA ANNETTE ARTIS AGE: 19
MOTHER'S PLACE OF BIRTH: VIRGINIA
NAME OF FATHER: SHAREEF MAHDI AGE: 29
FATHER'S PLACE OF BIRTH: VIRGINIA
DATE RECORD FILED: MARCH 1983 DATE ISSUED: 09-19-88

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department of Health, Richmond, Virginia.

Russell E. Baskin Jr.

STATE REGISTRAR

Any reproduction of this document is prohibited by statute. Do not accept unless on security paper with seal of Vital Statistics clearly embossed. Section 32.1-272, Code of Virginia, as amended.

VS 15C

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

A004633



COMMONWEALTH OF VIRGINIA

IN ANSWER REPLY TO:

420 South Main Street
Emporia Virginia 23847
(804) 348-3645
FAX: (804) 348-9319

Department of Juvenile Justice

Sixth Judicial District Court Service Unit

December 2, 1997

John H. Weigel
COURT SERVICES # M00350

DISTRICT OFFICE
Hopewell Courts Facility
100 East Broadway, Suite G03
Hopewell, Virginia 23860
(804) 541-2311
FAX (804) 541-2313

SERVING:
Emporia City
Hopewell City
Brunswick County
Greensville County
Prince George County
Surrey County
Sussex County

Mr. Donald Driscoll, Director
Reception & Diagnostic Center for Children
1601 Bon Air Road
Bon Air, Virginia 23235

420 S. Main St.
Emporia, Va. 23847
804-348-3645

RE: Mikal Deen Mahdi
DOB: Redacted

Dear Mr. Driscoll:

The above named youth was committed to the Department of Juvenile Justice Services on 12/2/97 by the Honorable Charles A. Perkinson, Jr., Judge of the Sixth District Court Service Unit.

If you have further questions, please feel free to contact our office at 804-348-3645.

Sincerely,

F. Woodrow Harris
Probation Officer

Enclosures

A004634



M00351

COMMONWEALTH of VIRGINIA

SHEILA HILL-CHRISTIAN
DIRECTOR

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

OFFICE OF THE
SUPERINTENDENT

December 2, 1997

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Honorable Charles A. Perkinson, Jr., Judge
6th Judicial District
P. O. Box 101, Court Street
Lawrenceville, Virginia 23868

RE: MAHDI, MIKAL D.

State File #: Redacted

DOB: Redacted

Dear Judge Perkinson:

This will acknowledge receipt and acceptance of the commitment packet on the above named youth effective Dec. 2, 1997 (unless he/she appeals or has pending charges). This youth was committed in Brunswick County Juvenile Court on Dec. 2, 1997:

If detention care in an approved detention facility is necessary prior to the youth's transfer to the Reception and Diagnostic Center, the acceptance date given above will be used as the date on which the Department of Juvenile Justice's financial responsibility begins.

The Reception and Diagnostic Center will arrange to transport this youth to this facility as soon as space is available. If the youth enters an appeal or has pending charges, transportation will be arranged, as needed, following these court appearances.

Thank you.

Sincerely,

Linda J. Morris
Acting Superintendent

xc Detention Center

**COMMONWEALTH of VIRGINIA**

SHEILA HILL-CHRISTIAN
DIRECTOR

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

OFFICE OF THE
SUPERINTENDENT

December 10, 1997

Mr. Sheif Mahdi
Redacted
Brodnax, VA 23920

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Dear Mr. Mahdi:

I am writing to inform you that Makal Deen is at the Reception and Diagnostic Center (RDC) in Bon Air, Virginia. All youths who are committed to the Virginia Department of Juvenile Justice remain at RDC for a short period while their needs are being assessed and plans are being made for a placement where these needs can be met.

In addition to the evaluation and assessment process at RDC, youths now also participate in the very structured four week Basic Training portion of the LEADER military school style program.

While your son/daughter is at RDC, you are encouraged to write to him/her but he/she cannot receive any money, stamps, pictures or other items while here-LETTERS ONLY. ANY UNAUTHORIZED ITEMS IN THE MAIL WILL NOT BE RETURNED.

Your son/daughter will be provided one collect call to you within two days of arrival. Please be aware that any block you may have on your phone may prohibit you from receiving that call. Since your son or daughter cannot receive phone calls please contact me for any family emergencies.

You are invited to attend your son/daughter's graduation from Basic Training at the end of four weeks. Other visitation is not permitted while at RDC.

Please contact me at (804) 323-2681 if you have questions or you may write me at the address above. I will contact you when placement plans are completed.

Sincerely,

Enclosures

Linda Coulson
Caseworker



M00353

COMMONWEALTH of VIRGINIA

SHEILA HILL-CHRISTIAN
DIRECTOR

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

December 10, 1997

Mr. John H. Weigel, III, Court Ser. Unit Dir.
DYFS - 6th Court Service Unit
Hopewell Courts Facility
Suite G05, 100 East Broadway
Hopewell, Virginia 23860

OFFICE OF THE
SUPERINTENDENT

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

RE: MAHDI MIKAL DEEN
DOB: Redacted

SF # Redacted

Date Committed: 12/2/97 BY Brunswick Co. Court
Caseworker: Linda Coulson Phone: 804/323-2681

Dear Mr. Weigel :

The above named youth will be staffed at the Reception and Diagnostic Center on January 14, 1998. Input from the court service unit is required by minimum standards and may be in the form of a letter, phone call followed by written documentation, or attendance at staffing. Determining primary needs and parole plans is essential in order for the Department to sufficiently outline the youth's treatment objectives during commitment.

The Basic Training portion of the LEADER military school style program begins at RDC on November 3. Youths will participate in four weeks of Basic Training concluding with a graduation exercise prior to transfer to their assignment. During this Basic Training, parental visitation is not permitted nor are parents/guardians allowed to attend staffing. They will be invited to attend the Basic Training graduation for their son or daughter. If you wish to attend staffing, please contact the youth's caseworker for information on the scheduled time.

Effective November 3 with the beginning of the LEADER program, it will be necessary for parents/guardians to retain all personal belongings for their son or daughter except the clothing they wear to RDC. Please advise parents of this requirement as the RDC transportation officers will no longer bring additional belongings to RDC.

If you have questions or concerns or need additional information, please contact us. Thank you.

Sincerely,

Linda J. Morris
Linda J. Morris
Acting Superintendent

A004637

"To Reduce Juvenile Delinquency and Promote the Best Interests of the Commonwealth"

JURISDICTION: BRUNSWICK

DOB: Redacted

PROBATION OFFICER: Woody Harris

[illegible]

7/4/97 (1) Grand Larceny
7/4/97 (2) Tamper with a Vehicle
7/4/97 (3) Violate Town Curfew
7/4/97 (4) Escape from Custody of Police Officer

7/10/97 (5) Grand Larceny
7/10/97 (6) B & E

7/29/97 (1-4) Subject did not appear; His father was instructed to him in Court on 8/5/97

8/5/97	(1-4) Neither subject nor his father appeared; Cont. 9/9/97; Clint Clary appointed	Det. order issued Placed at CDH

8/8/97 (1-4) Released from CDH and placed on outreach Det.

9/8/97 (7) Grand Larceny
9/8/97 (8) B & E

9/9/97 (1-4) Subject did not appear in Court; Det. order issued

9/16/97 (1-4) Placed at CDH

9/18/97	(1-4) Det. hearing held in Greenville J & DR Court; Cont. to 9/30/97	Remanded to CDH

9/30/97	(1-4) Subject & Attorney present; Plea of not guilty entered to all charges; Charge of tampering with vehicle dismissed. Grand Larceny reduced to petit larceny; Found guilty of petit larceny and escaping from custody and violation of curfew; SHI ordered for 11/25/97;	8 Hours CSW on curfew violation;

11/25/97 (1-4) Cont. to 12/2/97

FACE SHEET

NAME: MAHDI, Mikal Deen

JURISDICTION: BRUNSWICK

Page 4

DOB: Redacted

7/15/98 (9) Subject found guilty.

Disposition transferred to
Brunswick J & DR Court;
Subject held in WW Moore
Detention Center in
Danville.

7/28/98 (10) Obstruction of Justice7/28/98 (9 & 10) Subject present; Attorney
waived; Case cont. 8/11/98.

document
out file #
J 3948

VA. DEPARTMENT OF YOUTH & FAMILY SERVICES
Juvenile Offense History

page -
M00357

DEC 2 1997 12:53

C.S.U. District # 6th File # _____

Redacted

Redacted

Mikal Deen Mahdi

Juvenile's Name

Date of Birth

Social Security #

(Only offenses of which the youth has been convicted should appear on this form)

DYFS Code: (See Manual)	Description of Offense	Date of Offense	Disposition of Offense	Date of Disposition	Initials Worker
LAR-2366-M1	PETIT LARCENY	7-4-97	COMMUNITY	9/30/97	FML
ESC-4907-M1	ESCAPE FROM CUSTODY	"	SERVICE WORK	9/30/97	FML
	CURFEW VIOLATION	"	"	9/30/97	FML
2213-F9	~~1-14-98~~				
B4R- ~~2213-F9~~	B+E	7-10-97	COMM. TO DJS	12/2/97	"
LAR-2359-F9	GRAND LARCENY	"	"	12/2/97	"
2213-F9	~~1-14-98~~				
B4R- ~~2213-F9~~	B+E	9-8-97	"	12/2/97	"
LAR-2359-F9	GRAND LARCENY	"	"	12/2/97	"
CON-5008-S9	CONTEMPT OF COURT	6-24-98	COMM - DJS	8/11/98	FML
J45-4828-M1	OBSTRUCTION OF JUSTICE	"	"	8/11/98	FML
		6-30-98			

(A copy of this form must be sent to RDC if the youth is committed)

P. 002

TEL: 8043232312

RECEPT & DIAG. CTR DEC 14 1998 (WED) 12:57

A004641

Department of Juvenile Justice

Date: 11/03/97

M00358

COMPREHENSIVE SERVICE PLAN

Face Sheet

Redacted

Name: Mikal Mahdi DOB: Redacted AGE: Redacted yrs. Redacted mos.

State File#: Redacted Agency File#: Redacted

Learning Center: Hanover Juvenile Correctional Center

Counselor: Jeffrey L. Booker Telephone#: (804) 537-5316

Court Service Unit/Department of Social Services: Brunswick County

Counselor/Social Worker: John Weijel Telephone#: (804) 541-2265

Date of Commitment: 12/02/97 Date Transferred to C.C.: 01/20/98

Projected Release Date: 06/98 Actual Release Date: Unknown

Committing Offense(s): Breaking and Entering (2 counts), Grand Larceny
2 counts

This is the (circle one) First Second Third Fourth Commitment to the Department of Juvenile Justice for this youth.

Previous Commitment Dates: #1 Redacted #2 Redacted #3 Redacted

List Youth's/Family Assets:

- A. Identified at RDC staffing
1. Physically healthy
 2. Good personal hygiene
 3. Above average intelligence

B. IDENTIFIED AT PLANNING MTG.

Same as above

List Youth's/Family's Needs:

- A. Identified at RDC staffing.
1. Anger Control
 2. Assertiveness
 3. Impulse Control
 4. Educational/Vocational Needs
 5. Release Planning

B. IDENTIFIED AT PLANNING MTG.

Same as above

**RDC LEADER
INTAKE CHECKLIST**

7/18

M00359

NAME: MIKAL MAHDI
Redacted

ARRIVAL DATE: 12 / 1 / 97
Redacted

DOB: _____

SC#: _____

COTTAGE: B /

STAFFING DATE: _____ / _____ / _____

	STAFF	CADET	DATE
1. Regulation haircut/hairstyle	_____	_____	____/____/____
2. Receive program orientation	_____	_____	____/____/____
3. Receive Cadet handbook	_____	_____	____/____/____
4. Review Cadet Creed	_____	_____	____/____/____
5. Review rules and Codes of Conduct	_____	_____	____/____/____
6. Review disciplinary procedures	_____	_____	____/____/____
7. Review daily schedule	_____	_____	____/____/____
8. Medical evaluation/orientation	_____	_____	____/____/____
9. Grievance procedure orientation	_____	_____	____/____/____
10. Initial casework orientation	_____	_____	____/____/____
11. Psychology referral (if needed)	_____	_____	____/____/____
12. Intake phone call to guardian	<u>[Signature]</u>	<u>[Signature]</u> no number	<u>12 / 20 / 97</u>

TRANSFER TO BASIC TRAINING

APPROVED BY: _____

DATE: _____ / _____ / _____

FULL or LIMITED PARTICIPATION

(circle one)

S P E C I A L L I M I T A T I O N S :

Redacted

Counselor

A004644

OFFENSE HISTORY DATA

YOUTH'S NAME: Mahdi, M. Khal RACE: Black
 SC#: Redacted SEX: Male
 DATE OF COMMITMENT: 1 2 1 0 2 1 9 7 D.O.B. Redacted
 DATE RECEIVED AT RDC: 1 2 1 0 2 1 9 7
 NUMBER THIS COMMITMENT: 1
 (PD = 0)

0 2 5 COURT SERVICE UNIT (USE THREE DIGIT LOCALITY CODE)

6 TOTAL NUMBER OF OFFENSES

2 COMMITTED UNDER 16.1-285.1 (1 = Yes, 2 = No)

3-5-98
WSP

OFFENSE HISTORY: (USE DYFS CODES)

COMMITTING OFFENSES: L25 B03 B08
L25
B03 B08

PRIOR OFFENSES: L36
E04

CHARGES
 PENDING: (code most serious)

PSYCHOLOGICAL INFORMATIONName: Mikal Deen Mandi

Redacted

D.O.C. 12/02/97

State File #: _____

Psychologist Code: 69

1 Were I.Q. scores obtained from testing at RDC this staffing:
(1 = Yes, 2 = No)

Does this youth exhibit difficulties with : (1 = Yes , 2 = No)

1. **Neuropsychological Functioning:**

- 2 Short attention span
- 2 Poor Concentration
- 2 Impaired short-term memory
- 2 Impaired long-term memory
- 2 Hyperactivity
- 2 Behavioral manifestations (i.e. problems with gait or coordination, mixed dominance)
- 2 Other signs of organicity (including test data or medical information)

2. **Affective Functioning:**

- 2 Depressed
- 1 Sullen
- 2 Easily angered
- 2 Inappropriate to the situation
- 1 Blunt/Flat
- 2 Anxious
- 2 Impulsivity
- 2 Indicators of suicidal ideation
- 2 Agitation
- 1 Appropriate to situation with adequate range

3. **Affective Controls (Type):**

- 2 Within normal limits
- 1 Under-Controlled
- 2 Over-Controlled

4. **Affective Controls:**

- 1 Effective
- 2 Ineffective

Psychological Information
Page 2

5. Cognitive/Perceptual Functioning:

<u>2</u>	Delusions
<u>2</u>	Hallucinations
<u>1</u>	Poor Judgement
<u>2</u>	Insight
<u>2</u>	Obsessive
<u>2</u>	Disorganized Thinking
<u>2</u>	Loose Associations
<u>2</u>	Concrete Thinking

Does this youth exhibit Difficulties with:

6. Social Functioning with Peers:

<u>2</u>	Withdrawn
<u>1</u>	Provokes Others
<u>1</u>	Excitable
<u>1</u>	Manipulative
<u>1</u>	Oppositional/Rebellious
<u>2</u>	Passive
<u>1</u>	Aggressive
<u>1</u>	Mistrustful/guarded
<u>2</u>	Socially appropriate

"NONcompliance
all the way"

7. Social Functioning with Adults

<u>1</u>	Withdrawn
<u>2</u>	Provokes Others
<u>1</u>	Excitable
<u>1</u>	Manipulative
<u>1</u>	Oppositional/Rebellious
<u>2</u>	Passive
<u>1</u>	Aggressive
<u>1</u>	Mistrustful/guarded
<u>2</u>	Socially appropriate

8. Documented Suicidal History (1 = Yes, 2 = No)

<u>2</u>	Ideation
<u>2</u>	Gestures
<u>2</u>	Attempts Resulting in Hospitalization

9. Youth's Reports of Suicidal History (1 = Yes, 2 = No)

<u>2</u>	Ideation
<u>2</u>	Gestures
<u>2</u>	Attempts Resulting in Hospitalization
<u>2</u>	Attempts, but Youth Describes as Manipulation

Psychological Information
Page 3

10. Documented History of Psychotropic Medications:
(1 = Yes, 2 = No)

2 Anti-Depressant
2 Anti-Psychotic
2 Anti-Anxiety
2 Ritalin
2 Other

11. 70 GAF Scale Score

12. Status
(A = pending, B = Predispositional, Blank - Regular, C =
Fast Track)

VICES

M00365

CHILD'S FULL NAME SEX RACE NATIONALITY BIRTH DATE STATE FILE #:

MAHDI, MIKAL DEEN

M

B

AMERICAN

Redacted

Redacted

[illegible]

SOCIAL HISTORY INFORMATION

YOUTHS'S NAME: Mihel Mahdi

CIRC CODE: 80

STATE FILE #: _____

D.O.C.: 2, 0 2, 9 7

4 LIVING SITUATION AT TIME OF COMMITMENT:

1. = BOTH NATURAL PARENTS .
2. = ONE PARENT/ONE STEP-PARENT
3. = MOTHER ONLY
4. = FATHER ONLY
5. = STEP-PARENT ONLY
6. = GRANDPARENTS
7. = ADOPTIVE HOME
8. = FOSTER HOME
9. = GROUP HOME
10. = PSYCHIATRIC PLACEMENT
11. = OTHER

PRIOR LIVING SITUATIONS (1 = YES, 2 = NO):

1. BOTH NATURAL PARENTS
2. ONE PARENT. ONE STEP-PARENT
3. MOTHER ONLY
4. FATHER ONLY
5. STEP-PARENT ONLY
6. GRANDPARENTS
7. ADOPTIVE HOME
8. FOSTER HOME (3 = MULTIPLE)

LIST BY CODE NUMBER IF APPLICABLE, OTHERWISE 2 = NO:

- 2 9. GROUP HOME
_____/_____/_____/_____
2 10. PSYCHIATRIC PLACEMENTS
_____/_____/_____/_____
3 11. RESIDENTIAL TREATMENT FACILITY
_____/_____/_____/_____
2 12. OTHER
_____/_____/_____/_____

PREVIOUS OUTPATIENT TREATMENT:

(1 = YES, () = NO)

M0036

1 INDIVIDUAL THERAPY
2 FAMILY THERAPY
2 GROUP THERAPY
2 SUBSTANCE ABUSE THERAPY
2 MEDICATION THERAPY

PLACE AN "X" IN THE APPROPRIATE BOX FOR ANY FAMILY MEMBER WHO, BASED ON THE AVAILABLE INFORMATION, HAS A HISTORY OF ONE OF THE FOLLOWING:

	<u>MOTHER</u>	<u>FATHER</u>	<u>YOUTH</u>	<u>SIBLINGS</u>
BEING PHYSICALLY ABUSED				
BEING SEXUALLY ABUSED				
BEING EMOTIONALLY ABUSED			X	X
SUBSTANCE ABUSE			X	
PSYCHOLOGICAL/PSYCHIATRIC TREATMENT				
INCARCERATION		X		

0 AGE AT FIRST INTERVENTION OR CONTACT WITH A COMMUNITY AGENCY, NOT COURTS (0 = NA)

14 AGE AT FIRST ADJUDICATION

2 YOUTH HAS HISTORY OF AWOL BEHAVIOR:
(1 = YES, 2 = NO, 3 = YES, BUT ONLY FROM HOME)

WHO WILL SUPERVISE AFTERCARE

1 COURT SERVICE UNIT
2 DEPARTMENT OF SOCIAL SERVICES

2 IS YOUTH LIKELY TO REQUIRE AN INTERSTATE COMPACT
(1 = YES, 2 = NO)

SASSI RESULTS

FVA 00 FVOD 00 QAT 02 SAT 00
DEF 12 DEF2 01 COR 5 RAP 0

S/A CATEGORY 0 (1 = ABUSIVE, 2 = DEPENDENT, 0 = NEITHER)

A004651

EDUCATIONAL INFORMATION

M00368

YOUTH'S NAME Michael D. Maddi

EDUCATIONAL EVALUATOR CODE: 30

Redacted

STATE FILE #: _____

D.O.C.: 1 21 0 21 9 7

0 5 LAST GRADE PLACEMENT: (GED=14, UNGRADED=15, UNKNOWN=16).

1 WERE WOODCOCK-JOHNSON SCORES OBTAINED AT RDC THIS STAFFING:
(1=YES, 2=NO)

5 SPECIAL EDUCATION:

1. = YOUTH IDENTIFIED AT RDC FOR SPECIAL EDUCATION (THIS STAFFING)
2. = YOUTH IDENTIFIED IN THE COMMUNITY FOR SPECIAL EDUCATION
3. = YOUTH DEFERRED FOR DETERMINATION OF SPECIAL EDUCATION
4. = YOUTH NOT IDENTIFIED FOR SPECIAL EDUCATION
5. = YOUTH IDENTIFIED AT RDC FOR SPECIAL EDUCATION (PREVIOUS STAFFING)

0 9 HANDICAP (USE CODE NUMBER)

REFERRED FOR WHICH EVALUATIONS (1=YES, 2=NO)

2 OCCUPATIONAL THERAPY

2 LANGUAGE

2 SPEECH

3 IS YOUTH GED CANDIDATE: (1=YES, 2=NO, 3=N/A DUE TO AGE)

4 SCHOOL ATTENDANCE (DURING LAST 12 SCHOOL MONTHS):

- 1 = REGULAR ATTENDANCE
- 2 = OCCASIONALLY TRUANT
- 3 = OFTEN TRUANT
- 4 = NOT IN SCHOOL
- 5 = INFORMATION NOT AVAILABLE
- 6 = NOT IN SCHOOL/EXPULSION
- 7 = NOT IN SCHOOL (GED)

9 SCHOOL ADJUSTMENT (DURING LAST 12 SCHOOL MONTHS):

- 1 = NO DISCIPLINE PROBLEMS
- 2 = 3 OR MORE MINOR RULE INFRACTIONS
- 3 = 3 OR MORE INCIDENTS OF VERBAL AGGRESSION W/O INCIDENTS OF PHYSICAL AGGRESSION
- 4 = 3 OR MORE INCIDENTS OF PHYSICAL AND VERBAL AGGRESSION
- 5 = INFORMATION NOT AVAILABLE
- 6 = 3 OR MORE MAJOR RULE INFRACTIONS (NOT INCLUDING THOSE SPECIFIED BELOW)
- 7 = N/A (HAS GED)
- 8 = N/A (EXPELLED)
- 9 = N/A (DID NOT ATTEND)

LOS DETERMINATION & UPDATE FORM

Youth's Name: Mikal Mahdi DOB: Redacted

SC#: 5 **M00369**
Redacted

Date Received at RDC: 12/02/97

CHECK ONE
☐ Initial Commitment
☐ Resolution of Pending Charges
☐ Recidivism While on Probation
☐ Violation of Aftercare
☐ Direct Care
☐ Violation of Probation

Most Serious Instant Offense: HM Most Serious Prior Offense: LM Level of Chronicity: M
 Initial LOS: 4 to 7 MOS

* Adjustment to LOS: 1 (Blank = No, 1 = Agg, 2 = Mit)

* Revised LOS: 6 to 9 MOS

Explain: _____

STAFFING TEAM/IRC CHAIR SIGNATURE _____ DATE: _____

Reviewed by: _____

CASEWORKER SUPERVISOR SIGNATURE _____ (DATE)

* FORWARD TO IRC/CRC FOR ADJUSTMENT: _____
 (Blank = No, 1 = Staffing Team, 2 = Caseworker Supervisor, 3 = CSU)

* Adjustment to LOS: _____ Revised LOS: _____ to _____ MOS
 (Blank = No, 1 = Agg, 2 = Mit)

Explain: _____

IRC/CRC CHAIR SIGNATURE _____ DATE: _____

* Final LOS: 16 to 19 MOS

My counselor has reviewed with me my treatment needs, LOS, learning center placement and the reasons for these.

LOS Minimum: _____ MOS

Successful Probation Time: _____
 _____ MOS X .5 = _____ MOS

TOTALS

New LOS Minimum: _____ MOS

YOUTH SIGNATURE _____

DATE: _____

FOR PROBATION CASES ONLY

This is a copy - original form was lost or destroyed

NG
 A004653

DEPARTMENT OF JUVENILE JUSTICE
RECEPTION AND DIAGNOSTIC CENTER FOR CHILDREN
1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
804-323-2600

I. Demographic Information

Name: Mikal Mahdi DOB: Redacted Age: 14 yr. 9 months
State File #: Redacted Race: Black Sex: Male
Social Security #: Redacted
Committing Court: Brunswick
Date of Commitment: 12/2/97 # of This Commitment: 1
Committing Charge: 2 Counts Breaking and Entering, 2 Counts Grand larceny

Local Contact Person:

(Name): John H. Weigel, III
(Title): Director
(Phone): (804) 541-2265
Date Received RDC: 2/2/97 E.S.R. Staffing Date: 1/14/97
Initial Evaluation (X) Reevaluation () Update ()

RDC Evaluation and Staffing Team

Counselor: Linda L. Coulson
Cottage Supervisor: Lance Burton Cottage: A-3
Educational Evaluator: Steve Holdren
Psychologist: Michael Shumate
Chairperson: Michael Shumate
Section I of VIII Page 1 of 1

INTAKE FORM

M00371

STATE CASE NUMBER

Redacted

LAST NAME

FIRST NAME

MIDDLE NAME

RACE A=Asian or Pacific Islander B=Black

H=Hispanic W=White O=Other

I=American Indian or Alaskan Native X=Unknown

SEX

M=MALE

F=FEMALE

Redacted

DATE OF BIRTH

STATE OF ADDRESS

FIPS ADDRESS CODE

CURRENT LOCATION

HALF= Halfway House

ONC= On Campus

AWOL= AWOL

AC = Parole

AWD = AWOL Detained

D = Discharged

OFC = Off Campus

DIRECT CARE ADMISSIONS COUNT

PLACEMENT AWAITING TRANSPORTATION

FIPS SUPERVISORY COURT CODE

DATE RECEIVED AT RDC

FIPS RELEASED TO

COMMITMENT DATE

COMMITTING COURT

DATE PAPERS RECEIVED

COMMITMENT TYPE

D = Determinate

R = Recommit Determinate

I = Indeterminate

R = Recommit Indeterminate

CHARGES		CHARGES	
OFFENSE	DISPOSITION	OFFENSE	DISPOSITION
125	60	153	60
125	60		
153	60		

A004655

RECORD FORM for TITMUS II VISION TESTER (SCHOOL AND PROFESSIONAL MODEL)

NAME Mohdi, Mihal
ADDRESS _____

DATE 12-03-91 M00372

WEARING GLASSES ☐ YES ☒ NO

AGE _____ CONTACT LENSES ☐ YES ☒ NO

For Use With School Model	FOUR CUBE FUSION TEST - Lens lever at "Far" - Both Occluder Pads Off		PASS	FAIL
	TEST #1	TWO CUBES - FOUR CUBES (FAIL)		
		THREE CUBES (PASS)		

For Use With Professional Model	ALLEN PRESCHOOL PICTURE TESTS					
	TEST #1	TOP LINE - BINOCULARITY - BOTH OCCLUDER PADS OFF JEEP - TELEPHONE - CAKE - HORSEMAN (Must See All 4 to Pass)		PASS	FAIL	
		ACUITY-FAR 3 OUT OF FOUR - PASS				
	RIGHT EYE - LEFT OCCLUDER PAD ON	PASS	FAIL	LEFT EYE - RIGHT OCCLUDER PAD ON	PASS	FAIL
	LINE A - 20/50 Cake-Horse-Jeep-Phone LINE B - 20/40 Phone-Cake-Horse-Jeep LINE C - 20/30 Horse-Jeep-Phone-Cake			LINE A - 20/50 Horse-Cake-Phone-Jeep LINE B - 20/40 Cake-Jeep-Horse-Phone LINE C - 20/30 Phone-Horse-Jeep-Cake		

FOR USE WITH SCHOOL AND PROFESSIONAL MODEL	PRIMARY GRADE TESTS																																																																																																																																																			
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SECONDARY SCHOOL AND ADULT TEST			
TEST #4	COLOR PERCEPTION "FAR" - SEE TEST #4 ABOVE		
TEST #5	ACUITY "FAR"	RIGHT EYE 20 <u>20</u>	LEFT EYE 20 <u>20</u> BOTH EYES 20 <u>20</u>
TEST #6	LATERAL PHORIA "FAR"	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
TEST #7	VERTICAL PHORIA "FAR"	1 2 3 4 5 6 7	
TEST #8	ACUITY "NEAR"	RIGHT EYE 20 <u>20</u>	LEFT EYE 20 <u>20</u> BOTH EYES 20 <u>20</u>

TEST #5 VISUAL ACUITY TEST AT FAR

LEFT EYE	BOTH EYES	RIGHT EYE
1	ZN	RO HK
2	RKS	HNC ZOD
3	HCDV	SKZO RND S
4	ZROD	NSCH VZKN
5	KHSC	OZNR ONVC
6	ONRZY	DKHCS KOSON
7	SDCHN	VRZKO HSNRD

TEST #8 VISUAL ACUITY TEST AT NEAR

LEFT EYE	BOTH EYES	RIGHT EYE
1	SV C	N RK HZO
2	RNZH	DOKV CSZN
3	CKVD	SNZR DOHC
4	VHRN	ODSK NZCS
5	HSKRC	NZDOV ZSHNK
6	ZONVR	HCSDO VKCDS

PERIMETER SCORES (Circle Correct Response)

Right Temporal	Left Temporal
Right Nasal	Left Nasal
PASS	FAIL

VIRGINIA DEPARTMENT OF YOUTH AND FAMILY SERVICES

PURE TONE AUDIOMETRIC HEARING SCREENING

DATE: 12-03-97NAME: Mohde, Mikal DOB: Redacted FILE NO.

Instructions for the child:

I am going to place these ear phones over your ears (red phone on right ear, blue phone on left ear). You will hear some sounds or tones. They will start off being loud and then get low. Point to the ear that you hear the sound in.

	1000	500	2000	4000
L	20	30	20	20
R	20	✓ 30	20	20

DEPARTMENT OF YOUTH & FAMILY SERVICES

MEDICAL HISTORY

Instructions for Completion

- 1 = YES)
 2 = NO)
 3 = UNKNOWN)
 5 = N/A)

NAME: Mahdi Mikal D FILE NUMBER: _____
 (Last) (First) (MI)

DATE OF BIRTH: Redacted RACE: B SEX: M ADMITTED TO R&DC _____

- 2 1. ALLERGIES: Medications NKA
2 Reactions
2 2. ALLERGIES: Environmental NKA
Reactions

- 2 3. MEDICATIONS: Name/Dose/Frequency
2 Psychotropic _____
2 4. Other _____
2 5. Glasses _____ Other Prosthesis (specify) _____

- 2 6. PAST MEDICAL HISTORY:
2 Has private MD _____
2 Address _____ clinic _____ Address _____

- 2 7. Head Injuries _____
1 8. Fractures Right leg age 9 Right arm age 10
2 9. Hospitalizations - Psychiatric _____

- 1 10. Hospitalizations - Other for fractures of Right leg
2 and Right arm
2 11. Surgery _____

Other _____

CHILDHOOD DISEASES: 1 Chickenpox 2 Mumps 2 Measles 2 Rubella

<u>STUDENT DISEASES</u>		<u>FAMILY MEMBERS DISEASES</u>	
<u>2</u> 12. TB	<u>2</u> Rheumatic Fever	<u>2</u> TB	<u>2</u> BP <u>1</u> BP <u>2</u> aunts
<u>2</u> 13. Heart	Heart	Heart	grandfather
	Disease	Disease	
<u>2</u> 14. Asthma	<u>1</u> Sickle Cell	Asthma	<u>2</u>
<u>2</u> 15. Diabetes		Diabetes	<u>2</u>
<u>2</u> 16. Hepatitis		Hepatitis	<u>2</u>
Comments <u>Heart murmurs when younger and</u> <u>some now</u>			

SUBSTANCE ABUSE

- 1 17. Cigarettes 8 cigarettes/day Frequency of Use _____ Frequency of intoxication _____
1 18. Alcohol 2X/week 1 pint at a time
1 19. Marijuana 3 months ago - used to smoke daily.

20. Cocaine _____
 21. Crack _____
 22. Heroin _____
 23. Other (circle all that apply PCP, LSD, Speed, Downers) _____

HIGH RISK BEHAVIOR HISTORY:

24. One or more homosexual activities (males only) _____
 25. IV Drug Use _____
 26. History of blood transfusion or blood product administration _____
 27. Prostitution _____
 28. Multiple sex partners _____
 29. Sex partners of any of the above _____

BIRTH CONTROL: Current Methods of Birth Control

30. BCP (name) Condom _____
 31. Condoms _____
 32. Others _____
 33. Have experienced side effects from BCP's _____

Specify _____

STD's: _____

Treatment: _____

34. Gonorrhea: _____
 35. Syphilis _____
 36. Chlamydia _____
 37. Herpes _____
 38. Venereal Warts _____
 39. Genital Sores _____
 40. PID _____

Gynecological History: Previous GYN Physician: _____

Menarche _____ years old _____ Regular cycle

Last monthly period _____

OBSTETRIC HISTORY:

N/A

G _____ P _____ AB _____ (_____ induced _____ spontaneous)

41. # of children m/f _____ Months/years old

n/f _____ Months/years old

Last pregnancy/delivery _____ Normal

Complications _____

REVIEW OF SYSTEMS: Not Listed Below

Extreme Tiredness <u>2</u>	Blackout Spells <u>2</u>	Nose Bleeds <u>2</u>
Fever & Chills <u>2</u>	Thrush (white spots in mouth) <u>2</u>	Trouble voiding <u>2</u>
Night Sweats <u>2</u>	Nausea <u>2</u>	Jock Itch <u>2</u>
Wt. Loss 10 lbs. <u>2</u>	Diarrhea <u>2</u>	Discharge <u>2</u>
Unexplained bruising <u>2</u>	Rash <u>1</u> - back neck	(males only)
Vaginal Discharge _____	Headaches <u>2</u> - anta	Abdominal Pain <u>2</u>
Lice <u>2</u>	Dizziness <u>2</u>	Constipation <u>2</u>
Athlete's Foot <u>1</u> year ago	Shortness of breath <u>2</u>	Cough <u>2</u>
Joint & Muscle Pain <u>1</u>		Nasal Congestion <u>2</u>
Bed Wetting <u>2</u>		

Signature

Date

REF ID FORM for TITMUS II VISION TEST SCHOOL AND PROFESSIONAL MODEL

M00376

NAME Mohdi, Mihal
ADDRESS _____

DATE 12-03-97

WEARING GLASSES ☐ YES ☒ NO

AGE _____ CONTACT LENSES ☐ YES ☒ NO

For Use w/School Model	FOUR CUBE FUSION TEST - Lens lever at "Far" - Both Occluder Pads Off		PASS	FAIL
	TEST #1	TWO CUBES/ FOUR CUBES (FAIL)		
		THREE CUBES (PASS)		

For Use With Professional Model	ALLEN PRESCHOOL PICTURE TESTS							
	TEST #1	TOP LINE - BINOCULARITY - BOTH OCCLUDER PADS OFF JEEP - TELEPHONE - CAKE - HORSEMAN (Must See All 4 to Pass)			PASS	FAIL		
		ACUITY-FAR 3 OUT OF FOUR - PASS						
	RIGHT EYE - LEFT OCCLUDER PAD ON		PASS	FAIL	LEFT EYE - RIGHT OCCLUDER PAD ON		PASS	FAIL
	LINE A - 20/50 Cake-Horse-Jeep-Phone				LINE A - 20/50 Horse-Cake-Phone-Jeep			
LINE B - 20/40 Phone-Cake-Horse-Jeep				LINE B - 20/40 Cake-Jeep-Horse-Phone				
LINE C - 20/30 Horse-Jeep-Phone-Cake				LINE C - 20/30 Phone-Horse-Jeep-Cake				

FOR USE WITH SCHOOL AND PROFESSIONAL MODEL	PRIMARY GRADE TESTS																																																																															
	LEFT EYE				RIGHT EYE																																																																											
	<table border="1"> <tr><td>20/200</td><td>20/100</td><td>20/50</td><td>20/40</td><td>20/30</td><td>20/20</td></tr> <tr><td>PILOT LINE</td><td>E</td><td>m</td><td>E</td><td>3</td><td>w</td></tr> <tr><td>20/50</td><td>E</td><td>w</td><td>E</td><td>3</td><td>w</td></tr> <tr><td>20/40</td><td>E</td><td>m</td><td>E</td><td>3</td><td>E</td></tr> <tr><td>20/30</td><td>E</td><td>w</td><td>E</td><td>3</td><td>E</td></tr> <tr><td>20/20</td><td>E</td><td>E</td><td>3</td><td>w</td><td>w</td></tr> </table>				20/200	20/100	20/50	20/40	20/30	20/20	PILOT LINE	E	m	E	3	w	20/50	E	w	E	3	w	20/40	E	m	E	3	E	20/30	E	w	E	3	E	20/20	E	E	3	w	w	<table border="1"> <tr><td>20/200</td><td>20/100</td><td>20/50</td><td>20/40</td><td>20/30</td><td>20/20</td></tr> <tr><td>PILOT LINE</td><td>E</td><td>m</td><td>E</td><td>3</td><td>w</td></tr> <tr><td>20/50</td><td>E</td><td>w</td><td>E</td><td>3</td><td>w</td></tr> <tr><td>20/40</td><td>E</td><td>m</td><td>E</td><td>3</td><td>E</td></tr> <tr><td>20/30</td><td>E</td><td>w</td><td>E</td><td>3</td><td>E</td></tr> <tr><td>20/20</td><td>E</td><td>E</td><td>3</td><td>w</td><td>w</td></tr> </table>				20/200	20/100	20/50	20/40	20/30	20/20	PILOT LINE	E	m	E	3	w	20/50	E	w	E	3	w	20/40	E	m	E	3	E	20/30	E	w	E	3	E	20/20	E	E	3	w	w
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SECONDARY SCHOOL AND ADULT TEST							
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TEST #6	LATERAL PHORIA "FAR"		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15				
TEST #7	VERTICAL PHORIA "FAR"		1 2 3 4 5 6 7				
TEST #8	ACUITY "NEAR"	RIGHT EYE 20	20	LEFT EYE 20	20	BOTH EYES 20	

TEST #5 VISUAL ACUITY TEST AT FAR

	LEFT EYE	BOTH EYES	RIGHT EYE
1	Z N	R O	H K
2	R K S	M N C	Z O D
3	H C D V	S K Z O	R N D S
4	Z R O D	N S C H	V Z K N
5	K H S C	O Z N R	D N V C
6	O N R Z V	D K H C S	K D S O N
7	S O C H N	V R Z K O	M S N R D

TEST #8 VISUAL ACUITY TEST AT NEAR

	LEFT EYE	BOTH EYES	RIGHT EYE
1	S V C	N R K	H Z O
2	R N Z H	D O K V	C S Z N
3	C K V D	S N Z R	D O H C
4	V H R N	O D S K	N Z C S
5	H S K R C	N Z D O V	Z S H N K
6	Z O N V R	H C S K D	V K C D S

PERIMETER SCORES (Circle Correct Response)

Right Temporal	_____
Left Temporal	_____
TOTAL	_____
Right Nasal	_____
Left Nasal	_____

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE

M00377

PHYSICAL EXAMINATION

Redacted

NAME: Mahdi, Mikal FILE NUMBER: _____ SEX: M DOB: _____
 AGE: B COTTAGE: _____ ALLERGIES: NKA

- YES 2 - NO 3 - NOT CHECKED OR RECORDED 4 - UNDER INVESTIGATION OR RESULTS NOT YET AVAILABLE 6 - N/A

GENERAL APPEARANCE:

138 ^{lbs} 1. WEIGHT
5'7 1/2" 2. HEIGHT VITAL SIGNS: TEMP 98.5 PULSE 96 RESP 18 BP 96/66

SKIN		<u>Upper back - Rash</u> <u>On back has rash. Bruise mark and</u> <u>R chest below nipple. From human bite</u>
2	3. 2	ACNE
2	4. 2	SKIN INFECTION - FUNGAL
2	5. 2	SKIN INFECTION - OTHER (includes warts)
2	6. 2	RECENT TRAUMA
HEAD, EYES, EARS, NOSE, THROAT		
	7. 2	INFECTION
2	8. 2	FAILED VISION SCREEN <u>passed 20/20 with no ref</u>
2	9. 2	FAILED HEARING SCREEN <u>passed with</u>
HEART/LUNGS		
2	10. 2	ACUTE ASTHMA <u>Regular asthma</u>
2	11. 2	ORGANIC HEART ABNORMALITY <u>Vibratory murmur at LSB -</u> <u>gutter lung - S2 x2 - good pulse</u> <u>No clicks, thrills or gallops detected</u>
LYMPHATICS		
ABDOMEN		
2	12. 2	GI ABNORMALITY <u>Gutter says no present or past issues</u> <u>but was told it should grow</u>
MUSCULO SKELETAL		
2	13. 1	FRACTURE, SPRAIN OR OTHER ACUTE PROCESS <u>(X) R leg age 9, R arm age 6</u>
2	14. 2	SCOLIOSIS

M00378

GENITO-URINARY		PELVIC EXAM	
15. 2	KIDNEY/BLADDER PROBLEM	FEMALES	
16. 2	GONORRHEA	DEFERRED for 1 WEEK	
17. 2	CHLAMYDIA OR NON-	EXT. GENIT.	
	GONOCOCCAL URETHRITIS	BUS	
18. 2	SYPHILIS	VAGINA	
19. 2	TRICHOMONAS	CERVIX	
20.	PEDICULOSIS PUBIS	UTERUS	
21.	MONILIA	ADNEXAL	
22.	HERNIA	RECTO VAGINAL	
23.	DEVELOPMENTAL DELAY	TANNER STAGE	
24.	PID	MALES	
25.	PAP CLASS RESULTS	CIRCUMCISED 1	
	1 = code 1 2 = code 2	HERNIA 2	
	3 = code 3, 4 or 5 4 = code 6	TANNER STAGE IV	
	5 = code 7 or 8 6 = N/A	TESTICLES ↓↓	

NEUROLOGIC Gross		HANDEDNESS	
26.	DEFICIT IDENTIFIED	(R)	
LABORATORY FINDINGS			
27.	ANEMIA		
28.	OTHER		
PREGNANCY			
29.	CURRENTLY PREGNANT		

DIAGNOSIS/ASSESSMENT:

MEDICATION PRESCRIBED BY BU PHYSICIAN	
30.	TOPICAL
31.	PSYCHOTROPIC
32.	OTHER
REFERRAL MADE	
33.	WITHIN DYFS
34.	COMMUNITY PHYSICIAN OR CLINICIAN
35.	X-RAY OR OTHER DIAGNOSTIC STUDY ORDERED

IMMUNIZATION RECORDS: 0 = No Records 1 = DJJ Records only 2 = Records from schools, family or other sources (in addition to DYFS Records)

24 RECORDS PRESENT

30 Signature Emily L. [Signature] Date 12/4/97

A004662

MEDICAL SUMMARY

NAME: Mahdi, Mikal
R/S: B/M

DOB: Redacted
INTAKE DATE: 12/04/97

FILE #

Redacted
d

MEDICAL INFORMATION:

AGE:	14.8	TEMPERATURE:	98.5
HEIGHT:	67½"	PULSE:	76
WEIGHT:	138 lbs	RESPIRATIONS:	18
ALLERGIES:	NKA to meds	BLOOD PRESSURE:	96/66

MEDICAL HISTORY:

Mikal reports that he fractured his right leg at age nine and his right arm at age six. He reports that he was hospitalized after these fractures. The youth says he smokes eight cigarettes per day and drinks alcohol twice a week. He says he has smoked marijuana daily in the past. He denies any IV drug use. He denies any history of sexually transmitted diseases. His review of systems at intake is positive for pain in the right knee when running and a rash on the upper back near the neck.

IMMUNIZATIONS:

Measles, Mumps, Rubella was given here on 1/6/98. One dose of Tetanus-Diphtheria, as well as one dose of Oral Polio Trivalent, was also given on 1/6/98. The youth will be due an immunization update in two months. TB Skin Test was applied 12/4/97 and was read as negative.

PHYSICAL EXAM:

This is an adolescent male with mild acne of the upper back. There is an area of ecchymosis on the right, lower lateral chest. Auscultation of the heart reveals a regular rhythm with a variable, vibratory systolic ejection murmur heard at the left sternal border with the youth lying. The second heart sound is normal. Good pulses are felt; and no clicks, thrills, or gallops are detected suggesting that this is an innocent flow murmur. The remainder of the intake exam is essentially unremarkable for his age.

LABORATORY DATA:

CBC and urinalysis dipstick exam are within normal limits. RPR Card Test is nonreactive.

VISION SCREENING:

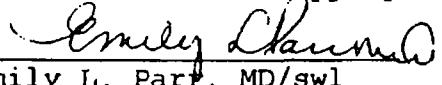
Both far and near vision are measured as being 20/20 bilaterally without eyeglasses.

HEARING SCREENING:

The hearing is within normal limits.

IMPRESSION:

Generally healthy, adolescent male. Immunizations should be completed. Mikal is medically cleared for participation in the LEADER Program if such placement is felt appropriate.


Emily L. Parr, MD/swl
Central Infirmary
January 9, 1998

Commonwealth of Virginia
Department of Youth and Family Services
Health Services Division
Dental Services

M00380

DENTAL RECORD

Unless otherwise indicated all Health encounters take place in the infirmary

High Priority Treatment Yes ☒ No ☐ Date: 12-31-97

FILE NO.: Redacted YOUTH NAME: Mahdi, Mikel DATE:

DATE OF BIRTH: / / RACE: SEX: FAMILY DENTIST:

HISTORY - (Self Reported)

Allergies: NO

Present Medications: NO

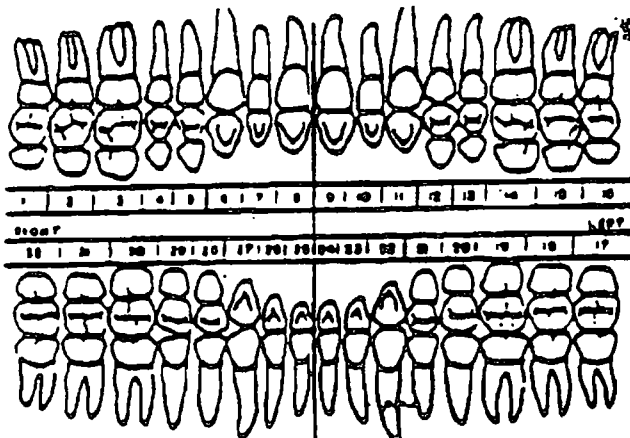
Hepatitis NO TB NO Heart Murmur ? Rheumatic Fever NO Diabetes NO Pregnant NO

CLINICAL EXAMINATION

Tongue N Palate N Cheeks N Lips N Gingivae N

Calculus N Occlusion Class I Molar

Existing Restorations, Caries & Missing Teeth



Comments: # 27 & 22
fractured - baby
cusps present

Treatment Plan:

OHI

Date	Time	Treatment
12-31-97		OHI, 4X-ray & Exam. (Meg) <i>[Signature]</i>

DMS

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
IMMUNIZATION RECORD

M00381

Immunization history by dates obtained from Measles _____ Mumps _____ Rubella _____ MMR <u>1-6-98</u>	MMR-Measles (circle)  Date <u>1-6-98</u> Dose <u>0.5 cc</u> Mfg <u>MSD</u> Lot # <u>00175</u> Sig/Title <u>Com 44</u> Inst. <u>CH</u>	MMR-Measles (circle)  Date _____ Dose _____ Mfg _____ Lot # _____ Sig/Title _____ Inst. _____
DPT/DT/Td 1. <u>1-6-98</u> 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____	Tetanus/Diphtheria (Td)  Date <u>1-6-98</u> Dose <u>0.5 cc</u> Mfg <u>Connaught</u> Lot # <u>6587412</u> Sig/Title <u>Com 44</u> Inst. <u>CH</u>  Date <u>3/25/98</u> Dose <u>0.5 cc</u> Mfg <u>Connaught</u> Lot # <u>939118</u> Sig/Title <u>Speed 44</u> Inst. <u>HQCC</u>	Tetanus/Diphtheria (Td)  Date <u>11-10-98</u> Dose <u>0.5 cc</u> Mfg <u>Wyeth</u> Lot # <u>4978134</u> Sig/Title <u>Com 44</u> Inst. <u>CH</u>
Polio 1. <u>1-6-98</u> 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____	Polio OPV-IPV (Circle)  Date <u>1-6-98</u> Dose <u>0.5 cc</u> Mfg <u>Levule</u> Lot # <u>97756</u> Sig/Title <u>Com 44</u> Inst. <u>CH</u> OPV-IPV (Circle)  Date <u>3/25/98</u> Dose <u>0.5 cc</u> Mfg <u>Levule</u> Lot # <u>07756</u> Sig/Title <u>Speed 44</u> Inst. <u>HQCC</u>	OPV-IPV (Circle)  Date <u>11-10-98</u> Dose <u>0.5 cc</u> Mfg <u>Levule</u> Lot # <u>4978134</u> Sig/Title <u>Com 44</u> Inst. <u>CH</u>
Tine/PPD <u>12-3-97 neg</u>	Date Given <u>12-3-97</u> Signature <u>P. Davis, CHA/17</u> Results <u>0mm negative</u> Date read <u>12/6/97</u> Signature <u>[Signature]</u>	PPD Date Given <u>10/23/98</u> Signature <u>P. Davis, CHA/17</u> Results <u>0mm</u> Date read <u>10/26/98</u> Signature <u>[Signature]</u>

Name: <u>Mohdi, Mikal</u>	Sex <u>M</u>	Allergies	D.O.B. Redacted	Race <u>C</u>
File No. <u>Redacted</u>				

Recommended Immunization schedule for persons >7 years of age not immunized at the recommended time in early Infancy (See individualized ACIP recommendations for details)

M00382

TIMING	VACCINE(s)	COMMENTS
First visit	Td#1*, OPV #1, and MMR*	OPV not routinely recommended for persons aged >18 years
2 mos. after Td#1, OPV #1	Td#2, OPV#2	OPV may be given as soon as 6 weeks after OPV#1
6-12 mos. after Td#2, OPV #2	Td#3, OPV#3	OPV#3 may be given as soon as 6 weeks after OPV/#2
10 years after Td #3	Td	Repeat every 10 years throughout life

*Td = Tetanus and Diphtheria Toxoid (or adult use) (for use after the seventh birthday.). The DTP doses given to children <7 who remain incompletely immunized at age >7 years should be counted as prior exposure to tetanus and diphtheria toxoids (eg. child who previously received 2 doses of DTP needs only 1 dose of Td to complete a primary series for tetanus and diphtheria).

*OPV - Poliovirus Vaccine Live Oral, Trivalent: contains poliovirus types 1, 2 and 3. When polio vaccine is to given to persons >18 years. Poliovirus Vaccine inactivated (IPV) is preferred. See ACIP statement on polio vaccine for immunization schedule for IPV (2).

*MMR or Measles, Mumps, and Rubella Virus Vaccine, live persons born before 1967 can generally be considered immunized to measles and mumps and need not be immunized. Since medical personnel are at higher risk for acquiring measles than the general population, medical facilities may wish to consider requiring proof of measles immunity for employees born before 1967. Rubella vaccine can be given to persons of any age, particularly to nonpregnant women of childbearing age. MMR can be used since administration of vaccine to persons already immune is not deleterious (see text for discussion of single vaccines versus combination).

Recommendations for routine immunization of HIV-infected children - United States

Vaccine	Known HIV Infection	
	Asymptomatic	Systematic
DTP	Yes	Yes
OPV*	No	No
IPV*	Yes	Yes
MMR*	Yes	Yes**
HbCV**	Yes	Yes
Pneumococcal	Yes	Yes
Influenza	No**	Yes

*DTP = Diphtheria and Tetanus Toxoids and Pertussis Vaccine, Absorbed DTP may be used up to the seventeenth birthday.

*OPV = Poliovaccine live oral, trivalent: contains poliovirus types 1, 2, and 3.

*IPV = Poliovirus vaccine inactivated: contains poliovirus types 1, 2, and 3.

*MMR = Measles, Mumps, and Rubella Virus Vaccine, live.

**Should be considered

**HbCV = vaccine composed of Hemophilus influenza to polysaccharide antigen conjugated to a protein carrier.

**Not contraindicated

PERSONAL PROPERTY SHEET

M00383

NAME: Mahdi Mikal DATE ADMITTED: 12/8/92
 RACE: B/K AGE: 14 BIRTHDATE: Redacted AREA CODE TELEPHONE: None
 EYES: B/K HAIR: B/K HEIGHT: 5'8" WEIGHT: 140 lb.
 DESCRIPTION OF SCARS AND BODY MARKS: None

PROPERTY ENVELOPE

ITEM:	QUANTITY:	DESCRIPTION:
WATCH:	<u>None</u>	<u>None</u>
RINGS:		
NECKLACES:		
KEYS:		
EARRINGS:		
OTHER ITEMS OF VALUE:		
	<u>None</u>	<u>None</u>

(ENVELOPE)

CASH \$ 1480

MISCELLANEOUS PROPERTY:

1 pr. B/K Boyer Shirt

PROPERTY BAG

ITEM:	DESCRIPTION & CONDITION
SHIRT/BLOUSE:	<u>1 Gray T-Shirt</u>
TROUSERS/SLACKS:	<u>1 pr. Boss Jeans</u>
SOCKS/HOSE:	<u>1 pr. White Socks</u>
UNDERWEAR:	<u>1 pr. White Boyer</u>
UNDERSHIRTS:	<u>None</u>
DRESSES/SKIRTS:	<u>None</u>
SHOES:	<u>1 pr. B/K Boots</u>
WALLET/PURSE:	<u>None</u>
BELT:	<u>None</u>
COAT/JACKET:	<u>None</u>
HATS/CAPS:	<u>None</u>

SIGNATURES:

ADMITTING STAFF: Watson

CHILD ADMITTED: Mikal

The Reception and Diagnostic Center is not responsible for items not listed. We assume no responsibility after check out and transfer. Money will be forwarded. All contraband items will be disposed of and will not be forwarded.

(Check One) ☐ I have received all my personal possessions.

☐ I have not received all my personal possessions.

SIGNATURES:

CHILD CHECKING OUT: _____ DATE: _____

STAFF CHECKING CHILD OUT: _____ DATE: _____

COMMONWEALTH of VIRGINIA

DEPARTMENT of JUVENILE JUSTICE

Parole Supervision Authority

- ☐ The _____ District Juvenile and Domestic Relations Court Service Unit of the County/City of:
- ☐ The Juvenile Court of _____
- ☐ The Department of Social Services for the County/City of: _____

This constitutes your authority to act as agent of the State Department of Juvenile Justice in the parole supervision of the juvenile, _____ who was committed to the State Department of Juvenile Justice on _____. Such supervision includes, but is not limited to:

1. supervising the activities and behavior of the ward.
2. providing, reviewing and discussing with the ward his/her conditions of release from direct care.
3. reviewing and modifying the service plan and its objectives.
4. remaining aware of the juvenile's and his/her family's situation.
5. providing counseling services to the juvenile and his/her family through or as arranged by your agency.
6. submitting a progress report once each six months.
7. recommending, when properly indicated, the ward's discharge.

For departments of public welfare, this authorization also includes the right to place the ward in a foster home of your own choosing in accordance with § 63.1-56, COV.

The authority to consent to medical and surgical care, vested in the Director of the Department of Juvenile Justice by the ward's commitment, is hereby delegated to you. If, however, the ward is living with or reasonably available to his/her parents, the parents may and should sign the consent. Financial responsibility for the juvenile's routine medical care is not carried by the state Department of Juvenile Justice.

You are also authorized to act as the agent of the Director of the Department of Juvenile Justice with respect to the ward's enlistment in the armed forces. Should the military authority be unwilling to accept your consent in this capacity, the necessary papers can be mailed to the Parole Services Office for signature.

For the DIRECTOR OF THE DEPARTMENT OF JUVENILE JUSTICE

Superintendent/Designee

Effective Date

Juvenile Correctional Center

DDJ-1001

CUSTODIAL TRANSPORTATION ORDER

ASE NO. C97945

M00385

Mikal Mahdi

NAME OF TRANSPORTEE

SOCIAL SECURITY NUMBER

- ☐ General District Court (Traffic)
- ☒ General District Court (Criminal)
- ☐ General District Court (Civil)
- ☐ J & DR Court
- ☐ Circuit Court

Brunswick

CITY/COUNTY

TO ANY AUTHORIZED OFFICER: Take custody of and transport the person named above from:

☐ the jail serving this jurisdiction or

☒ Bon-Air juv Home

to:

OTHER FACILITY

☐ THIS COURT or

☐

to arrive 12-11-97 9:00AM

OTHER DESTINATION

DATE AND TIME

TO APPEAR IN:

☒ COMMONWEALTH OF VIRGINIA

☐ V/in re

Witness for Comm

Steven Brown

and when the person's presence is no longer needed there, return such person to the jail officer or director of the other named facility unless otherwise directed by this court.

TO THE JAIL OFFICER OR DIRECTOR OF THE OTHER NAMED FACILITY:

Release the person named in this order into the custody of the officer bearing this order, and accept custody of the person on his/her return.

SPECIAL INSTRUCTIONS:

12-5-97

DATE

Elaine Martin

CLERK ☐ JUDGE

CUSTODIAL TRANSPORTATION ORDER

A004669

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF YOUTH AND FAMILY SERVICES

CERTIFICATE OF DISCHARGE

Whereas, ... , a male/female born on
.....
..... was duly committed to the Department of Youth and
Family Services on the day of , 19 ⁹⁷ , by the
Court of
..... , Virginia, under the
provision of the Code of Virginia, and,

Whereas, the Department or its authorized agent is of the opinion that said youth should be released
from the guardianship and custody imposed by the above order of commitment because

Now, therefore, the Department through its authorized agent hereby discharges the said youth from its
authority this the day of , 19 ⁹⁷ .

DEPARTMENT OF YOUTH AND FAMILY SERVICES

BY
TITLE

BY
TITLE

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons, and property.

YOUTH REGION FACILITY: RECEPTION Diagnostic Center DATE: 12/14 19 97

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. Redacted Name Joseph Holmes Age 15 Cottage B/Bm

Case No. Redacted Name Charles Michael MAHDI Age 14 Cottage B/Bm

Case No. Redacted Name Joseph Holden Age 16 Cottage B/Bm

NAMES OF STAFF ON DUTY: OTIS MILLER 14 Bm

Name Muller Position JCOS

Name Ward Position JCOS

TYPE OF INCIDENT: MOD 7

DATE OF INCIDENT: 12/14 19 97 TIME: 07:20 (Circle One)

PLACE OF INCIDENT: Bee Room

ACTIVITY IN PROGRESS: Breakfast

NAMES OF WITNESSES: B cottage cadets, B staff JCOS

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) The Two cadets stood

up and squared off to fight, before staff could intervene

they started to swing at each other and were broken up

by staff, as staff reported them to

Common

Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Both Students Plea Guilty. Incident started when Holmes

plucked MAHDI in back of head. MAHDI

turned around and because he did not

know who plucked him started who

ever plucked him at head to stand up. That's when

Holmes

MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

Apply ice to upper lip & it side face near eye

WHERE: C-1 TIME: 7:45 AM/PM BY WHOM: Williams

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A

CATEGORY I CATEGORY II or CATEGORY III. (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capitulum
Signature of Superintendent
or Designee

and ~~the~~ ^{the} was noticed cadet millner M00388
laying on the floor at the opposite end of
the event, upon investigation led a talk to
another cadet. It was revealed that as ~~the~~ ^{the two}
~~was~~ ^{the} the
cadets started to fight cadet Holden did in
fact assault cadet millner

NOT section

Stated who are you calling a bitch MAHDI, MAHDI
Stated again who ever smacked his (neck) This is also when
MAHDI turned back and threatening inviting Holmes
to stand up. Holmes stood up and started saying
on MAHDI, Both received 2 hr En F. fight
Both due out at 20yr 12/14/57 :

Behavior Program
Offense Hearing Form

M00389

SECTION I. FORMAL NOTICE

Name of accused MUKAL MAHDI Phase I
Date of incident: 12/14/97 Time: 0700 (A.M.) P.M. (circle one)
Activity in progress when incident occurred _____
(Check one) Moderate Offense _____ Major Offense _____
Describe Incident FIGHTING

Signature of Reporting Employee Agmiller

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: FIGHTING AND 7
2. This offense has a penalty of: _____
3. Do you plead: Guilty (☒) or Innocent ()?
4. Do you desire a Hearing: Yes () No (☒)
5. Do you desire $\frac{1}{2}$ hour to prepare for a moderate offense hearing Yes ()
No (☒)
6. Do you desire 2 hours to prepare for a major offense hearing Yes ()
No (☒)
7. Do you understand that the time may be extended to but not exceed 24
hours: Yes () No ()?
8. do you waive your right to a waiting period: Yes () No ()?
9. Do you desire a staff member or ward to represent you as advisor: Yes
() No ()?
10. Staff signature: Agmiller Ward Signature: _____

SECTION III. HEARING

Type of Offense: Moderate () Major ()
Date, time and Place of Hearing: _____
_____, 19____ A.M./P.M. at H/17
Was written notice of hearing given to Ward: Yes () No ()
Name of representative(s)/witness(es) for Ward: _____

Did ward or representative(s) cross examine witness(es): Yes () No ()
Findings: Innocent () guilty ()
If guilty, give date and time of release _____
Members of the Hearing Committee H/17

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the
Superintendent or designee.
I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION ()

Signature of Youth _____
Witness by members of the Hearing Committee _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

A004673

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security and/or rights of persons and property.

YOUTH REGION FACILITY: R.D.C. DATE: 12/18 : 19 97

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. Redacted Name Mahel, Maheli Age 14 Cottage A-3

Case No. _____ Name _____ Age _____ Cottage _____

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name Mr. Robert Davis Jr. Position J.P.O.

Name Mr. Donald Shackelford Position J.P.O.

TYPE OF INCIDENT: Mr. Miller fail to comply

DATE OF INCIDENT: 12/18 19 97 TIME: 12:50 AM/PM (Circle One)

PLACE OF INCIDENT: Outside (A-3) Cottage enroute to D.H.C.

ACTIVITY IN PROGRESS: Marching in Platoon Formation

NAMES OF WITNESSES: P.D. Miller, et al, J.P.O. Shackelford

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Platoon was entering practice drill. When P.D. Miller stopped the platoon and asked Maheli to step out of the platoon formation. He was asked why wasn't he marching. Maheli stated I am not going to march. Mr. R. Davis Jr. I don't give a damn about this program. He was asked to rejoin the platoon. He refused. Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Cadet Maheli did admit to the conduct of his fight

Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES X NO. IF YES, DESCRIBE:

WHERE: _____ TIME _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A. CATEGORY I X CATEGORY II _____ or CATEGORY III. _____ (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Signature of Superintendent
or Designee

Padet Makil was informed he had committed a Moderate offense (Mod 4) failure to comply. Sergeant in charge of campus, Sergeant (Williams), was informed. Makil was escorted to (B) cottage.

Behavior Program
Offense Hearing Form

M00392
8:56
6

SECTION I. FORMAL NOTICE

Name of accused Mikal Mahdi
Date of incident: 12/12/97 Time: 10:50 A.M. P.M. (circle one) Phase I
Activity in progress when incident occurred
(Check one) Moderate Offense X Major Offense _____
Describe Incident (Mod 4) Jail (S.T.R.)

Signature of Reporting Employee Mr. Raliph Davis Jr

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: (Mod 4) Failure to Comply
2. This offense has a penalty of: (7HR8) P.R.
3. Do you plead: Guilty (X) or Innocent ()?
4. Do you desire a Hearing: Yes () No ()?
5. Do you desire $\frac{1}{2}$ hour to prepare for a moderate offense hearing Yes () No ()?
6. Do you desire 2 hours to prepare for a major offense hearing Yes () No ()?
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes () No ()?
8. do you waive your right to a waiting period: Yes () No ()?
9. Do you desire a staff member or ward to represent you as advisor: Yes () No ()?
10. Staff signature: Mr. Raliph Davis Jr Ward Signature: Mikal Mahdi

SECTION III. HEARING

Type of Offense: Moderate () Major ()
Date, time and Place of Hearing:
12/17/97, 19__ A.M./P.M. at A-3
Was written notice of hearing given to Ward: Yes () No ()
Name of representative(s)/witness(es) for Ward: _____

Did ward or representative(s) cross examine witness(es): Yes () No ()
Findings: Innocent () guilty (X)
If guilty, give date and time of release 12/18/97 2050 Hr
Members of the Hearing Committee [Signature]

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION (X)

Signature of Youth X Mikal Mahdi
Witness by members of the Hearing Committee _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

Behavior Program
Offense Hearing Form

M00393

SECTION I. FORMAL NOTICE

Name of accused: Mikal Mahdi Phase I
Date of incident: 12/29/97 Time: 1:45 A.M. P.M. (circle one)
Activity in progress when incident occurred: STAFF
(Check one) Moderate Offense ☒ Major Offense ☐
Describe Incident: OBSCENE GESTURES (WRITTEN)

Signature of Reporting Employee: [Signature]

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: Mach 8. #
2. This offense has a penalty of: 3 hrs
3. Do you plead: Guilty ☒ or Innocent ☐?
4. Do you desire a Hearing: Yes ☐ No ☒?
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes ☐ No ☒?
6. Do you desire 2 hours to prepare for a major offense hearing Yes ☐ No ☒?
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes ☒ No ☐?
8. Do you waive your right to a waiting period: Yes ☐ No ☒?
9. Do you desire a staff member or ward to represent you as advisor: Yes ☐ No ☒?
10. Staff signature: [Signature] Ward Signature: [Signature]

SECTION III. HEARING

Type of Offense: Moderate ☒ Major ☐
Date, time and Place of Hearing: 12/30, 1997 10:00 A.M./P.M. at A/3
Was written notice of hearing given to Ward: Yes ☒ No ☐
Name of representative(s)/witness(es) for Ward: Cadet [Signature]

Did ward or representative(s) cross examine witness(es): Yes ☒ No ☐
Findings: Innocent ☐ guilty ☒
If guilty, give date and time of release: 12/29/97 at 7:00 PM
Members of the Hearing Committee: [Signature]

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.
I WANT TO APPEAL THE DECISION ☒ I DO NOT WANT TO APPEAL THE DECISION ☐

Signature of Youth: Mikal Mahdi
Witness by members of the Hearing Committee: _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate: _____

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security and/or rights of persons and property.

YOUTH REGION FACILITY: B.P.C. DATE: 12/29 : 19 97

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. Redacted Name Mikal Mahdi Age 14 Cottage B/m A/3

Case No. Redacted Name Carlos Lobbin Age 15 Cottage B/m A/3

Case No. Redacted Name Redacted Age Redacted Cottage Redacted

NAMES OF STAFF ON DUTY:

Name L. B. [Signature] Position JCO / DESK

Name Ther. Epling Position JCO / DESK

TYPE OF INCIDENT: Abusive Language / Obscene Gestures (with)

DATE OF INCIDENT: 12/29 19 97 TIME: 1:45 AM/PM (Circle One)

PLACE OF INCIDENT: Rec. Room

ACTIVITY IN PROGRESS: CLAS

NAMES OF WITNESSES: Redacted

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

Mahdi - Lobbin
Were drawing obscene pictures of women
During class. Both cadets
Said that they didn't draw it.

Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Lobbin had picture, Mahdi drew
picture both admitted to taking part.

Guilty served 2 hrs

on 12/29/97.

Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WHERE: Redacted TIME Redacted AM/PM BY WHOM: Redacted
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A:

CATEGORY I Redacted CATEGORY II Redacted or CATEGORY III Redacted (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capt. [Signature]
Signature of Superintendent
or Designee

ADOLESCENT FORM

SASSI

M00395

If a statement is TRUE or MOSTLY TRUE for you, fill in the square in the column headed T; that is,

If a statement is FALSE or MOSTLY FALSE for you, fill in the square in the column headed F; that is,

Please try to answer all questions

T F

☒	☐
☐	☒



T	F	
☒	☐	MOST PEOPLE MAKE SOME MISTAKES IN THEIR LIFE
☐	☒	AT LEAST ONE OF MY PARENTS WAS OFTEN VERY SAD, ANXIOUS, OR UNHAPPY WHEN I WAS A CHILD.
☐	☒	I HAVE NEVER BEEN IN TROUBLE WITH THE PRINCIPAL OR WITH THE POLICE.
☒	☐	I AM ALWAYS WELL BEHAVED IN SCHOOL.
☐	☒	NO ONE HAS EVER CRITICIZED OR PUNISHED ME
☒	☐	I HAVE NOT LIVED THE WAY I SHOULD.
☒	☐	I CAN BE FRIENDLY WITH PEOPLE WHO DO MANY WRONG THINGS.
☒	☐	I DO NOT LIKE TO SIT AND DAYDREAM.
☐	☒	SOMETIMES I HAVE A HARD TIME SITTING STILL.
☒	☐	AT TIMES I FEEL WORN OUT FOR NO SPECIAL REASON.
☒	☐	EVERYTHING SEEMS TO BE TURNING OUT JUST LIKE THE BIBLE SAID IT WOULD.
☐	☒	I HAVE HAD DAYS, WEEKS, OR MONTHS WHEN I COULDN'T GET MUCH DONE BECAUSE I JUST WASN'T UP TO IT.
☒	☐	I ALWAYS LISTEN CAREFULLY TO PEOPLE THAT ARE OLDER THAN ME.
☒	☐	I LIKE TO OBEY THE RULES.
☐	☒	I HAVE WANTED TO RUN AWAY FROM HOME.
☐	☒	I OFTEN FEEL THAT STRANGERS LOOK AT ME AS IF I AM WEIRD.
☐	☐	I OFTEN FEEL SICK TO MY STOMACH.
☐	☐	I HAVE TRIED TO STAY AWAY FROM PEOPLE I DID NOT WISH TO SPEAK TO.
☐	☒	SOME CROOKS ARE SO CLEVER THAT I HOPE THEY GET AWAY FROM THE POLICE.
☐	☒	MY SCHOOL TEACHERS HAVE HAD SOME PROBLEMS WITH ME.
☒	☐	I HAVE NEVER DONE ANYTHING DANGEROUS JUST FOR FUN.
☐	☒	I HAVE SOMETIMES DRUNK TOO MUCH BEER OR OTHER ALCOHOLIC DRINK.
☐	☒	MUCH OF MY LIFE IS BORING.
☐	☒	SOMETIMES I WISH I WERE MORE IN CHARGE OF THE WAY I BEHAVE AND FEEL.
☒	☐	I BELIEVE THAT PEOPLE SOMETIMES GET CONFUSED.
☐	☒	SOMETIMES I AM NO GOOD FOR ANYTHING AT ALL.
☐	☒	I BREAK MORE RULES THAN MOST PEOPLE MY AGE.



Fill in this way.



Not like this.



T	F	
☐	☒	IF SOME FRIENDS AND I WERE IN TROUBLE TOGETHER, I WOULD RATHER TAKE ALL THE BLAME THAN TELL ON THEM.
☐	☒	SWEARING AND CURSING HAVE BECOME A SERIOUS PROBLEM IN OUR SCHOOLS AND MUST BE STOPPED.
☐	☒	I THINK THERE IS SOMETHING WRONG WITH MY MEMORY.
☐	☒	I HAVE BEEN TEMPTED TO HIT SOMEONE.
☒	☐	I ALWAYS FEEL SURE OF MYSELF.
☒	☐	I HAVE NEVER BROKEN AN IMPORTANT RULE.
☒	☐	THERE HAVE BEEN TIMES WHEN I HAVE DONE THINGS I DIDN'T REMEMBER LATER.
☒	☐	I THINK CAREFULLY ABOUT EVERYTHING I DO.
☐	☒	I HAVE USED ALCOHOL OR "POT" TOO MUCH OR TOO OFTEN.
☐	☒	NEARLY EVERYONE ENJOYS BEING PICKED ON AND MADE FUN OF.
☐	☒	SOME OF MY FRIENDS HAVE BAD REPUTATIONS.
☐	☒	MOST PEOPLE WILL LIE TO GET WHAT THEY WANT.
☒	☐	MOST PEOPLE WILL LAUGH AT A JOKE AT TIMES.
☒	☐	I ALMOST ALWAYS KNOW WHAT TO SAY.
☐	☒	I AM OFTEN RESTLESS OR JUMPY.
☐	☒	I SMOKE CIGARETTES REGULARLY.
☐	☒	AT TIMES I HAVE BEEN SO FULL OF PEP THAT I FELT I DIDN'T NEED TO SLEEP FOR DAYS AT A TIME.
☐	☒	I HAVE SOMETIMES JUST SAT ABOUT WHEN I SHOULD HAVE BEEN WORKING.
☐	☒	I OFTEN FEEL ANGRY BECAUSE PEOPLE DON'T TREAT ME RIGHT.
☒	☐	I CAN BE DEPENDED ON TO DO THE THINGS I AM SUPPOSED TO.
☐	☒	AT LEAST ONCE A WEEK I TAKE MEDICINE FOR A STOMACH ACHE.
☒	☐	I HAVE NEVER FELT SAD OVER ANYTHING.
☒	☐	I AM USUALLY HAPPY.
☐	☒	I HAVE NEGLECTED SCHOOL WORK BECAUSE OF DRINKING OR USING DRUGS.
☐	☒	I HAVE TAKEN A DRINK IN THE MORNING TO STEADY MY NERVES OR TO GET RID OF A HANGOVER.
☐	☒	I HAVE OFTEN FELT BAD OR SCARED BECAUSE OF THE DRINKING OR DRUG USE OF SOMEONE IN MY FAMILY.
☐	☒	SOMETIMES I FEEL THAT MY DRUG USE OR DRINKING IS KEEPING ME FROM GETTING WHAT I WANT OUT OF LIFE.
☐	☒	I RARELY TALK ABOUT MY REAL FEELINGS OR WORRIES WITH EITHER MY FRIENDS OR MY FAMILY.



Name Mikall Hadd Age 14 Sex M Marital Status _____

Last school grade completed _____ Date 12/21/97

PLEASE CONTINUE ON
REVERSE SIDE

IT IS ILLEGAL TO
REPRODUCE THIS FORM

These items are taken from the Psychological Screening Inventory.
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by permission.

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A004679

For each item below, circle the number which reflects how often you have experienced the situation described.

The numbers represent the following categories:

0 = Never

1 = Once or Twice

2 = Several Times

3 = Repeatedly

ALCOHOL

- 0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
1. DRANK ALCOHOL DURING THE DAY?
 2. TAKEN A DRINK OR DRINKS TO HELP YOU TALK ABOUT YOUR FEELINGS OR IDEAS?
 3. TAKEN A DRINK OR DRINKS SO YOU WOULDN'T FEEL TIRED OR TO GIVE YOU A LIFT WHEN YOU HAVE TO KEEP GOING?
 4. HAD MORE TO DRINK THAN YOU INTENDED TO?
 5. GOTTEN SICK FROM DRINKING? (E.G., VOMITING, DIZZINESS, HEADACHE)
 6. GOTTEN INTO TROUBLE IN SCHOOL, AT HOME, ON THE JOB, OR WITH THE POLICE BECAUSE OF DRINKING?
 7. BECOME VERY SAD OR FELT "DOWN" AFTER HAVING SOBERED UP?
 8. ARGUED WITH YOUR FAMILY OR FRIENDS BECAUSE OF YOUR DRINKING?
 9. HAD A STRANGE EXPERIENCE WHEN DRINKING (SUCH AS SEEING SOMETHING NOT REALLY THERE) THAT CAME BACK WHEN YOU HADN'T BEEN DRINKING FOR A WHILE?
 10. LOST FRIENDS BECAUSE OF DRINKING?
 11. FELT REALLY NERVOUS OR SHAKY AFTER HAVING SOBERED UP?
 12. TRIED TO KILL YOURSELF WHILE DRUNK?

OTHER DRUGS

- 0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
0 1 2 3
1. TAKEN DRUGS TO IMPROVE YOUR THINKING AND FEELING?
 2. TAKEN DRUGS TO HELP YOU FEEL BETTER ABOUT A PROBLEM?
 3. TAKEN DRUGS TO BE MORE AWARE OF YOUR SENSES (E.G., SIGHT, HEARING, TOUCH, ETC.)?
 4. TAKEN DRUGS SO YOU COULD ENJOY SEX MORE?
 5. TAKEN DRUGS TO HELP YOU FORGET THAT YOU FEEL HELPLESS AND WORTHLESS?
 6. TAKEN DRUGS TO FORGET SCHOOL, WORK OR FAMILY PRESSURES?
 7. GOTTEN INTO TROUBLE WITH THE POLICE BECAUSE OF DRUGS?
 8. GOTTEN REALLY STONED OR WIPED OUT ON DRUGS (MORE THAN JUST HIGH)?
 9. TRIED TO TALK A DOCTOR INTO GIVING YOU SOME PRESCRIPTION DRUG (E.G., TRANQUILIZERS, PAIN KILLERS, DIET PILLS, ETC.)?
 10. SPENT YOUR SPARE TIME BUYING, SELLING, TAKING, OR TALKING ABOUT DRUGS?
 11. USED ALCOHOL AND OTHER DRUGS AT THE SAME TIME?
 12. CONTINUED TO TAKE A DRUG OR DRUGS TO AVOID THE PAIN OF WITHDRAWAL?
 13. FELT YOUR DRUG USE HAS KEPT YOU FROM GETTING WHAT YOU WANT OUT OF LIFE?
 14. BEEN ACCEPTED INTO A TREATMENT PROGRAM BECAUSE OF YOUR DRUG USE?

A004680

Education _____

COMMENTS:

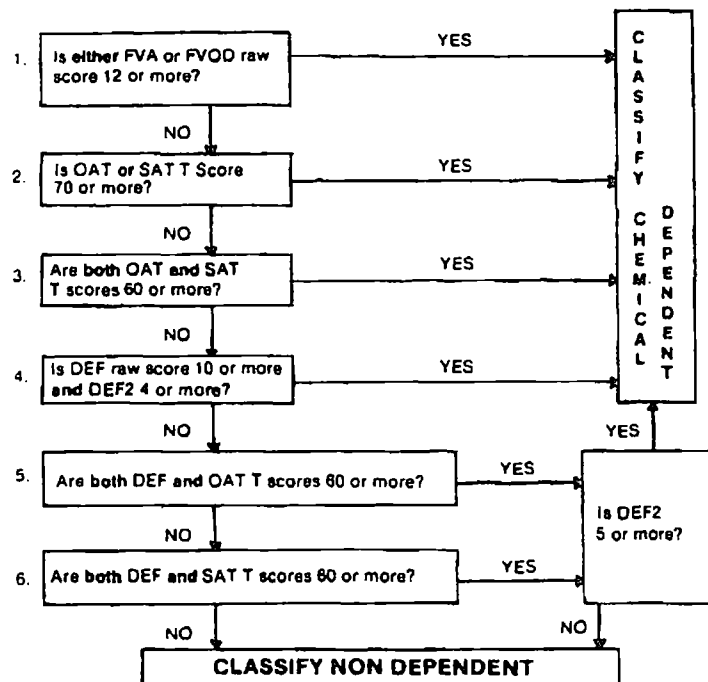
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Name _____ Age _____ Date _____

Marital Status _____ Occupation _____ Location _____

Education _____

Decision Rules for the Adolescent SASSI



COMMENTS:

	FVA	FVOD	OAT	SAT	DEF	DEF2	COR	RAP	PERCENTILE
80	13 → 12	13 → 12 11		6	12	11 10	9	4	
70	11 10 9	10 9 8	20 19 18	5	11	9 8	8	3	98th
60	8 7 6	7 6 5	17 16 15	4	10 9	8 7 6	7 6 5	2 1	85th
50	5 4 3	4 3 2	14 13 12 11	3 2	8 7	5 4	4	0	50th
40	2 1 0	1 0	10 9 8 7	1	6 5	3 2	3		15th
			6 5 4	0	4	1 0	2		
	ALC	DRUG	Obvious Attributes	Subtle Attributes	Defensiveness	Defensive Dependent vs. Defensive Non Dependent	Correctional	Random Answering Pattern	

Behavior Program
Offense Hearing Form

M00399

SECTION I. FORMAL NOTICE

Name of accused: Mikal MAHDI Phase I
Date of incident: 12-31-97 Time: 2020 A.M. P.M. (circle one)
Activity in progress when incident occurred
(Check one) Moderate Offense #4 Major Offense _____
Describe Incident: Failure to comply

Signature of Reporting Employee: Barnes

SECTION II. RIGHTS AND PLEA (To be read to Ward)

- You have been charged with: Failure to Comply
- This offense has a penalty of: 2 HRS
- Do you plead: Guilty (X) or Innocent ()
- Do you desire a Hearing: Yes (X) No ()
- Do you desire $\frac{1}{2}$ hour to prepare for a moderate offense hearing Yes () No (X)
- Do you desire 2 hours to prepare for a major offense hearing Yes () No ()
- Do you understand that the time may be extended to but not exceed 24 hours: Yes () No ()
- do you waive your right to a waiting period: Yes () No ()
- Do you desire a staff member or ward to represent you as advisor: Yes () No ()
- Staff signature: [Signature] Ward Signature: [Signature]

SECTION III. HEARING

Type of Offense: Moderate () Major ()
Date, time and Place of Hearing: 12-31-97 A.M. (X) P.M. at B wing
Was written notice of hearing given to Ward: Yes (X) No ()
Name of representative(s)/witness(es) for Ward: Barnes Self, Officer

Did ward or representative(s) cross examine witness(es): Yes () No ()
Findings: Innocent () guilty (X)
If guilty, give date and time of release 12⁰⁰ hrs 1-1-98
Members of the Hearing Committee [Signature]

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION (X)

Signature of Youth: Mikal Mahdi
Witness by members of the Hearing Committee: [Signature]

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security and/or rights of persons and property.

YOUTH REGION FACILITY: RDC DATE: 12-31-97 19

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. Redacted Name Modhi A. Kal BM Age 14 Cottage 1A-3

Case No. _____ Name _____ Age _____ Cottage _____

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name Barnes Position SCO

Name Wade Position SCO SR.

TYPE OF INCIDENT: Machete #4 FTLWPP

DATE OF INCIDENT: 12-31-97 19 TIME: 20:15 AM/PM (Circle One)

PLACE OF INCIDENT: Rec. Room

ACTIVITY IN PROGRESS: Movement into sleeping AREA

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

[Signature]
Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Found guilty; w/ 12²⁰pm 1-1-98

[Signature]
Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES NO IF YES, DESCRIBE:

WHERE: N/A TIME _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO IF YES, PLEASE INDICATE WHETHER A:

CATEGORY I _____ CATEGORY II _____ or CATEGORY III _____ (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capt. [Signature]
Signature of Superintendent
or Designee

Behavior Program
Offense Hearing Form

M00401

SECTION I. FORMAL NOTICE

Name of accused Mahdi Mikal
Date of incident: 01/06/98 Time: 1840 A.M. (P.M.) (circle one)
Activity in progress when incident occurred Debriefing
(Check one) Moderate Offense Mod. 7 Major Offense _____
Describe Incident See S.I.R.

Signature of Reporting Employee D. J. Kling

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: Moderate 7, failure to comply
2. This offense has a penalty of: 7 hrs
3. Do you plead: Guilty () or Innocent (+)
4. Do you desire a Hearing: Yes (+) No ()?
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes (+) No ()?
6. Do you desire 2 hours to prepare for a major offense hearing Yes () No (+)
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes (+) No ()?
8. Do you waive your right to a waiting period: Yes (+) No ()?
9. Do you desire a staff member or ward to represent you as advisor: Yes (+) No ()?
10. Staff signature: D. J. Kling Ward Signature: Mikal Mahdi

SECTION III. HEARING

Type of Offense: Moderate (X) Major ()
Date, time and Place of Hearing: 1/6/98, 1998 2130 A.M./P.M. at B Cottage
Was written notice of hearing given to Ward: Yes () No (+)
Name of representative(s)/witness(es) for Ward: Mikal Mahdi

Did ward or representative(s) cross examine witness(es): Yes () No (+)
Findings: Innocent () guilty (X)
If guilty, give date and time of release 1/7/98, 1040 hours
Members of the Hearing Committee D. J. Kling

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.
I WANT TO APPEAL THE DECISION () I DO NOT WANT TO APPEAL THE DECISION (X)

Signature of Youth Mikal Mahdi
Witness by members of the Hearing Committee _____

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons and property.

YOUTH REGION FACILITY: _____ DATE: _____

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. Redacted Name Mahdi, Mikal Age 14.9 Cottage A3

Case No. _____ Name _____ Age _____ Cottage _____

Case No. _____ Name _____ Age _____ Cottage _____

NAMES OF STAFF ON DUTY:

Name Epling Position JCO

Name PO Miller Position JCO

TYPE OF INCIDENT: Moderate 7; failure to comply

DATE OF INCIDENT: 11/06 TO 98 TIME: 18:40 AM/PM (Circle One)

PLACE OF INCIDENT: A3 Dayroom

ACTIVITY IN PROGRESS: Daily Debriefing

NAMES OF WITNESSES: 2nd platoon

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) During debriefing, Cadet Mahdi stood to be addressed, at which time he was wearing his pants nearly off his buttocks. Cadet Mahdi had been given a plunger for not wearing his pants properly earlier in the day and JCO Epling, prompted him before debriefing.

[Signature]
Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

Cadet Mikal Mahdi, was found guilty of charges: In at 1840 hours 1/6/98. Out at 1040 hours, 1/7/98.

[Signature]
Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? _____ YES _____ NO. IF YES, DESCRIBE:

WHERE: _____ TIME _____ AM/PM BY WHOM: _____
(Circle one)

FURTHER MEDICAL CARE REQUIRED? _____ YES _____ NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? _____ YES _____ NO. IF YES, PLEASE INDICATE WHETHER A.

CATEGORY I _____ CATEGORY II _____ or CATEGORY III. _____ (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

[Signature]
Signature of Superintendent
or Designee

YOUTH'S NAME: Mahdi

SC#: _____

Page 2

2 Age at first criminal adjudication

12 or under = 1
 13-14..... = 2
 15..... = 3
 16 or older.... = 4

Escape History (1 = Yes, 2 = No)

2 History of Runaway from a secure facility
2 History of Runaway from a group or foster home
2 History of Runaway from home

Assaultiveness History (1 = Yes, 2 = No)

2 History of possession of or brandishing a weapon
2 History of assault on peers
2 History of assault on authority figures
2 History of unprovoked assault on others
2 History of assault resulting in physical injury
 (requiring medical attention)
2 History of assault using weapon or object
2 History of assault while in custody

2 History of fire setting (1 = Yes, 2 = No)

Level of
Most Serious
Current Offense HM

Level of
Most Serious
Prior Offense LM

Level of
Chronicity M

Initial
LOS 4-7

Age at Time of Commitment: 14 09

Highest level offense pending —

1/9/98 ✓

1/14/98 ✓
 revised

Behavior Program
Offense Hearing Form

M00404

SECTION I. FORMAL NOTICE

Name of accused MIKAL MADHI Phase I
Date of incident: 1/13/98 Time: 0840 (A.M.) P.M. (circle one)
Activity in progress when incident occurred _____
(Check one) Moderate Offense ☒ Major Offense ☐
Describe Incident mos 4

Signature of Reporting Employee [Signature]

SECTION II. RIGHTS AND PLEA (To be read to Ward)

1. You have been charged with: mos 4
2. This offense has a penalty of: 7th personal restriction
3. Do you plead: Guilty () or Innocent (X)
4. Do you desire a Hearing: Yes () No (X)?
5. Do you desire 1/2 hour to prepare for a moderate offense hearing Yes () No ()?
6. Do you desire 2 hours to prepare for a major offense hearing Yes () No ()?
7. Do you understand that the time may be extended to but not exceed 24 hours: Yes () No ()?
8. do you waive your right to a waiting period: Yes () No (X)?
9. Do you desire a staff member or ward to represent you as advisor: Yes (X) No ()?
10. Staff signature: [Signature] Ward Signature: [Signature]

SECTION III. HEARING

Type of Offense: Moderate (X) Major ()
Date, time and Place of Hearing: 1-13-98, 19 0930 A.M./P.M. at "B"
Was written notice of hearing given to Ward: Yes (X) No ()
Name of representative(s)/witness(es) for Ward: _____

Did ward or representative(s) cross examine witness(es): Yes () No ()
Findings: Innocent () guilty (X)
If guilty, give date and time of release 1-13-98 AT 1540
Members of the Hearing Committee Sgt. W. GEE

SECTION IV. REVIEW/APPEAL (To be read to Ward)

I understand that the decision above will automatically be reviewed by the Superintendent or designee.

I WANT TO APPEAL THE DECISION (X) I DO NOT WANT TO APPEAL THE DECISION ()

Signature of Youth [Signature]
Witness by members of the Hearing Committee Sgt. W. GEE

Decision of Review/Appeal (Check one) _____

Signature of Appellate _____

A004688

YOUTH REGION INCIDENT REPORT

This report is to be used for incidents involving physical force between youths or between youths and staff, as well as for incidents which violate the welfare, security, and/or rights of persons and property.

YOUTH REGION FACILITY: Reception & Diagnostic Center DATE: 1/13 : 9 PM

NAME OF YOUTH INVOLVED IN INCIDENT:

Case No. Redacted Name Mikael Mahdi Age 17 Cottage B

Case No. Name Age Cottage

Case No. Name Age Cottage

NAMES OF STAFF ON DUTY:

Name Muller Position SCOS

Name Jordan Position SCOS

TYPE OF INCIDENT: Failure to Comply

DATE OF INCIDENT: 1-13 19 98 TIME: 8:20 AM/PM (Circle One)

PLACE OF INCIDENT: Class Rm

ACTIVITY IN PROGRESS: school

NAMES OF WITNESSES:

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Refused to take part in school activities, started making gestures & comments after prompted

C. Sullivan
Signature of Employee

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use reverse side if necessary)

THE CADET M. MAHDI STATED TO ME THAT HIS BEHAVIOR HAD BEEN CONSISTENT WITH THE CHARGE. THE CADET WILL COMPLETE SEVEN HOURS OF PERSONAL RESTRICTION STARTING AT 0820 AND ENDING AT 1540 HRS.

Sgt. W. G. G.
Signature of Shift Coordinator
or Administrator

MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WHERE: TIME AM/PM BY WHOM:
(Circle one)

FURTHER MEDICAL CARE REQUIRED? YES NO. IF YES, DESCRIBE:

WAS YOUTH GIVEN HEARING? YES NO. IF YES, PLEASE INDICATE WHETHER A:

CATEGORY I CATEGORY II or CATEGORY III (Check One)

COMMENTS OF SUPERINTENDENT OR DESIGNEE: (Use reverse side if necessary)

Capt. B. D. G.
Signature of Superintendent
or Designee

M00406

IV. Reception and Diagnostic Center To be completed by education specialist at the completion of the RDC:

A. Education, vocational and career goals (from the student's and/or family's perspective):

Educational goals: Unmet

Voc./Career Goals: Unmet

B. Education Recommendations:

- ☐ Enroll in the following courses to obtain credit toward graduation: _____
- ☐ Enroll in vocational education. Area: _____
- ☐ Enroll in GED preparation.
- ☒ Remediation of academic weaknesses in following areas: *Reading and Writing*
- ☒ Eligibility for special education established at RDC; develop IEP at Juvenile Correctional Center.
- Disability category: *ED*
- ☐ Eligibility for special education established in local school division; review and revise IEP at Juvenile Correctional Center.
- Other: _____

C. Juvenile Justice Information

Projected Length of Stay:	<i>6-9 months</i>
Early Release Date:	<i>6/10/98</i>
Dept of Juvenile Justice Placement:	<i>Hanscomb J.C.C.</i>
Parole Officer:	<i>E. Woodrow Harris</i>

Stephen E. Holdren / RDC / Educational Evaluator *01/14/98*
 Reception and Diagnostic Center Contact: Name (Print), Signature, Title Date

RDC/DCE 1401 Old Bon Air Rd Bon Air, Va. 23235 (804) 323-2641 (804) 323-2312
 Address Phone Fax

Logan
01-16-98 Date forwarded Sections I, II, III, IV, and V to the Juvenile Correctional Center in the educational and correctional center packets.

Date forwarded a copy of Sections III & IV to the parole officer in the placement packet.

To be completed by parole officer.

Date parole officer forwarded section IV of the re-enrollment form to the local school division.

A004690



COMMONWEALTH of VIRGINIA

SHEILA HILL-CHRISTIAN
DIRECTOR

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

January 14, 1998

OFFICE OF THE
SUPERINTENDENT1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312Mr. F. Woodrow Harris, Parole Officer
Sixth District Court Service Unit
420 S. Main Street
Emporia, Virginia 23847RE: Mikal Mahdi
DOB: Redacted
SF#: Redacted

Dear Mr. Harris:

The Evaluation and Staffing Team met on 1/14/98 to review Mikal's case. Enclosed please find the results of our evaluation. It was recommended that he be placed at Hanover Juvenile Correctional Center, PO Box 507, Hanover, Virginia 23069, telephone: (804) 537-5316. He will be transferred to that facility the week of 1/19/98.

While at the juvenile correctional center, Mikal will address the following issues: substance abuse services, anger control, values clarification, self-esteem, mental health, parole placement, special education, problem solving skills, and behavior management.

A summary sheet of Hanover's visitation information along with a copy of this letter has been forwarded to his family/guardian(s). We hope the enclosed information will be helpful in your future work with Mikal and his family. Please feel free to contact us if you have any questions.

Sincerely,


Linda L. Coulson, MSW
CounselorRobert E. Clarke
Counselor Supervisorvs
Enclosure
xc: Mr. Sheif Mahdi

NAME: MIKAL DEEN MAHDI DOB: Redacted SC#: Redacted R/S: BM

VII. PSYCHOLOGICAL INFORMATION:

Mikal Deen Mahdi, a 14 year old who reportedly quit school as a seventh grader, was examined and tested psychologically on 16 December 1997 for routine intake and diagnostic purposes by the Behavioral Services Unit at the Department of Juvenile Justice's (DJJ) Reception and Diagnostic Center for Children. Mikal was committed to DJJ on December 2, 1997 by the Brunswick County Juvenile and Domestic Relations Court for breaking and entering (2) and grand larceny (2).

ASSESSMENT TECHNIQUES:

Wechsler Intelligence Scale for Children - Third Edition (WISC-III)
Bender Visual-Motor Gestalt Test
House-Tree-Person Projective Technique
Incomplete Sentences Blank - High School Form
Clinical Interview
Record Review

BACKGROUND INFORMATION:

Mikal suggested that he was committed by the Brunswick County Court for "stealing a gun, tampering with a vehicle." However, in explaining his charges further he admitted "I stole about four or five handguns - we stole a bunch! about 50...they never got them back." He related a long story of how he and co-defendants were stealing weapons from a gun store for resale purposes.

Although Mikal denied any previous convictions he was noted by file review to have received community service work punishment for petty larceny, curfew violation and escape in September 1997.

This youngster was living with his father at the time of his commitment. Born in Petersburg, reared in Richmond, Baltimore and elsewhere, his parents separated perhaps seven years ago and he lived "back and forth" with his parents. He denied any adjustment problems with either parent although he tended to have a rather detached view of both. Older brother, Saleem, now attends Job Corps. Apparently, this youngster's father has a very uneven history himself and maybe receiving disability benefits ("he kind a crazy"). Mikal admitted historical use of marijuana and alcohol but denied any hard drug use. He denied any psychiatric history. Academic history has been poor.

Referred for psychological evaluation in early 1994, Brunswick County Public Schools conducted a confidential psychological evaluation at that time, results yielding very high intelligence in

NAME: MIKAL DEEN MAHDI DOB: Redacted SC#: Redacted R/S: BM

VII. PSYCHOLOGICAL INFORMATION:

the high average range (Veca, School Psychologist; 3/28/94; WISC-III: V-114, P-119, FS-118). Projective findings suggested depressive tendencies, feelings of hopelessness, and problems with self-esteem although he is likely to exhibit psychological blocking or expansive behavior under stress. Apparently, he was seen as having 'personal adjustment' problems as long ago as three years.

BEHAVIORAL OBSERVATIONS:

Mikal presented as a 5'8" 140 pound 14 year old, a well developed, well nourished, alert and correctly oriented youngster in no acute distress. Initially, he was quite blunted and constricted affectively but over time as rapport grew he became somewhat more open, easy going, and talkative. Still, he rather quickly impressed as an angry alienated tough youth and noted that he has already been charged in his cottage for one altercation.

Speech was normal for rate, rhythm and volume. Essentially, mood was euthymic. Thought processes were free of any signs of disorganization or contamination. Thought content was quite appropriate. No delusions were elicited. Hallucinations were denied. Suicidal or homicidal ideas or plans were denied.

TEST RESULTS:

WISC-III

Verbal Subtest Scores

Information	10
Similarities	10
Arithmetic	12
Vocabulary	9
Comprehension	9
(Digit Span) (12)	

Performance Subtest Scores

Picture Completion	16
Coding	6
Picture Arrangement	12
Block Design	11
Object Assembly	17

Verbal IQ = 100, Performance IQ = 116, Full Scale IQ = 108 (Average = 100, Sub Scale Average = 10)

On the WISC-III, Mikal achieved a Full Scale WISC-III IQ of 108, a 70th percentile score that is almost significantly lower than findings dating three years ago. These lower scores may be attributed to the interference of incarceration on test performance but still highlight this youngsters high average mental ability. Despite quitting school in the seventh grade because his father was incapable of or disinterested in making him attend class work, this

(

NAME: MIKAL DEEN MAHDI DOB: Redacted SC#: Redacted R/S: BM

VII. PSYCHOLOGICAL INFORMATION:

youngster still tests within the average range on school-related measures of intellectual functioning. Interestingly, on nonverbal measures of intelligence, he tests well within the very superior range but on one measure that tends to highlight motivation and sustained effort he scored within the borderline range. Basically, this might also suggest lower motivation at present. He denied any depressive feelings that would interfere with his psychomotor output.

Bender reproductions were quite well reproduced and free of any signs of central nervous system problems or perceptual motor dysfunction.

Test results and clinical impressions describe an impulsive undersocialized angry and alienated young man. Mikal described his criminal offending quite remorsefully and admitted that a great deal of thought and planning was involved.

Basically, this is a teenager with many negative attitudes toward authority, rules, limits, and the rights and privileges of others. Rather poorly socialized in a significantly dysfunctional family, he is developing a serious conduct disorder. Records suggest a history of peer relationship problems and a tendency to associate with other similarly disaffected children. Mikal suggested that he discontinued his schooling as a seventh grader: "I had other, better things to do...walk around town."

The etiology of this youth's conduct disorder probably can be traced to incompetent parenting and poor guidance, supervision and monitoring in an unstable nomadic dysfunctional family. The youth himself described his father as emotionally unstable, he seems to have only a distant relationship with his mother, and the unavailability of other appropriate role models has resulted in unmet dependency needs leading toward criminal affiliations.

Mikal is behaving and developing like a teenager much older. He has been using drugs. He discontinued schooling two years ago and has not been required to return by family. He described his current criminal charges in a very calculated, almost professional way that is alarming.

RECOMMENDATIONS:

Mikal would benefit from a highly structured, carefully supervised, thoroughly monitored environment. He has already been involved in one fight at RDC. Substance abuse education is indicated. Remedial academic training should be offered for he might be able

NAME: MIRAL DEEN MAHDI DOB: Redacted SC#: Redacted R/S: BM

VII. PSYCHOLOGICAL INFORMATION:

to obtain a GED now. It is recommended that he be placed outside of the family from which he came when he is returned to the community on parole in hopes of stabilizing, maintaining, and generalizing any treatment gains made through treatment through DJJ.

Michael Shumate
Michael Shumate, Ph.D /abb
Psychologist
Behavioral Services Unit
1/14/98

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
LEADER PROGRAM PSYCHOLOGICAL SCREENING

NAME MAHDI M. k. a. l Deen
(Last) (First) (Middle Initial)
Redacted

STATE CASE NUMBER _____

The above individual, based upon information gained through
psychological assessments performed on 12/16/97, is
(Dates)
cleared for FULL or LIMITED participation in the leader
(Circle One)
program.

W. M. T.
Authorized Staff
Behavioral Services Unit

1.14.98
Date

PROGRAMMATIC
LIMITATION(S): _____

NOTE: Program staff are responsible to ensure the individual cadet
has knowledge of and complies with all programmatic limitations
established by Behavior Services Unit Staff.

RECEPTION AND DIAGNOSTIC CENTER
Problem Assessment

Name: Mikael Mahdi

Redacted

Case#: _____

Commitment Date: 12-2-97

Staffing Team: A3

Staffing Date: 1-14-98

Problem Functional Area:

Brief Objective Description of Problem

1. Family Relationships (current):

(Circle One)

0 1 2 3
Adequate Minimal Moderate Severe N/A
Dysfunction

2. Family Relationships (family of origin):

(Circle One)

0 1 2 3
Adequate Minimal Moderate Severe N/A
Dysfunction

3. Sexual Victimization:

(Circle One)

0 1 2 3
Adequate Minimal Moderate Severe

4. Physical Victimization:

(Circle One)

0 1 2 3
Adequate Minimal Moderate Severe

5. Substance Abuse:

0 1 2 3

Adequate Minimal Moderate Severe

6. Intellectual Functioning:

VIQ 100; PIQ 116 FSIQ: 108

Page 2

Name: _____

Case #: _____

For those questions using point totals: (*Can override severity formula if significant) eno
impairment in any area)

0 points = adequate (0) 3-4 points = moderate (2)

1-2 Points = minimal (1) 5-8 points = Severe (3)

7. Emotional/Cognitive Functions: (1 = Yes, 0 = No)
(1 point each)

0 Significantly depressed or anxious
0 History of self destructive or suicidal behavior or threats (include current
1 Poor impulse controls
1 Poor anger control (verbally or physically aggressive)
0 Poor self image
1 Poor judgement and problem solving
0 Impaired reality testing
3 Total

*(Circle One)

0 1 2 3
 Adequate Minimal Moderate Severe
 Dysfunction

8. Social/Interpersonal Functioning: (1 = Yes, 0 = No)
(1 point each)

1 Poor social skills
0 Loner behavior
1 Susceptible to negative peer influence
0 Dependent on others
1 Exploits, provokes or manipulates others
1 Lacks respect for authority and the rights of others
1 Does not accept responsibility for behaviors
1 Little or no empathy for others
6 Total

*(Circle One)

0 1 2 3
 Adequate Minimal Moderate Severe
 Dysfunction

Page 3

Redacted

Name: Mehdi

Case #: _____

For those questions using point totals: (*Can override severity formula if significant) and impairment in any area)

0 points = adequate (0) 3-4 points = moderate (2)

1-2 Points = minimal (1) 5-8 points = Severe (3)

9. Sexual Adjustment: (1 = Yes, 0 = No)
(1 point each)

<u>1</u>	Lacks knowledge of reproductive process
<u>1</u>	Lacks knowledge of STD's
<u>0</u>	Avoidance of opposite sex
<u>0</u>	Promiscuity (not prostitution)
<u>0</u>	Sexual offender (prior, not prostitution)
<u>0</u>	Sexual offender (current, nor prostitution)
<u>0</u>	Prostitution
<u>0</u>	Sexual identity problems
<u>0</u>	Total

*(Circle One) 0 1 2 3
Adequate Minimal Moderate Severe
Dysfunction

10. Vocational/Technical Skills:

(Circle One)
0 1 2 3
Adequate Minimal Moderate Severe
Deficits

N/A

11. Employment:

(Circle One)
0 1 2 3
Adequate Minimal Moderate Severe
Deficits

N/A

Page 4

Name: _____

Case #: _____

For those questions using point totals: (*Can override severity formula if significant) eno
impairment in any area)

0 points = adequate (0) 3-4 points = moderate (2)

1-2 Points = minimal (1) 5-8 points = Severe (3)

=====

12. Educational Functioning:

C. A. = Chronological Age

Achievement is:

above, at, or less than 1 year 6 months below C.A.	0
between 1 year 7 months and 3 years 11 months below C.A.	1
between 4 years and 5 years 11 months below C.A.	2
greater than 6 years below C.A.	3

Score each section 0 if youth has GED.

	<u>Woodcock-Johnson Scores</u>	<u>Achievement</u>
Reading	24 : 1	<u>2</u>
Math	24 : 2	<u>2</u>
Written Language	03 : 4	<u>3</u>
General Knowledge	24 : 2	<u>0</u>

13. School Adjustment: (1 = Yes, 0 = No)
(1 point each)

<u>1</u>	Habitually truant
<u>1</u>	Frequent suspension
<u>0</u>	Has been expelled
<u>1</u>	Does not complete assignments/participate in activities
<u>1</u>	History of verbal aggression
<u>1</u>	History of physical aggression
<u>1</u>	Conflicts with educational authorities
<u>1</u>	Difficulty getting along with classmates
<u>7</u>	Total

*(Circle One)

0	1	2	<u>3</u>
Adequate	Minimal	Moderate	Severe
Dysfunction			

** 7 Inadequate information provided by court re: school adjustment (1 = Yes, 2 = No)

DO NOT ADD INTO THE TOTAL NEEDS SCORE

Page 5

Redacted

Name: Mehdi

Case #: _____

For those questions using point totals: (*Can override severity formula if significant) enough impairment in any area)

0 points = adequate (0)

3-4 points = moderate (2)

1-2 Points = minimal (1)

5-8 points = Severe (3)

14. Basic Living: (1 = Yes, 0 = No)
(1 point each)

<u>1</u>	Lacks suitable living situation upon discharge
<u>1</u>	Unstable familial living situation
<u>1</u>	Frequent changes in residence
<u>0</u>	Lacks age appropriate money management skills
<u>0</u>	Lacks parenting skills
<u>0</u>	Lacks hygiene/personal care skills
<u>1</u>	Lacks varied or appropriate recreational outlets
<u>1</u>	Frequently misses or is tardy for scheduled appointments and meetings
<u>5</u>	Total

*(Circle One)

0 1 2 3
Adequate Minimal Moderate Severe
Dysfunction

**TOTAL NEEDS SCORE

16

(DO NOT ADD NEXT FOUR INTO TOTAL NEEDS SCORE)

15. Is youth eligible for Special Education Services _____

(Circle One)

0 = No 1 = Yes 2 = Deferred for Triennial
3 = Deferred for initial review

16. Is youth eligible for GED Program? _____

(Circle One)

0 = No 1 = Yes 2 = Has GED

17. Does youth have medical needs? _____

(Circle One)

0 = No 1 = Yes

Page 6

Name: _____

Case #: _____

18. Suicide Alert Level 2

Severe = 3
 Moderate = 2
 Minimal = 1
 None = 0

ADDITIONAL FACTORS

IN THE OPINION OF THE STAFFING TEAM

1. 2 Family support system perceived as:
 - 1 = Nonexistent
 - 2 = Detrimental/obviously harmful to youth
 - 3 = Generally dysfunctional
 - 4 = Supportive with limited resources
 - 5 = Stable, but not supportive
 - 6 = stable and supportive with resources
2. 2 Is home currently a viable aftercare placement:
 - 1 = Yes
 - 2 = No
 - 3 = Only with support services to the family
 - 4 = Don't know
3. 2 Amenability to psychotherapy:
 - 1 = Poor (i.e. youth not interested)
 - 2 = Fair (i.e. youth ambivalent but receptive)
 - 3 = Good (i.e. youth motivated for treatment)
 - 4 = Youth not appropriate for therapy (i.e. cognitive functioning too low youth not in need of psychotherapy)
4. 1 Youth's level of maturity:
 - 1 = Actions during evaluation age-appropriate
 - 2 = Immature during evaluation
 - 3 = Markedly immature during evaluation
5. 2 As compared to other committed youth, is this youth viewed as:
 - 1 = Minimally delinquent
 - 2 = Moderately delinquent
 - 3 = Seriously delinquent
6. 2 As compared to other committed youth, is this youth viewed as chronic delinquent (long history of criminal involvement with the court):
 - 1 = Yes
 - 2 = No

age 7

Redacted

ame: _____

Case #: M2hcd3

In the team's opinion, what is the youth's prognosis for discontinu-
involvement in delinquent behavior:

- 1 = Good
- 2 = Fair
- 3 = Poor

4

Level of care appropriate at time of evaluation:

- 1 = Aftercare
- 2 = Special placement (not hospitalization)
- 3 = Regular juvenile correctional center placement
- 4 = Security cottage program at juvenile correctional center
- 5 = Specialized treatment cottage at juvenile correctional center
- 6 = Oak Ridge Juvenile Correctional Center
- 7 = Psychiatric hospital

1

Is attendance at a regular public school a viable option for aftercare:
(1 = Yes 2 = No)

[Signature]
Caseworker

[Signature]
DCE Evaluation

Cottage Life

[Signature]
Psychologist



M00420

Shella Hill-Christan
DIRECTOR

COMMONWEALTH of VIRGINIA

Department of Juvenile Justice
HANOVER JUVENILE CORRECTIONAL CENTER

P.O. Box 56
7093 Broad Neck Road
Hanover, Virginia 23069-056
Tel. (804) 537-531
Fax: (804) 537-590

January 21, 1998

Mr. Sheif Mahdi
Redacted
broadnax, VA 23020

Re: Mikal Mahdi
DOB: Redacted
File: Redacted

Dear Mr. Mahdi:

This letter is to inform you that Mikal was received at Hanover Juvenile Correctional Center on Tuesday, January 20, 1998. He will be residing in Gee Cottage with Jeffrey Booker as his serving counselor.

On-Campus Visitation is scheduled each Sunday from 8:30 am to 11:30 pm or 12:30 pm to 3:30 pm. No one will be allowed to enter the visitation area after 11:15 am and 3:15 pm. Information and progress reports can be readily available through Mikal's counselor, who may be reached at the phone number listed above, Monday-Friday from 8:00 am to 4:30 pm and from 8:30 am to 3:30 pm. on the 3rd Sunday of each month. Non-denominational religious services are conducted by our Chaplain at 2:15 pm each Sunday. Enclosed under this cover are the rules of visitation at Hanover. Please review them and make every effort to comply. During Mikal's stay at Hanover, he will receive a per diem based on Department and Agency guidelines. It is permissible to send money to Mikal in the form of money orders, certified or cashier's checks (personal checks will not be accepted).

Due to the nature of Mikal's committing offense he has a minimum stay of 6-9 months with the Department of Juvenile Justice.

STAFFING INFORMATION

Redacted

M00421

YOUTH NAME: M. K. A. MahdiDOB: Redacted

Redacted

SC#: Redacted COTTAGE: 173 STAFFING DATE: 1/14/98TRANSFER DATE: 1/21/98 D.O.C. 12/2/97

PO NAME, ADDRESS, TOWN, ZIP

PARENT NAME, ADDRESS, TOWN, ZIP

Mr F. Woodrow Harris,Mr Shaf MahdiPrivate Officer, Sixth

Redacted

District Court, 420 S. MainBrodnax VA 23920Street, Emporium 23547

PLEASE HIGHLIGHT NEEDS:

SUBSTANCE ABUSE SERVICES

SEX OFFENDER SERVICES

ANGER CONTROLVALUES CLARIFICATION

ASSERTIVENESS TRAINING

SOCIAL SKILLS TRAINING

INDEPENDENT LIVING SKILLS

SELF ESTEEMMENTAL HEALTH

FAMILY SERVICES

MEDICAL CARE

PAROLE PLACEMENT

SPEECH/LANGUAGE

OCCUPATIONAL THERAPY

VOCATIONAL EDUCATION

SPECIAL EDUCATION

GED PREP PROGRAM

BASIC LIVING SKILLS

PROBLEM SOLVING SKILLSBEHAVIOR MANAGEMENT

PLEASE HIGHLIGHT JCC:

BEAUMONT

BARRETT

BON AIR

HANOVER

NATURAL BRIDGE

OAK RIDGE

SECOND ADDRESS, IF NEEDED:

ASSETS

Circle or Highlight Asset of Youth: (No more than 12)

①	2	3	4	5	6	7	8	9	⑩	11	12	13	14	15	⑮
17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42	43	44				

SERVICE GOALS:

A = Ancillary

DESCRIPTION:

R = Recommended

M = Mandatory

A SUBSTANCE ABUSE SERVICES _____

SEX OFFENDER SERVICES _____

M ANGER CONTROL _____

A VALUES CLARIFICATION _____

A ASSERTIVENESS TRAINING _____

SOCIAL SKILLS TRAINING _____

INDEPENDENT LIVING SKILLS _____

A SELF ESTEEM _____

A MENTAL HEALTH _____

FAMILY SERVICES _____

MEDICAL CARE _____

A PAROLE PLACEMENT _____

SPEECH/LANGUAGE _____

OCCUPATIONAL THERAPY _____

VOCATIONAL EDUCATION _____

A SPECIAL EDUCATION _____

GED PREP PROGRAM _____

BASIC LIVING SKILLS _____

A PROBLEM SOLVING SKILLS _____

A BEHAVIOR MANAGEMENT _____

OTHER _____

SECURITY 2 (1 = YES, 2 = NO) *FINAL LOS: 6 TO 9 MONTHS

PLACEMENT: 12 - BOW AIR, 13 - BEAUMONT, 14 BARRETT, 15 - HANOVER
 32 - NATURAL BIRDS, 18 - OAK RIDGE, 63 - SPECIAL PLACEMENT

A004706

M00423

IV. Reception and Diagnostic Center To be completed by education specialist at the completion of the RDC.

A. Education, vocational and career goals (from the student's and/or family's perspective):

Educational goals: Unsure

Voc./Career Goals: Unsure

B. Education Recommendations:

- ☐ Enroll in the following courses to obtain credit toward graduation: _____
- ☐ Enroll in vocational education. Area: _____
- ☐ Enroll in GED preparation.
- ☒ Remediation of academic weaknesses in following areas: *Reading and Writing*
- ☒ Eligibility for special education established at RDC: develop IEP at Juvenile Correctional Center.
Disability category: *ED*
- ☐ Eligibility for special education established in local school division: review and revise IEP at Juvenile Correctional Center.
Other: _____

C. Juvenile Justice Information

Projected Length of Stay:	<i>6-9 months</i>
Early Release Date:	<i>6/10/98</i>
Dept of Juvenile Justice Placement:	<i>Harrison J. C.</i>
Parole Officer:	<i>F. Woodrow Harris</i>

Stephen E. Holdren / Duke S. Zeln / Educational Evaluator *01/14/98*
 Reception and Diagnostic Center Contact: Name (Print), Signature, Title Date

RDC/DCE 1601 Old Bon Air Rd. Bon Air, Va. 23235 (804) 323-2641 (804) 323-2312
 Address Phone Fax

Logan J. C.
01-1-16-98

Date forwarded Sections I, II, III, IV, and V to the Juvenile Correctional Center in the educational and correctional center packets.

Date forwarded a copy of Sections III & IV to the parole officer in the placement packet.

To be completed by parole officer.

Date parole officer forwarded section IV of the enrollment form to the local school division.

M004707

EDUCATIONAL EVALUATION

YOUTH:	MIKAL DEEN MAHDI
DOB:	Redacted
AGE:	14/10
STATE CARE NUMBER:	Redacted
SOCIAL SECURITY NUMBER:	Redacted
EDUCATIONAL EVALUATOR:	STEPHEN E. HOLDREN
R&DC CASEWORKER:	LINDA COULSON
DATE RECEIVED:	12/10/97
STAFFING DATE:	01/14/98
SP. ED. IDENTIFICATION:	ED DCE 01/14/98
LENGTH OF STAY:	SIX TO NINE MONTHS

SCHOOL HISTORY:

Mikal has not attended school since the 1994-95 school year. During that year, he was a fifth grader at Totaro Elementary School (Brunswick Co.). He was absent 35 days and earned six B's and one C. His father removed Mikal in order to "home-school" him. No official information indicated that this schooling had taken place.

During the 1993-94 school year, Mikal was a fourth grader at Totaro Elementary. Teachers noted that he was depressive and appeared to lack self-esteem. His second and third grade years were spent in the Baltimore City Public Schools. No grade or behavioral information was available.

VIRGINIA LITERACY PASSPORT TEST (LPT): Mikal has not taken this test.

SPECIAL EDUCATION: A triennial review of Mikal's special education needs was held, at R&DC, on January 14, 1998. Mikal was DCE identified for the receipt of ED services. A triennial review, of his special education needs, should be held prior to January of 2001.

Currently, Mikal has not formed specific career or vocational plans. He indicates that he would like to learn a business or trade.

TESTS ADMINISTERED:

WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY (WJ-R) (DATE ADMINISTERED: 01/13/98)

<u>CLUSTERS ADMINISTERED</u>	<u>GRADE EQUIVALENT</u>	<u>AGE EQUIVALENT</u>	<u>STANDARD SCORE</u>
BROAD READING	4.1	9-5	76
BROAD MATHEMATICS	6.9	12-4	90
BROAD WRITTEN LANG.	3.4	8-9	72
BROAD KNOWLEDGE		NOT ADMINISTERED	

TRUANCE VOCATIONAL INTEREST QUESTIONNAIRE: Refer to Findings.

Youth: MIKAL HADDI

DOB:

Redacted

PAGE: 2

ADDITIONAL ENCLOSURES:**DCI SPEECH SCREENING:** If not enclosed, further testing was required.**COMMITTEE FOR THE WJ-R, DCI STUDENT PERFORMANCE/PROFILE, STUDENT RE-
INTEGRATION PLAN, AND SOCIAL BEHAVIOR CHECKLIST****BEHAVIORAL OBSERVATIONS:**

Mikal was tested on January 12 and 13, 1996. He initially stated that he could not read, and refused testing. After some counseling by this evaluator, Mikal consented to take the test. However, as he was taking the Passage Comprehension subtest, Mikal stated "...This is stupid, I can't do any more, I'm not doing this," and proceeded to storm out of the education room. As he was being taken to "lock-up" for non-compliance, Mikal loudly accused this evaluator of insulting his intelligence.

On January 13, Mikal was in "lock-up" for refusing to comply with another staff member. However, he consented to testing with this evaluator. He provided little information, and appeared very guarded and suspicious. Mikal did appear to exert maximum effort. It should be noted that Mikal has not been educated beyond the fifth grade. The test results appear to be an accurate assessment of his current achievement, but a low estimate of Mikal's academic potential.

Throughout 1994, Mikal was housed in a security cottage. This was a result of a major offense in which he "knocked punches" another youth. This was result of an earlier dispute with the aforementioned youth. Mikal apparently planned the assault and solicited the cooperation of other youths. The victim was injured in this assault. R&DC teacher reports describe Mikal as exhibiting a negative attitude marked by usual non-compliance. When questioned about his non-compliance with other staff, Mikal began to curse profusely. The gist of his monologue appeared to be that he would continue to be non-compliant until he gets his way. Mikal was remorseless about any of his behavior, other than making the consequences for himself. He did not exhibit difficulties of speech or language.

FINDINGS:

On the Broad Reading Cluster, of the WJ-R, Mikal obtained a grade equivalent of 4.1 with a standard score of 76. The test results placed his sight vocabulary at a 4.4 grade equivalent with a standard score of 80. Performance on the Passage Comprehension subtest was at a 3.6 grade equivalent with a standard score of 77. Mikal usually refused to attempt items that were difficult for him. His reading skills appear to be moderately deficient, for chronological age.

On the Broad Mathematics Cluster, of the WJ-R, Mikal obtained a grade equivalent of 6.9 with a standard score of 70. Performance on the Calculation subtest was at a 6.4 grade equivalent with a standard score of 63. Mikal was able to successfully perform most of the basic whole number operations. He was not able to successfully perform fractions. The Applied Problems subtest score was at a 3.0 grade equivalent with a standard score of 93. Mikal's mathematics skills appear to be significantly lagging, compared to his reading and written language ability.

On the Broad Written Language Cluster, of the WJ-R, Mikal obtained a grade equivalent of 3.4 with a standard score of 72. The Dictation subtest score was at a 3.3 grade equivalent with a standard score of 66. Performance on the Writing Samples subtest was at a 3.3 grade equivalent with a standard score of 77. Each sentence began with a capital letter and ended with a period. The sentences reflected an advanced use of language. Frequent spelling errors were also evidenced.

Mikal's responses on the Brigance indicated that he would prefer to work alone, in a supervisor position, and expend primarily physical energy. He would prefer to work regular night shift hours. Mikal would also prefer to work in a job that requires significant amounts of training.

Youth: MIKAL MAHDI

DOB: Redacted

PAGE: 3

STRENGTHS

- sight vocabulary
- whole number operations
- decimal addition
- applied mathematics
- capitalizing city and state name
- forming contractions/plurals

WEAKNESSES

- word attack skills
- passage comprehension
- decimal multiplication
- computing percentage and interest
- rules of capitalization/punctuation
- spelling skills
- sentence structure
- grammatical word usage

EDUCATIONAL/VOCATIONAL RECOMMENDATIONS:

1. Mikal should be placed in a highly structured, self-contained ED classroom setting.
 - a) Below grade level instruction is recommended in Reading and Language Arts.
 - b) Academic and behavioral rules, limits, and expectations should be well defined and consistently applied.
 - c) Mikal has the potential for average academic achievement. The teacher should be aware that, in addition to his special education needs, Mikal has not been enrolled in school for approximately three years.
2. The classroom teacher should be aware that Mikal has demonstrated the capacity to plot, and carry out, apparently unprovoked assaults on peers. He requires extraordinarily close supervision. The following annual goals, and short-term objectives, are recommended for constructing an Individualized Educational Program (IEP):
 - a) Mikal will make progress in written language skills.
 - i) Mikal will use vivid verbs, specific nouns and descriptive adjectives in writing activities.
 - ii) Mikal will proofread writing for grammar, spelling, and punctuation errors.
 - iii) Mikal will recognize incomplete or run on sentences.
 - iv) Mikal will implement the six steps of the writing process; pre-write, write, edit, revise, proofread, and publish.
 - b) Mikal will improve basic math skills.
 - i) Mikal will compute problems involving addition, subtraction, multiplication, and division of fractions.
 - ii) Mikal will compute problems involving addition, subtraction, multiplication, and division of decimals.
 - c) Mikal will demonstrate measurable progress in adult/peer relations.
 - i) Mikal will accept criticism from adults concerning his inappropriate behavior.
 - ii) Mikal will accept "no" for an answer when requests are denied or when not getting his way with adults.
 - iii) Mikal will disagree appropriately when not understanding or disagreeing with adults' criticism or denials.
 - iv) Mikal will resist peer pressure when urged to participate with peers engaging in inappropriate behavior.
 - v) Mikal will attend to listening activities such as lectures, audio-visual presentations, outside speakers, etc.
 - vi) Mikal will participate in discussions with others on assigned topics.
 - vii) Mikal will contribute to group projects when with others on such projects as role playing, reading aloud, or hands-on activities.
 - viii) Mikal will ask permission before talking out in class or leaving assigned work areas.
 - ix) Mikal will decrease episodes of non-compliant behavior.
 - x) Mikal will decrease verbally and physically assaultive behavior.

3. Reading instruction should focus upon comprehending various essential reading materials. Examples of these materials include Classified advertisements, instructional manuals, contracts and leases, employment applications, and packaging labels.
 - a) Vocabulary words could be developed from these materials.
 - b) Have Mikal use the words in a variety of manners such as alternate usages of the word.
 - c) Teach word attack skills such as phonics and syllabication.
 - d) Have Mikal read materials of high interest level, with low vocabulary, for a teenager of Mikal's age.
 - e) Another strategy might be to have Mikal read with the intent of answering specific questions.
4. Math/science instruction should include the acquisition of practical skills such as computing change to be received from a purchase, computing percentage and interest, working with units of measurement, comparative shopping skills, and forming and adhering to a simple budget.
5. Language Arts instruction should focus upon improving written language skills.
 - a) The objective should be to construct grammatically correct sentences.
 - b) If possible, Mikal should be afforded the use of a word processor.
 - c) Written language instruction should begin with a review of basic grammatical rules.
6. Mikal needs to learn the requisite skills for obtaining, and maintaining, employment.
 - a) Mikal needs to learn to respond to job advertisements.
 - b) Mikal needs to develop interviewing skills.
 - c) Mikal needs to learn to complete employment applications.
7. Mikal needs assistance in forming realistic career objectives that are consistent with his interests and abilities.
8. Prevocational instruction should be offered to Mikal.


STEPHEN L. HOLDEN, EDUCATIONAL EVALUATOR/SEN

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Staffing Date: 1/14/98 Section II of VIII Page 1 of 3

II. Socialization Information

Mikal Mahdi is a 14.9 year old black male. Physically, he is 5'7" tall, weighs 138 pounds, with black hair and brown eyes. In reference to his medical condition, he appears to be a healthy adolescent with normal hearing and visual acuity. At the time of his commitment, he was living with his father.

Records indicate that Mikal's father, Sherif Mahdi, and mother, Vera Mahdi, were married in 1980, and separated in 1990. Two children were born of this union.

In reference to his father, reports indicate that he is 43 years old and is unemployed. Mikal advised this counselor that his father is self-employed doing brick work. He is reported to have a criminal record for vandalism and escape. There is no indication of a substance abuse problem on his part, and Mikal denied that his father abuses alcohol or drugs. Mikal claimed that he has a good relationship with his father, and stated "We talk a lot and have good communication." Mikal advised that he keeps his father informed as to his whereabouts, and indicated that his father is "real understanding." Mikal reported that his father rarely has to discipline him because "I didn't mess up around the house that much."

Reports indicate that his mother is 34 years old and her employment status is not reported. Mikal advised that his mother is employed as a nurse in Richmond. There is no indication of a criminal record on her part, and no indication of a substance abuse problem. Mikal reported that he lived with both parents until he was approximately 10 years old. He stated that when his parents separated he lived alternately with his mother and his father. He admitted that he has lived with his father the past few years, but claims that he has had regular contact with his mother. However, later in the interview, he indicated that their contact has been less frequent. For example, he reported that he has not seen his mother since this past summer. When discussing his mother, he stated, "She's okay. She's nice and she didn't give me much hassle." When asked about his infrequent contact with his mother, Mikal denied that this is a source of anxiety for him and stated, "I don't really worry about it now. I feel like I got things to do."

Mikal has one sibling, a brother, Saleem Mahdi, age 16. Mikal advised that his brother joined Job Corps and is pursuing .

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Staffing Date: 1/14/98 Section II of VIII Page 2 of 3

vocational training. He advised that he is closer to his brother than to any other family member. He stated, "He knows everything about me."

Regarding family dynamics, Mikal is the product of a dysfunctional single parent family characterized by a lack of involvement with his mother, an absence of a positive adult role model, instability, unemployment, and a lack of structure and supervision. While Mikal advised that he and his father have a positive relationship, it appears that his father has placed little emphasis on supervision of Mikal, and has even provided a poor adult role model for his son. Information provided by the court and by Mikal would indicate that his father has made little attempt to reinforce Mikal's receiving an education, and his father refused to comply with court requests during Mikal's court involvement. Reports note that court workers were required to have a show cause issued in order to compel his father's cooperation. While Mikal claimed that he views his family as nurturing and supportive, it appears that Mikal has not been closely involved with either parent and has not been held accountable for his behavior. Mikal advised this counselor that his father showed minimal reaction when he learned that Mikal was involved with larceny of firearms. Mikal stated, "He didn't really do nothing. He told me to sell it or something." Mikal remained very guarded when discussing his family or his relationships with family members and shared very little in the way of personal information.

When asked to describe himself, Mikal advised that he is a quiet person who "is always up to something." He denied that he has any strengths except for "robbing people." Regarding weaknesses, he stated "I just need to find something else to do and quit joking all the time." He denied that he has a low frustration tolerance, and claims that he has few confrontations with others.

In discussing his home situation, Mikal denied that he has ever run away before. He reported that he has no routine chores to complete around the home, but that he assists when asked. He also denied that he has ever had a curfew set by his father. Mikal was very vague when discussing his comings and goings from his home. He denied having any prior work experience.

Regarding future goals, Mikal advised that he hopes to obtain carpentry skills. He further reported that he would like to have

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Staffing Date: 1/14/98 Section II of VIII Page 3 of 3

his own business "so I wouldn't have to go to work everyday and have more freedom."



Linda L. Coulson, Counselor
Reception and Diagnostic Center
January 7, 1998

: VMS

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Staffing Date: 1/14/98 Section III of VIII Page 1 of 3

III. Community Information

Prior to his commitment, Mikal resided with his father and brother in Western Brunswick County. They are reported to live in a double-wide trailer, and this area is not thought to have had a negative impact upon his behavior.

Regarding his peers, he stated that they come from his neighborhood and range in age from 14 to 15 years. Mikal was very reluctant to describe his peer activities, and kept stating that he was fearful that this counselor would report his comments to the court. He remained very guarded throughout any discussion of his friends, and provided little information regarding their use of alcohol or drugs. He did describe himself as a leader among his peers because "I'm my own person." He denied any history of gang activity.

Regarding sex, Mikal indicated that he became sexually active at age 13 and has had four to five sexual partners. He reported consistent use of protection, and denied having any children. He denied ever having a sexually transmitted disease, and stated that he learned most information about sex education from older girlfriends. He reported to be a heterosexual, and denied any history of being sexually abused.

Regarding his substance abuse, Mikal admitted to regular use of marijuana. He denied having other than minimal experimentation with alcohol. He reported that he began smoking marijuana at age 12, and admitted that he has been smoking heavily on a daily basis, since that time. Despite his heavy use of marijuana, Mikal denied that this use is a problem for him. Initially, he was unwilling to comment regarding any involvement in drug trafficking. He later admitted that he has been involved in selling crack cocaine since this past spring. Mikal was administered the Substance Abuse Subtle Screening Inventory (SASSI) and the results appear to indicate that there is no dependent or abusive behavior. In this counselor's opinion, he could benefit from further education and treatment in this area.

Regarding previous charges, Mikal was ordered to complete community service work for a petit larceny, escape from custody, and curfew violation on 9/30/97. He advised that he received these charges based upon one incident. He stated that the police observed him walking on the street after curfew. He claimed that he was not aware there was a curfew, and that he was returning from a friend's

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Staffing Date: 1/14/97 Section III of VIII Page 2 of 3

house. He stated that the police stopped him and required that he sit in the police vehicle while handcuffed. Mikal advised that he opened the seat belt and left the car and began running. When asked why he attempted to escape, he stated, "I didn't feel so good about going to jail. No one's just going to say I'm gonna go." Mikal appeared to consider that attempting to escape was to be expected. He advised that the petit larceny charge resulted from his taking several items out of an unlocked car including cigarettes, a cell phone, and a radio. Regarding this larceny charge, Mikal stated, "I wasn't looking for trouble. I just saw it and it was free." I don't feel all that bad about stealing." Additional criminal charges led to Mikal's subsequent commitment.

Mikal is currently serving his first commitment for two counts of breaking and entering, and two counts of grand larceny. Mikal advised that "I stole a few guns from a guy." He admitted that he broke into two houses. He stated that the houses were selected because it appeared that the owners had "money because of their pretty yards and nice houses." He claimed that he committed these offenses because of "just boredom." He also advised that he thought it would be easy to sell the items and make a "few hundred dollars." Mikal also noted that "I kept thinking the cops can't catch me. I can do what I want." He advised that he views his commitment as unfair because "I really didn't get into past trouble." During interviews with this counselor, while Mikal admitted to his participation in delinquent acts, he failed to accept complete responsibility for his behavior. From his comments, this counselor feels that he has no respect for the rights and property of others, and is without remorse. It also appears that he has little empathy for the impact of his behavior upon others. Mikal appears to have a very pessimistic outlook on life, and made the comment that "Nothing in life is fair. You are nobody special." In addition, Mikal had a tendency to minimize the seriousness of his criminal acts and their impact upon others. He appears to have little goals for the future and stated, "I just want a short time so I can go home and relax." He did not appear to be motivated to avoid future court involvement.

If Mikal is to return home after his discharge from state care, supportive services will be needed to provide more adequate structure and supervision in his home. While in state care, he could benefit from a highly structured environment where he could address the following issues: substance abuse services, values

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Staffing Date: 1/14/98 Section III of VIII Page 3 of 3

clarification, assertiveness training, self-esteem, family services, and problem solving skills.



Linda L. Coulson, Counselor
Reception and Diagnostic Center
January 7, 1998

: vms

EVALUATION PROFILE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

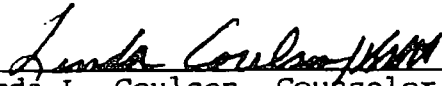
E.S.R. Staffing Date: 1/14/98 Section VIII of VIII Page 1 of 1

VIII. Supervision Information

Mikal Mahdi was committed by the Brunswick County court on the charges of two counts breaking and entering and two counts grand larceny. His adjustment while at the Reception and Diagnostic Center has been poor. He was described by staff as quiet, oppositional, and compliant but resentful. His interaction with peers has been poor. According to staff, he remained self-focused, brags about the past, and exhibited aggressive behavior toward his peers. Mikal was recently charged with assaulting another youth in his cottage, which resulted in bodily injury. He appears to have some difficulty adjusting to a structured environment. He is not considered to be a security risk, but he is considered to be a potential control problem. He is not currently on Suicide Alert.

In the casework setting, Mikal's relationship with this counselor has been resistant and guarded. He remained superficially polite during his interviews, and verbalized an unwillingness to share information with this counselor. Information that he did share would indicate that he does not accept responsibility for his behavior, does not feel remorse for his offensive behavior, and has little empathy for the impact of his behavior upon others. Mikal's actions appear to be generally the result of impulsivity and a lack of insight in decision making.

The staffing team felt Hanover Juvenile Correctional Center would be the most appropriate placement for Mikal due to his present needs and prevailing circumstances. He could benefit from being in a highly structured environment with constant and intense supervision.


Linda L. Coulson, Counselor
Reception and Diagnostic Center
January 12, 1998

: vms

Department of Correctional Education
Speech Screening/Referral

Youth: Mikal Deen Mahdi DOB: Redacted Age: 14/10
 SC#: Redacted Staffing Date: 01/14/98 Cottage: B
 Screening Date: 01/13/98 Screened By: Stephen S. Holden
 Special Education Status: ED
 Current Intelligence Testing/Name of Test: _____
 Date: _____ VIQ _____ PIQ _____ FSIQ _____
 Counselor: Coulson Psychologist: _____

I. History

- A. Have you ever had an accident that required hospitalization? No
 If so, for what? When?
- B. Have you ever had any problems hearing speech? No Did student pass his hearing screening? Yes
- C. Do you have any trouble understanding directions at home, in school, etc.? No
- D. Have you ever had speech therapy? No If so, when, and on what did you work?
- E. Is there anything about your speech that concerns you now? No
 Do people ever make comments about the way you talk? No

II. Observation Checklist

During the course of the student's educational evaluation, please note speech behaviors and check and circle appropriate descriptors below.

A. Articulation

- ✓ 1. No problems noted
 _____ 2. Omits, substitutes or distorts certain sounds in words
 _____ 3. Other (please describe)
 _____ 4. Conversational speech was extremely difficult to understand

B. Voice

- ✓ 1. No problems noted
 _____ 2. Uses low, barely audible voice, speaks in a whisper or uses a loud voice
 _____ 3. Uses hoarse, husky or breathy voice
 _____ 4. Sounds too nasal (i.e., as if talking through nose) or denasal (i.e., as if has a cold)
 _____ 5. Uses a pitch inappropriate for age and/or sex or speaks in a monotone
 _____ 6. Other (Please describe)

C. Fluency

- ☒ 1. 1 problems noted
- ☐ 2. Omits, substitutes or distorts certain sounds in words
- ☐ 3. Repeats initial sounds, syllables, words and phrases
- ☐ 4. Blocks and is unable to get words out
- ☐ 5. Uses excess fillers in conversation (e.g., uh, you know, lemme see, etc.)
- ☐ 6. Facial ticks, grimaces, or other body movements are present when talking.
- ☐ 7. Other (please describe)

M00436

D. Language

- ☒ 1. Had difficulty following test directions
- ☒ 2. Needed frequent repetition of questions
- ☒ 3. Is very slow to respond to questions
- ☒ 4. Had difficulty engaging in conversation, or interrupts conversation
- ☒ 5. Gave off-topic responses/Demands rather than asks
- ☒ 6. Frequently spoke in incomplete sentences
- ☒ 7. Used single word responses to questions
- ☒ 8. Uses low informational words ("stuff", "things", "whatchamacallit") or misnames commonly used objects
- ☒ 9. Has difficulty concentrating when background noise is present
- ☒ 10. Makes unusual or frequent mistakes when taking dictation

No
Probs.

WJ-R Scores

Grade Equiv./Stand. Scores Supplemental Test Scores Other Comments

- III. Will this student be referred for a speech screening? No
- Will this student be referred for special education? Yes
- Will this student be referred for language testing? No

IV. Disposition of reviewer: Review of this form suggests:

- ☒ 1. No speech/language testing needed
- ☐ 2. Speech/language testing or screening needed
- ☐ 3. Hearing testing needed
- ☐ 4. Youth referred for medical consultation
- ☐ 5. Please see the Speech/Language evaluation report dated _____.

Signature: _____

Title: _____

Date: _____

A004720



CONFIDENTIAL

M00437

COMMONWEALTH of VIRGINIA

Department of Correctional Education (DCE)

OFFICE OF
THE PRINCIPAL
LOCAL : (804) 323-2641
FAX: (804) 323-2312

January 14, 1998

DCE YOUTH SCH
RECEPTION & DIAGNOSTIC CEN
1601 BON AIR RD
BON AIR, VIRGINIA 23

Mr. Sherif Mahdi
Redacted

Broadnax, VA 23920

Dear Mr. Mahdi:

The Special Education Eligibility Committee met on 01/14/98. It was the decision of the committee that Mikal D. Mahdi SC# Redacted is eligible for services in the area of ED.

Federal and stated regulations require that an Individualized Education Program (IEP) be developed for each special education student accordance with his/her educational needs. Mikal will be transferred to Hanover Juvenile Correctional Center and will be enrolled in the VDCE School where the IEP will be developed within thirty (30) days of eligibility. The principal will contact you to participate in the development of the IEP.

If you have questions or concerns before that contact is made, please feel free to contact:

Mr. Roy Haliburton, Principal
Hanover Juvenile Correctional Center
Department of Correctional Education
P.O. Box 507
Hanover, Virginia 23069-0507
(804) 537-5602

Sincerely,

Jusolyn M. Bradshaw
Assistant Principal

xc: Master File
Transfer File - Coulson
VDCE File
VDCE Receiving School - Hanover Juvenile Correctional Center
School Division of Legal Residence - Brunswick County

C. R. MINOR RECEPTION & DIAGNOSTIC CENTER
ASSETS AND SERVICE RECOMMENDATIONS

YOUTH: Mikal Mahdi DOB: Redacted D.O.C: 12/2/97

STAFFING TEAM: A-3 Cottage

STAFFING DATE: 1/14/98

ASSETS:

1. Physically healthy
2. Good personal hygiene
3. Above average intelligence

SERVICE GOALS:

DESCRIPTIONS:

A = Ancillary R = Recommended M = Mandatory

<u>A</u> Substance Abuse Services:	Education
<u>M</u> Anger Control:	Highly assaultive
<u>A</u> Values Clarification:	Accept authority, accept responsibility
<u>A</u> Self Esteem:	Narcissistic, inflated self-esteem
<u>A</u> Mental Health:	Target character disorder
<u>A</u> Parole Placement:	
<u>A</u> Special Education:	
<u>A</u> Problem Solving Skills:	
<u>A</u> Behavior Management:	
<u>1</u> Security (1 = yes, 2 = no)	
<u>15</u> Placement	*Final LOS: <u>6</u> To <u>9</u> Months
12 = Bon Air	15 = Hanover
13 = Beaumont	32 = Natural Bridge
14 = Barrett	19 = Oak Ridge
	63 = Boot Camp

Cadet Promotion Checklist

M

Cadet Name: MAHDI, U.

Cadet #: _____

Unit: A3

Squad: _____

Date: 11/18/98

Criteria	Yes	No
30 Days Minimum	☒	☐
225 Merit Points or 75%	☐	☒
Completion of Basic Training	☐	☒
No Major Offenses for 30 Days	☐	☒
Completion of Orientation	☒	☐
Uniform Compliance	☐	☒
Drill Compliance	☐	☒
Ceremonies Compliance	☐	☒
APFT Basic Training	☒	☐
Educational Schedule	☒	☐
Treatment Schedule	☒	☐
Written Contact-Parent/Guardian	☒	☐
Written Contact-Court	☒	☐
Personal Appearance/Grooming Compliance	☐	☒
Knows Cadet Creed	☐	☒
Understands Rules and Codes of Conduct	☐	☒

Certified by: John I. Dandy
Ceremonies and Drill Instructor

Treatment Team

Institutional Review Committee

INTRAS TEM TRANSFER MEDICAL SCREENING FORM

See

YOUTH'S NAME Mikes, Mchadi FILE # Redacted M00440
 DOB Redacted RACE B SEX M
 RECEIVING FACILITY HJCC

HISTORY: (Obtained from youth and chart):

- ☒ Last place (facility) of residence: RDrc
- ☒ Allergies: NKDA
- ☒ Current medical, dental or mental health complaints: None
- ☒ Current or recent medical, dental or mental health treatment: None
- ☒ Medications - name/dosage/time: None

EXAMINATION

- Height 67 1/2" Weight 138 lbs
- ☒ Scars - location, size, type: X
- ☒ Tattoos - location, size, type: X
- ☒ Pierced ear(s): X Right; X Left.
- ☒ General Appearance and Behavior: ☒ Normal ☐ Abnormal (explain:)
- ☒ Physical deformities or signs of trauma: ☒ None ☐ Present (explain:)

DISPOSITION OF YOUTH:

1. ☒ Routine Care
2. ☒ Emergency referral to outside health care
3. ☒ Medical restrictions: _____
4. ☒ Appointment needed: _____
5. ☒ Dental care needed: _____
6. ☒ Immunizations needed: Scheduled
7. ☒ Pending lab: _____
8. ☒ Infirmary orientation done.
9. ☒ Deemed consent law explained. ?

SIGNED N. K. Stat, R.N. DATE 1/20/98

Procedure 12-001.09 - Attachement A

M00441

Redacted

INCIDENT REPORT # _____ Requested _____

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

DATE: 1177, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: Mika Mehid AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: D. Peterson LOCATION: Day-Room

NAME: K. Robinson LOCATION: Bathroom w/ 30. cals

TYPE OF INCIDENT: Failure to Comply

DATE OF INCIDENT: 1/22 1998 TIME: 05:10 (AM) / PM (CIRCLE ONE)

PLACE OF INCIDENT: Unit 17 Gee Security Unit

ACTIVITY IN PROGRESS: Morning P-T

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

On the above date and approximate time, I J.C.O. D. Peterson asked Cadet Mike Mahid "why he was not doing the morning Physical training?" He said to me "I'm not doing this bull-shit at 5:00 in the morning!" I (D. Peterson) said "O.K but you will be write-up on a moderate offense for failure to comply." (over)

D. Peterson badge # 40
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadet M. Mahid plead guilty as charged.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

M00442

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☐ YES ☒ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:

SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

4. Falcon was in the unit at ~~the~~ the time, I (D. Peterson) explained
the situation to him and he instructed me to write a failure to
comply charge on Cadet ~~Mahid~~ # Mahid, of
Mika

A004726

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: Mika Mahid
 Date of Incident: Redacted Time: 0510 a.m. ____ p.m.
 Activity in progress when incident occurred: Morning P-T
 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): Failure to comply
 Signature of Reporting Employee Dawn Petersen badge # 405

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X Mika Mahid

Date and Time of Notice:

1-22, 19 98 1130 a.m. ____ p.m.

Was Written Notice of Hearing given to ward? Yes ☒ No ☐Signature of ward: Mika Mahid

Signature of Hearing Officer or Designee: _____

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 1-22, 19 98 Time 1130 a.m. ____ p.m.Does ward have witness(es) Yes ____ No ☒ Ward's Initials Mika Mahid

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒Findings: Innocent ____ Guilty ☒Disposition: 4 hrs Isolation (Seared) - 3 days PR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: Mika Mahid

Witnessed by member(s) of the Hearing Committee _____

Decision of Review / Appeal (circle one): ReviewSignature of Appellate [Signature]Date: 1-22, 19 ____ Time: ____ a.m. ____ p.m.

A004727

M00444

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: Mika Mahid
 Date of Incident: Redacted Time: 0510 a.m. ____ p.m.
 Activity in progress when incident occurred: Morning P-T
 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): Failure to comply
 Signature of Reporting Employee: Dawn Petersen badge # 405

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X Mika Mahid

Date and Time of Notice:

1-22, 19 98 1130 a.m. ____ p.m.
Was Written Notice of Hearing given to ward? Yes ☒ No ☐Signature of ward: Mika Mahid

Signature of Hearing Officer or Designee: _____

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 1-22, 19 98 Time 1130 a.m. ____ p.m.Does ward have witness(es) Yes ____ No ☒Ward's Initials: Mika Mahid

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒Findings: Innocent ____ Guilty ☒Disposition: 4 hrs Isolation (Served) - 3 days PR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: Mika Mahid

Witnessed by member(s) of the Hearing Committee: _____

Decision of Review / Appeal (circle one): ReviewSignature of Appellate: [Signature]Date: 1-22, 19 ____ Time: ____ a.m. ____ p.m.

A004728

VIRGINIA MISSED CHILDREN INFORMATION CLEARINGHOUSE REPORT

INVESTIGATING OFFICER

REPORTED
DATE ENTERED VCIN/NCIC M00445
VIC NO.

PART I

Agency Submitting Report				ORI No.	
Last Name	First Name	Middle Name	Suffix	Sex	Race
MAHDI	MIKAL	DEEN		M	B

Place of Birth	Date of Birth Redacted	Date of Emancipation**

Height	Weight	Eye Color	☐ Black ☐ Green ☐ Hazel ☐ Multicolored	☐ Blue ☐ Brown ☐ Unknown ☐ Pink	Hair Color	☐ Black ☐ Gray	☐ Blond ☐ Red	☐ White ☐ Sandy ☐ B
5 7 Ft. In.	138 Lbs.	Maroon						

Complexion	☐ Fair/Light ☐ Albino ☐ Ruddy	☐ Black ☐ Dark ☐ Sallow	☐ Medium ☐ Olive ☐ Yellow	Scars, Marks, Tattoos and Other Characteristics RASH ON UPPER BACK.
	☐ Lt. Brown ☐ Med. Brown	☐ Dark Brown		

Fingerprint Classification	Social Security Number Redacted

Operator's License Number	O. L. State	Date of Expiration

Date of Last Contact	Originating Agency Case Number

Fingerprints Available	Yes	No	Photo Available	Yes	No	Dental Records	Yes	No
Medication Required	Yes	No	Medication Type			School Last Attended		
						Code Number		

County/City Code of Birth (Mandatory if POB is VA)	Last Name	First Name	Middle Name	Mother's Maiden Name (if POB is VA)

Telephone # of Investigating agency (accessible 24 hours) Area Code () -	Authority for Release (Part IV)	Yes

Last Seen in Company Of: NAME(S)	Sex
(1)	
(2)	

MISCELLANEOUS DATA (Information which may assist in identification: nickname, association, direction of travel, hairstyle, clothing.)

VEHICLE INFORMATION

License Plate Number	State	Year of Exp.	Lic. Type	VIN
Vehicle Year	Make	Model	Style	Color
Blood Type	Circumcision ☐ C ☐ N ☐ U	Footprint Available ☐ Yes ☐ No	Body X-Rays Available ☐ Full ☐ Partial	
Corrective Vision Prescription				
Jewelry Type		Jewelry Description		

MANDATORY DATA ELEMENTS

**Date of Emancipation is individual's eighteenth birth date.

A004729

1. ☐ **DISABILITY:**
Person missing under proven physical/mental disability or is thereby M00446
himself/herself or others to personal or immediate danger.
2. ☐ **ENDANGERED:**
Person missing under circumstances indicating his/her physical safety is in danger.
3. ☐ **INVOLUNTARY:**
Person missing under circumstances indicating the disappearance was not voluntary.
4. ☐ **JUVENILE:**
Person under 18 years of age who is missing and does not meet entry criteria set forth in # 1, 2, or 3.

ART III

certify the person described in Part I is missing and under 18 years of age and the information I have furnished is true and correct to the best of my knowledge and belief.

Signature

Date

Relationship

ART IV

authorize any law-enforcement official to use photographs and/or any other identifying information I have provided in any manner they deem necessary in attempting to locate the person I am reporting missing.

I represent that I am the natural parent and/or legal guardian of the person named in this report, and have the legal right to sign this authorization and consent.

Signature

Date

Relationship

Virginia Missing Children Information Clearinghouse
Virginia State Police
Records Management Division
P.O. Box 27472
Richmond, Virginia 23261-7472

Distribution:

Local School Division Superintendent - 1

Registrar of Vital Records - 1
P.O. Box 1000
Richmond, Virginia 23203-1000

VIRGINIA MISSING CHILDREN INFORMATION CLEARINGHOUSE REPORT

INVESTIGATING OFFICER

DATE REPORTED M00447
DATE ENTERED VCIN/NCIC
VIC NO.

ART I

Agency Submitting Report

ORI No.

Last Name First Name Middle Name Suffix Sex Race
MAHDI MIKAL D M B

Place of Birth Date of Birth Date of Emancipation**
UNK Redacted

Height Weight Eye Color Black Blue Hair Color
5 7 1/2 161 Maroon Green Brown
Ft. In. Lbs. Gray Hazel Unknown
Multicolored Pink

Complexion Fair/Light Black Medium Scars, Marks, Tattoos and Other Characteristics
Albino Dark Olive Multiple DARK spots to FACE, CHEST
Ruddy Sallow Yellow
Lt. Brown Med. Brown Dark Brown

Fingerprint Classification Social Security Number Redacted

Operator's License Number O. L. State Date of Expiration

Date of Last Contact Originating Agency Case Number

Fingerprints Available Yes No Photo Available Yes No Dental Records Yes

Medication Required Yes No Medication Type School Last Attended Code Number

County/City Code of Birth Last Name First Name Middle
(Mandatory if POB is VA) Mother's Maiden Name (if POB is VA)

Telephone # of investigating agency (accessible 24 hours) Authority for Release Yes
Area Code () (Part IV)

Last Seen in Company Of: NAME(S) Sex
(1)

(2)

MISCELLANEOUS DATA (Information which may assist in identification: nickname, assoc direction of travel, hairstyle, clothing.)

VEHICLE INFORMATION

License Plate Number State Year of Exp. Lic. Type VIN

Vehicle Year Make Model Style Color

Blood Type Circumcision Footprint Available Body X-Rays Avail
C N U Yes No Full Partial

Corrective Vision Prescription

Jewelry Type Jewelry Description

MANDATORY DATA ELEMENTS

ADDITIONAL INFORMATION: A004731 birth date.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

M00448

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

Redacted

INCIDENT REPORT # _____

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

DATE: 1/29, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: MIKA MAHDI AGE: _____ COTTAGE & CIRC: See

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: A Wingfield LOCATION: Day Room

NAME: R Holloway LOCATION: Day Room

TYPE OF INCIDENT: Resisting Removal

DATE OF INCIDENT: 1/29 19 98 TIME: 11:15 (AM) PM (CIRCLE ONE)

PLACE OF INCIDENT: Day Room

ACTIVITY IN PROGRESS: Physical Training

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) Cadet MIKA MAHDI Refuse to do Physical Training, say he wasn't going to do it. Cadet Refuse to go to his Room. He was prompted, He Refuse push-up, Sgt Baylor had to assist him to his Room.

A Wingfield
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadet Mahdi did refuse to go to his Room - he stated that he wanted to talk to the Sgt..

He at that time was told by SCO that he must go to the Room or face a Resisting Removal - and if you want to speak to the Sgt., you can do it from the Room. Cadet continued to refuse. (This is also posted on the wall as a rule.)

Cadet Mahdi was found guilty as charged.

SIGNATURE OF SHIFT COORDINATOR OR ADMINISTRATOR

A004732

M00449

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

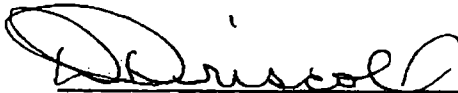
WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☒ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☒ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

M00450

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: MIKA MAHDIDate of Incident: 1/29/98Time: 11:00 a.m. p.m.Activity in progress when incident occurred: PHYSICAL TRAINING

(check one)

Moderate Offense

Major Offense ☒Type of Incident (Describe): Resisting RemovalSignature of Reporting Employee L. Wingfield Jr.

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD: X M M

Date and Time of Notice:

2-2, 19 98 10:25 a.m. p.m.Was Written Notice of Hearing given to ward? Yes ☒ No ☐Signature of ward: Mika MahdiSignature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 2-2, 19 98 Time 10:25 a.m. p.m.Does ward have witness(es) Yes ☐ No ☒Ward's Initials: M M

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ☐ No ☒Findings: Innocent ☐ Guilty ☒Disposition: 24 hours Isolation - 5 days PR.

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION DO NOTSignature of Ward: Mika Mahdi

Witnessed by member(s) of the Hearing Committee _____

Decision of Review / Appeal (circle one): ReviewSignature of Appellate [Signature]Date: 2-4, 19 ____ Time: ____ a.m. p.m.

A004734

DEPARTMENT OF YOUTH AND FAMILY SERVICES
MEDICAL SERVICE REQUEST

M00451

YOUTH'S SUMMARY
(May be completed by either youth or staff)

COTTAGE: GEE 17

YOUTH's NAME: Mikael Mahdi
(Please print in ink, if available)

WHAT IS YOUTH's COMPLAINT/SYMPTOMS/REQUEST: The
state deodorant made me break
out. I need some good stuff

Signature of person completing request: [Signature]

Date: _____

STOP - DO NOT WRITE BELOW THIS LINE

SELF-CARE PROTOCOL ASSIGNED - NUMBER _____ NAME _____

ADDITIONAL INSTRUCTIONS: Do not order special deodorant.
Given soda to use under arm
until area heals.

Medical Staff Signature, Title and Date: V. K. Scott, RN 2/10/98

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

M00452

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

Redacted

INCIDENT REPORT #

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

DATE: 2/17, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: MIKAL MANDI AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: RAYMOND T. MOORE LOCATION: GEE COTTAGE SECURITY ROOM HALL

NAME: J. MEHARG LOCATION: GEE COTTAGE DAY ROOM

TYPE OF INCIDENT: AGGRESSIVE PHYSICAL CONTACT

DATE OF INCIDENT: 2/17 19 98 TIME: 05:15 AM PM (CIRCLE ONE)

PLACE OF INCIDENT: GEE COTTAGE SECURITY ROOM HALL

ACTIVITY IN PROGRESS: MORNING WAKE-UP, DRESSING

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary) DURING MORNING WAKE-UP AND DRESSING. YOUTH WERE IN HALL GETTING THEIR CLOTHS AND DRESSING IN GROUPS OF 4 OR 5 AND I WAS MONITORING (40 MOORE), C/O MEHARG WAS MONITORING YOUTH THAT WERE ALREADY DRESSED IN THE DAY ROOM. CADET MANDI AGGRESSIVELY STARTED PUSHING AND SHOVING CADET HOLLEY. I (40 MOORE) IMMEDIATELY INTERVIEWED AND STOPPED THE SHOVING. WHEN I WAS TAKING CADET MANDI TO A ROOM FOR STARTING THE AGGRESSION, HE SAID

Raymond T. Moore
SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadet MANDI pled guilty as charged.

[Signature]
SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

A004736

M00453

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:MINOR OFFENSE ☐ MODERATE OFFENSE ☒ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:

SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

(CONT)

HE WAS TIRED OF CADET HOLLEY GETTING TO TELL EVERYONE WHAT TO DO. CADET HOLLEY HAD VOLUNTEER TO LEAD PHYSICAL TRAINING AND DID A VERY GOOD JOB. HE WAS PICKED TO LEAD EXERCISES DAILY. AFTER CADET MAHDI HAD BEEN PLACED IN THE ROOM C/O MEHARG WENT AND TALKED TO HIM AND HE STATED HE HAD STARTED THE AGGRESSIVE ACT ON PURPOSE.

A004737

M00454

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: MIKAL MAHDI
 Date of Incident: 2/17/98 Time: 0515 a.m. ____ p.m.
 Activity in progress when incident occurred: MORNING WAKE-UP, DRESSING
 (check one) Moderate Offense ☒ Major Offense ____
 Type of Incident (Describe): AGGRESSIVE PHYSICAL CONTACT
 Signature of Reporting Employee: Robert T. Moore

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

 WAIVED HIS RIGHT TO THE WAITING PERIOD: XMM

Date and Time of Notice:

2-17, 19 98 10³⁰ a.m. ____ p.m.
Was Written Notice of Hearing given to ward? Yes ☒ No ____

Signature of ward:

Signature of Hearing Officer or Designee:

HEARING

Members of the Hearing Committee: _____

Date of Hearing: 2-17, 19 98 Time 10³⁰ a.m. ____ p.m.Does ward have witness(es) Yes ____ No ☒ Ward's Initials MM

Name of representative(s) / witness(es) for ward: _____

Did ward or representative(s) cross-examine witness(es)? Yes ____ No ☒Findings: Innocent ____ Guilty ☒Disposition: 3 days Program Restriction

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION

Signature of Ward:

Witnessed by member(s) of the Hearing Committee

Decision of Review / Appeal (circle one):

Signature of Appellate

Date: 2-20, 19 98 Time: ____ a.m. ____ p.m.

A004738

Comprehensive Service Plan

e: Mikal Mahdi
Redacted M00455
State File# _____ Agency File# _____

SIGNATURE SHEET

- A. Parent/Guardian participated in the development of the Comprehensive Service Plan
- B. IF the parent/guardian did not participate, document the effort made to obtain
A letter was sent. Followed up by a phone call but parent was unable to attend.

did not attend
Parent/Guardian Signature

Date

Youth Signature

Date

Date

Signature

Title and Agency

2-20-98

J. W. Burke

CIRC HJCC

Court Service Unit/Social Service Dept.
Supervisor:

Date: _____

Approved _____ Disapproved _____

Signature _____

Comments: _____

Youth Was: (Check One)

Released from Aftercare Supervision on _____

Recommitted to the Department of Corrections on _____

Transferred to Circuit Court as Adult on _____

Comments: _____

COMPREHENSIVE SERVICE PLAN

NAME: cal Mahdi
Redacted
STATE FILE: _____

M00456

COMPONENT A: TREATMENT/SERVICE NEEDS WHICH WILL BE ADDRESSED DURING THE YOUTH'S STAY IN THE LEARNING CENTER. INCLUDE EDUCATIONAL/VOCATIONAL NEEDS. (ONE SHEET PER NEED)

NEED BEING ADDRESSED: Anger Control

Priority# 1

OBJECTIVE (S): Mikal will increase instances where he maintains self-control by decreasing the number of times he reacts with outbursts of anger and increasing his ability to verbalize feelings and use appropriate methods of anger control.

STRATEGIES: (INCLUDE WHAT, WHO, BY WHOM)

WORKER &
DATE

RESULTS

Daily, Mikal will be given prompt, and meaningful consequences for and/or academic staff for each physical aggression and maintain control more consistently.

Weekly, Mikal and his Institutional Counselor will discuss instances where he displayed poor anger control and explore more appropriate methods of dealing with his problems.

Mikal will participate and complete the Anger Control Group.

02/20/98
JLB

This review period, Mikal was cited for being physically aggressive.

SUPERVISORY REVIEWS

INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE
<u>[Signature]</u>	<u>2/3/98</u>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

A004740

COMPREHENSIVE SERVICE PLAN

NAME: Mikal Maddi M00457

Redacted

STATE FILE: _____

COMPONENT A: TREATMENT/SERVICE NEEDS WHICH WILL BE ADDRESSED DURING THE YOUTH'S STAY IN THE LEARNING CENTER. INCLUDE EDUCATIONAL/VOCATIONAL NEEDS. (ONE SHEET PER NEED)

NEED BEING ADDRESSED: Assertiveness

Priority# 2

OBJECTIVE (S): Mikal will increase his ability to be assertive as demonstrated by increasing instances where he resists attempts on the part of peers to provoke, instruct, direct, dominate, or control him.

STRATEGIES: (INCLUDE WHAT, WHO, BY WHOM)

WORKER &
DATE

RESULTS

On a daily basis, Mikal's behavior peer interactions will be observed, recorded, and reported by cottage staff to the Institutional Counselor.

02/20/98
JLB

Mikal is easily influenced and he has problems ignoring negative comments from peers.

On a weekly basis, Mikal will discuss with his Institutional Counselor instances when he should have or did demonstrate assertiveness over the past week.

On a monthly basis, Treatment Team will review and evaluate Mikal's progress in meeting this objective.

SUPERVISORY REVIEWS

INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE
JAN	3/5/98						

COMPREHENSIVE SERVICE PLAN

NAME: Mikal Mahdi

M00458

Redacted

STATE FILE: _____

COMPONENT A:

TREATMENT/SERVICE NEEDS WHICH WILL BE ADDRESSED DURING THE YOUTH'S STAY IN THE LEARNING CENTER. INCLUDE EDUCATIONAL/VOCATIONAL NEEDS. (ONE SHEET PER NEED)

NEED BEING ADDRESSED: 1. Impulse Control/Problem Solving

Priority# 3

OBJECTIVE (S): Mikal will develop the necessary skills to enable him to work through problems and to improve judgement and impulse control.

STRATEGIES: (INCLUDE WHAT, WHO, BY WHOM)

WORKER &
DATE

RESULTS

During his first sixty days at HJCC, his counselor will refer him for participation in a Problem Solving Counseling Group.

During weekly counseling sessions, ward's counselor will encourage him to consider the possible consequences of his actions.

02/20/98
JLB

This review period, Mikal has displayed poor impulse and judgement as evident of his receiving three (3) moderate rule violations.

SUPERVISORY REVIEWS

INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE
JAN	2/5/98						

A004742

COMPREHENSIVE SERVICE PLAN

NAME: Mikal Mahdi

M00459

Redacted

STATE FILE: _____

COMPONENT A: TREATMENT/SERVICE NEEDS WHICH WILL BE ADDRESSED DURING THE YOUTH'S STAY IN THE LEARNING CENTER. INCLUDE EDUCATIONAL/VOCATIONAL NEEDS. (ONE SHEET PER NEED)

NEED BEING ADDRESSED: 1. Release planning and privilege status Priority# 5
 OBJECTIVE (S): A viable and comprehensive aftercare plan will be finalized at least thirty(30) days prior to the student's release from direct care. Learning Center personnel will work together to ensure the student's timely completion of the program.

STRATEGIES: (INCLUDE WHAT, WHO, BY WHOM)

WORKER &
DATE

RESULTS

1. Monthly, Treatment Team will monitor the student's privilege status and progress made toward meeting student's release criteria inclusive of Service Plan Objectives. When student reaches release status, the counselor will request written acceptance of aftercare supervision from the supervising authority and the case will be presented to the IRC for release approval.

02/20/98
HR

Mikal was placed in the school of Cadet because he failed Basic Training at R.D.C.

SUPERVISORY REVIEWS

INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE
<u>MM</u>	<u>3/5/98</u>						

COMPREHENSIVE SERVICE PLAN

NAME: Mikal Mahdi M00460

Redacted

STATE FILE: _____

COMPONENT A: TREATMENT/SERVICE NEEDS WHICH WILL BE ADDRESSED DURING THE YOUTH'S STAY IN THE LEARNING CENTER. INCLUDE EDUCATIONAL/VOCATIONAL NEEDS. (ONE SHEET PER NEED)

NEED BEING ADDRESSED: Academic/Vocational Training Priority# 4

OBJECTIVE (S): Mikal will be enrolled in the DCE school and participate in academic and vocational training.

STRATEGIES: (INCLUDE WHAT, WHO, BY WHOM)	WORKER & DATE	RESULTS
Within five (5) days after placement at HJCC, ward's instructors will begin implementation of his I.E.P. On a monthly basis, Treatment Team will monitor his progress toward achieving his academic/vocational goals, provide feedback, and encourage him to pursue these goals to completion.	02/20/98 JLB	DCE staff reports that Mikal need to put forth more effort and stay on task. To date, Mikal maintains a 2.00 g.p.a.

SUPERVISORY REVIEWS

INITIALS	DATE	INITIALS	DATE	INITIALS	DATE	INITIALS	DATE
<u>JLB</u>	<u>1/5/18</u>	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

SERVICE PLAN SUMMARYAGENCY: Hanover Juvenile Correctional CenterCOUNSELOR: Jeffrey L. BookerDATE: 4/21/98

Redacted

CHILD'S NAME: Mikal Mahdi

AGENCY FILE#: _____

DOB: _____
Redacted

COTTAGE: _____

REPORTING PERIOD 2/20/98 - 4/21/98**COTTAGE/PROGRAM ADJUSTMENT:**

Mikal experienced problems adjusting to our program. He was placed in the school of cadet because he failed basic training at RDC. Mikal was quiet but his interaction with peers was poor. Staff reports that he was aggressive toward his peers. Mikal was able to reduce these behaviors and he was placed in our open population on 3.6.98. Mikal's adjustment to our LEADER Program has been fair. While at HJCC, Mikal has participated in our Anger control group. Mikal has been approved to be transferred to Kenbridge Youth Development School on 4/27/98.

SCHOOL/ACADEMICS:

DCE staff reports that Mikal participates in class and he puts forth effort. To date, Mikal maintains a 2.16 grade point average.

SIR'S/DUE PROCESS HEARINGS:

1/22/98	FTC
1/29/98	Resisting Removal
2/17/98	Aggressive physical contact
3/10/98	FTC

type in Failure to comply - (no one will know what this is)

MEDICAL:

Mikal has not received any serious injury or illness. All medical contacts have been of routine in nature.

FAMILY (CHANGES, UPDATES, CONTACTS):

Mikal has had limited contact with family members.

TREATMENT TEAM/COUNSELING:

Mikal is polite and cooperative during casework contacts. Mikal is guarded with his feelings and he projects the blame for his behavior. Treatment Team counseling has addressed the following issues: impulse control, decision-making, peer interaction, rules and limits.

Mikal Mahdi
Page Two

PAROLE PLANS:

Mikal's parole plans are for possible special placement.

PROJECTED RELEASE DATE:

June 1998

SERVICE PLAN OBJECTIVES (RESULTS):

- OBJECTIVE 1: This review period, Mikal has not been cited for any outbursts of anger or verbal aggression.
- OBJECTIVE 2: This review period, Mikal has reduced the number of times he is negatively influenced by peers.
- OBJECTIVE 3: This review period, Mikal has reduced the number of times he acted impulsively.
- OBJECTIVE 4: To date, Mikal maintains a 2.16 grade point average.
- OBJECTIVE 5: Mikal has been approved to be transferred to Kenbridge Youth Development School on 4/27/98.

DEPARTMENT OF JUVENILE JUSTICE

INCIDENT REPORT

PDI Kedd

JFM00463

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.

Redacted

INCIDENT REPORT #

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

DATE: 3/10, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: M. Mahdi AGE: _____ COTTAGE & CIRC: Unit 14
CASE NO: _____ NAME: A. Jones AGE: _____ COTTAGE & CIRC: Unit 14
CASE NO: _____ NAME: R. Hayes AGE: _____ COTTAGE & CIRC: Unit 12

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: J.C.O.D. Peterson LOCATION: On Grove
NAME: Sgt. Grubich LOCATION: On Grove

TYPE OF INCIDENT: Failure to Comply

DATE OF INCIDENT: 3/10 19 98 TIME: 5:45 AM / PM (CIRCLE ONE)

PLACE OF INCIDENT: On Grove

ACTIVITY IN PROGRESS: Physical Training

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

Cadets M. Mahdi, A. Jones, R. Hayes were instructed by me (J.C.O.D. Peterson) to comply with the routine Physical Training run or do alternative exercises. The above ~~cadets~~ cadets refused. The cadets were removed by Sgt Grubich for failure to comply.

James Peter

SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadets pled guilty as charged

4 hours Isolation - 3 days PR.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

M00464

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☒ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

M00465

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: M. Mahdi
Date of Incident: 3/10/98 Time: 5:45 a.m. _____ p.m.
Activity in progress when incident occurred: Physical Training

(check one) Moderate Offense ☒ Major Offense _____
Type of Incident (Describe): Failure to Comply
Signature of Reporting Employee: Quon Peter

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD:

Date and Time of Notice: 3-10, 1998 9:45 a.m. _____ p.m.
Was Written Notice of Hearing given to ward? Yes ☒ No _____
Signature of ward: [Signature]
Signature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: _____
Date of Hearing: 3-10, 1998 Time 9:45 a.m. _____ p.m.
Does ward have witness(es) Yes _____ No ☒ Ward's Initials: [Initials]
Name of representative(s) / witness(es) for ward: _____
Did ward or representative(s) cross-examine witness(es)? Yes ☒ No _____
Findings: Innocent _____ Guilty ☒
Disposition: 4 hrs Isolation - 3 days TR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: [Signature]
Witnessed by member(s) of the Hearing Committee: _____
Decision of Review / Appeal (circle one): _____

Signature of Appellate: [Signature]
Date: 3-11, 19____ Time: _____ a.m. _____ p.m.

A004749

INCIDENT REPORT

JB M00466

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incidents which violate the welfare, security, rights of persons and property, and to document other serious incidents.
Redacted

INCIDENT REPORT # _____

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

DATE: 3/10, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: M. Mahdi AGE: _____ COTTAGE & CIRC: Unit 14
CASE NO: _____ NAME: A. Jones AGE: _____ COTTAGE & CIRC: Unit 14
CASE NO: _____ NAME: R. Hayes AGE: _____ COTTAGE & CIRC: Unit 12

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: J. C. O. D. Peterson LOCATION: On Grove
NAME: Sgt. Grubich LOCATION: On Grove

TYPE OF INCIDENT: Failure to Comply

DATE OF INCIDENT: 3/10 19 98 TIME: 5:45 AM / PM (CIRCLE ONE)

PLACE OF INCIDENT: On Grove

ACTIVITY IN PROGRESS: Physical Training

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

Cadets M. Mahdi, A. Jones R. Hayes were instructed by me (J. C. O. D. Peterson) to comply with the routine Physical Training run or do alternative exercises. The above ~~Cadets~~ cadets refused. The cadets were removed by Sgt Grubich for failure to comply.

Donna Peter

SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

Cadets pled guilty as charged

4 hours Isolation - 3 days PR.

SIGNATURE OF SHIFT COORDINATOR
OR ADMINISTRATOR

A004750

M00467

MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

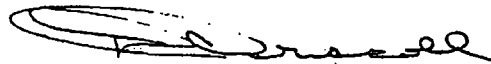
WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☒ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☒ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☒ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

M00468

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: M. Mahdi
 Date of Incident: 3/10/98 Time: 5:45 a.m. p.m.
 Activity in progress when incident occurred: Physical Training

 (check one) Moderate Offense ☒ Major Offense ☐
 Type of Incident (Describe): Failure to Comply

 Signature of Reporting Employee: James Peter

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD:

Date and Time of Notice: 3-10, 1998 945 a.m. p.m.
 Was Written Notice of Hearing given to ward? Yes ☒ No ☐
 Signature of ward: X Mahdi Mahdi
 Signature of Hearing Officer or Designee: X Mahdi Mahdi

HEARING

Members of the Hearing Committee: _____

 Date of Hearing: 3-10, 1998 Time 945 a.m. p.m.
 Does ward have witness(es) Yes ☐ No ☒ Ward's Initials X
 Name of representative(s) / witness(es) for ward: _____

 Did ward or representative(s) cross-examine witness(es)? Yes ☐ No ☒
 Findings: Innocent ☐ Guilty ☒
 Disposition: 4 hrs Isolation - 3 days TR

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: X Mahdi Mahdi
 Witnessed by member(s) of the Hearing Committee: _____

Decision of Review / Appeal (circle one): _____

Signature of Appellate: X Mahdi Mahdi
 Date: 3-10, 1998 Time: a.m. p.m.

A004752

INCIDENT REPORT

M00469

This report is to be used for incidents involving physical force between wards or between wards and staff, as well as for incident which violate the welfare, security, rights of persons and property, and to document other serious incidents.

Redacted

INCIDENT REPORT #

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

DATE: 4/10/, 19 98

NAME OF WARD INVOLVED IN INCIDENT:

CASE NO: _____ NAME: Mikal Mahidi AGE: _____ COTTAGE & CIRC: #14

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

CASE NO: _____ NAME: _____ AGE: _____ COTTAGE & CIRC: _____

NAMES AND LOCATION OF STAFF ON DUTY:

NAME: B. J. Lee LOCATION: Classroom/outfield

NAME: _____ LOCATION: _____

TYPE OF INCIDENT: late for class / LEAVING SUPERVISION w/o PERMISSION

DATE OF INCIDENT: 4-10 - 19 98 TIME: 10:00 AM/ PM (CIRCLE ONE)

PLACE OF INCIDENT: Classroom

ACTIVITY IN PROGRESS: Students arriving for class.

NAMES OF WITNESSES: _____

DESCRIPTION OF INCIDENT: (Use reverse side if necessary)

This student was late one other day for class, but said he was with Mr. Hannon. The story didn't work today, when I asked him why he was late,

Barbara J. Lee

SIGNATURE OF EMPLOYEE

SHIFT COORDINATOR'S INVESTIGATION OF INCIDENT AND DISPOSITION: (Use Reverse side if necessary)

YOUTH FOUND GUILTY! MAHIDI DID NOT HAVE AN EXCUSE FOR BEING LATE TO CLASS. HE WAS NOT DETAINED BY HIS PREVIOUS CLASSROOM TEACHER AND THE TEACHER (MR. BROWN) STATED THAT THERE WAS NO REASON FOR MAHIDI BEING LATE TO CLASS.

[Signature]

SIGNATURE OF SHIFT COORDINATOR OR ADMINISTRATOR

SANCTION: 5 DAYS PROGRAM RESTRICTION

A004753

M00470

MEDICAL CARE REQUIRED? ☐ YES ☐ NO. IF YES, DESCRIBE.

WHERE: _____ TIME: _____ AM/PM (CIRCLE ONE) BY WHOM: _____

FURTHER MEDICAL CARE REQUIRED? ☐ YES ☐ NO. IF YES, DESCRIBE.

WAS YOUTH GIVEN HEARING? ☐ YES ☐ NO. IF YES, PLEASE INDICATE WHETHER A:

MINOR OFFENSE ☐ MODERATE OFFENSE ☐ MAJOR OFFENSE ☐ (CHECK ONE)

COMMENTS OF SUPERINTENDENT OR DESIGNEE:



SIGNATURE OF INSTITUTION SUPERINTENDENT
OR DESIGNEE

M00471

(PLEASE PRINT CLEARLY)

NOTICE:

Name(s) of accused: Mikal Mahdi
 Date of Incident: 4-10-98 Time: 10:00 a.m. p.m.
 Activity in progress when incident occurred: Students arriving to class
Mikal Mahdi was late to for class
Students arriving in class
 (check one) Moderate Offense ☒ Major Offense ☐
 Type of Incident (Describe): late for class
 Signature of Reporting Employee: Barbara J. Kie

REPRESENTATION FOR WARD (to be read and given to ward):

I understand that I may select a staff member or ward of my choice to represent me as an advisor for a Major Offense Hearing and that I have two (2) hours to prepare for this hearing or may request that this time be extended to but may not exceed 24 hours. I understand that I have a half-hour to prepare for a Moderate Offense Hearing. I further understand that I may waive my right to the waiting period and may have the hearing right away. Finally, I understand the above notice and understand the charges against me.

WAIVED HIS RIGHT TO THE WAITING PERIOD:

Date and Time of Notice: 4-10-98 14:00 a.m. p.m.
 Was Written Notice of Hearing given to ward? Yes ☒ No ☐
 Signature of ward: Mikal Mahdi
 Signature of Hearing Officer or Designee: [Signature]

HEARING

Members of the Hearing Committee: [Signature]
 Date of Hearing: 4-10-98 Time a.m. 14:00 p.m.
 Does ward have witness(es) Yes ☒ No ☐ Ward's Initials [Initials]
 Name of representative(s) / witness(es) for ward:
 Did ward or representative(s) cross-examine witness(es)? Yes ☐ No ☒
 Findings: Innocent ☐ Guilty ☒
 Disposition: YOUTH FOUND GUILTY
SANCTION: 5 DAYS PROGRAM RESTRICTION

APPEAL (to be read to ward)

I, understand that the decision above will automatically be reviewed by the Superintendent or Designee.

I DO / DO NOT (circle one) WISH TO APPEAL THE DECISION.

Signature of Ward: Mikal Mahdi
 Witnessed by member(s) of the Hearing Committee: [Signature]

Decision of Review / Appeal (circle one):

Signature of Appellate

Date: 4-13, 19 Time: a.m. p.m.

A004755

DEPARTMENT of JUVENILE JUSTICE

Central Review Committee Referral

M00472

Ward's Name: <u>MIKAL MAHDI</u>	DOB: <u>Redacted</u>	SFN#: <u>Redacted</u>
Living Unit: <u>CARDWELL COTTAGE</u>	Referral Source: <u>CHRIS MULLINS / CIRC</u> (Name/Title)	

Referral for: ☒ Facility Transfer ☐ Appeal of an IRC decision
☐ Service Plan Modification ☐ Major Offender Release Review
☐ Case Review or Consultation

IRC Disposition Attached ☒

Additional Comments or Explanation: _____

Ward's Statement: I understand the reason for and the contents of this referral. I ☒ do ☐ do not want to be at the CRC meeting when this referral is considered.

Mikal Mahdi

Signature of Ward

Disposition

Date: 4-14-98

CRC approved placement at the Kenbridge Youth Development School.

Signatures of Committee Members:

Dennis Wente

(Chair/BSU)

John B. Olson

(JCC Operations Representative)

(DCE Representative)

Ward's Statement: I understand the CRC's disposition of this referral. I ☐ do ☐ do not want to grieve this disposition to the Chief of Operations.

Signature of Ward

cc: Master, Transfer, CIRS

DJJ-1297

NAME: Mahdi, Dikal

DATE OF BIRTH

Redacted

M00473

Redacted
FILE NO:

FACILITY: HANOVER JUVENILE CORRECTIONAL CENTER

REPORTING PERIOD: 1-20-98 - 3-16-98

MEDICAL/DENTAL PROBLEMS:

Request baking soda for under arm
breakout - resolved

MEDICATION: None

OUTSIDE - CLINIC VISITS: None

SICK CALL:



ROUTINE



NONE

MISCELLANEOUS:

Prepared by: Sharon C. W. RN

Date of report: 3-16-98

Copies: Master File
Medical File
Transfer File

PAROLE SUPERVISION AUTHORITY

X The 6th District Juvenile & Domestic Relations Court Service Unit of County/City:
Brunswick
 _____ Juvenile Court of _____
 _____ The Department of Public Welfare of _____ County/City.

This constitutes your authority to act as agent of the State Department of Juvenile Justice in the Aftercare/Parole Supervision of the juvenile Mikal Mandi who was committed to the State Board of Juvenile Justice on 12/2/977. Such supervision includes but is not limited to:

1. supervising the activities and behavior of the ward.
2. providing, reviewing and discussing with the ward his/her conditions of release from direct care.
3. reviewing and modifying the service plan objectives.
4. remaining aware of the juvenile's and his/her family situation.
5. providing counseling services to the juvenile and his/her family through or as arranged by your agency.
6. the discharge of the ward, when indicated.

For departments of public welfare, this authorization also includes the right to place the ward in a foster home of your own choosing in accordance with C.V. and policies and procedures of the Department of Juvenile Justice.

The authority to consent to medical and surgical care, vested in the Director of the Department of Juvenile Justice by the ward's commitment, is hereby delegated to you. If, however, the ward is living with or reasonably available to her/her parents, the parents may and should sign the consent. Financial responsibility for the juvenile's routine medical care is not carried by the Department of Juvenile Justice.

You are also authorized to act as the agent of the Director of the Department of Juvenile Justice with respect to the ward's enlistment in the armed forces.

FOR THE DIRECTOR OF THE DEPARTMENT OF JUVENILE JUSTICE

Linda J. Morris
 Superintendent/CSU Director/Regional Administrator

6/14/98

Effective Date

C.R. Minor Reception & Diagnostic Center
 Department of Juvenile Justice
 Agency Name

M00475

Rev. Gerald O. Glens
DIRECTOR

**COMMONWEALTH OF VIRGINIA***Department of Juvenile Justice*

Sixth Judicial District Court Service Unit

John H. Walgal
COURT SERVICES DIRECTOR

DISTRICT OFFICE
Hopewell Courts Facility
100 East Broadway, Suite G03
Hopewell, Virginia 23860
(804) 541-2311
FAX (804) 541-2313

IN ANSWER REPLY TO:

420 South Main Street
Emporia Virginia 23847
(804) 348-3645
FAX: (804) 348-9319

SERVING:
Emporia City
Hopewell City
Brunswick County
Greensville County
Prince George County
Stafford County
Sussex County

June 12, 1998

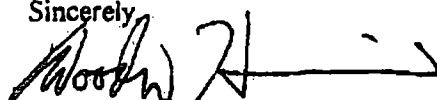
Ms. Eggleston
R & DC
Bon Air, Virginia

RE: Mikal Mahdi:

Dear Ms. Eggleston:

Please be advised that effective June 14, 1998, the Sixth Court Service Unit accepts parole supervision of the above named subject. He will be residing with his father and grandmother (Redacted Lawrenceville, VA) Their phone number is Redacted Mr. Mahdi will pick his son up on Sunday, June 14, 1998 at approximately 9:00 a.m.

Sincerely,


F. Woodrow Harris
Probation Officer

FWH/plw

A004759

JUN -12' 98(FRI) 11:03

TH DISTRICT CSU

TEL: 804 7319

P. 003

M00476

SIXTH DISTRICT JUVENILE & DOMESTIC RELATIONS COURT RULES OF PAROLE

NAME: MIKAL MAHDI Date: 6-12 19 98

On 12-2- 19 97, you were committed to the Department of Juvenile Justice under an indeterminate period of time. On 6-12 19 98, this Court Service Unit accepted the authority to provide Parole Supervision for you from the ANNEXER Juvenile Correctional Center. You will remain on Parole Supervision until such time as you are released by the Director of Court Services, based upon a recommendation from your Parole Counselor. While you are on Parole Supervision, you are to obey each of the following rules. Should you violate any law or any of the following rules, you could be brought before this Court at which time the Judge will consider whether or not to return you to Direct State Care or other alternative to community supervision. Read each of the following rules carefully and make sure you understand each of them:

RULES

1. You are to report to your Parole Counselor anytime you are told to do so, and follow any instructions given to you by your Parole Counselor.
2. You are to let your Parole Counselor know in advance of any changes you are planning to make in your school, your job, or the place you live. If working, you are expected to be on the job every working day unless excused by proper authority (Court, medical).
3. Your parole curfew is 8 p.m. Sunday through Thursday, and 8 p.m. Friday and Saturday. Any changes to these parole curfews must be by permission of your Parole Counselor. Your parent(s)/legal guardian(s) may set earlier curfews of their own, if necessary.
4. You are not to be with the following persons; or go to any of the following places:
 - a. All known law violators and anyone on probation or parole
 - b. _____
 - c. _____
 - d. _____
5. You are to obey all laws (federal, state and local).
6. You are not to consume alcoholic beverages or use illegal drugs.
7. You are to submit to a urinalysis upon request.
8. You are to attend school/work on a daily basis with no unexcused absences or suspensions. You must report all absences and suspensions to your parole counselor.
9. You are to obey the following special conditions:
 - a. Submit a copy of your report card to your P.O. at the end of each six weeks
 - b. _____
 - c. _____

I have read and had read to me the above rules of parole. I understand each of them and agree to obey them to the fullest. I understand that if I should break any rule that I may be returned to Court for further Court action. Finally, I understand that should I have a grievance concerning my parole supervision, I should immediately contact my parole counselor.

Mikal Mahdi 6-12-98
JUVENILE

I (We), the undersigned parent(s)/legal guardian(s), with my (our) signature below promise to assist my (our) child in keeping these Rules of Parole at all times. I (We) further promise to notify my (our) child's Parole Counselor of any suspected violations of these rules.

X Sherree Mahdi
PARENT/LEGAL GUARDIAN

PARENT/LEGAL GUARDIAN

Robert J. L.
PAROLE COUNSELOR

JUDGE

DATE: 6-12 19 98

(Revised 4/24/95)

First Corrections Corporation
 Kenbridge Youth Development School (KYDS)
 DISCHARGE SUMMARY

Juvenile: MIKAL MAHDI Case Record #: _____

Date of Admission: APRIL 27, 1999 Date of Discharge: JUNE 12, 1999

DJJ Juvenile Case Manager: GAZELLE EGLESTON

Person Completing Report: D. BELINDA CRAIG - COUNSELOR Date of Report: 6/19/98

I. REASON FOR DISCHARGE: COMPLETED TIME OF COMMITMENT

II. DISCHARGE PLAN AND PLACEMENT: RELEASE TO CUSTODY OF SHAREF MAHDI (FATHER) UNDER PAROLE OF WOODROW HARRIS

RELEASE TO

Redacted

Name: SHAREF MAHDI Phone: _____

Redacted

Address: LAWRENCEVILLE VIRGINIA (GRAND MOTHERS HOME)

MIKAL WAS TRANSPORTED TO BRUNSWICK CO. BY KYDS.

III. SUMMARY OF CARE AND PROGRESS

Clinical: MOST OF MIKAL'S CONVERSATION/BEHAVIOR INDICATED DISTURBANCE WITHIN HIMSELF AND WITHIN THE FAMILY. HE WAS A VERY AGGRESSIVE/ABUSIVE INDIVIDUAL BOTH VERBALLY AND PHYSICALLY. DBC

Behavioral: MIKAL WAS A VERY UNCOOPERATIVE/DISRUPTIVE INDIVIDUAL WHO PURPOSELY DISOBEYED RULES AND IGNORED AUTHORITY FIGURES. DBC

Educational: MIKAL'S LACK OF ACADEMIC PROGRESS IS PRIMARILY DUE TO HIS LACK OF COMPLIANCE. HIS RELUCTANCE TO SEE VALIDITY OF THE NEED FOR EDUCATION HAMPERS HIS ABILITY TO HAVE THE NECESSARY EFFORT TO BE SUCCESSFUL.

Vocational: MIKAL'S INTEREST IS BRICK MASONRY. IF COULD BE TRUSTED THIS TRADE IT WOULD LEAD ITSELF WELL TO PERSONALITY TYPE AND DESIRE TO WORK ALONE

IV. FAMILY INVOLVEMENT

NO VISITS WERE MADE BY FAMILY MEMBERS WHILE INDIVIDUAL WAS INCARCERATED. TO MY KNOWLEDGE PHONE CONTACT WAS VERY LIMITED. DBC

First Corrections Corporation
Kenbridge Youth Development School (KYDS)
DISCHARGE SUMMARY

V. RECOMMENDATIONS FOR AFTERCARE SERVICES

AFTERCARE SERVICES WILL BE ARRANGED THROUGH THE
COURT SERVICES AND THE PAROLE OFFICER

KENBRIDGE YOUTH DEVELOPMENT SCHOOL
231 HICKORY ROAD
KENBRIDGE VA 23944

M00479

EDUCATION DISCHARGE SUMMARY

Name: Mikal Mahdi

Date of Birth: Redacted

School: Kenbridge Youth Development School

Grade Placement: 5th

Dates of Attendance: 4/27 - 6/19/98

REASON FOR DISCHARGE: Completed time of commitment

PROGRESS AND RECOMMENDATIONS UPON DISCHARGE:

Woodcock Johnson Psychoeducational Battery-Revised
Date: 01-13-98

Test of Academic Performance
administered 05/05/98 - Complete lack of
compliance

<u>Component</u>	<u>Grade Level</u>	<u>Standard Score</u>
Broad Reading	4.1	76
Broad Math	6.9	90
Broad Written Language	3.7	72
Broad Knowledge		

Vocational Assessment (CAPS/COPS)
Date: 5/5/98

Highest Interest: BRICK LAYING
Highest Aptitude:

STRENGTHS:

Academic:

- ☐ SIGHT VOCABULARY
- ☐ WHOLE NUMBER OPERATIONS
- ☐ CAPITALIZING CITY AND STATE NAMES

Behavioral:

- ☐ ABILITY TO WORK ALONE
- ☐ ABILITY TO TAKE A JOKE
- ☐

WEAKNESSES:

Academic:

- ☐ WORD ATTACK SKILLS
- ☐ PASSAGE COMPREHENSION
- ☐ SENTENCE STRUCTURE

Behavioral:

- ☐ ANGER CONTROL
- ☐ NO REMORSE FOR NEGATIVE BEHAVIOR
- ☐ NON-COMPLIANCE

A004763

Wrenbridge Youth Development School
 Education Discharge Summary
 Page 2

RECOMMENDATIONS:

Type of Classroom: *Special Education*

Ratio 6 : 1

Misc:

Level of Functioning: *H. KAI IS CURRENTLY FUNCTIONING BELOW GRADE LEVEL*

Literacy/Functional Testing Results:

-
-
-

CURRENT COURSES AND GRADES:

<i>Special Studies</i>	<i>69 F</i>
<i>English</i>	<i>69 F</i>
<i>P.E./Health</i>	<i>75 D</i>
<i>Math</i>	<i>69 F</i>
<i>Science</i>	<i>69 F</i>

Eric D. Smith

Teacher

Lead Teacher

:ejb
 19AF .DS

DISPOSITION NOTICE

ACCUSED:

Mikal Deen Mahdi

Jurisdiction:

Lunenburg

M00481

ADDRESS:

☐ GENERAL DISTRICT (TRAFFIC)

☐ GENERAL DISTRICT (CRIMINAL)

☐ GENERAL DISTRICT (CIVIL)

☐ J & DR DISTRICT COURT

☒ CIRCUIT COURT

☐ Certified to Grand Jury

☐ Extradition waived

☐ Juvenile Transferred to Circuit Court for trial as adult

☒ Convicted of: *obstruction of justice*

☐ Felony

☒ Misdemeanor

Offense Date: *6-30-98*

Convicted under:

☒

State Code § *18.2-460(B)*

☐ Local Ord.

☐ Civil Contempt

SENTENCE:

Credit shall be given pursuant to § 53.1-187 for any pre-trial detention

☐ to be served in jail.

☐ Committed to Department of Corrections for *Justice* *indeterminate period of time*

☐ Committed to Department of Youth and Family Services for

Total fines and costs assessed: \$

Restitution ordered: \$

TO THE SHERIFF, JAIL OFFICER OR CORRECTIONAL OFFICER:

Confine the person named in this notice in your facility to serve the sentence under the terms and conditions stated in this notice unless otherwise ordered released.

SPECIAL CONDITIONS:

☐ Weekend confinement to begin

DATE

☐ Work release

☐ Work release (if eligible)

☐ Home-electronic incarceration

☐ Other

Appeal noted?

☐ Yes

☐ No

☐ Withdrawn

lost appeal on this date

BAIL:

☐ If transferred or certified to Circuit Court

☐ Secured

☐ Unsecured

☐ If appealed

☐ Held Without Bail

\$

☐ No Change in Existing Bail

Circuit Court Date and Time

ADDITIONAL BAIL CONDITIONS:

Accused

☐ may

☐ may not de

10-22-98
DATE

Earl Stanley
CLERK

DISPOSITION NOTICE
A004765

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

M00482

NAME OF WARD: Mikal Mahdi UNIT: D
DATE OF OFFENSE: 10/23/98 TIME: 8:20 AM P.M.
.....

CHARGE & OFFENSE PLEA

You are charged with Mod. #55
which is a MODERATE/MAJOR (circle one) offense. I am offering you the following sanctions:

1. 8 hrs. isolation plea agreement
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY (☐)

Do you wish to have a Hearing? YES (☐) NO (☒)

If no, do you accept the sanctions offered above? YES (☒) NO (☐) Ward Initials MM

Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form) Sergeant Initials _____

Do you want a staff/ward representative? YES (☐) NO (☒)

Pre-Hearing Detention? YES (☐) NO (☒) Ward Signature: Mikal Mahdi

Reason for Detention: Isolation plea agreement 8 hrs.

Date: 10/23/98 Time: 11:00 AM P.M.

Sergeant Signature: [Signature] Ward Signature: Mikal Mahdi

Witness: _____ Signature: _____
.....

HEARING IR received by Hearing Officer on Date: _____ Time: _____ AM PM

Date: _____ Time: _____ A.M. P.M.

Staff/Ward Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☐) NOT GUILTY (☐)

Sanctions: 1. _____
2. _____
3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____
.....

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: Mikal Mahdi

* Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: [Signature]

Date: 10/27/98 Time: _____ A.M. P.M.

Revised 8/15/98

A004766

DATE DUE IN COURT: August 11, 1998

THIS CONFIDENTIAL INFORMATION IS PROVIDED FOR YOU IN COMPLIANCE WITH
SECTION 16.1-274 OF THE 1950 CODE OF VIRGINIA, AS AMENDED.

IT IS INTENDED FOR USE BY OFFICERS OF THE COURT AND, AS SUCH, IS NOT MEANT FOR PUBLIC DISSEMINATION.

[illegible]

>>>>>>>>>>>PLEASE DO NOT MAKE COPIES OF THIS REPORT>>>>>>>>>>>

[illegible]

SECTION 16.1-274.....ALL ATTORNEYS RECEIVING SUCH REPORTS SHALL RETURN SUCH TO THE CLERK UPON CONCLUSION OF THE HEARING AND SHALL NOT MAKE COPIES OF SUCH REPORT OR AMENDED REPORT OR ANY PORTION THEREOF.

To the Honorable Charles A. Perkinson, Jr., Judge of the Sixth District Juvenile and Domestic Relations Court for the COUNTY OF BRUNSWICK: Social History Investigation pursuant to Section 16.1-273 of the 1950 Code of Virginia, as amended, in re:

MIKAL DEEN MAHDI
August 11, 1998

I. IDENTIFYING INFORMATION:

A. Subject:

Name:	Mikal Deen Mahdi
DOB:	Redacted
BVS#:	Redacted
SS#:	Redacted
Race/Sex:	Black/Male
Address:	Redacted
	Brodnax, Virginia 23920
Telephone:	Redacted (home of paternal grandmother)
Current School & Grade:	None
Occupation:	None
Charges:	1) Contempt of Court {Mecklenburg} 2) Obstruction of Justice {Brunswick}
Date of Offenses:	1) 6/24/98 2) 6/30/98
Codefendant:	None
Attorney:	Waived
Author of Report:	F. Woodrow Harris
Date Report Typed:	August 10, 1998

B. Parents/Siblings/Significant Others:

1. <u>Father:</u>	Sherif Mahdi	(DOB: Redacted)
Address:	Same as subject	
Occupation:	Unemployed	
2. <u>Mother:</u>	Vera Mahdi	(DOB: Redacted)
Address:	Richmond, Virginia	
Occupation:	Unknown	

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 2

3. Siblings:

a.	<u>Brother:</u>	Saleem Mahdi	(Age: 16)
	Address:	Same as subject	
	Occupation:	None (Subject has applied to Job Corps) Not currently enrolled in school	

II. FACTS AND CIRCUMSTANCES SURROUNDING THE VIOLATION OF LAW:

A. Present Problem:

The subject is charged that:

- (1) "he is delinquent and in contempt of the Mecklenburg County J&DR Court, to wit: disobedience of the order of said court to appear before the said court on 6-24-98, in violation of Section 18.2-456 of the 1950 Code of Virginia, as amended."

This petition was issued in Mecklenburg County. After the subject's nonappearance, a detention order was issued for the subject. He was picked up in Brunswick County and detained on 6-30-98 in connection with charge (2) below. He was held in W. W. Moore Detention Center in Danville on the Mecklenburg detention order. On 7-15-98, the subject, his father and court appointed attorney were present in Mecklenburg J&DR Court. The subject pled not guilty to the offense. He was found guilty and the matter was transferred to Brunswick J&DR Court for disposition. A date of 7-28-98 was set. The subject was ordered returned to W. W. Moore Detention Center. On 7-28-98, the subject was present in Brunswick J&DR Court. The subject waived attorney and the case was continued to 8-11-98. The subject was ordered to remain in Detention and was placed at Crater Detention Center. On 8-5-98, Sheriff Mahdi contacted the 6th District Court Service Unit and indicated his intention to hire an attorney for his son.

- (2) "he did unlawfully and feloniously on 6/30/98 obstruct a law enforcement officer in the performance of his duties, in violation of Section 18.2-460 (C) of the 1950 Code of Virginia as amended."

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 3

A. Present Problem-continued:

This petition was issued by the Brunswick Sheriff's Department. The subject was detained on a detention order from Mecklenburg County at the time this petition was issued. On 7-28-98, the subject was present in Brunswick J&DR Court. He waived attorney and the case was continued to 8-11-98. The subject's father contacted the 6th District CSU office on 8-5-98 and indicated his intention of hiring an attorney to represent his son.

B. Subject's Version of the Offense:

No statement was sought from the subject on charge (2) as adjudication has not yet taken place.

C. Restitution:

Not applicable.

D. Detention/Outreach Detention:

As noted above, the subject was placed in detention on the above charges.

E. Previous Problems:

The subject was committed to the Department of Juvenile Justice on 12-2-97 on charges of petit larceny, escaping from custody of a police officer, grand larceny (two counts), and breaking and entering (two counts.) He was placed at Hanover Juvenile Correctional Center on 1-20-98. In April of 1998, the subject was transferred to Kenbridge Youth Development School. The 6th District CSU was not notified of this transfer until shortly before the subject's release from that facility in June of 1998. Some difficulties were reported verbally by staff at the facility. He was paroled at the termination of his length of stay.

F. DNA Sampling:

If convicted of the felony charge of obstruction of justice, DNA sampling would be required.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 4

III. FAMILY HISTORY:

A. Father:

Sherif Madhi was born on Redacted in Lawrenceville. He has two brothers and three sisters; most whom reside in Maryland. Mr. Madhi's father is deceased and his mother resides in Maryland. When Mr. Madhi was growing up in Lawrenceville, his mother was a school teacher. Mr. Madhi graduated high school and attended two years of college. He joined the Marines when he was 18. He is not employed at the present time. He is in good health, though he has suffered from bleeding ulcers in the past. He has no record of psychiatric or psychological treatment or evaluation. Mr. Mahdi was given a 30 day jail sentence for a vandalism charge in Mecklenburg County in July of 1997. While incarcerated he attempted to escape and was given additional time to serve. Mr. and Mrs. Madhi were married in 1980. They have been separated since 1990 when Mr. Mahdi reports that his wife left the family. Mr. Mahdi did not appear in Court for adjudication of the charges against his son. He also was not present at the detention hearing after the subject was picked up for nonappearance in Court. Mr. Mahdi acknowledged receiving, but ignored requests to contact the probation office in order to provide information on his son. A show cause was ultimately issued to compel his cooperation.

Mr. Mahdi was also jailed recently on charges of obstruction of justice from 6-28-98 in Brunswick County.

B. Mother:

Vera Madhi was born on Redacted It is unknown where she was born. She has six sisters. Mrs. Madhi is currently residing in Richmond. It is not known where she is employed. Other information on Mrs. Madhi was not known. The subject has contact with his mother on roughly a monthly basis. The subject indicates that she comes to Brunswick County to visit with him. Mr. and Mrs. Mahdi were married in 1980 and have been separated since 1990.

C. Family Profile:

Mr. Madhi is not currently employed. The children in the family are not covered by any kind of medical insurance. Mr. Madhi receives public benefits consisting of food stamps in the amount of \$122 per month. No strengths and weaknesses of the family were identified by the subject. Mr. Mahdi identified as a strength his efforts to provide for his children. He felt that a major weakness was the abandonment of the family by Mrs. Mahdi and the resentment this caused in the children.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 5

C. Family Profile (continued):

Weaknesses noted by the probation officer would include an extreme lack of structure or discipline within the home setting. The erratic and unpredictable nature of the subject and his father and the fact that the subject has not attended school for the past two years.

IV. SUBJECT'S PERSONAL HISTORY:

A. Early Development:

Michael Deen Madhi was born on Redacted The subject has had no major illnesses or accidents during the course of growing up. No complications were known at the time of birth or with the pregnancy and early development such as walking and talking is thought to have occurred at a normal rate of growth.

B. Physical Description:

The subject currently stands five feet, eight inches in height and weighs roughly 135 pounds. He has black hair and brown eyes.

C. Current Physical/Mental Condition:

The subject reports that he is in good physical health at the present time and claims no usage of drugs or alcohol. The subject has never attempted or threatened suicide. A psychological evaluation was done by the Brunswick School system in reference to evaluation for special education. A copy of this evaluation is attached to this report. That evaluation was conducted on 3/28/94 while the subject was in a fourth grade placement at Totaro Elementary School. At that time the subject tested at a full scale I.Q. level of 118 on the WISC-3 instrument. Other tests indicated the possible existence of depressive tendencies, lack of self-esteem and feelings of hopelessness. The report also references a number of acting out behaviors in the school setting and difficulty or unwillingness to deal with difficult school tasks. The subject was classified as an emotionally disturbed child and resources were made available in reference to addressing poor ego strength, poor attention span, poor impulse control, poor anger control and excessive resistance and aggression in the school setting.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 6

D. Behavior Within the Home:

No significant problems were noted behaviorally in the home or community setting prior to the incident currently before the Court. There had been minimal discipline from the subject's father while he was in the home with his father. At some point prior to the date of the offenses currently before the Court, Mr. Mahdi was in jail. At that point in time, the subject was residing with Mr. and Mrs. Charlie Prescott in Brodnax. The incidents currently before the Court took place on the day that the subject left the Prescott's home and returned to reside with his father after his father was released from jail. The subject's grandmother is also present in the community and does have some contact with the subject.

Mr. Mahdi has attempted to exert minimal control over his son and seems content to stay detached and uninvolved as long as Mikal is not causing problems for him. Mr. Mahdi described his son as having "a lot of spunk." He stated that he has been very liberal in dealing with his children and that he tries to give Mikal his freedom. The subject has not been attending school for the past two school years. Mr. Mahdi let his son drop out of school ostensibly under the pretense of allowing for home school instruction which apparently was never followed up on. Mr. Mahdi stated that he has not involved Mikal in any kind of structured home school program and that he has no confidence in the public schools in Brunswick County. In spite of this, the subject has not come to the attention of Brunswick School officials and no efforts have been made to have the subject return to the school system. Mr. Mahdi noted that Mikal had gone to live with an uncle in Baltimore several years ago. It was at that time that Mikal began to display difficult behavior. Mr. Mahdi stated that he has considered moving to Philadelphia where there are more community resources so that Mikal could enter a vocational program. He stated that he felt Job Corps would be a good prospect for Mikal and noted that his older son is entering that program.

Upon his release from the Department of Juvenile Justice on 6-11-98, the subject resided with his grandmother and father in Lawrenceville, VA.

E. Relationships:

No problems were noted by the subject in his relationship with his father or mother. Contact with his mother is minimal and the subject and his father do not appear to have a close relationship but have no noted problems in getting along with each other. Mikal and his father seem to make efforts to stay out of each other's way. The subject's relationship with his brother was described as good. There is a minimal amount of arguing and fussing between the two of them. The subject has only a few friends, most of whom live in the neighborhood in which the family resides.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 7

E. Relationships (continued):

School reports indicate that the subject was a sociable child earlier in school but has increasingly found it difficult to get along with other children in the school setting. The subject's attitude toward authority figures such as police and/or school administrators is somewhat resistive. Generally, he will behave in an appropriate and respectable manner but the subject is very independent and tends to become rebellious and difficult when given instructions that do not agree with what he wants to do.

F. School:

The subject last attended school in the 94/95 school year. At that time he was in a fifth grade placement at Totaro Elementary School. He received six B's and one C for the year and was promoted to grade six in spite of the fact that he was absent thirty-five days. The subject has attended school in the past in Baltimore, Maryland and Richmond, Virginia as well as in Lawrenceville. The subject has not failed any grades and has had no discipline referrals throughout school although he has been evaluated as a result of noted difficulties within the classroom setting. School officials at Totaro described him as an able student but noted problems with motivation and other factors in the home setting. For the 93/94 school year, the subject started in the Baltimore School system and finished in Brunswick. He was absent twelve days and had B's, C's and D's. Throughout earlier grades of elementary school, the subject's grades were primarily in the A-B range with less than ten days of absence each year. On standardized testing, given in March of 1995, while the subject was in a fifth grade placement, he tested at a grade equivalent level of 5 in reading; 4.5 in language and 5.2 in math. School records indicate the subject has received immunizations for Polio, DPT and MMR. The subject ostensibly attending school as his father had indicated a desire to have him home schooled but this never took place and the subject has been out of school for the past two years. The subject indicates awareness that he will have to return to school and has expressed concern about the grade level he will be placed in when he does go back to school.

G. Interests:

The subject indicated no interests or hobbies and stated that he does not know what he would like to do when he grows up. He has no goals and no firm plans for what he would like to do with his life.

MAHDI, Mikal Deen

DOB: Redacted

PAGE: 8

H. Subject's/Parents' Appraisal of Needs:

The subject indicated no needs.

V. HOME/COMMUNITY:

The subject resides with his father and brother in a three-room double-wide trailer that Mr. Mahdi rents. They have resided here for about four years. The subject feels this is a good area in which to live. The home is located off of Redacted a community in the western portion of Brunswick County. The area is not especially known for delinquency problems.

Since his release from state care in June of 1998, (prior to his being detained,) the subject resided at the home of his grandmother in Lawrenceville.

VI. SUMMARY/EVALUATION:

Mikal Deen Mahdi is a 15-year-old black male currently before the Court on charges of contempt of court (transferred from Mecklenburg County) for which he was found guilty and obstruction of justice which has yet to be adjudicated. There continue to be concerns over the subject's adjustment to the community. These offenses happened very soon after his release from state care and his return to the community. The subject is an able student academically who has had significant problems outside of school that have had negative impacts on his school performance. The subject's I.Q. level places him in the high average range or better and it is clear that the subject is capable of performing well in school when he desires to. The subject's intellectual ability is a major positive factor.

Major negative factors are the inappropriate supervision provided within the home setting for the subject and the emotional turmoil in the subject's life as a result of this circumstance. This appears to be a child who would respond well to a structured setting with firm rules and guidelines. The child also appears to be in need of counseling for a number of emotional difficulties that lead to his presentation as a very angry young man.

MAHDI, Mikal Deen
DOB: Redacted
PAGE: 9

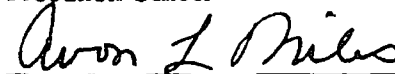
VII. RECOMMENDATION:

In light of the above, it is respectfully recommended that Mikal Deen Mahdi be committed to the Department of Juvenile Justice, pursuant to Section 16.1-278.8 (14) of the 1950 Code of Virginia, as amended.

Respectfully submitted,



F. Woodrow Harris
Probation Officer



Avon L. Miles
Supervisor



VIII. DISPOSITION:

Enter this 11th Day of August 1998

Charles A. Perkinson, Jr.
JUDGE

IX. SOURCES:

Mikal Mahdi (Subject)
Sherif Mahdi (father)
Sixth District Court Service Unit/records
Brunswick Public School/records
Mrs. Wynn/Principal/Totaro Elementary School
Crater Detention Center/staff
Chesterfield Detention Center/staff
Mecklenburg CSU/Walter Rogers
Kenbridge Youth Development School records
Belinda Craig, Kenbridge Youth Development School

● DRUG and / or ALCOHOL USE ●

Adolescent Problem Severity Index (Adapted)

M00493

Name: <u>Mikal Mahdi</u>	DOC: <u>08.11.1998</u>
Juvenile #: <u>Redacted</u>	

1. How many of the people you hang out with or spend time with SMOKE ? 0 = None 1 = Some 2 = Most 3 = All
2. How many of the people you hang out with or spend time with DRINK ? 0 = None 1 = Some 2 = Most 3 = All
3. How many of the people you hang out with or spend time with DO DRUGS ? 0 = None 1 = Some 2 = Most 3 = All
4. Do you smoke cigarettes ? 0 = Never 1 = Sometimes 2 = Often 3 = Daily
5. How old were you when you started smoking regularly (3 or more time a week) 0 = N/A

Age of First Use 0 = N/A 1 = 15-18 2 = 12-14 3 = < 12	Drug ▼	Times Used Past Year * 0 = N/A 1 = 1-5 2 = 6-19 3 = 20-40 4 = 41 or more	Drug ▼	Times Used Prior Month * 0 = N/A 1 = 1-3 2 = 4-8 3 = 9-30 4 = 31 or more
6. <u>2</u>	Alcohol	7. <u>1</u>	Alcohol	8. <u>0</u>
9. <u>2</u>	Marijuana	10. <u>0</u>	Marijuana	11. <u>0</u>
12. <u>0</u>	Cocaine	13. <u>0</u>	Cocaine	14. <u>0</u>
15. <u>0</u>	Crack	16. <u>0</u>	Crack	17. <u>0</u>
18. <u>0</u>	Inhalants	19. <u>0</u>	Inhalants	20. <u>0</u>
21. <u>0</u>	Stimulants	22. <u>0</u>	Stimulants	23. <u>0</u>
24. <u>0</u>	Depressants	25. <u>0</u>	Depressants	26. <u>0</u>
27. <u>0</u>	Hallucinogens	28. <u>0</u>	Hallucinogens	29. <u>0</u>
30. <u>0</u>	Opiates	31. <u>0</u>	Opiates	32. <u>0</u>

Composite Scoring	<i>Alcohol</i> Total 6 + 7 + 8 <u>3</u>	<i>Marijuana</i> Total 9 + 10 + 11 <u>2</u>
	Total 12 thru 32 <u>0</u>	

* prior to incarceration

0 = No 1 = More than one month prior 2 = During the month prior 3 = During and before the prior month

Have you ever:

33. Used drugs or alcohol before or during school ? 3
34. Missed school (or work) because you were high or hung-over ? 0
35. Been told that you should cut down or stop using drugs or alcohol ? 0
36. Been in a program to get help for a drug or alcohol problem ? 0
37. Gotten into trouble (including this incident) for things you have done while you were using drugs or alcohol ? 0
38. Been at an activity where alcohol was available ? 3
39. Been at an activity where drugs were available ? 0
40. Been accused by your parents, teachers or employer of being drunk or high ? 0
41. Been in a car where the driver or others were using alcohol or drugs ? 0
- Have any of your friends
42. Ever asked you to get drugs or alcohol for them ? 0
43. Ever tried to get you to drink or use drugs ? 0
44. Ever been treated for drug or alcohol problems ? 0

If you had to pay for all the drugs or alcohol that you used in the month just before you were locked-up, how much would the drugs or alcohol have cost ? \$ 0

Do either of your parents now have (or have they ever had) a drug or alcohol problem ? 0 = No 1 = Yes

47. Mother 0 48. Father 0
49. Do any other members of your household have a drug or alcohol problem ? 0 = No 1 = Yes Who ? _____
50. Are you permitted to drink at home (excluding small amounts on special occasions) ? 0 = No 1 = Yes
51. How many packs of cigarettes do you smoke daily ? 0 = None 1 = < 1/2 2 = 1/2 to 1 3 = > 1

EDUCATIONAL INFORMATION

M00494

NAME: <u>Mikal Deen Mahd.</u>	DOC: <u>06-11-1998</u>
Juvenile Number: <u>Redacted</u>	Ed. Eval Code: <u>026</u>

15 1. Last Grade Completed K-12 or 13 = Diploma 14 = GED 15 = Ungraded/Alternative 16 = Unknown
2 2. Testing Completed 1 = Community 2 = Previous Staffing 3 = Current Staffing

	Age Score	Grade Score	Standard Score
READING	<u>09-05</u>	<u>04.01</u>	<u>076</u>
MATH	<u>12-04</u>	<u>06.09</u>	<u>090</u>
WRITING	<u>08-09</u>	<u>03.04</u>	<u>072</u>
KNOWLEDGE	<u>99-99</u>	<u>99.99</u>	<u>999</u>

SCHOOL PROBLEM HISTORY 0 = Minimal or No Problem 1 = Minor Problem 2 = Moderate Problem 3 = Severe Problem

<u>3</u> 3. Attendance	<u>3</u> 6. Peer Interactions
<u>3</u> 4. Behavior	<u>2</u> 7. Staff Relationships
<u>2</u> 5. Academic Progress	

3 8. Current Status 0 = Diploma/GED, or appropriate attendance 1 = Occasional Truancy 2 = Excessive Truancy
 3 = Dropped out/Did not attend/In detention 4 = Suspended 5 = Expelled

EDUCATIONAL NEEDS 0 = Not a need 1 = Moderate Priority Need 2 = High Priority Need

<u>2</u> 9. Employability skills / career education	<u>2</u> 12. Independent Living Skills
<u>2</u> 10. Vocational Training	<u>0</u> 13. Transition Services
<u>0</u> 11. Parenting Skills	

4 14. Suggested DCE Placement 1 = Regular Classes 2 = GED Program 3 = Remedial Classes 4 = Special Education Services
2 15. Special Education Status Determined 0 = N/A 1 = In community 2 = At previous staffing 3 = At Current Staffing
9 16. Special Education Status 0 = N/A or use classification codes on page #2

REFERRALS FOR FURTHER ASSESSMENT 0 = No 1 = Yes 2 = Assessment Deferred

<u>0</u> 17. Speech	<u>0</u> 19. O.T.	<u>0</u> 21. Gifted / Talented
<u>0</u> 18. Language	<u>0</u> 20. Vocational	

0 22. Enrollment form forwarded by the local school system 0 = Yes 1 = Late 2 = No

Plutchik Feelings and Acts of Violence (PFAV) Scale

M00495

Name: <u>M. Kai Mahdi</u>	Redacted	DOC: <u>08-11-1998</u>
Juvenile # <u> </u>		

Instructions

Please read each statement to the youth and indicate how often they report doing or feeling each of the things described below, by placing a number on the appropriate line.

① = Never

② = Sometimes

③ = Often

④ = Very Often

1

1. Do you find that you get angry very easily?

1

2. How often do you feel very angry at people?

1

3. Do you find that you get angry for no reason at all?

1

4. When angry, do you get a weapon?

2

5. Have you ever caused injury in a fight (for example bruises bleeding or broken bones)?

1

6. Have you ever hit or attacked a member of your family?

2

7. Have you ever hit or attacked someone who is not a member of your family?

1

8. Have you ever used a weapon to try to harm someone?

2

9. Are weapons easily accessible to you?

① = Never

② = Once

③ = Twice

④ = More Than Twice

0

10. How often have you been arrested for a nonviolent crime such as shoplifting or forgery?

1

11. Have you ever been arrested for a violent crime such as armed robbery or assault?

① = No

② = Yes

1

12. Do you keep weapons in your home that you know how to use?

INTAKE FORM

M00496

STATE CASE NUMBER

Redacted

LAST NAME

FIRST NAME

MIDDLE NAME

RACE A=Asian or Pacific Islander B=Black

H=Hispanic W=White O=Other

I=American Indian or Alaskan Native X=Unknown

SEX M=MALE F=FEMALE

DATE OF BIRTH

STATE OF ADDRESS

FIPS ADDRESS CODE

CURRENT LOCATION

HALF= Halfway House

ONC= On Campus

AWOL= AWOL

AC = Parole

AWD = AWOL Detained

D = Discharged

OFC = Off Campus

DIRECT CARE ADMISSIONS COUNT

PLACEMENT AWAITING TRANSPORTATION

FIPS SUPERVISORY COURT CODE

DATE RECEIVED AT RDC

FIPS RELEASED TO

COMMITMENT DATE

COMMITTING COURT

DATE PAPERS RECEIVED

COMMITMENT TYPE

D = Determinate

R = Recommit Determinate

I = Indeterminate

R = Recommit Indeterminate

CHARGES		CHARGES	
OFFENSE	DISPOSITION	OFFENSE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIRGINIA: CIRCUIT COURT OF BRUNSWICK COUNTY

COMMONWEALTH OF VIRGINIA

V.

CASE NO. CJ98-02-00; 02-01

MIKAL DEEN MAHDI, DEFENDANT

Social Security Number:

Date of Birth: Redacted

Hearing Date: 10-22-98

Judge: JAMES A. LUKE

Hearing Type: TRIAL

Attorney for the Commonwealth: KEVIN CLARKE

Attorney for Defendant: R. CLINTON CLARY, JR., APPOINTED

Original Charge Description: OBSTRUCT LAW ENFORCEMENT;
FAIL TO APPEAR

Statute/Ordinance Violation Charged: 18.2-460, 18.2-456

Offense Description if Convicted: OBSTRUCT LAW ENFORCEMENT (18.2-460(B))

Alleged Offense Date: 06-30-98, 6-25-98

On the above date came the Attorney for the Commonwealth, attorney for defendant and defendant. Defendant stands before this Court on appeal from the Brunswick County General District Court on the charges described above.

Defendant pled not guilty to the charges.

The Commonwealth presented its evidence. At the conclusion of the Commonwealth's evidence, defendant moved to strike the evidence. The motion was overruled.

Defendant presented evidence.

At the conclusion of all the evidence, defendant renewed his motion to strike. The motion was overruled.

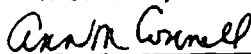
The Court, having heard the evidence and argument of counsel, found defendant guilty of obstruction of law enforcement (18.2-460(b)) and ordered him committed to the Department of Juvenile Justice for an indeterminate period of time.

As to the failing to appear charge, the Court found that there was sufficient evidence for a finding of guilt.

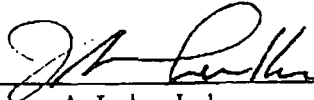
The caption of this order is made a part of the order.

Entered this 22nd day of October, 1998.

TRUE COPY, TESTE



DEPUTY CLERK

CIRCUIT COURT COUNTY OF BRUNSWICK
STATE OF VIRGINIA
James A. Luke, Judge

M00498

INTAKE ROUTING SLIP

NAME: MAHDI, Mikal R/S: B/M AGE: 15.7
DOB: Redacted SC#: Redacted
COMMITTING COURT: Brunswick Co. ACCEPTANCE DATE: 10/22/98
DETENTION LOCATION: N/A
COTTAGE DESIGNATION (check one): OPEN ☒ CONTROL ☐ SECURITY ☐ C-1
BELT: YES ☒ NO ☐ MEDICAL ALERT: YES ☒ NO ☐ SPECIFY: _____

STATUS: ☒ COMPLETE AND READY FOR TRANSPORT☐ COMPLETE AND HOLD FOR:☐ APPEAL☐ OTHER (explain) _____☐ INCOMPLETE - HOLD FOR (explain) _____ADDITIONAL MATERIAL REQUESTED ☒ NO☐ YES (specify) _____COMMENTS/NOTES: Drop 98B1st Posting: Read & Posted by: SeeReceived by F. P. E.K.K.

Rec'd by T.S. &

Ret'd to CIRS by: _____

Date: 10/22/98Date: 10/23/98

Date: _____

CHANGES
OR

ADDITIONS:

ACTION TAKEN: _____

BY: _____

DATE: _____

BY: _____

DATE: _____

A004782

M00499

2 Adult Time Pending 1=yes 2=no If ☒ (Yes), Sentence: _____ months
0 Sentenced by 0 = neither, 1 = J&DR, 2 = Circuit, 3 = Both

COMMITTING OFFENSES:

[illegible]

PRIOR OFFENSES:

[illegible]

JUVENILE AND DOMESTIC RELATIONS COURT
Brunswick County, Virginia
Sixth District Court Service Unit

Juvenile Face Sheet

OCT 22 '98 PM 3:58

Telephone: (h) None
(w)

Social Security #:
BVS:

Redacted
Redacted

Name: **MAHDI, Mikal Deen**

Address: Redacted
Brodnax, Va. 23920

Sex: **Male** Race: **Black** DOB: Redacted

<u>FAMILY</u>	<u>ADDRESS</u>	<u>DOB</u>	<u>OCCUPATION</u>

Father: Sherif Mahdi	Same as subject.	Redacted	Unemployed
Mother: Vera Mahdi	Richmond, Va.	Redacted	Unknown

Siblings:

Brother: Saleem Mahdi	Same as subject	Age: 16	None (Applied to Job Corps) Not enrolled School

Other Agencies Involved:
Emergency Data/Medical Insurance:
Other:

Family Doctor:

12/2/97

Date

DEPARTMENT OF YOUTH & FAMILY SERVICES FACE SHEET

Redacted

M00501

State File Number

10 22198

Full Name: MIKAL DEEN MAHDI

Date of Admission:

12/2/97

Last known residence:

Redacted

Brodnax, VA 23920

Birthdate:

Redacted

Birthplace:

UNK

BVS #

UNK

Encl. NO

Sex: M

Race/National Background: black / american

Soc. Sec. No.:

Redacted

Religious preference of youth/family: UNK

UNK

Anticipated Disch. Date:

UNK

Last school attended:

UNK

Address:

UNK

Date: UNK

Grade: UNK

Transcript encl.:

NO

Requested:

UNK

Father: Sheif Mahdi

Marital Status:

UNK

Address:

SAC

Soc. Sec. No.:

UNK

Telephone: HOME (

UNK

BUSINESS (

UNK

Mother: Vera Mahdi

Marital Status:

UNK

Address:

Richmond, VA

Soc. Sec. No.:

UNK

Telephone: HOME (

UNK

BUSINESS (

UNK

Stepfather's name:

UNK

Address:

UNK

Stepmother's name:

UNK

Address:

UNK

Siblings:

Name:

Age:

Sex:

Name:

Age:

Sex:

Salem Mahdi

M

16

Person having custody/guardianship:

Father

Address:

SAC

Telephone: HOME (

UNK

BUSINESS (

UNK

Relationship: Father

Placing Agency:

Brunswick County

Worker:

UNK Clara Faison

Telephone:

Redacted

Redacted

Supervisor:

John H. Weigel, III

Telephone:

Redacted

Emergency Telephone: (

UNK

Name:

UNK

Address:

UNK

Relationship to youth:

UNK

Medical Insurance:

UNK

Policy No.:

UNK

(company/type)

Medicaid: YES

UNK

NO

Number:

UNK

Physician:

UNK

Address:

UNK

Telephone:

UNK

Dentist:

UNK

Address:

UNK

Telephone:

UNK

Does youth receive Social Security or Veteran's Administration Benefits?:

UNK

If yes, give name and SSN of person who earned benefits:

UNK

Has above agency been notified of make State DOC payee?:

UNK

Name of Committing Court	Date committed/DOC	Committing Offenses
1) Brunswick co.	12/2/97	2 cts B & E and 2 cts GL
2) "	10/2/98 (lost)	Contempt of court, Dist. of Justice
3)		

A004785

Revised May 1 1997

Department of Juvenile Justice
Offense History Data

M00502

Name: <u>MAHDI</u> <u>Mikal</u> <u>Deen</u>			DOB: <u>Redacted</u>
Juvenile #	<u>Redacted</u>		DOC <u>10</u> <u>22</u> <u>1998</u>
State File #	<u>Redacted</u>	Race: <u>B</u> Sex: <u>M</u>	RDC <u>10</u> <u>22</u> <u>1998</u>

Number this Commitment: 2 Number of Suspended Commitments: 0
 Court Service Unit: 025 (use three digit locality codes) 2 ^{Determinately} Committed Under 16.1-283.1 1 = Yes 2 = No
 or 16.1-269.1

2 Adult Time Pending 1=yes 2=no If 1 (Yes), Sentence: _____ months
0 Sentenced by 0 = neither, 1 = J&DR, 2 = Circuit, 3 = Both

COMMITTING OFFENSES:

Date	Offense Code
<u>06</u> <u>24</u> <u>1998</u>	<u>CON</u> <u>5008</u> <u>59</u>
<u>06</u> <u>30</u> <u>1998</u>	<u>JUS</u> <u>4828</u> <u>M1</u>
_____	_____
_____	_____
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_____	_____
_____	_____

28-99
10511

PRIOR OFFENSES:

<u>07</u> <u>04</u> <u>1997</u>	<u>LAR</u> <u>2366</u> <u>M1</u>
<u>07</u> <u>04</u> <u>1997</u>	<u>ESC</u> <u>4907</u> <u>M1</u>
<u>07</u> <u>10</u> <u>1997</u>	<u>BUR</u> <u>2213</u> <u>F9</u>
<u>07</u> <u>10</u> <u>1997</u>	<u>LAR</u> <u>2359</u> <u>F9</u>
<u>09</u> <u>08</u> <u>1997</u>	<u>BUR</u> <u>2213</u> <u>F9</u>
<u>09</u> <u>08</u> <u>1997</u>	<u>LAR</u> <u>2359</u> <u>F9</u>
_____	_____
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PRIOR OFFENSES: Continued

M00503

Maki

Date	Offense Code
___	___
___	___
___	___
___	___
___	___

PENDING OFFENSES:

___	___
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___	___
___	___
___	___
___	___
___	___

Level of Most Serious Current Offense

10

Level of Most Serious Prior Offense

3 to 15

Chronicity Score

Initial LOS

Age at Time of Commitment

Highest Level of Offense Pending

PROBLEM ONSET

- 13 1. Age of first behavioral problems
14 2. Age at first community intervention
14 3. Age at first criminal adjudication

14/17 2/1

1 = Yes

2 = No or Unknown

ESCAPE / A.W.O.L. HISTORY

- 2 4. From a secure facility
2 6. From home

- 2 5. From a group or foster home

ASSAULTIVENESS HISTORY

- 1 7. Possession of / or Brandishing a Weapon
2 9. Assault on Authority Figures (including parents)
2 11. Assault Resulting in Physical Injury Requiring Medical Attention
2 13. Assault while in Custody

- 2 8. Assault of Peers (including fights)
2 10. Unprovoked Assault on Others
2 12. Assault Using a Weapon

OTHER HISTORY

- 2 14. Fire Setting
2 16. Sexual Offending
2 18. Drug Trafficking

- 2 15. Harming Animals
2 17. Gang Involvement

Department of Juvenile Justice
SOCIAL HISTORY INFORMATION

M00504

Name: <u>My Israel Mahdi</u>	DOC / <u>0</u> / <u>22</u> / <u>1998</u>
Juvenile # <u>Redacted</u>	CIRC Code: <u>C</u> / <u>1</u> / <u>C</u>

CURRENT LIVING SITUATION

1 Both Biological Parents	6 Grandparent (s)	10 Psychiatric Placement
2 One Parent / One Step-Parent	7 Adoptive Parent (s)	11 Other Family Member
3 Mother Only	8 Foster Home	12 A W O L
<u>4</u> 4 Father Only	9 Group Home	13 Other
5 Step-parent Only		

4 1. Living Situation Immediately Prior to Detention / Incarceration. (Use number from above)

PRIOR LIVING SITUATIONS ① = Yes ② = No (Fill in all spaces below)

<u>1</u> 2. Both Biological Parents	<u>2</u> 6. Step-parent Only	<u>2</u> 10. Group Home
<u>2</u> 3. One Parent / One Step-Parent	<u>1</u> 7. Grandparent (s)	<u>2</u> 11. Psychiatric Placement
<u>1</u> 4. Mother Only	<u>2</u> 8. Adoptive Parent (s)	<u>2</u> 12. Other Family Member
<u>1</u> 5. Father Only	<u>2</u> 9. Foster Home	<u>2</u> 13. Other

MENTAL HEALTH / SUBSTANCE ABUSE (MH / SA) TREATMENT SERVICES

Inpatient/Residential Treatment (Number of Placements)

<u>0</u> 14. Psychiatric Placement
<u>0</u> 15. Residential Treatment Facility (not primarily substance abuse)
<u>0</u> 16. Group Home
<u>0</u> 17. Substance Abuse Treatment Facility
<u>0</u> 18. Home-Based Services
<u>0</u> 19. Therapeutic Foster Care

Outpatient MH / SA Services ① = Yes ② = No

<u>0</u> 20. Counseling
<u>0</u> 21. Medication management

FAMILY HISTORY ① = No ② = Mother ③ = Father ④ = Other Female Parental Figure
⑤ = Other Male Parental Figure ⑥ = Multiple Parties

<u>1</u> 22. Domestic Violence (witnessed)
<u>1</u> 23. Parental Criminal Activity
<u>3</u> 24. Parental Incarceration
<u>1</u> 25. Parental Substance Abuse
<u>1</u> 26. Parental Psychiatric Hospitalization
<u>1</u> 27. Parental Outpatient Mental Health Treatment
<u>1</u> 28. Parental Abandonment / Rejection
<u>1</u> 29. Sexual Abuse by Parent
<u>1</u> 30. Physical Abuse by Parent
<u>1</u> 31. Parental Death

Continued on next page

OTHER

① = Yes

② = No

M00505

- 2 32. Sexual Abuse by Other Family Member or Trusted Adult (Not noted above)
2 33. Sexual Assault by Someone Other than Trusted Adult (e.g. date rape, rape by acquaintance or stranger)
2 34. Physical Abuse by Other Family Member or Trusted Adult
2 35. Sibling Criminal Activity
2 36. Fetal Alcohol Exposure
2 37. Fetal Drug Exposure

COMMUNITY or LEGAL CONTACT

- 0 38. Age at First Intervention or Contact with a Community Agency (other than Court) 0 = N/A
13 39. Age at First Arrest
2 40. History of A.W.O.L. Behavior: ① = Yes ② = No ③ = Yes, but only from Home
1 41. History Of Drug Usage (excluding nicotine): ① = No known use ② = Experimentation ③ = Regular Use
1 42. History of Drug Trafficking ① = No known Activity ② = Infrequent ③ = Regular
2 43. History of Gang Involvement ① = Yes ② = No

HIGH RISK SEXUAL BEHAVIOR

- 0 44. Age at first sexual intercourse (Not Abuse)
0 45. Number of sex partners during past three years.
2 46. Had sex with someone who has injected drugs? ① = Yes ② = No
1 47. Have sex without a condom? ① = Not Applicable ② = Never ③ = Sometimes ④ = Frequently
2 48. Had sex with same-gender partner (males only)? ① = Yes ② = No
2 49. Traded sex to get money or drugs ① = Yes ② = No

SASSI RESULTS

FVA 0 0 FVOD 0 0 OAT 0 2 SAT 0 0
 DEF 1 2 DEF2 0 1 COR 0 5 RAP 0 1
 S / A CATEGORY 0 1 = Abusive 2 = Dependent 0 = Neither 3 = Invalid



COMMONWEALTH of VIRGINIA

DEPARTMENT OF JUVENILE JUSTICE

Reception & Diagnostic Center

DIRECTOR

OFFICE OF THE
SUPERINTENDENT

Oct. 22, 1998

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Mr. John H. Weigel, III, Court Ser. Unit Dir.
DJJ - 6th Court Service Unit
Hopewell Courts Facility
Suite G05, 100 East Broadway
Hopewell, VA 23860

RE: ~~MAHDI, MIKAL DEEN~~
DOB: Redacted

SF#: Redacted

Date Committed: Aug. 11, 1998 BY Brunswick County Court
Caseworker: Mike Ingles Phone: 804-323-2395

Dear Mr. Weigel:

The above named youth will be staffed at the Reception and Diagnostic Center on 11-18-98. Input from the court service unit is required by minimum standards and may be in the form of a letter, phone call followed by written documentation, or attendance at staffing. Determining primary needs and parole plans is essential in order for the department to sufficiently outline the youth's treatment objectives during the commitment.

The Basic Training portion of the LEADER military school style program begins at RDC. Youths will participate in four weeks of Basic Training concluding with a graduation exercise prior to transfer to their assignment. During this Basic Training, parental visitation is not permitted nor are parents/guardians allowed to attend staffing. They will be invited to attend the Basic Training graduation for their son or daughter. If you wish to attend staffing, please contact the youth's caseworker for information on the scheduled time.

It will be necessary for parents/guardians to retain all personal belongings for their son or daughter except the clothing they wear to RDC. Please advise parents of this requirement as the RDC transportation officers will no longer bring additional belongings to RDC.

If you have questions or concerns or need additional information, please contact us. Thank You.

Sincerely,

Linda J. Morris
Superintendent

Department of Juvenile Justice
PSYCHOLOGICAL INFORMATION

M00507

10.22

Name: <u>Mikal Mendi</u>	DOC: <u>08-1-1998</u>
Juvenile # <u>Redacted</u>	Psychologist Code: <u>099</u>

ASSESSMENT OF FUNCTIONING

1 = No Impairment / Age Appropriate
2 = Mild Impairment

3 = Moderate Impairment
4 = Severe Impairment

<u>3</u>	1.	Impulse Controls; Self-control	<u>3</u>	10.	Capacity for Remorse
<u>4</u>	2.	Frustration Tolerance	<u>3</u>	11.	Prosocial Orientation
<u>3</u>	3.	Perspective-taking	<u>1</u>	12.	Overall Cognitive Competency
<u>3</u>	4.	Capacity for Empathy			Developmental Tasks
<u>3</u>	5.	Social Judgment	<u>3</u>	13.	Peer Relations
<u>4</u>	6.	Insight and Self-awareness	<u>3</u>	14.	Psychosexual Development
<u>3</u>	7.	Affective Controls	<u>2</u>	15.	Academics / Work
<u>3</u>	8.	Quality of Interpersonal Relatedness	<u>3</u>	16.	Community Adjustment
<u>3</u>	9.	Mood Regulation	<u>3</u>	17.	Identity Development

SEVERE PSYCHOPATHOLOGY

1 = Yes 2 = No 3 = Questionable

<u>2</u>	18.	Delusions, Ideas of Reference
<u>2</u>	19.	Hallucinations
<u>2</u>	20.	Disorganized Thinking
<u>1</u>	21.	Major Depression or Bipolar Disorder
<u>2</u>	22.	Impaired Sense of Reality, Depersonalization, or Derealization

3 23. SELF-CONCEPT DEVELOPMENT (use numbers below)

1 = Identity Diffusion, Contradictory self-images
2 = Inflated, Grandiose, Self-absorbed

3 = Generally Diminished but Cohesive
4 = Age-appropriate, Realistic Self-concept

MEETS MINIMUM DSM - IV CRITERIA FOR : 1 = Yes 2 = No

<u>2</u>	24.	ADHD	<u>2</u>	25.	Oppositional Defiant Disorder
<u>2</u>	26.	Mood Disorder	<u>1</u>	27.	Conduct Disorder
<u>2</u>	28.	Substance Abuse Disorder	<u>2</u>	29.	Anxiety Disorder
<u>2</u>	30.	Substance Dependence Disorder	<u>2</u>	31.	Psychotic Disorder
<u>2</u>	32.	Mental Retardation	<u>2</u>	33.	Personality Disorder
<u>2</u>	34.	Dissociative Disorder		35.	Other _____

SUICIDAL HISTORY : 1 = Yes 2 = No

M00508

Documented

Youth Reported

<u>2</u>	36.	Ideation	<u>2</u>	37.
<u>2</u>	38.	Parasuicidal Behavior not Requiring Medical Attention	<u>2</u>	39.
<u>2</u>	40.	Attempts Requiring Medical Attention	<u>2</u>	41.
<u>2</u>	42.	Pattern of Self-Mutilation / Minor Self-injury	<u>2</u>	43.

0 44. Suicide Alert Level (0 = None 1 2 3)

PSYCHOTROPIC MEDICATION : 1 = Yes 2 = No

Current

History

<u>2</u>	45.	Anti-depressant	<u>2</u>	46.
<u>2</u>	47.	Anti-psychotic	<u>2</u>	48.
<u>2</u>	49.	Anti-anxiety	<u>2</u>	50.
<u>2</u>	51.	Psycho-stimulant	<u>2</u>	52.
<u>2</u>	53.	Other	<u>2</u>	54.

INTELLECTUAL FUNCTIONING

1 55. Wechsler Scale 1 = Yes 2 = No
56. VIQ 100 57. PIQ 110 58. FSIQ 108

60 59. GLOBAL ASSESSMENT OF FUNCTIONING (DSM-IV)

3 60. NEED FOR MENTAL HEALTH SERVICES :
1 = None 2 = Minimal 3 = Moderate 4 = Severe

MENTAL HEALTH (MH) / SUBSTANCE ABUSE (SA) FAMILY HISTORY

1 = No 2 = Mental Health 3 = Substance Abuse 4 = Both

<u>1</u>	61.	Mother
<u>1</u>	62.	Father
<u>1</u>	63.	Siblings
<u>1</u>	64.	Grandparents
<u>1</u>	65.	Parental Siblings

HEAD TRAUMA HISTORY

0 66. Times lost consciousness due to head trauma
0 67. Have received medical attention due to head trauma 1 = Yes 2 = No

Name: <u>Mikal D. Mahari</u>	DOC: <u>10/22/99</u>
Juvenile # <u>7-7-31</u>	STAFF: <u>102</u>

Personality Inventory for Youth Profile Scales and Subscales

Scale Abbreviation

<u>44</u>	VAL
<u>35</u>	INC
<u>45</u>	FB
<u>70</u>	DEF
<u>35</u>	COG
<u>37</u>	COG1
<u>39</u>	COG2
<u>42</u>	COG3
<u>36</u>	ADH
<u>40</u>	ADH1
<u>37</u>	ADH2
<u>41</u>	ADH3
<u>36</u>	DLQ
<u>46</u>	DLQ1
<u>38</u>	DLQ2
<u>36</u>	DLQ3
<u>39</u>	FAM
<u>39</u>	FAM1
<u>41</u>	FAM2
<u>43</u>	FAM3
<u>43</u>	RLT
<u>41</u>	RLT1
<u>47</u>	RLT2
<u>36</u>	SOM
<u>37</u>	SOM1
<u>40</u>	SOM2
<u>39</u>	SOM3
<u>42</u>	DIS
<u>36</u>	DIS1
<u>57</u>	DIS2
<u>38</u>	DIS3
<u>47</u>	WDL
<u>46</u>	WDL1
<u>51</u>	WDL2
<u>48</u>	SSK
<u>50</u>	SSK1
<u>45</u>	SSK2

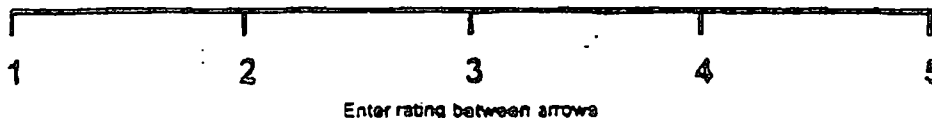
**DAILY LIVING REPORT
RECEPTION and DIAGNOSTIC CENTER**

M00510

Ingle's

Name: <u>Mital Mahdi</u>	DOC: <u>121221998</u>
Juvenile # <u>Redacted</u>	STAFF: <u>J.A. County</u>

Please rate youth on each dimension in regard to the individual's behaviors over current length of stay.



1	Demands Immediate Attention	$\longleftrightarrow 2 \longleftrightarrow$	Able to Wait Turn. Delay Gratification
2	Noncompliant Oppositional	$\longleftrightarrow 2 \longleftrightarrow$	Cooperative, Accepts Adult Authority
3	Preys on Weaker Peers	$\longleftrightarrow 3 \longleftrightarrow$	Helpful to Peers
4	Very Poor Anger Control	$\longleftrightarrow 1 \longleftrightarrow$	Excellent Anger Control
5	Susceptible to Negative Peers	$\longleftrightarrow 2 \longleftrightarrow$	Prosocial Leader. Able to Resist Negative Influences
6	Very Poor Hygiene and Self-care	$\longleftrightarrow 4 \longleftrightarrow$	Good Hygiene and Self-care
7	Minimally Involved in Cottage Activities	$\longleftrightarrow 3 \longleftrightarrow$	Actively Involved Volunteers for Tasks

- 17 8. Total Score
9. Number of Major Offenses
10. Number of Moderate Offenses

Specific Behavioral Observations: Mahdi has very poor anger control, using
profanity and threat when upset.

(OVER)

PLEASE RESPOND TO EACH OF THE FOLLOWING ITEMS IN DETAIL.

Describe how the cadet accepts program rules and procedures: _____

Did not accept rules or procedures well.

Describe how the cadet interacts with peers: Good

Describe how the cadet interacts with staff: Good at times as long

as things go his way.

Describe how the cadet handles conflict and/or frustrating situations: _____

Very poor

Describe how well the cadet takes care of personal hygiene and grooming: _____

Good

Additional Comments: Very dangerous if things isn't his way.

J. A. Collins

A004795

____/____/____
DATE

RECEPTION and DIAGNOSTIC CENTER
DEPARTMENT of JUVENILE JUSTICE
Staffing Team Opinions

M00512

Name: <u>Michael Mahdi</u>	DOC: <u>10/22/98</u>
Juvenile # <u>Redacted</u>	STAFF: <u>C-2</u>

0 = N/A, Healthy Levels of Functioning
 1 = Minimal Dysfunction, Stress, Impairment

2 = Moderate Dysfunction, Stress, Impairment
 3 = Severe Dysfunction, Stress, Impairment

FAMILY SUPPORT SYSTEM

<u>2</u> 1. Primary Attachment Relationships	<u>2</u> 3. Parental Nurture, Warmth
<u>2</u> 2. Parental Control and Supervision	<u>2</u> 4. Parental Value System

PSYCHOSOCIAL TRAUMA

- | |
|--|
| <u>2</u> 5. Parental Abandonment / Rejection / Neglect |
| <u>1</u> 6. Parental Abuse |
| <u>2</u> 7. Cumulative Psychosocial Stressors |

ASSESSMENT of FUNCTIONING

<u>1</u> 8. Substance Use	<u>2</u> 12. Educational Functioning
<u>2</u> 9. Anger Controls	<u>2</u> 13. Peer Affiliations
<u>2</u> 10. Prosocial Orientation	<u>2</u> 14. Overall Psychosocial Adaptation
<u>2</u> 11. Level of Delinquency	

TREATMENT HISTORY and PROGNOSIS 0 = Not Applicable 1 = Good 2 = Fair 3 = Poor

- | |
|---|
| <u>3</u> 15. Overall Response to Previous Treatment Efforts |
| <u>2</u> 16. Current Amenability to Treatment Opportunities |
| <u>2</u> 17. Response to Increased Structure |
| <u>2</u> 18. Prognosis for Discontinuing Involvement in Delinquent Activities |

PLACEMENT CONSIDERATIONS (Check All)

0 = Not Applicable

1 = Meets Minimum Criteria

<u>1</u> 19. Highly Structured, Security Cottage	<u>0</u> 22. Natural Bridge J C C
<u>1</u> 20. Regular J C C Placement	<u>0</u> 23. Oak Ridge J C C
<u>0</u> 21. Alternative Placement	<u>0</u> 24. Barrett J C C

PAROLE PLANNING

- 3 25. Current Family Support System Perceived as:
- 1 = Nonexistent 2 = Detrimental / Obviously Harmful to Youth 3 = Generally Dysfunctional
 4 = Supportive with Limited Resources 5 = Supportive with Adequate Resources
- 3 26. Is Current Family Support System a Viable Parole Placement ?
- 1 = Yes 2 = No 3 = Only with Support Services 4 = Unknown

EDUCATIONAL UPDATE

YOUTH:	Mikal Deen Mahdi
DOB:	Redacted
AGE:	15 yrs. 8 months
STATE CARE NUMBER:	Redacted
SOCIAL SECURITY NUMBER:	Redacted
EDUCATIONAL EVALUATOR:	JESSE J. JONES, JR.
R&DC CASEWORKER:	Michael Ingles
DATE RECEIVED:	October 22, 1998
STAFFING DATE:	November 18, 1998
SP. ED. IDENTIFICATION:	ED Dep. of Corr. Education 1-14-98
LENGTH OF STAY:	9 to 15 Months

SCHOOL HISTORY:

Mikal was enrolled in the Department of Correctional Education academic program while enrolled at RDC. For completed SOL's, please see the attached student performance profile.

This is Mikal's second commitment to the Department of Juvenile Justice. He was first evaluated in January, 1998. It was the decision of the staffing committee that Mikal be placed at Hanover Juvenile Correctional Center. He began the program on January 20, 1998. He received several failure to comply, leaving supervision, aggressive contact, and resisting removal.

On April 27, 1998, Mikal was transferred to Kenbridge Youth Development School (KYDS). Educational reports stated that Mikal's lack of academic progress was primarily due to his lack of compliance. Reports stated, "His reluctance to see validity of the need for education hampers his ability to have the necessary effort to be successful". His final grades were as follows: Social Studies 69 F, English 69 F, H/PE 75 D, Math 69 F, and Science 69 F. He was discharged on June 12, 1998. He did not attend school for the 1998-99 term.

Prior to his first commitment, Mikal attended Totaro Elementary School for the 1994-95 term as a 5th grade student. Problems were noted with attendance. For additional information, please see the attached educational evaluation by Stephen Holdren dated January 14, 1998.

SPECIAL EDUCATION:

Mikal was evaluated by the Department of Correctional Education on January 14, 1998 and found eligible for special education services for the ED. He will be due a triennial review by January, 2001.

EDUCATIONAL EVALUATION CONT'D.:

M00514

Youth: Mikal Deen Mahdi DOB: _____

Redacted

PAGE: 2

TESTS ADMINISTERED:**WOODCOCK-JOHNSON PSYCHO-EDUCATIONAL BATTERY (WJ-R)**

(DATE ADMINISTERED: January 13, 1998)

	GRADE EQUIVALENT	AGE EQUIVALENT	STANDARD SCORE
BROAD READING	4.1	9-5	76
BROAD MATHEMATICS	6.9	12-4	90
BROAD WRITTEN LANGUAGE	3.4	8-9	72

BRIGANCE VOCATIONAL INTEREST QUESTIONNAIRE: Refer to Findings.**ADDITIONAL ENCLOSURES:****DCE SPEECH SCREENING:** If not enclosed, further testing was required.**COMPUSCORE FOR THE WJ-R****BEHAVIORAL OBSERVATIONS:**

Mikal was interviewed on November 5, 1998. During the interview, responded to interview questions and appeared to be a reliable informant. He spoke clearly, maintained eye contact, and readily responded to interview questions. His expressive and receptive language skills were age appropriate.

FINDINGS:

Please see the attached educational evaluation for significant findings, strengths, and weaknesses.

EDUCATIONAL/VOCATIONAL RECOMMENDATIONS:

1. Mikal should continue with special education classes. Due to his oppositional behavior, Mikal may need to be referred to the GED program once he becomes of age. If he desires to enroll in the GED program, the program CAMBRIDGE Pre-GED "**Threshold**" is recommended as an initial course. This course covers the same content areas as the GED tests. Students work with skills and content at reading levels 6-8. It is available by calling 1-800-ADULT-ED.
2. In order to address the needs of the early adult student, Cambridge's "**Power Reading : Reading and Thinking Strategies for Adults**" is recommended. These skills and strategies are taught in the context of practical problems in daily life and in the workplace. The versatile structure of the series makes it appropriate for conventional classroom settings, tutorial sessions and independent study. Available by calling 1-800-ADULT-ED.
3. In order to improve spelling and decoding skills, Cambridge's "**Handling Words: How to Read and Spell Those Long Hard Words**" is recommended. It focuses on the development of spelling and decoding skills needed to tackle unfamiliar words. Available 1-800- ADULT-ED.

EDUCATIONAL EVALUATION CONT'D.:

M00515

Youth: Mikal Deen Mahdi

DOB:

Redacted

PAGE: 3

4. Vocabulary skills could be increased by the use of Steck-Vaughn series, "VOCABULARY CONNECTIONS". Available in print and software programs. The content area symbols identify whether the lesson is tied to Literature, Social Studies, Science, Mathematics, Health, or Fine Arts. Available 1-800-531-5015.
5. Please refer to the previous recommendations as they remain pertinent.

Jesse J. Jones, Jr.
JESSE J. JONES, JR., M.Ed., EDUCATIONAL EVALUATOR/JJJ

A004799

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE

PHYSICAL EXAMINATION

M00516

Redacted

NAME: Mahdi, Mikal

FILE NUMBER: _____

SEX: M

DOB: _____

RACE: B

COTTAGE: _____

ALLERGIES: NKA

1 - YES 2 - NO 3 - NOT CHECKED OR RECORDED 4 - UNDER INVESTIGATION OR RESULTS NOT YET AVAILABLE 5 - N/A

GENERAL APPEARANCE:

138 ^{lbs} 1. WEIGHT
5'7 1/2" 2. HEIGHT VITAL SIGNS: TEMP 98.5 PULSE 76 RESP 18 BP 96/66

SKIN		<u>Upper half - rash -</u> <u>On back has rash. Bruise mark and</u> <u>R chest below nipple. From human bite</u>
2	3. 2	ACNE
2	4. 2	SKIN INFECTION - FUNGAL
2	5. 2	SKIN INFECTION - OTHER (includes warts)
2	6. 2	RECENT TRAUMA
HEAD, EYES, EARS, NOSE, THROAT		
	7. 2	INFECTION
2	8. 2	FAILED VISION SCREEN <u>passed 20/20 with no refraction</u>
2	9. 2	FAILED HEARING SCREEN <u>passed with</u>
HEART/LUNGS		
2	10. 2	ACUTE ASTHMA <u>Regular rhythm</u>
2	11. 2	ORGANIC HEART ABNORMALITY <u>vitality murmur at LSB -</u> <u>with lying - 52 x2 - good pulse</u> <u>to clicks, thrills, gallops</u> <u>detected</u>
LYMPHATICS		
ABDOMEN		
2	12. 2	GI ABNORMALITY <u>with signs of present, when</u> <u>advised when (detected)</u> <u>but was told it should grow</u>
MUSCULO SKELETAL		
2	13. 1	FRACTURE, SPRAIN OR OTHER ACUTE PROCESS <u>(X) (R) leg age 9, (R) arm age 6</u>
2	14. 2	SCOLIOSIS

**DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT**

INSTITUTION: R+DC Redacted
 DATE OF INCIDENT: 10/23/98 TIME: 0820 IR#: (AM) P.M.

NAME OF WARD #1: Mahdi, Mikal Redacted
 SEX Male RACE Hispanic DOB Redacted FILE #: Redacted AGE 15.7
 NAME OF WARD #2: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____
 NAME OF WARD #3: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Mod #055 Abusive language / Mod #061 FT.
 WITNESSES: Entire Platoon

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

At the previously stated time, date, and location
Cadet began using profane language
toward PDI Glover, PDI Tate, and myself. He
was given demerits for his language, but
that did not stop the language. He continued
to curse out loud and became a
disruption to the entire group. He was
removed and the Sergeant was notified
of an incident.

STAFF REPORTING: D. Davenport [Signature]
 NAME SIGNATURE
 REPORTING DATE: 10/23/98 REPORTING TIME: 0820

INVESTIGATION: Officer Mahdi admitted to cursing
at PDI Dawsonport and PDI Glover.
Officer Mahdi stated that he didn't feel
like hearing what the PDI's had
to say.

OFFENSE: med #55 DATE: 10/23/98 TIME: 11:00 AM

INVESTIGATING SERGEANT: John Williams [Signature]
NAME SIGNATURE

REVIEWING LIEUTENANT: Thomas Evans [Signature]
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 10/27/98 TIME: _____ AM/PM

COMMENTS: _____

DATE 23 October 98

AGE 15

M00519

WEARING GLASSES ☐

CONTACT LENSES ☐

WRITE COMMENTS ON BACK OF RECORD FORM

TEST ADMINISTRATOR _____

PRE-SCHOOL TEST

20/20, 20/30, 20/40, 20/50, 20/70, 20/100

(Circle Acuity Level at which You are Testing) Must Read All Pictures Correctly

FAR Point TO WHICH PICTURE DO TABLE LEGS POINT?

GROUP 1

RIGHT EYE TEST		PASS	FAIL	LEFT EYE TEST		PASS	FAIL
Left Occluder OFF				Right Occluder OFF			
DIAL AT #2	BIRD			DIAL AT #4	BOY		
DIAL AT #3	RABBIT			DIAL AT #3	GIRL		
DIAL AT #4	BOY			DIAL AT #2	RABBIT		
DIAL AT #1	BINOCULARITY SLIDE	Both Occluders ON		GIRL BIRD BOY			

RIGHT EYE

20	20	20	20	20	20	20	20
200	100	70	50	40	30	20	20
PILOT LINE	E	E	E	E	E	E	E
20/50	A	E	E	E	E	E	E
(Blue)	A	E	E	E	E	E	E
20/40	A	E	E	E	E	E	E
(Red)	A	E	E	E	E	E	E
20/30	A	E	E	E	E	E	E
(Yellow)	A	E	E	E	E	E	E
20/20	A	E	E	E	E	E	E
(Green)	A	E	E	E	E	E	E

LEFT EYE

20	20	20	20	20	20	20	20
200	100	70	50	40	30	20	20
PILOT LINE	E	E	E	E	E	E	E
20/50	A	E	E	E	E	E	E
(Blue)	A	E	E	E	E	E	E
20/40	A	E	E	E	E	E	E
(Red)	A	E	E	E	E	E	E
20/30	A	E	E	E	E	E	E
(Yellow)	A	E	E	E	E	E	E
20/20	A	E	E	E	E	E	E
(Green)	A	E	E	E	E	E	E

GROUP 2

ELEMENTARY GRADE TESTS				TEST RESULT
ACUITY - FAR POINT		4 OUT OF 6 - PASS		
DIAL AT #5	RIGHT EYE	RIGHT EYE	Left Occluder OFF	20/
DIAL AT #5	LEFT EYE	Left Occluder OFF	Right Occluder OFF	20/
TEST FOR EXCESSIVE FARSIGHTEDNESS • PLUS LENS • FAR POINT (Insert Plus Lens Unit)				PASS FAIL
DIAL AT #5	LEFT EYE	Right Occluder OFF		
DIAL AT #5	RIGHT EYE	Left Occluder OFF		
(WITHDRAW PLUS LENS UNIT) A READING OF 20/30 OR 20/20 LINE THROUGH PLUS LENS - FAIL				
MUSCLE BALANCE TEST - FAR POINT				PASS FAIL
(1) DIAL AT #6	Left Occluder OFF	(EXPLAIN SANDBOX)		
(2) DIAL AT #6	Both Occluders ON	(RED BALL IN SANDBOX - PASS)		
MUSCLE BALANCE TEST - NEAR POINT				PASS FAIL
DIAL AT #8	Both Occluders ON	(RED BALL STILL IN SANDBOX - PASS)		

SECONDARY SCHOOL AND ADULT TEST

DIAL AT #9	ACUITY "FAR"	RIGHT EYE 20/20	LEFT EYE 20/20	BOTH EYES 20/20
	A 12 B 5 C 26 D 6 E 16 F 0	PASS	FAIL	
DIAL AT #7	COLOR PERCEPTION "FAR"	1E 2E 3m 4w 5m 6E 7w 8E		
DIAL AT #10	LATERAL PHORIA "FAR"	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		
DIAL AT #11	VERTICAL PHORIA "FAR"	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15		
DIAL AT #12	ACUITY "NEAR"	RIGHT EYE 20/20	LEFT EYE 20/20	BOTH EYES 20/20

DIAL AT #9 VISUAL ACUITY TESTS AT "FAR" DIAL AT #12 VISUAL ACUITY TESTS AT "NEAR"

	LEFT	BOTH	RIGHT	
1	ZH	RD	HK	20/200
2	RKS	MNC	ZOD	20/100
3	HCOV	SKZO	RNDS	20/70
4	ZROD	NSCH	VZKM	20/50
5	KHSC	OZHR	DNVC	20/40
6	ONRZV	DNCS	KDSOH	20/30
7	SDCHN	VRZKO	HSRDO	20/20

	LEFT	BOTH	RIGHT	
1	SV C	HRE	HZO	20/100
2	RNZN	DOKY	CSZN	20/70
3	CKVD	SNZR	DOMC	20/50
4	VHRN	QOSE	NZCS	20/40
5	HSKRC	MZDOV	ZSHNK	20/30
6	ZOHVN	HCSKD	VKCDI	20/20

Right Peripheral 85° 70° 55° Nasal 35° Left Peripheral 85° 70° 55° Nasal 35° P/N 70 00°

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE
PURE TONE AUDIOMETRIC HEARING SCREENING

DATE: 23 October 98NAME: Mahdi, Mikal Sean DOB: Redacted FILE NO. Redacted

Instructions for the child:

I am going to place these ear phones over your ears (red phone on right ear, blue phone on left ear). You will hear some sounds or tones. They will start off being loud and then get low. Point to the ear that you hear the sound in.

	1000	500	2000	4000
L	20	30	20	20
R	20	30	20	20

WHL

MEDICAL SUMMARY

Redacted M00521

NAME: Mahdi, Mikal
R/S: B/MDOB: Redacted
INTAKE DATE: 10/23/98

FILE #

MEDICAL INFORMATION:

AGE:	15.7	TEMPERATURE:	98.1
HEIGHT:	67½"	PULSE:	80
WEIGHT:	161 lbs	RESPIRATIONS:	20
ALLERGIES:	NKA to meds	BLOOD PRESSURE:	100/70

MEDICAL HISTORY:

The youth reports that he fractured his right tibia in a bicycle accident at age ten. He also says that he fractured his right arm as a young child. He denies any hospital admissions or operations. The youth denies any history of substance abuse. He says he is sexually active with three or four partners and inconsistent condom use. He denies any history of sexually transmitted diseases. On review of systems, he complains of extreme tiredness and reports that he has lost twelve pounds since he was placed in detention.

IMMUNIZATIONS:

Measles, Mumps, Rubella is recorded as given on 1/6/98. Two doses of Tetanus-Diphtheria, as well as two doses of Oral Polio Trivalent, are recorded with each being given 1/6/98 and 3/25/98. TB Skin Test was last applied 10/23/98 and was read as negative.

PHYSICAL EXAM:

This is an adolescent male with multiple areas of hyperpigmentation on the face, chest, and upper back suggestive of prior acne lesions. There is also an area of hypopigmentation on the left upper back, and there is a rash in the groin consistent with tinea cruris or jock itch. Auscultation of the heart reveals a regular rhythm with a soft, variable vibratory systolic ejection murmur heard at the left sternal border with the youth lying. The second heart sound is normal, and good pulses are felt suggesting that this is an innocent flow murmur. The remainder of the intake exam is essentially unremarkable for his age.

LABORATORY DATA:

CBC and urinalysis dipstick exam are essentially within normal limits. RPR Card Test is nonreactive.

VISION SCREENING:

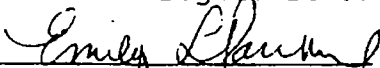
Both far and near vision are measured as being 20/20 bilaterally without eyeglasses.

HEARING SCREENING:

The hearing is within normal limits.

IMPRESSION:

Generally healthy, adolescent male. The areas of jock itch may be treated with Tinactin Creme twice daily. Immunization update is scheduled for 11/20/98 after counseling. Mikal is medically cleared for participation in the LEADER Program if such placement is felt appropriate.


Emily L. Pagar, MD/swl
Central Infirmary
November 13, 1998

A004805

**HOPKINS JUVENILE CORRECTION CENTER
INTAKE / UPDATE SHEET**

M00522

**Please Refer
Special Placement*

Placement Date: 11-23-98

*Review
@emos
2/11/99*

Last Name MAHDI		First Name, Middle Initial Mikael D.		Rank 1st	Unit # 16	File Number Redacted	Race B
School of Cader (N)	Height (Inches) 5'7 1/2"	Weight 161	Hair Color Black	Eye Color Brown	Identification Marks Dark spots on Face - Ch. + Back		
Mugshot information			Birth Place (City/County, State) unknown		Date of Birth Redacted		Date of Commitment 8/11/98
Date Received at RDC 10/22/98		RDC Adjust. (Circle One) Good, Fair, Poor	Counselor Booker		Social Security # Redacted		
Committing Offenses (Most to Least Severe) Contempt of Court / Obstruction of Justice							
Com. Off. Level 1	Commitment Code 538	Commitment # 2	Committing Court (Name) Brunswick		CSU Officer Woodson Harris	CSU Supervisor John Weigal	
CSU Address, Phone Number 605-1005 Hopewell Courts Facility Suite 605-1005 Broadway Hopewell, VA 23060			Region	Pending Offenses			
Prior Offenses (in Descending Order by Date; i.e. Assault and Battery-8/97, etc) B+E, GRAND LARCENY, B+E, GRAND LARCENY 12/97 committed							
Prior Treatment Efforts and Leader Participation (Circle One and Explain): Full Incarceration							
Prior Offense Level	Prior Code	(Circle One) LOS/MAJ/SER	Length of Stay 9 1/2	Early Date 5-11/99	Late Date 11-11-99	SOTP	SATP
ACTP M							
ILTP	Mental Health / Suicide Level _____		Mother/Guardian (Address and Phone Number) Vera Mahdi Richmond				
Father/Guardian (Address and Phone Number) Sheif Mahdi Redacted			Siblings (Age and Gender) Salim Mahdi - m-14				
Grand Parents (Maternal / Paternal)			Education Information 2 Grade Level 2 Last Grade Placement IQ: V _____ P _____ FS18		Education Recommendations ____ Regular Academic ____ Pre-Vocation ____ Remedial Instruction X Special Ed. For: ED		

UPDATED July 21, 1998

COMMENTS MAY BE PLACED ON THE BACK SIDE OF THIS SHEET

C: J. Roy, T. Williams, G. Boynton, T. Hughes, Watch Commander, Lt. Wesley, T. Bettina, C. Dockery, G. Paige, L. Taylor, M. Lewis, E. Wieckowski, M. Ito, C. Check, Infirmary, Chaplain, DCE, Counselors, Accounting, T. Daniel

A004806

Department of Juvenile Justice
PHYSICAL EXAMINATION

Redacted

M00523

① = Yes

④ = Under Investigation or Results Not Yet Available

② = No

⑥ = Not Applicable

③ = Not Checked or Recorded

GENERAL APPEARANCE: Medium size, shaved black hair, brown eyes
no piercing or tattoos, no scars

1. Weight 161 lbs. 2. Height 6'2.5 in

VITAL SIGNS

Temp 98.1 ° Pulse 80 per/min Resp 20 per/min B/P 100/70

SKIN: Multiple dark spots to face and chest, and upper back

2 3. Birthmarks light spot @ upper back (faded)

2 4. Scars

2 5. Tattoos or Carvings (specify)

2 6. Acne

1/2 7. Skin Infection - Fungal

2 8. Skin Infection - Other (includes warts) itchy rash / antifungal cream cottage

2 9. Recent Trauma

HEAD, EYES, EARS, NOSE, THROAT:

2 10. Infection

2 11. Failed Vision Screen

2 12. Failed Hearing Screen

HEART / LUNGS:

2 13. Acute Asthma

2 14. Organic Heart Abnormality per physician - slight heartburn / indigestion

BREAST EXAM: SE mat L5B & right leg 5-2nd grade

LYMPHATIC: right side no present or advised

ABDOMEN: when (m) lived at 6-7-8-9

2 15. GI Abnormality

MUSCULAR / SKELETAL:

2 16. Scoliosis

NAME: <u>Mafdi, mual</u>	SEX	ALLERGIES	DOB	RACE	COTTAGE
Juvenile # <u>Redacted</u>	<u>M</u>	<u>NKA</u>	<u>Redacted</u>	<u>B</u>	<u>B</u>

GENTAL / URINARY

M00524

17. Kidney or Bladder Problem 18. Gonorrhea <u>2</u> 19. Chlamydia or Non-Gonococcal Urethritis <u>2</u> 20. Syphilis <u>2</u> 21. Trichomonas <u>2</u> 22. Bacterial Vaginosis <u>2</u> 23. Pediculosis Pubis or Capitis <u>2</u> 24. Monilia <u>2</u> 25. Hernia <u>6</u> 26. PID <u>6</u> 27. PAP (class results) _____ ① = Class I ② = Class II ③ = Class III, IV or V ④ = Not Applicable	PELVIC EXAM (Females) Deferred for 1 (one) week Ext. Genitalia <u>6</u> BIJS _____ Vagina _____ Cervix _____ Uterus _____ Adnexal _____ Recto Vaginal _____ Tanner Stage _____ MALES Circumcised <u>1</u> Hernia <u>2</u> Tanner Stage <u>2</u> Testicles <u>✓✓</u>

NEUROLOGIC

2 28. Deficit Identified _____ Handedness Left Right

LABORATORY FINDINGS

2 29. Anemia _____

2 30. Other _____

PREGNANCY

6 31. Currently Pregnant _____

DISPOSITION(S)

MEDICATION PRESCRIBED BY D J J PHYSICIAN

1 32. Topical Insulin

2 33. Psychotropic _____

2 34. Other _____

REFERRAL MADE:

2 35. Within D J J _____

2 36. Community Physician or Clinician _____

2 37. X-Ray or other Diagnostic Study Ordered _____

IMMUNIZATION RECORDS:

1 38. 0 = No Records 1 = D J J Records Only
2 = Records from Schools, Family or Other Source (In addition to D J J Records)

Signature Emily Plunkett Date 10-23-98

Name: _____ Juvenile #: _____

SUBSTANCE ABUSE:

Frequency of Use

Frequency of Intoxication

M00525

2 29. Cigarettes _____
2 30. Alcohol _____
2 31. Marijuana _____
2 32. Cocaine _____
2 33. Crack _____
2 34. Heroin _____
2 35. Hallucinogens _____
2 36. Inhalants _____
2 37. Other illegal drugs (specify) _____

HIGH RISK BEHAVIOR - HISTORY

2 38. One or more Homosexual Activities (Males Only)
2 39. IV Drug use.
2 40. History of Blood Transfusions or Blood Product Administration
2 41. Trading Sex for Money or Drugs
1 42. Multiple Sex Partners (3 or more) 3-4
2 43. Sexual Partner with High Risk Behavior

BIRTHS / BIRTH CONTROL

2 44. Number of Children _____ (1) Male/Female Age _____ months/years (2) Male/Female Age _____ months/years
6 45. B C P (name): _____, Norplant or DepoProvera (circle)
1 46. Condoms most of the time
1 47. Other (describe) _____
6 48. Has Experienced Side Effects from B C P s or other method of birth control
 Specify _____

STDs

Treatment:

2 49. Gonorrhea _____
2 50. Syphilis _____
2 51. Chlamydia _____
2 52. Herpes _____
2 53. Venereal Warts _____
2 54. Genital Sores _____
6 55. PID _____

GYNECOLOGICAL HISTORY:

Previous OB/GYN: _____

6 Menarche _____ years old Regular Cycle YES NO Last Monthly Period ____|____|____

OBSTETRIC HISTORY:

N/A

Date placed in Detention: ____|____|____

G _____ P _____ AB _____ (Induced _____ Spontaneous _____

6 Last Pregnancy / Delivery ____|____|____ Normal YES NO

Complications _____

REVIEW OF SYSTEMS:

Not Listed Below

<u>1</u> Extreme Tiredness	<u>2</u> Bed Wetting	<u>2</u> Nose Bleeds
<u>2</u> Fever and Chills	<u>2</u> Blackout Spells	<u>2</u> Shortness of Breath
<u>2</u> Night Sweats	<u>2</u> Nausea	<u>2</u> Cough
<u>1</u> Weight Loss 10 lbs +	<u>2</u> Diarrhea	<u>2</u> Congestion
<u>2</u> Unexplained Bruising	<u>2</u> Constipation	<u>2</u> Trouble Voiding
<u>2</u> Lice	<u>2</u> Abdominal Pain	<u>2</u> Urethra Discharge (males)
<u>2</u> Rash	<u>2</u> Joint &/or Muscle Pain	<u>2</u> Jock Itch
<u>2</u> Athlete's Foot	<u>2</u> Headaches	<u>6</u> Vagina Discharge (females)

Has lost 12 lbs since he has been in detention

Signature

Kathryn McFadden RN

Date

10 / 23 / 98

Length of Stay (LOS) Determination Mandatory and Recommended Treatment Needs

M00526

Name: <u>Michael Myshko</u>	DOB: <u>Redacted</u>
Juvenile #: <u>Redacted</u>	DOC: <u>1 0 2 2 1 9 9 8</u>

Most Serious Instant Offense Level 1 Most Serious Prior Offense Level 3 Chronicity Score 5

LOS increased due to chronicity ? 1 0 = No 1 = by 3 months 2 = by 6 months
(Exception: For wards in an 18 to 36 months category, the maximum LOS is 24 to 36 months)

Forwarded to IRC due to exceptional circumstances ? 0 0 = No 1 = Staffing Team
2 = Casework Supervisor 3 = Court Service Unit

Adjustment to LOS ? 0 0 = No 1 = Aggravated 2 = Mitigated

Assigned LOS: 0 9 to 1 5 Months (from date of commitment)

NOTE: Final LOS may be affected by whether ward has completed treatment needs (see below) or whether ward is serving an institutional sanction.

SPECIAL CATEGORY

Committed under Serious Juvenile Offender Statute ? 02 1 = Yes 2 = No
If yes, Determinate Sentence: 0 0 months

Treatment Needs which may affect LOS . M = Mandatory R = Recommended X = Not Applicable

M Anger Control

X Sex Offender

X Independent Living Skills

X Substance Abuse

My length of stay and my treatment needs have been explained to me. I am aware that failure to complete Mandatory treatment need(s) can affect my length of stay. I am also aware that I have the right to appeal the Mandatory status of any treatment need(s) that are based only upon information supplied by me and not based upon my offense history or institutional behavior

Joshua
Signature

11-15-95
Date

The Treatment Needs designated below have received Mandatory status based solely upon information supplied by me and may be appealed. I have initialed the Mandatory treatment need(s) that I want to appeal.

 Anger Control

 Sex Offender

 Substance Abuse

I wish to appeal the Mandatory treatment need(s) that I have initialed above.

Signature

Date

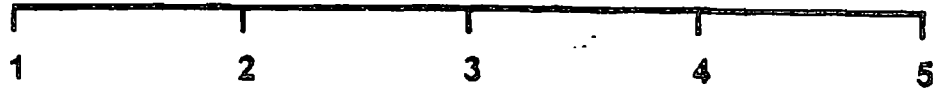
RECEPTION and DIAGNOSTIC CENTER

C2

Ingle M00527

Name: <u>Mikal Mahdi</u>	DOC: <u>12/22/1998</u>
Juvenile # <u>Redacted</u>	STAFF: <u>J.A. Conway</u>

Please rate youth on each dimension in regard to the individual's behaviors over current length of stay.



1	Demands Immediate Attention	$\longleftrightarrow 2$	Able to Wait Turn. Delay Gratification
2	Noncompliant Oppositional	$\longleftrightarrow 2$	Cooperative, Accepts Adult Authority
3	Preys on Weaker Peers	$\longleftrightarrow 3$	Helpful to Peers
4	Very Poor Anger Control	$\longleftrightarrow 1$	Excellent Anger Control
5	Susceptible to Negative Peers	$\longleftrightarrow 2$	Prosocial Leader. Able to Resist Negative Influences
6	Very Poor Hygiene and Self-care	$\longleftrightarrow 4$	Good Hygiene and Self-care
7	Minimally Involved in Cottage Activities	$\longleftrightarrow 3$	Actively Involved, Volunteers for Tasks

- 17 8. Total Score
9. Number of Major Offenses
10. Number of Moderate Offenses

Specific Behavioral Observations: Mahdi has very poor anger control, using
profanity and threat when upset.

(OVER)

PLEASE RESPOND TO EACH OF THE FOLLOWING ITEMS IN DETAIL.

Describe how the cadet accepts program rules and procedures: _____

Did not accept rules or procedures well.

Describe how the cadet interacts with peers: Good

Describe how the cadet interacts with staff: Good at times as long

as thing go his way.

Describe how the cadet handles conflict and/or frustrating situations: _____

Very poor

Describe how well the cadet takes care of personal hygiene and grooming: _____

Good

Additional Comments: Very dangerous if thing isn't his way.

R.A. Cousins

STAFF

A004812

1/1
DATE

Department of Juvenile Justice
MEDICAL HISTORY

M00529

① = Yes ② = No ③ = Not Known ④ = Not Applicable

2 1. ALLERGIES: Medications _____
Reactions _____

2 2. ALLERGIES: Environmental _____
Reactions _____

MEDICATIONS: Name / Dose / Frequency

2 3. Current Psychotropic meds: _____

2 4. Previous Psychotropic meds. (name/when): _____

2 5. Other: _____

2 6. Glasses 2 Other Prosthesis (specify) _____

PAST MEDICAL HISTORY

2 7. Private MD? If Yes, Name _____
Address _____ Clinic _____ Address _____

2 8. Head Injuries _____

2 9. Loss of Consciousness _____ How Long? _____

1 10. Fractures Ex R Tibia age 14 yrs - bike accident, Ex R arm - young child

2 11. Seizures _____

2 12. Gunshot Wounds _____

2 13. Stab Wounds _____

2 14. Blunt Trauma Injuries _____

2 15. Self Injury Requiring Medical Attention _____

2 16. Hospitalizations Psychiatric: _____

2 17. Hospitalizations Other: _____

2 18. Surgery: _____

Other illness or injury: _____

CHILDHOOD DISEASES: Chicken Pox 1 Other _____

YOUTH'S DISEASES

FAMILY MEMBER DISEASES

<u>2</u> 19. TB	<u>2</u> 22. Hepatitis	<u>2</u> 26. TB
<u>2</u> 20. Asthma Last Symptoms: _____ Peak Flow _____	<u>2</u> 23. Rheumatic Fever	<u>2</u> 27. Heart Disease
<u>2</u> 21. Diabetes	<u>1</u> 24. Heart (Murmur or Disease)	<u>2</u> 28. Diabetes
	<u>2</u> 25. Sickle Cell (Trait or Disease)	<u>1</u> MGM + BP

Comments states he had a heart murmur as a child
but this has resolved

NAME	SEX	Allergies	DOB	RAC	COTTAGE
<u>Mahdi Mital</u>	<u>M</u>		Redacted	<u>B</u>	<u>B</u>
Juvenile #:			Redacted		

A004813

sets

M00530

Circle or Highlight Asset(s) of ward: (no more than 12)

	2	3	4	5	6	7	8	9	10	11
12	13	14	(15)	16	17	18	(19)	(20)	(21)	22
23	24	25	26	27	28	29	30	31	32	33
34	35	(36)	(37)	38	39	40	41	42	43	44

Additional Service Needs Not Related to LOS A = Applicable X = Not Applicable

- ☒ Substance Abuse _____
- ☒ Inappropriate Sexual Behavior _____
- ☒ Anger Control _____
- ☒ Drug Trafficking _____
- ☒ Values Clarification _____
- ☒ Assertiveness Training _____
- ☒ Social Skills Training _____
- ☒ Independent Living Skills _____
- ☒ Mental Health Counseling _____
- ☒ Medical Care _____
- ☒ Parole Placement Court _____
- ☒ Special Education _____
- ☒ High Risk Sexual Behavior _____
- ☒ Problem Solving Skills _____
- ☒ Behavior Management _____
- ☒ Other _____

1 Security 1 = Yes 2 = No

1 5 Placement: 12 - Bon Air 13 - Beaumont 14 - Barrett 15 - Hanover
32 - Natural Bridge 19 - Oak Ridge 63 - Alternative Placement

ORIENTATION CHECKLIST FOR INTAKES

NAME: Mikal Mahdi

ARRIVAL DATE: 10, 22, 98

DOB: Redacted

SC # [REDACTED] Redacted

COTTAGE: B

STAFFING DATE: / /

	STAFF	CADET	DATE
1. Regulation haircut/hairstyle	<u>~~10~~</u>	<u> </u>	<u>10/25/98</u>
2. Receive program orientation	<u>~~10~~</u>	<u> </u>	<u>10/25/98</u>
3. Receive Cadet handbook	<u>~~10~~</u>	<u> </u>	<u>10/25/98</u>
4. Review Cadet Creed	<u>~~10~~</u>	<u> </u>	<u>10/25/98</u>
5. Review rules and Codes of Conduct	<u>~~10~~</u>	<u> </u>	<u>10/25/98</u>
6. Review disciplinary procedures	<u>~~10~~</u>	<u> </u>	<u>10/25/98</u>
7. Review daily schedule	<u> </u>	<u> </u>	<u> / / </u>
8. Medical evaluation/orientation	<u> </u>	<u> </u>	<u> / / </u>
9. Grievance procedure orientation	<u> </u>	<u> </u>	<u> / / </u>
10. Initial referral (if needed)	<u> </u>	<u> </u>	<u> / / </u>
11. Psychology referral (if needed)	<u> </u>	<u> </u>	<u> / / </u>
12. Intake phone call to guardian	<u> </u>	<u> </u>	<u> / / </u>

SOP 108

TRANSFER TO CADET BASIC TRAINING:

APPROVED: _____
SIGNATURE

DATE: ___ / ___ / ___

PARTICIPATION: (CHECK ONE) FULL LIMITED

SPECIAL LIMITATIONS

JUVENILE COMMITMENT ORDER
COMMONWEALTH OF VIRGINIA

§§ 16.1-284.1, 16.1-285, 16.1-285.1,

CASE NO. M00532

16.1-278.3, 16.1-290A, 16.1-293 Rule 3:17

BRUNSWICK

Juvenile and Domestic Relations District Court

In re: Mikal Deen Mahdi

The above-named juvenile has been brought before this Court upon the filing of a written petition or warrant; and proper notice has been given to all proper and necessary parties; the parties have been informed by this Court of their right to representation by a lawyer, the right to a public hearing, the contents of the petition or warrant filed in this Court, and the right of the juvenile to remain silent with regard to any allegation of delinquency, the right to confront and cross-examine witnesses, the right to present evidence, the right to appeal a final decision of the court and all provisions of the Juvenile and Domestic Relations District Court Law, and amendments thereto, have been duly complied with in the assuming jurisdiction of the juvenile.

Having considered all relevant and material evidence, the Court finds that the juvenile is within the jurisdiction of this Court and the Juvenile and Domestic Relations District Court Law and that the juvenile is guilty of the following delinquency charge:

Contempt of Court and Obstruction of Justice

The Court hereby ORDERS the juvenile to be committed to:

☐ for
DETENTION HOME OR SECURE FACILITY NOT TO EXCEED SIX (6) MONTHS

as part of suspension of commitment to the State Department of Juvenile Justice,

with a review hearing to be held on

☐ as part of suspension of commitment to the State Department of
DETENTION HOME OR SECURE FACILITY

Juvenile Justice, with such commitment being suspended on further conditions that the juvenile participate in the following community treatment programs for the juvenile's rehabilitation:

☒ the State Department of Juvenile Justice for an indeterminate period.

☐ the State Department of Juvenile Justice ☐ for a period of or, ☐ until the juvenile's twenty-first birthday.

☐ disposition is deferred and the juvenile is placed in the temporary custody of the Department of Juvenile Justice to attend a boot camp established pursuant to Va. Code § 66.13.

If committed to the Department of Juvenile Justice, the following entity shall maintain contact with the juvenile during the juvenile's commitment.

☒ the court service unit of this court

Department of Social Services/Welfare

☐ and that pursuant to a hearing before the court, is ordered to pay support in the amount of per

for the duration of the commitment.

5/11/98

DATE

Redacted

NAME OF WARD: 1A 101 11/1/91

UNIT: 1-1

DATE OF OFFENSE: 10-27-98

TIME: 17:15 A.M. PM M00533

CHARGE & OFFENSE PLEA

You are charged with FTC Mod #061

which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. FTC Mod #061 15 hours
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY ()

Do you wish to have a Hearing? YES () NO (☒)

Do you wish to have 24 hours to prepare for the Hearing? YES () NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES () NO (☒) Ward Signature: [Signature]

Reason for Detention: _____

Date: 10-27-98 Time: 17:20 A.M. P.M.
Sergeant Signature: [Signature] Ward Signature: [Signature]
Witness: [Signature] Signature: [Signature]

HEARING

Date: _____ Time: _____ A.M. P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY () NOT GUILTY ()

- Sanctions:
1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES () NO (☒) SIGNATURE: [Signature]

* Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: [Signature]

Date: 11/3 Time: _____ A.M. P.M.

Revised 4/1/98

APPEAL

M00534

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature

Date

Time

AM/PM

DEPARTMENT OF JUVENILE JUSTICE
JCC INCIDENT REPORT

Sgt W M00535
TUJ

INSTITUTION: RDC IR#: Redacted
DATE OF INCIDENT: 10-27-98 TIME: 1715 A.M. PM

NAME OF WARD #1: MALDI, M. KAL F.I.F. #: Redacted
SEX M RACE BLK DOB: Redacted AGE 14
NAME OF WARD #2: _____ FILE #: _____
SEX _____ RACE _____ DOB _____ AGE _____
NAME OF WARD #3: _____ FILE #: _____
SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: F.A. leave to comply

WITNESSES: _____

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

I PDI Jones did observe the above named
cadet M. Maldy talking in the mess hall.
The cadet was informed there was to be
no talking allowed while in the dining
hall. The cadet fail to follow instructions
thus causing this to be written.

STAFF REPORTING: J. Jones J. Jones
NAME SIGNATURE
REPORTING DATE: 10-27-98 REPORTING TIME: 1728

INVESTIGATION: Cadet Mikel was very disrespectful to PDI forces and myself, after being corrected for talking in dining hall. Cadet Mikel got himself back on task and agreed to 15 hours detention.

OFFENSE: Mod #061 DATE 10/27/98 TIME 1815
CHARGED: CHARGED:

INVESTIGATING SERGEANT: LM Ward LM Ward
NAME SIGNATURE

REVIEWING LIEUTENANT: Rodric Johnson Rodric Johnson
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: Brenda Yf DATE: 11/3/98 TIME: _____ AM/PM

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE
JCC OFFENSE HEARING FORM

M00537

NAME OF WARD: Madi Mikel UNIT: C/2

DATE OF OFFENSE: 11/5/98 TIME: 1:30 A.M. (P.M.)

CHARGE & OFFENSE PLEA

You are charged with Mod. # 55
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 8 hrs isolation per agreement
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY (☐)

Do you wish to have a Hearing? YES (☐) NO (☒)

Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☒) NO (☐) Ward Signature: Madi Mikel

Reason for Detention: verbally out of control

Date: 11/5/98 Time: 1:30 A.M. (P.M.)

Sergeant Signature: [Signature] Ward Signature: Madi Mikel

Witness: _____ Signature: _____

HEARING

Date: _____ Time: _____ A.M. P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☐) NOT GUILTY (☐)

- Sanctions:
1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: Madi Mikel

* Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: _____

Date: _____ Time: _____ A.M. P.M.

Revised 4/1/98

A004821

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

 Ward Signature

 Date

 Time

AM/PM

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: RTDC - C2 Mikal Mahdi IR# Redacted
 DATE OF INCIDENT: 11/5/ TIME: 1:30 A.M. P.M.

NAME OF WARD #1: Mikal Mahdi FILE #: _____
 SEX M RACE B DOB _____ AGE _____
 NAME OF WARD #2: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____
 NAME OF WARD #3: _____ FILE #: _____
 SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Cursing, Failure to Comply
 WITNESSES: Mr. Cousins, Mr. Jones, Platoon

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

I asked Cadel Mahdi to stack a couple (2) of
extra chairs. He refused stating that he didn't
"care about the mother f----- guests." Mr.
Cousins called him up to the desk. Cadel Mahdi
said, again, that he didn't care about m-f-
on the way to the hall.

STAFF REPORTING: Kathryn Kirk Kathryn Kirk
 NAME SIGNATURE
 REPORTING DATE: _____ REPORTING TIME: _____

INVESTIGATION: Cadet Mahdi admitted to cursing
because he didn't want to stack
chairs. Cadet Mahdi pleaded guilty
and received 8 hrs. isolation in a
plea agreement.

OFFENSE: Mod # 55 DATE: 11/5/98 TIME: 1:30pm
CHARGED: 11/5/98 CHARGED: 1:30pm

INVESTIGATING SERGEANT CHITAN NATHAN [Signature]
NAME SIGNATURE

REVIEWING LIEUTENANT: THOMAS EVANS [Signature]
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: _____ DATE: _____ TIME: _____ AM/PM

COMMENTS: _____

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

INSTITUTION: R.D.C IR#: RedactedDATE OF INCIDENT: 11-11-98 TIME: 1:30 A.M. P.M.NAME OF WARD #1: Mikal MAHDI FILE #: RedactedSEX M RACE BLACK DOB Redacted AGE 15.7

NAME OF WARD #2: _____ FILE #: _____

SEX _____ RACE _____ DOB _____ AGE _____

NAME OF WARD #3: _____ FILE #: _____

SEX _____ RACE _____ DOB _____ AGE _____

TYPE OF INCIDENT: Verbal AssaultWITNESSES: J.C.O CARLOS (Cadets)

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

While having a group discussion Mahdi got upset because Cadet Rader had court papers. Cadet Mahdi wanted to know why he could not have his papers when I Officer Jones told him he could not see his paper he started cursing calling me a mother fucking nigger. Cadet Mahdi was told to calm down a number of times when that did not work the incident was called in.

STAFF REPORTING: C Jones Cornel JonesREPORTING DATE: 11-11-98 REPORTING TIME: 1:30

INVESTIGATION: MIKAL MAHDI PLEADED GUILTY TO
THE INCIDENT AS DESCRIBED BY THE STAFF,
OFFICER C. JONES. MIKAL MAHDI ACCEPTED
THE PLEA AGREEMENT TO COMPLETE 8 HRS.
OF ISOLATION WHICH WILL END AT 9⁴⁰ P.M.

OFFENSE: VERBAL ABUSE DATE: 11-11-98 TIME: 1³⁰ P.M.

INVESTIGATING SERGEANT: GEE W. H. H.
 NAME SIGNATURE

REVIEWING LIEUTENANT: N/A N/A
 NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO _____

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ AM/PM

ADMINISTRATIVE REVIEW

NAME: B. Q. J. DATE: 11/17/98 TIME: _____ AM/PM

COMMENTS: _____

NAME OF WARD: MIKAL MAHDI

UNIT: C2 M00543

DATE OF OFFENSE: 11-11-98

TIME: 130 AM PM

CHARGE & OFFENSE PLEA

You are charged with VERBAL ABUSE
which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 8 HRS ISOLATION
2. _____
3. _____

Do you plead: GUILTY (☒) NOT GUILTY (☐)

Do you wish to have a Hearing? YES (☐) NO (☒)

Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☒)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☐) NO (☒) Ward Signature: X Mikal Mahdi

Reason for Detention: PER Agreement Mikal Mahdi will complete 8 hrs of isolation.

Date: 11-11-98 Time: 140 AM PM

Sergeant Signature: GEE Ward Signature: X Mikal Mahdi

Witness: G. Jones Signature: _____

HEARING

Date: _____ Time: _____ A.M. P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☐) NOT GUILTY (☐)

- Sanctions:
1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: X Mikal Mahdi

* Appeals must be written on the back of this form.

Decision of Review/Appeal: _____

Signature of Appellate: Brenda Y

Date: 11/17/98 Time: _____ A.M. P.M.

Revised 4/1/98

APPEAL

-- M00544

**PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE
PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW
EVIDENCE.**

I am appealing this offense because: _____

Ward Signature

Date

Time

AM/PM

Revised 4/1/98

A004828



COMMONWEALTH of VIRGINIA

DEPARTMENT OF JUVENILE JUSTICE

DIRECTOR

Reception & Diagnostic Center

OFFICE OF THE
SUPERINTENDENT

November 18, 1998

1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
TEL: 323-2600
FAX: 323-2312

Mr. Woodrow Harris, Parole Officer
Sixth District Court Service Unit
Hopewell Courts Facility
Suite 605 100 E. Broadway
Hopewell, Virginia 23860

Re: Mikal Mahdi
DOB: Redacted
SC#: Redacted

Dear Mr. Harris:

On 11/18/98 the Reception and Diagnostic Center's Evaluation and Staffing Team met to review and discuss Mikal's case. The results of that staffing follow: His placement is Hanover Juvenile Correctional Center, P. O. Box 507, Hanover, Virginia 23069, telephone: (804) 537-5316. He has a Length of Stay of 9 to 15 months. He has a mandatory need of anger control.

Mandatory treatment objectives must be completed before release is approved and failure to complete those objectives before the late release date will result in longer confinement. The assignment of a mandatory objective solely on information provided by the juvenile may be appealed to the Central Review Committee for further review.

While in placement Mikal will extend his/her release date if he/she receives a moderate offense within 30 days of anticipated release or a major offense within 90 days of anticipated release.

The Staffing team's recommendations are subject to administrative review and, if any of the above information is changed, you will be notified. Thank you.

Sincerely,

Michael Ingles
Michael Ingles
Rehabilitation Counselor

Robert E. Clarke
Rehabilitation Counselor Supervisor
xc: Mr. Sheif Mahdi
Attorney's Copy

Date Form Completed _____

Staff _____ Date: _____

RECEPTION AND DIAGNOSTIC CENTER
APPROVED VISITOR LIST

M00546

11-18-98

Juvenile: Abdullah Mahdi

Cottage: C-2

Counselor: [Signature]

Visitors		Dates of Visits			
Father:	<u>Sheif Mahdi</u>	_____	_____	_____	_____
Step father:	_____	_____	_____	_____	_____
Mother:	<u>Vera Mahdi</u>	_____	_____	_____	_____
Step mother:	_____	_____	_____	_____	_____
Grand parents:	<u>M. G. M. Mrs. Mahdi?</u>	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
Siblings:	<u>Saleem Mahdi 16</u>	_____	_____	_____	_____
List	_____	_____	_____	_____	_____
Ages	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Legal
Guardians (if other than parent or step-parent)

Special Comments/Instructions: _____

VIRGINIA DEPARTMENT OF JUVENILE JUSTICE

LEADER PROGRAM PSYCHOLOGICAL SCREENING

NAME Mandi Mikal
(Last) (First) (Middle Initial)

Redacted

STATE CASE NUMBER _____

The above individual, based upon information gained through
psychological assessments performed on 11/17/98, is
(Dates)
cleared for FULL or LIMITED participation in the leader
(Circle One)
program.

Dawn R. Jones
Authorized Staff
Behavioral Services Unit

11/17/98
Date

PROGRAMMATIC
LIMITATION(S): _____

NOTE: Program staff are responsible to ensure the individual cadet
has knowledge of and complies with all programmatic limitations
established by Behavior Services Unit Staff.

Cadet Promotion ChecklistCadet Name: M:KAL mahdi

Cadet #: _____

Unit: C-2Squad: 2Date: 11-18-98

Criteria	Yes	No
30 Days Minimum	☒	☐
225 Merit Points or 75%	☐	☒
Completion of Basic Training	☒	☐
No Major Offenses for 30 Days	☐	☐
Completion of Orientation	☒	☐
Uniform Compliance	☐	☒
Drill Compliance	☒	☐
Ceremonies Compliance	☒	☐
APFT Basic Training	☒	☐
Educational Schedule	☒	☐
Treatment Schedule	☒	☐
Written Contact-Parent/Guardian	<u>N/A</u>	☐
Written Contact-Court	<u>N/A</u>	☐
Personal Appearance/Grooming Compliance	☒	☐
Knows Cadet Creed	☐	☒
Understands Rules and Codes of Conduct	☐	☒

Certified by: PDI I. Jones
 Ceremonies and Drill Instructor

 Treatment Team

 Institutional Review Committee

C. R. MINOR RECEPTION & DIAGNOSTIC CENTER
ASSETS AND SERVICE RECOMMENDATIONS

YOUTH: Mikal Mahdi DOB: Redacted D.O.C: 8/11/98

STAFFING TEAM: C-2 Cottage STAFFING DATE: 11/18/98

ASSETS:

1. Cooperative
2. Good personal hygiene
3. Average intelligence
4. Desires to complete further education
5. Wants to get a GED
6. Wants to receive vocational training
7. Concerned, supportive family
8. Enjoys peer group activities

Additional Service Needs Not Related to LOS:

A = Applicable R = Recommended M = Mandatory

M Anger Control:

A Values Clarification:

A Assertiveness Training:

A Social Skills Training:

A Mental Health: Counseling

A Parole Placement: Court

A Special Education:

A Problem Solving Skills:

A Behavior Management:

1 Security (1 = yes, 2 = no)

15 Placement *Final LOS: 9 To 15 Months

12 = Bon Air
13 = Beaumont
14 = Barrett

15 = Hanover
32 = Natural Bridge
19 = Oak Ridge
63 = Boot Camp

DEPARTMENT OF JUVENILE JUSTICE
RECEPTION AND DIAGNOSTIC CENTER FOR CHILDREN
1601 BON AIR ROAD
BON AIR, VIRGINIA 23235
804-323-2600

I. Demographic Information

Name: Mikal Mahdi DOB: Redacted Age: 15 yr. 8 months
State File #: Redacted Race: Black Sex: Male
Social Security #: _____
Committing Court: Brunswick County
Date of Commitment: 8/11/98 10/22/98 # of This Commitment: 2
Committing Charge: Contempt of Court and Obstruction of Justice

Local Contact Person:

(Name): Woodrow Harris
(Title): Parole Officer
(Phone): (804) 348-3645
Date Received RDC: 10/22/98 E.S.R. Staffing Date: 11/18/98
Initial Evaluation ☐ Reevaluation ☐ Update ☒

RDC Evaluation and Staffing Team

Counselor: Michael Ingles
Cottage Supervisor: _____ Cottage: C-2
Educational Evaluator: Jesse Jones
Psychologist: _____
Chairperson: Jesse Jones
Section I of VIII Page 1 of 1

EVALUATION PROFILE UPDATE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Team Work Unit: Casework Date of Last E.S.R.:

E.S.R. Staffing Date: 11/18/98 Section: II&III of VIII Page 1 of 2

II. and III. Socialization/Community Information

Mikal was first at the Reception and Diagnostic Center in December of 1997 where he was evaluated after having been committed on two counts of breaking and entering and two counts of grand larceny. The record reflects that he has other lesser charges in his record as well but these were the more serious offenses. Mikal completed his evaluation and was placed at Hanover Juvenile Correctional Center in January of 1998. He remained there approximately four months until he was transferred to the KYDS program at Kenbridge. He remained in this program about seven weeks until he was placed on aftercare with his father and grandmother in Brunswick County. Mikal had only a modestly successful adjustment while at Hanover Juvenile Correctional Center. He acquired four moderate offenses but generally were of an aggressive nature. He had also earned one similar offense here at the Reception and Diagnostic Center. His remaining time was completed at the KYDS program at Kenbridge and he apparently had at least an average adjustment. There was no discharge summary relevant to his stay there. There was one comment where he may have committed some property damage at the program but details were not available and it does not appear that any of the charges emanated from his behavior. Mikal currently is being reevaluated due to a charge of failure to appear which became a contempt of court and an obstruction of justice charge which relates to his interfering with the serving of a capias on his father.

Mikal presents as an average appearing youth who looks to be his stated age of approximately 15 years and 8 months. He has been relatively cooperative with this counselor in terms of casework contacts but has not always been completely disclosing. He had some tendency to minimize his behavior and currently he is generally denying any type of behavior that would result in his being charged with obstruction of justice although did admit he failed to appear in court because he related they were trying to retry him on a charge that had already been disposed of. There may be some fact to this as it does not appear there are any new charges other than those that resulted in the commitment in his history. Mikal seems to enjoy portraying himself as a victim of the system while declining to accept any responsibility for his own behavior. Mikal is more than willing to deflect blame and deny and minimize his own culpability. He seems to feel that the local authorities have singled him out for abuse and that charges against him are at times trumped up. It should be noted that Mikal spent

EVALUATION PROFILE UPDATE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM
E.S.R. Team Work Unit: Casework Date of Last E.S.R.:
E.S.R. Staffing Date: 11/18/98 Section: II&III of VIII Page 2 of 2

very little time in the community before generating these charges and has spent the bulk in detention since he instituted an appeal and did not receive a final resolution until October 21, 1998. Mikal continues to present as a very angry youth who at times does not seem to know how to manage his anger or how it should be directed. He has a history of a good bit of family dysfunction and there is some question as to how well he has been parented. The reader is referred to the previous social history done both here at the Diagnostic Center and by the court for additional information regarding the family. This is historical material and has not changed. Mikal states he continues to live with his father and grandmother and will return to that environment once he is released from direct care. Mikal does come across as being relatively bright although his academic achievement is limited due to lack of attendance. He seems to be functioning considerably below his abilities.

Mikal indicates that his current desire is to complete his stay in direct care and become involved in the Job Corps program. He states there is little available for him in the Brunswick County area and his brother has successfully completed the Job Corps and spoken well of it. This counselor would concur that Mikal needs to take some positive steps toward both enhancing his education and acquiring job related skills. Mikal might be well served by living in an area other than where he currently resides. It is a small area and there are many of his peers remaining in that area that he can easily get into trouble with. Also it would appear that there is little parenting or supervision going on in the home and he continues to be in need of monitoring in a structured environment.

Michael Ingles, Counselor
Reception and Diagnostic Center
November 3, 1998

:vms

EVALUATION PROFILE UPDATE

Youth: Mikal Mahdi DOB: Redacted File #: Redacted R/S: BM

E.S.R. Team Work Unit: Casework Date of Last E.S.R.: _____

E.S.R. Staffing Date: 11/18/98 Section: VIII of VIII Page 1 of 1

VIII. Supervision Information

Mikal is currently undergoing an updated evaluation here at the Diagnostic Center after being recommitted on charges of obstruction of justice and contempt of court resulting from failure to appear. Mikal had previously been committed on two counts of breaking and entering and two of grand larceny.

Mikal has been quite vehement about expressing himself regarding the unfairness of this current commitment. It is noted that he appealed to circuit court where it was upheld. Mikal feels local authorities are simply victimizing him because they are able.

Mikal has been through the LEADER program previously here at the Diagnostic Center and certainly knows the expectations placed upon him. It was noted that he did not successfully graduate from LEADER the last time he came through the system. Hopefully he will do a better job this time. He has so far avoided any problems with regard to his behavior.

Mikal continues to have need for anger management. It is obvious when one talks to him that he is quite an angry youth. He had previously acquired a number of hostile charges while in direct care and is here at least in part for making verbal threats when police attempted to serve a capias on his father. His overall demeanor and conversation indicates anger as well. Mikal also needs to become involved with an education program and participate in career planning. Mikal could benefit from learning to respect those in authority and accept responsibility for his own behavior also.

With regard to supervision, Mikal should be considered a control problem. He needs some fairly close supervision in this area as he has a past history of acting out behavior. It should also be noted that although Mikal is not thought to be a security risk he did on one occasion abscond from a police car after he had been apprehended and handcuffed.

Michael Ingles, Counselor
Reception and Diagnostic Center
November 3, 1998 :vms

Name: Mikal Mahdi

Redacted

SC#: Redacted
d **R/S: B/M****VII. Psychological Information (continued):****Behavioral Observations and Clinical Interview:**

Mikal presented for the assessment appropriately dressed and well groomed. He was compliant with the examiner. His verbalizations were logical, fluid, and goal-directed. He was oriented to person, place and time. His range of affect was appropriate. However, his voice became louder when he addressed the issue of his commitment. His overall mood throughout the interview was mildly depressed. There were no indicators of major mental illness such as delusions or hallucinations. He denied suicidal or homicidal ideation. He reported having feelings of helplessness and diminished energy; however, his sleep and appetite patterns were within normal limits.

Mikal expressed limited insight into his pattern of misconduct. He often projected blame on the court system for his incarceration and stated that the police were "out to get him." This statement was considered in a cultural context in which Mikal's perception that his race and socioeconomic status prompts a certain amount of unjust scrutiny from police officials, rather than the statement reflecting paranoid, delusional thinking.

Test Results:

On the WISC-III, (Shumate, 1/14/98), Mikal had achieved a Verbal IQ of 100, a Performance IQ of 116 and a Full Scale IQ of 108. This placed Mikal in the upper end of the Average range of intellectual functioning. The examiner noted the decline in scores from previous testing (Vera, 3/28/94) when Mikal had achieved a VIQ of 114, a Performance IQ of 119, and a Full Scale IQ of 118. He noted that the discrepancy could possibly be due to institutionalization. According to the most recent test indices, it appears that Mikal has a weakness in visual motor skills and attentional skills. In contrast, Mikal had a strength in perceptual organization skills.

Personality assessment revealed a dysphoric, emotionally immature adolescent with a conduct disorder. Mikal experiences his emotional states in a global, poorly differentiated manner. He has not developed the ability to self-soothe and does not use his emotional states to inform his decision making. Interpersonally, Mikal tends to be guarded and mistrustful of others. He views the world as a place where he is likely to be attacked and therefore responds by challenging and manipulating others, especially those in authority. He has a poor self concept that is often manifested in his limited motivation to achieve. In addition, he defends against unresolved feelings of abandonment and rejection, that appear to be related to instability in his home life, by employing denial and repression.

Name: Mikal Mahdi**DOB:** Redacted**SC#:** Redacted**R/S: B/M****VII. Psychological Information (continued):****Reason for Referral:**

Mikal was seen on 11/17/98 for a routine psychological evaluation as part of the intake process at the Reception and Diagnostic Center for wards committed to the Virginia Department of Juvenile Justice (DJJ).

Relevant Background Information:

This is Mikal's second commitment to DJJ. His current commitment is for obstruction of justice and contempt of court charges. Reportedly, Mikal interfered with policemen when they were serving a warrant for his father's arrest by refusing to let them into the home. His prior charges date back to 1997 and include petit larceny, escape from custody, curfew violation, breaking and entering, and grand larceny. Mikal was placed at Hanover Juvenile Correctional Center and transferred to Kenbridge Youth Development School. His adjustment at both was poor. He engaged in severely damaging property while at Kenbridge.

Mikal's parents were married prior to his birth. They separated when he was approximately 7 years old. Following the separation, he and his older brother lived with their mother. Reportedly, due to the mother's financial difficulties, he spent approximately one year at the age of 10 with his maternal aunt, uncle and cousin. He stated that he enjoyed his stay with them. Prior to his incarcerations, Mikal resided with his paternal grandmother and father. Mikal stated that his relationship with his father was supportive. He appeared to be protective of his father stating, "my father may not be successful according to other people's definitions, but he is to me." According to information in the state file, Mikal's father subscribes to the belief systems of the Nation of Islam and Mikal stated that he endorses similar values. Mikal expressed less favorable feelings towards his mother. He reported that "we used to be close when I was growing up but not now." According to Mikal, their current estranged relationship was prompted by the minimal communication that exists between them.

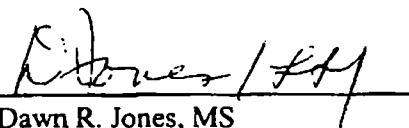
Mikal has not attended school on a regular basis since he completed the 7th grade. However, he was identified for special education services for emotionally disturbed students. His medical history reportedly does not include of chemical dependence or abuse.

Assessment Techniques:

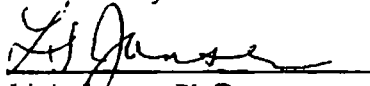
Clinical Interview
Bender Visual-motor Gestalt Test
Robert's Apperception Test
House-Tree-Person Projective Drawings
Kinetic Family Drawing
Personality Inventory for Youth

Name: Mikal MahdiDOB: RedactedSC#: Redacted R/S: B/M**VII. Psychological Information (continued):****Recommendations:**

Mikal is a fifteen year-old African American male who is currently in need of a number of treatment services. It is likely that Mikal would benefit from psychotherapy to heighten his self-awareness and facilitate him grieving familial disappointments and other losses he has experienced in his life. Further, anger control is recommended to aid Mikal in appropriately processing his emotions. In addition, problem solving skills training could help Mikal identify alternative ways to handle conflict.


Dawn R. Jones, MS
Psychology Intern
Behavioral Services Unit
11/18/98

Reviewed by:


Livia Jansen, Ph.D.
Psychology Supervisor
Behavioral Services Unit
11/18/98

Department of Juvenile Justice
PHYSICAL EXAMINATION

M00557

- ① = Yes
② = No
③ = Not Checked or Recorded
④ = Under Investigation or Results Not Yet Available
⑤ = Not Applicable

GENERAL APPEARANCE: Medium size, shaved black hair, brown eyes
no piercing or tattoos, no scars

1. Weight 161 lbs. 2. Height 5' 6.25 in

VITAL SIGNS

Temp 98.1 ° PO Pulse 80 per/min Resp 20 per/min B/P 100 / 70

SKIN: Multiple dark spots to face and chest, and upper back

- 2 3. Birthmarks light spot @ upper back (birthmark)
2 4. Scars
2 5. Tattoos or Carvings (specify)
2 6. Acne
1/2 7. Skin Infection - Fungal
2 8. Skin Infection - Other (includes warts) Sick itch / antifungal cream to cottage
2 9. Recent Trauma

HEAD, EYES, EARS, NOSE, THROAT:

- 2 10. Infection
2 11. Failed Vision Screen
2 12. Failed Hearing Screen

HEART / LUNGS:

- 2 13. Acute Asthma
2 14. Organic Heart Abnormality key reflexes - soft variable vibration

BREAST EXAM:

LYMPHATIC:

ABDOMEN:

- 2 15. GI Abnormality

MUSCULAR / SKELETAL:

- 2 16. Scoliosis

NAME: <u>Mahdi, mikal</u>	SEX	ALLERGIES	DOB	RACE	COTTAGE
Juvenile #. <u>Redacted</u>	<u>m</u>	<u>NKA</u>	<u>Redacted</u>	<u>B</u>	<u>B</u>

Department of Juvenile Justice
MEDICAL HISTORY

M00558

① = Yes ② = No ③ = Not Known ④ = Not Applicable

2 1. ALLERGIES: Medications _____
Reactions _____
2 2. ALLERGIES: Environmental _____
Reactions _____
MEDICATIONS: Name / Dose / Frequency
2 3. Current Psychotropic meds: _____
2 4. Previous Psychotropic meds. (name/when): _____
2 5. Other: _____
2 6. Glasses 2 Other Prosthesis (specify) _____

PAST MEDICAL HISTORY

2 7. Private MD? If Yes, Name _____
Address _____ Clinic _____ Address _____
2 8. Head Injuries _____
2 9. Loss of Consciousness _____ How Long? _____
1 10. Fractures Ex @ Tibia age 14yo - bike accident, Ex @ arm - young child
2 11. Seizures _____
2 12. Gunshot Wounds _____
2 13. Stab Wounds _____
2 14. Blunt Trauma Injuries _____
2 15. Self Injury Requiring Medical Attention _____
2 16. Hospitalizations Psychiatric: _____
2 17. Hospitalizations Other: _____
2 18. Surgery: _____
Other illness or injury: _____

CHILDHOOD DISEASES: Chicken Pox 1 Other _____

YOUTH'S DISEASES

FAMILY MEMBER DISEASES

<u>2</u> 19. TB	<u>2</u> 22. Hepatitis	<u>2</u> 26. TB
<u>2</u> 20. Asthma Last Symptoms: _____ Peak Flow _____	<u>2</u> 23. Rheumatic Fever	<u>2</u> 27. Heart Disease
<u>2</u> 21. Diabetes	<u>1</u> 24. Heart (Murmur or Disease)	<u>2</u> 28. Diabetes
	<u>2</u> 25. Sickle Cell (Trait or Disease)	<u>1</u> MGM + BP

Comments states he had a heart murmur as a child
but this has resolved

NAME <u>Mahdi Mital</u>	SEX <u>m</u>	Allergies	DOB <u>Redacted</u>	RAC <u>B</u>	COTTAGE <u>B</u>
Juvenile #: _____					

M00559

Most Serious
Instant Offense Level 1

Most Serious
Prior Offense Level 3

Chronicity
Score 5

NOTE: Final LOS may be affected by whether ward has completed treatment needs (see below) or whether ward is serving an institutional sanction.

Committed under Senous Juvenile Offender Statute ? 0 1 = Yes 2 = No
If yes, Determinate Sentence: 0 0 months

M Anger Control

X Independent Living Skills

X Sex Offender
X Substance Abuse

Josiah

11-15-95
Date

Anger Control

 Sex Offender

Substance Abuse _____

Signature

Date _____

or Highlight Asset(s) of ward: (no more than 12)

1	2	3	4	5	6	7	8	9	10	11
2	13	14	15	16	17	18	19	20	21	22
23	24	25	26	27	28	29	30	31	32	33
34	35	36	37	38	39	40	41	42	43	44

ditional Service Needs Not Related to LOS A = Applicable X = Not Applicable

☒	Substance Abuse	_____
☒	Inappropriate Sexual Behavior	_____
☒	Anger Control	_____
☒	Drug Trafficking	_____
☐	Values Clarification	_____
☐	Assertiveness Training	_____
☐	Social Skills Training	_____
☐	Independent Living Skills	_____
☐	Mental Health	<u>Counseling</u>
☒	Medical Care	_____
☐	Parole Placement	<u>Court</u>
☐	Special Education	_____
☒	High Risk Sexual Behavior	_____
☐	Problem Solving Skills	_____
☐	Behavior Management	_____
☒	Other	_____

1 Security 1 = Yes 2 = No

1 5 Placement: 12 - Bon Air 13 - Beaumont 14 - Barrett 15 - Hanover
32 - Natural Bridge 19 - Oak Ridge 63 - Alternative Placement:

YOUTH'S NAME Mahdi Mahal FILE # Redacted
 DOB Redacted RACE B SEX M
 RECEIVING FACILITY HGCC

Redacted

M00561

HISTORY (Obtained from youth and chart):

- Last place (facility) of residence: _____
 — Allergies: NA
 — Current medical, dental or mental health complaints: none
 — Current or recent medical, dental or mental health treatment: none
 — Medications - name/dosage/time: none

EXAMINATION

Height 6'7 1/2 Weight 161 lbs

NA Scars - location, size, type: _____

NA Tattoos - location, size, type: _____

NA Pierced ear(s): _____ Right; _____ Left.
NA General Appearance and Behavior: ✓ Normal _____ Abnormal (explain:)

None

Present (explain:)

DISPOSITION OF YOUTH:

1. ✓ Routine Care
2. ✓ Emergency referral to outside health care
3. ✓ Medical restrictions: _____
4. ✓ Appointment needed: _____
5. ✓ Dental care needed: not done by exam 11/9/98
6. ✓ Immunizations needed: up to date
7. ✓ Pending lab: _____
8. ✓ Infirmary orientation done.
9. ✓ Deemed consent law explained. ?

SIGNED A. ReedDATE 11/23/98

Procedure 12-001.09 - Attachment A

A. Education, vocational, & career goals (from the student and/or family's perspective) 8-11-98
M00562

Complete high school,
Career Undecided

B. Education Recommendations:

- ☐ Enroll in the following courses to obtain credit toward graduation: NA
- ☐ Enroll in vocational education. Area: NA
- ☐ Enroll in GED preparation.
- ☐ Remediation of academic weaknesses in following areas: Reading Language Arts
- ☐ Eligibility for special education established at RDC; develop IEP at Juvenile Correctional Center.
- Disability category: ED DCE 1-14-98
- ☐ Eligibility for special education established in local school division: review and revise IEP at Juvenile Correctional Center.
- Other:

C. Juvenile Justice Information

Projected Length of Stay:	9-15
Early Release Date:	July 22, 1999
Dept of Juvenile Justice Placement:	Hanover J.C.C.
Parole Officer:	

Paul J. Jones, Jr., EDUCATIONAL EVALUATOR

Reception and Diagnostic Center Contact Name (Print), Signature, Title

RDC/DCE 1601 Old 300 Air Rd. Fort Lee, Va. 22235 18041322-2649 18041322-
Address Phone Fax

Address

109 AN

8-11-98

Date forwarded Sections I, II, III, IV, and V to the Juvenile Correctional Center in the educational and correctional center packets.

Date forwarded a copy of Sections III & IV to the parole officer in the placement packet.

(DEPARTMENT OF JUVENILE JUSTICE)

JCC INCIDENT REPORT

M00563

INSTITUTION: Hanover Juvenile Correctional Center

IR#:

Redacted

DATE OF INCIDENT: 02 DEC 98

TIME: 1645

A.M. P.M.

NAME OF WARD #1: MAHDI MIKAL D

FILE #:

Redacted

SEX: MALE

RACE: AA 16

DOB:

Redacted

AGE:

15

NAME OF WARD #2: _____

FILE #:

SEX: _____

RACE: _____

DOB: _____

AGE: _____

NAME OF WARD #3: _____

FILE #:

SEX: _____

RACE: _____

DOB: _____

AGE: _____

TYPE OF INCIDENT: FAILURE TO COMPLY

WITNESSES: JCO STEPHEN

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

ON THE ABOVE DATE AND TIME WHILE IN UNIT 16 (LOCK)
CADET MAHAZ DID FAIL TO COMPLY, WHILE DOING
EVENING PHYSICAL TRAINING CADET MAHAZ DID
REFUSE TO DO PHYSICAL TRAINING. CADET WAS
PROMPTED TO DO FLUTTER KICKS IN WHICH HE
REFUSE TO DO SO. CADET WAS AWARDED PUSHPUPS (10)
FOR NOT DOING FLUTTER KICKS. CADET STILL
REFUSE, AWARD REMOVAL TO HIS ROOM.

STAFF REPORTING: THREATT, POI

NAME

SIGNATURE

REPORTING DATE: 02 DEC 98

REPORTING TIME: 1810

Revised 4/1/98

A004847

INVESTIGATION: cadet admitted to offense M00564

OFFENSE: MOD 061 DATE CHARGED: 12-4-98 ^{Time:} ~~DATE~~ CHARGED: 4:00

INVESTIGATING SERGEANT: _____
NAME SIGNATURE

REVIEWING LIEUTENANT: Sgt. Cooper _____
NAME SIGNATURE

MEDICAL CARE REQUIRED: YES _____ NO ☒

DESCRIPTION: _____

GIVEN BY: _____ DATE: _____ TIME: _____ A.M. / P.M.

ADMINISTRATIVE REVIEW

NAME: [Signature] DATE: 12-7 1310 TIME: _____ A.M. / P.M.

COMMENTS: _____

JCC OFFENSE HEARING FORM

NAME OF WARD: Mahdi M. S. A. D. UNIT: 16 M00565
 DATE OF OFFENSE: 12-2-98 Time: 1645 A.M. ☒ P.M.

CHARGE & OFFENSE PLEA

You are charged with Failure to comply
 which is a MODERATE/MAJOR (circle one) offense. The sanctions for this offense are:

1. 4 hrs isolation (time served)
2. _____
3. _____

Extended by MR. Dodd

Do you plead: GUILTY (☒) NO GUILTY (☐)

Do you wish to have a Hearing? YES (☐) NO (☐)

Do you wish to have 24 hours to prepare for the Hearing? YES (☐) NO (☐)

(If yes, give ward a copy of the Offense Hearing Form)

Pre-Hearing Detention? YES (☐) NO (☐)

Ward Signature: Mahdi M. S. A. D.

Reason for Detention: _____

Date: 12-4-98 Time: 4:00

A.M. ☒ P.M.

Sergeant Signature: [Signature]

Ward Signature: Mahdi M. S. A. D.

Witness: _____

Signature: _____

HEARING

Date: _____ Time: _____ A.M./P.M.

Staff Representative: _____

Staff and Wards who Testified: _____

Witnesses Denied and Reason: _____

FINDING: GUILTY (☒) NOT GUILTY (☐)

- Sanctions: 1. _____
 2. _____
 3. _____

to be concluded on _____ (date) _____ (time)

Hearing Officer: _____

REVIEW & APPEAL

Do you wish to appeal this finding: YES (☐) NO (☒) SIGNATURE: _____

Decision of Review/Appeal: _____

Signature of Appellant: [Signature]

Date: _____ Time: _____ A.M./P.M.

APPEAL

- PLEASE REMEMBER THAT THE ONLY REASONS FOR APPEAL ARE IF DUE PROCESS PROCEDURES WERE NOT FOLLOWED OR IF THERE IS NEW EVIDENCE.

I am appealing this offense because: _____

Ward Signature

Date

Time

A.M./P.M.

DEPARTMENT OF JUVENILE JUSTICE

JCC INCIDENT REPORT

M00566

INSTITUTION: Hanover Juvenile Correctional Center IR#: Redacted

DATE OF INCIDENT: 05 DEC 98 TIME: 1025 A.M. P.M.

NAME OF WARD #1: MAHDI MIKAL FILE #: Redacted

SEX: MALE RACE: 16 DOB: Redacted AGE: 15

NAME OF WARD #2: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

NAME OF WARD #3: _____ FILE #: _____

SEX: _____ RACE: _____ DOB: _____ AGE: _____

TYPE OF INCIDENT: FAILURE TO COMPLY

WITNESSES: JCO MINOR, JCO ABLE

DESCRIPTION OF INCIDENT (describe who, what, when, where, why, how):

ON THE ABOVE DATE AND TIME WHILE IN UNIT
16 LOCK CADET MAHDI DID FAIL TO COMPLY. DURING
LEADER CLASS. CADET MAHDI WAS PROMPTED
FOR HIS NEGATIVE BEHAVIOR. CADET MAHDI
WAS AWARDED PUSHUPS (10) CADET CONTINUE
TO TALK AND DISRUPT CLASS AWARD
REMOVAL TO HIS ROOM FOR FAILURE TO
COMPLY

STAFF REPORTING: THREATT POI
 NAME

[Signature] POI
 SIGNATURE

REPORTING DATE: 05 DEC 98

REPORTING TIME: 1345