STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Aiken County
Honorable Tanya A. Gee, Circuit Court Judge
Appellate Case No. 2015-001940

IN THE MATTER OF THE CARE AND TREATMENT
OF DANIEL LEE LARD,

APPELLANT.

FINAL BRIEF OF RESPONDENT

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STATEMENT OF ISSUE ON APPEAL

The circuit court properly denied Appellant's directed verdict motion because the expert's diagnosis of Antisocial Personality Disorder is recognized in the mental health field, and the credibility of the expert's diagnosis and testimony was a matter for the jury.

STATEMENT OF THE CASE

Respondent concurs with Appellant's procedural Statement of the Case.

STATEMENT OF FACTS

Prior to Appellant David Lee Lard's release from prison, Respondent State of South Carolina ("the State") filed a Petition Pursuant to the Sexually Violent Predator Act (the "SVPA"), seeking Appellant's civil commitment for long term control, care and treatment as a sexually violent predator. The matter was called for a jury trial on April 30, 2015, before the Honorable Tanya A. Gee, Circuit Court Judge.

The State presented testimony from Amy C. Swan, Psy.D, who was qualified without objection as an expert in forensic assessment and evaluation of sexually violent sex offenders, and she stated she had been qualified as an expert witness in the assessment of sex offenders approximately 198 times. (Trial Testimony [TT], pp. 157-162; Record on Appeal [R.], pp. 133-138). She outlined her protocol in pre-commitment evaluations, which includes a very detailed review of all documentation to determine if there are any discernable behavior patterns and identifying risk factors for reoffending. After reviewing the documents, she interviews the person extensively about things revealed in the documents, as well as his background history, educational history, relationship history, medical history, legal history, and sexual history to determine if the person has any sexual deviance. (TT, pp. 63-65; R., pp. 39-41).

Dr. Swan testified she had extensive documentation regarding Appellant, and interviewed him for four and a half hours. She stated this was the type of information typically and reasonably relied on by experts in her field. She stated a person's past behavior, sexual or nonsexual, is the best predictor for future behavior, because if the person has already engaged in the behavior, it is more likely he will do it again. (TT, pp. 64-66; R., pp. 40-42).

Dr. Swan described Appellant's sexual offenses and other charges associated with those offenses, and stated **she** also considered Appellant's sexual behaviors that did not result in

charges or convictions. She testified these behaviors showed Appellant's sexually inappropriate behavior began at an early age, which may indicate his risk to reoffend is higher. Dr. Swan diagnosed Appellant with Antisocial Personality Disorder (ASPD), and testified she did not find he had a sexual disorder. She further stated it was important to consider Appellant's non-sexual criminal offenses when considering the ASPD diagnosis. (TT, pp. 74-75; R., pp. 50-51).

Dr. Swan also testified the records from Appellant's incarcerations revealed twenty-two disciplinary infractions at the Department of Juvenile Justice, and one disciplinary infraction at the Department of Corrections. She stated the disciplinary infractions were significant to her ultimate opinion even though none were sexual in nature. (TT, pp. 75-76; R., pp. 51-52).

Dr. Swan interviewed Appellant regarding the events leading to his convictions. Regarding the 2002 offense, Appellant stated he put his hand on his twelve year old sister's thigh while she was sleeping and moved his hand up towards her private area. He then put two fingers in her vagina and moved them up and down for approximately ten minutes. He stated he was sexually aroused at the time. Appellant told Dr. Swan he touched the nine year old girl on her inner thigh and up near her crotch, but denied touching the eight year old girl, stating he only made her walk around naked. He also denied using "the dark game," a version of hide-and-seek, as an excuse to fondle the victims.

Regarding the 2004 incident, Appellant stated he watched the victim through a hole, and admitted fondling the victim and putting his finger in her vagina. He denied touching the four year old victim, despite the victim's report Appellant put his finger in her vagina. As to the 2009 incident, Appellant stated he believed the incident was a one night stand, and he did not know the victim was under the age of eighteen. (TT, pp. 76-78; R., pp. 52-54).

Dr. Swan testified about the aspects of Appellant's history she found significant to her opinion, which included Appellant's long history of violence that began in his childhood, as well as the repeated violation of his probation. Dr. Swan found these were significant indications of his risk to reoffend. She also found his failure to take responsibility for his criminal behavior significant.

Dr. Swan further testified Appellant was sexually abused by his uncle between the ages of five and twelve, and he stated he began receiving mental health treatment at the age of five. His behavior in the Department of Juvenile Justice revealed he was explosive, belligerent, disruptive, and aggressive. The reports also indicated Appellant failed to take responsibility for his actions, and frequently lied. (TT, pp. 78-82; R., pp. 54-58).

Dr. Swan completed a Static-99R risk assessment, which is an actuarial tool used to assess someone's risk of committing another sex crime, and the results were part of the basis for her ultimate opinion. The scores range from negative three to twelve. Appellant's score was eight, which Dr. Swan stated is in the high risk category for reoffending. She noted Dr. Gehle, the expert witness for Appellant, also gave Appellant a score of eight. A score of eight placed Appellant in the 99.1 percentile compared to other adult male sex offenders, and the recidivism rate of offenders with a score of eight is typically 7.32 times higher than the rate of a typical offender. Dr. Swan further testified it was important to note the actuarial tests typically underestimate risk. (TT, pp. 82-85; R., pp. 58-61).

Dr. Swan further testified there are two types of risk factors, the static and dynamic. Static risk factors are things that do not change, such as the number of convictions or the type of victims Appellant had. Dynamic risk factors are those things that can be changed through treatment. She stated Appellant's ASPD was a static risk factor, and he had many of the known

dynamic risk factors, including: 1) emotional congruence with children; 2) lifestyle impulsiveness; 3) poor problem solving; 4) resistance to rules and supervision; and 5) grievance hostility. Dr. Swan testified Appellant's dynamic risk factors were significant to her opinion because they increased his risk to commit another sexual offense. (TT, pp. 86-88; R., pp. 62-64).

Dr. Swan further testified Appellant received some sex offender treatment while incarcerated, but he did not show progress. Appellant's failure to complete sex offender treatment, despite having three opportunities to do so, was a significant factor in forming her opinion. Based on his failure to take treatment seriously while incarcerated or on probation, Dr. Swan testified Appellant was not likely to seek out treatment voluntarily upon his release. (TT, pp. 89-92; R., pp. 65-68).

Dr. Swan diagnosed Appellant with ASPD, and testified the main feature of ASPD is a pervasive pattern of disregard for and violation of the rights of others that begins in early childhood or adolescence and continues into adulthood. She further testified ASPD is considered a relevant personality disorder among experts who conduct sexually violent predator evaluations, and identified the characteristics of ASPD, including: 1) failure to conform to social norms with respect to lawful behavior; 2) deceitfulness; 3) impulsivity; 4) irritability; 5) aggressiveness; 6) reckless disregard for the safety of self and others; and 6) lack of remorse. Dr. Swan stated ASPD is not curable, but it tends to mellow out when an individual reaches their forties. (TT, pp. 92-93; R., pp. 68-69).

Dr. Swan then explained the basis for her diagnosis of ASPD in this case. She testified Appellant was receiving mental health treatment for anger and aggressiveness by the age of five, and he possessed many of the characteristics of ASPD, including failure to conform to social norms in respect to lawful behavior, as evidenced by his arrests for grand larceny, burglary,

substance abuse crimes, probation violation, and criminal sexual conduct. He exhibited deceitfulness by lying to his probation officer, being unfaithful to the mother of his children, and lying about his sexual crimes, and his probation violations exhibited impulsivity or failure to plan ahead. Appellant also displayed irritability and aggressiveness, as evidenced by a long history of anger problems, beginning as early as age five, and he showed a reckless disregard for the safety of self and others by sexually assaulting six children. She considered Appellant's inability to maintain a steady job and his probation violations as further evidence of his irresponsibility. Finally, Appellant's failure to accept responsibility for his sexual crimes displayed his lack of remorse. (TT, pp. 93-95; R., pp. 69-71).

Dr. Swan testified to a reasonable degree of psychological certainty Appellant's ASPD affected his ability to control his dangerous propensities such that he is disposed to commit future acts of sexual violence. She testified to a reasonable degree of psychological certainty Appellant met the statutory criteria of a sexually violent predator, and as a result of his ASPD, Appellant was likely to engage in acts of sexual violence if not confined to a secured facility for long-term control, care and treatment. (TT, pp. 95-98; R., pp. 71-74).

On cross-examination, Dr. Swan testified while ASPD cannot be diagnosed prior to the age of eighteen, she relied upon records regarding Appellant's juvenile offenses to establish a pattern of conduct disorder prior to the age of fifteen, which is a criteria for diagnosing ASPD. She stated even though Appellant would have met the criteria for conduct disorder, she did not make a diagnosis because her diagnosis of ASPD superseded it, and he was previously diagnosed with conduct disorder. She testified she did not diagnose Appellant with pedophilia because he was not specifically aroused to children. (TT, pp. 109-113; R., pp.85-89).

Dr. Swan reiterated the dynamic factors she considered in forming her opinion. She testified Appellant displayed emotional congruence with children; poor problem solving skills; lack of emotionally intimate relationships with adults; lifestyle impulsiveness; resistance to rules and supervision; and grievance hostility. Dr. Swan testified although Appellant was in an adult relationship with the mother of his children, she did not view the relationship as emotionally intimate because it was characterized by conflict and unfaithfulness. (TT, pp. 114-115; R., pp. 90-91).

Dr. Swan acknowledged Appellant did receive sex offender treatment in the Department of Corrections (SCDC), but he was not scheduled to complete the program prior to his release date. She also acknowledged the SCDC records did not diagnose Appellant with ASPD, but the SCDC clinician did not have access to all of the records she did. She further testified it was important to consider Appellant's unconvicted offenses for the purpose of calculating risk of re-offense, and his repeated violations of his probation indicated his inability to control his sexual behavior. (TT, pp. 116-123; R., pp. 92-99). On redirect, Dr. Swan testified Appellant was charged with nine separate sexual offenses and he violated his probation for sexual offenses twice.

The circuit court denied Appellant's motion for directed verdict, finding the State met its burden in presenting evidence upon which a jury could determine Appellant to be a sexually violent predator. Appellant then testified on his own behalf, and presented expert testimony.

The Appellant testified regarding his criminal history, medical history, and plans if released. (TT, pp. 133-140; R., pp. 109-116). He stated he was in prison because he violated his probation by leaving the state to find work. On cross examination, Lard admitted to each of his

criminal charges, and admitted he did not successfully complete the sex offender treatment, which was a requirement of his probation. (TT, pp.133-140; R., pp. 109-116).

Appellant presented Dr. Marie E. Gehle, Psy.D., who was qualified without objection as an expert in forensic psychology. Dr. Gehle outlined the protocol she follows in pre-commitment evaluations, which included reviewing all available documents, and interviewing Appellant. (TT, pp. 141-148; R., pp. 117-124).

Dr. Gehle considered a diagnosis of ASPD, but ultimately did not believe Appellant met the diagnostic criteria. She testified Appellant had many of the characteristics of ASPD, including significant behavior problems prior to the age of fifteen and repeated criminal behavior, but his openness and willingness to tell the truth in her interview with him led to her decision not to diagnosis him with ASPD. She stated Appellant was doing well in his treatment program, and she believed Appellant's behavior had significantly improved since his time at the Department of Juvenile Justice. (TT, pp. 148-150; R., pp. 124-126).

Dr. Gehle also completed a Static-99R risk assessment, and testified Appellant received a score of eight, placing him at a high risk to reoffend. Even though Appellant was a high risk to commit a future sexual offense, Dr. Gehle did not believe he possessed the requisite mental abnormality or personality disorder to be considered a sexually violent predator. (TT, pp. 152-153; R., pp. 128-129).

On cross examination, Dr. Gehle acknowledged the Static-99R score the recidivism rate of offenders with a score of eight is typically 7.32 times higher than the rate of a typical offender, and admitted Appellant possessed several dynamic risk factors, including lifestyle impulsiveness, poor problem solving abilities, resistance to rules and supervision, and negative social influences. She testified Appellant was committed to the Department of Juvenile Justice in 2002

for offenses against his twelve year old, nine year old, and eight year old step sisters, and numerous other offenses, including criminal sexual conduct. Dr. Gehle acknowledged Appellant had multiple disciplinary infractions while incarcerated at the Department of Juvenile Justice, including infractions for assault and battery and inciting or creating a disturbance, and he got in trouble almost every single day while incarcerated in the Department of Juvenile Justice. (TT, pp.156-159; R., pp. 132-135).

Dr. Gehle further testified Appellant was conditionally released from the Department of Juvenile Justice in February of 2004, and offended against a four year old female and an eleven year old female within ten month of release, which led to his 2006 conviction for assault and battery of a high and aggravated nature. While Appellant was on probation for the 2006 convictions, he offended again in 2008, and pled guilty to criminal sexual conduct with a minor in the second degree. Appellant failed to attend court-mandated sex offender treatment, and again violated his probation in 2011 by failing to report and leaving the state without permission. After he fled South Carolina, Appellant was charged in Georgia in 2010 for failure to register as a sex offender. (TT, pp. 159-162; R., pp. 135-138).

The court denied Appellant's renewed directed verdict motion at the close of the evidence. (TT, pp. 164-165; R., pp. 140-141). The jury found beyond a reasonable doubt Appellant is a sexually violent predator. The court denied Appellant's motion for judgment notwithstanding the verdict, and committed Appellant to the South Carolina Department of Mental Health for long term control, care and treatment. (TT, pp. 195-199; R., pp. 171-175). This appeal followed:

ARGUMENT

The circuit court properly denied Appellant's directed verdict motion because the expert's diagnosis of Antisocial Personality Disorder is recognized in the mental health field, and the credibility of the diagnosis was a matter for the jury.

Appellant contends the circuit court erred in denying his motion for a directed verdict on the grounds the ASPD diagnosis is factually and legally insufficient as a basis for commitment under the SVPA, because it is not a personality disorder that makes the person likely to engage in acts of sexual violence unless committed. To the contrary, ASPD is expressly recognized in the DSM-5, and Dr. Swan's testimony sufficiently linked Appellant's ASPD to his risk to commit future acts of sexual violence.

The circuit court must deny a motion for a directed verdict or JNOV if the evidence yields more than one reasonable inference, or its inference is in doubt. Jones v. Builders Inv. Grp., LLC, 415 S.C. 321, 781 S.E.2d 737, 741 (Ct. App. 2015) (*citing* Strange v. S.C. Dep't of Highways & Pub. Transp., 314 S.C. 427, 445 S.E.2d 439, 440 [1994]). When reviewing the circuit court's ruling on a directed verdict motion, appellate courts must apply the same standard as the circuit court, and view the evidence and all reasonable inferences in the light most favorable to the nonmoving party. *Id.*; *see also* State v. Larmand, 415 S.C. 23, 780 S.E.2d 892, 895 (2015) (same).

A. Antisocial Personality Disorder

As a threshold matter, the issue of whether ASPD is legally sufficient to civilly commit a person under the SVPA is not preserved for review, which Appellant essentially concedes by

way of footnote.[1] (Brief of Appellant, p. 10, n. 1) The only basis of Appellant's directed verdict motion was the sufficiency of evidence showing a link between the ASPD diagnosis and the lack of volitional control. (TT. pp. 128-130; R. pp. 104-106). Thus the legal validity of an ASPD diagnosis under the SVPA was not presented to, and ruled on, by the circuit court, and the issue is not preserved for appellate review. *See* Wilder Corp. v. Wilke, 330 S.C. 71, 497 S.E.2d 731, 733 (1998) (an issue cannot be raised for the first time on appeal, but must have been raised to and ruled upon by the trial [court] to be preserved for appellate review); Herron v. Century BMW, 395 S.C. 461, 719 S.E.2d 640, 642 (2011) (issue preservation rules are designed to give the trial court a fair opportunity to rule on the issues, and thus provide the appellate court with a platform for meaningful appellate review; constitutional arguments are no exception to the preservation rules, and if not raised to the trial court, the issues are deemed waived on appeal); I'On, L.L.C. v. Town of Mt. Pleasant, 338 S.C. 406, 526 S.E.2d 716, 724 (2000) (imposing the preservation requirement on the appellant enables the lower court to rule properly after it has considered all relevant facts, law, and arguments).

Even if preserved or considered in this case, Appellant's argument regarding the validity of Dr. Swan's diagnosis blatantly ignores the fact the DSM-5 expressly includes Antisocial Personality Disorder (301.7) as a valid diagnosis, with the essential feature described as "a pervasive pattern of disregard for, and violation of, the rights of others that begins in childhood or early adolescence and continues into adulthood." DSM-5, p. 659. Individuals with ASPD fail to conform to social norms with respect to lawful behavior. They disregard the wishes, rights or

[1]Appellant attempts to avoid the obvious procedural bar by essentially contending the Due Process clause precludes **any** procedural bars in SVPA cases. He references a case pending in the SC Supreme Court in which that Court is considering whether someone committed under the SVPA may allege ineffective assistance of counsel. Significantly, however, Appellant does not contend trial counsel was ineffective in this case.

feelings others, and are frequently deceitful and manipulative in order to gain personal profit or pleasure.

In addition, people with this disorder often: 1) exhibit impulsivity; 2) make decisions without forethought or consideration for the consequences to self or others; 3) display a reckless disregard for the safety of themselves and others; 4) may be indifferent to, or provide superficial rationalization for hurting, mistreating, or stealing from someone; 5) blame the victims for being foolish, helpless, or deserving their fate; and, 6) may minimize the harmful consequences of their actions. DSM-5, p. 660.

Finally, the SVP expressly provides for the use of a personality disorder as a basis for commitment. ASPD is probably the best known personality disorder, and it is certainly inferable from the clear language of the statute that the legislature contemplated use of ASPD in SVPA proceedings. Dr. Swan testified to a reasonable degree of psychological certainty not only that Appellant has ASPD, but also his ASPD makes him likely to commit future acts of sexual violence if not confined for treatment. She identified all of the relevant evidence and factors she considered in reaching her diagnosis and opinion, and how evidence showed Appellant's ASPD had manifested itself with sexual violence in the past, he could not control his sexual conduct, and he was a high risk to reoffend sexually if released without significant treatment.

Therefore, contrary to Appellant's contention ASPD is factually and legally insufficient for commitment under the SVP. ASPD is a legitimate diagnosis in Appellant's case. The evidence presented established Appellant's ASPD causes him difficulty in controlling his sexual behavior, and makes him likely to engage in future acts of sexual violence unless committed to a secure facility.

B. Sufficiency of the Evidence

Appellant encourages this Court to adopt the reasoning of the New York Court of Appeals in State v. Donald DD, 24 N.Y.3d 174 (2014), rejecting the premise that ASPD alone is insufficient to support civil commitment as a sexually violent predator, and the State's evidence failed to distinguish him from any other person convicted of a violent crime, or establish any link between Dr. Swan's diagnosis and his risk to reoffend sexually. His argument ignores relevant differences between the New York statute at issue in Donald DD and the SVPA, as well as key parts of Dr. Swan's testimony.

In Donald DD, the New York Court of Appeals, in a 4-3 decision, held ASPD was legally insufficient to support civil commitment as a sexually dangerous person because it "establishes only a general tendency toward criminality, and has no necessary relationship to a difficulty in controlling one's sexual behavior." As a threshold matter, the New York statute at issue in Donald DD is different from the SVPA. Further, three of the judges joined in a compelling dissent revealing fundamental flaws in the majority opinion's rationale, and recognizing cases from other jurisdictions holding ASPD is a legally sufficient predicate diagnosis for sexual predator proceedings.

One major difference between the New York and South Carolina statutes is the New York law does **not** reference "personality disorder," while South Carolina's statute **expressly** includes "personality disorder." *Compare* N.Y Mental Hygiene Law §10.03(e) and (i) (2016) (defining "dangerous sex offender requiring confinement" as a person "suffering from a mental abnormality," and "mental abnormality" as "a congenital or acquired condition, disease or disorder" predisposing the person to commit a sex offense) *with* S.C. Code §44-48-30(1) (Supp. 2015) (defining sexually violent predator as a person who has been convicted of a sexually

violent offense and "suffers from a mental abnormality **or personality disorder** that makes the person likely to engage in acts of sexual violence") (emphasis added). South Carolina's statute does not limit "personality disorder" in any way, and therefore, any diagnosable personality disorder may serve as a predicate to civil commitment under the SVPA if the other statutory elements are established.

As discussed extensively in the Donald DD dissenting opinion, the majority opinion essentially foreclosed the use of ASPD as a predicate disorder for civil commitment, which improperly narrowed the statutory language, and "implicitly injects a requirement that the underlying disorder be "sexually-related" into [the sexually dangerous person statute] on the mistaken premise that such a requirement is necessary to distinguish an offender subject to civil management from a 'typical recidivist convicted in an ordinary criminal case.'" 24 N.Y.3d at 196-197 (Graffeo, J., dissenting). Finding the prevalence of ASPD in the general prison population irrelevant, the dissent indicated the State was only required to prove the specific offender's ASPD affected his emotional, cognitive, or volitional capacity such that it predisposed him to commit sexual offenses and have serious difficulty controlling his sexual impulses. *Id.* at 198. "Although a certain percentage of the incarcerated may meet the diagnostic criteria for ASPD, the disorder concededly manifests in such a manner as to predispose the individual to the commission of sex offenses in a limited subset of ASPD sufferers," and evidence through expert testimony linking the offender's ASPD to a predisposition for the commission of sex offenses and an inability to control his conduct sufficiently establishes the statutory mental abnormality requirement. *Id.* at 198-199.

The dissent further noted "courts of other states have upheld civil confinement on an ASPD diagnosis standing alone." *Id.* at 199 (citations of cases).[2] Additional jurisdictions have also found an ASPD diagnosis is a sufficient mental abnormality to support sexually violent predator determinations when combined with evidence of a nexus between the ASPD and the person's risk to reoffend sexually. *See* Mays v. State, 982 N.S.2d 387, 392 (Ind. 2014) (expert testimony person suffered from ASPD and was likely to reoffend sexually was sufficient support for sexually violent predator determination); Commonwealth v. Fuentes, 991 A.2d 935, 943-944 (Pa. 2010) (ASPD diagnosis is sufficient mental abnormality or personality disorder for sexual predator classification); In re: Care and Treatment of Miller, 210 P.3d 625, 633-634 (Kan. 2009) (sexually violent predator statute did not require diagnosis of a sex-related mental abnormality or personality disorder, and ASPD with narcissistic personality traits was a sufficient mental abnormality or personality disorder to satisfy element of sexually violent predator definition); In re: Care and Treatment of Murrell, 215 S.W.3d 96, 103-108 (Mo. 2007) (ASPD diagnosis qualifies as mental abnormality under sexual predator statute, and is sufficient to support civil commitment when combined with other evidence of sexually violent behavior and predisposition to commit future acts of sexual violence); In re: Anderson, 730 N.W.2d 570, 577-582 (N.D. 2007) (sexually violent predator statute does not require sex-related diagnosis, and ASPD diagnosis is sufficient mental abnormality to support SVP determination when combined with evidence of a nexus between the diagnosis and risk to reoffend sexually); In re: Barnes, 689 N.W.2d 455, 457-461 (Iowa 2004) (same). In short, the majority of jurisdictions with sexually violent predator laws have held an ASPD diagnosis is a sufficient mental abnormality or

[2]The dissent indicated the majority opinion was really premised on "the majority's dissatisfaction with the implications of [the sexually dangerous person statute]." *Id.*

personality disorder for sexually violent predators' purposes, and no other court has adopted the Donald DD majority analysis.

Appellant asserts an ASPD diagnosis is too broad and imprecise to serve as a basis for SVPA commitment, because the vast majority of people incarcerated for violent crimes It is true someone with ASPD may well have a lengthy criminal history, but does not have a history of sexually violent offenses, which removes him from the sexually violent predator arena. On the other hand, when a person with ASPD, like Appellant, has a pattern of sexual offenses as well as non-sexual offenses, the sexual offenses bring him under the SPVA. As discussed in the Donald DD dissent, the confluence of the diagnosis and sexual offending is the critical distinction between the routine offender and the sexually violent predator.

Dr. Swan's testimony, standing alone, was sufficient to send the case to the jury. The addition of Dr. Gehle's testimony merely provided more evidence making the issues appropriate for jury determination. The record amply supports the circuit court's denial of Appellant's directed verdict motion. Accordingly, the court's ruling should be affirmed.

CONCLUSION

Respondent submits the jury verdict finding Appellant is a sexually violent predator beyond a reasonable doubt should be affirmed.

Respectfully submitted,

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CERTIFICATE OF COUNSEL

The undersigned certifies that this Final Brief of Respondent complies with Rule 21(b), SCACR, and the April 15, 2014, order from the South Carolina Supreme Court entitled, "Revised Order Concerning Personal Identifying Information and Other Sensitive Information in Appellate Court Filings.

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