

Dear: Court

9-13-17

I do not understand, what a
pro se response is!

But i do need Counsel in
this whole case, write Back
ASAP, and file all papers!

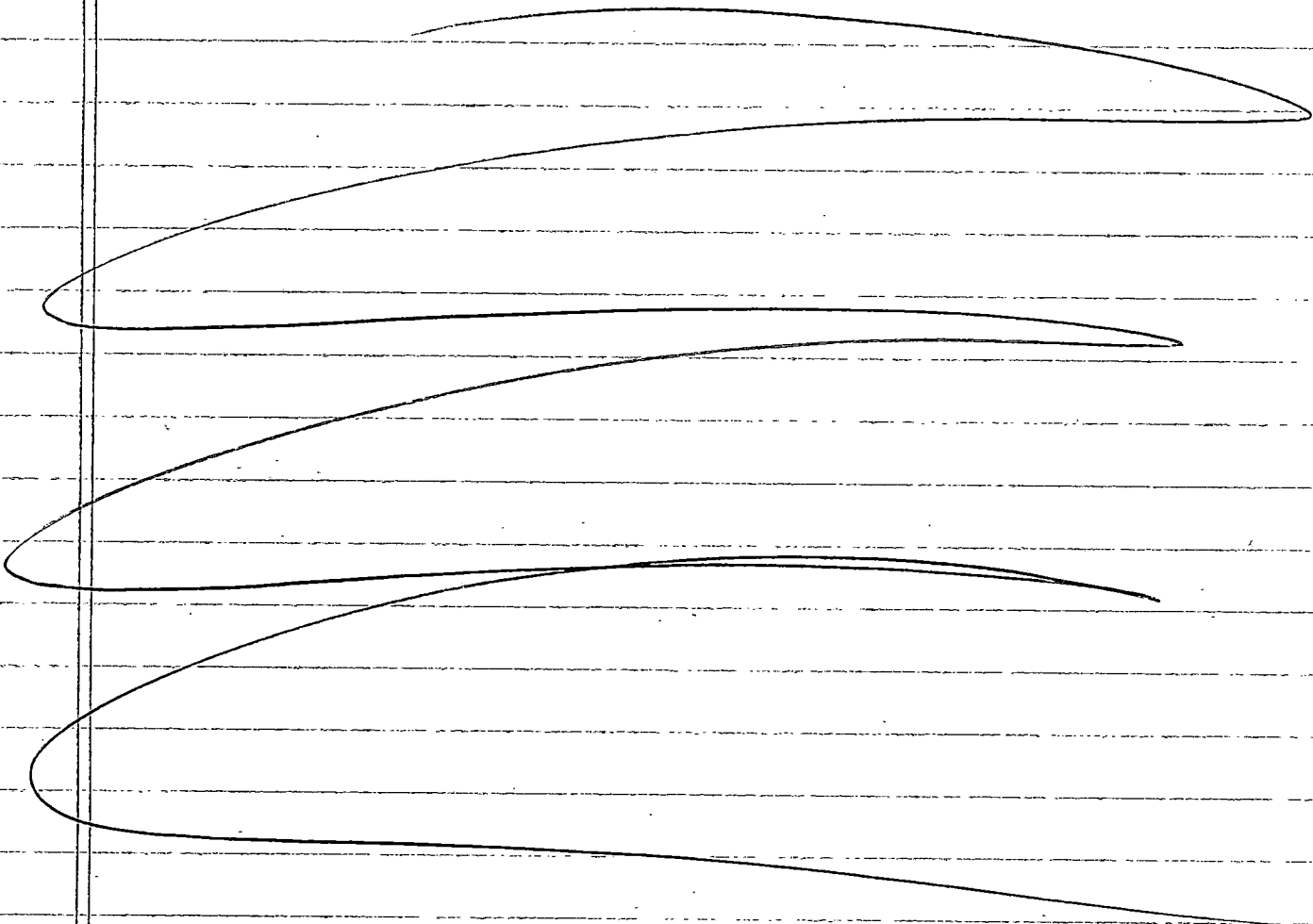
Thank
you!

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SEP 18 2017

S.C. SUPREME COU

Keith P. Smyke



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SEP 13 2017

Keith A. Smyth 363756

V.S. Petitioner

State of S.C.

Respondent

Memorandum

BRCI

MAIL ROOM

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SEP 18 2017

Appellate case: 2017-000894

UP on Proof of document ^{SIC} SUPREME COURT

I Keith A. Smyth 363756, Petitioner to
Requesting by the court, to give
me a Lesser sentence, and Put me
in a mental Hospital to have a
insanity Defense, May i request a
rePlacement to a mental institution,
that i can have a Doctor to help
me, ~~the~~ Old PLEA Attorney said he
was going get me in a mental
institution,

And the insanity Defense is
under McNaghten's case, 8 Eng. Rep,
778 (H.L, 1843), and their is a
other case talks about it to,
(Durham v. U.S., 214 F.2d 862 (D.C.
Cir, 1954).

And this is the "ARGUMENT"
that i should had a insanity
Defense,

Date

9-13-17

Keith A. Smyth
1 of 2

RECEIVED

SEP 13 2017

BRCI
MAILROOM

This is a good faith of a
Conclusion to vacated this
PLEA,

And give a Lesser sentence,
and a insanity Defense, and
even a replacement to a mental
institution, OR Freedom on the
streets. in a Hospital.

Respectfully submitted,
Keith A. Smyth 363756
Keith A. Smyth 363756
Petitioner

9-13-17

Date

2 of 2

October 26, 2014

Mr. Timothy M. Ray
184 N. Daniel Morgan Ave.
Spartanburg, S.C. 29306

Re: Keith Adger Smyth

Dear Mr. Ray,

I am writing to request independent psychological testing of your client, Keith Smyth. I evaluated Mr. Smyth on August 20, 2014. He does demonstrate cognitive deficits that impede his ability to function on a higher level. It is my professional opinion that his cognitive deficits negatively impact his ability to work with you on his case or to assist in his defense.

- In October 2009, Mr. Smyth was deemed incompetent to stand trial based on testimony provided by Dr. Alicia Hall, Ph.D. Later that month a petition was filed in probate court alleging that Mr. Smyth was mentally retarded in need of hospitalization and confinement in a facility for the mentally retarded. In November 2011, Mr. Smyth was again order for a competency to stand trial evaluation. In 2012, a joint evaluation for the Department of Disabilities and Special Needs (DDSN) and the Department of Mental Health (DMH) was arranged as there were indications of a dual diagnosis of mental retardation and mental illness. That joint evaluation identified Mr. Smyth as incompetent to stand trial due to intellectual deficiency and mental illness (Attention-Deficit/Hyperactivity Disorder, ADHD). It appears that these examiners relied on prior psychoeducational testing that identified his I.Q. in a range from 61 (mild mental retardation) to 75 (borderline intellectual functioning). Following that evaluation, Mr. Smyth was committed for competency restoration and subsequent re-evaluation. Psychological testing as conducted in 2013 forensic evaluation appears to be limited to an inventory of legal knowledge in which Mr. Smyth was identified as giving responses indicative of malingering memory deficits and courtroom knowledge. No further psychological testing was conducted although the generated report noted "it was felt that his performance on a daily basis was much higher than previously suspected IQ level." Subsequently, he was opined by the dual examiners to be competent to stand trial despite the opinion that Mr. Smyth continued to have an intellectual deficiency.

Based on my review of the records and evaluation from this past August, Mr. Smyth continues to demonstrate cognitive and functional impairments as previously identified in the 2009 and 2012 evaluations. As the psychological tests that were relied on for these evaluations were done for academic purposes (measurement of intellect and achievement) and as measures of adaptive behaviors, there is a deficiency in the

(Handwritten initials)

information needed to assess other measures of cognitive abilities (e.g., attentional capacity, memory and learning, processing, personality, or effort) as they relate to Mr. Smyth's current competence to stand trial. In short, the tests that have been conducted thus far are insufficient to pick up and measure neurocognitive deficits that impact Mr. Smyth's competency. As Mr. Smyth has previously been identified as having an Intellectual Disability and has been diagnosed and treated for ADHD, it only seems reasonable and prudent for the current evaluation to measure the extent to which his current impairments are impacting his cognition and functional capacity. The measurement of these impairments directly relates to and impacts the ability for this expert to give an opinion that can be understood by the court as to Mr. Smyth's current competence to stand trial.

Thus, I support the request for funds to be available to Mr. Smyth for the purpose of him to be evaluated by a psychologist who is experienced in conducting neuropsychiatric and psychological testing as it relates to the forensic issue of Mr. Smyth's competency to stand trial.

Amanda B. Salas, MD.

Amanda B. Salas, MD
Consulting Forensic Psychiatrist

TORA L. BRAWLEY, PH.D.
CLINICAL PSYCHOLOGY — NEUROPSYCHOLOGY
803-361-1659 803-497-3526 (FAX)

NEUROPSYCHOLOGICAL EVALUATION

Patient Name: Keith A. Smyth
Date of Birth:
Date of Evaluation: 12/02/2014

REASON FOR REFERRAL:

Mr. Keith Smyth is a 20 year-old, right handed, white male who is currently incarcerated at the Spartanburg County Detention Center. He was referred for a full neuropsychological evaluation in order to determine current cognitive functioning at the request of Dr. Amanda Salas. In a letter dated October 26, 2014, Dr. Salas noted significant cognitive deficits and has requested this evaluation to "measure the extent to which his current impairments are impacting his cognition and functional capacity." Dr. Salas also notes that he has previously been diagnosed with ADHD and Intellectual Disability.

In the clinical interview, Mr. Smyth reports to experience problems with memory "here and there." He states that he thinks the problems have been most noticeable since his medication was changed in March of 2011. He reports the newer medications make him feel sleepy and "loopy." Upon direct questioning, he admitted to difficulty recalling what he has read, decreased concentration, and poor recall of recent conversations. He states that he has "good days and bad days." He rated the severity of these problems as "in the middle."

BEHAVIORAL OBSERVATIONS:

Mr. Smyth was well groomed, alert, and fully ambulatory. His mood was pleasant and friendly and affect was appropriate to the situation. He exhibited good eye contact, and hearing and vision appeared to be adequate for the purposes of this evaluation. He had a notable speech impediment and a very limited vocabulary. He would frequently ask what words meant. He also exhibited perseveration and was often tangential when answering questions. Additionally he was impulsive, child-like and very distractible. His attention span was somewhat limited and he exhibited decreased understanding of directions on several tasks. He was very cooperative to testing and persisted with little encouragement. He repeatedly stated, "This is really fun!" Testing conditions were optimal and these test results are considered to be a valid representation of Mr. Smyth's current level of cognitive functioning.

BACKGROUND INFORMATION:

Mr. Smyth reports that he has been incarcerated since December 2010. He has never been married and has no children. He completed the 9th grade and reports to have been in Special

Education classes throughout his schooling. He states that he was a poor student and thinks he had to repeat a grade but he could not recall which one. He has never held a job and has never had a driver's license.

- Psychiatric history is reportedly positive for diagnosis of ADHD. He states that he was an inpatient at Marshall Pickens for 2 weeks in 2006. He reports a history of sexual abuse from age 12-13 years. Currently he reports vegetative symptoms which include difficulties sleeping, weight loss, decreased energy level, feelings of sadness, occasional crying spells, feelings of anxiety and increased irritability. Current life stressors include primarily missing his family and being "homesick."

Family history reveals a maternal aunt with a history of "mental breakdowns." He states that his father died in a car accident when he was very young.

Reported medical history was negative for hospitalizations or serious health problems. He denies the use of alcohol, tobacco or recreational drugs.

PROCEDURES ADMINISTERED:

Wechsler Adult Intelligence Scale- IV (WAIS-IV)

Wechsler Test of Adult Reading (WTAR)

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

List Learning

List Recall

List Recognition

Story Memory

Story Recall

Figure Copy

Figure Recall

Line Orientation

Picture Naming

Semantic Fluency

Verbal Series Attention Test

Controlled Verbal Fluency Test

Finger Oscillation

Grooved Pegboard

Trail Making Part A

Trail Making Part B

Short Category Test-Booklet Format

Test of Memory Malingering

TEST RESULTS:

Attention and Concentration: Mr. Smyth was grossly oriented except to the date and the current and past Presidents. On the Verbal Series Attention Test, sustained attention and mental tracking

were severely impaired (1st percentile) for speed as well as for accuracy (1st percentile). Digit span was 3 forward and 3 reversed (1st percentile).

Intellectual Functioning: On the WAIS-IV, results of testing revealed Mr. Smyth to have a Full Scale IQ of 61, (Verbal Comprehension Index 68, Perceptual Reasoning Index 65, Working Memory Index 63, Processing Speed Index 71) placing him overall at the Extremely Low range of intellectual functioning.

Age-corrected subscale scores are as follows:

<u>Verbal Comprehension Subtests</u>	<u>SS</u>	
Similarities	4	2 nd Percentile
Vocabulary	4	2 nd Percentile
Information	5	5 th Percentile
<u>Perceptual Reasoning Subtest</u>		
Block Design	3	1 st Percentile
Matrix Reasoning	3	1 st Percentile
Visual Puzzles	6	9 th Percentile
<u>Working Memory Subtests</u>		
Digit Span	3	1 st Percentile
Arithmetic	4	2 nd Percentile
<u>Processing Speed Subtest</u>		
Symbol Search	4	2 nd Percentile
Coding	5	5 th Percentile

Language Functioning: Conversational speech was fluent but there was a noted speech impediment as well as perseveration. Controlled verbal fluency for the letters F, A and S was poor (4th percentile). On the RBANS, confrontation naming was severely impaired (1st percentile) and semantic fluency for a category was poor (4th percentile).

Motor Functioning: Mr. Smyth is right hand dominant. Simple manual speed on a finger oscillation task was severely impaired (1st percentile) on the right and below average (16th percentile) on the left. Manual dexterity as measured by the Grooved Pegboard Test was severely impaired (2nd percentile) on the right and below average (19th percentile) on the left. Psychomotor speed and visual tracking were borderline (8th percentile) for maintaining a conceptual set (Trail Making Part A).

Executive Functioning: On the Short Categories Test, performance for nonverbal abstract reasoning and cognitive flexibility were severely impaired (1st percentile). He was unable to profit from feedback on this task and exhibited notable perseveration. Psychomotor speed and visual tracking were severely impaired (1st percentile) when it was necessary to shift conceptual sets (Trail Making Part B). Verbal abstract reasoning on Similarities was severely impaired (2nd percentile). Verbal fluency was borderline (4th percentile). Matrix reasoning was severely impaired (1st percentile).

Memory Functioning: On the RBANS, immediate verbal memory for prose passages was severely impaired (1st percentile) and delayed recall for the same information after 20 minutes was borderline (7th percentile). Delayed visual memory for a complex design was average (49th percentile). With repetition of four trials, verbal list learning was borderline (6th percentile). Delayed recall of this list was borderline (3rd percentile). Recognition on this task was severely impaired (1st percentile).

Visuospatial Functioning: On the RBANS, Mr. Smyth's ability to copy a complex figure was average (47th percentile). Judgment of line orientation was borderline (5th percentile). Performance on Block Design was severely impaired (1st percentile).

Assessment of Effort/Symptom Validity: On a forced choice test of visual recognition, performance was completely within normal limits with scores of 50/50 on Trial Two and the Retention Trial.

SUMMARY AND IMPRESSIONS:

Mr. Keith Smyth is a 20 year-old, right handed, white male referred for a full neuropsychological evaluation by Dr. Amanda Salas in order to determine current cognitive functioning. Mr. Smyth has previously been diagnosed with ADHD and Intellectual Disability.

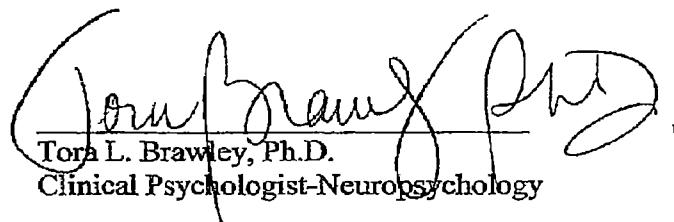
Mr. Smyth is currently performing in the Extremely Low range of intellectual functioning. This is consistent with a diagnosis of Intellectual Disability.

Significant neuropsychological deficits were revealed by this evaluation across all domains of cognitive functioning. Severe deficits were noted in memory, attention and concentration, language, visuospatial, motor and executive functioning. His only area of strength was his ability to copy and recall a complex figure. He also evidenced asymmetry in motor functioning, with performance on his dominant right hand being significantly lower than that of his left hand.


There was no evidence of any attempt to malingering or exaggerate cognitive deficits.

The current pattern of neuropsychological performance is consistent with that of overall severe cognitive dysfunction. The deficits noted here will definitely have an impact on his functional capacity. His ability to participate in anything other than very simple matters should be fully assessed before proceeding. Mr. Smyth will definitely benefit from a very structured environment and he should always have adequate levels of supervision.

I am available to discuss these results as needed. Thank you for allowing me to participate in the evaluation of your patient.


Tora L. Brawley, Ph.D.
Clinical Psychologist-Neuropsychology

SPARTANBURG COUNTY DETENTION FACILITY
INMATE REQUEST TO SEE MEDICAL STAFF

INMATE'S NAME & CELL NUMBER: <i>Keith Smyth</i>	DATE: <i>9/21/12</i>	DATE OF BIRTH: ANY DRUG ALLERGIES:
COMPLAINT: <i>Received call from Wayne Copeland from Charles Lea. Counselor will visit</i>		
NURSE'S FINDINGS: <i>Mr. Smyth Tues 9/25 @ 10:00 here at facility to do assessment. Arrangements made w/ Capt. Freeman.</i> <p style="text-align: right;"><i>White</i> <i>9/21/12</i></p>		
PHYSICIAN'S EVALUATION:		
DISPOSITION:		
PHYSICIAN'S SIGNATURE: 	DATE: <i>9/21/12</i>	



UNITED STATES POSTAGE
PITNEY BOWES
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Keith A. Smyth 363756
BRCI : MLT 1065B
4460 Broad River RD
Columbia, SC 29210

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Clark of Court
The Supreme Court of South Carolina
1231 Gervais Street
Columbia