

**IN THE COMMONWEALTH COURT OF
THE COMMONWEALTH OF PENNSYLVANIA**

DAMON MONYER, et al.

:

v.

:

No. 283 MD 2023

:

23RD JUDICIAL DISTRICT

:

**RESPONDENT 23RD JUDICIAL DISTRICT'S BRIEF IN SUPPORT
APPLICATION FOR SUMMARY JUDGMENT**

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I. STATEMENT OF MATERIAL FACTS

The Parties

1. Petitioner Damon Monyer (“Monyer”) is an Air Force veteran who receives medical services from the Berks County Veteran’s Affairs Outpatient facility. (*See* Petition for Review, attached as **Exhibit A**, ¶¶ 5, 53.)

2. Petitioner Pennsylvania Cannabis Coalition (“PCC”) is a trade association and is comprised of Pennsylvania medical marijuana permit holders and industry partners. (**Exhibit A**, ¶ 12)

3. Berks County has four licensed dispensaries, three of which are PCC members. (**Exhibit A**, ¶¶ 72-73)

4. Respondent 23rd Judicial District (“the Judicial District”) is the judicial district of Pennsylvania’s Unified Judicial System that includes Berks County Court of Common Pleas and its problem-solving courts, including Mental Health Court and Veterans Treatment Court (“Veterans Court”). (**Exhibit A**, ¶ 13)

Background

5. The Judicial District’s Veterans Court exists to help veterans, its team goes above and beyond to accept people, and they work to make individuals eligible for admission. (*See* the transcript of the deposition of Gelu Negrea, attached as **Exhibit B**, at 181:11-182:5.)

6. Jessica Bodor (“Ms. Bodor”) has been serving as an assistant chief for the Judicial District since 2014 and supervises treatment court probation officers. (See the transcript of the deposition of Jessica Bodor, attached as **Exhibit C**, at 9:16-10:5.)

7. When she was in college, she became interested in working with people with substance abuse and mental health issues, and she wanted to help them get better. (**Exhibit C**, 14:19-24)

8. Accordingly, she is also the Judicial District’s treatment court coordinator. (**Exhibit C**, 10:15)

9. She was the primary drafter of the current treatment court manual, which applies to all four treatment courts and was last revised in March 2023. (**Exhibit C**, 48:21-49:9)

10. Per Ms. Bodor, the Judicial District’s treatment court manual describes the requirements for admission to its treatment court. (**Exhibit C** 63:14-19)

11. It also contains the Judicial District’s medical marijuana policy, which provides: “Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, [sic] diagnosis and medical necessity for use.” (**Exhibit C**, 137:1-11; see Berks County Treatment Court Policy and Procedure Manual, March 2023, attached as **Exhibit D**, p. 11.)

12. Prior to the enactment of the Medical Marijuana Act, marijuana was prohibited in treatment court. (**Exhibit C**, 105:12-21)

13. In February 2022, the Judicial District's policy was updated to allow medical marijuana in treatment court, and the policy was added to the treatment court manual. (**Exhibit C**, 133:2-134:19)

14. The Judicial District's treatment court manual also provides:

Anyone with current charges or prior offense for acts of violence, sexual offenses, drug deliveries or firearms offenses while not statutorily excluded may be denied based on the circumstance of those cases and at the discretion of the supervising Treatment Court Judge.

(**Exhibit D**, p. 3)

15. The Judicial District's treatment court includes a treatment court team, which is responsible for reviewing and discussing newly submitted treatment court applications. (**Exhibit C**, 19:22-20:7)

16. The treatment court team is comprised of the judge, the treatment court coordinator, a representative from the District Attorney's office, an attorney from the Public Defender's office, and a probation officer. (**Exhibit C**, 76:13-21, 77:12-14)

17. At all relevant times, Assistant District Attorney Kenneth Kelecic ("ADA Kelecic") attended Veterans Court and Mental Health Court team meetings

and court sessions. (*See* the transcript of the deposition of Kenneth Kelecic, attached as **Exhibit E**, at 15:14-20.)

18. Applicants' private counsel could participate in new-applicant treatment court meetings. (**Exhibit E**, 22:18-20, **Exhibit C**, 77:15-18)

19. When someone applies to Veterans Court, Paige MacBain ("PO MacBain"), the Judicial District's veterans' probation officer, meets with the applicant and refers him or her to Gelu Negrea, who is also part of the treatment court team. (**Exhibit C**, 69:7-16, 72:15-19, 76:13-21)

20. PO MacBain earned bachelor's degrees in psychology and criminal justice and a master's in forensic psychology. (**Exhibit F**, 10:9-14)

21. She has worked in intensive case management for people with serious mental illness. (*See* the transcript of the deposition of Paige MacBain, attached as **Exhibit F**, at 11:2-5)

22. She has a passion for Veterans Court because veterans who have sacrificed for the country are able to go to treatment for restoration rather than punishment. (**Exhibit F**, 14:11-20)

23. Following high school, Mr. Negrea served in the Marine Corps for six years and was deployed to Iraq. (**Exhibit B**, 15:15-20)

24. He thereafter earned a masters in social work and became a licensed clinical social worker so he could help veterans. (**Exhibit B**, 15:21-16:13, 20:7-21:15)

25. Since 2014, he has been the Veterans Justice Outreach Specialist and has been working with the Judicial District's Veterans Court. (**Exhibit B**, 35:7-21, 124:6-7)

26. According to Mr. Negrea, frequently treatment needs in Veterans Court are substance abuse, alcohol abuse, and addiction. (**Exhibit B**, 125:24-126:6)

27. He has observed drug-seeking behavior: a lot of individuals with substance abuse histories go "doctor shopping" to manipulate different providers to get medication that they want. (**Exhibit B**, 133:5-17)

28. When Mr. Negrea assesses veterans for treatment court, he offers treatment immediately, before a decision is made about admission to Veterans Court. (**Exhibit B**, 47:10-23)

29. He gives veterans an idea of what their treatment plan would look like, like whether they would be expected to participate in, for example, group therapy, individual therapy, or psychiatry. (**Exhibit B**, 135:4-136:14)

30. Applicants to Veterans Court are expected to start attending recommended treatment appointments as soon as possible after arrest, which may include prior to admission to treatment court. (**Exhibit C**, 89:5-21)

31. Failure to attend treatment may or may not factor into the admission decision, depending on whether the applicant has higher needs such as addiction detox. (**Exhibit C**, 89:22-90:19)

32. Veterans who are VA-eligible may continue to receive services from the U.S. Department of Veterans Affairs (“the VA”) regardless of whether they are admitted to Veterans Court. (**Exhibit B**, 48:4-22)

33. Mr. Negrea considers diagnoses, ability, and cognitive ability when determining whether a veteran is a good fit for Veterans Court. (**Exhibit B**, 60:21-61:2)

34. Mr. Negrea informs the treatment court team whether he thinks the veteran would be a good fit for Veterans Court and successful there. (**Exhibit B**, 59:1-14)

35. Some veterans have diagnoses that would make them unable to adhere to the rules of Veterans Court and Mr. Negrea does not want to set up these veterans for failure. (**Exhibit B**, 61:3-20)

36. In Mr. Negrea’s experience, veterans with diagnoses like schizophrenia, psychosis, and schizoaffective disorder make veterans unable to adhere to the Veterans Court rules. (**Exhibit B**, 61:21-62:2)

37. The treatment court team defers to treatment providers as to whether someone is expected to successfully complete treatment. (**Exhibit C**, 98:13-20)

38. PO MacBain also testified that the treatment court team considers whether an applicant would be willing or able to participate in the treatment program or follow the rules. (**Exhibit F**, 21:23-22:8, 36:16-24, 38:19-39:9, 41:24-42:14)

39. Mr. Negrea and the other treatment court team members provide input regarding potential applicants, and – according to all witnesses – the presiding judge decides whether to admit or deny admission to the program. (**Exhibit C**, 99:1-23, **Exhibit B**, 180:13-20, **Exhibit E**, 20:16-21:22, 25:12-22, 128, **Exhibit F**, 37-38, 172:15-20; *see* relevant excerpts of the deposition of Nicole Brown, attached as **Exhibit G**, at 13:12-18.)

40. The basis for a denial into treatment court is recorded on the order of denial signed by the judge. (**Exhibit C**, 93:23-24)

41. When an individual requests to use medical marijuana and submits his medical marijuana card and a letter from his treating physician, the judge also decides whether the individual is allowed to use it in treatment court. (**Exhibit C**, 119:24-120:12, 140:5-6; *see* relevant excerpts of the deposition of Heather Winslow, attached as **Exhibit H**, at 49:21-24.)

42. No medical marijuana patients have been denied admission to any of the treatment courts for using medical marijuana. (**Exhibit C**, 129:7-11, 181:20-182:3)

Petitioner Monyer

43. On April 13, 2022, Monyer was arrested and charged in CP-06-CR-0002140-2022 with a third-degree felony for carrying a firearm without a license in addition to summary offenses for disorderly conduct and public drunkenness. (**Exhibit A**, ¶ 23)

44. On December 5, 2022, Monyer applied for admission to Veterans Court. (**Exhibit A**, ¶ 27)

45. After some difficulty scheduling a time to meet, on March 14, 2023, Mr. Negrea met with Monyer to conduct an assessment. (**Exhibit B**, 67:13-68:21)

46. Mr. Negrea observed one Monyer's challenges to be that Monyer insisted he had post-traumatic stress disorder ("PTSD"), which was not diagnosed by the VA, and had a difficult time accepting that he had schizophrenia and psychosis. (**Exhibit B**, 108:7-13)

47. Mr. Negrea observed that veterans generally find it less stigmatizing to have PTSD than a more severe mental health issue. (**Exhibit B**, 112:19-113:1)

48. At the time of Mr. Negrea's assessment, Monyer was not getting any treatment or taking any medication through the VA, so Mr. Negrea referred Monyer to psychiatry. (**Exhibit B**, 75:2-19; **Exhibit A**, ¶ 51)

49. Mr. Negrea was concerned because Monyer was diagnosed with schizophrenia and was not medicated, which could result in active psychosis. **(Exhibit B, 79:24-81:10)**

50. The VA does not offer medical marijuana, which Mr. Negrea conveyed to Monyer. **(Exhibit B, 96:19-23, 185:17-24)**

51. Instead, the VA provider prescribed Thorazine to treat Monyer's schizophrenia. **(Exhibit B, 102:14-23)**

52. Monyer also had a history of cannabis dependence, amphetamine dependence, alcohol abuse, and mood disorder. **(Exhibit B, 165:5-13)**

53. Mr. Negrea concluded that due to Monyer's diagnoses of schizophrenia and psychosis, his treatment needs exceeded Veterans Court purposes. **(Exhibit B, 85:18-20, 86:4-8)**

54. Mr. Negrea did not want to set up Monyer for failure for not being able to adhere to Veterans Court requirements, and he shared this opinion with the treatment court team. **(Exhibit B, 85:20-86:3, 159:6-16)**

55. Mr. Negrea believed that Mental Health Court was more appropriate for Monyer because Veterans Court's rules were too rigid for Monyer to follow. **(Exhibit B, 87:12-21)**

56. According to Ms. Bodor and ADA Kelecic, Monyer was unwilling to follow his treatment plan, as he was reluctant to attend group therapy and take prescribed medication. (**Exhibit C**, 174:12-21, **Exhibit E**, 67:9-17)

57. PO MacBain also understood Monyer to be reluctant to participate in group therapy sessions and wanted to take his prescribed medication “PRN” or “as needed.” (**Exhibit F**, 108:21-109:4)

58. PO MacBain testified that medical marijuana is not recommended for somebody with schizophrenia. (**Exhibit F**, 156:21-24)

59. She was concerned about the interaction between Monyer’s new medication and medical marijuana. (**Exhibit F**, 157:2-6)

60. ADA Kelecic also understood there to be a concern about whether Monyer’s prescribed medications would be effective if he were also using medical marijuana. (**Exhibit E**, 68:1-18)

61. On or about March 27, 2023, PO MacBain advised Monyer that he should submit a note from his treating physician to support his request to use medical marijuana. (**Exhibit F**, 98:20-100:23, 145:2-20)

62. Monyer intended to stop using medical marijuana because he did not have a letter stating it was the recommended medication for him. (**Exhibit F**, 114:18-115:4)

63. In April 2023, the treatment court team gave Monyer time to do that and to start new medication. (**Exhibit F**, 153:4-154:12)

64. Monyer was willing to start a new medication but then decided he wanted to use it as he felt was needed, not as recommended by the treatment provider. (**Exhibit F**, 156:5-12)

65. Judge Lieberman from the Berks County Court of Common Pleas issued an order denying Monyer's Veterans Court application "due to failure to comply with pretrial services." (*See* May 3, 2023 Order, attached as **Exhibit I**.)

66. Thereafter, ADA Kelecic suggested that Monyer reapply to Veterans Court. (**Exhibit A**, ¶ 60)

67. Monyer claims that his criminal defense attorney submitted another application in May 2023. (**Exhibit A**, ¶ 60)

68. However, Monyer's application is date-stamped July 21, 2023. (*See* May 10, 2023 Veterans Treatment Court Application, attached as **Exhibit J**.)

69. Thereafter, PO MacBain emailed Monyer and asked his thoughts on attending recommended group therapy. (**Exhibit F**, 169:5-17)

70. Judge Lieberman issued an order denying Monyer's second Veterans Court application "due to [Monyer] not meeting appropriate requirements needed to enter Treatment Court." (*See* August 28, 2023 Order, attached as **Exhibit K**.)

71. In January 2024, Monyer applied to Mental Health Treatment Court. (See January 13, 2024 Mental Health Treatment Court Application, attached as **Exhibit L.**)

72. Among the criminal charges identified is “Carrying firearm W/O a License.” (**Exhibit L**)

73. Judge Geishauser from the Berks County Court of Common Pleas issued an order denying Monyer’s Mental Health Court application because he “is ineligible to participate . . . due to the firearms offense.” (See February 6, 2024 Order, attached as **Exhibit M.**)

74. Monyer is represented by private criminal defense counsel, Alex Lassoff, Esq., in his underlying criminal proceeding. (**Exhibit A**, ¶ 25)

75. Monyer’s case is assigned to Judge Barrett and Monyer is presently awaiting trial. (See Criminal Docket CP-06-CR-0002140-2022, attached as **Exhibit N.**)

Petitioners’ Legal Allegations

76. At Count I, Petitioners assert that the Veterans Treatment Court policy denies Monyer and other veterans who lawfully use medical marijuana the privilege of participating in Veterans Treatment Court solely because they use medical marijuana. (**Exhibit A**, at ¶ 133)

77. They demand declaratory and permanent injunctive relief to enjoin the 23rd Judicial District from enforcing or otherwise implementing these medical marijuana policies in treatment courts. (**Exhibit A**, at ¶ 134)

78. At Count II, Petitioners request a declaration that the 23rd Judicial District's policies regarding the use of medical marijuana in treatment courts violate the Medical Marijuana Act. (**Exhibit A**, at ¶ 138)

79. Specifically, Petitioners demand that this Court declare invalid the two policies that allegedly prohibit the use of medical marijuana the two policies that allegedly require that individuals demonstrate a medical necessity to use medical marijuana. (**Exhibit A**, at ¶ 140.a.)

80. They further demand that this Court preliminarily and permanently enjoin 23rd Judicial District from enforcing these alleged policies. (**Exhibit A**, at ¶ 140.b.)

81. They also seek costs and whatever relief the Court deems just. (**Exhibit A**, at ¶ 140.c.-d.)

II. SUMMARY OF THE ARGUMENT

Petitioner Damon Monyer is awaiting a criminal trial. He applied to Mental Health Treatment Court. On February 6, 2023, the Mental Health Treatment Court denied his admission due to his underlying firearms offense. Invalidating the Judicial District's medical marijuana policy will not change this outcome and, as such, Monyer lacks a direct interest in the relief sought. The PCC also lacks standing as the Medical Marijuana Act ("the MMA") was not designed to protect its members in these circumstances and it has no cognizable right to challenge a defendant's criminal prosecution and sentencing.

Even if Petitioners had standing, they cannot demonstrate a clear right to relief. Judges exercising their discretion in treatment court, such as Monyer's denial to Mental Health Treatment Court, are clearly judicial actions in a criminal setting. These are not the actions of the Judicial District as a singular entity but rather a decision by an elected judge of this Commonwealth. Judges have judicial immunity for these types of decisions. Moreover, this Court does not have jurisdiction to review individual judicial orders regarding criminal sentences or individual denials of treatment court applications. 42 Pa. C.S.A. § 742 (Superior Court has exclusive jurisdiction over appeals from final orders of the courts of common pleas). Individual criminal defendants who are denied admission to treatment court on a case-by-case basis must appeal those denials to the Superior Court. Monyer is

improperly asking this Court to interfere with the prosecution of the criminal charges against him.

Even if Monyer were permitted to circumvent the criminal appeals process by obtaining an injunction in this Court, the medical marijuana policy at issue in *Gass v. 52nd Judicial District*, relied upon by Petitioners, included a blanket ban adopted by a judicial district against all medical marijuana use by probationers under general supervision, something that the Supreme Court described as a “foundationally inappropriate presumption” under the law. 232 A.3d 706, 715 (2020). The Supreme Court’s main concern in this regard was that criminal defendants under general supervision were potentially subject to revocation hearings for general conditions of probation that prohibited *all* use of medical marijuana – without regard to whether the use was lawful. The policy in *Gass* was an administrative policy that banned medical marijuana across the board. This present case has none of these features. Monyer has a pending criminal trial. He applied for and was denied acceptance into Mental Health Treatment Court. This was an individual judicial decision made by the presiding treatment court judge. There are no material similarities between this case and *Gass*.

Even if the *Gass* holding were applicable to treatment courts, Petitioners cannot demonstrate a clear right to relief because there is no competent evidence that they were denied a privilege solely for their lawful use or sale of medical marijuana.

To the extent, if any, there is a dispute of fact as to the reasons for Monyer's denied admission to treatment court, those facts are immaterial. As Monyer's mental health diagnosis made him unfit for Veteran's Court and his gun charges precluded him from admission to Mental Health Court, Monyer undeniably cannot show that his lawful use of medical marijuana was the exclusive reason for the harms alleged.

Finally, an injunction is inappropriate where, as here, granting it would cause greater injury than denying it. Forcing the Judicial District to sanction all treatment court participants' medical marijuana use even in contravention of recommendations by qualified treatment professionals, such as Monyer's, would be a danger to participants and the public. Taking discretion away from treatment providers and judges would be detrimental to participants' recovery, often from substance abuse disorders and behavior associated with mental health disorders.

Consequently, for the foregoing reasons, this Court must deny the requested relief and dismiss the Petition.

III. ARGUMENT

A. Standard For Summary Relief

In ruling on an application for summary relief, the court must view the evidence in the light most favorable to the nonmoving party and enter judgment only if there are no genuine issues of material fact and the right to judgment is clear as a matter of law. *Borough of W. Chester v. Pennsylvania State Sys. of Higher Educ.*, 291 A.3d 455, 462 (Pa.Cmwlt. 2023), *citing* Pa.R.A.P. 1532(b). A fact is considered material if its resolution could affect the outcome of the case under applicable law. *Id.* When the parties have filed cross-motions for summary relief, the Court must determine whether it is clear from the undisputed facts that one party has established a clear right to the relief requested. *Id.*

In this case, the undisputed facts require dismissal of this Petition. To the extent that some facts remain in dispute, they are immaterial to the legal questions this Court must decide to grant relief in the Judicial District's favor. For the following reasons, the Petition must be summarily dismissed.

B. Petitioners Lack Standing To Seek The Invalidation Of The Judicial District's Medical Marijuana Policy.

Standing is a prerequisite to bringing a civil action and is a question of law. *Phantom Fireworks Showrooms, LLC v. Wolf*, 198 A.3d 1205, 1215 (Pa.Cmwlt. 2018). Judicial intervention is appropriate only where the controversy is real and concrete rather than abstract. *Firearm Owners Against Crime v. Papenfuse*, 261

A.3d 467, 481 (Pa. 2021). A party must have a substantial, direct, and immediate interest in the outcome of the lawsuit. *Id.* An interest is direct when there is a causal connection between the asserted violation and the alleged harm. *Id.* An interest is immediate when the causal connection is not remote or speculative. *Id.* The key to standing is that the person “must be negatively impacted in some real and direct fashion.” *Markham v. Wolf*, 136 A.3d 134, 140 (2016).

Similarly, proper plaintiffs in a declaratory judgment action must have a substantial, direct, and immediate interest. *Firearm Owners Against Crime v. Papenfuse*, 261 A.3d 467, 482 (Pa. 2021). Courts are generally prohibited from issuing purely advisory opinions. *Com., Office of Governor v. Donahue*, 98 A.3d 1223, 1229 (2014).

For the reasons set forth below, neither Monyer nor PCC has standing to bring this action.

1. Monyer Lacks Standing Because He Has Not Been Harmed by the Judicial District’s Policy and the Relief Sought Would Not Benefit Him.

In this case, Monyer does not have a pending application for admission to any Berks County Treatment Court. As all witnesses agree, Monyer was not an appropriate candidate for Veterans Court due to his mental health diagnoses. Per his schizophrenia and psychosis diagnoses, he was a better fit for Mental Health Court. Indeed, he applied to Mental Health Court but was “ineligible to participate in

Mental Health Treatment Court due to the firearms offense.” A plain reading of the Order shows that (a) injunctive relief is impossible at this point because this Court cannot enjoin past conduct; (b) Monyer was denied admission by a judge acting in a judicial capacity; and (c) the judge’s reasoning is that Monyer was denied due to his underlying firearms offense.

In this case, Monyer is not yet even under court supervision through probation or participation in a treatment court. He is presently awaiting trial for criminal charges. He cannot show that he was negatively impacted in some real and direct fashion. He continues to be eligible to receive treatment from the VA. No policy of the Judicial District is preventing him from using medical marijuana. Even if he claims that he has been harmed by the denial of his admission to treatment court, there is no competent evidence that his medical marijuana use kept him from treatment court, as judges cited different reasons for his denial.

Even if this Court declared the Judicial District’s policy invalid, such relief would be of no benefit to Monyer. As Monyer is now awaiting his criminal trial, changing or invalidating the Judicial District’s policy will not gain Monyer admission into Treatment Court. Moreover, even if he were to reapply to Mental Health Court, changing or invalidating the Judicial District’s policy will not change that Monyer’s charges involve a firearm, which renders him ineligible according to Judge Geishauser.

Monyer has not been harmed by the Judicial District’s medical marijuana policy and, in any event, the relief sought cannot remediate any harm alleged. As such, the Petition must be dismissed as to petitioner Monyer.

2. The PCC Lacks Standing Because its Alleged Harm is Unrelated to Action Protected by the MMA and, as Matter of Law, Third Parties May Not Challenge Criminal Sentences Imposed Against Another.

The harm the PCC alleges is not directly related to the alleged violation of the MMA, and the causal connection is remote and speculative. Furthermore, as a matter of law, third parties do not have standing to challenge the criminal sentences of another. As detailed below, the PCC lacks standing and its claims must be dismissed.¹

a. The PCC lacks standing because, under these undisputed facts, it is not protected by the MMA.

The PCC lacks standing because indisputably it has not suffered harm for engaging in protected activity under the MMA. The MMA provides that a medical marijuana organization shall not be “denied any right or privilege . . . solely for

¹ The PCC has not produced competent evidence that its members lost revenue. After all, a ban in treatment court, even if true, would not prevent a medical marijuana card holder from purchasing medical marijuana. Nor has the PCC proven that its members lost revenue directly because of the Judicial District’s policy, rather than an individual’s unrelated decision to stop using medical marijuana, his incarceration due to unrelated probation violations, or any other unrelated reason. Even if the PCC could factually prove that the Judicial District’s policy directly caused a quantified loss in revenue, it still lacks standing as a matter of law.

lawful . . . sale or dispensing of medical marijuana” 35 P.S. § 10231.2103(a)(4). Even if Petitioners could prove that PCC members have lost revenue as a direct result of the Judicial District’s implementation of its medical marijuana policy, Petitioners have not alleged that PCC members have been denied a privilege for its sale or dispensing of medical marijuana. In other words, even if the PCC could prove that its members have been damaged, it is not on account of any activity protected by the MMA. In fact, it is not on account of any activity by PCC members but rather the choices of third parties. As such, there is no direct causal connection between the alleged violation of the MMA – which arguably protects Monyer’s lawful use of medical marijuana – and PCC members’ loss of revenue. The causal connection between an alleged ban of medical marijuana and the loss of PCC members’ revenue is remote and speculative insofar as to the alleged denial of privileges to those who have engaged in activity protected by the MMA. PCC lacks standing in this case to pursue relief under the MMA.

b. The PCC lacks Standing because third parties do not have a direct, immediate, and substantial interest in another’s criminal prosecution.

As a third party unrelated to the crimes committed by Monyer, PCC does not have standing to challenge the sentence imposed on him or any criminal defendant. Both federal and Commonwealth precedent make clear that third parties are not aggrieved by another’s criminal prosecution and sentencing and do not have direct,

immediate, and substantial interest in prosecution. In *United States v. Stoerr*, the defendant was convicted of crimes connected with his employment. *Stoerr*, 695 F.3d 271, 273 (3d Cir. 2012). The employer was a non-party to the underlying criminal proceeding. *Id.* It voluntarily compensated the defendant's victim and then sought restitution under the Mandatory Victims Restitution Act. *Id.* The district court denied the employer's request and instead ordered restitution to the victim, from which the employer appealed. *Id.* The Third Circuit dismissed the employer's appeal because the employer, as a non-party to the criminal case, lacked standing to appeal the defendant's sentence. *Id.* at 275.

The Court explained that to have standing the appellant "must be aggrieved by the order of the district court from which it seeks to appeal." *Id.* Ordinarily, only parties to a proceeding adversely affected by the judgment entered in that same proceeding are aggrieved by the judgment. *Id.* at 275-76. Courts have recognized that despite the rights reflected in the restitution statutes, crime victims are not parties to a criminal sentencing proceeding. *Id.* at 276. The Court reasoned that if victims are non-parties to criminal proceedings, then the defendant's employer in *Stoerr*, who is a degree removed from victim status, is likewise a non-party. *Id.* As such, the Court held that the employer could not appeal. *Id.*

The Court went on to further justify its holding by explaining that permitting a non-party to appeal a restitution order "would produce the extraordinary result of

reopening [a criminal defendant's] sentence" for the benefit of a private party. *Id.* at 267-77 (citation omitted). The Court noted that all federal courts of appeals to have addressed this issue have concluded that nonparties cannot appeal a restitution order entered against a criminal defendant. *Id.* at 277.

A non-party lacks "a judicially cognizable interest" in a criminal defendant's sentence and therefore is not aggrieved by the defendant's sentence. *Id.* (internal quotations and citation omitted). Criminal punishment "is not operated primarily for the benefit of victims, but for the benefit of society as a whole." *Id.*, quoting *Kelly v. Robinson*, 479 U.S. 36, 52 (1986). Importantly, even if a defendant's sentence affects other individuals, "[i]t is the defendant and he alone that suffers the direct consequences of a criminal conviction and sentence." *Id.* at 278.

Indeed, a repeated refrain in federal courts is: "[I]n American jurisprudence at least, a private citizen lacks a judicially cognizable interest in the prosecution or nonprosecution of another." *Linda R.S. v. Richard D.*, 410 U.S. 614, 619 (1973). For example, in *United States v. Grundhoefer*, a defunct computer school's founders were convicted of defrauding students and ordered to pay restitution to the student victims. *Grundhoefer*, 916 F.2d 788, 789 (2d Cir. 1990). The trustee in bankruptcy for the school challenged the restitution orders arguing that the unsecured creditors were also victims. *Id.* at 789, 791. The Second Circuit held that the trustee was without standing to appeal the restitution orders because he was outside the zone of

interests protected by the Victim and Witness Protection Act, which did not explicitly or implicitly to provide victims with an enforceable right to obtain restitution. *Id.* at 793, 795.

Pennsylvania courts similarly have held that third parties do not have standing to challenge criminal sentences. For example, the victim of an alleged crime does not have standing to appeal a judicial determination dismissing a criminal complaint. *Com. v. Malloy*, 304 Pa.Super. 297, 299, 306 (1982). As noted by the *Stoerr* Court above, if a victim does not have standing, a third party certainly does not.

In a recent Pennsylvania case, the appellant appealed from the sentence entered after a jury convicted him of various violent crimes he committed during a dispute with three others. *Commonwealth v. Gardopee*, 287 A.3d 900 (Pa. Super. Ct. 2022), *appeal denied*, 294 A.3d 303 (Pa. 2023). The appellant argued he was denied a fair trial because the Commonwealth failed to arrest and charge the others involved in the dispute. *Id.* This argument lacked merit because a private citizen lacks a judicially cognizable interest in the prosecution or nonprosecution of another. *Id.*

In like vein, an individual does not have standing to seek judicial review of the district attorney's disapproval of his private criminal complaint where he has no relationship or connection to the incident at issue other than that of citizen, taxpayer, and attorney of the Commonwealth. *In re Hickson*, 2000 PA Super 402, ¶ 1 (Pa.

Super. Ct. 2000), *aff'd*, 573 Pa. 127 (2003). In *Hickson*, state parole agents killed an arrestee. *Id.* at ¶ 2. As a result of the death, the local District Attorney's Office ("the DA") presented the matter to an investigating grand jury. *Id.* The grand jury ultimately concluded that criminal charges against the agents were unwarranted. *Id.*

Thereafter, Leon A. Williams, an attorney practicing in Philadelphia, filed a private criminal complaint against the agents for murder. *Id.* He did not assert that he was appearing on behalf of the deceased or his family. *Id.* Mr. Williams received a letter from the DA's office informing him that his private criminal complaint was refused because the grand jury had concluded that no charges should be brought. *Id.* Mr. Williams then sought review of the DA's decision in the court of common pleas. *Id.* at ¶ 3. The DA argued in part that Mr. Williams had no standing in the case because he was not involved in the incident or related to the deceased. *Id.*

Finding that standing was not conferred by statute, the Superior Court cited to the common law notion that an individual is aggrieved where he has a "direct, immediate and substantial interest" in the matter sought to be litigated. *Id.* at ¶ 12, quoting *Ken R. on Behalf of C.R. v. Arthur Z.*, 682 A.2d 1267, 1270 (1996). The Court concluded that "[j]udicial review of private criminal complaints is limited, by traditional notions of standing, to the following complainants: victims, their named representatives or, in the event of a victim's death, a family member." *Id.* at ¶ 44.

In reaching this conclusion, and rejecting Williams’s arguments, the Court discussed important policy reasons for refusing to expand traditional notions of standing in criminal cases. First, a broad standing rule would give open the courthouse doors to individuals with motives such as financial gain, which would “taint[] the judicial process.” *Id.* at ¶ 44. In this case, the PCC, by the very foundation the Petition, has a financial stake in the way convicts are sentenced. It cannot be permitted to taint the judicial process by challenging judicial decisions in criminal cases so that its members can make more money.

Broader standing would also permit people unrelated to an incident to bring a court action even in cases where the alleged victim chose not to do so. *Id.* at ¶ 32. Conversely, according standing to a third party to challenge criminal sentences could traumatize victims, who likely find closure when their offenders have been sentenced. In this case, the PCC is not related the incidents which invited Monyer or any other defendant into the criminal justice system, and its financial interests should not trump justice obtained for crime victims.

The Superior Court also explained the problem with allowing single-issue organizations to overwhelm the courts with challenges to decisions made by prosecutors and victims:

Further, an expanded standing rule would allow individuals or organizations dedicated to a single issue, such as pornography, drug possession, gun control or spousal abuse, to challenge systematically the district attorney’s charging decisions on those

issues and repeatedly appear in court asking that charges be filed or enhanced. We cannot approve a standing rule that would permit countless court actions seeking criminal charges that both the district attorney and the alleged victims have decided not to pursue.

Id. at ¶ 32. In this case, PCC is clearly dedicated to a single issue: making money by selling marijuana. The Court cannot permit countless court actions seeking changes in criminal sentences every time PCC members' bank accounts are threatened because some offenders, in the view of their treatment providers, should not have access to medical marijuana while receiving treatment for addiction and psychiatric conditions.

The *Hickson* Court also struggled with the parameters of a broad standing rule:

Most important, the district attorney is an elected official. By its nature her office has broad discretion with regard to the crimes it will prosecute. . . . The system of private criminal complaints is supplementary or corrective to the operation of the prosecutor's office. It should not be used to change the nature of the office. Granting standing to citizens who have no relationship or connection to the crime could indeed change the nature of the office.

The prosecutor is elected to run her office using her broad discretion fairly and honestly. If she fails to do so, the remedy is not to reshape the office through the mechanism of private criminal complaints. Instead, the remedy lies in the power of the electorate to vote her out of office.

Id. at ¶¶ 35-36. Likewise, Pennsylvania judges are on the bench because the electorate has entrusted them with, among other things, seeking the successful

rehabilitation of offenders in treatment courts. If the PCC's members do not approve of how judges do this, they can cast their ballots at election time. A third-party's ability to dispute judicial discretion in criminal cases would unacceptably change the nature of the bench.

The PCC does not have standing to interfere with criminal sentencing and, as such, the Petition must be dismissed.

C. The Petition Should Be Dismissed Because Petitioners Cannot Demonstrate The Right To A Permanent Injunction.

To obtain a permanent injunction, Petitioners must demonstrate the following: “(1) the right to relief is clear, (2) there is an urgent necessity to avoid an injury which cannot be compensated for by damages, and (3) greater injury will result in refusing rather than granting the relief requested.” *Big Bass Lake Cmty. Ass’n v. Warren*, 23 A.3d 619, 626 (Pa.Cmwlth. 2011). The case for a mandatory injunction “must be made by a very strong showing, one stronger than that required for a restraining-type injunction.” *Id.* As noted by this Court, “[e]ven where the essential prerequisites of a permanent injunction are satisfied, the court must narrowly tailor its remedy to abate the harm.” *Id.*

1. A Permanent Injunction must be Denied Because Petitioners Cannot Establish a Clear Right to Relief.

If Monyer is dissatisfied with the disposition of his application to treatment court, his remedy is to appeal to the Superior Court, not to ask this Court to interfere

with a pending criminal prosecution. The Judicial District's policy is not a blanket ban like the policy stricken by the Supreme Court in *Gass v. 52nd Judicial District*. Furthermore, neither Monyer nor PCC was denied a privilege solely for engaging in protected activity under the MMA. For these reasons, as detailed below, Petitioners cannot establish a clear right to relief.

a. There is no policy that this Court can enjoin without interfering with criminal sentencing or criminal pretrial diversionary programs.

There is no blanket policy banning medical marijuana in the Judicial District and this Court is without jurisdiction to entertain interlocutory relief over Monyer's ongoing individual criminal case. Without an administrative policy at the district level that bans all medical marijuana by treatment court users, there is simply nothing for this Court to enjoin.

Importantly, the Policy and Procedure Manual for Berks County Treatment Court clearly states that, "Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details diagnosis and medical necessity for use." In Monyer's case, he was not even denied admission to Mental Health Treatment Court because of his medical marijuana use. He applied and the presiding judge denied his application due to Monyer's firearms offense. Consequently, the entire premise for the Petition is flawed at the outset because there are no blanket policy

bans against medical marijuana for treatment court participants. Moreover, Monyer's medical marijuana use was not the basis for his denied admission.

In the absence of a blanket policy ban against medical marijuana, Petitioners are left with only their dissatisfaction at a specific ruling by a treatment court judge acting in a judicial capacity. Treatment courts, like the one Monyer applied for, are simply another form of a judicial proceeding: namely, criminal sentencing and court supervision. The main difference is that the approach is less adversarial and more comparable to a team setting whereby the usual criminal justice stakeholders work together in a collaborative environment. *See* U.S. Department of Justice, Office of Justice Programs, *Drug Courts* (August 2021), available at <https://www.ojp.gov/pdffiles1/nij/238527.pdf>; *Adult Drug Court Best Practice Standards Vol. I*, National Assoc. of Drug Court Professionals 24 (2013), available at <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf>. Regardless of the style of treatment court, it is still a judicial proceeding presided over by a judge acting within their sentencing jurisdiction. *See, e.g., Stoudymire v. N.Y.S. Div. of Hum. Rts.*, 36 Misc. 3d 919, 922-23, 949 N.Y.S.2d 611, 614 (Sup. Ct. 2012), *aff'd sub nom. Stoudymire v. New York State Div. of Hum. Rts.*, 109 A.D.3d 1096, 971 N.Y.S.2d 713 (2013); *Beisel v. Espinosa*, No. 8:17-CV-51-T-33TBM, 2017 WL 2060673, at *1 (M.D. Fla. 2017). A judge making an individual assessment about

whether to permit or deny a treatment court participant access to any kind of medication is an exercise of judicial discretion subject to judicial immunity. *United States v. Unified Jud. Sys.*, No. CV 22-709, 2023 WL 3044592, at *6 (E.D. Pa. 2023).

Moreover, under Pennsylvania law, a common pleas court judge, in the judge's discretion, may place an offender on probation or treatment court as an alternative to imposing a sentence. *Com. v. Nicely*, 638 A.2d 213, 216 (1994), *citing* 61 P.S. § 331.25. Further, "the court does not exhaust its sentencing power when it places an offender on probation with terms and conditions." *Id.*, *citing* *Commonwealth v. Ferguson*, 193 A.2d 657, 659-60 (Pa. Super. Ct. 1963). The direct supervision of criminal offenders on any kind of probation or treatment court is uniquely committed to the courts of common pleas. *See, e.g.*, 42 Pa.C.S. § 9771 (reflecting the ongoing power of common pleas courts to modify or revoke probation orders after criminal sentencing). Critically, for purposes of this Petition, if Monyer or any criminal defendant is subjected to an illegal sentence by a judicial order, the appeal in his individual case is to Superior Court, not Commonwealth Court. *See e.g.*, 42 Pa. C.S.A. § 742 (Superior Court has exclusive jurisdiction over orders from the court of common pleas); *Commonwealth v. Muhammed*, 992 A.2d 897, 903 (Pa. Super. Ct. 2010); *Commonwealth v. Shugars*, 895 A.2d 1270, 1274 (Pa. Super. Ct. 2006).

In a recent case before the Superior Court, the criminal defendant appealed from a judgment of sentence after the trial court convicted him of Driving Under the Influence (“DUI”). *Commonwealth v. H.C.G.*, 299 A.3d 897, at *1 (Pa. Super. Ct. 2023). The defendant filed a timely and appropriate appeal challenging the trial court’s denial of his motion to compel his inclusion in the county’s accelerated rehabilitative disposition (“ARD”) program. *Id.* The defendant argued that the Commonwealth’s blanket refusal to admit DUI offenders into the ARD program was impermissible. *Id.* The Superior Court agreed, vacated the defendant’s conviction and judgment of sentence, and remanded for the trial court to conduct an ARD hearing. *Id.* at *3.

In another appeal concerning admission into ARD, the defendant appealed from the judgment of sentence imposed by the court of common pleas. *Commonwealth v. Johnson*, 1546 MDA 2015, 2016 WL 5928958, at *1 (Pa. Super. Ct. 2016). On appeal, the defendant raised two claims concerning the denial of her admission into the Commonwealth’s ARD program. *Id.* While the appellate panel disagreed with the defendant’s arguments, her right to seek relief was through appeal of her judgment of sentence to the Superior Court. *Id.* at *5.

In a Supreme Court case concerning treatment court, the defendant successfully completed the Veterans’ Treatment Court Program and was sentenced to probation and ordered to pay restitution. *Commonwealth v. McCabe*, 265 A.3d

1279, 1283 (Pa. 2021). The defendant filed a post-sentence motion for reconsideration of sentence, timely appealed the trial court’s denial of the motion to the Superior Court, and appealed the Superior Court’s order to the Supreme Court. *Id.* Following the defendant’s guilty plea, the trial court permitted him to enter the Veterans Treatment Court program, deferred sentencing to the defendant’s completion of the program, and imposed conditions of the defendant’s participation, which included the payment of restitution. *Commonwealth v. McCabe*, 230 A.3d 1199, 1204 (Pa. Super. Ct. 2020), *aff’d*, 265 A.3d 1279 (Pa. 2021). The Superior Court observed that treatment court is not unlike ARD.² *Id.*³ While the Court noted differences between ARD and treatment court (*id.* at 1205-06), what is the same is a defendant’s right to challenge decisions in these programs all the way up to the Supreme Court through direct appeal of the trial court’s order to Superior Court (*see McCabe*, 265 A.3d 1279).

In this case, Monyer is not yet even under court supervision through probation or participation in a treatment court. He is presently awaiting trial for criminal charges. He applied for admission into Mental Health Treatment Court but was

² In *Johnson*, the Court remarked that it is well-settled that “[a]dmission to an ARD program is not a matter of right, but a privilege.” 2016 WL 5928958, at *1.

³ ARD was designed to resolve cases “by programs and treatments rather than by punishment.” *McCabe*, 230 A.3d at 1204 (citation omitted). Treatment court is similar but features “greater treatment-focused aims that problem-solving courts are designed to address.” *McCabe*, 265 A.3d at 1283.

denied. If he is eventually sentenced in any fashion, his appeal rights for any aspect of these sentencing possibilities would lie with Superior Court, not this Court. At present however, this case is still an individual case where the criminal defendant has not yet even been tried or sentenced.

b. Petitioners' arguments about the Supreme Court's ruling in Gass v. 52nd Judicial District are irrelevant.

In their Petition, Petitioners claim that the Judicial District's policy violates the Pennsylvania Supreme Court's ruling in *Gass v. 52nd Judicial District*, 223 A.3d 212, 212-13 (Pa. 2019). They assert that the Judicial District is improperly considering medical marijuana in treatment courts.

Petitioners' claims regarding the *Gass* case are misplaced because the policy at issue in *Gass* involved an administrative policy that banned all medical marijuana use by probationers across the judicial district, something that the Supreme Court described as a "foundationally inappropriate presumption" under the law. 232 A.3d 706, 715 (2020). The Supreme Court's main concern in this regard was that criminal defendants under court supervision were potentially subject to revocation hearings for general conditions of probation that prohibited *all* use of medical marijuana – without regard to whether the use was lawful (emphasis added). When considering the amended policy – which permitted a hearing during which it was probationers' burden to prove medical necessity – the Court observed a presumption "that any and all use is impermissible."

The present case has none of these features. There is no blanket ban and there is no presumptive prohibition. Treatment Court applicants and participants are not required to meet an evidentiary burden at a hearing, and the Policy does not require demonstration of medical necessity. The Policy states, “[c]onsideration for use *should* be accompanied by a letter addressed to the Court from a treating physician that details diagnosis and medical necessity for use” (emphasis added). It does not require applicants to meet a strict precedent condition in the form of an evidentiary burden. More importantly, Monyer has not been damaged by the Policy or the practices in question. As already stated above, Monyer has a pending criminal trial. He applied for, and was denied, acceptance into Mental Health Treatment Court because of an underlying firearms charge. This was an individual judicial decision made by the presiding treatment court judge.

Consequently, for the foregoing reasons, Petitioners do not have a clear right to relief in this Court because there is no “blanket ban policy” for this Court to enjoin. Monyer is facing a criminal trial and is apparently considering whether to plead guilty and seek admission to Mental Health Treatment Court in order to get assistance with his personal life. Petitioners are attempting to create a new class of cases in this Court whereby individual criminal defendants who are dissatisfied with individual denials of admission into treatment court will seek appeal to this Court and attempt to argue that their individual denial is akin to the blanket ban in the *Gass*

matter. In this case, there is no blanket policy ban against medical marijuana by treatment court participants; rather, requests to use medical marijuana are addressed on a case-by-case basis by the court. This Petition is an abuse of this Court’s original jurisdiction, especially when treatment court judges are making decisions in their judicial capacity on a case-by-case basis.

c. Petitioners were not denied a privilege solely for engaging in protected activity under the MMA.

According to the plain language of the MMA, Petitioners are not entitled to relief. This Court has observed:

When the language of a statute is clear, we apply the words of the statute as written. Failing to do so would result in this Court wrongfully obtruding upon the province of the General Assembly to draft statutes according to whatever policies it deems important.

Harrisburg Area Cmty. Coll. v. Pennsylvania Human Relations Comm’n, 245 A.3d 283, 293 (Pa.Cmwlt. 2020). The MMA provides that a patient or medical marijuana organization shall not be “denied any right or privilege . . . solely for lawful use of medical marijuana . . . or sale or dispensing of medical marijuana” 35 P.S. § 10231.2103(a)(1), (4). Based on the plain language of the MMA, it prohibits adverse action that is taken exclusively, or solely, on the basis of protected activity under the MMA. *See Reynolds v. Willert Mfg. Co., LLC*, 567 F.Supp.3d 553, 559 (E.D. Pa. 2021). This interpretation is supported by comparing the MMA, which prohibits discrimination “solely” on the basis of one’s protected activity, and

the Pennsylvania Human Relations Act (“PHRA”), which prohibits discrimination “because of” a series of protected characteristics. *Id.*, comparing 35 P.S. § 10231.2103 with 43 P.S. § 955(a). To show a causal connection required by the PHRA for discrimination claims, a plaintiff need only present sufficient evidence that a protected characteristic was a motivating factor for the adverse action. *Spanish Council of York, Inc. v. Pennsylvania Human Relations Comm’n*, 879 A.2d 391, 399, n. 19 (Pa.Cmwlth. 2005). In interpreting the employment provision of the MMA, which contains different language than the PHRA, the United States District Court (Eastern District) reasoned soundly:

[G]iven the legislature’s choice of differing language between the PMMA and PHRA, the motivating factor test would seem inappropriately applied to claims brought under the PMMA. Unlike the PHRA, the PMMA does not prohibition [*sic*] discrimination “because of” cardholder status, but rather it requires a plaintiff to show that the discrimination was “solely” on the basis of his or her status. Put another way, the PMMA appears to require a but-for causal connection between the employee’s status and the resultant adverse employment action.

Reynolds, 567 F.Supp.3d at 559. The court thus predicted that the Pennsylvania Supreme Court would require a plaintiff to show but-for causation. *Id.*

This prediction is reasonable given that the Pennsylvania Supreme Court “presume[s] that when enacting legislation, the General Assembly is aware of the existing law.” *Appel v. GWC Warranty Corp.*, 291 A.3d 927, 934 (Pa.Cmwlth. 2023), quoting *In Re Est. of Easterday*, 209 A.3d 331, 341-42 (2019). In *Appel*,

therefore, this Court presumed that the General Assembly was aware of the Workers' Compensations Act's ("WC Act") mandate that employers pay for employees' medical treatment when the MMA authorized medical marijuana as a medical treatment and held that the WC Act required the employer to reimburse claimants for out-of-pocket medical marijuana costs. *Id.* at 934-35. Moreover, where the General Assembly "expressly mentions one thing in a statute, [the Court] must assume that it intended to exclude all things omitted." *Harrisburg*, 245 A.3d at 292. In *Harrisburg*, this Court observed that the MMA did not reference the PHRA or the Pennsylvania Fair Educational Opportunities Act ("PFEOA"); the legislature could have amended the language of PHRA and PFEOA to require accommodation of medical marijuana use but did not; and the legislature could have included an anti-discrimination statement for post-secondary students within the MMA but did not. *Id.* As such, this Court concluded, the General Assembly did not intent to require educational institutions to accommodate a student's use of medical marijuana. *Id.*

Similarly, this Court must assume that the General Assembly was aware of the language in its anti-discrimination statute when it enacted protections for medical marijuana users and vendors under the MMA. This Court must also assume that the legislature's inclusion of a word to the exclusion of another was intentional. If the General Assembly intended to allow for remedies in a mixed-motive case, it could have used the PHRA's language – "because of" – but chose not to. The legislature's

inclusion of “solely for lawful use” means exactly what it says: to be entitled to relief, a plaintiff must show denial of a privilege exclusively because of activity protected by the MMA. Different burdens of proof for the PHRA and MMA are supported by the plain language of the statutes and also their differing objectives: “The purpose of PHRA and PFEOA is to remedy various types of discrimination, as opposed to the MMA, which legalized medical marijuana.” *Id.*

In this case, there is no genuine question of material fact that Petitioners cannot show that they were denied privileges solely for protected activity under the MMA. As to Monyer, even if his medical marijuana use were a consideration by the Court – which it was not – the undisputable facts are that it was not the sole reason. Per the language of the three Orders denying his admission – which constitute the court’s reasons notwithstanding the opinions of Treatment Court team members – Monyer was “[d]enied due to failure to comply with pretrial services,” denied “due to [Monyer] not meeting appropriate requirements needed to enter Treatment Court,” and denied because he was “ineligible to participate in Mental Health Treatment Court due to the firearms offense.” Gelu Negrea from the VA testified that, due to Monyer’s schizophrenia and psychosis diagnoses, he was not appropriate for Veterans Court. Mr. Negrea believed that admitting Monyer to Veterans Court would be setting him up for failure because Monyer would be unable to abide by the strict rules. Attorney Kenneth Kelecic from the District Attorney’s

office testified that Monyer was reluctant to attend groups and there was concern that Monyer's prescribed medications would not be effective if he were also using medical marijuana. Probation Officer Paige MacBain testified that Monyer was reluctant to attend groups, she was concerned about how medical marijuana would react with schizophrenia medication, and Monyer was unwilling to take medication as prescribed. Undoubtedly, Monyer's underlying offenses include a firearms charge.

Even the evidence related to medical marijuana does not support that Monyer was denied because of the Judicial District's policy. Mr. Kelecic testified about his concern that Monyer would be subject to additional charges if he were caught with medical marijuana on VA property. Jessica Bodor testified that the VA, a federal agency, does not allow medical marijuana use and, in any event, Monyer did not submit documentation required by the judge to support a request to use it.⁴ Per the holding in *Gass*, judges may make reasonable inquiries into whether the use of marijuana by a person under court supervision is lawful under the MMA. *Gass*, 232 A.3d at 715.

⁴ It is expected that Petitioners will claim that Monyer did not know the court wanted him to submit a letter. Even if that were true when he first applied to Treatment Court, he knew or should have known when he applied to Veterans Court for the second time in July 2023 and when he applied to Mental Health Court in January 2024, as this lawsuit was well underway. Still he did not submit a letter.

Monyer cannot show that he was denied a privilege solely for his lawful use of medical marijuana. As to the PCC, it cannot show that it was denied a privilege solely for its lawful sale or dispensing of marijuana. As set forth above, its members were not denied a privilege, including revenue, for any of its own action. Per the plain language of the MMA and the undisputed material facts, Petitioners cannot show a clear right to relief.

2. The PCC is Not Entitled to Injunctive Relief Because it can be Compensated with Monetary Damages.

That a defendant's losses are compensable as monetary damages alone supports the denial of a permanent injunction. *Allegheny Valley R. Co. v. Urban Redevelopment Auth. of City of Pittsburgh*, 1111 C.D. 2013, 2014 WL 2938616, at *6 (Pa.Cmwlth. 2014). By the express allegations of the Petition, the PCC claims its members have lost revenue due to treatment court participants' alleged inability to purchase medical marijuana. Certainly such a loss could be quantified and compensated with money damages. Accordingly, the PCC may not obtain injunctive relief.

3. A Permanent Injunction Must be Denied Because Granting it Would Cause Greater Injury.

As stated above, the policy that governs medical marijuana in treatment courts permits the use of medical marijuana. The Policy states that decisions about medical marijuana use in treatment courts will be made on a case-by-case basis. Despite the

Petitioners’ anticipated arguments about the court requiring a physician’s letter, or that petitioners must establish “medical necessity,” the Policy does not say any such thing. The Policy literally states, “consideration for use *should* be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis, and medical necessity for use” (emphasis added). This is similar to how all presiding judges in treatment courts make their decisions about a host of treatment issues on a day-to-day basis. They consider all of the relevant information and exercise their judicial discretion. Far from being a broad, outright denial of medical marijuana use by all treatment court participants, the presiding judge of treatment court uses their judicial independence entrusted to them by the citizens of this Commonwealth. An injunction in this case that would prohibit a treatment court judge from making a case-by-case decisions is essentially an injunction against discretion itself and represents a serious danger to treatment court participants.

For example, a treatment court participant might have a diagnosed history of mental illness and be prescribed anti-psychotic medication that is not effective when the participant uses medical marijuana. However, the participant might still receive a medical marijuana card from a separate provider that does not coordinate with the physician who prescribed the anti-psychotic medication. In fact, this dangerous hypothetical is almost the reality of this case. In this case, Monyer has a diagnosis of schizophrenia and psychosis. Monyer does not accept those diagnoses and insists

he has PTSD. His underlying crime involved a firearms charge. PO MacBain and ADA Kelecic testified about concern about drug interactions with medical marijuana. Importantly, schizophrenia and psychosis are not serious medical conditions under the MMA. 35 P.S. § 10231.103, 35 P.S. § 10231.301.

Under Petitioners' view, the treatment court judge would have no ability to assess Monyer's firearms charge, his schizophrenia/psychosis, the treatment recommended by qualified professionals, or statutory requirements for using medical marijuana. Petitioners' argument is that once Monyer claims that he has a desire to use medical marijuana, his individual needs as a treatment court participant are now irrelevant. Petitioners claim that a presiding judge has no ability to question the circumstances of Monyer's health, underlying crimes, and claimed need for medical marijuana. The effect of an injunction in this case is that there will no longer be any individual assessment of a treatment court participant's particular situation. Consequently, an injunction against the Judicial District's Policy would cause greater injury.

IV. CONCLUSION

Based on the foregoing arguments, respondent the 23rd Judicial District respectfully requests this Honorable Court dismiss the Petition.

Respectfully submitted,

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CERTIFICATE OF COMPLIANCE

Pursuant to the requirements of Pa.R.A.P. 2135(a)(1) undersigned counsel certifies that this Brief contains 8870 words and is therefore in compliance with the word count restrictions of the Rules of Appellate Procedure. I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

/s/ Jennifer M. Herrmann
JENNIFER M. HERRMANN

CERTIFICATE OF SERVICE

The undersigned certifies that on April 8, 2024, she personally caused to be served the foregoing *Brief* via PACFile to all counsel of record.

/s/ Jennifer M. Herrmann
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Exhibit A

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IN THE COMMONWEALTH COURT OF PENNSYLVANIA

**Damon Monyer and the
Pennsylvania Cannabis Coalition,**

Petitioners,

v.

23rd Judicial District, Berks County,

Respondent.

**No. _____
Original Jurisdiction**

NOTICE TO PLEAD

To the 23rd Judicial District, Berks County: You are hereby notified to file a written response to the Petitioners' enclosed Petition for Review within twenty (20) days from service hereof, or such other time as the Court prescribes, or judgment may be entered against you.

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days, or

within the time set by order of the court, after this petition for review and notice are served, by entering a written appearance personally or by attorney

and filling in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claims or relief requested by the plaintiff. You may lose money or property or other rights important to

you. You should take this paper to your lawyer at once. If you do not have a lawyer or cannot afford one, go to or telephone the office set forth below to find out where you can get legal help.

Berks County Bar Association Lawyer
544 Court Street
P.O. Box 1058
Reading, PA 19603
(610) 375-4591

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

**Damon Monyer and the
Pennsylvania Cannabis Coalition,**

Petitioners,

v.

23rd Judicial District, Berks County,

Respondent.

**No. _____
Original Jurisdiction**

**PETITION FOR REVIEW
ADDRESSED TO THE COURT'S ORIGINAL JURISDICTION**

I. SUMMARY OF THE LAWSUIT

1. Recognizing the significant health benefits that marijuana can provide to individuals with serious medical conditions, Pennsylvania legalized medical marijuana in 2016 through the Medical Marijuana Act (“MMA”). Under the MMA, individuals with serious medical conditions can use medical marijuana after registering with the state and obtaining a doctor’s certification. The law contains an immunity provision that protects patients from arrest, prosecution, or any manner of penalty and prohibits patients from being denied any right or privilege for using medical marijuana.

2. Despite these broad legal protections for individuals who use medical marijuana, the 23rd Judicial District, sitting in Berks County, has adopted two

policies that limit or entirely prohibit individuals who use medical marijuana from being admitted to and participating in the Judicial District's four problem-solving court programs.¹ The first such policy, which applies in the Judicial District's Mental Health Treatment Court and Veterans Treatment Court, flatly prohibits individuals from using medical marijuana in those programs. The other policy, which applies in the Judicial District's Drug Treatment Court and DUI Treatment Court, permits individuals to use medical marijuana only if they can prove to the presiding judge's satisfaction that they have a medical necessity to use medical marijuana. This lawsuit challenges both of those policies as illegal under Pennsylvania law.

3. The result of the policy governing Veterans Treatment Court is emblematic of the problems caused by these unlawful restrictions on lawful medical marijuana use, as it prevents veterans like Petitioner Damon Monyer from accessing the benefits of the program. The policy also runs counter to the Veterans Treatment Court's mission "to divert our combat veterans from the traditional criminal justice system and provide them with comprehensive rehabilitative services that address substance abuse, mental health, or adjustment issues that have

¹ The Judicial District's four problem-solving court programs are: (1) Mental Health Treatment Court, (2) Veterans Treatment Court, (3) Drug Treatment Court, and (4) DUI Treatment Court. As is relevant to medical marijuana use, the Mental Health Treatment Court and Veterans Treatment Court use the same policy, while the Drug Treatment Court and DUI Treatment Court follow a different, but also unlawful, policy.

occurred in correlation with their military service,” and its goals “to honor the service of our veterans, reduce recidivism, improve community relations, and restore our military heroes to productive, successful, law-abiding lives.” See Exhibit A, Veterans Treatment Court Participant Handbook.²

4. Despite this mission, the Veterans Treatment Court policy has excluded Petitioner Damon Monyer solely because he uses medical marijuana.

5. Mr. Monyer is a decorated United States Air Force combat veteran of the Iraq War. As a result of his military service, Mr. Monyer has post-traumatic stress disorder (“PTSD”) and chronic pain. At the recommendation of his doctor, Mr. Monyer uses medical marijuana to manage these disabilities, which has been invaluable and allowed him to end his use of pain medications and regain some normalcy in his life.

6. In 2020, the Supreme Court of Pennsylvania unanimously ruled in *Gass v. 52nd Judicial District* that individuals under court supervision were “patients” under the MMA and entitled to broad immunity from arrest, prosecution, or the denial of any right or privilege based solely on their use of medical marijuana. Accordingly, the Court held that judicial districts could not deny individuals who lawfully use medical marijuana the privilege of probation, as

² A true and correct copy of the Veterans Treatment Court Participant Handbook is attached as Exhibit A.

such a denial was “contrary to the immunity accorded by Pennsylvania’s Medical Marijuana Act” and could not be enforced. *Gass v. 52nd Judicial District*, 232 A.3d 706, 715 (2020). Nor, could judicial districts require that individuals prove a “medical necessity” before being allowed to use medical marijuana while on court supervision. *Id.*

7. The Court’s decision in *Gass* is controlling. Like probation, participation in Respondents’ problem-solving courts is a privilege protected by the MMA. The 23rd Judicial District cannot condition individuals’ admission or participation in these programs on abstaining from the lawful use of medical marijuana, nor can they pick and choose which participants may use medical marijuana. Under *Gass*, both of the policies governing medical marijuana use in Respondent’s treatment courts are illegal.

8. In light of the MMA’s clear language barring policies like the ones issued by the 23rd Judicial District, Petitioners seek an order declaring the policies unenforceable.

9. Mr. Monyer, who faces irreparable harm, also seeks special relief in the form of a preliminary injunction restraining enforcement of the Veterans Treatment Court policy so that he may be admitted to Veterans Treatment Court and continue his lawful use of medical marijuana while participating in the program.

II. JURISDICTION

10. This Court has original jurisdiction over this Petition for Review pursuant to 42 Pa.C.S. § 761(a)(1). *See Gass v. 52nd Judicial District, Lebanon County*, 223 A.3d 212, 212-13 (Pa. 2019) (challenge to court’s medical marijuana policy is properly brought in the Commonwealth Court).

III. PARTIES

11. Petitioner Damon Monyer is a 39-year-old resident of Reading, Pennsylvania, in Berks County and a veteran of the United States Air Force. He qualifies in all respects for participation in the 23rd Judicial District’s Veterans Treatment Court program, but for the Judicial District’s unlawful policy of excluding individuals who use medical marijuana.

12. Petitioner the Pennsylvania Cannabis Coalition (“PCC”) is a trade association under section 501(c)(6) of the Internal Revenue Code, which is headquartered in Harrisburg, Pennsylvania and is comprised of Pennsylvania medical marijuana permit holders and industry partners. PCC works with state and local officials to ensure that as cannabis laws evolve, they have a positive impact on jobs, taxes, patient access, and the overall cannabis industry. PCC members supply medical marijuana to individuals throughout the Commonwealth of Pennsylvania who are certified to use medical marijuana. PCC members supply medical marijuana to Mr. Monyer and others located in the 23rd Judicial District

who are and will be affected by the policies at issue. Both their professional and economic interests are and will be adversely affected if the challenged policies force their current and prospective clients to discontinue medical marijuana use.

13. Respondent, the 23rd Judicial District, is the judicial district of Pennsylvania’s Unified Judicial System that includes the Berks County Court of Common Pleas, and the problem-solving courts thereof, including Drug Treatment Court, DUI Treatment Court, Mental Health Court, and Veterans Treatment Court.

14. Each of the District’s problem-solving courts has a mission that is consistent with the purposes of the MMA and antithetical to the programs’ respective policies that disadvantage medical marijuana users:

- a. The mission of the 23rd Judicial District’s Mental Health Court is to “integrate substance abuse/mental health treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of substance abuse/mental health related recidivism.” Exhibit B at 1.³
- b. The mission of the 23rd Judicial District’s Veterans Treatment Court is to “divert our combat veterans from the traditional criminal justice system and provide them with comprehensive rehabilitative services

³ A true and correct copy of the Mental Health Treatment Court Participant Handbook is attached as Exhibit B.

that address substance abuse, mental health, or adjustment issues that have occurred in correlation with their military service.” Exhibit A, Veterans Treatment Court Participant Handbook at 1. “The goals of the program are to honor the service of our veterans, reduce recidivism, improve community relations, and restore our military heroes to productive, successful, law-abiding lives.” *Id.*

- c. The mission of the 23rd Judicial District’s Drug and DUI Treatment Courts is to “integrate substance abuse treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of drug/alcohol related recidivism.” Exhibit C, Drug Treatment Court Handbook at 1; Exhibit D, DUI Treatment Court Handbook at 1.⁴

15. Both the Mental Health Treatment Court and the Veterans Treatment Court Participant Handbooks, which govern participation in those programs, state that each program “prohibits the use of all addictive medications.” Exhibit A at 14; Exhibit B at 13. Each handbook specifically lists medical marijuana among the prohibited medications. *Id.* The handbooks further state that if “a prescribing physician recommends that a client must be continuously maintained on prohibited

⁴ True and correct copies of the Drug Treatment Court Handbook and DUI Treatment Court Handbook are attached as Exhibits C and D, respectively.

prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.” *Id.*

16. The Drug Treatment Court Participant Handbook, which governs participation in that program, provides that:

Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use [sic]. Other factors that will be considered include but are not limited to prior history of illegal use, convictions relative to the substance, and prior treatment records.

Exhibit C at 13.

17. The DUI Treatment Court is governed by the same policy that governs Drug Treatment Court. *See* Exhibit E, Treatment Court Policy on Narcotic Medications and Prohibited Substances (Revised 2-11-2022).⁵

IV. FACTUAL BACKGROUND

Damon Monyer

18. Mr. Monyer joined the United States Air Force in 2005 and served back-to-back combat deployments in Iraq. Mr. Monyer was a Tactical Air Control Party Specialist who provided fighter jet close-air support for infantry combat

⁵ Although the DUI Treatment Court Participant Handbook contains the same language used by the Mental Health and Veterans Treatment Court, stating that medical marijuana is banned, the DUI Treatment Court separately adopted a new policy on February 1, 2022, that uses the same exact language as the Drug Treatment Court Participant Handbook. A true and correct copy of that new policy is attached as Exhibit E.

units. He was honorably discharged in 2010. *See* Declaration of Damon Monyer (“Monyer Decl.”) at ¶ 2.

19. As a result of his service in the Air Force, Mr. Monyer has been diagnosed with a number of serious medical conditions, including post-traumatic stress disorder (“PTSD”), depression, anxiety, muscular-skeletal injuries, tinnitus, and bilateral hearing loss. *Id.* at ¶ 4. These mental and physical disabilities cause Mr. Monyer significant psychological and physical distress. *Id.* He experiences severe chronic pain, making it difficult to sleep. *Id.* at 8. The PTSD consumes his mental focus, as he relives the trauma of his combat experience. *Id.* at ¶ 10.

20. In 2018, Mr. Monyer saw a doctor who determined that Mr. Monyer was likely to receive therapeutic or palliative benefits from the use of medical marijuana. *Id.* at ¶ 5. As a result, Mr. Monyer obtained a medical marijuana identification card issued by the Commonwealth of Pennsylvania, Department of Health, which remains valid. *Id.* His use of medical marijuana comports with the requirements of the Medical Marijuana Act, and he does not use any marijuana that is not medical marijuana within the scope of the Act. *Id.* at ¶ 5, 7.

21. At the recommendation of his doctor, Mr. Monyer uses medical marijuana to treat his serious medical conditions. *Id.* at ¶ 5. Medical marijuana has allowed him to manage his pain without addictive pain medication. *Id.* at ¶ 9. It helps reduce the anxiety and depression associated with his PTSD and helps

control the triggers for the PTSD. *Id.* at ¶ 10. His sleep, appetite, and day-to-day socializing have all dramatically improved—factors that were not improved when he was using other medications. *Id.* at ¶ 11.

22. Mr. Monyer receives medical services from the Berks County Veteran’s Affairs Outpatient Clinic in Wyomissing, Pennsylvania (“Berks VA Outpatient Clinic”). *Id.* at ¶ 6. His treating physician and psychiatrist are aware of his medical marijuana use, which he has discussed with them. *Id.* His use of medical marijuana has not been an impediment to any of his medical treatment nor has the medical marijuana limited the services Berks VA Outpatient Clinic provides Mr. Monyer. *Id.*

23. The criminal incident that Mr. Monyer is alleged to have committed occurred on April 13, 2022. According to the charging documents, Mr. Monyer was intoxicated by alcohol in public. He was arrested and charged with summary offenses for public drunkenness and disorderly conduct. During a search of his belongings incident to his arrest, the police allegedly discovered a firearm. According to the charging documents, Mr. Monyer’s license to carry that firearm expired several months before his arrest, and as a result of that expiration, he was allegedly carrying the weapon on his person unlawfully. He was subsequently charged in CP-06-CR-0002140-2022 with a third-degree felony of carrying a

firearm without a license in addition to the summary offenses for disorderly conduct and public drunkenness.

24. After these charges were brought, Mr. Monyer incorrectly assumed that he had to stop using medical marijuana as he went through the criminal justice system. Monyer Decl. at ¶ 12. He tried to taper his use and finally quit cold-turkey in early December 2022. *Id.* Almost immediately thereafter, he had a psychotic breakdown and considered suicide. *Id.* Resuming medical marijuana, however, has once again stabilized his health. *Id.*

25. As a first-time, non-violent offender, Mr. Monyer applied for Accelerated Rehabilitative Disposition (“ARD”). That application was denied by the District Attorney on September 8, 2022. Mr. Monyer’s criminal defense attorney, Alexander Lassoff, Esq., then requested reconsideration of the denial.

26. The District Attorney’s Office informed Mr. Monyer’s attorney that Mr. Monyer should apply to Veterans Treatment Court because the District Attorney believed it would be a better fit for Mr. Monyer than the ARD program.

27. Mr. Monyer submitted an application for admission to Veterans Treatment Court on December 5, 2022.

28. Mr. Monyer e-mailed Adult Probation Officer Rudy Leon on January 11, 2023, asking if there had been “a decision made for acceptance into the program.” Mr. Leon responded: “I believe you will be getting accepted into

Veterans Court. You should be getting an order from the court indicating when you will need to report to court for admission. Your attorney should follow up with you.” *See* Exhibit F, Emails Between Mr. Monyer and Mr. Leon.⁶

29. On or about the same day, Mr. Monyer spoke with Gelu Negrea, the Veteran’s Justice Outreach Specialist at the Veteran’s Administration who serves as a liaison between the Veterans Treatment Court and the VA. Mr. Negrea explained that Mr. Monyer would be accepted into Veterans Treatment Court and would have a grace period to wean off of medical marijuana while he tried new medication. Monyer Decl. at ¶ 15. Mr. Negrea explained that this would all be part of a treatment plan that would go into effect after Mr. Monyer was admitted to Veterans Treatment Court. *Id.*

30. Believing he had no choice if he wanted to receive the benefits of Veterans Treatment Court, Mr. Monyer was willing to try a different medication that would provide the same relief from his PTSD and chronic pain as medical marijuana. *Id.* at ¶ 16.

31. On February 2, 2023, Mr. Monyer’s attorney, Alexander Lassoff, spoke with ADA Kenneth Kelecic, the ADA who handles admissions to Veterans Treatment Court. Mr. Kelecic informed Mr. Lassoff that Mr. Monyer had not yet

⁶ A true and correct copy of the January 2023 e-mail exchange between Mr. Monyer and Mr. Leon is attached as Exhibit F.

been admitted to the program in January because Veterans Treatment Court was still developing a treatment plan for Mr. Monyer, but he would likely be admitted on February 6 or March 6, 2023.

32. As a result of that conversation, Mr. Lassoff sought a continuance of the underlying criminal case. He e-mailed the court on February 2, 2023, noting: “I was advised that the defendant is most likely approved and would be formally admitted on 3/6/23. As such, I would like to request a further status date after 3/6/23.” ADA Riccio responded: “That is correct – no objections.”

33. Mr. Monyer was not admitted into Veterans Treatment Court in February or March, and the Veterans Treatment Court had still not created a treatment plan for Mr. Monyer.

34. Adult Probation Officer Paige MacBain wrote to Mr. Lassoff on March 8, 2023 that:

The team reviewed his application again on 3/1 and it was determined that Gelu Negrea, the Veteran Justice Outreach Coordinator, needs to meet with Mr. Monyer before his application is officially accepted to develop a treatment plan. Once this is completed, we will move forward accepting Mr. Monyer into the program.

*See Exhibit G, E-mails Between Alexander Lassoff and Paige MacBain.*⁷

⁷ A true and correct copy of the March 2023 e-mail exchange between Mr. Lassoff and Ms. MacBain is attached as Exhibit G.

35. Complying with Probation Officer MacBain's instructions, Mr. Monyer e-mailed Mr. Negrea that same day. They spoke on March 14, 2023. Mr. Negrea told Mr. Monyer to expect a call from the court with an acceptance decision later that week.

36. When Mr. Monyer had not received any notice regarding his acceptance in Veterans Treatment Court by March 23, 2023, Mr. Lassoff contacted ADA Kelecic for an update on the status of Mr. Monyer's application.

37. At that point, the District Attorney's office made clear that the only barrier to Mr. Monyer's entry into Veterans Treatment Court was his medical marijuana use. ADA Kenneth Kelecic responded to Mr. Lassoff's inquiry on March 23 by e-mail:

I wanted to touch base with you about Mr. Monyer. He is still pending admission into treatment court.

He is basically ready for admission from a legal and treatment plan standpoint. The only holdup is his use of medical marijuana. As Mr. Monyer is entering Veteran's Court and his treatment is through the VA, he is required to abide by the VA's rules regarding medical marijuana., [sic] which do not allow him to use.

As such, he has apparently agreed to discontinue his use while in the program. We would like to test him in order to see that his levels are coming down before we do the formal admission. He will need to get in contact with APO Paige McBain in order to set up a time to come in. I have copied her on this email. Once we have a few tests where his levels are diminishing, we can set a date for formal admission.

If you could get in contact with your client to arrange this, I would greatly appreciate it.

See Exhibit H, E-mail from Kenneth Kelecic.⁸

38. Mr. Kelecic's e-mail regarding the VA's position on medical marijuana use is inaccurate.

39. Consistent with Mr. Monyer's own experiences, the United States Department of Veterans Affairs does not deny medical or other services to veterans who use medical marijuana in accordance with state law.

40. According to Veterans Health Administration ("VHA") Directive 1315, it is VHA policy that:

- a. VHA providers and/or pharmacists discuss with the Veteran marijuana use, due to its clinical relevance to patient care, and discuss marijuana use with any Veterans requesting information about marijuana;
- b. To comply with Federal laws such as the Controlled Substances Act (Title 21 United States Code (U.S.C.) 801 et. al.), VHA providers are prohibited from completing forms or registering Veterans for participation in a State-approved marijuana program; and,
- c. VHA providers and/or pharmacists should discuss with patients how their use of State-approved medical marijuana to treat medical or psychiatric symptoms or conditions may relate to the Veterans participation in other clinical activities, (e.g., discuss how marijuana may impact other aspects of the overall care of the Veteran such as how marijuana may interact with other medications the Veteran is taking, or how the use of marijuana may impact other aspects of the overall care of the Veteran such as pain management, Post-Traumatic Stress Disorder (PTSD), or substance use disorder treatment).

⁸ A true and correct copy of the March 23, 2023 e-mail from Mr. Kelecic is attached as Exhibit H.

41. Directive 1315 explains that Veterans Affairs prohibits its providers from completing the paperwork to register a veteran for medical marijuana, but it explains that doctors should discuss medical marijuana use as part of an overall treatment plan.

42. Put more plainly, the Veterans Affairs website “VA and Marijuana – What Veterans need to know” unequivocally states that the use of medical marijuana is not a bar to accessing care and services:

Veteran participation in state marijuana programs does not affect eligibility for VA care and services. VA providers can and do discuss marijuana use with Veterans as part of comprehensive care planning, and adjust treatment plans as necessary.

Some things Veterans need to know about marijuana and the VA:

- Veterans will not be denied VA benefits because of marijuana use.
- Veterans are encouraged to discuss marijuana use with their VA providers.
- VA health care providers will record marijuana use in the Veteran’s VA medical record in order to have the information available in treatment planning. As with all clinical information, this is part of the confidential medical record and protected under patient privacy and confidentiality laws and regulations.

See Exhibit L, “VA and Marijuana – What Veterans need to know” Webpage.⁹

43. There is no basis to prohibit entry to Veterans Treatment Court based on a concern that a participant’s use of medical marijuana will prevent that individual from receiving services from Veterans Affairs.

⁹ A true and correct copy of this webpage is attached as Exhibit L.

44. Attempting to follow the instructions laid out in ADA Kelecic's e-mail, Mr. Monyer scheduled a drug test with Probation Officer MacBain for March 31, 2023.

45. When Mr. Monyer appeared for the drug test, he informed Probation Officer MacBain that he was still using medical marijuana, which would come up as positive on the drug test, because he had not yet been prescribed new medication to take in order to stop using medical marijuana. Monyer Decl. at ¶ 19.

46. Probation Officer MacBain told Mr. Monyer that there was no reason to have the drug test because of the medical marijuana use and sent him home. *Id.* at ¶ 19.

47. Neither Probation Officer MacBain nor any other individuals associated with Veterans Treatment Court asked Mr. Monyer to submit to another drug test. *Id.* at ¶ 20.

48. Following Mr. Monyer's appointment with Probation Officer MacBain, Mr. Negrea informed Mr. Monyer for the first time that he would have to stop using medical marijuana to be admitted to Veterans Treatment Court. *Id.* at ¶ 23. This was inconsistent with what Mr. Negrea had previously told Mr. Monyer—namely, that he would only need to stop using medical marijuana *after* he was admitted into Veterans Treatment Court and started a new medication. *Id.*

49. Mr. Monyer agreed, as long as he could start a new medication before stopping the medical marijuana, in light of the difficulties he faced (including a psychotic breakdown and suicidal ideation) when he tried to stop using medical marijuana previously. *Id.* at ¶ 22. His primary care physician at the Berks VA Outpatient Clinic had also told him that he should not quit medical marijuana cold turkey without a suitable replacement medication. *Id.* at ¶ 26.

50. Mr. Negrea worked with Mr. Monyer to schedule an appointment to see a psychiatrist at the Berks VA Outpatient Clinic. *Id.* at ¶ 23. The initial earliest appointment was for May 11, 2023, but the Berks VA Outpatient Clinic then cancelled and rescheduled the appointment for July 3. *Id.* at ¶ 24.

51. Mr. Negrea urged Mr. Monyer to see a Veterans Affairs psychiatrist as soon as possible and to try to get an emergency appointment at the Veterans Affairs Hospital in Lebanon County to explore different medication options. *Id.* at ¶ 24. Mr. Monyer declined because he was not experiencing an emergency at that time, and he reasonably feared that, due to VA policy, if he began treatment at the Lebanon County VA Hospital, then he would have to continue taking on the burden of traveling there for additional appointments with the same psychiatrist. *Id.* at ¶ 25.

52. Mr. Monyer is unemployed and does not have a car, so it is difficult for him to travel to Lebanon County. *Id.* at ¶ 25.

53. In addition, Mr. Monyer currently receives services from the Berks County VA outpatient facility and wishes to continue receiving services at that facility from doctors and other medical providers with whom he has a relationship.

54. Mr. Monyer was ultimately able to get a speedier psychiatric appointment at the Berks County VA facility due to a cancellation and saw a psychiatrist on April 26, 2023. *Id.* at ¶ 25. When he met with the psychiatrist, she expressed concern that the Veterans Treatment Court was trying to make Mr. Monyer stop using medical marijuana. *Id.* at ¶ 26. She prescribed Thorazine to help treat the PTSD. *Id.*

55. Mr. Monyer informed Mr. Negrea the same day that his psychiatrist had prescribed him Thorazine that would be delivered by mail. *Id.* at ¶ 27. Mr. Monyer said in the email to Mr. Negrea, “If it works for me, then I can stop using medical marijuana.”

56. Before Mr. Monyer was able to start the new medication, the 23rd Judicial District denied his application for Veterans Treatment Court. *Id.* at ¶ 28.

57. On May 3, 2023, the Berks County Court of Common Pleas issued an order stating that Mr. Monyer’s application was “[d]enied due to failure to comply

with pretrial services.” *See* Exhibit I, May 3, 2023 Order Denying Admission to Veterans Treatment Court.¹⁰

58. The only basis for the court’s denial of Mr. Monyer’s application for admission to Veterans Treatment Court was his continued, lawful use of medical marijuana. Monyer Decl. at ¶ 29.

59. The same day that Mr. Monyer learned of the court’s order denying him admission to Veterans Treatment Court was the day that the prescribed Thorazine arrived for him in the mail. *Id.* at ¶ 30.

60. Following the May 3 order, Mr. Lassoff spoke with ADA Kelecic, who suggested that Mr. Monyer reapply for Veterans Treatment Court. Mr. Lassoff submitted that reapplication on May 11, 2023. ADA Kelecic responded that he was “hoping as well that we can get him entered into the program on June 7.” *See* Exhibit H.

61. The Veterans Treatment Court initially scheduled a meeting to discuss Mr. Monyer’s reapplication for June 7, 2023, but it canceled the meeting and instead scheduled the reapplication to be heard in open court on July 20, 2023.

62. Mr. Monyer’s reapplication to Veterans Treatment Court is still pending, and he has not been accepted into the program.

¹⁰ A true and correct copy of the May 3, 2023 order denying Mr. Monyer’s application for Veterans Treatment Court is attached as Exhibit I.

63. Since Mr. Monyer received the Thorazine in May, he has been using it in conjunction with medical marijuana to treat his PTSD symptoms, and he has reduced his use of medical marijuana. Monyer Decl. at ¶ 32. The Thorazine does have some positive effect on some of his symptoms—it addresses the physical response his PTSD brings on, by reducing the adrenaline and hyperventilation caused by panic attacks. *Id.* However, the Thorazine does not change the mental responses caused by PTSD, such as the triggers for the PTSD, the way his mind focuses on reliving the trauma, and his mental reactions thereto. *Id.* Only the medical marijuana addresses those aspects of the PTSD, as well as the physical chronic pain from which he suffers. *Id.* at ¶ 32-33.

64. Respondent's Veterans Treatment Court policy plainly prohibits the use of medical marijuana, so Mr. Monyer reasonably expects that his application will be once again denied because he continues to use medical marijuana, even after months of trying to comply with the various instructions received from court personnel and attempting in vain to find a suitable alternative to medical marijuana. *Id.* at ¶ 34.

65. Upon information and belief, the sole reason that Mr. Monyer has not been admitted into Veterans Treatment Court is due to his lawful use of medical marijuana.

The Pennsylvania Cannabis Coalition

66. PCC is a trade association that is comprised of approximately 75% of the permit holders statewide who are authorized to dispense medical marijuana to patients, including patients located within the 23rd Judicial District.

67. Under the MMA, patients can only purchase medical marijuana from a permitted medical marijuana dispensary. *See* 28 Pa. Code § 1191a.31(a). The MMA represents a complex and thorough regulatory system that regulates medical marijuana dispensaries and only permits them to operate and earn revenue in accordance with the requirements of the MMA. These regulations put the medical marijuana dispensaries, including PCC's members, within the realm of the interests that are protected and regulated by the MMA.

68. In addition, its membership includes six clinical registrants, who perform research on medical marijuana and its treatment for specific medical conditions in partnership with Academic Clinical Research Centers affiliated with Pennsylvania's medical colleges, and fifteen growers/processors, who grow and process medical marijuana.

69. Part of PCC's mission is education and advocacy on behalf of its members. PCC educates legislators and policymakers about medical marijuana—both the potential medical benefits and how the MMA works in practice. The PCC also helps inform patients about the MMA.

70. PCC's member medical marijuana dispensaries are directly harmed by the 23rd Judicial Districts policies that prohibit all or some individuals in the district's treatment courts from using medical marijuana.

71. PCC's members experience a substantial, direct, and immediate professional and financial harm due to the 23rd Judicial District's policy. By forcing patients to forego medical marijuana treatment, the policy prevents PCC members from providing access to patients who need medical marijuana, which leads to a loss of revenue when individuals who participate in treatment court can no longer purchase medical marijuana from PCC's members. The professional and financial harms are not felt by the public at large but only by PCC's member medical marijuana dispensaries. It is the 23rd Judicial District's policies that directly prohibit individuals from using medical marijuana, which causes them to not purchase it from PCC's member medical marijuana dispensaries. PCC's member medical marijuana dispensaries have and are presently suffering this professional and financial harm from the 23rd Judicial District's policies.

72. In Berks County, there are four licensed dispensaries: (i) Beyond Hello Cannabis Dispensary at 300 Cherry Street, Reading PA 19602; (ii) Sunnyside Medical Cannabis Dispensary at 208 N. Park Road, Unit 1, Wyomissing, PA 19610; (iii) Trulieve at 3325 N 4th Street Hwy, Suite 1, Reading, PA 19605; and (iv) Trulieve at 201 Lancaster Avenue, Reading, PA 19611. These

are the only places within the 23rd Judicial District where patients may lawfully purchase medical marijuana.

73. Three of these dispensaries—the Sunnyside Medical Cannabis Dispensary and the two Trulieve dispensaries—are PCC members.

74. Individuals who currently participate in the 23rd Judicial District’s problem-solving court programs forego the purchase of medical marijuana they need to treat their serious medical conditions from PCC member dispensaries because the 23rd Judicial District’s policies prevent them from using medical marijuana. If the policies remain, other individuals will be forced to forgo the purchase of medical marijuana needed to treat serious medical conditions in the future.

75. If not for the 23rd Judicial District’s policies, some of those individuals would purchase medical marijuana from PCC member dispensaries in Berks County.

76. PCC’s members have and continue to directly suffer professional and financial harm as a consequence of the 23rd Judicial District’s policies that prevent some or all individuals in problem-solving court treatment court programs from using medical marijuana.

77. A typical patient spends approximately \$200 per month on medical marijuana at one of the licensed dispensaries.

78. Mr. Monyer purchases his medical marijuana from a PCC-member Trulieve dispensary in Reading. Trulieve’s mission is to “provide compassionate care patients can trust when traditional medicine is not enough.” In an attempt to comply with the Veterans Treatment Court requirements ahead of the decision on his application for readmission, Mr. Monyer tapered and reduced his medical marijuana use when he started using Thorazine. As a result, he has purchased less medical marijuana from Trulieve, which has interfered with Trulieve’s capacity to provide care and caused Trulieve to have a drop in revenue. Moreover, stopping use of medical marijuana to comply with the Veterans Treatment Court policy, so that he may be admitted based on his pending reapplication, would result not only in medical harm to Mr. Monyer, but also further professional harm and loss in revenue for that PCC member.

79. On information and belief, Laysia Santa was a participant in the 23rd Judicial District’s DUI Treatment Court until her removal from that program on March 16, 2023. She purchased medical marijuana from a PCC-member Trulieve dispensary in Reading and another dispensary in Pottstown. Ms. Santa was removed from DUI Treatment Court as a result of her lawful medical marijuana use because the court did not believe he had established a “medical necessity” for use. Ms. Santa was jailed for several months as a result of this action, during which time she could not purchase medical marijuana.

80. The DUI Treatment Court’s policy preventing Mr. Santa from using medical marijuana caused professional harm and a loss in revenue to that PCC member, directly harming it.

81. On information and belief, other individuals are not using medical marijuana and will not use medical marijuana solely as a result of the 23rd Judicial District’s policies that prevent some or all individuals in problem-solving court treatment court programs from using medical marijuana. Each person who cannot use medical marijuana cannot purchase it from PCC’s member dispensaries in Berks County and around the state.

82. Judge Eleni Geishauser, a judge on the Berks County Court of Common Pleas who oversees the DUI Treatment Court, has confirmed that, while some individuals in that the 23rd Judicial District’s problem-solving court are permitted to use medical marijuana, others like Ms. Santa have been prohibited and punished for their use of medical marijuana. As she explained to Ms. Santa, the “Court has already determined that you are not authorized, unlike others in this court.” Exhibit J, *Commonwealth v. Santa*, CP-06-CR-2852-2021, Notes of Testimony at 11:5-8 (March 2, 2023).¹¹

¹¹ A true and correct copy of this transcript is attached as Exhibit J.

83. On information and belief, Mr. Monyer and Ms. Santa are just two examples, as the 23rd Judicial District treatment court programs have prevented other individuals to use medical marijuana while they participate.

84. On information and belief, the 23rd Juridical District treatment court programs are presently and will continue to prevent individuals from using medical marijuana, which will cause additional losses of revenue to PCC members in Berks County and around the state.

V. LEGAL BACKGROUND

Medical Marijuana Was Legalized in Pennsylvania in 2016 and Is Highly Regulated by the Commonwealth

85. In 2016, the Pennsylvania General Assembly overwhelmingly passed Act 16 of 2016, the MMA. The law established a medical marijuana program that allows individuals in Pennsylvania access to a “therapy that may mitigate suffering in some patients and also enhance [their] quality of life,” while also protecting patient safety. 35 P.S. § 10231.102.

86. Under the MMA, only Pennsylvanians who have a serious medical condition and who are under the continuing care of a qualified physician are eligible to use medical marijuana. 28 Pa. Code § 1141.21.

87. A patient under the terms of the Act is a person who: (1) has a serious medical condition; (2) has met the requirements for certification under this act; and (3) is a resident of the Commonwealth. See 35 P.S. § 10231.103.

88. The current list of covered conditions is limited to:

- Amyotrophic lateral sclerosis
- Anxiety disorders
- Autism
- Cancer, including remission therapy
- Crohn's disease
- Damage to the nervous tissue of the central nervous system (brain-spinal cord) with objective neurological indication of intractable spasticity, and other associated neuropathies
- Dyskinetic and spastic movement disorders
- Epilepsy
- Glaucoma
- HIV / AIDS
- Huntington's disease
- Inflammatory bowel disease
- Intractable seizures
- Multiple sclerosis
- Neurodegenerative diseases
- Neuropathies
- Opioid use disorder for which conventional therapeutic interventions are contraindicated or ineffective, or for which adjunctive therapy is indicated in combination with primary therapeutic interventions
- Parkinson's disease
- Post-traumatic stress disorder
- Severe chronic or intractable pain of neuropathic origin or severe chronic or intractable pain
- Sickle cell anemia
- Terminal illness
- Tourette Syndrome

35 P.S. § 10231.103 (defining “serious medical condition”).¹²

89. Access to medical marijuana is highly controlled in Pennsylvania. To gain access to medical marijuana, an individual must first register with the state-run Medical Marijuana Registry (“the Registry”). 28 Pa. Code § 1191.22(a–b); *see also* 28 Pa. Code § 1191.28. The Registry collects information such as legal name, current address, and contact information. *See* 35 P.S. § 10231.501(c). An individual must also have a Pennsylvania driver’s license or ID card issued by the Pennsylvania Department of Transportation to register for the medical marijuana program. 28 Pa. Code § 1191.25(b)(2).

90. After successfully registering, an individual must then have a consultation with a physician approved by the Pennsylvania Department of Health. 35 P.S. §§ 10231.401(a–b). The physician then issues a certification verifying, *inter alia*, (i) the individual has a qualifying serious medical condition; (ii) the individual will remain under the physician’s continuing care; and (iii) it is likely the patient will receive therapeutic benefit from the use medical marijuana. *See* 35 P.S. §§ 10231.501(a), 10231.403(a).

¹² The Department of Health also added anxiety disorders and Tourette syndrome as approved medical conditions as of July 20, 2019. This change is reflected on the Pennsylvania Department of Health’s website, but has not been formally codified yet. *See* PA. DEP’T OF HEALTH, *Getting Medical Marijuana*, <https://www.pa.gov/guides/pennsylvania-medical-marijuana-program/>.

91. Physicians who issue certifications may set forth recommendations, requirements, or limitations as to the form or dosage of a medical marijuana product on the patient certification. 35 P.S. § 10231.403(b)(6).

92. Once certified by an approved physician, individuals may complete their application for a medical marijuana ID card with the Pennsylvania Department of Health's registry. Medical marijuana ID cards must be renewed annually. 28 Pa. Code §§ 1191.28(d)(1), 1191.29(a).

93. Only after an individual has gone through all of these steps, and only after an individual has received a medical marijuana ID card, may she or he purchase medical marijuana from a dispensary. 28 Pa. Code § 1191a.31(a–b).

94. Medical marijuana products must have a specific concentration of total THC and total CBD, and must have a consistent cannabinoid profile. The concentration of 10 different cannabinoids must be reported to the Department by an approved laboratory and be included on the product label. 28 Pa. Code § 1151.29(a).

95. A dispensary may not dispense an amount of medical marijuana product greater than a 90-day supply to a patient or caregiver, until the patient has exhausted all but a 7-day supply provided pursuant to the patient certification currently on file with the Department. 28 Pa. Code § 1161.24(b). 35 P.S. § 10231.801(e).

96. Prior to dispensing the product, the dispensary employee must prepare a receipt of the transaction and file it with the Department using the electronic tracking system. The receipt must include all of the following information: the name, address and any permit number assigned to the dispensary by the Department; the name and address of the patient and, if applicable, the patient's caregiver; the date the medical marijuana product was dispensed; any requirement or limitation noted by the practitioner on the patient's certification as to the form of medical marijuana product the patient should use; and the form and the quantity of medical marijuana product dispensed. 28 Pa. Code § 1161.23(c). A copy of this receipt must also be given to the patient and/or caregiver, unless that individual declines a receipt. *Id.*

97. The MMA allows the Department to notify any appropriate law enforcement agency of information relating to any violation or suspected violation of the Act and directs the Department to verify to law enforcement personnel whether a certification, permit, registration or an identification card is valid, including release of the name of the patient. 35 P.S. § 10231.1103.

98. If the Department determines that a patient intentionally, knowingly or recklessly violates any provision of the MMA, it can suspend or revoke the identification card of the patient. *Id.* at § 10231.509.

99. The MMA makes it a misdemeanor of the second degree for a patient to intentionally, knowingly or recklessly provide medical marijuana to a person who is not lawfully permitted to receive medical marijuana. *Id.* at § 10231.1304.

The MMA’s Immunity Provision

100. A core component of the MMA is its broad protection for patients from any form of punishment, or the denial of rights or privileges, stemming from their lawful use of medical marijuana. To that end, the MMA protects from governmental sanctions not only patients, but also doctors, caregivers, and others involved in lawful practice under the MMA. According to the MMA, “none” of those individuals:

shall be subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including civil penalty or disciplinary action by a Commonwealth licensing board or commission, solely for lawful use of medical marijuana or manufacture or sale or dispensing of medical marijuana, or for any other action taken in accordance with this act.

35 P.S. § 10231.2103(a).

101. Section 10231.2103(a) prohibits *any* arrest, prosecution or other penalty. Likewise, medical marijuana patients cannot be denied *any* right or privilege for using medical marijuana under this Section.

102. Applying this provision, the Pennsylvania Supreme Court in *Gass v. 52nd Judicial District* held that a policy denying individuals who lawfully use medical marijuana the privilege of probation was “contrary to the immunity

accorded by Pennsylvania’s Medical Marijuana Act” and could not be enforced.
232 A.3d at 715.

103. In *Gass*, the Supreme Court ruled that two versions of a policy regulating the use of medical marijuana by the 52nd Judicial District were illegal. The first policy banned the use of medical marijuana outright for anyone on probation, and the second policy permitted individuals to present evidence at a hearing to “prove medical necessity” of the medical marijuana use. In rejecting both policies, the Court wrote:

The Policy, both in its original and amended forms, fails to afford sufficient recognition to the status of a probationer holding a valid medical marijuana card as a patient, entitled to immunity from punishment, or the denial of any privilege, solely for lawful use. See 35 P.S. § 10231.2103(a). . . . In terms of the amended Policy, the Court deems the affordance of a hearing -- in which probationers bear the burden of overcoming this presumption by proving medical necessity and lawfulness of use -- to be an insufficient countermeasure to the Policy’s foundationally inappropriate presumption.

Gass, 232 A.3d at 715.

The 23rd Judicial District’s Problem-Solving Courts’ Policies Violate the MMA Immunity Provision

104. The 23rd Judicial District operates four problem-solving courts: Drug Treatment Court, DUI Treatment Court, Mental Health Court, and Veterans Treatment Court.

105. As with being on probation, participation in problem-solving court programs like Veterans Treatment Court are privileges under Pennsylvania law,

and a plain reading of the Act includes such court programs within the privileges protected by Section 10231.2103(a).

106. According to the Administrative Office of Pennsylvania Courts:

The goal of problem-solving courts is to supervise the treatment and rehabilitation of carefully screened and selected defendants to try to change their behavior. Instead of a jail sentence, defendants are given counseling, treatment for their addictions or illnesses, educational assistance and healthcare support. ... Defendants who complete their court-supervised programs and graduate may have the charges that brought them to court dismissed and/or their term of supervision reduced. Their criminal records may be expunged.¹³

107. The 23rd Judicial District's Agreement to Participate in Treatment Court specifies that individuals who complete treatment court receive reduced criminal sentences: "I understand that, as a result of my successful participation in treatment Court, I will receive a reduced sentence." *See* Exhibit M, Agreement to Participate in Treatment Court.¹⁴

108. The Pennsylvania General Assembly could have excluded individuals who are participating in problem-solving court programs like Veterans Treatment Court from using medical marijuana, but it did not.

109. Nor does the statute authorizing the creation of problem-solving courts exempt them from the requirements of the MMA. *See* 42 Pa.C.S. § 916.

¹³ AOPC, *Problem-Solving Courts*, <https://www.pacourts.us/judicial-administration/court-programs/problem-solving-courts>.

¹⁴ A true and correct copy of Respondent's Agreement to Participate in Treatment Court is attached as Exhibit M.

The 23rd Judicial District’s Mental Health Treatment Court and DUI Treatment Court Policies

110. The 23rd Judicial District’s Mental Health Treatment Court and Veterans Treatment Court have policies that bars participants from using medical marijuana, and individuals who use medical marijuana are not admitted to those programs.

111. That The Mental Health Treatment Court and Veterans Court Participant Handbooks contain a section titled “Treatment Court Policy on Narcotic Medications and Prohibited Substances.” It provides, in relevant part:

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Veterans Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic versions of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	KRATOM

Participants in Berks County Veterans Treatment Court and individuals seeking entry into the Berks County Veterans Treatment

Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court Team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Exhibit A 14; Exhibit B at 13.

112. Medical marijuana is among the medications and substances prohibited by Mental Health Treatment Court and Veterans Treatment Court.

113. All individuals who participate in Mental Health Treatment Court and Veterans Treatment Court must abide by the policy prohibiting the use of medical marijuana set forth in the Participant Handbooks.

114. Individuals who do not abide by the policy on medical marijuana set forth in the Participant Handbooks are denied admission to Mental Health Treatment Court and Veterans Treatment Court or, if already enrolled in the program, are terminated.

115. The 23rd Judicial District's Mental Health Treatment Court and Veterans Treatment Court policies barring medical marijuana violate the MMA, as

interpreted by the Supreme Court’s decision in *Gass*, which prohibits judicial districts from barring the use of medical marijuana.

The 23rd Judicial Districts Drug Treatment Court and DUI Treatment Court Policies

116. The Drug Treatment Court and DUI Treatment Court both have policies that bar medical marijuana unless the participant can prove that there is a “medical necessity” for its use:

Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use. Other factors that will be considered include but are not limited to prior history of illegal use, convictions relative to the substance, and prior treatment records.

Exhibit C at 13; Exhibit E.

117. Judge Geishauser has explained the procedure that is required under this policy. If a person in one of these treatment court programs wishes to use medical marijuana, the person must file a written petition with the court and request a hearing with the court. Exhibit K, *Commonwealth v. Santa*, CP-06-CR-2852-2021, Notes of Testimony at 4:2-5 (March 16, 2023).¹⁵ At the hearing, the person requesting to use medical marijuana would have to present witnesses and medical testimony. *Id.* at 4:5-6. The treatment court would then determine whether

¹⁵ A true and correct copy of this transcript is attached as Exhibit K.

there is a “medical necessity” for the use of medical marijuana. *Id.* Only if it makes that finding would it “authorize the use of the medical marijuana.” *Id.* at 2:15-16).

118. Individuals who do not follow this policy in Drug Treatment Court or DUI Treatment Court, including by not meeting their burden to demonstrate a “medical necessity” to satisfy the presiding judge, will be prohibited from using medical marijuana and will be expelled from the treatment court program if they use medical marijuana.

119. The 23rd Judicial District’s Drug Treatment Court and DUI Treatment Court policies that bar the use of medical marijuana unless an individual proves a “medical necessity” for its use violate the MMA, as interpreted by the Supreme Court’s decision in *Gass*, which specifically held that judicial districts cannot condition the use of medical marijuana on a showing of “medical necessity.”

* * *

120. Each of the medical marijuana policies applied in the 23rd Judicial District’s problem-solving courts contradicts the unambiguous intent of the General Assembly and the Supreme Court’s interpretation thereof in *Gass*. Unless the 23rd Judicial District is enjoined from enforcing these policies, it will subject Mr. Monyer and other medical marijuana patients to adverse consequences that the Act sought to prevent. These consequences include the denial of the ability to participate in Veterans Treatment Court and the benefits of that program, including

a reduced criminal sentence. This further results in an additional penalty under the MMA, relative to individuals who do not use medical marijuana.

121. The 23rd Judicial District is an outlier among courts with treatment court programs. Of the twenty-five Pennsylvania judicial districts with veterans treatment programs, only the judicial districts in Berks, Carbon, Dauphin, Erie, and Montgomery counties prohibit the use of medical marijuana in their Veterans Treatment Courts.

VI. CLAIMS

COUNT I

(Violation of Pennsylvania’s Medical Marijuana Act, 35 P.S. § 10231.101 et seq.)

122. Petitioners hereby incorporate and adopt each and every allegation set forth in the foregoing paragraphs of the Petition for Review.

123. The Medical Marijuana Act protects patients, doctors, caregivers, and other health care providers involved in lawful practice under the Act from governmental sanctions.

124. Section 2103(a) of the Medical Marijuana Act provides that “none” of those individuals:

shall be subject to arrest, prosecution or penalty in any manner, or denied any right or privilege, including civil penalty or disciplinary action by a Commonwealth licensing board or commission, solely for lawful use of medical marijuana or manufacture or sale or dispensing

of medical marijuana, or for any other action taken in accordance with this act.

35 P.S. § 10231.2103(a).

125. This provision prohibits *any* arrest, prosecution, or other penalty. In addition, a medical marijuana patient cannot be denied *any* right or privilege for using medical marijuana pursuant to the Medical Marijuana Act.

126. The Pennsylvania Supreme Court ruled in *Gass* that a policy denying individuals who lawfully use medical marijuana the privilege of probation was “contrary to the immunity accorded by Pennsylvania’s Medical Marijuana Act” and could not be enforced. 232 A.3d 706, 715 (Pa. 2020). It went on to hold that courts also could not condition use of medical marijuana on an individual proving “medical necessity and lawfulness of use,” as such an approach is “an insufficient countermeasure to the Policy’s foundationally inappropriate presumption.” *Id.*

127. That Court further noted that the “solution” to “concerns that medical marijuana use by probationers may, in fact, cause difficulties with court supervision and treatment . . . is legislative – and not judicial – adjustment.” *Id.* at 604.

128. Like probation, participation in a specialty court program like Drug Treatment Court, DUI Treatment Court, Mental Health Treatment Court, and Veterans Treatment Court is a privilege under Pennsylvania law.

129. The plain language of the MMA prohibits courts from denying privileges to patients who use medical marijuana in accordance with the MMA.

130. The 23rd Judicial District's Mental Health Treatment Court and Veterans Treatment Court have policies that bars participants from using medical marijuana, and individuals who use medical marijuana are not admitted to the Mental Health Treatment Court and Veterans Treatment Court.

131. The 23rd Judicial District's Drug Treatment Court and DUI Treatment Court have policies that bar medical marijuana unless the participant can prove that there is a "medical necessity" for its use Individuals who do not comply with this policy in Drug Treatment Court or DUI Treatment Court will be prohibited from using medical marijuana and will be expelled from the treatment court program.

132. These policies unlawfully prevent individuals from using medical marijuana while in treatment court programs in violation of the MMA.

133. The situation in Veterans Treatment Court is emblematic of the problem with all four treatment court programs. That policy denies Mr. Monyer and other veterans who lawfully use medical marijuana the privilege of participating in Veterans Treatment Court solely because they use medical marijuana. These military heroes are not only denied "comprehensive rehabilitative services that address substance abuse, mental health, or adjustment issues that have occurred in correlation with their military service" but are also denied the benefit

of a reduced sentence and the opportunity to expunge their criminal record. *See* Exhibit A at 1.

134. For these reasons, Petitioners are entitled to declaratory and permanent injunctive relief to enjoin the 23rd Judicial District from enforcing or otherwise implementing these medical marijuana policies in treatment courts. Mr. Monyer is also entitled to preliminary injunctive relief to avoid the irreparable injury that results from the 23rd Judicial District's policies.

COUNT II

(For Declaratory Relief Pursuant to 42 Pa.C.S. § 7531. et seq.)

135. Petitioners hereby incorporate and adopt each and every allegation set forth in the foregoing paragraphs of the Petition for Review.

136. Petitioners are engaged in an actual controversy regarding the lawfulness of the 23rd Judicial District's two court policies that limit or entirely prohibit individuals who use medical marijuana from being admitted to and participating in the Judicial District's four problem-solving court programs. Unless addressed, this controversy is, and will continue to be, a source of litigation between the parties.

137. A declaration by this Court would terminate this controversy and remove uncertainty.

138. Petitioners therefore requests a declaration that the 23rd Judicial District's policies regarding the use of medical marijuana in treatment courts violate the MMA.

PRAYER FOR RELIEF

139. Petitioners have no adequate remedy at law to redress the wrongs suffered as set forth in this petition. Petitioners has suffered and will continue to suffer irreparable harm as a result of the unlawful acts, omissions, policies, and practices of Respondent, as alleged herein, unless this Court grants the relief requested.

140. **WHEREFORE**, Petitioners respectfully request that this Honorable Court enter judgment in his favor and against the 23rd Judicial District and:

- a. Assume jurisdiction of this suit and declare that the two 23rd Judicial District's policies that prohibit the use of medical marijuana in Mental Health Treatment Court and Veteran's Treatment Court, and that require that individuals demonstrate a medical necessity to use medical marijuana in Drug Treatment Court and DUI Treatment Court, violate the Medical Marijuana Act and are therefore invalid, ineffective, and without the force of law;
- b. Preliminarily and permanently enjoin 23rd Judicial District, its agents, servants, officers, and others acting in concert with them, including

but not limited to the Court of Common Pleas judges and probation department staff, from enforcing or otherwise implementing 23rd Judicial District's Veterans Treatment Court policies that prohibit the use of medical marijuana in Mental Health Treatment Court and Veteran's Treatment Court, and that require that individuals demonstrate a medical necessity to use medical marijuana in Drug Treatment Court and DUI Treatment Court;

- c. Award Petitioner costs; and
- d. Provide such other and further relief that this Honorable Court deems just and appropriate.

Dated: June 21, 2023

Respectfully submitted,

/s/ Stephen Loney

Sara Rose (PA ID No. 204936)
Stephen Loney, Jr. (PA ID No. 202535)
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Counsel for Petitioner

VERIFICATION

I, Andrew Christy, counsel for the Petitioners in this matter, hereby verify that the facts set forth in the foregoing Petition for Review are true and correct to the best of my information, knowledge, and belief. None of the parties, individually, has sufficient knowledge or information about all of the facts to verify the petition, so accordingly I verify it pursuant to Pa.R.C.P. 1024(c). I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signed: Andrew Christy

Dated: June 20, 2023

VERIFICATION

I, Damon Monyer, verify that the facts set forth in the foregoing Petition for Review concerning me are true and correct to the best of my information, knowledge, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signed: 

Dated: June 18 2023

VERIFICATION

I, Meredith Buettner, am the Executive Director of the Pennsylvania Cannabis Coalition and am authorized to make this verification on behalf of the Pennsylvania Cannabis Coalition. I hereby verify that the facts set forth in the foregoing Petition for Review concerning the Pennsylvania Cannabis Coalition are true and correct to the best of my information, knowledge, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

Signed: 

Dated: 6/20/23

CERTIFICATE OF COMPLIANCE

I certify that this filing complies with the provisions of the Public Access Policy of the Unified Judicial System of Pennsylvania: Case Records of the Appellate and Trial Courts that require filing confidential information and documents differently than non-confidential information and documents.

/s/ Andrew Christy
Andrew Christy

Exhibit B

<p style="text-align: right;">Page 1</p> <p style="text-align: center;">IN THE COMMONWEALTH COURT OF THE COMMONWEALTH OF PENNSYLVANIA</p> <p>DAMON MONYER, et al.,))))) v.)NO. 283 MD 2023)) 23RD JUDICIAL DISTRICT)</p> <p style="text-align: center;">Deposition of GELU NEGREA taken pursuant to notice via remote videoconference of all participants, beginning at 9:32 a.m., on Tuesday, January 23, 2024, before Eleanor J. Schwandt, Registered Merit Reporter and Notary Public.</p>	<p style="text-align: right;">Page 3</p> <p style="text-align: center;">I N D E X</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">2</td> <td style="width: 85%;">DEPONENT: GELU NEGREA</td> <td style="width: 10%; text-align: right;">PAGE</td> </tr> <tr> <td>3</td> <td>Examination by Ms. Herrmann</td> <td style="text-align: right;">5</td> </tr> <tr> <td>4</td> <td>Examination by Ms. Rose</td> <td style="text-align: right;">119</td> </tr> <tr> <td>5</td> <td>Re-Examination by Mr. Herrmann</td> <td style="text-align: right;">178</td> </tr> <tr> <td>6</td> <td>NEGREA DEPOSITION EXHIBITS REFERENCED</td> <td></td> </tr> <tr> <td>7</td> <td>Exhibit 1 - E-mail chain starting</td> <td></td> </tr> <tr> <td>8</td> <td>with 8/15/23 at 3:05 p.m.,</td> <td></td> </tr> <tr> <td>9</td> <td>5 pages</td> <td style="text-align: right;">94</td> </tr> <tr> <td>10</td> <td>Exhibit 2 - E-mail chain starting</td> <td></td> </tr> <tr> <td>11</td> <td>with 8/14/23 at 10:57 a.m.,</td> <td></td> </tr> <tr> <td>12</td> <td>3 pages</td> <td style="text-align: right;">99</td> </tr> <tr> <td>13</td> <td>Exhibit 3 - E-mail chain starting</td> <td></td> </tr> <tr> <td>14</td> <td>with 8/14/23 at 10:51 a.m.,</td> <td></td> </tr> <tr> <td>15</td> <td>2 pages</td> <td style="text-align: right;">106</td> </tr> <tr> <td>16</td> <td>Exhibit 4 - 5/3/2023 Order</td> <td style="text-align: right;">117</td> </tr> <tr> <td>17</td> <td>(All exhibits were marked after the</td> <td></td> </tr> <tr> <td>18</td> <td>conclusion of the deposition.)</td> <td></td> </tr> <tr> <td>19</td> <td></td> <td></td> </tr> <tr> <td>20</td> <td>DIRECTIONS NOT TO ANSWER</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>21</td> <td>REQUESTS MADE FOR DOCUMENTS</td> <td style="text-align: right;">NONE</td> </tr> <tr> <td>22</td> <td></td> <td style="text-align: right;">PAGE</td> </tr> <tr> <td>23</td> <td>ERRATA SHEET/DEPONENT'S SIGNATURE</td> <td style="text-align: right;">193</td> </tr> <tr> <td>24</td> <td>CERTIFICATE OF REPORTER</td> <td style="text-align: right;">194</td> </tr> </table>	2	DEPONENT: GELU NEGREA	PAGE	3	Examination by Ms. Herrmann	5	4	Examination by Ms. Rose	119	5	Re-Examination by Mr. Herrmann	178	6	NEGREA DEPOSITION EXHIBITS REFERENCED		7	Exhibit 1 - E-mail chain starting		8	with 8/15/23 at 3:05 p.m.,		9	5 pages	94	10	Exhibit 2 - E-mail chain starting		11	with 8/14/23 at 10:57 a.m.,		12	3 pages	99	13	Exhibit 3 - E-mail chain starting		14	with 8/14/23 at 10:51 a.m.,		15	2 pages	106	16	Exhibit 4 - 5/3/2023 Order	117	17	(All exhibits were marked after the		18	conclusion of the deposition.)		19			20	DIRECTIONS NOT TO ANSWER	NONE	21	REQUESTS MADE FOR DOCUMENTS	NONE	22		PAGE	23	ERRATA SHEET/DEPONENT'S SIGNATURE	193	24	CERTIFICATE OF REPORTER	194
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<p style="text-align: right;">Page 2</p> <p>1 APPEARANCES: 2 SARA J. ROSE, ESQ. 3 DEPUTY LEGAL DIRECTOR 4 ACLU OF PENNSYLVANIA 5 P.O. Box 23058 6 Pittsburgh, Pennsylvania 15222 7 srose@aclupa.org 8 for the Petitioners</p> <p>9 JENNIFER HERRMANN, ESQ. 10 ROBERT J. KRANDEL, ESQ. 11 SUPREME COURT OF PENNSYLVANIA 12 ADMINISTRATIVE OFFICE OF PA COURTS 13 1515 Market Street - Suite 1414 14 Philadelphia, Pennsylvania 19102 15 Jennifer.Herrmann@pacourts.us 16 Robert.Krandel@pacourts.us 17 for the Respondent</p> <p>18 ALSO PRESENT: 19 STEPHEN LONEY, ESQ. 20 ANDREW CHRISTY, ESQ. 21 ACLU OF PENNSYLVANIA 22 23 24</p>	<p style="text-align: right;">Page 4</p> <p>1 THE COURT REPORTER: All 2 attorneys participating in this 3 deposition acknowledge that I am not 4 physically present in the deposition 5 room and that I will be reporting this 6 deposition remotely, with all 7 individual participants at their own 8 independent, respective locations. 9 The parties and their 10 counsel consent to this arrangement and 11 waive any objections to this manner of 12 reporting. The Court Reporter will 13 administer the oath via Zoom Conference 14 in lieu of an in-person oath 15 administration. All appearances of 16 counsel will be noted on the 17 stenographic record. 18 GELU NEGREA, 19 the witness herein, having first 20 been duly sworn on oath, was 21 examined and testified as follows: 22 THE COURT REPORTER: Usual 23 stipulations, Counsel? 24 MS. HERRMANN: Yes, please.</p>																																																																					

Page 5

1 Thank you.
 2 (It is hereby stipulated and
 3 agreed, by and between counsel for the
 4 respective parties, that sealing,
 5 certification and filing are waived;
 6 all objections except as to the form of
 7 the question are reserved until trial.)
 8 EXAMINATION
 9 BY MS. HERRMANN:
 10 Q. Mr. Negrea, is that how we
 11 pronounce your name?
 12 A. Yes, Negrea. But that's good.
 13 Q. Negrea?
 14 A. Negrea.
 15 Q. I'll try to get that right.
 16 A. It is such a common name.
 17 Q. Yeah, right. And Gelu as well.
 18 Did I get that right?
 19 A. You did actually. That's very
 20 good.
 21 Q. Thank you so much. My name is
 22 Jennifer Herrmann. Most people call me
 23 Jen, and I welcome you to do the same.
 24 On screen with us as well is

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1 Bob Krandel. We are both from the
 2 Administrative Office of Pennsylvania
 3 Courts. We represent the 23rd Judicial
 4 District for Berks County Court with
 5 respect to a lawsuit filed by Damon
 6 Monyer and the Pennsylvania Cannabis
 7 Coalition. We are here today to take
 8 your deposition, as you know. Have you
 9 ever been deposed before?
 10 A. No.
 11 Q. No, okay. Well, I'll go over a
 12 few instructions and how I expect this
 13 morning to go. This is simply a
 14 question and answer session. I will
 15 ask many of the questions, and when I'm
 16 finished some of the other lawyers
 17 might have some questions for you as
 18 well. We will not be all bombarding
 19 you at the same time.
 20 I think that I speak for all
 21 of us when I say that we are just
 22 looking for you to answer the questions
 23 to the best of your knowledge and
 24 recollection. It doesn't help us a

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1 whole lot if you guess.
 2 At the same time, if you can
 3 reasonably approximate or estimate
 4 something, that's perfectly fine. Just
 5 tell us that you are doing that. Does
 6 that make sense? Yes? So you are
 7 nodding your head. We will talk about
 8 that.
 9 A. Yes. Okay.
 10 Q. So in a lot of ways this will be
 11 like a normal conversation. In a lot
 12 of ways it is not. One way that it is
 13 not is that we do have a court reporter
 14 here who is taking down everything that
 15 we are saying, and everything we say
 16 will become part of a little booklet
 17 that the attorneys can use in the
 18 litigation for different purposes.
 19 Because she is trying to
 20 record everything that we are saying,
 21 it is really hard to do when we speak
 22 over one another. So in normal
 23 conversation you might know where the
 24 question is going and want to answer

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1 it. Please do the best you can to let
 2 me finish the question even if it is an
 3 obvious one. Does that make sense to
 4 you?
 5 A. Yes.
 6 Q. And likewise, I will do the best
 7 I can to let you finish your response
 8 before I begin speaking.
 9 From time to time the other
 10 lawyers might have some objections.
 11 Most of the time I predict it will be
 12 to the form of the question. In that
 13 case you can still answer the question.
 14 Just wait for the lawyer to get the
 15 objection on the record before you
 16 begin your response. Does that make
 17 sense?
 18 A. Yes.
 19 Q. Okay. Now, you are doing a
 20 great job with your yeses at this
 21 point, but that's something I will talk
 22 about as well. When we are recording
 23 this conversation, things that we do in
 24 daily conversation, like shrug our

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1 shoulders and nod our heads and say
 2 sounds like uh-uh don't come forth
 3 nicely on the record. So for that
 4 reason I'll ask you to keep your
 5 answers verbal and actual words.
 6 You will probably forget.
 7 We all do. I will remind you. So if I
 8 say to you something like, Is that yes,
 9 I'm not trying to be rude. I just want
 10 to have a clean record. Is that fair?
 11 A. Yes, I understand. I'll try my
 12 best to be as clear and not use body
 13 language.
 14 Q. Yeah, you are going to do great.
 15 If you need me to repeat the
 16 question at any time, that's fine.
 17 Just ask. I'll repeat it or have the
 18 reporter read it back to us.
 19 Similarly, if you don't
 20 understand a question, and, believe me,
 21 sometimes I don't even make sense to
 22 myself, feel free to ask me to rephrase
 23 the question and I'm happy to do that
 24 for you. Do you agree to do that?

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1 A. Yes.
 2 Q. Great. Okay. And we are not
 3 here to make you uncomfortable. So if
 4 at any time you need to take a break,
 5 we can do that. If there is a question
 6 pending, I'll want you to answer the
 7 question before we break, but then we
 8 can do whatever you need. Okay?
 9 A. Okay.
 10 Q. And any questions before we
 11 begin on the procedure?
 12 A. Maybe just a comment, not really
 13 a question. So if you see me looking
 14 off to the side here, I have another
 15 screen with his record pulled up in
 16 case I have any questions, or if it
 17 takes me a little bit of time, I may
 18 have to look at the records and pull
 19 out some answers. So I do have that.
 20 So if you see me glancing over, that's
 21 what I'm doing, if it is taking a
 22 little bit of time.
 23 I'm going to read through
 24 some of the records if I need anything

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1 to help answer some questions.
 2 Q. Okay. And what record are you
 3 looking at?
 4 A. His VA records, which my
 5 understanding is that everyone here
 6 should have access to it and would have
 7 a copy of it.
 8 Q. Okay.
 9 A. So I just want to be as -- you
 10 know, I just want, my answers, I want
 11 to make sure they are as accurate as
 12 they can be.
 13 Q. We appreciate that. Thank you
 14 so much.
 15 MS. ROSE: Hey, Jen, can we
 16 get on the record like the page number
 17 so we can make sure that they are the
 18 same that we received from the VA?
 19 Do you have page numbers on
 20 the bottom of that, Mr. Negrea?
 21 THE WITNESS: I don't have
 22 page numbers. Probably if you printed
 23 them out you would have page numbers.
 24 But they have dates and times. So they

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1 have dates and times of the record,
 2 because the way the record looks on the
 3 screen versus how it prints out is very
 4 different.
 5 BY MS. HERRMANN:
 6 Q. Can you describe --
 7 A. I would make sure that, I could
 8 give you like, if I am reading from
 9 something like that, and I don't know
 10 if I would need to, but if I do, I
 11 would give you the date and maybe the
 12 author of who wrote that note, if that
 13 helps.
 14 Q. Okay. Can you describe maybe
 15 the first and last pages of what you
 16 have? And we will just see if that
 17 lines up with what we have.
 18 A. Well, yeah, but the first page
 19 at the top is a January 22nd form
 20 letter note, and from Stella Brakebill,
 21 an RN.
 22 And let me see. And again,
 23 this is right from his chart which you
 24 guys, from my understanding, since he

1 signed the release, everyone here has
2 access to it.

3 And at the bottom of it,
4 though, is October 14, 2010, a case
5 manager note from Iraq Afgan Team.

6 So this is the records from
7 the Lebanon VA Medical Center that I
8 will refer to if I need anything.

9 MS. HERRMANN: Okay.
10 Candidly, I didn't have that pulled up
11 quickly enough. Sara, did you have it?

12 MS. ROSE: Well, so I just
13 note from reviewing them that we do not
14 have -- they only go back to 2018, the
15 records that we received. And the
16 first one, you said it was from January
17 of 2024 or 2023?

18 THE WITNESS: January 22nd,
19 2024. So that, that was just a letter
20 I guess that was sent out yesterday.

21 MS. ROSE: We definitely
22 don't have that because it was --

23 THE WITNESS: I won't be
24 looking at that one anyway because

1 record, who the record was made for,
2 and then we can follow up with the
3 department afterwards to the extent
4 that we don't have those records.

5 MS. HERRMANN: Yeah, that
6 sounds great.

7 BY MS. HERRMANN:

8 **Q. Okay. Great. Thanks for that.**

9 **Well, you won't need any of**
10 **that for the beginning because I would**
11 **like to just talk about you if that's**
12 **okay. Would you please provide us the**
13 **benefit of your educational background,**
14 **starting with high school.**

15 A. High school, I went to Hazleton
16 Area High School. I graduated in 1998.
17 From there I joined the Marine Corps.
18 I served in the Marine Corps for six
19 years as a combat engineer, deployed to
20 Iraq during the initial invasion.

21 After I got back from the
22 Marine Corps I went back to school in
23 2005, I entered Misericordia
24 University. I graduated with my

1 there is nothing in there that would be
2 of any importance.

3 MS. ROSE: What is the next
4 record after that January 1?

5 THE WITNESS: December 12th.
6 And then really the one that would be
7 maybe, if there is any importance to
8 it, would be November 30th, because
9 that's a psychiatry note, November 30
10 of 2023.

11 MS. ROSE: I don't think we
12 have records that are that recent. I
13 mean, I don't know how relevant those
14 are to what we are going to be talking
15 about today, given --

16 THE WITNESS: I might not go
17 to any of these records. It is just if
18 I'm trying to answer any specific
19 question, I might look through it, just
20 to make sure I'm accurate.

21 MS. ROSE: Jen, maybe just
22 to make sure the record is clear, if
23 Mr. Negrea can just say the, like as
24 you were describing, the date of the

1 bachelors in social work from
2 Misericordia University in 2008.

3 Then in 2000 -- then in 2008
4 I went immediately to Fordham
5 University where I got my masters in
6 social work from Fordham in 2009.

7 Then after that I got my
8 LSW, my license, I became a Licensed
9 Social Worker. And I practiced under a
10 Licensed Clinical Social Worker for
11 four years at the Vet Center until I
12 got my Licensed Clinical Social Worker
13 license, my LCSW in 2013, I believe.

14 THE COURT REPORTER: Excuse
15 me, counsel. May I go off the record
16 for a second.

17 (Discussion off the record.)

18 THE WITNESS: Where was I?
19 (The record was read back as
20 follows:

21 A. And I practiced under a
22 Licensed Clinical Social Worker for
23 four years at the Vet Center until I
24 got my Licensed Clinical Social Worker

<p style="text-align: right;">Page 17</p> <p>1 license, my LCSW in 2013, I believe.) 2 THE WITNESS: Yes. So, yes, 3 so I have been an LCSW since 2013. 4 BY MS. HERRMANN: 5 Q. Okay. I know we had a little 6 bit of a disruption there. Are you 7 finished with your educational 8 background? 9 A. Yes. 10 Q. I just didn't want to interrupt. 11 All right. Very good. What made you 12 interested in joining the Marine Corps? 13 A. I joined the Marine Corps -- 14 actually, this is interesting, because, 15 as you can see, my name is kind of 16 unique. So myself and my family were, 17 we are actually refugees from the 18 Communist bloc country, from Romania. 19 My parents were refugees where they 20 spent about a year in United Nations 21 Camp before being accepted, and then my 22 brother and I got reintegrated with my 23 parents a couple years later. 24 So I was always grateful to</p>	<p style="text-align: right;">Page 19</p> <p>1 you were an engineer of some kind? 2 A. Combat engineer, which in the 3 Marie Corps has got very little 4 engineering. Again, I'm not sure how 5 familiar everyone here is, but 6 basically a combat engineer in the 7 Marine Corps is more in line with like 8 what a sapper does in the Army, so 9 essentially explosive ordnance 10 disposals attached to combat engineers. 11 So during the Iraq War, when 12 the invasion occurred, we were doing 13 ammo dumps. It wasn't much 14 engineering. It was all explosive 15 work, a lot of unstable explosives, 16 actually. 17 Q. Sounds pretty serious. Thank 18 you for doing that for us. 19 All right. So you did that 20 for six years, I believe you said. 21 A. Yes. 22 Q. All right. And tell me about -- 23 we have somebody jumping in. Excuse 24 me. And tell me about your discharge.</p>
<p style="text-align: right;">Page 18</p> <p>1 the country, to America, for bringing 2 us in and accepting us. So actually, 3 that was a big thing. 4 So, you know, especially as 5 a kid, you see the American flag and 6 what it stands for, so that was, it was 7 really like, wow, how could I give 8 back. I wanted to give back. That's 9 why I joined the Marie Corps, and my 10 brother actually joined the Army, so we 11 both became veterans. That was my 12 driving force for wanting to join the 13 Marine Corps. 14 Q. Well, thank you for your 15 service. And I appreciate your 16 gratitude and share in it. This is a 17 great county. 18 How long did your brother 19 serve? 20 A. 12 years, I believe. 11 or 12 21 years, something like that. 22 Q. Thank you as well and your 23 family who supported the both of you. 24 You mentioned I think that</p>	<p style="text-align: right;">Page 20</p> <p>1 A. Honorable. 2 Q. Okay. And did you continue to 3 do anything with the Marines or the 4 military after that? 5 A. Well, what happened was after I 6 got out, I got out, but the war was 7 still going on. I still had a lot of 8 friends getting deployed, coming back. 9 I was kind of like not sure what to do 10 with myself. But I seen a lot of 11 friends having problems and just having 12 a lot of different issues. So I still 13 wanted to help out in some way and do 14 something, and that's what led me to 15 social work, was I wanted to help 16 veterans. I wanted to still make a 17 difference, because I seen everybody -- 18 I seen a lot of my friends that were 19 having a lot of issues reintegrating, 20 coming back, having a lot of 21 challenges. 22 And I didn't know -- I 23 didn't even know what social work was 24 initially. I just knew that they</p>

<p style="text-align: right;">Page 21</p> <p>1 helped people and they helped veterans. 2 And I wanted to be a VA social worker 3 to help veterans. So that my reason 4 for going into social work, was 5 strictly to work with veterans. I have 6 no desire to work outside of the VA. 7 Q. What were common problems or 8 issues that your friends had? 9 A. I lost a few friends to suicide 10 and just reintegration issues in 11 general. So it is a lot of disruption 12 in life, divorces, homelessness, you 13 know, mental health problems, which I 14 didn't know exactly what that meant at 15 that time. 16 Q. I can see why that became an 17 important issue for you. When you were 18 studying for your BA in social work, 19 were there courses that you could take 20 in specifically dealing with the 21 veteran population? 22 A. Not necessarily. What I was 23 advised to do was to learn just about 24 everything, because then I could help</p>	<p style="text-align: right;">Page 23</p> <p>1 that was happening at that point. So 2 that was with the veterans coming back, 3 helped them, enrolled them into the VA 4 and offered them services early on, as 5 early as you can, as early as they 6 could be offered. 7 Q. Is there anything that stands 8 out to you about your experience with 9 the internship? 10 A. Oh, it was huge. That really, 11 that was the biggest learning I've had. 12 I had so much exposure to so many 13 awesome, like really just amazing 14 social workers that were doing it for a 15 very long time. So my supervisor at 16 the time was just a wealth of 17 knowledge, and she is still at the VA 18 and I still see her and talk to her, 19 and she is still an amazing social 20 worker. 21 And a prior mentor that 22 actually hired me at the Vet Center, 23 which a specialty clinic called PDHRA, 24 that specializes in post-traumatic</p>
<p style="text-align: right;">Page 22</p> <p>1 veterans more by having a broader 2 understanding of problems and what 3 people are facing. 4 So for my bachelors it was 5 focused more in general. When I got to 6 my masters, it was more focused on 7 veterans. 8 Q. Okay. So tell me about that. 9 How did you focus on it, focus on 10 veterans during your masters? 11 A. Okay. So they -- I was able to 12 get a stipend internship at the VA at 13 that point, so three days a week, 24 14 hours a week I was essentially working, 15 I guess you could say, because I was 16 working at, it was a stipend internship 17 at the VA in the suicide prevention 18 program. And that was when it was 19 pretty early on. 20 And I was able to also 21 volunteer with the Operation Iraqi 22 Freedom, Enduring Freedom team on the 23 weekends to do post-deployment health 24 reassessments, which was a new thing</p>	<p style="text-align: right;">Page 24</p> <p>1 stress disorder and combat trauma, so I 2 was able to mentor under him for 3 awhile. And he was a Vietnam vet that 4 was doing it for 28 years at that 5 point. 6 So it was really just such 7 a -- it was learning from people that 8 had so much experience and just were 9 probably some of the best I have -- I 10 didn't even know people that existed 11 like them, so it was really just eye 12 opening for me. 13 Q. How did it affect, if at all, 14 your desire to give back and to be a 15 social worker for veterans? 16 A. In motivated me a lot just to 17 see how they were doing and for how 18 long and just, you know, it just 19 motivated me seeing them do it and 20 learning from them. 21 Q. You earned your masters in 2009, 22 I think you said, right? 23 A. Mm-hmm, correct. 24 Q. Got your license in social work</p>

<p style="text-align: right;">Page 25</p> <p>1 and worked at the Vet Center. Can you 2 tell me about that experience? 3 A. Yeah. The Vet Center is 4 amazing. If you guys don't know what a 5 vet center is, I would say learn about 6 it. It is, again, it is a specialty 7 clinic. So my experience there was 8 great. 9 I mean initially I was 10 thrown in, and when you are fresh out 11 of school you think you know a lot more 12 than you do, and you quickly learn that 13 you have no idea. It was great because 14 that's where I learned about therapy 15 and treatment. So I was actually, at 16 the Vet Center I was a therapist, 17 basically. 18 And what was great about it, 19 it is almost like having your own 20 practice in the community because there 21 is no scheduling clerk. You keep track 22 of your own schedule and your own 23 clients, and you get to schedule them 24 based off of their needs rather than a</p>	<p style="text-align: right;">Page 27</p> <p>1 A. Yes, I was traveling mostly to 2 York and Harrisburg. And I was also 3 doing a lot of outreaches, because I 4 was still volunteering with the Post 5 Deployment Health Reassessments. 6 And then, you know, I had a 7 lot of opportunity to grow at the Vet 8 Center. So one of the things that I 9 started there was called the Harrisburg 10 Vet Center Adventure Club. So, 11 basically, it was hiking with veterans, 12 and it was a way to engage the younger 13 veterans in groups without them even 14 essentially realizing it. 15 Because the younger veterans 16 did not want to do group therapy. Like 17 if you talk, even now, you talk to 18 them, they say, oh, group is not for 19 me. But then when they were going out, 20 and, again, these are a lot of isolated 21 veterans, so having them do any 22 activity with their peers, you know, 23 they really enjoyed it. So that was 24 one of the things that being at the Vet</p>
<p style="text-align: right;">Page 26</p> <p>1 scheduling clerk doing it. So it was a 2 great experience, and I was able to do 3 a lot of groups. I was running five 4 groups per week for a number of years. 5 And it was awesome. 6 Q. What were those groups, if you 7 remember? 8 A. Oh, yeah, of course I remember. 9 They were, they were for readjustment 10 issues and PTSD. The one group was a 11 Vietnam group. I was doing three 12 groups on Monday in York, Pennsylvania 13 there. I was doing, yeah, three groups 14 back-to-back on Mondays. Then I was 15 doing a Tuesday night group and a 16 Wednesday night group. The Wednesday 17 group was in Harrisburg, and the 18 Tuesday group, that one was also in 19 York. 20 Q. Sounds like you do a fair amount 21 of traveling for your positions -- or, 22 I'm sorry, let me make this more 23 clear -- at that time when you worked 24 in the Vet Center?</p>	<p style="text-align: right;">Page 28</p> <p>1 Center allowed me to do. 2 Q. Did you feel like you achieved 3 some level of success with that 4 adventure club? 5 A. Oh, yeah. We had tons of 6 participants. 7 So I represented the Vet 8 Center at what they called the Odyssey 9 Project, which was like basically 10 helping -- oh, gosh, what is the name? 11 I can't think of the name. It is like 12 a national organization for veterans. 13 But, anyway, we helped them do 14 different things. So like what I was 15 doing was kind of like a mini version 16 of that, but it was actually very 17 successful. We would have 20 to 25 18 veterans attend every hike. 19 Q. In your assessment as a social 20 worker, did you think that they were 21 achieving or attaining a benefit 22 through those experiences? You are 23 nodding. 24 A. Absolutely, absolutely. Sorry</p>

<p style="text-align: right;">Page 29</p> <p>1 about that.</p> <p>2 Q. That's okay. Thank you.</p> <p>3 A. They were definitely getting a</p> <p>4 benefit from that because, again, these</p> <p>5 are a lot of isolated veterans that</p> <p>6 might have been like, you know, one of</p> <p>7 the only times of the month that they</p> <p>8 were leaving their house.</p> <p>9 And just a quick funny</p> <p>10 story, I'll just share this. So the</p> <p>11 Monday, one of the Monday groups that I</p> <p>12 was doing, the first one at York, it</p> <p>13 was a huge group. Like we had to put</p> <p>14 chairs even in front of chairs to fit</p> <p>15 in the room there. But it was mostly</p> <p>16 Vietnam vets, older veterans, and they</p> <p>17 all would get together for lunch before</p> <p>18 the group.</p> <p>19 So I always joked, saying</p> <p>20 that that was the real therapy and the</p> <p>21 real group was their lunch before, and</p> <p>22 like my group was just a reason for</p> <p>23 them to have their group, you know.</p> <p>24 Q. Yeah.</p>	<p style="text-align: right;">Page 31</p> <p>1 Don't quote me on the exact year.</p> <p>2 That's an approximation. But it was a</p> <p>3 -- the VA was rolling out suicide</p> <p>4 prevention, so they didn't have all the</p> <p>5 standards up and running like they do</p> <p>6 now. So a lot of it was being</p> <p>7 developed and rolled out at the time.</p> <p>8 So I was there in the beginning,</p> <p>9 learning as things were developing.</p> <p>10 What I was doing, what I</p> <p>11 signed up for, I guess maybe was</p> <p>12 relevant, in school, I signed up for</p> <p>13 what is called client-centered</p> <p>14 management, which was a dual track of</p> <p>15 learning both the administrative and</p> <p>16 doing the clinical at the same time.</p> <p>17 So that's what the track -- because</p> <p>18 social work is such a broad field. If</p> <p>19 you ask what a social worker does, you</p> <p>20 will get a different answer from every</p> <p>21 social worker because, again, it is a</p> <p>22 very broad field.</p> <p>23 But generally, people will</p> <p>24 go either into administration or into</p>
<p style="text-align: right;">Page 30</p> <p>1 A. Really, again, it is the</p> <p>2 veterans that run the group. It is</p> <p>3 their group. So as the facilitator,</p> <p>4 I'm just there to help. But really it</p> <p>5 is their group. So I was just an</p> <p>6 excuse for them to have their group</p> <p>7 basically before they came, came there.</p> <p>8 Q. Right. Well, congratulations on</p> <p>9 your success with that.</p> <p>10 I think you mentioned that</p> <p>11 during the internship you were working</p> <p>12 underneath somebody?</p> <p>13 A. Yes, Carol Sonnen was my -- was</p> <p>14 the social worker clinical supervisor</p> <p>15 at the VA. And she is still at the VA</p> <p>16 currently.</p> <p>17 Q. You learned from her and maybe</p> <p>18 some others. Tell me about your</p> <p>19 learning experience there.</p> <p>20 A. Yes. So from Carol I learned a</p> <p>21 lot because, again, she had a lot of</p> <p>22 experience, and she had built -- there</p> <p>23 was, there was no suicide prevention</p> <p>24 program until like 2008. I forget.</p>	<p style="text-align: right;">Page 32</p> <p>1 clinical. So I wasn't sure what to do,</p> <p>2 so I kind of did a little bit of both.</p> <p>3 Q. And at the end you came out on</p> <p>4 which field?</p> <p>5 A. Clinical.</p> <p>6 Q. What made you choose that?</p> <p>7 A. Really what made me choose that</p> <p>8 was Jan Yuskavage was the team lead at</p> <p>9 the Vet Center, and Vietnam vets, and</p> <p>10 just talking to him, like I really felt</p> <p>11 like I could learn a lot. And Carol</p> <p>12 also encouraged me to go through to the</p> <p>13 Vet Center and go and work under Jan,</p> <p>14 because he was there from the beginning</p> <p>15 when the Vet Center was established.</p> <p>16 It was just like what better person</p> <p>17 could I learn than from him. That was</p> <p>18 a big motivating factor for me.</p> <p>19 Q. Was there something specific</p> <p>20 about the clinical field --</p> <p>21 A. Mm-hmm.</p> <p>22 Q. -- that attracted you to it?</p> <p>23 A. There was. I could actually, I</p> <p>24 could actually work with the individual</p>

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1 at that time, so that was also very --
 2 that was, I thought that was important
 3 and different than just doing the
 4 administrative side of it.
 5 **Q. What did it take to obtain your**
 6 **LCSW?**
 7 A. You have to do weekly
 8 supervision, once a week individual,
 9 and a group supervision basically, so
 10 two hours per week, and at least 20
 11 hours of individual clinical work per
 12 week until you get 3,000 hours of
 13 clinical face time with veterans, with
 14 veterans, basically.
 15 So, yeah, you have to do
 16 3,000 hours of clinical work and then
 17 two hours per week of supervision. And
 18 then you have to take your test and
 19 pass your exam.
 20 **Q. Did you get your 3,000 hours**
 21 **with the Vet Center?**
 22 A. Yes.
 23 **Q. All right. How did the timing**
 24 **factor in with the obtaining your LCSW**

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1 **and finishing your internship with the**
 2 **Vet Center? What was the timeline?**
 3 A. No, the internship at the VA
 4 ended in May of 2009. I tested for my
 5 LSW in early May of 2009. I graduated
 6 with my MSW, where I worked, I believe
 7 it was May 15th or 17th, I think, of
 8 2009. And I was hired at the Vet
 9 Center June of 2009, June or July. I
 10 believe it was June, like the end of
 11 June.
 12 So I finished my internship
 13 in 2009, and then I started at the Vet
 14 Center like a month or two after my
 15 internship was over.
 16 **Q. I see. So --**
 17 A. And then my LCSW, I was working
 18 full-time, while working for my LCSW,
 19 and that took me, so from 2009 until
 20 2013 is when I got my LCSW, because it
 21 takes a lot of time to get the hours,
 22 send in the application, wait for them
 23 to respond. That takes like months
 24 before they respond and you can even

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1 sit down for your test.
 2 **Q. I see. All right. And then**
 3 **when you obtained your LCSW did you**
 4 **continue with the same place you were**
 5 **working?**
 6 A. I continued for about another
 7 year and a half. So I got my LCSW
 8 early of 2013, and I worked there until
 9 November 2014, and then I switched, an
 10 opening came up and I was encouraged to
 11 go for it, to go for it, which was the
 12 Veterans Justice Outreach social work
 13 position that I'm currently in, and I
 14 have been in this position since, I
 15 don't remember the exact date, but
 16 November 2014 until present.
 17 **Q. Thank you. Where is your**
 18 **position physically located?**
 19 A. I tele-work a lot. But the
 20 position itself is out of Lebanon VA
 21 Medical Center. So I travel a lot. I
 22 go to different prisons, to county
 23 prisons. I go to the different -- I
 24 cover two courts. So I go to the two

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1 courts and then I go to county prisons.
 2 **Q. What courts do you cover?**
 3 A. Berks County Veterans Court and
 4 Dauphin County.
 5 **Q. Is your position strictly**
 6 **related to veterans court?**
 7 A. Yes, Veterans Justice Outreach.
 8 **Q. Let me rewind for one moment to**
 9 **your experience that you already**
 10 **described. Did you obtain any**
 11 **commendation or awards or anything for**
 12 **the work that you did?**
 13 A. Yes, I did. I did get a lot of
 14 different like cash incentives and
 15 different things.
 16 The one, when I was at the
 17 Vet Center, and even since as a VJO,
 18 but you are going back to the Vet
 19 Center, I got different ones, ones for
 20 developing the Harrisburg Adventure
 21 Club, they gave me a commendation,
 22 which came with like a cash stipend
 23 which was nice.
 24 Another one was, the last

<p style="text-align: right;">Page 37</p> <p>1 year I was there I was given a 2 commendation because, for having such a 3 large work volume. I had like 2500 4 visits that year, which is a very large 5 number. If anybody is familiar with 6 that kind of work, it was over 2500 7 visits. I still have that award 8 somewhere. 9 Q. Sounds like a well-deserved 10 commendation. Thank you again for your 11 work. 12 Okay. And similar question 13 with your position now, have you 14 obtained any commendations or awards or 15 recognition of any kind? 16 A. Yep, I got, I got a few of those 17 for doing different things. One of the 18 ones that -- gosh, I would have to look 19 through them all. There is more than 20 one. The one that sticks out was, it 21 was an initiative that I was working on 22 was to, oh, to have every booking 23 center ask everybody if they served in 24 the military, to ask, to add that</p>	<p style="text-align: right;">Page 39</p> <p>1 a crime, they come into the -- 2 A. No. 3 Q. No? 4 A. No. I'm saying when anybody, 5 when anybody goes to booking, because 6 oftentimes people go to booking -- I'm 7 sure the attorneys here, you guys all 8 probably know this better than I do. 9 But basically, whenever anybody goes to 10 booking for whatever reason, and the 11 questionnaire to ask, did you serve in 12 the military. Not if you are a 13 veteran, but did you serve in the 14 military. Because if you ask somebody 15 if they are a veteran, a lot -- most 16 veterans -- a lot of veterans don't 17 realize they are veterans. But asking 18 if they served in the military would 19 give a better idea if they actually are 20 or not. 21 Q. Okay. But when you are saying 22 booking, you mean in the context of the 23 criminal justice system, yes? 24 A. Yes, yes.</p>
<p style="text-align: right;">Page 38</p> <p>1 question to the booking center, which 2 would help identify veterans, 3 basically. 4 Because that's one of the 5 biggest issues that we have is, and it 6 has been ongoing forever, since I have 7 been involved, was identifying veterans 8 in the justice system, the 9 identification and how to do that. 10 So that was one of the 11 initiatives I had. It actually got 12 sent all the way down to D.C., where 13 they sent me to Washington, D.C. to 14 present it in 2019, and they gave me an 15 award for that. 16 Success, I don't know. Some 17 counties are doing it, some are not. 18 So that's not something I have control 19 over. But it was still an initiative 20 that was pushed. And I had the support 21 of the VA from local to VISN, to even 22 national to want to push that. 23 Q. Okay. So are you saying that 24 when somebody is accused of committing</p>	<p style="text-align: right;">Page 40</p> <p>1 Q. Got it. What are your general 2 job duties in your current position? 3 A. Okay. So I have I guess two 4 important parts. One part is if a 5 veteran is incarcerated, and one of the 6 counties that I cover, then I go out 7 there, I see the individual, I screen 8 them. I do a screening to do what 9 their needs are, identify their needs. 10 And then a lot of times they 11 are not enrolled in the VA, so I will 12 help get them enrolled in the VA. And 13 then I get them -- I have advocated to 14 get them into treatment rather than 15 incarceration, essentially. So that's 16 one aspect of what I do. 17 And then the other aspect is 18 if somebody is already out of jail but 19 they are still charged, but not yet 20 sentenced, and they are applying for 21 Vet Court, I, again, I meet the 22 veteran, I screen them to see what 23 their needs are, I refer them for 24 treatment, and then I talk to the team</p>

<p style="text-align: right;">Page 41</p> <p>1 about those needs and what they are, 2 and what the VA could offer or can't 3 offer. 4 And again, in my position, 5 they do want -- for VJOs, they do 6 prefer independent practitioners that 7 could diagnose and do their own, you 8 know, assessing. Especially if 9 somebody is incarcerated, they don't 10 necessarily get VA care while they are 11 incarcerated. But, you know, once they 12 get released, they do get VA care. So 13 that's why I can't send them for 14 additional consults while they are 15 incarcerated. 16 Q. I see. With respect to the 17 individuals who are out of jail and you 18 are screening for their needs, and -- 19 A. Mm-hmm. 20 Q. -- discussing treatment and all 21 of that, let me start with a basic 22 question. What do you call them? Are 23 they clients? Patients? Veterans? 24 What is the term that you use?</p>	<p style="text-align: right;">Page 43</p> <p>1 technology. 2 Q. Got it. And then what happens 3 during the initial -- well, I guess it 4 would be technically the second meeting 5 because your first meeting is on the 6 phone? 7 A. Mm-hmm. 8 Q. So what happens during the 9 second meeting? 10 A. I would do an assessment at that 11 point, where it is just a series of 12 questions to get a feel for what is 13 going on with the individual and 14 identify treatment needs that they 15 have. 16 Q. Is there a standard set of 17 questions that you use, or is it just 18 in your brain, you -- 19 A. It is a psycho -- it is a 20 psychosocial assessment that has 21 like -- you basically start with like 22 five areas, and you try and cover those 23 five areas, physical issues, social 24 issues, social supports that they may</p>
<p style="text-align: right;">Page 42</p> <p>1 A. Veterans. 2 Q. I'm sorry? 3 A. Veterans. 4 Q. All right. Walk me through, if 5 you will, the step-by-step process with 6 veterans like that, in that type of 7 situation. 8 A. Okay. So if a veteran is 9 referred for Vet Court, I would usually 10 either call them and then offer them an 11 opportunity to meet with me in person, 12 virtual or over the phone, depending 13 what their preference is, where they 14 are located. 15 Because oftentimes a lot of 16 veterans don't have transportation. So 17 they can't -- I have tried to meet them 18 in the community, so, for example, at 19 County Director of Veterans Affairs 20 office or places like that, if it is 21 easier. 22 Or a lot of veterans just 23 prefer to meet virtual or even over the 24 phone, if they are not good with</p>	<p style="text-align: right;">Page 44</p> <p>1 have, legal issues, military, and then 2 anything else that would be, and 3 substance abuse history, so go through 4 that, go through all those areas, 5 essentially. 6 Q. I see. So is there a list of 7 questions that exist, or these are just 8 areas in your head that you explore? 9 A. Areas that I explore. Areas 10 that I explore. 11 Q. Do you take notes during that 12 meeting, typically? 13 A. I do, yeah. 14 Q. All right. And then what do you 15 do following that meeting? What is the 16 next step? 17 A. Following that meeting, when we 18 have a meeting, the vet courts, then 19 each one would meet. They do things 20 slightly different, but, basically, 21 then I take that intersection to the 22 veterans court team, and I explain that 23 to the veteran during the meeting, that 24 that is what I'm going to do, and I</p>

<p style="text-align: right;">Page 45</p> <p>1 explain an overview of Vet Court, 2 essentially, and what happens. 3 And so I take that 4 information to the Vet Court team, and 5 I say, okay, this is the veteran's 6 treatment needs, this is what the VA 7 could offer. And then I give my input 8 if they would be a good fit from a 9 treatment perspective. 10 And I don't -- they decide 11 what they are going to do with the 12 candidate at that point, the veteran 13 that's applying with the program. 14 Q. So you generally have a good 15 idea of what the VA can provide and if 16 the veteran is a good fit based off of 17 those first two meetings with the 18 veteran? 19 A. Usually, mm-hmm. 20 Q. Yes? 21 A. Yes. 22 Q. I interrupted you. I'm sorry. 23 A. That's okay. 24 Q. With respect to the Berks County</p>	<p style="text-align: right;">Page 47</p> <p>1 attorney, and basically make a deal or 2 whatever offer they make. That is the 3 legal side. I'm not involved in that 4 whatsoever. But that's just my 5 understanding, they reach out to the 6 individual's either attorney, or if the 7 public defender is representing them, 8 which in most cases they are, they are 9 present for the meeting. 10 Q. What happens on your end? Is 11 there anything that you do after you 12 provide your assessment in that 13 meeting? 14 A. Oh, yeah. Well, I'm sorry, just 15 to backtrack. So once I meet with the 16 veteran, I do offer them treatment 17 right there. I don't wait for them to 18 get into Vet Court or not. And I'll 19 place consults for them or offer them, 20 do you want individual, do you need 21 inpatient treatment, and what I view, 22 what I assess their treatment needs, I 23 offer them treatment immediately, 24 before I even go to the meeting. That</p>
<p style="text-align: right;">Page 46</p> <p>1 treatment team, who was on it? 2 A. The judge, which was -- we just 3 got a new judge now; the court 4 coordinator; probation office; public 5 defender's office is present; and an 6 ADA; and then a supervisor from 7 probation; and myself. 8 Q. All right. And then after you 9 meet with the veterans court team and 10 provide the information and your 11 opinion, what happens from there, 12 generally? 13 A. Well, during that meeting there 14 is me presenting my part. It is just 15 one part of it. During the team 16 meeting the DA's office, the ADA then 17 brings up, you know, what charges and 18 what deal could be offered or not 19 offered to the individual. 20 And then my understanding of 21 what happens from there is that the 22 court coordinator, the court 23 coordinator or the DA's office should 24 then reach out to the veteran's</p>	<p style="text-align: right;">Page 48</p> <p>1 treatment is offered to them through 2 the VA, if they are eligible. 3 Q. I'm sorry, say it again? 4 A. If they are VA eligible, I'll 5 offer them treatment through the VA 6 before I even get to the meeting, which 7 is separate even from Vet Court, 8 treatment will be offered by me to the 9 individuals. 10 Q. Yes. That was going to be my 11 question for you. That the veteran may 12 proceed with treatment through the VA, 13 regardless of what happens with 14 veterans court; is that correct? 15 A. If they are VA eligible, yes. 16 Q. Okay. And what does it take to 17 be VA eligible? 18 A. There is different criteria for 19 VA eligibility. But generally, you 20 have to have two years of active 21 service, or one day of combat, or a 22 service-connected disability. 23 Q. Understood. Okay. So what is 24 your involvement, if any, with Vet</p>

<p style="text-align: right;">Page 49</p> <p>1 Court after you provide that assessment 2 to the veterans court team? 3 A. If the veteran gets accepted, 4 then I track their progress. I 5 continue to see them. I report on 6 their progress to the team. 7 And I also run a group, I 8 run what is called MRT Group, Moral 9 Reconation Therapy Group. And I still 10 see them and I provide support, and I 11 basically keep an overview on their 12 treatment. And if there is ever any 13 issues they are having with the VA, I 14 help cut through any red tape, 15 essentially, and get them treatment 16 that maybe they need, or advocate for 17 them within the VA to get any 18 additional services that may be needed. 19 Q. Would you be providing those 20 services, except for reporting 21 progress, if the veteran is not 22 accepted into veterans court? 23 A. No. What would happen, I 24 generally do a warm handoff, so I would</p>	<p style="text-align: right;">Page 51</p> <p>1 suicide, they would help case manager 2 -- manage them. 3 HUD VASH does that for 4 veterans that are at risk for being 5 homeless. 6 There is also -- oh, gosh, I 7 can't think of the name of it right 8 now. But, anyway, for veterans that 9 have serious mental health issues, 10 there is a team that helps do that as 11 well. 12 So they basically split the 13 veterans up based off of their needs 14 and who would be more appropriate. But 15 there are a lot of other providers, a 16 lot of other social workers that do 17 that. So my niche is for the justice 18 involved ones, that are in Vet Court. 19 Q. I see. Do you continue to track 20 progress and report progress until the 21 veteran's success -- well, until the 22 veteran completes the program, however 23 that disposition is? 24 A. Correct.</p>
<p style="text-align: right;">Page 50</p> <p>1 place the consults for what their 2 treatment needs are, and then at that 3 point, other social workers or their 4 therapists at the VA or who they are 5 working with will then, will do that. 6 Q. I see. Is there a specialist or 7 a supervisor who oversees the veterans 8 who are receiving treatment but that 9 are not part of veterans court? 10 A. They have different teams for 11 different individuals. So they have 12 like the TCM Team, I believe it is 13 called now. They changed names a few 14 times. 15 Actually, it is, it is 16 Military to VA is the term. So 17 basically it is case managers that will 18 help oversee services that veterans are 19 getting within the VA, can kind of help 20 guide them through the VA. So that 21 service, that is a department within 22 the VA that they do that. 23 Suicide prevention does that 24 for anybody that that is at risk for</p>	<p style="text-align: right;">Page 52</p> <p>1 Q. When a veteran comes to the VA 2 for Treatment Court, do they come 3 generally with some kind of diagnosis, 4 whether it is a mental health diagnosis 5 or something associated with their 6 service? Medical diagnosis? 7 A. I'm not sure I understand the 8 question. 9 Q. I see. No, no problem. I don't 10 know if it makes sense at all. 11 When you have your 12 assessment with the veteran, do they 13 typically come with some kind of 14 medical or psychiatric background that 15 you are notified of? 16 A. Usually, oftentimes they do, but 17 it is not always. So a lot of times 18 I'm the first person that would see the 19 veteran, so they may not have any 20 treatment records within the VA. So at 21 that point I have to start the process, 22 and I could make a diagnosis myself, or 23 I could refer them further for more 24 diagnosis.</p>

<p style="text-align: right;">Page 53</p> <p>1 But a lot of times veterans 2 that I see have already been engaged 3 with the VA for treatment, so treatment 4 has been established, and they already 5 have diagnosis and treatment that they 6 have been involved in. 7 Q. Okay. And I think I heard you 8 say something about the treatment 9 record with the VA. 10 A. Mm-hmm. 11 Q. Is the record with the VA an 12 important thing to you, as opposed to a 13 record that comes from a professional 14 outside the VA? 15 A. It is, because I have instant 16 access to it. So having VA records is 17 nice because the VA records are 18 interconnected throughout the whole 19 country. So wherever a veteran was 20 seen by the VA, I could see the records 21 anywhere in the country and see what is 22 going on. Just so we are not 23 reinventing the wheel all the time, if 24 a veteran is receiving treatment, they</p>	<p style="text-align: right;">Page 55</p> <p>1 given to help identify the problem, but 2 it is not necessary. So a lot of times 3 individuals may feel, oh, I have this 4 issue, but, you know, that's not -- 5 that might not be it. 6 Anyway, no, diagnosis is not 7 needed to get treatment. You go to get 8 treatment, and then the providers, 9 while they are screening and assessing 10 and doing what they are doing, will 11 come up with or develop a diagnosis. 12 Q. Okay. Who is it that determines 13 the necessary treatment? Is it you? I 14 think you mentioned sometimes you can 15 provide a diagnosis and a 16 recommendation -- 17 A. Mm-hmm. 18 Q. -- on treatment. But you also 19 said you might refer out. Tell me a 20 little bit more about that. 21 A. Okay. So what happens is when I 22 meet with a veteran, again, I'm not 23 going to be their provider so I would 24 always place consults for psychiatry,</p>
<p style="text-align: right;">Page 54</p> <p>1 could continue that same treatment or 2 similar treatment and identify what was 3 done and what wasn't done so far. And 4 it makes it a lot easier and it 5 streamlines treatment. 6 Q. I see. Does a diagnosis from 7 you or somebody else in the VA have to 8 happen in order for the VA to provide 9 treatment? 10 A. No. 11 Q. Okay. So you might accept a 12 diagnosis that came from another 13 professional? 14 A. I'm not -- again, I'm not sure 15 if that question makes sense in what we 16 do. 17 Q. Okay. 18 A. And the reason for that is if a 19 veteran is VA eligible, care will be 20 provided. So they could come and be 21 seen at the VA with or without any 22 diagnosis. They are eligible for 23 treatment. 24 And diagnosis, diagnosis is</p>	<p style="text-align: right;">Page 56</p> <p>1 psychology, additional social workers. 2 So as they are meeting with 3 these individuals, they do their own 4 screenings and their own assessments 5 and come up with diagnoses that are 6 appropriate. 7 And oftentimes when you meet 8 with someone, the information is not 9 conclusive to give a diagnosis in one 10 session, so that's why it is good to 11 refer further. 12 Q. Do veterans ever come to you 13 with some expectation or desire on the 14 type of treatment they think they need? 15 A. Usually. 16 Q. Yes. Okay. 17 A. Yes. 18 Q. All right. And do you provide 19 what they think they need or do you 20 have a different process? 21 A. I have a different process. Of 22 course, we want to -- we want the 23 vet's, the individual's buy-in to the 24 treatment that they are receiving.</p>

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1 But, you know, just because
 2 a veteran wants something specifically,
 3 it might not be the best thing for
 4 them. So, you know, I'll make my
 5 recommendations and then send them to
 6 psychiatry and psychology and everyone
 7 else to continue working with them as
 8 well.
 9 But essentially, for Vet
 10 Court purposes, they do recommend the
 11 treatment, not necessarily what they
 12 want to do, because oftentimes, you
 13 know -- so, yeah, they do recommend the
 14 treatment, what is recommended by the
 15 providers is what they do.
 16 **Q. Okay. You had a lot of "theys,"**
 17 **so just to be clear for the record, the**
 18 **Treatment Court providers, whether it**
 19 **is a psychiatrist, a social worker, a**
 20 **medical doctor --**
 21 A. Correct.
 22 **Q. -- would provide an assessment**
 23 **and a treatment plan or treatment**
 24 **recommendations for the vet, and that's**

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1 **what you rely on?**
 2 A. Yes, I rely on that, and then I
 3 take that back to the Vet Court team,
 4 who then tells the individual to follow
 5 the recommended treatment.
 6 **Q. And the process from when you**
 7 **have that initial phone call with a vet**
 8 **and then make a recommendation to the**
 9 **Vet Court team, about how long does**
 10 **that process usually take?**
 11 A. It varies. One to two weeks.
 12 But it varies. You know, it depends
 13 when we have our team meetings. It
 14 depends when they are meeting, what
 15 additional providers. There is a lot
 16 of different factors. So each case is
 17 case-by-case basis.
 18 **Q. Okay. I understand. If I**
 19 **understood your testimony earlier, once**
 20 **you make a recommendation to the Vet**
 21 **Court as to whether the veteran is a**
 22 **good fit for veterans court, are you**
 23 **then out of the picture with respect to**
 24 **what the court does?**

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1 A. Yes. I do not make the decision
 2 if a veteran is accepted or not. I
 3 don't have that kind of power. I make
 4 my recommendations. And I'm a liaison
 5 between the VA and the Vet Court. And
 6 I do not say one way or the other if
 7 they get in or not. That's not what I
 8 do.
 9 **Q. Yes, okay. You just say whether**
 10 **you believe the veteran is a good fit**
 11 **for what the VA can provide for them?**
 12 A. Yes. If they would be, yes,
 13 essentially, if they would be
 14 successful. Yes.
 15 **Q. Can you provide an example of a**
 16 **veteran who can continue to receive**
 17 **services from the VA but would not be a**
 18 **good fit for veterans court?**
 19 A. That would be any VA-eligible
 20 veteran, essentially. So I'll give you
 21 an example of a past participant. We
 22 had a participant actually in that
 23 court with severe mental health issues.
 24 He was accepted. This was in Dauphin

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1 County, not in Berks. But he was
 2 accepted in that program.
 3 Again, because of his mental
 4 health issues, he really wasn't able to
 5 follow the program, so he ended up
 6 getting removed. You know, they
 7 realized he wasn't going to be able to
 8 handle what that court is, so he was
 9 removed from that, from the Vet Court.
 10 But he continued receiving services and
 11 treatment in the VA.
 12 So that's not abnormal or
 13 uncommon. And even veterans that are
 14 not successfully graduating Vet Court,
 15 that maybe fail and have to do time and
 16 incarceration, as soon as they get out
 17 they are VA eligible, so treatment is
 18 right there and it is available for
 19 them. You never lose your VA benefits
 20 in that way.
 21 **Q. I see. What are the types of**
 22 **things that you consider to determine**
 23 **whether somebody is a good fit for VA**
 24 **court?**

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1 A. Diagnoses, ability, cognitive
 2 ability.
 3 **Q. What about the diagnosis factors**
 4 **into your recommendation?**
 5 A. Essentially, if they are able,
 6 some diagnosis -- how do I say?
 7 Essentially, it has to do with the
 8 diagnosis, if they are able to follow
 9 all the rules of the program, if they
 10 would be able to adhere to the rules, I
 11 should say, not even follow, can they
 12 adhere to the rules.
 13 Because I don't want to set
 14 up a veteran for failure. If a veteran
 15 is not capable of doing Vet Court, we
 16 are going to put them in the program,
 17 but due to their mental health needs
 18 they are not able to handle the
 19 program, we could -- you know, that
 20 could impact them negatively.
 21 **Q. What are the types of diagnoses**
 22 **that you have found that have rendered**
 23 **veterans unable to adhere to the rules**
 24 **of the program?**

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1 A. Schizophrenia, psychosis,
 2 schizoaffective disorder.
 3 **Q. What about those diagnoses make**
 4 **it challenging for a veteran to adhere**
 5 **to the rules?**
 6 A. Well, I don't know, should I be
 7 answering all this?
 8 I'm sorry, I just feel kind
 9 of like -- I guess I'm kind of confused
 10 about this.
 11 **Q. Well, I'm not asking about any**
 12 **particular person at this time.**
 13 A. Okay. Okay.
 14 **Q. And I view you as an expert on**
 15 **this more than any of us, so I'm**
 16 **looking for your opinion as a --**
 17 A. Social worker.
 18 **Q. -- LCSW and a Veterans Justice**
 19 **Outreach specialist. And --**
 20 A. Okay.
 21 **Q. -- whatever the best you have**
 22 **got. You know, I'm not asking you to**
 23 **tell me about any particular person --**
 24 A. Okay.

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1 **Q. -- if that's what you are**
 2 **concerned about.**
 3 A. Well, no. I'm just -- so
 4 basically, with severe mental health
 5 issues, again, with Vet Court, you want
 6 to see -- we have always -- you want it
 7 to be able to stabilize, treat and have
 8 -- improve progress during that time.
 9 And then also with the
 10 different rules somebody has to follow,
 11 with severe mental health issues, you
 12 know, there is a lot of individuals, we
 13 have had individuals in the past that
 14 just were not successful with following
 15 the rules, extreme paranoia, believing
 16 that the state is out to get them,
 17 everyone is out to get them, losing
 18 touch with reality.
 19 So that's really what could
 20 happen with a lot of individuals, as
 21 well with severe mental health issues,
 22 which it is not -- they just wouldn't
 23 be successful in the program with that.
 24 **Q. Got it. Understood. I didn't**

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1 **mean to make you feel uncomfortable.**
 2 A. Okay. I just wasn't sure.
 3 **Q. Sorry about that. None of my**
 4 **questions are meant to trick you or**
 5 **anything like that, or compromise**
 6 **confidentiality.**
 7 **Okay. So back to Veterans**
 8 **Court, who drafts a veteran's treatment**
 9 **plan? Is there somebody that is in**
 10 **charge?**
 11 A. Well, while they are in Vet
 12 Court?
 13 **Q. Yes.**
 14 A. I would say that would be me,
 15 with the assistance of their providers
 16 that they are seeing.
 17 **Q. Okay.**
 18 A. So, essentially, I would start
 19 an initial treatment plan just to get
 20 the ball started. And it could, some
 21 of it could be simple like get further
 22 assessing.
 23 **Q. I see. So is the treatment plan**
 24 **an evolving document?**

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1 A. Yes.
 2 **Q. Yes.**
 3 A. Yes. It is not set in stone.
 4 It is evolving based off of the newest
 5 information that comes out, and what
 6 the individual is revealing throughout
 7 treatment, and the progress that they
 8 are making. If they make, if they
 9 achieve progress and the results aren't
 10 an issue, they don't have to continue
 11 with certain treatment. They could
 12 move on to other things or just have
 13 more time for themselves.
 14 **Q. Understood. Thank you for that.**
 15 **Now we will move on to a specific**
 16 **person, but it is only Damon Monyer.**
 17 A. Okay.
 18 **Q. Okay. And you are familiar with**
 19 **that person; am I correct?**
 20 A. I am, yes.
 21 **Q. Okay. How are you familiar with**
 22 **him?**
 23 A. I did a screening on him in
 24 March 14th of 2023. He was referred to

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1 Vet Court, and he applied for the Berks
 2 County Veterans Court program.
 3 **Q. Do you recall having a phone**
 4 **conversation with him in January of**
 5 **2023?**
 6 A. It is possible. Let me -- I
 7 don't recall. That may have been when
 8 I attempted to schedule him. I don't
 9 remember one in January, no.
 10 **Q. Okay.**
 11 A. I don't recall if I did or not.
 12 I do call a lot of veterans, so I can't
 13 say I recall all of them.
 14 **Q. That's fair. Okay. Well, if**
 15 **Mr. Monyer wrote in an e-mail on**
 16 **January 17, 2023, that he spoke on the**
 17 **phone with you, and you did an**
 18 **assessment, do you have any reason to**
 19 **doubt that timing?**
 20 A. Which January did you say?
 21 January of '23?
 22 **Q. Yes. January 17th, 2023, on or**
 23 **about that day.**
 24 A. Bear with me.

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1 MS. ROSE: I'm sorry, Mr.
 2 Negrea, what are you looking at right
 3 now?
 4 THE WITNESS: I'm trying to
 5 look through my e-mails because -- to
 6 see if there is anything in there from
 7 him.
 8 I did not, I did not have
 9 any meetings with him in January of
 10 '23.
 11 BY MS. HERRMANN:
 12 **Q. Okay.**
 13 A. We were -- we attempted to call
 14 each other, and then we e-mailed each
 15 other with his attorney, Alex Lassoff,
 16 on the e-mail. So you guys should have
 17 those e-mails, I would assume. And
 18 this was -- there is an e-mail from
 19 January 12th.
 20 **Q. What does the January 12th**
 21 **e-mail say?**
 22 A. It just says: Thank you. And I
 23 don't see what else was on there.
 24 And then I e-mailed him

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1 March 8th about wanting to see him.
 2 **Q. Okay.**
 3 A. And his attorney was on that
 4 e-mail about scheduling or coordinating
 5 a time to schedule. So it was more
 6 about coordinating a time because I
 7 guess, if I recall correctly, we were
 8 having trouble reaching each other over
 9 the phone, so I e-mailed him and the
 10 attorney to schedule, to screen him.
 11 So I did not do a screening
 12 in January.
 13 **Q. I see.**
 14 A. It was in March.
 15 **Q. Got it. All right. Well,**
 16 **regardless of the specific date, do you**
 17 **recall your first meeting with him?**
 18 A. Yes.
 19 **Q. Substantive meeting, not a**
 20 **scheduling conversation?**
 21 A. Yes.
 22 **Q. But first substantive meeting,**
 23 **you do recall it? Yes?**
 24 A. I do recall it, yes.

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1 Q. What sticks out to you?
2 A. He was guarded, which is not
3 uncommon for anybody applying for Vet
4 Court. But I do recall that he was
5 guarded. Initially I think --
6 initially he had another person there,
7 who was a nurse. I don't know if
8 that's an aunt or somebody else. But
9 he was pretty guarded and wanted to
10 have somebody else present. So I said
11 that I'm okay with that if he is.
12 And then that person was
13 there for a little bit, and then once
14 he got comfortable, that person left,
15 is my understanding.
16 Q. I see. And is all of this
17 coming from your memory or are you
18 referring to a document now?
19 A. My memory.
20 Q. All right. What else do you
21 remember about that meeting?
22 A. I remember he told me, and I did
23 document this in the notes, that he was
24 still drinking regularly, that he

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1 consumed alcohol two days prior to the
2 time of me speaking to him.
3 I'm going to refer to my
4 note as well, if you guys don't mind.
5 I'll tell you the date.
6 MS. ROSE: Mr. Negrea, so
7 what are you looking at now? What
8 notes are you looking at?
9 THE WITNESS: My note from
10 when I spoke to him. And that is March
11 14th.
12 Basically, he was just -- at
13 that time when I spoke to him he
14 reported he had five beers two days
15 prior. So that, those are the types of
16 things that I look for, last alcohol,
17 last substance abuse, consumption, that
18 sort of thing, when did they use any
19 drugs or alcohol. So for him that
20 jumped out a little bit.
21 MS. ROSE: Sorry, Jen. The
22 subpoena, Mr. Negrea, my understanding
23 is that the subpoena that you were
24 served with asked you to provide all

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1 documents in your possession related to
2 Mr. Monyer. Have you done that? Have
3 you turned those over to your attorney
4 or to the --
5 THE WITNESS: This is one of
6 the notes.
7 MS. ROSE: -- counsel?
8 THE WITNESS: I'm reading
9 this right out of the notes.
10 MS. ROSE: What note? I
11 don't understand what notes you are
12 referring to.
13 THE WITNESS: March 14th,
14 2023, from his notes.
15 Yeah, I turned everything
16 over. I have nothing further to turn.
17 MS. ROSE: Is that the VA
18 medical file you were referring to
19 before?
20 THE WITNESS: Yes.
21 MS. ROSE: And would it have
22 your name associated with those notes
23 in the file?
24 THE WITNESS: Yes, it does.

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1 MS. ROSE: Because we have
2 not received those.
3 THE WITNESS: The veteran
4 himself could go to what they refer to
5 as the blue button, and print it out,
6 and hand it to you personally. So
7 every veteran has access to do that.
8 Or you could go through release of
9 records and get that. A release of
10 records, yeah, you could go through a
11 release of records or the veteran
12 themselves could print it out.
13 MS. ROSE: So just to
14 clarify for the record, did you
15 personally provide any documents to
16 either an attorney for the Veterans
17 Department --
18 THE WITNESS: No.
19 MS. ROSE: -- or to Ms.
20 Herrmann or Mr. Krandel?
21 THE WITNESS: No. All the
22 documents are in the record. I do not
23 keep any documents, because they are
24 not my personal documents. These are

<p style="text-align: right;">Page 73</p> <p>1 veterans' documents and they are held 2 by the VA. 3 MS. ROSE: So these are, 4 just -- Jen, do you mind if I clarify 5 this for the record? 6 MS. HERRMANN: I don't. 7 MS. ROSE: So just, when you 8 meet with an individual who is applying 9 to Veterans Treatment Court, you keep 10 notes, correct? 11 THE WITNESS: I take notes 12 and I input them, yes. 13 MS. ROSE: And what do you 14 input them into? 15 THE WITNESS: CPRS, which is 16 the Department of Veteran, Department 17 of Veterans Affairs, essentially what 18 our records are, CPRS. 19 MS. ROSE: That's a database 20 that the department has? 21 THE WITNESS: Yes. 22 MS. ROSE: And then you are 23 able to subsequently access that 24 database to view your notes?</p>	<p style="text-align: right;">Page 75</p> <p>1 him. He had needs. I identified that 2 he had treatment needs. And I placed 3 consults because he was not involved 4 with treatment at this point through 5 the VA. He was not getting any 6 treatment through the VA. So I sent 7 him to psychiatry. 8 I placed -- I spoke to him 9 and I said, hey, you could benefit from 10 individual counseling and psychiatry 11 for it. Because he was not taking any 12 medication at the time through the VA 13 whatsoever. So he was unmedicated. 14 And through a chart review of his 15 records in CPRS, I saw his diagnosis 16 and he could definitely benefit from 17 psychiatry, which I explained to him, 18 and individual counseling. So I placed 19 those consults for him at that time. 20 Q. What does it mean to place the 21 consults? 22 A. Okay. So to place a consult 23 basically means I, I place a consult. 24 The VA then calls him to schedule an</p>
<p style="text-align: right;">Page 74</p> <p>1 THE WITNESS: Correct. 2 MS. ROSE: Is that correct? 3 THE WITNESS: Correct. And 4 any providers' notes and future 5 appointments, past appointments, what I 6 was talking about earlier, all of the 7 medical records are interconnected. 8 That's through what is referred to as 9 CPRS. 10 MS. ROSE: Thank you for 11 clarifying that. 12 THE WITNESS: I know it is 13 VA stuff, it does get -- I take it for 14 granted and I assume everybody is 15 understanding it. But I see how that 16 could be confusing. 17 BY MS. HERRMANN: 18 Q. Okay. So you have notes dated 19 March 14, 2023 -- 20 A. Mm-hmm. 21 Q. -- that reflect your first 22 substantive conversation with Mr. 23 Monyer, yes? 24 A. Only substantive. So I met with</p>	<p style="text-align: right;">Page 76</p> <p>1 appointment for individual therapy and 2 psychiatry. 3 Q. Okay. So when you say you 4 placed the consults, that means you 5 notify somebody else in the VA that he 6 needs certain consults, whether 7 psychiatry, whatever it is, and then 8 the individual who is responsible for 9 those consults reaches out to the 10 veteran to schedule it? Yes? 11 A. Correct. So I guess another way 12 to say placing a consult is offering 13 treatment and getting, getting them 14 services. 15 Q. I understand. But I just, I 16 wanted to know the next step. And that 17 is not that Mr. Monyer was expected to 18 go schedule a psychiatry appointment, 19 correct? 20 A. It was done for him. They would 21 call him. They would follow up. The 22 VA's process is usually they do three 23 phone calls and a letter. They make at 24 least four attempts to try and</p>

1 schedule.

2 And that's not just for Mr.
3 Monyer. That's with any veteran. They
4 try and make at least three follow-up
5 calls and they send a letter to the
6 individual to try and offer them -- to
7 follow up on the consult before they
8 close it out.

9 **Q. I see. You mentioned before**
10 **that it stood out to you that Mr.**
11 **Monyer had been drinking alcohol two**
12 **days prior to your meeting. What stood**
13 **out to you about that?**

14 A. What stood out was that he
15 wanted to continue to consume alcohol,
16 he says for socialization purposes,
17 essentially. But...

18 **Q. Did you think that it was**
19 **problematic for him to continue to**
20 **consume alcohol?**

21 A. It would be if he got into Vet
22 Court, because they do urine screens,
23 so it would be problematic. So he was
24 in the process of applying. So that's

1 A. Correct.

2 **Q. Okay. Why did you think that he**
3 **needed a psychiatry consult?**

4 A. He was, he was so guarded and
5 somewhat paranoid on the phone that at
6 that point I felt he needed that.

7 And also looking through his
8 records. So I do a chart review before
9 I call veterans also, so if there is
10 records there, I have an idea of what
11 is going on, an idea of what is
12 happening. So I saw that, you know, he
13 was on medication prior, and he was
14 unmedicated at this time, so I offered
15 him that.

16 **Q. What concerns you or stands out**
17 **to you about previously being on**
18 **medication and no longer being on**
19 **medication?**

20 A. You know, it could be -- again,
21 I don't want -- I would be concerned if
22 he had any active psychosis or what
23 that could, what that could do.

24 **Q. Okay. What made you concerned**

1 why I offered him individual and
2 psychiatry, to help get him services to
3 stop drinking.

4 **Q. Is it your understanding, then,**
5 **that veterans in Vet Court are not**
6 **allowed to drink alcohol at all?**

7 A. That is correct.

8 **Q. Okay. So during that**
9 **conversation he expressed his desire to**
10 **continue drinking and no intention to**
11 **stop; is that correct?**

12 A. He said he wanted to continue
13 drinking socially, but he understood
14 for Vet Court purposes he would stop,
15 and he was willing to get services and
16 abstain from drinking while in Vet
17 Court.

18 **Q. Okay. So even though you had**
19 **concerns that he had been drinking, he**
20 **did express the intention to stop for**
21 **his --**

22 A. Mm-hmm.

23 **Q. -- admission into Vet Court?**

24 **Yes?**

1 **that he could have active psychosis?**

2 A. The paranoia. I'm not saying he
3 did have active psychosis. I don't
4 want that -- I don't want it to sound.

5 But it is always a concern,
6 especially with an unmedicated
7 schizophrenic, that that is always just
8 a concern. So it was more wanting to
9 get him services that could benefit
10 him.

11 **Q. I see. I'm not at all trying to**
12 **put words in your mouth.**

13 A. Mm-hmm.

14 **Q. I want to make sure I understand**
15 **what you are saying. It sounds to me**
16 **like you saw a schizophrenia diagnosis**
17 **somewhere in his records; is that**
18 **right?**

19 A. I did.

20 **Q. And then you observed that when**
21 **he was speaking to you that he was**
22 **guarded?**

23 A. Yes.

24 **Q. And that led you, maybe those**

<p style="text-align: right;">Page 81</p> <p>1 things together led you to a concern 2 about paranoia and perhaps psychosis? 3 A. Yes. And he also talked about 4 not being able to sleep. That was one 5 other issue that he had, sleep 6 problems. 7 In the past he took a sleep 8 aid, a medication, so, when he saw 9 psychiatry, so I offered him to meet 10 with psychiatry again. 11 Q. I see. You mentioned before 12 that you noticed that he didn't have 13 any VA medications. What is it that is 14 important to you about specifically 15 medications from the VA, if anything? 16 A. What is important is I could, 17 when I report to the Vet Court teams, 18 when a veteran is -- let me just back 19 up. 20 My understanding is that, 21 and, again, I don't make these rules, 22 but for Berks County Vet Court, all 23 treatment goes through the VA, 24 essentially, and I report back to the</p>	<p style="text-align: right;">Page 83</p> <p>1 A. Correct. And the individual 2 doesn't have to accept those 3 recommendations or not. You know, 4 that's the individual's right to 5 self-determination. So the VA does not 6 impede on that in any way. They do 7 make their own recommendations. 8 Q. What happens if the veteran does 9 not follow the provider's 10 recommendation on medication? 11 A. Within the VA or within the -- 12 see, I don't think I -- that question 13 right there, I don't know if I could 14 answer that one because that's not for 15 me. I'm not -- I don't provide 16 medication, so I can't really answer 17 that. 18 Q. Okay. So you don't know, are 19 you telling me you don't know what 20 happens if a veteran doesn't follow the 21 provider's -- 22 A. If they are -- 23 Q. -- medication recommendation? 24 A. You mean if they are in Vet</p>
<p style="text-align: right;">Page 82</p> <p>1 team. I would provide them -- so if a 2 veteran has a urine screen that comes 3 up positive for anything, if it is 4 through the VA and it is recommended by 5 the doctors, I could advocate saying, 6 hey, look, this is for a medical 7 necessity. 8 And they are not to, you 9 know -- and then the team could 10 determine if, whatever that screen was, 11 if it was due to the medications or 12 not. 13 Q. I see. If a veteran came to you 14 already on medication from another 15 provider, would the VA providers review 16 that medication and determine whether 17 it was appropriate for that veteran or 18 not? 19 A. Yes, they would make their own 20 recommendations. 21 Q. Okay. So whether the veteran 22 comes to the VA with medication or not, 23 the providers are going to make their 24 own recommendations either way? Yes?</p>	<p style="text-align: right;">Page 84</p> <p>1 Court or if they are out of Vet Court? 2 Q. Either way. Let's take one at a 3 time. In Vet Court what happens? 4 A. They could get sanctioned for 5 not following recommended treatment. 6 Q. And if they are not in Vet 7 Court, I think I understood from your 8 testimony before you wouldn't be 9 following them anyway, so you wouldn't 10 know; is that correct? 11 A. That is correct. 12 Q. If there is a sanction for not 13 following the medication recommendation 14 from the provider, who is in charge of 15 that sanction? Who issues it? Who 16 recommends it? Do you have any 17 involvement in it? 18 A. But, I mean, I just -- I don't 19 have -- I generally just report what is 20 happening and what is recommended, and 21 then probably, usually probation would 22 come up, if somebody should be up for a 23 sanction or not. 24 Q. And you don't have to guess</p>

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1 anything. You can just tell me what
 2 you know.
 3 A. Okay.
 4 **Q. Sorry, I didn't mean to cut you**
 5 **off. Go ahead.**
 6 A. Yeah, probation usually comes
 7 up, probation comes up with the
 8 sanctions.
 9 **Q. Anything else you recall from**
 10 **your meeting with Mr. Monyer?**
 11 A. No.
 12 **Q. What was your conclusion based**
 13 **off of your meeting with him?**
 14 A. For Vet Court purposes?
 15 **Q. Yes.**
 16 A. Or for --
 17 **Q. Yes.**
 18 A. My conclusion was that, due to
 19 his diagnosis, his treatment needs
 20 exceeded Vet Court purposes. I didn't
 21 want to set him up for failure by
 22 having him in, you know, not being able
 23 to adhere to everything in Vet Court.
 24 That was my opinion, and I said that to

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1 the team, that I believe his treatment
 2 needs exceed Vet Court, what we could
 3 offer to him.
 4 **Q. What was his diagnosis that led**
 5 **you to that conclusion?**
 6 A. Schizophrenia and psychosis. He
 7 is a hundred percent service-connected
 8 for schizophrenia and psychosis.
 9 **Q. What does it mean to be 100**
 10 **percent service-connected?**
 11 A. It means you are disabled and
 12 they are paying you basically a stipend
 13 at the hundred percent level. It goes
 14 from zero to 100 percent. And 100
 15 percent is the highest level that you
 16 could get, that your level of
 17 dysfunction and how -- your ability to
 18 live a daily life, your ADLs are
 19 impacted.
 20 **Q. What did you believe that Mr.**
 21 **Monyer needed that the Veterans Court**
 22 **or the VA could not provide?**
 23 A. I think that question is maybe
 24 worded a little --

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1 **Q. I'll do it again.**
 2 A. It is not --
 3 **Q. I'll do it again. Just scratch**
 4 **it. I'll do it again, because I**
 5 **realize I said it wrong.**
 6 **What treatment did you**
 7 **believe that Mr. Monyer needed that**
 8 **could not be provided by Veterans**
 9 **Court?**
 10 A. It is not that it couldn't be
 11 provided. It is the venue of it could
 12 set him up for failure. I believe that
 13 a Mental Health Court would have been a
 14 more appropriate venue for him,
 15 essentially, because, again, Vet Court
 16 is very rigid with rules. It is there
 17 to help. But, again, an individual
 18 with psychosis and schizophrenia, if
 19 they are not able to follow all the
 20 rules of Vet Court, we would be setting
 21 them up for failure.
 22 So setting, having somebody
 23 with a severe diagnosis like that, and
 24 then having them sanctioned and

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1 sanctioned until they could be revoked,
 2 we wouldn't do an individual any favors
 3 by doing that.
 4 I didn't want to set him up
 5 for failure. So Mental Health Court
 6 would probably be a more appropriate
 7 venue, where he would still have access
 8 to all the VA's resources, like that
 9 would not stop just because an
 10 individual is not in Vet Court. It is
 11 just he wouldn't be set up for failure.
 12 **Q. I see. Was there anything**
 13 **specific about Mr. Monyer besides the**
 14 **diagnosis itself that led you to**
 15 **believe that he would be set up for**
 16 **failure in Veterans Court?**
 17 A. No. The diagnosis.
 18 **Q. Do you recall the**
 19 **conversation -- actually, let me**
 20 **reverse. What did you believe Mr.**
 21 **Monyer could obtain in Mental Health**
 22 **Court that would not be provided in Vet**
 23 **Court?**
 24 A. More leniency so he doesn't get

1 sanctioned. A little more.

2 **Q. I'm sorry, did you start to say**
3 **something else?**

4 A. No, that was it.

5 **Q. All right. Do you recall the**
6 **conversation that you had with the team**
7 **regarding your recommendation about Mr.**
8 **Monyer?**

9 A. Yes.

10 **Q. Okay.**

11 A. I basically told them what I
12 just said now. I don't know if it was
13 the exact wording, but basically
14 something very similar, that I have
15 concerns with his diagnosis exceeding
16 what we could offer, and that Mental
17 Health Court, if that's an option,
18 would be a better fit.

19 **Q. Did anybody on the treatment**
20 **team have any follow-up questions about**
21 **your recommendation?**

22 A. Not really. They were okay with
23 that. They looked at that and they saw
24 the diagnosis and they said, okay, and

1 meeting, that they were going to offer
2 him Mental Health Court. That was my
3 understanding. Then I don't know what
4 happens outside of that, like outside
5 of the team meeting when we were there.

6 **Q. Do you remember when that team**
7 **meeting was?**

8 A. No. No. We meet every other
9 week, so they blend in for me, the
10 exact dates.

11 **Q. Understandable. Well, if your**
12 **conversation with him was March 14th,**
13 **is it fair to say that the conversation**
14 **with the team would have been, I don't**
15 **know, in the next couple of weeks**
16 **following that?**

17 A. Yes.

18 **Q. And it is okay if that's not**
19 **true. You don't have to agree with me**
20 **on that.**

21 A. I don't know when it could have
22 happened. You know, because, again,
23 who is on the -- I don't know exactly
24 when, when that meeting happened, which

1 they were going to discuss that
2 further.

3 I do recall that there was
4 supposed to be a meeting with his
5 attorney at one point and it never -- I
6 guess it did not occur then. I don't
7 know. But there was supposed to be a
8 meeting with his attorney where they
9 were going to explain the Mental Health
10 Court part to him.

11 **Q. Do you recall anything else**
12 **about that conversation with the team?**

13 A. No. It was pretty uneventful.
14 It was other veterans, because, again,
15 like it is not just one veteran that we
16 review.

17 **Q. All right. And then did you**
18 **come to learn that Mr. Monyer was**
19 **denied admission into Veterans Court?**

20 A. He was -- I don't remember that,
21 what happened there.

22 **Q. Okay.**

23 A. With that. Because my
24 understanding was, when I left the team

1 time. But I would say it could have
2 been anywhere from the time I met with
3 him until early May. So any, any of
4 the team meetings in between,
5 basically.

6 **Q. Okay.**

7 A. I don't know exactly. I
8 can't...

9 **Q. That's fine.**

10 **And then after you provided**
11 **your recommendation at that meeting,**
12 **did you have any other involvement or**
13 **input into Mr. Monyer's case?**

14 A. Not really. I believe he called
15 me and asked me -- he was pretty
16 nervous, if he was getting, whether he
17 is getting into Vet Court or how he is
18 getting into Vet Court, and I said, you
19 know, to speak to his attorney, because
20 the process that happens is usually the
21 court coordinator, the ADA would notify
22 the veteran's attorney if somebody is
23 accepted, not accepted, or where they
24 go from there. That's not something I

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1 do.
 2 MS. HERRMANN: All right.
 3 If you all don't mind, I'm going to
 4 need to take a bathroom break. So are
 5 we good with that?
 6 THE WITNESS: Sounds good to
 7 me.
 8 (Recess taken.)
 9 BY MS. HERRMANN:
 10 Q. So I am going to share my
 11 screen, hopefully. All right. Can
 12 everybody see an e-mail on my screen,
 13 on your screens? Okay.
 14 So, Mr. Negrea -- I probably
 15 still said that wrong. I'm sorry.
 16 A. That's fine.
 17 Q. I'm going to just put on the
 18 record an identification of this
 19 document. You will see on the page
 20 there is an e-mail from you. I'll give
 21 you a chance to review and ask you
 22 questions, but first I'll scroll down
 23 to the bottom and let you read the
 24 history of the e-mail chain. You don't

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1 need to say anything. I just want to
 2 give you the chance to review it.
 3 So for the record, at the
 4 top of this document it is from Jessica
 5 Bodor to Robert Krandel, dated August
 6 15, 2023, 3:25 p.m. We will call this
 7 Exhibit 1. It is five pages.
 8 If it is okay with
 9 everybody, I'll scroll down to the
 10 bottom so you can read the thread. At
 11 the bottom of the thread is an e-mail
 12 from Alex Lassoff from May 11, 2023.
 13 And I'll give you a moment to read
 14 that.
 15 Okay. If everybody is done
 16 reading I'll scroll up. Here we have
 17 an e-mail from Kenneth Kelecic to Paige
 18 MacBain and others, including the
 19 witness, dated May 25th, 2023. I'll
 20 give you all a chance to read that.
 21 If everybody is ready I'll
 22 scroll up. An e-mail from Kenneth
 23 Kelecic to Paige MacBain and others,
 24 including the witness, dated May 25th,

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1 2023. That's just one line.
 2 And I will scroll up,
 3 Jessica Bodor e-mail to Kenneth Kelecic
 4 and others, including the witness, from
 5 May 25th, 2023. I'll give you all a
 6 chance to read that.
 7 All right. Scrolling up
 8 here we have an e-mail from Mr. Negrea
 9 to Jessica Bodor, dated May 25th, 2023.
 10 I will give you all a chance to read
 11 that.
 12 Is everyone finished
 13 reading? Mr. Negrea specifically, are
 14 you finished reading?
 15 A. Yes.
 16 Q. Okay. Great. Thank you. All
 17 right. This e-mail from you on May
 18 25th, which is on page 1 of the
 19 exhibit, do you remember why you wrote
 20 this e-mail?
 21 A. Yes.
 22 Q. Okay. Tell me why.
 23 A. I believe it was in preparation
 24 for the meeting with the veteran's

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1 attorney. And again, I was reiterating
 2 what I said in whatever team meeting,
 3 the date that we had that, his
 4 treatment needs exceed Vet Court, what
 5 we could offer him, due to his
 6 diagnosis, and that his diagnosis would
 7 not be improved by his participation in
 8 Vet Court.
 9 Q. Do you have anything to add or
 10 change as you sit here today to what
 11 you wrote on May 25th?
 12 A. No.
 13 Q. At the last couple sentences of
 14 your e-mail are references to medical
 15 marijuana, which you did not testify
 16 about before. Do you have any
 17 recollection of discussions regarding
 18 Mr. Monyer and medical marijuana?
 19 A. No. When that was brought up,
 20 it is usually, again, for Vet Court
 21 purposes, it is that all treatment goes
 22 through the VA. So the VA does not
 23 offer medical marijuana. But I
 24 wouldn't be able to provide a record

<p style="text-align: right;">Page 97</p> <p>1 essentially to the Vet Court team on 2 the medication that he is taking or not 3 taking, on what is prescribed or what 4 is not prescribed. So that's what that 5 was in reference to. 6 Q. Oh, okay. So that when you meet 7 with the Veterans Court team, you would 8 not be able to report on a medical 9 marijuana prescription or 10 recommendation, because that's not 11 something that your providers do? 12 A. Correct. 13 Q. And is it true that there needs 14 to be some kind of report, you need to 15 be a liaison between the provider and 16 the Treatment Court team? 17 A. Correct. 18 Q. In the e-mails that are below 19 yours, there was some discussion 20 between everyone about medical 21 marijuana being a reason for denial 22 into the program, and, you know, what 23 options he has to deal with his health 24 issues besides the medical marijuana.</p>	<p style="text-align: right;">Page 99</p> <p>1 A. I don't know. I mean, it 2 probably would stand out just because 3 it is something maybe that's different. 4 So it probably would stand out. 5 Q. I see. Okay. Now I will move 6 on to -- let me make sure I'm on the 7 right document. I am. Okay. 8 So the next exhibit is an 9 e-mail from Jessica Bodor to Robert 10 Krandel, dated August 14, 2023, at 11 10:57 a.m., that's what is at the top 12 of the document, which is three pages 13 long. I'll again scroll down to the 14 bottom to let everybody read the 15 thread. 16 All right. On page 2 we 17 have an e-mail from Jessica Bodor to 18 the witness, dated June 23, 2023. I'll 19 let everybody read that. 20 Mr. Negrea, do you remember 21 receiving this e-mail? 22 A. Yes, I do. 23 Q. Do you remember your thoughts 24 when you received it?</p>
<p style="text-align: right;">Page 98</p> <p>1 Besides this e-mail that you 2 have, did you have any input in 3 conversations regarding medical 4 marijuana? 5 A. None that I recall. I mean, I 6 can't -- I don't recall any. 7 I mean, again, I represent 8 the VA. So the VA, you know, if all 9 treatment goes through the VA, I refer 10 him to my providers that provide the 11 medication and the recommendations for 12 the medications. 13 Q. Got it. Do you recall observing 14 or listening to any conversations about 15 Mr. Monyer and medical marijuana? 16 A. I can't recall, no. 17 Q. Would such a conversation stand 18 out to you if it happened? 19 A. I mean, probably. I would say 20 probably. I probably would remember, 21 yeah. I don't really recall, though. 22 Q. What would stand out to you? 23 Why is that a topic that might stand 24 out to you?</p>	<p style="text-align: right;">Page 100</p> <p>1 A. I remember being surprised that 2 the court was sued, because that's 3 never happened since I have been in 4 that court. So I wasn't -- I was like, 5 okay, well, that's -- and I remember 6 that, and the VA would prescribe 7 medication. They would not deny an 8 individual antipsychotic medication. 9 Like that's not something that I am 10 aware of. I mean, like that was not 11 something I was aware of that the VA 12 was doing. I don't believe that they 13 were doing that. 14 That would be a surprise to 15 me, if a veteran goes for medication, 16 not to be given, unless there is an 17 interaction. But that would be the 18 provider, the provider, if they have 19 any concerns as to why they are giving 20 whatever medication versus why they are 21 not. 22 Q. Okay. Let me clarify. You are 23 referring to Mr. Bodor, Ms. Bodor's -- 24 oh, my goodness -- Ms. Bodor's e-mail,</p>

<p style="text-align: right;">Page 101</p> <p>1 I think, where she says -- 2 A. It says -- 3 Q. -- if in fact -- go ahead. You 4 can tell me what you are referring to. 5 A. It says: If in fact it is true 6 that the VA would not prescribe him 7 anti-psychotic medications due to his 8 medical marijuana usage. 9 And then she says: I told 10 him I believe that was indeed the case 11 but wanted confirmation from you. 12 Q. Okay. So I think what I 13 understood from you is that you did not 14 understand that to be an overall 15 policy, but that is something a 16 particular provider might say due to 17 drug interactions? 18 A. It could be, yes. And that 19 really wouldn't be for me to answer. 20 That would be for the provider 21 themselves. 22 My understanding is that the 23 only reason somebody would be denied an 24 antipsychotic would be if the provider</p>	<p style="text-align: right;">Page 103</p> <p>1 would be able to answer that. Since 2 I'm not a prescriber, I really 3 shouldn't answer that. But it is a 4 medication for schizophrenia, usually. 5 Q. Okay. So at the beginning of 6 the e-mail you say: What? Crazy. 7 A. Mm-hmm. 8 Q. What struck you as crazy? 9 A. Well, what struck me as crazy 10 was the belief that the VA would deny 11 somebody medication because they are on 12 medical marijuana, or to deny 13 medication to a veteran, so that's what 14 struck me as crazy. 15 Q. Did you have any idea where that 16 belief came from? 17 A. No. I was very surprised to 18 hear that. I'm not sure -- 19 Q. Hear that anyone believed that 20 the VA wouldn't prescribe medication? 21 A. Yeah. Because to hear that, 22 yes, I was surprised. 23 Q. Okay. 24 A. The other thing I want to</p>
<p style="text-align: right;">Page 102</p> <p>1 has concerns about the interaction. 2 Q. I see. All right. Did you have 3 any knowledge about Mr. Monyer being 4 denied an antipsychotic prescription 5 due to his medical marijuana usage? 6 A. No. I don't believe I did, no. 7 Q. Okay. All right. I'll scroll 8 up to your e-mail, which is at the 9 bottom of page 1, to Ms. Bodor, dated 10 June 23, 2023. And I'll give you a 11 chance to read that. 12 A. Yeah. 13 Q. Okay? 14 A. No, that's what I thought. I 15 mean, because he was receiving 16 Thorazine, so he was being prescribed 17 medication from the VA. They were not 18 denying him because of medical 19 marijuana. 20 Q. What is Thorazine, by the way? 21 A. It is a medication for -- it is 22 one of the older medications for 23 schizophrenia. 24 But, again, the psychiatrist</p>	<p style="text-align: right;">Page 104</p> <p>1 mention is by this point I had not 2 worked with the veteran or anything, or 3 had much interaction, because I was not 4 following his case whatsoever. 5 Q. I see. Yeah. Your testimony I 6 believe earlier today was that you had 7 one meeting with him and that was in 8 March 2023. Is that right? 9 A. Correct. 10 Q. You have a line here that he 11 self-reported to psychiatry that he is 12 still drinking and using medical 13 marijuana that is not prescribed by the 14 VA. 15 Where did you obtain that 16 information when you wrote this e-mail? 17 A. From his records from the 18 meeting that he had with psychiatry. 19 Because after she e-mailed me -- I 20 remember this day because I was, I was 21 on my way to court, so once I got to 22 Dauphin County Vet Court, I pulled up 23 my computer and I looked through the 24 records, and that's where I saw what</p>

<p style="text-align: right;">Page 105</p> <p>1 medication he was on, based off of his 2 most recent meeting with psychiatry at 3 that time. So at the time he was still 4 self-reporting what I said there. 5 Q. I see. So you do have a 6 specific recollection of writing this 7 e-mail, yeah? 8 A. Yep, I remember writing that. 9 Q. Okay. And then you say: I will 10 write a letter next week about his 11 treatment and that his treatment needs 12 exceed what Vet Court can offer him. 13 A. Mm-hmm. 14 Q. (Psychosis disorganized 15 schizophrenia). 16 Do you see that line? 17 A. I do. 18 Q. Okay. Did you ever write that 19 letter? 20 A. I did not. 21 Q. Why not? 22 A. I decided I should seek legal 23 counsel before I write anything further 24 since Vet Court is being sued. So I</p>	<p style="text-align: right;">Page 107</p> <p>1 scroll to the bottom. Actually, there 2 is just some legal mumbo jumbo at the 3 bottom, so I'll go back to the first 4 page, where there is an e-mail from 5 Paige MacBain to Jessica Bodor, dated 6 July 26, 2023. This e-mail says: Per 7 Gelu, he is requesting a different 8 individual counselor because he does 9 not agree with his Schizophrenia 10 diagnosis and wants a PTSD diagnosis. 11 Do you see that? 12 A. Yes. 13 Q. And the subject line is Monyer. 14 So presumably the "he" in this sentence 15 is Mr. Monyer. 16 And I see the name Gelu, 17 which I think we observed early in the 18 deposition is not a very common name? 19 A. Right. 20 Q. So I think we can assume that's 21 you? 22 A. Yes. 23 Q. Do you recall any conversations 24 with Paige MacBain in or about July</p>
<p style="text-align: right;">Page 106</p> <p>1 didn't want to do anything without any 2 further guidance. 3 Q. Was there any follow-up from 4 there? Did Ms. Bodor or anybody ask 5 you for anything else? 6 A. I don't recall, to be honest. I 7 don't recall at that point. 8 Q. Did you give any other input 9 following this e-mail on June 23rd, to 10 your recollection? 11 A. I don't think I did after that, 12 no. I was waiting to see what 13 happened, basically, and get more 14 clarification. 15 Q. Okay. Anything, as you sit here 16 today, that you would add or change to 17 your e-mail of June 23rd? 18 A. No. 19 Q. All right. And moving on to 20 what we will mark as Exhibit 3, at the 21 top it is an e-mail from Jessica Bodor 22 to Robert Krandel, dated August 14, 23 2023, with a time stamp of 10:51 a.m. 24 This is a two-page document. And I'll</p>	<p style="text-align: right;">Page 108</p> <p>1 2023 about Mr. Monyer? 2 A. I remember -- gosh. I don't 3 remember specifics. I guess I 4 definitely had a conversation, 5 obviously. I don't remember specifics 6 about it. But, yes, we did have talks. 7 One of the challenges that 8 Mr. Monyer had for even talking to him, 9 he really had a difficult time 10 accepting that he had schizophrenia and 11 psychosis. He kept insisting he has 12 PTSD, which he was never diagnosed with 13 by the VA. 14 And when his counselor, his 15 individual therapist talked to him 16 about that, he got upset with her and 17 requested a different therapist. 18 Q. Okay. So to be clear for the 19 record, does this July 26th e-mail 20 refresh your recollection as to whether 21 you had conversations with Ms. MacBain 22 about Mr. Monyer in that time period? 23 A. I don't remember the specifics 24 of any of it. I mean, I must have</p>

1 talked to her about something with him.
 2 I don't remember specifically what.
 3 **Q. Okay. But you just testified**
 4 **that one of Mr. Monyer's challenges --**
 5 A. Mm-hmm.
 6 **Q. -- was accepting his diagnosis.**
 7 **So does this e-mail refresh your**
 8 **recollection about that?**
 9 A. Again, it is blending in because
 10 there is -- I don't recall if it was
 11 during a team meeting or when that
 12 discussion came up.
 13 **Q. Okay. So at some point you**
 14 **became aware that Mr. Monyer had a hard**
 15 **time accepting his diagnoses of**
 16 **schizophrenia and psychosis?**
 17 A. Mm-hmm.
 18 **Q. Is that correct?**
 19 A. That's correct. Even during the
 20 initial assessment he kept referring to
 21 his PTSD.
 22 **Q. Okay. And you at some time were**
 23 **aware that PTSD was not diagnosed by**
 24 **the VA?**

1 **you might have been having a**
 2 **conversation with her about a veteran**
 3 **who was actually in Treatment Court,**
 4 **and during that conversation she might**
 5 **have asked you something about Mr.**
 6 **Monyer?**
 7 A. Very possible, yes.
 8 **Q. Okay. And I say that only**
 9 **because it was your testimony before**
 10 **that you were not following him at this**
 11 **point?**
 12 A. Correct.
 13 **Q. Okay.**
 14 A. Now, if they asked me specific
 15 questions, like in the letter from
 16 Jess, I still had an ROI from him that
 17 was active, so if I'm asked a specific
 18 question, I was able to get in the
 19 records and see what is going on.
 20 **Q. What is an ROI?**
 21 A. Release of information. So
 22 there is releases of information, so I,
 23 you know, like when she asked about the
 24 medication, I looked in his records to

1 A. Correct.
 2 **Q. And at some point you believe**
 3 **you communicated to Ms. MacBain that**
 4 **Mr. Monyer did not accept the diagnosis**
 5 **and that he thought he had PTSD; is**
 6 **that correct?**
 7 A. That is correct.
 8 **Q. You just don't have a specific**
 9 **recollection of the conversation or**
 10 **when it happened or with whom?**
 11 A. I do not.
 12 **Q. All right. Do you have any --**
 13 A. Just to clarify a little bit,
 14 with Paige, I talked to the probation
 15 officers regularly, at least a couple
 16 times a week, giving updates on
 17 different veterans.
 18 **Q. Okay.**
 19 A. So that's like a common thing we
 20 do is to update each other on what is
 21 going on weekly. So, I mean, we have
 22 two to three conversations per week,
 23 every week, about our vets.
 24 **Q. I see. So would you think that**

1 see if he was taking medications or
 2 not.
 3 **Q. By "she" you mean Jessica Bodor?**
 4 A. Correct.
 5 **Q. So if Paige MacBain asked you**
 6 **something about Mr. Monyer in July of**
 7 **2023, would you have consulted the VA's**
 8 **records to answer her?**
 9 A. Correct.
 10 **Q. What are your thoughts, if any,**
 11 **on Mr. Monyer requesting a different**
 12 **counselor because he wants a PTSD**
 13 **diagnosis?**
 14 **If you don't have any**
 15 **thoughts, I'll ask a follow-up**
 16 **question. But if you do have thoughts**
 17 **I welcome them.**
 18 A. I mean, that's more speculation.
 19 So not speaking about Monyer, but with
 20 veterans in general, with mental health
 21 in general, it is less stigmatizing for
 22 an individual to have PTSD and blame
 23 that, and it is more socially
 24 acceptable, than a more severe mental

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1 health issue.
 2 So, again, that's not
 3 specific to Mr. Monyer because I don't
 4 know what he was thinking. But that's
 5 just in general from other --
 6 **Q. So is that something --**
 7 THE COURT REPORTER: I'm
 8 sorry, from other?
 9 A. -- other veterans I've worked
 10 with.
 11 **Q. Yes. I'm sorry, I cut you off.**
 12 **So that was going to be my**
 13 **question. So you have seen this before**
 14 **where other veterans, due to the stigma**
 15 **of these more serious -- well, I don't**
 16 **know, not more serious, these different**
 17 **diagnoses --**
 18 A. Mm-hmm.
 19 **Q. -- that they prefer to be**
 20 **diagnosed with PTSD?**
 21 A. Yes.
 22 **Q. You have seen that before?**
 23 A. I have, yes.
 24 **Q. But you are not sure whether**

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1 **that happened with Mr. Monyer**
 2 **specifically, as you sit here today?**
 3 A. I cannot say that specifically.
 4 **Q. And then what happens if a**
 5 **veteran believes that PTSD is more**
 6 **appropriate or they want that**
 7 **diagnosis? What happens with such a**
 8 **request or desire, if anything?**
 9 A. Well, an individual could always
 10 request a different counselor or
 11 psychiatrist. It is their right within
 12 the VA to request that, so they can.
 13 As far as the diagnosis,
 14 that's, you know, that's up to the
 15 providers to do the diagnosis. Now,
 16 Mr. Monyer was seen by a number of --
 17 by, I don't know the exact number, but
 18 a number of different psychiatrists,
 19 psychologists and social workers, and
 20 none of them diagnosed him with PTSD.
 21 He was also seen by the PCT
 22 Clinic, which is a specialty clinic of
 23 the VA for PTSD, and they did not
 24 diagnose him with PTSD. That was

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1 before us, so that was --
 2 **Q. That was before what?**
 3 A. That was awhile ago that he was
 4 seen by the PTSD Clinic. So that was
 5 not anything recent.
 6 **Q. What was the name of the clinic**
 7 **you said?**
 8 A. PCT Clinic. I forget what the
 9 acronym stands for. But it is a
 10 specialty clinic of the VA that
 11 specializes in post-traumatic stress
 12 disorder.
 13 **Q. And that information, Mr. Monyer**
 14 **being seen by the various**
 15 **psychiatrists, psychologists and social**
 16 **workers, and the PCT Clinic, where are**
 17 **you getting the information?**
 18 A. His chart. His medical chart.
 19 **Q. All right. So you are able to**
 20 **see that in front of you, on your**
 21 **screen right now? That's what you are**
 22 **referring to?**
 23 A. Correct.
 24 **Q. Do you have a memory of any of**

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1 **that?**
 2 A. I looked through his chart
 3 before I spoke to him. When I
 4 mentioned earlier, I do a chart review
 5 just to get an idea of what treatment
 6 has been done and what is happening, so
 7 I do remember seeing he was seen by the
 8 PCT Clinic, because that's something,
 9 you know, any specialty clinics, I
 10 always want to see what their notes
 11 were.
 12 **Q. I see.**
 13 A. And see what they had.
 14 **Q. So that review by the PCT Clinic**
 15 **and other providers, that happened**
 16 **before you did your assessment with**
 17 **him; is that correct?**
 18 A. Yes, that is correct. I believe
 19 that was 2018. Don't quote me exactly
 20 on the year. But that was like 2018.
 21 **Q. I see. All right. And those**
 22 **opinions from the PCT Clinic, various**
 23 **psychiatrists, psychologists and social**
 24 **workers, is that what affected your**

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1 assessment and conclusion that Mr.
2 Monyer was not a good fit for Veterans
3 Court?
 4 A. Yes.
5 Q. Okay. Now I will show you, I
6 think we are on 4.
 7 THE COURT REPORTER: Yes.
8 Q. Okay. This is an order in the
9 Commonwealth of Pennsylvania versus
10 Damon Monyer, dated May 3rd, 2023. And
11 I'll give you all a chance to review
12 that.
13 All right. Mr. Negrea, have
14 you ever seen this document?
 15 A. No. Which is not uncommon. I
 16 don't normally see these, nor --
 17 because it is not part of what I do,
 18 you know, review these. So I have
 19 nothing to do with this, meaning like
 20 whatever the county does, I do not see
 21 these, nor do I get involved in this.
22 Q. Well, that was going to be my
23 next question, if you had any input
24 into this order, and it sounds like you

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1 did not. Is that correct?
 2 A. Correct.
 3 MS. HERRMANN: Okay. I
 4 don't have any other questions at this
 5 time.
 6 MS. ROSE: I will have some
 7 question for you.
 8 MS. HERRMANN: Okay. Do you
 9 need these documents or should I take
 10 them off the screen share?
 11 MS. ROSE: You can take them
 12 off. I'll put a Dropbox link in the
 13 chat and then I'll show the documents
 14 on my screen.
 15 But would folks like to take
 16 a break before I start? Do you have
 17 any time constraints today, Mr. Negrea?
 18 THE WITNESS: I would rather
 19 just get this over with today.
 20 MS. ROSE: Can you believe
 21 that's not the first time I have heard
 22 that. Okay. No problem. I'm happy to
 23 keep going as long as nobody else needs
 24 a break.

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1 (Discussion off the record.)
 2 EXAMINATION
 3 BY MS. ROSE:
4 Q. So just going off the last
5 questions that were being asked, Mr.
6 Negrea -- well, first of all, I'm
7 sorry, I should introduce myself. My
8 name is Sara Rose. I work for the
9 American Civil Liberty in Pennsylvania.
10 I'm a lawyer for Mr. Monyer in this
11 case.
12 Two of my colleagues, Andrew
13 and Steve, are on this call, but they
14 have their cameras turned off. I'm
15 just letting you know who those folks
16 are.
17 So going off some of the
18 last questions you were being asked, do
19 you have any independent knowledge as
20 to why Mr. Monyer was not accepted into
21 Veterans Treatment Court?
 22 A. No. The only knowledge I have
 23 was discussed as a team.
24 Q. Okay. And what did you discuss

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1 as a team regarding Mr. Monyer?
 2 A. Again, it was basically what I
 3 said earlier, when I said that I didn't
 4 believe that his mental health
 5 diagnosis was appropriate for Vet
 6 Court.
7 Q. Okay. So are you aware --
 8 A. I'm sorry, one last thing.
9 Q. Sure.
 10 A. I was also under the impression
 11 we were going to offer him Mental
 12 Health Court, because I do remember
 13 that being discussed, and that was
 14 going to -- so that was my
 15 understanding, was that he was going to
 16 be offered Mental Health Court, because
 17 there was nothing with a veteran with
 18 treatment needs, but just better suited
 19 in Mental Health Court.
20 Q. So the last exhibit that Ms.
21 Herrmann showed you, the order with the
22 effect of denied for failure to comply
23 with pretrial services, did you see
24 that?

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1 A. I saw that. But I --
 2 **Q. You don't have any independent**
 3 **knowledge about what pretrial services**
 4 **Mr. Monyer may or may not have failed**
 5 **to comply with?**
 6 A. I'm not aware of that, no.
 7 **Q. Okay.**
 8 A. I mean, I'm not aware of what
 9 that -- I have never seen the document
 10 so I don't know.
 11 **Q. Did you report to anyone on the**
 12 **Veterans Treatment Court team that Mr.**
 13 **Monyer had failed to comply with any**
 14 **pretrial services that you were aware**
 15 **of?**
 16 A. It would never be worded as
 17 pretrial services. So I wouldn't, you
 18 know, I -- what I would be asked is how
 19 is -- so for me, I would deal with
 20 Paige mostly, and if she asks me, Has
 21 an individual been attending or not
 22 attending treatment, or different
 23 things like that, that's just in
 24 general for any veteran, I would do it

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1 -- I would look in the chart and see if
 2 they have or haven't attended.
 3 **Q. Did you report anything like**
 4 **that regarding Mr. Monyer to Paige**
 5 **MacBain or to anyone else involved in**
 6 **Veterans Treatment Court?**
 7 A. I don't recall if I was asked
 8 specifically if he attended anything.
 9 I would have answered, if the
 10 individual did or did not attend. But
 11 I don't recall, like, I don't remember
 12 all the specifics.
 13 This case was, my
 14 involvement in it was not that, it
 15 wasn't that major. Like it was, he
 16 applied, wasn't appropriate and gone.
 17 So...
 18 **Q. So was there ever any**
 19 **requirement put in place from, you**
 20 **know, your perspective as the Veterans**
 21 **Justice Outreach specialist that Mr.**
 22 **Monyer failed to comply with?**
 23 A. I don't remember. I don't
 24 remember.

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1 **Q. Would you have written that down**
 2 **anywhere?**
 3 A. No. If he was not in Vet Court,
 4 I wasn't tracking him anymore.
 5 **Q. Okay.**
 6 A. So, you know, like I wasn't --
 7 he is not in Vet Court, so I wouldn't
 8 keep track of him.
 9 **Q. Okay. Prior to his denial into**
 10 **Vet Court, would you have tracked Mr.**
 11 **Monyer's compliance with any**
 12 **requirements or recommendations that**
 13 **the Department of Veterans Affairs had**
 14 **made?**
 15 A. Again, I usually don't start
 16 tracking until they are accepted.
 17 Because even when I offer -- like, for
 18 example, Mr. Monyer, I offered him
 19 individual counseling in psychiatry.
 20 Since he was not in Vet Court
 21 technically, he wouldn't be -- he
 22 wouldn't even have to go to it if he
 23 did not want to until he got into Vet
 24 Court.

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1 So the recommended treatment
 2 wouldn't have even been enforced until
 3 being in Vet Court.
 4 **Q. So I'm just going to back up a**
 5 **little bit here with some more**
 6 **background questions. So have you been**
 7 **working with the Berks County Veterans**
 8 **Treatment Court since 2014?**
 9 A. Correct.
 10 **Q. Okay. And how many Veterans**
 11 **Treatment Court participants do you,**
 12 **Berks County Veterans Treatment Court**
 13 **participants do you work with --**
 14 A. It varies.
 15 **Q. -- in any given time? I know it**
 16 **is a range.**
 17 A. It is a range. Average, 18 to
 18 20 or something. Our census is a
 19 little lower right now. But usually in
 20 Berks it hovers around 20. 18 to 22,
 21 let's say, average for Berks.
 22 **Q. And what about for Dauphin?**
 23 A. Similar.
 24 **Q. And about how long does it take**

<p style="text-align: right;">Page 125</p> <p>1 an individual to complete Veterans 2 Treatment Court? 3 A. 24 months. 4 Q. That's the standard time period? 5 A. It varies. It varies county to 6 county. For Dauphin it is 12 to 24 7 months, average of 18. 8 Berks tends to take maybe 9 slightly longer, closer to 18 to 24 10 months. But about 24 months. 11 Q. Apart from being a veteran, is 12 there any other criteria that's 13 required to be admitted to the Berks 14 County Veterans Treatment Court that 15 you are aware of? 16 A. Yes. There have to be treatment 17 needs that are -- there has to be a 18 treatment need because it is a Veterans 19 Treatment Court. So, and then there 20 has to be appropriate treatment that 21 could help the individual while they 22 are in that court, to help make a 23 difference for them. 24 Q. Could you just give me an</p>	<p style="text-align: right;">Page 127</p> <p>1 veteran who was not accepted into Berks 2 County Veterans Treatment Court apart 3 from Mr. Monyer? 4 A. Yeah. 5 Q. You have been doing this for 6 ten, almost ten years now? 7 A. Mm-hmm. 8 Q. Can you give me an estimate of 9 how many veterans you worked with who 10 have not been accepted into Veterans 11 Treatment Court in Berks County? 12 A. I don't remember the number. 13 But there has been various ones. 14 Usually, the majority of veterans that 15 are not in that court usually tend to 16 be the ones that don't want it. 17 But most tend to be -- I've 18 had a couple others that were not 19 accepted for various reasons. 20 Q. Have you ever worked with a 21 veteran who was not accepted to Berks 22 County Veteran Treatment Court because 23 of a schizophrenia diagnosis? 24 A. I believe I did, yeah.</p>
<p style="text-align: right;">Page 126</p> <p>1 example of a treatment need that a 2 veteran in Veteran Treatment Court 3 might have? 4 A. Frequently it is substance 5 abuse, alcohol abuse, any sort of 6 addiction. 7 It could be post-traumatic 8 stress disorder that we talked about. 9 It could be -- you know, those are some 10 of the examples. 11 Q. It could be substance abuse. It 12 could also be mental health; is that 13 right? 14 A. Yes. It could be depression, 15 post-traumatic stress disorder is a 16 common one. 17 Q. What about like physical 18 disability, would that be something 19 that would be -- 20 A. No. 21 Q. -- a condition for Veterans 22 Treatment Court? 23 A. No. 24 Q. Have you ever worked with a</p>	<p style="text-align: right;">Page 128</p> <p>1 Q. Besides Mr. Monyer? 2 A. Yeah. 3 Q. Okay. Just one or more than 4 one? 5 A. I don't remember. It is, ten 6 years is a long time. A lot of 7 veterans have come and gone. 8 Q. Would you have a record of the 9 veteran you worked with who was not 10 admitted due to a schizophrenia 11 diagnosis? 12 A. No. I mean, if I would remember 13 the name or something, then I could 14 look up the records. But I can't think 15 of the name. 16 Q. Is it just one person? 17 A. I don't remember how many. 18 Q. Now, if an individual is 19 participating in Veterans Treatment 20 Court, do they have to receive all of 21 their like medical and psychiatric care 22 from the VA while they are 23 participating in that court? 24 A. That's my understanding for</p>

<p style="text-align: right;">Page 129</p> <p>1 Berks County Vet Court. 2 Q. Okay. 3 A. Again, I don't make those rules. 4 That's just Vet Court rules. 5 Q. That was my next question. So 6 that's something that the Veterans 7 Treatment Court, a rule of the Veterans 8 Treatment Court? 9 A. Correct. 10 Q. Does Dauphin County Veteran 11 Treatment Court have the same rule? 12 A. Similar. Not exactly the same. 13 So they have all veterans get treatment 14 through the VA, if they are eligible, 15 and their criteria is a little bit 16 different because, again, if you ask 17 what the definition of a veteran, you 18 are going to get a lot of different 19 definitions, and every county almost 20 has their own definition of what they 21 deem a veteran. 22 So Berks has it set that VA 23 eligibility determines that for Berks 24 County Vet Court.</p>	<p style="text-align: right;">Page 131</p> <p>1 psychiatric services from the VA? 2 A. No. That court was established 3 before my time. So that was just kind 4 of the way it was since I have been 5 there. 6 Q. Have you had any conversations 7 with anyone in Veterans Treatment Court 8 about the rationale for that rule? 9 A. Way back in the day, I'm talking 10 like '14, '15, I think they had issues 11 where some veterans came in and they 12 just were not able to get appropriate 13 treatment and services, and it was not 14 a positive outcome. So then they 15 wanted it to be all VA so that they 16 could get -- there was a veteran that, 17 actually now that you mention it, it 18 was just as I was transitioning to my 19 position with the prior person, and he 20 was, that individual is not VA eligible 21 and they couldn't get him rehab, they 22 couldn't get the individual necessary 23 services and treatment. 24 So that is why I think they</p>
<p style="text-align: right;">Page 130</p> <p>1 Dauphin County has it 2 slightly different, where they view it 3 as did you take your oath and did you 4 uphold your oath. And then if you are 5 not VA eligible -- if you upheld your 6 oath, but you are still not VA 7 eligible, then they would make special 8 accommodations. 9 But almost all veterans in 10 Dauphin as well are VA eligible, unless 11 they took that oath and for some reason 12 they are not VA eligible, which does 13 occasionally happen. 14 Q. So it is possible that somebody 15 in the Dauphin County Veterans 16 Treatment Court would not be able to 17 get services from the VA because they 18 are not eligible, correct? 19 A. Correct. Well, that's Dauphin 20 County Vet Court, yeah. 21 Q. I mean, do you know the basis 22 for the Berks County Veterans Treatment 23 Court requirement that participants 24 receive follow-up for medical and</p>	<p style="text-align: right;">Page 132</p> <p>1 -- and again, this is my understanding. 2 I believe because they have other like 3 treatment courts to handle non VA 4 eligible veterans or individuals that 5 are better suited to get them. 6 So like if somebody goes to 7 one of the other tracks, like DUI Court 8 or Drug Court or something like that, 9 then they already have services in 10 place for non-VA-eligible individuals. 11 That's my understanding. So... 12 Q. Okay. Thank you for that. 13 I guess what I was asking 14 is, do you have any understanding about 15 why a veteran in Veterans Treatment 16 Court in Berks County would have to get 17 -- let me give you a hypothetical. So, 18 for example, perhaps there is a veteran 19 who sees a non-VA medical provider 20 because they have a relationship with 21 that person, for whatever reason. 22 Right. Would they, would that veteran 23 be able to continue seeing that non-VA 24 medical provider and participate in</p>

<p style="text-align: right;">Page 133</p> <p>1 Berks County Veteran Treatment Court? 2 A. To my knowledge, no. 3 Q. Okay. 4 A. And a lot of that -- Dauphin 5 would do that as well, for example, for 6 veterans, if they are VA eligible, and 7 the reason is for doctor shopping, to 8 prevent doctor shopping. And a lot of, 9 a lot of individuals out there, 10 especially substance abuse histories, 11 will tend to doctor shop and manipulate 12 different providers to get medication 13 that they want, drug seeking behavior. 14 So I do see that a lot over 15 the years, a lot of drug seeking 16 behavior, help to get certain things 17 that they want. 18 So by having them go to the 19 VA, it is easier that all the providers 20 could see everything in realtime, what 21 is happening, what is prescribed, what 22 treatment they are on, so everyone is 23 on the same page. 24 I hope that makes sense and</p>	<p style="text-align: right;">Page 135</p> <p>1 Court purposes. But the treatment plan 2 is not usually established until 3 somebody is in that court. 4 Q. Has there ever been a time where 5 you established a treatment plan before 6 the veteran was admitted to Veterans 7 Treatment Court in Berks County? 8 A. I give them a rough idea of what 9 it would look like, of what a treatment 10 plan would look like, because for 11 individuals, if they are working or 12 different things like that, they would 13 know what to expect, and they could 14 make an informed decision if they want 15 to accept that court or not. 16 That's the main reason I'll 17 give them an idea of what something 18 like that would look like, so they know 19 what to expect. 20 MS. ROSE: Do you mind if we 21 take a quick, five-minute break right 22 now? Reconvene in about five minutes. 23 (Recess taken.) 24</p>
<p style="text-align: right;">Page 134</p> <p>1 I answered your question. 2 Q. Yeah, that makes sense. I'm 3 just looking at my questions to see 4 what is next. 5 So you talked a little bit 6 earlier about treatment plans. Now, so 7 my understanding is when a veteran, a 8 veteran applies to Veterans Treatment 9 Court, you have a meeting to do an 10 assessment with them, correct? 11 A. Mm-hmm. 12 Q. Okay. Then at that point do you 13 then refer the veteran to other 14 services within the VA, for example, 15 psychiatric services? 16 A. Correct. 17 Q. Okay. And so would it be the 18 provider who is providing those other 19 services that creates a treatment plan, 20 or do you do that in conjunction with 21 the other provider? 22 A. In conjunction, because the 23 different providers will all add their 24 stuff to the treatment plan for the Vet</p>	<p style="text-align: right;">Page 136</p> <p>1 BY MS. ROSE: 2 Q. So we were just talking a little 3 bit about treatment plans. And so I 4 think you had said that they are 5 typically created after the veteran has 6 been admitted to the Veteran Treatment 7 Court, correct? 8 A. Correct. 9 Q. Okay. 10 A. I do give them an idea, just 11 approximately, they are going to be 12 expected to do groups, individual, 13 whatever, psychiatry, that sort of 14 thing. 15 Q. Okay. You feel like it is 16 important for veterans to know what to 17 expect once they are admitted to 18 Veterans Treatment Court? 19 A. Mm-hmm, yeah. I don't want them 20 to -- I don't want an individual to be 21 blind-sided, thinking that, oh, they 22 are going to -- what happens, a lot of 23 individuals, veterans prior to applying 24 for Vet Court, they will go twice a</p>

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1 year to the VA and, you know, they -- I
 2 don't want them to think that that is
 3 what treatment in Vet Court entails.
 4 It is an intense treatment
 5 program that's supposed to help the
 6 individual change.
 7 **Q. Okay. And so are these**
 8 **treatment plans specific to Veterans**
 9 **Treatment Court, correct?**
 10 A. Correct, and an individual --
 11 and individualized for the veteran's
 12 needs.
 13 **Q. But it would be different from,**
 14 **for example, if a veteran was not in**
 15 **Veterans Treatment Court, their medical**
 16 **provider might create a treatment plan?**
 17 A. It is different because --
 18 different because -- yes, it is very
 19 different.
 20 **Q. And if veterans in Veterans**
 21 **Treatment Court fail to comply with the**
 22 **treatment plan, there is a possibility**
 23 **of a sanction, correct?**
 24 A. Yes.

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1 **Q. And so who in the VA is**
 2 **responsible for creating the Veterans**
 3 **Treatment Court treatment plan?**
 4 A. I would say that would be me,
 5 with collaboration with other
 6 providers. I look over what is
 7 recommended.
 8 **Q. So you would talk to the**
 9 **veteran's other medical providers at**
 10 **the VA?**
 11 A. Yes.
 12 **Q. And then how do you communicate**
 13 **the treatment plan to the veteran?**
 14 A. I usually talk to them about it.
 15 And I e-mail it to them. And I have
 16 their -- I usually mail it to the
 17 probation officer, to the veteran. So
 18 all three of us have a copy of it.
 19 **Q. Okay. And so the treatment plan**
 20 **is something that's in writing?**
 21 A. Yes, so it is not -- so there is
 22 not confusion. It is usually. And
 23 then Paige knows what it is. The
 24 veteran knows what it is. And again,

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1 it does change then as well. It is not
 2 set in stone.
 3 **Q. So it could be altered over time**
 4 **depending on --**
 5 A. It is meant to be. Like the
 6 first, initially it is something very
 7 simple. Like, you know, it is meant to
 8 change over time.
 9 **Q. Would the treatment plan also be**
 10 **in the veteran's VA chart, their**
 11 **medical chart?**
 12 A. No. That's more for Vet Court
 13 purposes, that treatment plan like
 14 that.
 15 **Q. Okay.**
 16 A. The VA doesn't require that.
 17 The Vet Court requires a treatment
 18 plan.
 19 **Q. Would you put a note anywhere**
 20 **that you created a treatment plan in**
 21 **the veteran's chart?**
 22 A. Occasionally, yes.
 23 **Q. And when you meet with a veteran**
 24 **who is in Veterans Treatment Court, do**

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1 **you keep notes of those meetings in**
 2 **their VA chart?**
 3 A. Yes.
 4 **Q. And so the treatment plan that**
 5 **you create plays no role in deciding**
 6 **whether a veteran will be admitted to**
 7 **Veterans Treatment Court; is that**
 8 **accurate?**
 9 A. I, I would say yes, because it
 10 is not, it is not created until after
 11 the fact, is my understanding of it.
 12 **Q. Have you ever worked with a**
 13 **veteran who, you know, when you**
 14 **described the Veterans Treatment Court**
 15 **requirements, they, you know -- let me**
 16 **back up a minute.**
 17 **Do you make recommendations**
 18 **to the Veterans Treatment Court team as**
 19 **to whether Veterans Treatment Court is**
 20 **appropriate for a particular veteran or**
 21 **not?**
 22 A. I do, based off of diagnosis,
 23 yes.
 24 **Q. Okay. Is it based on anything**

<p style="text-align: right;">Page 141</p> <p>1 else besides, are those recommendations 2 based on anything else besides 3 diagnosis? 4 A. No. It is usually on the 5 diagnosis. 6 Q. Any other diagnoses besides 7 schizophrenia that would not be 8 appropriate for Veterans Treatment 9 Court? 10 A. Schizoaffective disorder would 11 not be appropriate. There is others as 12 well that wouldn't be appropriate. 13 But, there is others as well. 14 Q. Okay. 15 A. Like we have, I remember once an 16 individual was a hoarder that was 17 diagnosed, and that was not appropriate 18 for Vet Court because we don't have 19 appropriate treatment to offer the 20 individual. So that is not for -- that 21 wasn't a Berks case. 22 But, for example, because it 23 wouldn't be fair to an individual that 24 they have these needs, but we don't</p>	<p style="text-align: right;">Page 143</p> <p>1 Q. So it sounds like, correct me if 2 I'm wrong, it is more about the 3 individual's ability to meet the 4 requirements of the Treatment Court? 5 A. Mm-hmm. 6 Q. Okay. So, and, I mean, is it 7 just your familiarity and knowledge of 8 the challenges that an individual 9 diagnosed with schizophrenia has that 10 causes you to believe that they would 11 not be able to be successful in 12 Veterans Treatment Court? Or are you 13 basing this on something else? Is 14 there a rule written down somewhere 15 that an individual diagnosed with 16 schizophrenia is not eligible for Vet 17 Court, or is this just about, you know, 18 your own, based on your training and 19 knowledge? 20 A. Yeah, they ask me for my input 21 on that. And again, I would go based 22 off of the chart review, seeing what 23 everything else is in there. 24 I don't -- traditionally we</p>
<p style="text-align: right;">Page 142</p> <p>1 have anything to offer them. 2 Q. Why wouldn't the Veterans 3 Treatment Court, forgetting the hoarder 4 situation, why wouldn't the Veterans 5 Treatment Court be able to offer 6 appropriate services to a veteran who 7 has been diagnosed with schizophrenia? 8 A. No, no, no. I think that's 9 being -- the way that -- no, the VA 10 could offer treatment for 11 schizophrenia, but the individual may 12 not be appropriate for Vet Court based 13 off of Vet Court's requirements, which 14 are separate from the VA. 15 So the VA can offer 16 treatment, yes. The Vet Court 17 requirements and everything else that's 18 required while in Vet Court, you could 19 get somebody, somebody with 20 schizophrenia or severe mental health 21 issues, they could end up getting in 22 more trouble, essentially, if they 23 can't uphold all of the requirements of 24 Vet Court.</p>	<p style="text-align: right;">Page 144</p> <p>1 have not really accepted anybody with 2 schizophrenia in Berks County Vet 3 Court. That's usually been a diagnosis 4 that we generally don't accept. That 5 we haven't accepted, I should say. We 6 have turned those down in the past. 7 Q. When you say -- 8 A. Is it a hard rule? I'm not sure 9 if it is a hard rule. I would say Jess 10 Bodor would have been the better person 11 to ask about that. 12 Q. And when you say "we" who are 13 you referring to? 14 A. The Vet Court team. 15 Q. I noticed there are other 16 veterans outreach specialists who work 17 in Lebanon Medical Center. Do any of 18 those other folks work with Veterans 19 Treatment Court? 20 A. Yes. 21 Q. Okay. So do you have -- 22 A. There is five vet courts in our 23 catchment area, and nine counties. So 24 right now we have Lancaster, Lebanon,</p>

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1 York, Dauphin and Berks in our
 2 catchment area.
 3 **Q. Do you have meetings with the**
 4 **other veterans outreach folks?**
 5 A. Mm-hmm. Yes.
 6 **Q. Is it your understanding that**
 7 **schizophrenia is a disqualifying**
 8 **diagnosis in the other treatment courts**
 9 **as well?**
 10 A. My understanding is that it is.
 11 But they have accepted it in the past
 12 as well.
 13 Again, like I don't decide
 14 if someone comes in or not. I give my
 15 impression and my assessment, and then
 16 that's up to the Vet Court team to
 17 decide what they are going to do. So
 18 even if my colleagues gave their, you
 19 know, their assessments to the team,
 20 that team decides what they are going
 21 to do with it.
 22 So some judges are more
 23 inclined to accept more -- some, some
 24 vet courts accept, you know,

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1 individuals maybe even if they don't
 2 have treatment needs just to accept
 3 them to veterans. So it varies
 4 across-the-board what you are going to
 5 see from county to county.
 6 **Q. Do you know if any of the other**
 7 **veterans treatment courts that your**
 8 **colleagues at the Lebanon Medical**
 9 **Center are involved with have policies**
 10 **on medical marijuana?**
 11 A. Again, I don't know their
 12 policies. But each county is
 13 different. So I, I wouldn't be
 14 surprised if some -- I don't know what
 15 their policies are. But every county
 16 is its own entity, basically, with the
 17 Vet Court.
 18 **Q. Do you know what the Berks**
 19 **Veteran Treatment Court's policy on**
 20 **medical marijuana use by the**
 21 **participants is?**
 22 A. No. I have never really -- we
 23 never really got into that because all
 24 treatment goes to the VA, and the VA,

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1 it is a federal agency, so they don't
 2 offer that, that I'm aware. They don't
 3 offer it, so the providers would be the
 4 ones. We have never -- I have never
 5 encountered it in Berks.
 6 **Q. What do you mean, you have never**
 7 **encountered it? You have never**
 8 **encountered a veteran who wanted to use**
 9 **medical marijuana?**
 10 A. I have never encountered a
 11 veteran with a medical marijuana card
 12 in the program, in Berks County Vet
 13 Court program.
 14 **Q. Have you ever worked with a**
 15 **veteran, met with a veteran prior,**
 16 **let's say other than Mr. Monyer, prior**
 17 **to their acceptance into the Veterans**
 18 **Treatment Court where the veteran had a**
 19 **medical marijuana card?**
 20 A. I'm sure I have. I don't really
 21 recall specifically. But I'm sure I
 22 have. I did meet -- I could think of
 23 one I met before that had a medical
 24 marijuana card.

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1 **Q. And was that veteran admitted**
 2 **into the Veterans Treatment Court?**
 3 A. He was sent -- he was admitted
 4 to the Vet Court treatment program.
 5 He, while he was in that court, he was
 6 following the recommendations of his VA
 7 psychiatrist. So he was not using the
 8 medical marijuana while he was in Vet
 9 Court, that particular veteran that I
 10 could think of.
 11 **Q. Do you know whether that veteran**
 12 **was required to stop using medical**
 13 **marijuana before he could be admitted**
 14 **to the Veterans Treatment Court?**
 15 A. I don't, I don't know. That's
 16 not for me to say. I simply refer them
 17 to the VA for treatment. I follow
 18 them, and I track them.
 19 **Q. Do you recall the name of that**
 20 **veteran?**
 21 A. I do recall the name.
 22 **Q. Can you provide it to us?**
 23 A. No. That would be confidential,
 24 I would assume. That's his chart. I

<p style="text-align: right;">Page 149</p> <p>1 don't think I could -- I don't think -- 2 I don't know. That's a different 3 veteran. I don't think I could provide 4 that. 5 Q. We can follow up on that. 6 A. Actually, I know I can't. I 7 don't have an ROI from him to talk 8 about anything. 9 Q. Do you have any familiarity with 10 the Berks County Mental Health 11 Treatment Court? 12 A. No. 13 Q. Have you ever worked with a 14 veteran who was denied admission to 15 Veterans Treatment Court who was then 16 accepted into Berks County Mental 17 Health Treatment Court? 18 A. I think we have had that before 19 when there was individuals that had 20 like significant mental health, then 21 they were just deemed more appropriate 22 for that. We definitely had that. 23 But I don't follow them if 24 they are going that route, so I can't</p>	<p style="text-align: right;">Page 151</p> <p>1 that was before or after the court 2 denied Mr. Monyer admission to Veterans 3 Treatment Court? 4 A. I don't remember. It has been a 5 long time. So I don't, I don't want to 6 take a guess. I don't remember 7 exactly. He might remember more than 8 me. 9 Q. Do you recall talking to Mr. 10 Monyer -- let me go back. I'm sorry if 11 I missed this. I know you had a 12 meeting with Mr. Monyer. Was that in 13 person or by phone? 14 A. Phone. 15 Q. Phone, okay. 16 A. I offered him in person. But by 17 the time he got back to me, it was too 18 late for that. So then, you know, I 19 offered him different -- the way it 20 worked out, he wanted it quickly, so we 21 did it over the phone then. 22 Q. Okay. 23 A. But I always offer everybody in 24 person, virtual or over the phone,</p>
<p style="text-align: right;">Page 150</p> <p>1 track them. I don't follow them. They 2 go to Mental Health Court. 3 Q. Okay. So once a veteran is 4 denied admission to Veterans Treatment 5 Court, does your relationship with that 6 veteran end? 7 A. Yes, it does, unless they call 8 me or request something specific from 9 me. 10 Q. Apart from the e-mails that Ms. 11 Herrmann showed you earlier, have you 12 had any communications with anyone 13 about Damon Monyer? 14 A. Just when we did our team 15 meetings. 16 Oh, I did speak to his 17 attorney, Lasso, Alex Lasso. 18 Q. Yes. 19 A. I did speak to him. I don't 20 remember when, but he wanted to speak 21 to me so I did talk to him. 22 Q. Okay. Was that a phone call? 23 A. Phone call. 24 Q. Okay. Do you recall whether</p>	<p style="text-align: right;">Page 152</p> <p>1 whatever they are most comfortable 2 with. 3 Q. Do you recall talking to Mr. 4 Monyer about medical marijuana during 5 that phone meeting? 6 A. He had concerns about it. He 7 had concerns about medical marijuana. 8 And I said that's something to talk to 9 the psychiatrist about. 10 Q. Okay. Do you recall whether you 11 told Mr. Monyer that he will have to 12 stop using medical marijuana if he were 13 to be admitted to Veterans Treatment 14 Court? 15 A. I don't recall that. I probably 16 said something that all treatment goes 17 through the VA, but then talk to the 18 psychiatry. 19 Q. When you had that phone meeting 20 with Mr. Monyer, do you know whether he 21 had been diagnosed with schizophrenia 22 at that point? 23 A. He was. 24 Q. He was?</p>

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1 A. Yeah, he was diagnosed in 2018.
 2 He has been a hundred percent
 3 service-connected since 2018 from
 4 schizophrenia and psychosis.
 5 **Q. So I wanted to ask you about**
 6 **that, because we just got these records**
 7 **yesterday and some this morning, and we**
 8 **are still missing some, obviously. I**
 9 **haven't had a full chance to go through**
 10 **them. But I saw in 2018 -- the first I**
 11 **saw of the schizophrenia diagnosis was**
 12 **in April of 2023. And there is a**
 13 **record from 2018 saying that he, he had**
 14 **like tinnitus, 10 percent. I'm not**
 15 **familiar with this terminology. So**
 16 **like 10 percent for tinnitus, and there**
 17 **was no mention of schizophrenia.**
 18 **So if you could find in**
 19 **there and maybe direct me to where you**
 20 **are seeing that, that would be helpful.**
 21 A. Let me put my glasses on and
 22 I'll tell you right now. I know these
 23 records can be confusing.
 24 And you have to remember,

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1 let me just mention this to everybody
 2 so there is no confusion, when people
 3 think of the VA, they think of one
 4 entity, but there is actually three
 5 separate entities that make up the VA.
 6 There is VHA, the healthcare, which is
 7 what I work for. There is VBA, the
 8 Veteran Benefits Affairs, which pays
 9 out the compensation. Then there is
 10 Cemetery Affairs. So there is three
 11 separate components.
 12 And if you think of the VA,
 13 you got to think of kind of like DOD,
 14 Army, Marine or Air Force. They are
 15 very separate entities under one
 16 umbrella. So that's just something to
 17 kind of be aware of.
 18 And let me see here. Just
 19 bear with me one second.
 20 **Q. Please, please, take your time.**
 21 A. I believe it is February 2nd,
 22 2018, psychiatry note.
 23 **Q. It will take me a minute to find**
 24 **this too.**

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1 A. That might just be one. Or is
 2 it the February 5th? Let me see.
 3 I know I saw it before. But
 4 it was since 2018 that he has been
 5 receiving compensation for it, mm-hmm.
 6 **Q. So you think he would have been**
 7 **diagnosed with schizophrenia as of**
 8 **2018?**
 9 A. If not longer. But at least
 10 2018 is when he started getting
 11 compensation for it.
 12 Actually, let me pull that
 13 up exactly how long he has been
 14 compensated, so I don't misspeak.
 15 **Q. If you can find that, that would**
 16 **be great. Thank you.**
 17 A. Bear with me here. I know he
 18 had a, he had what is called -- you are
 19 going to have to look for a CMP exam.
 20 That's a Comp and Pension examination.
 21 So Mr. Monyer applied for,
 22 applied for disability through the VA
 23 for PTSD. When he was screened for
 24 PTSD by the psychiatrist, they

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1 determined that it was schizophrenia
 2 and psychosis, not PTSD.
 3 **Q. Okay.**
 4 A. I'm not sure why that's not
 5 working right now. I'm sorry, my
 6 system is not quite working right now.
 7 Sorry about that.
 8 **Q. Okay. I mean, if you are able**
 9 **to find that afterwards and let us**
 10 **know, even just, we have the records,**
 11 **just the date on it, that would be**
 12 **helpful.**
 13 A. Well, there is the Comp and
 14 Pension exam. I'm sorry, let me just
 15 make sure that -- let me see if this is
 16 the one. I want to make sure -- no,
 17 that's not the one.
 18 I'm sorry. There is a lot
 19 of different notes in here --
 20 **Q. Okay.**
 21 A. -- that I looked through. So I
 22 know I have looked through. I know I
 23 have read it before. But you are going
 24 to have to look for the Comp and

1 Pension exam from psychiatry, mm-hmm.
 2 **Q. Okay. Sitting here today, your**
 3 **recollection is that you were aware**
 4 **that Mr. Monyer had been diagnosed with**
 5 **schizophrenia by the time you spoke to**
 6 **him on the phone on, I think it was**
 7 **March 15th, is that correct, or March**
 8 **14th?**

9 A. Yeah. Let me find that.

10 **Q. March of 2023, we can say it**
 11 **that way?**

12 A. Yeah, March of 2023.

13 **Q. I'm looking at your notes, date**
 14 **of March 14th, and it says entry date**
 15 **March 15th. That's why I misspoke.**

16 A. Which is common. I have a
 17 certain length of time to get my notes
 18 in.

19 **Q. Yeah, yeah, I understand. It is**
 20 **your practice, you typically will maybe**
 21 **handwrite them and then enter them in**
 22 **the computer after?**

23 A. Mm-hmm.

24 THE COURT REPORTER: Sir, is

1 **him eligible for Veterans Treatment**
 2 **Court?**

3 A. I don't believe he was a good
 4 fit or would be a good fit for Vet
 5 Court.

6 Again, I don't -- my fear at
 7 the time, and still is, is I wouldn't
 8 want to set him up for failure. So it
 9 is not that, you know, he is not being
 10 denied treatment. Treatment the VA
 11 would still offer him. But it is all
 12 of the requirements of Vet Court, I
 13 don't believe it would be fair for him
 14 to go through that, where we could set
 15 him up for failure. That would be my
 16 big fear.

17 **Q. And that's because of the**
 18 **schizophrenia diagnosis, correct?**

19 A. Correct, mm-hmm. And Judge
 20 Lieberman, who was the judge, also
 21 presided over Mental Health Court. So
 22 when that is brought up, that was,
 23 like, okay, when we discussed it as a
 24 team, it seemed like, my impression was

1 that yes?

2 A. Yes. I did a head nod there.

3 **Q. Okay. So you had this phone**
 4 **call with Mr. Monyer on March 14th of**
 5 **2023. When do you think you would have**
 6 **discussed your concerns about his**
 7 **schizophrenia diagnosis with the**
 8 **Veterans Treatment Court team?**

9 A. The next meeting, the next team
 10 meeting we had. The team -- well, the
 11 team meeting we have, that's, that
 12 would -- that, we would discuss the new
 13 applicants, so it would have been
 14 probably beginning of April at some
 15 point. I'm guessing, but that's
 16 approximately.

17 **Q. Now, do you recall trying to get**
 18 **in touch with Mr. Monyer after your**
 19 **phone meeting on March 14th to discuss**
 20 **treatment options?**

21 A. I don't remember.

22 **Q. Were there any treatment options**
 23 **that Mr. Monyer could have pursued that**
 24 **from your perspective would have made**

1 that they would talk to him about
 2 Mental Health Court.

3 **Q. Based on your understanding of**
 4 **Mental Health Court, what is it about**
 5 **Mental Health Court that would make**
 6 **someone with schizophrenia more likely**
 7 **to succeed in Mental Health Court than**
 8 **Veteran Court?**

9 A. Less requirements. Vet Court is
 10 more structured than -- probably the
 11 most structured one out of all the
 12 treatment courts.

13 **Q. So it would be more difficult**
 14 **for an individual with schizophrenia to**
 15 **meet the requirements of Veterans**
 16 **Treatment Court?**

17 A. Correct.

18 **Q. At some point Mr. Monyer did**
 19 **meet with a VA psychiatrist, correct?**

20 A. Mm-hmm. Correct.

21 **Q. I'm sorry, what did you say?**

22 A. I said correct.

23 **Q. Okay. And did you ever review**
 24 **the notes, the psychiatrist notes from**

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1 **that visit?**
 2 A. I'm sure I did. If I was asked
 3 a question about it, I'm sure I did. I
 4 could pull it up.
 5 **Q. No, no, no. I'm just wondering**
 6 **if you have provided the information**
 7 **from the psychiatrist visit to the**
 8 **Veterans Treatment Court team?**
 9 A. I don't remember if that even --
 10 I don't remember that. It is possible,
 11 but I don't remember.
 12 Usually, again, once a
 13 veteran -- because I placed my consult
 14 for psychiatry on March 15th, and he
 15 was seen by psychiatry on April 26th.
 16 So, and then he was seen by
 17 his individual counselor April 28th.
 18 So I don't remember when his case was
 19 discussed, if he was already denied or
 20 not, or what was going on.
 21 **Q. Were you aware that Mr. Monyer's**
 22 **Vet Court application was denied?**
 23 A. I don't remember when it was
 24 denied or not. I don't remember when I

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1 was made aware of that. But, again,
 2 like it was more -- my impression was
 3 they were going to refer him to Mental
 4 Health Court.
 5 **Q. Okay.**
 6 A. So, and, again, it may be this
 7 was ignorance on my part with not fully
 8 understanding how they do that. But
 9 the denial -- the closure is more of,
 10 my understanding is administrative
 11 feature, not to keep them open for so
 12 long, and then go to the Mental Health
 13 Court.
 14 But that's just my
 15 understanding of it, which may not be
 16 accurate of how they do that.
 17 **Q. Okay. What is that**
 18 **understanding based on?**
 19 A. Just how they close cases
 20 sometimes, even to move them over to a
 21 different court.
 22 **Q. I mean, is it based on prior**
 23 **clients, prior veterans that you have**
 24 **worked with?**

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1 A. Yeah. I remember like, for
 2 example, court coordinator in Dauphin
 3 County explained to me that the clock
 4 is running, so they want to have cases
 5 like even close, so it doesn't count
 6 against the program or something.
 7 Whatever. And I'm not sure what that
 8 means. But that was explained to me.
 9 **Q. Now, just let me make sure I'm**
 10 **getting this right. So you have had**
 11 **some veterans who were denied**
 12 **admittance to Veterans Treatment Court**
 13 **but then subsequently accepted to**
 14 **Mental Health Court; is that right?**
 15 A. I believe, I believe so.
 16 **Q. Okay. And so if you can recall,**
 17 **like in those situations, did those**
 18 **veterans have to submit a new**
 19 **application for Mental Health Treatment**
 20 **Court?**
 21 A. I have no idea. I believe they
 22 do. But I don't know. That's up to --
 23 **Q. Whatever you remember. If you**
 24 **don't remember, it is completely fine.**

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1 A. Yeah. A lot of cases are from
 2 the public defender's office, so the
 3 public defender is right there in the
 4 meeting, and they do what they do,
 5 basically. So...
 6 **Q. Did you ever tell the Veterans**
 7 **Treatment Court team that Mr. Monyer**
 8 **did not want to attend any group**
 9 **therapy?**
 10 A. I don't remember that.
 11 **Q. When would you make**
 12 **recommendations about group therapy?**
 13 A. Initially when I speak to him.
 14 **Q. Okay. Would that be --**
 15 A. That would have been on the
 16 15th.
 17 **Q. Would that be something you**
 18 **would have included in your note?**
 19 A. Sometimes, yeah, I would include
 20 that in the note. But, again, with
 21 him, he was pretty guarded, pretty
 22 disorganized, thinking, he was kind of
 23 all over the place. He was very
 24 guarded about anything that was said.

1 Q. Would group therapy be something
2 that was part of a treatment plan once
3 the veteran was admitted to Veteran
4 Treatment Court?

5 A. It normally is, yes. And see,
6 for Mr. Monyer, he does have a lot of
7 substance abuse history as well. So
8 even in his chart, he has been
9 diagnosed with cannabis dependence long
10 ago, like, I don't know exactly when,
11 but cannabis dependence, amphetamine
12 dependence, alcohol abuse, mood
13 disorder, schizophrenia. So he has got
14 a lot of other issues as well that he
15 has in there. So substance abuse is
16 amongst them.

17 Q. But I think you said substance
18 abuse was one of the conditions that
19 veterans frequently have when they go
20 to Veterans Treatment Court, right?

21 A. Absolutely. It is probably the
22 most common. And that's where group
23 would be beneficial for individuals
24 with substance abuse. It is common

1 don't make that decision. There has
2 been veterans that I said were not
3 appropriate that have gone into Vet
4 Court for various reasons and others
5 that haven't, you know, due to the
6 criminal charges or different things
7 like that.

8 So that's not for me to -- I
9 learned a long time ago, that's not for
10 me to tell the veteran that. That's
11 for them and their attorney and the Vet
12 Court team to discuss if they get
13 accepted or not. Because I, since I
14 don't accept or deny anyone, I don't
15 tell them that.

16 Q. Are you aware that Mr. Monyer
17 like reapplied for Veterans Treatment
18 Court in August of 2023?

19 A. I -- no. I don't remember. I
20 can't say if I was or not aware. I
21 don't know. It never came to me to
22 re-evaluate him or anything.

23 Q. You are the only Veterans
24 Justice Outreach specialist who works

1 with individuals with substance abuse
2 to send them to groups.

3 Q. Do you recall when you met, when
4 you spoke with Mr. Monyer on the phone
5 on March 14th, whether you had any
6 conversations about schizophrenia
7 diagnosis not being appropriate for
8 Veterans Treatment Court?

9 A. I don't recall that. I don't
10 recall that, no.

11 Q. Do you recall whether you told
12 Mr. Monyer anything about his
13 eligibility for Veterans Treatment
14 Court when you spoke to him on March
15 14th?

16 A. I don't discuss that because
17 that's not for me to decide.

18 Q. Okay. So do you just gather
19 information on those calls?

20 A. I gather information. I get
21 assessment.

22 I have to be careful
23 because, this is in general, not just
24 with Mr. Monyer, with any veteran, I, I

1 with Berks County Treatment Board; is
2 that correct?

3 A. Correct.

4 Q. All right. Do you have a
5 supervisor?

6 A. Mm-hmm, I do.

7 Q. What is the supervisor's name?

8 A. Sheila Kimmel.

9 Q. And is that the supervisor for
10 all the Veteran Justice Outreach
11 specialists in the Lebanon Medical
12 Center?

13 A. Yes.

14 Q. And do you supervise anyone?

15 A. I do not. I provide clinical
16 group supervision, but that's different
17 than supervising someone.

18 Q. Okay. And then going way back
19 to this morning, I think you had said
20 something about working with veterans
21 who are incarcerated?

22 A. Mm-hmm.

23 Q. Are those veterans who are
24 awaiting charges, or have already been

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1 **sentenced, or both?**
 2 A. Charged but not sentenced.
 3 **Q. Okay. And what do you do with**
 4 **those veterans?**
 5 A. I meet with them, I assess their
 6 needs, and then I advocate to get them
 7 released to treatment rather than
 8 incarceration.
 9 **Q. Okay.**
 10 A. So oftentimes I'll get them into
 11 inpatient, or, you know, or even
 12 advocate for outpatient services if
 13 appropriate.
 14 **Q. And is that different than like**
 15 **a Veterans Treatment Court?**
 16 A. Yes.
 17 **Q. Who do you advocate with?**
 18 A. It depends on who I know in the
 19 county. So I usually, I collaborate a
 20 lot with the veterans' attorneys, you
 21 know, and then usually the attorneys
 22 would take that to the judges about,
 23 hey, like this is treatment that's
 24 available, and we could get them in

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1 there, so then the attorney.
 2 So I usually collaborate
 3 with their attorneys, or a lot of times
 4 it is even the DA's office, believe it
 5 or not, that says, hey, there is a
 6 veteran that's incarcerated, can you
 7 see them, can you see what you think.
 8 So it varies.
 9 **Q. And why do you think it is**
 10 **important to get these veterans into**
 11 **treatment instead of jail?**
 12 A. Well, a lot of veterans are,
 13 unfortunately, are incarcerated because
 14 there is nowhere else to house them.
 15 So really they are just more
 16 appropriate for treatment.
 17 And so, yeah, I definitely,
 18 I'm a big advocate for treatment versus
 19 incarceration. And incarceration
 20 doesn't, doesn't resolve the issue. If
 21 an individual has a problem, especially
 22 a veteran, if they have a problem, they
 23 could be, you know, over and over again
 24 getting re-incarcerated, but you are

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1 never treating what is causing that.
 2 And so I see that all the
 3 time, like what is going on, where if
 4 we could get them treatment then they
 5 could avoid the whole incarceration
 6 part.
 7 Because incarceration causes
 8 a lot of instability in a person's
 9 life, loss of job, homelessness, got
 10 risk for suicide, all of that stuff.
 11 So incarceration is not beneficial,
 12 especially if there is a treatment
 13 need.
 14 MS. ROSE: Sorry, I'm just
 15 going through my notes. I don't want
 16 to reask you questions that have
 17 already been asked.
 18 You know what, I think I'm
 19 pretty much done. Do you mind if we
 20 just take a five-minute break so I
 21 don't have to sit here with you
 22 watching me look over my notes, and
 23 then we will come back, I'll wrap up.
 24 It might be Jen has a few more

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1 questions for you, but we should be
 2 pretty close to the end. So thank you
 3 for your patience.
 4 THE WITNESS: Okay.
 5 (Recess taken.)
 6 BY MS. ROSE:
 7 **Q. So just a couple more questions**
 8 **for you, Mr. Negrea. Do you know who**
 9 **the new judge for Veteran Treatment**
 10 **Court is?**
 11 A. Judge Bodor.
 12 **Q. Okay. And you had mentioned a**
 13 **court coordinator. Who is the court**
 14 **coordinator who meets with the Veterans**
 15 **Court team?**
 16 A. Jess Bodor. But her husband is
 17 now the judge, so she is not going to
 18 be in that position any longer.
 19 **Q. Oh, okay. There is a**
 20 **relationship then. I was, like, are**
 21 **they related?**
 22 A. So she is being transitioned
 23 out, and I believe it is one of the
 24 other probation supervisors that's

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1 there. I don't remember his name. He
 2 has been coming the last few, like the
 3 last month or two in preparation.
 4 **Q. Okay. I was thinking that Ms.**
 5 **Bodor was the probation supervisor who**
 6 **you mentioned. She is the court**
 7 **coordinator. And then there is also --**
 8 A. It is strange. She is a
 9 probation supervisor and a coordinator.
 10 So she has got two, two hats. But
 11 there is times when there is other
 12 probation supervisors that come along
 13 also.
 14 **Q. And so I just wanted to make**
 15 **sure I'm clear on this. I'm sorry, you**
 16 **may have answered this before, but I**
 17 **just want to make sure I have this done**
 18 **correctly. So you never created -- let**
 19 **me back up.**
 20 To your knowledge, no one at
 21 the VA ever created a treatment plan
 22 for Damon Monyer?
 23 A. That I am aware of.
 24 **Q. Specifically, the Veterans**

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1 **Treatment Court?**
 2 A. Correct.
 3 **Q. He might have had a treatment**
 4 **plan for his treatment, correct?**
 5 A. Mm-hmm, correct. Because he was
 6 never accepted.
 7 **Q. Right. And then you did the,**
 8 **did you describe it as an assessment of**
 9 **Mr. Monyer on March 14th?**
 10 A. Mm-hmm.
 11 **Q. So when you did that assessment,**
 12 **is that like your typical practice, you**
 13 **do that with every veteran, or does it**
 14 **depend?**
 15 A. Every vet. I meet with them and
 16 I gather information, essentially.
 17 **Q. And how long do those meetings**
 18 **usually take?**
 19 A. It varies. It varies. Typical,
 20 an hour to an hour and a half. Maybe
 21 some longer, some shorter. I've had
 22 some go three hours, unfortunately.
 23 But...
 24 **Q. Whatever it takes?**

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1 A. But that's not common. As long
 2 as it takes, basically.
 3 **Q. And then the VA does not**
 4 **prohibit veterans from seeking medical**
 5 **care from non-VA providers; is that**
 6 **right?**
 7 A. That is correct.
 8 **Q. Okay. Are there any services,**
 9 **medical services that the VA is unable**
 10 **to provide to veterans?**
 11 A. I don't know. The VA does a
 12 lot. So I don't know everything they
 13 do or don't do. It is the world's
 14 largest healthcare system, so there is
 15 a lot, you know, working within the VA
 16 there is a lot. I'm still learning
 17 daily.
 18 **Q. Is there ever any, that you are**
 19 **aware of, any reason why a veteran**
 20 **would choose to go outside the VA for**
 21 **medical care?**
 22 A. Personal preference.
 23 **Q. I mean, is there ever more of**
 24 **like a wait to get care from the VA?**

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1 A. There used to be a wait, there
 2 used to be wait issues. But right now,
 3 since the PACT Act was passed, they
 4 have 30 days to get veterans an
 5 appointment or the veteran has a right
 6 to go to the community and the VA
 7 basically picks up the tab for it then.
 8 **Q. Okay. So in that circumstance**
 9 **where the veteran can't get care within**
 10 **the VA in 30 days and goes to the**
 11 **community, but the VA still has to pay**
 12 **for it, I mean, would that be**
 13 **considered like VA service, such that a**
 14 **veteran could take advantage of that**
 15 **and participate in Veterans Treatment**
 16 **Court? If you understand the question,**
 17 **which was a little bit convoluted.**
 18 A. I'll ask you to ask that again,
 19 because that confused me a little bit.
 20 **Q. No, no, no. It was a little bit**
 21 **stream of consciousness.**
 22 Say a veteran is in Veterans
 23 Treatment Court and they need medical
 24 care, the VA doesn't provide them an

<p style="text-align: right;">Page 177</p> <p>1 appointment within 30 days. Could that 2 veteran go outside the VA, consistent 3 with the Veterans Treatment Court 4 policy? 5 A. Yeah, because at that point what 6 happens, if the VA does not have an 7 appointment for a veteran within 30 8 days, the veteran's provider, 9 psychiatry, or primary care, or 10 whatever the purpose is, like let's say 11 if somebody is having, you know, a back 12 pain or something and they need to be 13 seen by a specialist, but the VA 14 specialist can't see them within 30 15 days, then what happens is the provider 16 then places the consult with the Office 17 of Care Coordination, who then would 18 set them up in the community. 19 And there is contracts that 20 the VA has with community providers. 21 You can't just go to any provider you 22 choose. It is whoever the VA 23 contracted with. And then the VA will 24 pick up the tab for that.</p>	<p style="text-align: right;">Page 179</p> <p>1 questions. Backing up to the 2 discussion about the treatment team, 3 there was some testimony about what 4 "we," I put in air quotes, do. And I 5 just want to be very clear about the 6 roles of everyone on the team. 7 So if I understood your 8 testimony correctly, you make an 9 assessment of the veteran, and then you 10 make a recommendation which you share 11 with the rest of the members of the 12 team. Is that correct? 13 A. That is correct. 14 Q. Then the rest of the members of 15 the team, which you listed earlier in 16 your testimony, continue to have 17 discussions about other factors that 18 might be considered and your 19 recommendation? 20 A. Correct. 21 Q. Is that true? Okay. 22 And are you there for those 23 conversations? 24 A. Usually.</p>
<p style="text-align: right;">Page 178</p> <p>1 Q. Okay. But if the veteran 2 decided on their own to go to a non-VA 3 provider and that provider prescribed 4 them a medication, would that be 5 against the rules of Veterans Treatment 6 Court? 7 A. To my knowledge, yes. Which, 8 again, those rules are not set by the 9 VA. Those are set by the county. 10 Q. Yes. Those are the Veterans 11 Treatment Court rules? 12 A. Yes. 13 Q. Which is why I clarified what 14 the VA's policy was first. 15 A. Okay. 16 MS. ROSE: Thank you so much 17 for your time today. I really 18 appreciate it. 19 Jen, do you have any 20 additional questions for Mr. Negrea? 21 RE-EXAMINATION 22 BY MS. HERRMANN: 23 Q. I do. Just a few follow-ups on 24 the testimony in response to Ms. Rose's</p>	<p style="text-align: right;">Page 180</p> <p>1 Q. All right. And could the other 2 members of the team ask you some 3 follow-up questions about your -- 4 A. Mm-hmm. 5 Q. -- opinion? 6 A. Yes. 7 Q. And do you recall any with 8 regard to Mr. Monyer? 9 A. I don't remember specific ones. 10 I know we discussed his case. They did 11 -- there was a team discussion on would 12 he be appropriate to that court. 13 Q. Okay. And whether it is Mr. 14 Monyer or any other veteran, who 15 ultimately makes the decision as to 16 whether the court -- I'm sorry -- 17 whether the veteran is admitted into 18 Treatment Court? 19 A. My understanding is it is the 20 judge, but the DA could object to it as 21 well. So if there is somebody 22 that's -- that they want to object to, 23 they could deny somebody as well. So 24 the DA's office could also deny.</p>

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1 **Q. So it is your understanding that**
 2 **the DA's office has the power to deny**
 3 **an applicant?**
 4 A. That's my understanding. I'm
 5 sorry, but, yeah, that's my
 6 understanding, that they could deny an
 7 applicant.
 8 **Q. All right. Do you have any**
 9 **specific knowledge of that happening,**
 10 **any particular cases?**
 11 A. Not really. I mean, one of the
 12 things also to realize is the Vet Court
 13 as a whole, we try, from what my
 14 observation of like Berks and Dauphin,
 15 they try and go above and beyond to
 16 accept people, not to deny. They don't
 17 look for reasons to deny, because, from
 18 what I have seen, everybody there on
 19 the team wants to help veterans. You
 20 know, they are there because they want
 21 to be there. They are there because
 22 they see that the program is helping
 23 individuals.
 24 So like, you know, we are

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1 there because that's what we want to
 2 do. It is not, not trying to nitpick
 3 and deny veterans. It is more trying
 4 to see what we can do to make
 5 individuals eligible.
 6 **Q. That includes you, you care**
 7 **about the veterans too?**
 8 A. Absolutely.
 9 **Q. And you want them --**
 10 A. That's why I'm doing what I do.
 11 I could be doing a lot of other things
 12 too, but I'm doing this because this is
 13 what I care about, this is what I want
 14 to do.
 15 **Q. Right. Okay. So I just want to**
 16 **make sure I understand your testimony.**
 17 **The DA can deny an admission or just**
 18 **object, could object to it?**
 19 A. Maybe it is object. I may not
 20 be using the right language. I'm not
 21 an attorney, so excuse me if I don't
 22 use the correct language. I don't
 23 know.
 24 I thought they could deny,

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1 usually off of charges, but I don't
 2 know.
 3 **Q. So is it your understanding that**
 4 **there are some charges, there are some**
 5 **criminal offenses that make an offender**
 6 **ineligible for Treatment Court?**
 7 A. Yes.
 8 **Q. And that's where the DA would**
 9 **insert his or her opinion about --**
 10 A. Correct.
 11 **Q. -- the charges?**
 12 A. Yes.
 13 **Q. And the eligibility for**
 14 **Treatment Court? Yes?**
 15 A. Yes.
 16 **Q. Okay. So then when it comes to**
 17 **the ultimate decision, you mentioned**
 18 **the judge. Is that the person who**
 19 **makes the decision for any applicant,**
 20 **if that's your understanding?**
 21 A. That is my understanding.
 22 **Q. All right. And then with regard**
 23 **to other members of the treatment team,**
 24 **you had mentioned before the defense**

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1 **attorney, I believe. And you had some**
 2 **testimony with Ms. Rose with regard to**
 3 **conversations with Mr. Monyer's**
 4 **attorney, Alex Lassoff.**
 5 A. Mm-hmm.
 6 **Q. What was Mr. Lassoff's**
 7 **involvement with the Treatment Court**
 8 **team's discussions?**
 9 A. He was not involved with the Vet
 10 Court treatment team. I spoke to him.
 11 He was e-mailing me and wanted to talk
 12 to me, and I did speak to him. He had
 13 concerns. He was under the
 14 impression -- he didn't know anything
 15 about Mr. Monyer's other diagnosis,
 16 actually, or his diagnosis at all. He
 17 was under the impression that Mr.
 18 Monyer had post-traumatic stress
 19 disorder, and was not aware of the
 20 schizophrenia and psychosis and all
 21 that stuff.
 22 **Q. I see. Are you aware of Mr.**
 23 **Lassoff's communications with anybody**
 24 **else from the Treatment Court team?**

<p style="text-align: right;">Page 185</p> <p>1 A. I was only -- the only thing I 2 recall is that I believe he e-mailed 3 Ken, the ADA. But my understanding 4 with that, that's common practice for 5 the attorneys and the DAs to speak back 6 and forth. So that's all I really 7 know. I don't know any particulars. I 8 just know that that is common for all 9 of the ADAs and veterans' attorneys to 10 communicate. 11 Q. Got it. You testified before 12 that Mr. Monyer had concerns regarding 13 medical marijuana. I believe that was 14 your language? 15 A. Mm-hmm. 16 Q. What were the concerns? 17 A. Well, he said he has his medical 18 marijuana card and was wondering, well, 19 can he get it through the VA or 20 anything like that. 21 And I said no, the VA, that 22 generally is not something the VA has. 23 But discuss that with your 24 psychiatrist.</p>	<p style="text-align: right;">Page 187</p> <p>1 how our Vet Court is structured, and 2 then that team reviews the application. 3 Q. Do you have any involvement with 4 that? 5 A. No. 6 Q. Nothing with the application? 7 A. No. 8 Q. Correct? 9 A. Correct. 10 Q. And nothing with the decision? 11 A. Nothing. 12 MS. HERRMANN: Okay. That 13 is all I have for you. Thank you. 14 MS. ROSE: Just for the 15 record, Mr. Monyer's attorney last name 16 is spelled L-A-S-S-O, I think it is 17 F-F. 18 MR. KRANDEL: It is Lassoff. 19 MS. ROSE: Not Lasso. 20 THE WITNESS: I just had one 21 conversation with him -- 22 MS. ROSE: You are fine. 23 THE WITNESS: -- like seven 24 months ago.</p>
<p style="text-align: right;">Page 186</p> <p>1 Q. So his concern was his 2 accessibility to it when he was working 3 with the VA? 4 A. I believe so. But again, I 5 don't want to just speculate. I 6 believe that's what it was. 7 Q. Well, that's what he asked you, 8 whether he could get it through the VA? 9 A. Yeah. 10 Q. Right? Okay. Okay. 11 Then you testified about 12 from time to time, including with Mr. 13 Monyer, you recommend certain veterans 14 for Mental Health Court instead of 15 Veterans Court. Do you remember that 16 testimony? 17 A. Mm-hmm, yes. 18 Q. After you make such a 19 recommendation, what happens from 20 there? In other words, who makes the 21 decision whether a veteran enters 22 Mental Health Court? 23 A. My understanding, again, is they 24 have their own team, similar to our,</p>	<p style="text-align: right;">Page 188</p> <p>1 (Discussion off the record.) 2 THE COURT REPORTER: 3 Counsel, if you could just confirm for 4 me what you would like for a 5 transcript, please. 6 MS. HERRMANN: Electronic is 7 fine. Thank you. 8 THE WITNESS: Anything else 9 for me next? Or this is it? Like what 10 do I expect? Do I expect anything? I 11 don't know. I'm not used to this. 12 MS. ROSE: None of us 13 represent you, but you do have the 14 right to read the transcript before it 15 is completed, or you can waive that 16 right. It is completely up to you. 17 THE WITNESS: Okay. 18 MS. ROSE: Do you want to 19 waive it or do you want to read it? I 20 think she needs to know. 21 THE WITNESS: I mean I'm not 22 sure. 23 MR. KRANDEL: Generally, 24 based on what Sara is saying, is that</p>

1 you have the option to read it, take a
 2 look at it, and if you think there was
 3 anything that you said incorrectly,
 4 there is instructions that she gives
 5 you, the court reporter gives you that
 6 tells you how to do this. And if you
 7 think you answered anything
 8 incorrectly, you just write it on an
 9 errata sheet, what it was you thought
 10 was incorrect.
 11 If she doesn't get that in a
 12 certain time period, we are just going
 13 to assume you had no corrections to it.
 14 That's all, it gives you that option.
 15 THE WITNESS: Okay.
 16 MR. KRANDEL: You just need
 17 to tell her what you would like to do.
 18 THE WITNESS: Right now?
 19 MR. KRANDEL: Here is the
 20 best option, the best option is that
 21 why don't you take it and say you will
 22 read and sign.
 23 THE WITNESS: Okay.
 24 MR. KRANDEL: That way if in

1 THE COURT REPORTER: Just
 2 tell me when you would like it.
 3 MS. ROSE: Oh, okay. Can I
 4 get back to you? Can I send you an
 5 e-mail about it?
 6 THE COURT REPORTER: Sure.
 7 MS. HERRMANN: And then I
 8 e-mailed the exhibits this morning. SO
 9 you have everything you need there?
 10 THE COURT REPORTER: Yes, I
 11 do. Thank you.
 12 MS. ROSE: I didn't use any
 13 exhibits.
 14 THE COURT REPORTER: Thank
 15 you.
 16 (Proceedings conclude at
 17 1:07 p.m.)
 18
 19
 20
 21
 22
 23
 24

1 30 days, or whatever, it goes by, you
 2 don't, it is just it is what it is.
 3 THE WITNESS: That sounds
 4 good.
 5 THE COURT REPORTER: Sir,
 6 I'll just need to know where I should
 7 send that to you, please.
 8 THE WITNESS: My e-mail
 9 address, electronically?
 10 THE COURT REPORTER: Sure.
 11 THE WITNESS: Do you need
 12 the e-mail address? It's G-E-L-U,
 13 period, my last name, which is
 14 N-E-G-R-E-A, @ VA.gov.
 15 MS. ROSE: So you are good
 16 to go. Thank you so much for your
 17 time.
 18 THE WITNESS: Thank you.
 19 THE COURT REPORTER: Ms.
 20 Rose, you would like a transcript
 21 electronically?
 22 MS. ROSE: Yes. We would
 23 like it electronically. Is it possible
 24 to get it expedited?

1
 2 INSTRUCTIONS TO WITNESS
 3 - - -
 4 Read your deposition over
 5 carefully. It is your right to read
 6 your deposition and make changes in
 7 form or substance. You should assign a
 8 reason in the appropriate column on the
 9 ERRATA SHEET for any change made.
 10
 11 After making any change in
 12 form or substance, and which have been
 13 noted on the following ERRATA SHEET,
 14 along with the reason for change, sign
 15 your name on the ERRATA SHEET and date
 16 it.
 17 Then sign your deposition at
 18 the end of your testimony in the space
 19 provided. You are signing it subject
 20 to the changes you have made in the
 21 ERRATA SHEET, which will be attached to
 22 the deposition before filing. You must
 23 sign in the space provided. The
 24 witness need not be a Notary Public.
 Any competent adult may witness your
 signature.
 Return the original ERRATA
 SHEET to: ROBERT J. KRANDEL, ESQ.
 Robert.Krandel@pacourts.us
 Court rules require filing
 within 30 days after you receive the
 deposition. If you fail to do so, the
 deposition transcript may be deemed to
 be accurate and may be used in court.
 21
 22
 23
 24

1 DEPONENT: GELU NEGREA
DATE: January 23, 2024
2 CASE: Monyer v 23rd Judicial
District

ERRATA SHEET

4 PAGE/LINE/ CHANGE OR CORRECTION AND
REASON

5
6 ----/----/-----
7 ----/----/-----
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10 ----/----/-----
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12 ----/----/-----
13 ----/----/-----
14 ----/----/-----
15 ----/----/-----
16 ----/----/-----
17 ----/----/-----
18

I have read the foregoing transcript of
19 my deposition and, except for any
corrections or changes noted above, I
20 hereby subscribe to the transcript as an
accurate record of the statements made by
21 me.

22 Date: _____
Signature of Deponent

23
Date: _____
24 Signature of Witness

1 Commonwealth of Pennsylvania)
2 Chester County)

CERTIFICATE OF REPORTER

3
4
5 I, Eleanor J. Schwandt, Registered
6 Merit Reporter and Notary Public, do
hereby certify that there came before me
7 on January 23, 2024, the deponent herein,
GELU NEGREA, who was duly sworn by me and
8 thereafter examined by counsel for the
respective parties; that the questions
9 asked of said deponent and the answers
given were taken down by me in Stenotype
10 notes and thereafter transcribed by use
of computer-aided transcription and
11 computer printer under my direction.

12 I further certify that the foregoing
is a true and correct transcript of the
13 testimony given at said examination of
said witness.

14
15 I further certify that I am not
counsel, attorney, or relative of either
party, or otherwise interested in the
16 event of this suit.

17 
Eleanor J. Schwandt, RMR

18
19 Eleanor J. Schwandt, RMR
20
21
22
23
24

Gelu Negrea

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Exhibit C

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

DAMON MONYER AND : NO. 283 MD 2023
PENNSYLVANIA CANNABIS :
COALITION, : Original Jurisdiction
: :
Petitioners, :
: :
vs. :
: :
23RD JUDICIAL :
DISTRICT, BERKS :
COUNTY, :
: :
Respondent :

- - -

VIDEOCONFERENCE DEPOSITION OF JESSICA BODOR

- - -

Taken remotely via Zoom Video
Communications at 633 Court Street, Reading,
Pennsylvania 19601 on Wednesday, November 29, 2023,
commencing at 9:32 a.m., before Sara J. Vanchure,
Notary Public.

- - -

LEXITAS PHILADELPHIA
54 Friends Lane, Suite 116
Newtown, Pennsylvania 18954

- - -

<p style="text-align: right;">Page 2</p> <p>APPEARANCES (Via Zoom) HAMBURG, RUBIN, MULLIN, MAXWELL & LUPIN BY: WILLIAM G. ROARK, ESQ. 1684 South Broad Street, Suite 230 Lansdale, Pennsylvania 19446 (215) 661-0400 WRoark@HRMML.com and AMERICAN CIVIL LIBERTIES UNION OF PENNSYLVANIA BY: SARA ROSE, ESQ. ANDREW CHRISTY, ESQ. P.O. Box 60173 Philadelphia, Pennsylvania 19102 (215) 592-1513 srose@aclupa.org -- Representing the Petitioners (Via Zoom) ADMINISTRATIVE OFFICE OF PA ADMINISTRATIVE COURT BY: JENNIFER M. HERRMANN, ESQ. ROBERT J. KRANDEL, ESQ. 1515 Market Street, Suite 1414 Philadelphia, Pennsylvania 19102 (215) 560-6326 jennifer.herrmann@pacourts.us -- Representing the Respondent</p>	<p style="text-align: right;">Page 4</p> <p style="text-align: center;">INDEX OF EXHIBITS CONT'D</p> <table border="0"> <thead> <tr> <th style="text-align: left;">EXHIBIT</th> <th style="text-align: left;">DESCRIPTION</th> <th style="text-align: right;">MARKED</th> </tr> </thead> <tbody> <tr> <td>Exhibit 6</td> <td>- 2-18-22 E-mail Correspondence Bates AOPC 374 to 375</td> <td style="text-align: right;">132</td> </tr> <tr> <td>Exhibit 7</td> <td>- 2-23-22 E-mail Correspondence Bates AOPC 376 to 380</td> <td style="text-align: right;">138</td> </tr> <tr> <td>Exhibit 8</td> <td>- 4-8-22 E-mail Correspondence Bates AOPC 549 to 550</td> <td style="text-align: right;">145</td> </tr> <tr> <td>Exhibit 9</td> <td>- 11-23-22 E-mail Correspondence Bates AOPC 539 to 540</td> <td style="text-align: right;">147</td> </tr> <tr> <td>Exhibit 10</td> <td>- Adult Probation Scheduled Activities Bates AOPC 354 to 367</td> <td style="text-align: right;">154</td> </tr> <tr> <td>Exhibit 11</td> <td>- 3-23-23 E-mail Correspondence</td> <td style="text-align: right;">166</td> </tr> <tr> <td>Exhibit 12</td> <td>- 8-14-23 E-mail Correspondence Bates AOPC 030 to 032</td> <td style="text-align: right;">166</td> </tr> <tr> <td>Exhibit 13</td> <td>- Notice to Plead</td> <td style="text-align: right;">180</td> </tr> <tr> <td>Exhibit 14</td> <td>- 5-9-23 E-mail Correspondence Bates AOPC 383 to 384</td> <td style="text-align: right;">196</td> </tr> </tbody> </table>	EXHIBIT	DESCRIPTION	MARKED	Exhibit 6	- 2-18-22 E-mail Correspondence Bates AOPC 374 to 375	132	Exhibit 7	- 2-23-22 E-mail Correspondence Bates AOPC 376 to 380	138	Exhibit 8	- 4-8-22 E-mail Correspondence Bates AOPC 549 to 550	145	Exhibit 9	- 11-23-22 E-mail Correspondence Bates AOPC 539 to 540	147	Exhibit 10	- Adult Probation Scheduled Activities Bates AOPC 354 to 367	154	Exhibit 11	- 3-23-23 E-mail Correspondence	166	Exhibit 12	- 8-14-23 E-mail Correspondence Bates AOPC 030 to 032	166	Exhibit 13	- Notice to Plead	180	Exhibit 14	- 5-9-23 E-mail Correspondence Bates AOPC 383 to 384	196
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1 A. No.

2 Q. Okay. So when I ask a question, I'm
3 going to assume you understand it, unless you tell me,
4 "I don't understand the question," or, "I didn't hear
5 the question properly," or -- especially with a remote
6 deposition, there can be a tendency to -- you know, it
7 could freeze or become jumbled or something.

8 So just let me know if you don't
9 understand the question. Happy to repeat it or
10 rephrase it, but if you answer it, I'm going to assume
11 you understood it. Does that make sense?

12 A. Yes.

13 Q. Another important rule is just to make
14 sure that I am able to finish asking my question and I
15 will also make sure that you finish answering your
16 question so that Sara can get down what we're saying.
17 It's also a little bit easier in a remote deposition.
18 Often when you're in the same room, you kind of
19 anticipate what the question is going to be and start
20 answering before it's over, but we just want to make
21 sure to make it easy for Sara to write everything
22 down.

23 Also just make sure you answer verbally
24 with like yes or no or, you know, not shaking your

Page 7

1 head or something like that because otherwise she
2 can't get it down. Make sense?

3 A. Yes.

4 Q. Okay. Perfect. You listen well. If you
5 need a break, let me know. We will certainly be
6 taking some breaks during this time.

7 And if after the deposition is over you
8 remember something that you forgot to tell me or you
9 realize that something you said wasn't correct, will
10 you agree to contact your lawyer to make sure that we
11 can supplement the record?

12 A. Yes.

13 Q. Okay. And so where are you located right
14 now?

15 A. We're currently in the courthouse in
16 Reading, 633 Court Street, Reading, Pennsylvania.

17 Q. Okay. And it looks like your lawyers
18 Jennifer and Bob are with you; is that correct?

19 A. Yes.

20 Q. Okay. Is there anybody else present?

21 A. No one, no.

22 Q. Okay. Do you have any electronic devices
23 in the room with you?

24 A. I have my cellphone, but that's out of

Page 8

1 range of me.

2 Q. Okay. Yeah, and if for some reason you
3 need to take a call during the deposition or
4 something, that's fine. We can take a break. And do
5 you have any documents with you?

6 A. No.

7 Q. Okay. And have you discussed this case
8 with anyone besides your lawyers?

9 A. No.

10 Q. Okay. So could you just tell me what
11 your educational background is, starting with high
12 school?

13 A. Sure. I'm a high school graduate from
14 Schuylkill Valley High School in Leesport,
15 Pennsylvania. I have a four-year Bachelor's Degree in
16 sociology from Moravian University in Bethlehem,
17 Pennsylvania and I also have a Master's Degree in
18 public administration from Kutztown University.

19 Q. Okay. And what year did you get that
20 Bachelor's Degree?

21 A. I graduated in 2004.

22 Q. And what about your Master's?

23 A. 2017.

24 Q. Okay. And so did you work in between

Page 9

1 getting your Bachelor's and Master's?

2 A. I did.

3 Q. And where were you -- so when you
4 graduated in 2004, where were you working?

5 A. I worked for Firetree Limited, which is a
6 drug and alcohol provider, for approximately nine
7 months.

8 Q. Okay. And then what did you do?

9 A. Then I came to work as a probation
10 officer for the County of Berks in February of 2005.

11 Q. Okay. And have you been with Berks
12 County Probation since that time?

13 A. I have.

14 Q. And so you're a probation officer. What
15 other roles have you held?

16 A. I am now currently an assistant chief,
17 which I have been since 2014.

18 Q. Okay.

19 A. So I'm a supervisor.

20 Q. Okay. And how many employees do you
21 supervise?

22 A. I supervise 10 people.

23 Q. And what are those people's roles in the
24 Probation Department?

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1 A. A majority of them are Treatment Court
2 probation officers. I supervise one support staff,
3 two part-time alcohol highway safety school
4 instructors, and I supervise the probation officer
5 that does electronic monitoring.
6 Q. Okay. And do you have a supervisor?
7 A. I do.
8 Q. And who is that person?
9 A. Brendan Harker.
10 Q. Okay. And what's his role?
11 A. He is a deputy chief probation officer.
12 Q. Okay. And so in your position as
13 assistant chief, you know, what are your main job
14 responsibilities?
15 A. I am the Treatment Court coordinator as
16 well as the Berks County DUI coordinator and I deal
17 with all the electronic monitoring within the office
18 as well as I facilitate with the jail for
19 medically-assisted treatment.
20 Q. Okay. And have those been your primary
21 responsibilities since you became assistant chief or
22 have they changed over time?
23 A. No. That's what I've been doing the
24 entire time.

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1 Q. Okay. And in your role as assistant
2 chief, do you interact directly with people who are
3 applying to Treatment Court?
4 A. Sometimes.
5 Q. Okay. And why would you interact
6 directly with those people?
7 A. There are times where they call in to ask
8 questions before the application process or, if they
9 can't get ahold of the person they're supposed to meet
10 with, they'll call me and ask a question.
11 Q. Okay.
12 A. Or I'll meet with them directly if they
13 come into the office and someone from Treatment Court
14 isn't here.
15 Q. Okay. But you don't have, for example,
16 people assigned to you. Is that --
17 A. No, I do not.
18 Q. -- correct? Okay. And what about --
19 MS. HERRMANN: Wait for her to finish the
20 question.
21 MS. ROSE: Oh, sorry.
22 MS. HERRMANN: I was just telling her to
23 wait to answer.
24 MS. ROSE: Yeah.

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1 BY MS. ROSE:
2 Q. What about Treatment Court participants?
3 Do you interact with people like once they have been
4 admitted to Treatment Court?
5 A. Sometimes.
6 Q. And it's basically for the same reasons
7 that you just said for applicants; right?
8 A. Yes.
9 Q. Okay. And so you are not assigned any
10 individuals who are participating in treatment courts
11 as like your clients; is that correct?
12 A. No.
13 Q. Wait. Is -- you are not assigned or
14 you --
15 A. No, I'm not assigned.
16 Q. Okay. Yeah, I just want to make sure we
17 get a -- when you're reading the transcript, it's very
18 different from when you're doing it in person. Okay.
19 So have you -- so what kind of training have you had
20 in your -- in your time working for Berks County?
21 A. A lot.
22 Q. Okay.
23 A. I am trained -- I am certified to carry a
24 firearm. I'm certified to carry a TASER. I'm

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1 certified in basic defensive tactics. I'm certified
2 in motivational interviewing. I'm certified in
3 delivery of the Ohio Risk Assessment as a
4 Train-the-Trainer. I am certified in delivery of the
5 briefcase system. I have a certification through the
6 PA Certification Board as a certified allied addiction
7 practitioner. There's probably more. I just don't
8 remember them all.
9 Q. So is that training provided by Berks
10 County or other organizations?
11 A. By Berks County as well as other
12 organizations throughout the state.
13 Q. Okay. You mentioned motivational
14 interviewing. What is that?
15 A. Motivational interviewing is something we
16 use with offenders in order to gain buy-in on their
17 end, develop rapport with them in order to discuss
18 their situations and elicit behavior change.
19 Q. Okay. And then you also mentioned
20 something called a briefcase system. What's that?
21 A. Yes. That's actually an evidence-based
22 practice that our office is putting into usage where I
23 meet with my officers that I supervise one time per
24 month for an hour and we talk about different ways

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1 that they can work with their offenders to elicit
2 behavior change as well as, you know, different styles
3 of working with people who are resistant or, you know,
4 just how to gain buy-in and develop that rapport with
5 them.
6 Q. Okay. Now, just going back, before you
7 became assistant chief, when you were a probation
8 officer did you work with -- did you work directly
9 with clients at that point?
10 A. I did.
11 Q. And was it a client in a particular
12 program or was it more general?
13 A. No. I -- for the majority of my career
14 prior to becoming an assistant chief, I was the
15 probation officer for DUI Treatment Court as well as
16 our Veterans Treatment Court.
17 Q. Okay. And what made you decide to
18 pursue, you know, a career in probation?
19 A. I very early on in my academic career at
20 Moravian realized that I was really interested in
21 people's behavior and working with people who had
22 substance abuse, mental health issues, and I kind of
23 was really intrigued by that and wanted to work more
24 with people to help them get better.

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1 Q. Okay. And just -- so when you started at
2 Berks County in February of 2005, was there already a
3 DUI Treatment Court at that time?
4 A. Yes.
5 Q. Okay. And was there a Veterans Treatment
6 Court at that time?
7 A. No, there was not.
8 Q. Okay. Do you know when the Veterans
9 Treatment Court started?
10 A. I don't remember the exact date. I want
11 to say it was some time in 2012.
12 Q. Okay.
13 A. But I can't recall for certain.
14 Q. Okay. And how many -- how many probation
15 officers are there in Berks County?
16 A. I believe there's 55. I'm not one
17 hundred percent --
18 Q. Okay.
19 A. -- that's an accurate number, but it's
20 very close to that.
21 Q. And are there -- are some probation
22 officers assigned to -- well, let me ask you this.
23 What are the different kinds of roles that probation
24 officers have in terms of, you know -- I imagine that

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1 there are some who deal with people like after
2 they've, like, served their sentences and then there's
3 some people who might just deal with people who are in
4 Treatment Court. So just, in general, can you just
5 describe kind of the different roles that probation
6 officers have in Berks County?
7 A. Sure. We have people who deal with
8 transfer out cases. We have people who deal
9 specifically with domestic violence, gangs, sex
10 offenders, Treatment Court probation officers, and
11 then we have what we call our general probation
12 officers. They supervise a case load of pretty much
13 any case where the person is living in the city and
14 doesn't fit in one of those other categories.
15 And then we have four quadrants within
16 the county that are the same way as the city, just
17 broken up that those people supervise people in those
18 areas that don't fit into those other categories.
19 Q. Okay. So the probation officers who deal
20 with people in Treatment Courts, is that -- do they
21 just exclusively deal with people who are in Treatment
22 Court?
23 A. Yes.
24 Q. Okay. And what, you know, do probation

Page 17

1 officers -- like what is the role of those probation
2 officers who are assigned -- you know, whose clients
3 are in Treatment Court?
4 A. They meet with them initially if -- when
5 they're coming in at the application process, explain
6 to them what Treatment Court is about, go over our,
7 you know, participant materials. They're also the
8 ones who then supervise those people, assign drug
9 screens, have them come into the office, go out and do
10 home visits. They carry the overall supervision.
11 They're also the ones that report back to the Court at
12 our biweekly meetings with progress notes.
13 Q. Now, is there typically one probation
14 officer who is -- or does a client typically have just
15 one probation officer when they're in Treatment Court?
16 A. Yes.
17 Q. Okay. And is the same probation officer
18 working with them like from the time that -- like
19 before they're admitted to Treatment Court and then
20 once they are admitted or does it change over time?
21 A. We do use a pretrial agency that works
22 with offenders who are not currently on probation that
23 will explain the Treatment Court to them; but if
24 they're on probation and it's a violation case, the

Page 18

1 probation officers will then meet with them. So
2 that's the only time where they would have interaction
3 with someone else. Otherwise they're communicating
4 directly with our probation officers.
5 Q. Okay. What -- does the pretrial agency
6 have like a name associated with it or --
7 A. Sure. It's -- they just changed their
8 name. It was Berks Connections Pretrial Services.
9 Q. Okay.
10 A. But now it's called Connections Work.
11 Q. Okay. And so when somebody submits an
12 application to Treatment Court, is that when they're
13 put in touch with -- I'm just going to refer to it as
14 Berks Connection to make it easy.
15 So when somebody submits their
16 application for Treatment Court, does your office
17 refer them to Berks Connection or how does that
18 contact get made?
19 A. I am the person that receives all the
20 applications.
21 Q. Okay.
22 A. So I get the application. If they are
23 not on supervision and they're truly a pretrial case,
24 I scan those applications over to Connections Work.

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1 Otherwise if they have already been on probation with
2 our office and it's a potential violation, we try to
3 keep it in house so the probation officer assigned to
4 that Treatment Court will then meet with the offender.
5 Q. Okay. Is there a specific person at
6 Berks Connections that you deal with?
7 A. Yes, Brianna Perez.
8 Q. Okay. Now, at the time that you receive
9 the applications, have they already been -- well, let
10 me back up a second. So my understanding is that
11 there's some role of the district attorney's office in
12 determining whether an individual is eligible for
13 Treatment Court; is that right?
14 A. Yes.
15 Q. Okay. And does that determination happen
16 before you receive the application or afterwards?
17 A. No, afterwards.
18 Q. Okay. And so -- okay. So just going
19 through these steps, so you have received the
20 application. You send it to Berks Connections. Then
21 what happens with that application?
22 A. I put the application on our new
23 applicant list and at the next new applicant meeting
24 that application is discussed with the Treatment Court

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1 team.
2 Q. Okay. And then what happens after it's
3 discussed with the Treatment Court team?
4 A. We basically decide at that point are
5 they an acceptable client, is there something that
6 they need to work on, and we'll either decide to deny,
7 accept, or continue the case to the next meeting.
8 Q. Okay. And then at what point is the
9 district attorney's office involved?
10 A. When the applicant is placed on the list,
11 the district attorney's office brings the files to our
12 new applicant meeting and we'll discuss the case with
13 the entire team to determine if there is any
14 excludable offenses or any concerns from victims --
15 Q. Okay.
16 A. -- in their offense.
17 Q. Okay. So I'm going to test this out and
18 share my screen with you here. I'm going to show you
19 a document that we will mark as Exhibit 1. Let's see.
20 Let me figure this out.
21 (Deposition Exhibit 1 was
22 marked for identification.)
23 BY MS. ROSE:
24 Q. Can you see this document that at the top

Page 21

1 it says Commonwealth Court of Commonwealth of
2 Pennsylvania?
3 A. Yes. I'm going to just move it to a
4 different screen so I can --
5 Q. Okay.
6 A. -- see a little bit better.
7 Q. Yeah, yeah, that's fine. Yeah, I think
8 I'm probably going to have to like scroll through and
9 control the document. So if the type is too small in
10 any of the documents I'm going to show you, let me
11 know. If you need me to move it around, just let me
12 know that. So it should say the Response to the
13 Petitioners' First Set of Interrogatories. Do you see
14 that?
15 A. Yes.
16 Q. Okay.
17 A. I can see that now, yes.
18 Q. Okay. So is this a document that you've
19 seen before?
20 A. Yes.
21 Q. Okay. Can you still read it after I made
22 it a little --
23 A. Yes.
24 Q. Okay. I'm just trying to get it more of

Page 22

1 one page here. So these are the -- you know, the
2 responses that the 23rd Judicial District provided to
3 the Interrogatories that the plaintiff produced and,
4 you know, there's a series of questions, but your --
5 your -- so let me -- so my first question -- I'm just
6 going to scroll down to the end here because it has
7 your name on it and a place for a signature, but
8 there's no signature under the Verification. So I
9 just want to make sure that you actually did -- were
10 the person who was -- who verified these
11 Interrogatories.
12 A. I was.
13 Q. Okay. And then there's also a -- some
14 supplemental responses to the discovery requests and
15 then again there is a place where you did sign to
16 verify the Responses to Interrogatories. Do you see
17 that?
18 A. Yes.
19 Q. Okay. And you recall doing that?
20 A. Yes.
21 Q. Okay.
22 MS. HERRMANN: Wait. Could you just make
23 some references to Bates numbers just for --
24 MS. ROSE: So I don't think that these

Page 23

1 have been Bates numbered because they were just
2 responses. They aren't documents.
3 MS. HERRMANN: I see.
4 MS. ROSE: So -- but we are looking at
5 the 23rd Judicial District's Response to the
6 Petitioners' First Set of Interrogatories and the
7 supplemental response to the -- let me make sure I get
8 the right -- the amended supplemental responses to
9 petitioners' discovery.
10 MS. HERRMANN: And that signature page
11 has a date on it, if we can just put that --
12 MS. ROSE: Sure. Yeah, and so the --
13 there's a signature attached to the Verification on
14 October 27th, 2023 and then the prior Verification
15 doesn't have a signature, but Ms. Bodor had said that
16 she did verify these responses and -- well, I don't
17 think that would have a date, but those were produced
18 on August 23rd of 2023.
19 MS. HERRMANN: Thank you.
20 BY MS. ROSE:
21 Q. Okay. So did you provide the information
22 that was necessary to respond to these
23 Interrogatories?
24 A. I did.

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1 Q. Okay. And why were you the person who
2 was tasked with providing this information, if you
3 know?
4 A. I would assume it's because I have
5 firsthand knowledge of all of these issues.
6 Q. Okay. And did you review any documents
7 in order to respond to these Interrogatories?
8 A. Yes.
9 Q. And which documents did you review?
10 A. I reviewed our case management system,
11 case notes I believe. I don't believe there was
12 anything else that I can remember at this time.
13 Q. Okay. And what kind of documents are
14 kept -- or can you just describe the case management
15 system to me?
16 A. Sure. We were previously using Unified
17 Case Management. Now we've -- we just switched our
18 case management system last week to Connectrix. We
19 also use another case management system strictly for
20 Treatment Court participants and that's PAJCIS, which
21 stands for something that I can't recall off the top
22 of my head right now, and I also used the Unified
23 court docket system to pull up some of the numbers.
24 Q. Okay. And so is the case -- the case

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1 management systems you just described, it is
2 electronic databases?
3 A. Yes.
4 Q. Okay. And what kind of information is
5 contained in those databases?
6 A. Anything protected by HIPAA, case notes,
7 sentences, treatment notes, anything that is either
8 scanned and put in or entered by the probation officer
9 or intake staff.
10 Q. Okay. Okay. And for the case notes,
11 like what kind of information is maintained in the
12 case notes?
13 A. Pretty much anything, how a participant
14 is doing, what's going on, any potential violations
15 that are going on, where they're living, who they're
16 living with, whether they're in treatment, are they
17 attending drug screens. Anything that would really
18 have to do with the person as a whole could be placed
19 in there.
20 Q. Are communications between the probation
21 officer and the client maintained in the case notes?
22 A. Yes.
23 Q. Okay. And is -- are probation officers
24 required to maintain those case notes?

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1 A. Yes.

2 Q. And what's the purpose of maintaining the
3 case notes?

4 A. So that if the probation officer is
5 unavailable that anyone who was looking into that case
6 would be able to have a good picture of what's going
7 on.

8 Q. Okay. So is it important that the
9 probation officer ensure that the case notes are
10 accurate?

11 A. Yes.

12 Q. Okay. And would -- are probation
13 officers required to log every communication in the
14 case -- every communication with a client in the case
15 notes?

16 A. Yes.

17 Q. And then what about the treatment notes?
18 What is -- what kind of information is maintained in
19 the treatment notes?

20 A. Anything with regard to communication
21 with a treatment facility, admittance letters, you
22 know, discharge letters, progress reports, e-mails
23 between the probation officer and the therapist.

24 Q. Okay. And besides what you've already

Page 27

1 discussed, like what kinds of documents are maintained
2 in the case management system?

3 A. Any completion letters of anything other
4 than drug and alcohol treatment, any correspondence
5 that we have with their attorneys. I can't really
6 think of anything else other than the treatment
7 documentation or those two other things.

8 Q. Okay. And are these -- so does -- and so
9 in terms of when you go into this -- these electronic
10 databases, I mean is it -- is there basically like
11 a -- like a file -- like an electronic file kept on
12 each client that the --

13 A. Yes.

14 Q. -- probation officers see?

15 A. Yes.

16 Q. Okay. And is that -- are these files
17 kept for people who are applying to be admitted to
18 Treatment Court?

19 A. Yes.

20 Q. Okay. And then what happens with a file
21 if the person is denied admittance to Treatment Court?

22 A. Nothing. Those files would either be
23 closed out, but the data will still remain as the
24 person is still pending in the criminal process.

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1 Q. Okay. Is there any kind of retention
2 policy for how long the data is retained?

3 A. No.

4 Q. Okay. Is it -- so is it retained
5 indefinitely or is there some time --

6 A. Unless the case -- oh, I'm sorry.

7 Q. No. Go ahead. It's fine.

8 A. Unless the case is expunged, we retain
9 the data forever.

10 Q. Okay. So I think you said reviewed the
11 case management system and some other databases. Did
12 you discuss -- or have any discussions with anyone in
13 order to provide the information necessary to respond
14 to these Interrogatories?

15 A. Yes.

16 Q. Who did you discuss it with?

17 A. I discussed it with the probation
18 officers that were linked to each case.

19 Q. Okay. And what did you talk to them
20 about?

21 A. With regard to any e-mails between
22 themselves or the clients, I asked them to check their
23 e-mail boxes to -- and send those to me.

24 Q. Okay. And in terms of like telling them

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1 what to -- how to check their e-mail, like did you
2 provide any specific instructions about how to do
3 that?

4 A. I did.

5 Q. Okay. What were those?

6 A. They were to look for key words such as
7 medical marijuana, THC. I can't -- I think there was
8 another one, but I can't recall right now.

9 Q. Okay. And so they -- so the probation
10 officers just did their own searches of their e-mail;
11 is that correct?

12 A. Yes.

13 Q. And is there any kind of -- or does your
14 office have a retention policy for how long probation
15 officers must keep e-mails?

16 A. I'm not sure. I know that's probably
17 more of an information systems question.

18 Q. Okay. So when you say information
19 systems, what is -- what are you referring to?

20 A. Our IT Department.

21 Q. Okay. And does the Probation Department
22 have its own IT Department or do you share that with
23 county offices?

24 A. We have one overall county department.

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1 Q. Okay. So you're not aware of any
2 instructions given to probation officers like not to
3 delete e-mails?
4 A. No.
5 Q. Okay. Now, would -- or are probation
6 officers supposed to save any e-mails related to a
7 client in the case management system?
8 A. Yes.
9 Q. Okay. So did the probation officers when
10 you asked them to check their -- search their e-mail
11 for these key words, did they also look at the case
12 management files?
13 A. Yes.
14 Q. Okay. So I'm just going to scroll down
15 to the response to Interrogatory Number 2 here. Okay.
16 There's no page number so I'm just going to -- we'll
17 just call it response to Interrogatory Number 2 and it
18 says -- it asks to identify individuals who requested
19 to use medical marijuana and had that request approved
20 by the Treatment Court and it looks like there are --
21 in the initial response to Interrogatory Number 2,
22 there are two individuals listed there. Do you see
23 those individuals' names on your screen?
24 A. I do.

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1 Q. Okay. So do you recall like reviewing
2 documents related to DB, who we'll refer to in the
3 transcript by his initials of DB?
4 MS. HERRMANN: Excuse me, Sara. Before
5 you get into this --
6 MS. ROSE: Oh, yes.
7 MS. HERRMANN: -- do you mind putting on
8 the record our agreement with regard to maintaining
9 confidentiality of these individuals?
10 MS. ROSE: Yeah. So the parties have
11 agreed that we will use the names of these individuals
12 in the deposition itself, but the transcript will only
13 reflect their initials. So for DB, for example, he
14 will be referred to in the transcript as the initials
15 of DB.
16 MS. HERRMANN: Agreed. Thank you. So
17 sorry. What was the question?
18 BY MS. ROSE:
19 Q. Yeah. So do you recall what documents
20 you looked at related to DB?
21 A. Yes.
22 Q. Okay. What did you look at?
23 A. His letter from his treating physician.
24 Q. Okay. Anything else?

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1 A. Not that I can recall.
2 Q. Okay. And where was -- where did you
3 find the letter from his treating physician?
4 A. It's in his case file.
5 Q. And is that in an electronic database?
6 A. That's actually in the hard copy case
7 file that we --
8 Q. Oh, okay.
9 A. -- have.
10 Q. And what about JS, who we'll refer to in
11 the transcript by the initials JS? What did you -- do
12 you recall looking at -- for any documents related to
13 Mr. S?
14 A. Yes.
15 Q. Okay. And what did you look at?
16 A. The letter from his treating physician.
17 Q. Okay. And was that also in the hard
18 file?
19 A. Yes.
20 Q. Okay. And then I'm going to scroll down
21 here to Interrogatory Number 3, which asks to identify
22 all individuals who requested to use medical marijuana
23 and had that request denied by the Treatment Court,
24 and it looks like there is one individual listed here

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1 by the name of GS, who we'll refer to in the
2 transcript by his initials GS. What -- do you recall
3 looking at any documents for GS?
4 A. Yes.
5 Q. Okay. And what did you look at?
6 A. The letter from his treating physician.
7 Q. And was that in the hard file --
8 A. Yes.
9 Q. I mean a hard copy in the case file?
10 A. Yes.
11 Q. Okay. Anything else that you looked at
12 for GS?
13 A. No.
14 Q. Okay. And do you have any understanding
15 of why S's request to use medical marijuana while in
16 Treatment Court was denied?
17 A. Yes.
18 Q. Okay. And what was that?
19 A. The treating physician that he had been
20 working with did not state that the marijuana was
21 medically necessary so -- and he was not able to or
22 willing to look into any other modalities of treatment
23 with medication or therapy.
24 Q. Okay.

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1 MS. HERRMANN: He as in the physician or
2 as in Mr. S?
3 THE WITNESS: Mr. S.
4 MS. HERRMANN: Sorry, Sara.
5 MS. ROSE: I'm sorry. I just need to --
6 (inaudible).
7 (A discussion took place off the record.)
8 MS. HERRMANN: Sara, I hope you don't
9 mind that clarification on who the "he" was that the
10 witness is talking about so --
11 MS. ROSE: Yeah, that's fine. That's
12 fine.
13 MS. HERRMANN: Thank you.
14 BY MS. ROSE:
15 Q. Okay. And so based on -- going back to
16 your -- the response to Interrogatory Number 2 about
17 the individuals who were permitted to use medical
18 marijuana, DB and JS, what is your understanding about
19 why those individuals were permitted to use medical
20 marijuana while in Treatment Court?
21 A. JS suffered from a seizure disorder that
22 no other medication other than his medical marijuana
23 would control his seizures.
24 Q. Okay.

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1 A. And DB has some type of pain issue where
2 his pain was not controlled by any other modality of
3 treatment other than medical marijuana.
4 Q. Okay. And do you recall which -- well,
5 let me go back. So I understand that Berks County I
6 believe has four different kinds of treatment courts;
7 is that right?
8 A. Yes.
9 Q. Okay. So there's Veterans Treatment
10 Court, Mental Health Treatment Court, DUI Treatment
11 Court, and Drug Treatment Court. Am I getting those
12 right?
13 A. Yes.
14 Q. Okay. So do you recall which Treatment
15 Court Mr. B was in?
16 A. DUI court.
17 Q. Okay. And what about Mr. S?
18 A. DUI court.
19 Q. Okay. What about S?
20 A. DUI court.
21 Q. Okay. So I'm going to scroll down here
22 to Interrogatory Number 4 which asks to identify all
23 individuals who were sanctioned while in one of the
24 four treatment courts for using medical marijuana.

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1 I'm of course paraphrasing these. What documents did
2 you review to provide an answer to Interrogatory
3 Number 4?
4 A. I looked at our case management system we
5 use for Treatment Court.
6 Q. Okay.
7 A. The pager system.
8 Q. Okay. And did you need to engage in some
9 sort of search of that system or --
10 A. Yes. I looked at the area for sanctions
11 as well as read the journal entries.
12 Q. Okay. So in that database, you can
13 just -- were you able to just like search people who
14 had been sanctioned? Is that what you did?
15 A. I had a relative idea of who had been
16 sanctioned for the medical marijuana. So I went into
17 their specific files and looked at their case notes.
18 Q. Okay. So you already -- so you just --
19 based on your memory, that's how you came up with the
20 people that you looked for in the database?
21 A. Yes.
22 Q. Okay. So is it possible that there could
23 be other people who were sanctioned for using medical
24 marijuana you just didn't recall at the time that you

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1 produced this response?
2 A. No.
3 Q. So how is that -- so you're -- just
4 because you're certain you remember them or did you go
5 back and do some sort of -- figure out a way to double
6 check or --
7 A. No. I'm certain of all the people who
8 have asked or been sanctioned for utilizing medical
9 marijuana.
10 Q. Okay. And is that -- and then so going
11 back to the response to Interrogatory Number 2 -- I'll
12 scroll back up here. Did you engage any kind of
13 search to determine which individuals had been
14 approved to use medical marijuana or was this also
15 based on your memory?
16 A. Based on my memory.
17 Q. Okay. And then scrolling down to number
18 3, was -- you know, same question. Did you engage in
19 any kind of search for your response to Interrogatory
20 Number 3 based on your memory?
21 A. With this one, I did search our previous
22 new applicant list just to ensure there was no one I
23 had missed, but he was the only one.
24 Q. Okay. So for Interrogatory Number 4, we

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1 already established that S had made the request to use
2 medical marijuana. What about the other three people
3 listed under Interrogatory Number 4? Did any of those
4 people request to use medical marijuana in Treatment
5 Court?
6 A. Yes.
7 Q. Okay. Who?
8 A. Well, I don't know -- I should probably
9 rephrase that. I don't know that they requested it
10 per se. They came into the court already utilizing
11 it.
12 Q. Um-hum.
13 A. So we were attempting to work with them
14 to either gain documentation or titrate off.
15 Q. Okay. Did any of those individuals,
16 other than S, provide any documentation to be able to
17 use medical marijuana in Treatment Court?
18 A. No.
19 Q. And how do you know that?
20 A. In discussions with the probation
21 officer, we had given them deadlines to produce a
22 letter or documentation and that was not fulfilled.
23 Q. Okay. And if they -- if any of those
24 individuals had produced documentation, would that

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1 documentation be saved in the individual's file?
2 A. Yes.
3 Q. Okay. Now, in terms of the letters from
4 treating doctors that you found in the individuals' --
5 the hard copies of the individuals' case files, are
6 those also available in the electronic database?
7 A. No. We did not scan those in.
8 Q. Okay. And is there any reason why those
9 letters would not have been scanned in?
10 A. We don't scan in every piece of
11 documentation. There's only certain things that are
12 going in right now.
13 Q. Okay. So is there a requirement for
14 probation officers to save documents related to a
15 client, you know, in the hard file if they're not
16 scanned in?
17 A. Yes.
18 Q. Okay. And so if any of the three
19 individuals in your response to Interrogatory Number 4
20 had produced documentation supporting their request to
21 use medical marijuana in Treatment Court, that
22 documentation would be found in their case file?
23 MS. HERRMANN: Object to the question,
24 but you can answer.

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1 THE WITNESS: Yes.
2 BY MS. ROSE:
3 Q. Okay. I'm going to scroll down to
4 Interrogatory Number 5, which asks to identify
5 individuals who were given a treatment plan that
6 required them to stop using medical marijuana, and the
7 answer that was provided is none. How did you -- you
8 know, what did you look at to determine what the
9 answer to Interrogatory Number 5 was?
10 A. I don't have access to the treatment
11 plans. So any discussion regarding someone's
12 treatment plan is had between the Treatment Court
13 team, the probation officer, and the person's
14 therapist.
15 Q. Okay. So who does have access to the
16 treatment plans?
17 A. The treatment provider.
18 Q. Okay. Does the client have access to the
19 treatment plan?
20 A. They do.
21 Q. Okay. And just to clarify, when I say
22 client, I mean person participating in Treatment
23 Court.
24 A. Yes, I -- yeah, that's what I --

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1 Q. Okay. We're on the same page. So you
2 don't know whether a treatment plan required the
3 individual to stop using medical marijuana because you
4 don't have access to the treatment plans; correct?
5 A. Yes. I'm not a hundred percent certain.
6 Q. Okay. Do you know whether the treatment
7 plan is something that's put into writing?
8 A. I believe so, but it also may be
9 electronic depending on the provider and how they save
10 their files.
11 Q. Okay. But it would be like -- you know,
12 like typed or written down somewhere? It's not just
13 something that exists only in the provider's, you
14 know, head, for example?
15 A. Yes.
16 MS. HERRMANN: Object to the form of the
17 question.
18 THE WITNESS: Yes.
19 MS. HERRMANN: You already answered so
20 it's fine.
21 THE WITNESS: Yes, it would be written
22 down somewhere.
23 BY MS. ROSE:
24 Q. Okay. And then let's see. For

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1 Interrogatory Number 6, it also asks about treatment
2 plans and the answer is none and is that -- did you
3 answer none to Interrogatory Number 6 because you
4 don't have access to the treatment plans?
5 A. Yes.
6 Q. Okay. Let's scroll down to Interrogatory
7 Number 7. So this Interrogatory asks to identify all
8 individuals who between June 18th, 2020 and the
9 present were told that they must stop using medical
10 marijuana as a condition of acceptance into one of
11 Respondents' four treatment courts and the answer to
12 Interrogatory Number 7 is none. So what information
13 did you look at to determine the answer to
14 Interrogatory Number 7?
15 A. I looked back through our new applicant
16 list to determine if there was anyone who was told
17 that information.
18 Q. Okay. And what information did you look
19 at in the new applicant list?
20 A. I looked at notes regarding the intake
21 with the person, any treatment information that was
22 provided by one of our treatment providers.
23 Q. Okay. Did you look at e-mails between
24 the probation officers and the individuals?

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1 A. When that was requested, yes.
2 Q. What do you mean when that was requested?
3 A. When we were requested to provide e-mails
4 between the participants and the probation officers.
5 Q. Okay. But you didn't look at the e-mails
6 to respond to Interrogatory Number 7?
7 A. I did not.
8 Q. But if there was an e-mail between the
9 probation officer and their client, would that be
10 included in the intake notes?
11 A. Most likely, yes.
12 Q. Okay. So based on your review of, you
13 know, all of the information available to you, is it
14 your understanding that no individual was told since
15 June 18th of 2020 that they had to stop using medical
16 marijuana to participate in a Treatment Court?
17 A. Yes.
18 Q. Okay. So I believe that you also
19 searched your e-mail; is that correct?
20 A. I did.
21 Q. We talked about what the probation
22 officers did. Did you follow the same procedure that
23 we discussed earlier in terms of what you told the
24 probation officers to do?

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1 A. I did.
2 Q. Okay. So you just -- could you just
3 describe like what -- like what kind of e-mail program
4 do you use and what did you actually do to search the
5 e-mails?
6 A. We use Windows Outlook.
7 Q. Okay.
8 A. So I looked in my sent, deleted, and
9 inbox for those search terms, medical marijuana,
10 marijuana, THC, anything of those -- that nature.
11 Q. Okay. And now do you -- when you say the
12 deleted folder, is -- some e-mail programs have, you
13 know, a process where items that are put in the
14 deleted folder are, you know, kept for some period of
15 time and then like actually deleted and not accessible
16 anymore. Do you know if that's the case with your
17 e-mail program?
18 A. It's not. They retain them for as long
19 as I allow it to.
20 Q. Okay. What do you mean as long as you
21 allow it to?
22 A. If I don't permanently delete it out of
23 the deleted folder.
24 Q. Okay. And do you ever permanently delete

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1 anything out of the deleted folder?
2 A. Absolutely not.
3 Q. Okay. So what's the purpose of moving
4 items into the deleted folder?
5 A. Just to get them out of my inbox.
6 Q. Okay. Now, do you know if probation
7 officers communicate with their clients via text
8 message?
9 A. Yes.
10 Q. Okay. And do --
11 MS. HERRMANN: Yes, you know or, yes,
12 they do communicate via --
13 THE WITNESS: Yes. Yes, they do.
14 MS. ROSE: Yeah, thanks for that
15 clarification.
16 BY MS. ROSE:
17 Q. Do they have their own -- do the
18 probation officers have their own phones or are those
19 issued by the Probation Department?
20 A. The phones are issued by the county to
21 each individual probation officer.
22 Q. Okay. Are there any retention policies
23 governing, you know, how long probation officers need
24 to keep text messages that they exchange with clients?

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1 A. Not that I'm aware of, no.
2 Q. Are probation officers expected to like
3 record the or make any kind of record of the text
4 messages they exchange with clients in the case
5 management file?
6 A. Yes, they are.
7 Q. Okay. So if a probation officer, you
8 know, communicates with a client like to set up a
9 meeting, for example, the probation officer would then
10 like copy that communication into the case management
11 file?
12 A. Yes, they would.
13 Q. Okay. So is there an expectation that
14 probation officers will make a record of every
15 communication that they have with a client in a case
16 management file?
17 A. Yes.
18 Q. Okay. And that's true regardless of
19 whether that communication is, you know, in person,
20 via e-mail, via text message, via phone call?
21 A. Yes.
22 Q. So just to clarify the kinds of
23 communications that probation officers have with
24 clients, so do they have in-person meetings with

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1 clients?
2 A. They do.
3 Q. Okay. And do probation officers
4 communicate with clients via e-mail?
5 A. Yes, they do.
6 Q. And do probation officers communicate
7 with clients via text message?
8 A. Yes, they do.
9 Q. Okay. And do probation officers
10 communicate with clients via phone?
11 A. Yes, they do.
12 Q. Okay. Are there any other ways that
13 probation officers would communicate with clients?
14 A. The only thing I could say is in their
15 home or if it's a collateral contact with someone
16 who's either somehow related to that person.
17 Q. Okay. So they might communicate about a
18 client with a collateral contact; correct?
19 A. Yes.
20 Q. Okay. And then if the probation officer
21 were to have a communication with a client in their
22 home, I mean that would be an in-person communication;
23 correct?
24 A. Yes.

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1 Q. And that communication would -- the
2 expectation would be that that communication would be
3 recorded in the client's file?
4 A. Yes.
5 Q. Okay. And what about communication with
6 a collateral contact? Is the expectation that those
7 must also be recorded in some way in the client's
8 file?
9 A. Yes.
10 Q. Okay. So in terms of your specific
11 responsibilities with respect to Treatment Court,
12 could you go into those in a little bit more detail?
13 A. Sure. As the coordinator, I do exactly
14 what it says. I coordinate the new applicant list,
15 the applications, the meetings, any Treatment Court
16 graduations, any changes in sessions. I deal directly
17 with the judges if there's any concerns on their part,
18 any changes in the program. I write policy and
19 procedure, work on phase requirements, supervise the
20 probation officers that are in Treatment Court.
21 Q. Okay. Did you have any role in drafting
22 the Treatment Court manual?
23 A. I did.
24 Q. Okay. And what was your role?

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1 A. I was the primary drafting person of that
2 document.
3 Q. Okay. When was -- so -- well, so my
4 understanding -- so currently is it correct that there
5 is one Treatment Court manual that covers all four
6 treatment courts?
7 A. That's correct.
8 Q. Okay. And the date on that manual is
9 March 2023; is that right?
10 A. That's correct.
11 Q. Okay. Have there been any revisions made
12 since March 2023?
13 A. None.
14 Q. Okay. But before March 2023 were
15 there -- was there a different manual for each
16 Treatment Court?
17 A. There was.
18 Q. And when did -- and so when you started
19 working for Berks County, I believe you said there
20 already was a DUI Treatment Court. Was there a manual
21 for that Treatment Court?
22 A. I would assume there was. I don't recall
23 completely.
24 Q. Okay. And so what's the first, you know,

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1 manual that you recall being involved in drafting?
2 A. Anything after I was promoted to
3 assistant chief where I would have been the
4 coordinator for the courts, I've made updates or
5 changes to the manuals ever since then.
6 Q. Okay. So the manuals for the four
7 different treatment courts, like, existed at the time
8 you became assistant chief; is that right?
9 A. Yes.
10 Q. Okay. And so -- but your job is to
11 update them as necessary; correct?
12 A. Yes.
13 Q. Okay. Actually I'm going to -- I'm going
14 to stop sharing my screen because I didn't realize
15 that's still happening. We're done with this
16 document. Okay. Can you see me again?
17 A. Yes.
18 Q. Okay. Now, when you make updates to the
19 manuals, are those updates reviewed by anyone?
20 A. They're reviewed by the team and the
21 judge involved with each court.
22 Q. Okay. Now, is there a different judge
23 for each Treatment Court?
24 A. There is two judges currently. One

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1 supervises three of the courts and another supervises
2 one.
3 Q. Okay. Has that been the case, you know,
4 since you've been assistant chief or has that changed?
5 A. No. The judges have changed a couple
6 times since I've taken over as the coordinator and
7 become assistant chief.
8 Q. But is it the case that one judge has
9 supervised three and one judge has supervised one
10 or --
11 A. No. That's changed.
12 Q. Okay. Now, we talked earlier about the
13 process for being admitted to Treatment Court. Is the
14 process the same for each of the four treatment courts
15 or does it vary?
16 A. The process is virtually the same. It
17 has almost all of the same players. There are some
18 differences in who participates from the DA's office
19 or the public defender's office, but overall the
20 process is the same for all.
21 Q. Okay. So you had said previously that an
22 individual applies to Treatment Court -- well, let me
23 back up. How do individuals find out about the
24 availability of treatment courts?

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1 A. They're either -- it either comes through
2 their defense counsel. The DA's office could suggest
3 it. The judge could actually suggest it. There's a
4 number of people. You know, we reach out and give
5 information to a lot of different people that they
6 could refer someone to Treatment Court.
7 Q. So at what point in the criminal process
8 do people typically apply? Is it like after the
9 preliminary hearing or do you know when that happens
10 usually?
11 A. It could be at any point during the
12 criminal process. It obviously would need to be after
13 the preliminary hearing when the case is bound over
14 into Common Pleas Court; however, there are people
15 where the case is -- has been hanging around for a
16 longer period of time and then they decide to apply.
17 It's completely up to the offender and their defense
18 counsel.
19 Q. Okay. But it would be before entering a
20 plea; correct?
21 A. Yes.
22 Q. Okay. And before a trial would take
23 place on the charges; correct?
24 A. Yes.

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1 Q. Okay. So you had said that, you know,
2 after an individual applies, then they're placed on
3 the new applicant list; right?
4 A. Correct.
5 Q. And then the Treatment Court team meets
6 to determine whether to deny, accept, or continue
7 their decision; right?
8 A. Correct.
9 Q. Okay. How -- and so -- and would there
10 be -- if there -- is there anything that takes place
11 between the time that the person is put on the new
12 applicant list and the time that the Treatment Court
13 team meets?
14 A. They may have met with either our
15 pretrial service provider or one of the probation
16 officers in Treatment Court to discuss the intake
17 process and what Treatment Court would look like for
18 that specific program they're applying for.
19 Q. Okay. When you say intake process, does
20 that happen after an individual has been admitted or
21 before?
22 A. That happens after we receive the
23 application and I assign it out.
24 Q. Okay. And when you say assign it out,

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1 where do you assign it to?
2 A. I would either give it to the pretrial
3 agency or the specific probation officer for that
4 court.
5 Q. Okay. So before the Treatment Court team
6 meets to make a decision on an application, has the
7 individual applying gone through this intake process?
8 A. Sometimes, but not all.
9 Q. Okay. Do you -- well, the treatment --
10 does the Treatment Court team ever like approve an --
11 or admit somebody to Treatment Court before the person
12 had gone through the intake process?
13 A. No.
14 Q. Okay. So the intake process -- just to
15 make sure I'm clear, intake process needs to happen
16 before an -- the Treatment Court team will admit the
17 individual into Treatment Court?
18 A. Yes. We'd like to get some background
19 information on that participant, see where they're at,
20 if they're attending treatment, what their
21 understanding of the program is. We don't want them
22 to come in blindly as to what the requirements are
23 prior to admittance.
24 Q. Okay. So what does the intake process

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1 entail?
2 A. They would come in and meet with their
3 probation officer or the pretrial service agency.
4 They would discuss the requirements of the Court.
5 They would discuss whether or not they're in
6 treatment, what their, you know, use history is if
7 they have substance use disorder, what their mental
8 health history is if there's a mental health disorder.
9 We would have them provide a drug screen
10 to see, you know, if they are positive for any
11 substance and we would then refer them to our
12 Treatment Court evaluator for further evaluation, if
13 they're not already involved in treatment.
14 Q. Okay. Who is the Treatment Court
15 evaluator?
16 A. For drug, mental health, and DUI, it's
17 Jacob Duffy.
18 Q. Okay. What about for veterans court?
19 A. For veterans court, we use our veterans
20 justice outreach coordinator, Gelu Negrea.
21 Q. Okay. And what does the Treatment Court
22 evaluator do?
23 A. He does the ASAM evaluation process on
24 someone to determine whether they are low, moderate,

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1 severe of any type of substance use disorder or if
2 there is a potential mental health diagnosis. He does
3 not determine a diagnosis. He would refer out to an
4 agency, a treatment agency, that would be able to
5 determine diagnosis and come up with a treatment plan
6 for those individuals.
7 Q. Okay. And is that true for both
8 Mr. Duffy and Mr. Negrea or is it different?
9 A. No. That's correct for both.
10 Q. Okay. So the Treatment Court evaluator
11 is only used in certain circumstances though; right?
12 A. He's utilized -- both of them are
13 utilized for every participant that comes in.
14 Everybody is evaluated regardless of their situation.
15 Q. Oh, okay. Sorry. I thought you had said
16 that it was only when like the drug screen --
17 A. No. We --
18 Q. -- was of concern. Okay
19 A. We have everybody evaluated regardless.
20 Q. Okay. And is the Treatment Court
21 evaluator responsible for coming up with a treatment
22 plan for participants?
23 A. No, not for drug, mental health, or DUI
24 court.

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1 Q. Okay. But for veterans court, Mr. Negrea
2 would be responsible for coming up with a treatment
3 plan for participants?
4 A. He would, yes.
5 Q. Okay. So for the non-veterans court --
6 treatment courts, who is responsible for coming up
7 with treatment plans?
8 A. Jacob would refer them out to one of our
9 providers, either Pennsylvania Counseling or Berks
10 Counseling, and they would have an intake there where
11 then a treatment plan would be developed.
12 Q. Okay. And with respect to the mental
13 health, DUI, and drug treatment courts, is that
14 treatment plan developed before the individual is
15 admitted to Treatment Court?
16 A. There are times where they are on the
17 ball and do get treatment started before admittance,
18 but there are sometimes when that occurs after the
19 person's been admitted.
20 Q. Okay. Now, for Veterans Treatment Court,
21 is the treatment plan developed before the individual
22 is admitted to Treatment Court?
23 A. Most often it is because they meet with
24 Gelu initially. So it's kind of like a one-stop shop

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1 with him. They don't -- he doesn't refer them out to
2 anybody else. He does the evaluation and then
3 develops the treatment plan all on his own.
4 Q. Okay. Do the probation officers receive
5 a copy of the treatment plan?
6 A. They do not.
7 Q. Okay. So we talked about meeting with
8 pretrial services or the probation officer, discussing
9 the court requirement, the drug screen, meeting with a
10 Treatment Court evaluator. Any other steps that
11 individuals need to go through before they could be
12 admitted to Treatment Court?
13 A. For the DUI court participants, they need
14 to complete a court reporting network or CRN
15 evaluation prior to admittance.
16 Q. Okay. So that's only for DUI?
17 A. Correct.
18 Q. Okay. Is that the only other step?
19 A. With regard to the mental health court,
20 we would need to have an active mental health
21 diagnosis from either a past provider or a current
22 provider given to us.
23 Q. Okay. And is that just like an
24 eligibility criteria for mental health court?

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1 A. Yes, that's correct.
2 Q. Does the diagnosis affect whether an
3 individual -- like if somebody has a mental health
4 diagnosis, does it matter what the diagnosis is to --
5 whether they can be admitted to mental health court?
6 A. No. Most often the diagnosis is eligible
7 for case management services, which is part of our
8 requirement criteria. So that's never really been an
9 issue.
10 Q. Okay. So it's not like, oh, there's
11 certain diagnoses like we can't accept into mental
12 health court; right?
13 A. No. Some are more complicated than
14 others, but that doesn't mean that they're not
15 eligible.
16 Q. Okay. So any other -- so we talked about
17 additional requirements for DUI, additional
18 requirements for mental health. Any other
19 requirements that -- or any other steps that an
20 individual has to take before they could be admitted
21 to any of the treatment courts?
22 A. No. I mean along those same lines, the
23 drug court person would to have an active, you know,
24 criteria for substance use disorder, but that goes

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1 along with the evaluation.
2 Q. Now, for Veterans Treatment Court, I'm
3 assuming they have to be a veteran; correct?
4 A. Yes. They must be an honorably
5 discharged veteran.
6 Q. Okay.
7 A. Who is eligible for the Veterans
8 Administration services.
9 Q. Okay. Do they need to have any sort of
10 mental health diagnosis?
11 A. No.
12 Q. Okay. So there's no other -- so
13 veterans -- to be eligible for Veterans Treatment
14 Court, you just need to be an honorably discharged vet
15 who can receive services from the VA; is that right?
16 A. Yes.
17 Q. Okay. So I think you said that the
18 Veterans Treatment Court started after you were
19 working for Berks County; is that right?
20 A. That's correct.
21 Q. Do you know what the -- well, I guess who
22 was responsible for starting the Veterans Treatment
23 Court in Berks County?
24 A. I was.

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1 Q. You were? Okay. And, you know, what was
2 the -- you know, what was the reason that Berks County
3 decided to adopt a Veterans Treatment Court?
4 A. I was supervising the DUI Treatment Court
5 at the time and we had two veterans actually in that
6 DUI Treatment Court program who, you know, out of
7 their military training were extremely respectful.
8 They would stand a certain way up in front of the
9 judge and just -- you know, it was known that they
10 were military veterans and they were almost chastised
11 by the other participants in the program.
12 So we had heard of the veterans court
13 initiative. So we actually started having those
14 people come at a different time and it kind of, you
15 know, blossomed from that. Then we got the VA
16 involved and other VA service providers to, you know,
17 formally start a Veterans Treatment Court.
18 Q. Okay. Were there any models you looked
19 at in other places?
20 A. Yeah. We actually went to Buffalo, New
21 York to observe the Buffalo Veterans Treatment Court
22 and visit with their judge and their team.
23 Q. And so when you said they were -- the
24 veterans were chastised by certain people in the

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1 Treatment Court, what do you mean by that?
2 A. They were making fun of how they were,
3 you know, being respectful, the way they were standing
4 up in front of the Court, just the level of respect
5 that they were showing the court process. People
6 didn't understand, you know, that's how they were
7 taught as being in the military. So they kind of made
8 fun of them for that.
9 Q. Oh, okay.
10 MS. HERRMANN: Can you clarify they?
11 THE WITNESS: They, the other
12 participants.
13 MS. HERRMANN: Thank you.
14 BY MS. ROSE:
15 Q. Okay. So it sounds like to me -- so just
16 to make sure I'm understanding this correctly, so the
17 DUI Treatment Court, you have to be charged with a
18 DUI; correct?
19 A. Correct.
20 Q. Okay. Is there some like some diagnosis
21 that's required?
22 A. No. They need to be a high tier
23 second-time offender or mid to high tier third-time
24 offender.

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1 Q. Okay. So how long -- we just talked
2 about all these -- the steps that individuals have to
3 take before, you know, a decision is made on whether
4 they can be admitted to one of the treatment courts.
5 How long does that process typically take?
6 A. It really depends. We would like -- we
7 would like it to obviously be as quick as possible
8 from arrest to get them in the program so that we can
9 address any issues that they have underlying of the
10 offense; however, depending on whether the person
11 returns phone calls or not, it could take, you know, a
12 month or two, maybe even longer depending on the
13 circumstances of each case.
14 Q. Okay. Is there anything -- and I know
15 that there's the Treatment Court manual, but are there
16 any other documents that lay out the requirements for
17 the process for being admitted to Treatment Court?
18 A. No, just -- that manual is pretty much
19 the document that tells all.
20 Q. Okay. Are there any internal documents
21 that the Probation Department uses to track an
22 individual's -- the steps an individual must take to
23 be admitted to Treatment Court?
24 A. Other than documentation in our case

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1 management system, no.
2 Q. Okay. So I think we talked before about
3 how the ADA has to make some sort of determination
4 about whether an individual is eligible; correct?
5 A. Correct.
6 Q. For Treatment Court. Is it -- is the
7 ADA's determination documented anywhere in the
8 participant's file?
9 A. No.
10 Q. Okay. Well, so if the ADA -- so if the
11 assistant district attorney determines that the
12 individual is not eligible, is that written down
13 anywhere?
14 A. It would probably be written down in
15 their file and then there is a reason as for the
16 denial placed on an order of denial that's then filed
17 with the court.
18 Q. Okay. And when you say the order of
19 denial is filed with the Court, is that -- is that
20 order of denial something that's created by the
21 Treatment Court team and then submitted to the Court
22 or how does --
23 A. That is --
24 Q. -- that process work?

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1 A. I apologize. That's created by the
2 judge's staff. Most often the judicial coordinator
3 produces those orders and then the judge signs off on
4 it before it's filed.
5 Q. Okay. So for -- so do you know like what
6 it would say on the order if, you know, the person is
7 not eligible as determined by the district attorney?
8 A. Depending on the circumstance as to why
9 they're not eligible, a brief sentence would be
10 written on the order with regard to why the person is
11 denied.
12 Q. Okay. Would it say like anything about
13 per the district attorney or anything like that on the
14 order?
15 A. If the district attorney's office is
16 objecting, yes, it would.
17 Q. Okay. So I saw a referral to -- or a
18 reference, rather, to a risk and needs triage tool.
19 Is that something that is filled out by the probation
20 officer?
21 A. Yes.
22 Q. Okay.
23 A. Yes. I neglected to mention that.
24 Q. Okay.

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1 A. That's part of the pretrial process where
2 either pretrial services or the probation officer
3 meeting with that person would complete that tool and
4 that is used to determine if they are high risk, high
5 need, high risk for essentially recidivism or high
6 need with regard to any ancillary services they might
7 need.
8 Q. Okay. And is that something that the
9 Treatment Court team would look at in determining
10 whether to admit an individual to Treatment Court?
11 A. Yes.
12 Q. And is that -- is it a -- like a -- like
13 a checklist that the probation officer or pretrial
14 services goes through or like is it a written
15 instrument? Like what --
16 A. It's an online screening tool.
17 Q. Okay.
18 A. That we pay a yearly fee for that you
19 kind of go through the questions and then it populates
20 a score with a report at the end.
21 Q. Okay. And where is the score and report
22 maintained?
23 A. They're maintained in the physical file.
24 Q. Okay.

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1 A. And then the -- whether it's high risk or
2 high need is most often placed on the new applicant
3 list so that we have a reference.
4 Q. What do you mean it's placed on a new
5 applicant list?
6 A. The score, whether it's high risk, high
7 need, high risk, low need, that -- that outcome is
8 placed on the new applicant list.
9 Q. Just like next to the individual's name?
10 I'm just trying to figure out like how --
11 A. Yes, that's correct.
12 Q. Okay.
13 MS. HERRMANN: Just let her answer -- I'm
14 sorry, ask the question first. Thank you.
15 BY MS. ROSE:
16 Q. It's a very difficult -- it sounds easy
17 but --
18 A. It's easier said than done.
19 Q. Right, exactly.
20 MS. HERRMANN: You're doing great
21 overall.
22 BY MS. ROSE:
23 Q. Yeah, you're really better than most
24 people. I think it's a little easier in the remote

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1 situation.
2 Let's see. Okay. Now, is this
3 something -- this risk and needs triage tool, how long
4 have you been using that?
5 A. I'm not completely certain, but I'm going
6 to say it's probably been five or six years.
7 Q. Okay. So it's not something you just
8 like started using in the last couple months or
9 something like that?
10 A. No.
11 Q. Okay. So -- okay. So that's the risk
12 and needs triage tools done by the probation officer
13 or pretrial services. Is there like a reason why one
14 individual might be sent to pretrial services when
15 another individual just talks to the probation
16 officer?
17 A. If someone is currently not on probation,
18 if their case is truly pretrial and they are not
19 involved with our office, they will go to pretrial
20 services.
21 Q. Okay.
22 A. If the person is involved with our
23 office, either has a new arrest or is in -- is in the
24 process of a potential violation, they will then meet

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1 with one of our probation officers.
2 Q. Now, has that process been consistent
3 for, you know, some time or is that something new?
4 A. The entire time I've been doing this.
5 Q. Okay. And that's true for all of the
6 treatment courts; correct?
7 A. The only place that it would be different
8 is veterans court. Our veterans probation officer
9 meets with all of the potential veteran applicants and
10 refers them to Gelu.
11 Q. Okay. So if -- let's talk specifically
12 about Veterans Treatment Court. So if an individual
13 is applying for admission to Veterans Treatment Court,
14 they just meet with a probation officer in the
15 department?
16 A. That's correct.
17 Q. Okay. So no -- so Veterans Treatment
18 Court applicants are never sent to pretrial services?
19 A. That's correct.
20 Q. Okay. And so let's just -- let's talk
21 specifically about Veterans Treatment Court. So --
22 because it sounds like it might be a little bit
23 different. So your office receives an application
24 from individuals that are in Veterans Treatment Court.

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1 The next step is that the applicant meets with a
2 probation officer; correct?
3 A. That's correct.
4 Q. Okay.
5 A. The probation officer would reach out to
6 the applicant to schedule a time for them to come in.
7 Q. Okay. And then the probation officer
8 would tell the applicant that they need to set up a
9 meeting with Mr. Negrea?
10 A. That's correct.
11 Q. Okay. And does the probation officer do
12 this risk and needs triage tool of the applicant if
13 they're applying to Veterans Treatment Court?
14 A. Yes.
15 Q. Okay. Does the -- does the applicant to
16 Veterans Treatment Court do any kind of drug and
17 alcohol assessment?
18 A. They would with Mr. Negrea.
19 Q. Okay. And so they've met with a
20 probation -- the applicant for Veterans Treatment
21 Court has met with a probation officer and then meets
22 with Mr. Negrea for the drug and alcohol assessment
23 and I think you had said Negrea does some other type
24 of evaluation as well; is that right?

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1 A. Yeah. He does some evaluations that I'm
2 not completely aware of, but they're -- he does an
3 evaluation process with the veteran and then develops
4 a treatment plan.
5 Q. Okay. So what kind of information do --
6 well, you know what? Let me back up. So are you on
7 any of the Treatment Court teams that make decisions
8 about admission to Treatment Court?
9 A. I'm on all of them.
10 Q. Okay. So do you participate in every
11 applicant's admission to Treatment Court?
12 A. Not every applicant, if I'm not in a
13 meeting, but most often I do, yes.
14 Q. Okay. How many applications would you
15 say your office gets each month for admission to
16 Treatment Court?
17 A. It depends. There are times where I
18 probably get upwards of 20 to 30 a month and then
19 there are times where it's, you know, 2 or 3 a week,
20 not that many. It just depends on who's applying and
21 how many we get.
22 Q. Okay. Well, how many -- so overall like,
23 for example, you know, this month, how many people is
24 your office supervising who are currently

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1 participating in a Treatment Court?
2 A. I would say probably around 150.
3 Q. Okay.
4 A. And that's just an estimate.
5 Q. Okay. Do you have any sense of like the
6 breakdown among the four courts?
7 A. DUI Treatment Court has the most. We
8 currently have three officers assigned to that court.
9 Q. Okay.
10 A. Veterans Treatment Court probably has
11 around 18 to 20.
12 Q. Okay.
13 A. Mental health court is about the same and
14 drug court has maybe 30ish people.
15 Q. Okay. How many probation officers do you
16 have assigned to Veterans Treatment Court?
17 A. One probation officer.
18 Q. Okay. And who is that?
19 A. Paige MacBain.
20 Q. Now, when Mr. Negrea does the evaluation
21 of the applicant to Veterans Treatment Court, does
22 Mr. Negrea like relay any information about that
23 evaluation to the Probation Department?
24 A. He doesn't discuss the evaluation in its

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1 entirety. He most often will tell us what he is
2 potentially going to recommend for a treatment plan
3 with regard to treatment, but we don't get a lot of
4 specifics because most of that is confidential.
5 Q. And when you say it's confidential, I
6 mean what do you mean by that?
7 A. Well, HIPAA with treatment is pretty
8 heavily protected that he can only really say certain
9 things to even the Treatment Court team, even with a
10 release of information.
11 Q. Okay. Is that information -- when you're
12 talking about the information is confidential under
13 HIPAA, are you talking about like drug and alcohol
14 treatment information?
15 A. Yeah. I mean he can't tell us specifics
16 about what people said during their evaluation
17 process. He can kind of give us generalized
18 statements, you know, give us like, yes, this person
19 is moderate alcohol use disorder or this person is
20 diagnosed severe depression, but not really like what
21 that person said if there was anything specific.
22 Q. Okay. Is Mr. Negrea's treatment
23 recommendation written down anywhere?
24 A. Most likely it would be written down in

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1 his treatment plan.
2 Q. In Mr. Negrea's treatment plan?
3 A. Correct, yes.
4 Q. Does the Probation Department keep a
5 record of anything related to Mr. Negrea's evaluation
6 of an applicant?
7 A. We aren't permitted to have copies of
8 those treatment plans. We're only given generalized
9 instructions or recommendations. So, yes, those are
10 kept in notes with regard to that offender, but we
11 don't have anything physical from him that he gives
12 us, like a treatment plan.
13 Q. Okay. So how does Mr. Negrea convey that
14 information to the Probation Department?
15 A. He is present at all of our meetings as
16 well as our new applicant meetings and, after he meets
17 with someone, he will convey that to either the
18 Treatment Court team or, you know, whoever's involved
19 in the new applicant meeting.
20 Q. So he would convey it orally?
21 A. Correct.
22 Q. Okay. And then would it be the probation
23 officer who would then record it in the applicant's
24 file?

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1 A. Yes. We would make notes either on the
2 new applicant list or in their file with regard to
3 what he had said.
4 Q. Okay. So what's the -- what's the -- you
5 were talking about the new applicant list. So is that
6 maintained separately from an individual's file?
7 A. Yes.
8 Q. Okay. And how is the new applicant list
9 maintained?
10 A. I maintain that in a folder that is like
11 another -- any other living document where it's --
12 people are added or removed depending on, you know,
13 the process.
14 Q. Okay. Is that an electronic document?
15 A. It is. It's a spreadsheet.
16 Q. Okay. And when people are removed from
17 that list, are they just deleted or do you have -- you
18 know, are they moved to another spreadsheet?
19 A. No. They're deleted off that list
20 because I've received a denial order that then goes in
21 the hard file.
22 Q. Okay. So you don't record that they've
23 been denied and keep them on the list. You just
24 delete that?

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1 A. Yes, I delete them all.
2 Q. Okay.
3 MS. HERRMANN: Sara.
4 MS. ROSE: Yes.
5 MS. HERRMANN: Do you have a time soon
6 where we can take a break, a good breaking point?
7 MS. ROSE: Yes. I am actually pretty
8 close to -- let me just see. Yeah, we can take a
9 break now. That's fine.
10 MS. HERRMANN: Thank you.
11 (A brief recess was taken.)
12 BY MS. ROSE:
13 Q. When we left off, I think we were talking
14 about -- specifically about the Veterans Treatment
15 Court admission process. So who is on the Treatment
16 Court team for Veterans Treatment Court?
17 A. That would be myself, Judge Lieberman,
18 Ken Kelecic from the DA's office, William Bispels from
19 the public defender's office, Paige MacBain, the
20 probation officer, and then Gelu Negrea from the
21 Veterans Administration.
22 Q. And those are the same people for every
23 applicant for veterans court?
24 A. Every applicant for veterans court, yes.

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1 Q. Yeah. Okay. And so the individuals from
2 the public defender's office participate even if the
3 applicant is not a client of the public defender?
4 A. Yeah. Most often they won't say
5 anything, but he is there as a representative from
6 their office.
7 Q. Does the -- so if the individual applying
8 is a client of the public defender, does the public
9 defender still participate?
10 A. Yes, he would participate at that point.
11 Q. Okay. Now, is the -- the individual from
12 the public defender's office, is that a defense
13 attorney or is it someone else from the office?
14 A. No. It's a defense attorney.
15 Q. Okay. If the applicant has a private
16 attorney, is that attorney allowed to participate?
17 A. If they would like to participate,
18 they're welcome to.
19 Q. So at some point we had previously
20 discussed all of the Treatment Court manuals being
21 combined into one manual; correct?
22 A. Yes.
23 Q. When did that happen?
24 A. March -- between February and March of

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1 2023.
2 Q. Okay. Now, were there any changes made
3 to the way the Veterans Treatment Court operates once
4 the manuals are combined?
5 A. No.
6 Q. Okay. So what was the -- why did the --
7 why -- who made the decision to combine those manuals
8 into one?
9 A. At that point the judges -- Judge
10 Lieberman, Judge Johnson was involved at that point,
11 and Judge Geishouser all wanted something a little bit
12 more streamlined so that attorneys or whomever was
13 looking to potentially refer someone could pull up one
14 document and have all of those different areas
15 discussed in one place.
16 Q. Okay. But combining those manuals did
17 not make any substantive changes to the Veterans
18 Treatment Court program?
19 A. No, it did not.
20 Q. So I'm just going to pull up what -- you
21 know, what we found as the most recent treatment
22 manual specific to Veterans Treatment Court. It's
23 dated February 2020. Is that your understanding of
24 the last time the Veterans Treatment Court manual was

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1 revised?
2 A. I would believe so. I'm not a hundred
3 percent certain on that.
4 Q. Okay. Let me share my screen here. So
5 this is actually -- the document I'm pulling up is the
6 one that was filed as Exhibit A to the plaintiff's
7 petition. Let's see. Okay. Can you see a document
8 that says Exhibit A on it?
9 A. Yes.
10 Q. Okay. So we're going to mark this
11 document that says, "Exhibit A," as Exhibit 2.
12 (Deposition Exhibit 2 was
13 marked for identification.)
14 MS. ROSE: So here. I'm going to scroll
15 down. We will get to the manual on the next page.
16 MS. HERRMANN: Can I just be clear about
17 something here? This is the most recent Veterans
18 Treatment Court manual before there was the
19 combination of all of them into one. Yeah.
20 MS. ROSE: Yeah, that's the question had
21 I had asked Ms. Bodor.
22 BY MS. ROSE:
23 Q. So is that your understanding, Ms. Bodor?
24 A. Yes.

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1 MS. HERRMANN: Thank you.
2 BY MS. ROSE:
3 Q. Okay. So I just want to see -- use this
4 to see if this is still -- if some of the steps
5 outlined here are the steps that are currently being
6 taken for people applying to Veterans Treatment Court.
7 So if you see under Team Members -- it's
8 on page 1 of the manual. Is this -- so you had
9 mentioned Judge Lieberman, yourself, I think Probation
10 Officer MacBain, ADA Kelecic, the -- an assistant
11 public defender, and then it mentions representatives
12 from Treatment Access and Services Center. Is that an
13 individual -- is there an individual from that
14 organization that participates?
15 A. We could potentially use those as an
16 evaluator, but we -- they no longer participate and
17 haven't. I'm not sure why that's on there because
18 Gelu, the veterans justice outreach coordinator, does
19 all of the evaluations since everybody is eligible for
20 VA services.
21 Q. Okay. And it does mention the veterans
22 justice outreach coordinator. It says a mentor
23 coordinator?
24 A. Yes. We have mentors that work directly

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1 with our veterans court; however, the mentor
2 coordinator doesn't participate in team meetings. We
3 try and keep them separate.
4 Q. Okay. And then it says a representative
5 from Veterans Affairs. Is that -- would that also be
6 Mr. Negrea or is that someone else?
7 A. That has been him in the past; however,
8 we have a local veterans office here in the city on
9 Cherry Street that they would sometimes send over a
10 representative to offer any services or, you know,
11 assistance that veterans might need. So they have
12 participated, but that's not a consistent presence.
13 Q. Okay. And then if we scroll down to page
14 3, it says risk assessment and it says that prior to
15 Veterans Treatment Court you will participate in a
16 risk and needs assessment, the risk and needs triage
17 which we talked about earlier.
18 Is that something -- because I think you
19 said that the -- and maybe I'm misremembering, but I
20 thought that you had said that the veterans don't do
21 the risk and needs triage because they meet with
22 Mr. Negrea; correct?
23 A. No. The risk and need -- no, that's not
24 correct.

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1 Q. Oh, okay. Okay.

2 A. The risk and need triage tool is done at

3 the intake process when they meet with a probation

4 officer. It's to tell us how -- if they're high risk,

5 high need, what their risk for recidivism or need

6 levels are.

7 Q. Okay. And so that would be done by

8 Officer MacBain?

9 A. That's correct.

10 Q. Okay. And then it mentions the Ohio Risk

11 Assessment system. Does the probation officer

12 administer that to veterans?

13 A. Yes, she does.

14 Q. Okay. But is that -- is that

15 administered after the veteran has been admitted to

16 the Treatment Court?

17 A. Yes. That's administered towards the end

18 of Phase 1 prior to their admission -- or advancement

19 to Phase 2.

20 Q. Okay. And then moving on to the next

21 page, we're on page 4 of this document and it

22 discusses drug and alcohol and mental health treatment

23 and I think this is consistent with what you had said

24 earlier that the participant meets with the veterans

Page 83

1 justice outreach coordinator, although this document

2 suggests that that meeting happens after the

3 individual has been admitted to the Veterans Treatment

4 Court program. So is that not accurate?

5 A. No. I mean they meet beforehand. He

6 also continuously meets with them throughout the

7 process so -- but, yes, the initial meeting is done

8 prior to admittance.

9 Q. Okay. And then if you look down to

10 the -- it's the third sentence. It says, "Once any

11 required assessments are completed." Do you know what

12 required -- what assessments might be required?

13 A. I do not.

14 Q. Okay. And so where does that language

15 come from, once any required assessments are

16 completed? Like did you add that to this or did that

17 come from Mr. Negrea?

18 A. Well, no. When Gelu, Mr. Negrea, meets

19 with the individuals, he performs assessments with

20 them to determine what levels of treatment they would

21 need.

22 Q. Okay. But you don't know what those

23 assessments are?

24 A. I do not.

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1 Q. Okay. And then it says that the veterans

2 justice outreach coordinator, in conjunction with a

3 participant, will come up with a list of groups and

4 individual treatment sessions they will attend. Is

5 that consistent with your understanding of what

6 happens?

7 A. Yes.

8 Q. Okay. And then it says that participants

9 are required to attend their treatment as directed.

10 How does the Probation Department know whether an

11 individual is attending their treatment as directed?

12 A. Mr. Negrea will relay that to the

13 probation officer.

14 Q. Okay. And when he -- Mr. Negrea relays

15 that information, does he say specifically what the --

16 you know, what parts of the treatment the veteran is

17 not attending as directed or is it just they're not

18 doing this? Like I'm just trying to figure out like

19 what information you get from Mr. Negrea if somebody

20 is not complying.

21 A. He will give us specific dates or groups

22 that someone has attended, doctor's appointments or

23 psychiatrist appointments they have not attended. So

24 we do get specifics.

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1 Q. Okay. And then there's -- if I scroll

2 down a little bit further, there's some descriptions

3 of phases of the program. Sorry if I'm making you

4 nauseous as I scroll through here.

5 A. I'm trying not to look.

6 Q. Yeah. Okay. It's hard to -- the problem

7 with opening it through Dropbox is that I can't click

8 through the pages like I can on a PDF. Here we go.

9 Okay. Here we go. Oh, wait. That's Mental Health

10 Treatment Court.

11 Okay. Here we go. So the first phase --

12 you see that on your screen, phase -- Veterans

13 Treatment Court Phase 1 Checklist?

14 A. Yes.

15 Q. Okay. So this -- so Phase 1, is that

16 like something that starts after admission to the

17 Court or is it -- can it --

18 A. Yes.

19 Q. It's after admission to Veterans

20 Treatment Court? Okay. So are any of these things

21 listed on Phase 1 -- and I'll just -- I'll try to --

22 here. I'm trying to make it so you can read all of

23 them. Can you read those okay on your screen?

24 A. Yes.

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1 Q. Okay. Are there any things on Phase 1
2 that also -- that people are -- who are applying to
3 Veterans Treatment Court must do before they are
4 admitted?
5 A. I believe the only thing would be the
6 meet -- initially meet with the veterans justice
7 outreach coordinator.
8 Q. Okay. So all of the other items listed
9 under Phase 1 would be things that would happen after
10 you -- the person's been admitted to Veterans
11 Treatment Court?
12 A. Yes.
13 Q. Okay. So in response to one of our --
14 I'm going to go back here to the -- I'm going to stop
15 sharing my screen for a second and then I'm going to
16 show you another document, which is -- we had asked
17 for a list of people who are involved in the decision
18 making for Treatment Court. So I'm going to show you
19 that list so I can ask you about some of these folks.
20 Okay. Can you see a document that is
21 titled list of Team Members Since 2020?
22 A. Yes.
23 Q. Okay. So we'll mark this as Exhibit 3.
24 (Deposition Exhibit 3 was

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1 marked for identification.)
2 BY MS. ROSE:
3 Q. And these are -- so just to clarify -- so
4 these are also -- these are Bates numbered AOPC 368
5 through 369. So are these people who participate in
6 all of the Treatment Courts or just Veterans
7 Treatment -- who have participated in all the
8 Treatment Courts or just Veterans Treatment Court?
9 A. These are people who participated in all
10 of the Treatment Courts.
11 Q. Okay. Now, from the -- okay. And just
12 to clarify, because I didn't completely get the last
13 name and this should help the court reporter too, it
14 was -- from the public defender's office, the person
15 who participates in the Treatment Court is William
16 Bispels; is that right?
17 A. That's correct.
18 Q. Okay. So that's B-I-S-P-E-L-S. And so
19 the person from the district attorney's office is
20 Kenneth Kelecic; correct?
21 A. Correct.
22 Q. Okay. So I don't see Paige MacBain on
23 this list.
24 A. I believe I neglected to place her on the

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1 list.
2 Q. Okay. And then we have some folks listed
3 from the Pennsylvania Counseling Services, Berks
4 Counseling Services, and Berks Connections Pretrial
5 Services, but none of those folks would be involved in
6 the Veterans Treatment Court process; correct?
7 A. No.
8 Q. Okay. Is it correct?
9 A. Yes, that's correct.
10 Q. Sorry. I know. I made that -- that was
11 a confusing question. Okay. I can stop sharing that.
12 So other names that we've seen in some of the
13 documents are Rudy Leon.
14 A. Yes. He was a previous probation officer
15 in Veterans Treatment Court.
16 Q. Okay. So did Ms. MacBain take over for
17 Mr. Leon?
18 A. Yes, she did.
19 Q. Okay. And what about Heather Wilson?
20 A. Heather Winslow?
21 Q. Oh, I don't know. It might be Winslow,
22 yeah. Sorry.
23 A. She is the Treatment Court officer for
24 Mental Health Treatment Court.

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1 Q. Okay. And then another name I've seen is
2 Jerome Weber at Haven, LLC. Does he have anything to
3 do with Treatment Court?
4 A. No.
5 Q. Okay. So when Mr. Negrea creates a
6 treatment plan for an individual who's applying for
7 Veterans Treatment Court, is there some piece of that
8 treatment plan that they're expected to, like, follow
9 prior to admission?
10 A. It would be expected that they would
11 start attending some of those treatment appointments
12 that are recommended.
13 Q. Okay. And why would there be some
14 requirement to attend those treatment appointments
15 prior to being admitted to the program?
16 A. As I think I mentioned before, we're
17 looking for participants to start the treatment
18 process as soon as possible after arrest. So we would
19 want them to get engaged with treatment, you know,
20 very early on in the process as much as they possibly
21 can to, you know, start the rehabilitation process.
22 Q. Okay. And does attendance at those
23 treatment appointments factor into the treatment
24 team's decision about whether to admit the individual

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1 into Veterans Treatment Court?
2 A. It could potentially factor into that
3 decision, but it doesn't always.
4 Q. Okay. Why wouldn't it factor into the
5 decision?
6 A. Depending on each person's situation, as
7 each person is looked at on a case by case basis, we
8 determine, you know, are they able to attend these
9 appointments or is there another need that's kind of
10 higher on the list that needs to be addressed first
11 prior to getting them to attend regularly.
12 Q. Okay. Well, what kind of needs would be
13 higher on the list?
14 A. Someone who's in active addiction that
15 may need to go to detox or inpatient treatment,
16 someone who is in -- you know, having active issues
17 with their mental health that they're unable to, you
18 know, comprehend what's going on and attend
19 appointments regularly.
20 Q. Does -- so I think we talked about the
21 drug and alcohol evaluation. Is there like any drug
22 screening that has to take place before the -- an
23 individual can be admitted to Treatment Court?
24 A. Not necessarily. Some people are already

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1 on pretrial services as part of their bail. So they
2 may be getting drug tested but, as I mentioned before,
3 there is a drug test done at the intake to determine,
4 you know, if the person's kind of telling the truth
5 with regard to their drug and alcohol use so that we
6 have kind of a baseline of what's going on.
7 Q. Okay. If somebody, you know, does that
8 initial drug screen and tests positive for a
9 substance, is there a requirement that the person like
10 stop using that substance before they could be
11 admitted to Treatment Court?
12 A. No, not necessarily. We would direct
13 them to have an evaluation completed to determine a
14 level of care.
15 Q. Okay. And so is it up to the evaluator
16 to determine whether that person needs to, you know,
17 like stop using before they can be admitted to
18 Treatment Court?
19 A. It would be up to the evaluator to
20 determine whether or not the person needs to go to
21 inpatient treatment, whether they need to engage in
22 counseling. I don't think that the evaluator makes a
23 determination on whether or not they need to stop. I
24 think our goal is to try and get them better and put

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1 services in place.
2 Q. Okay. So the fact that somebody
3 continues to test positive for a substance on drug
4 test is not a basis for denying their admission to
5 Treatment Court?
6 A. No.
7 Q. Okay. Now, prior to an individual being
8 admitted to Veterans Treatment Court, you know, how
9 would you know whether or not they were complying with
10 the treatment plan that had been put in place?
11 A. Mr. Negrea would relay that to us.
12 Q. Okay. And if the individual was not
13 complying with the treatment plan, would that be noted
14 in the case notes?
15 A. Most often during the new applicant
16 process, we would note that on the new applicant list
17 so that it's there for the next meeting once he relays
18 that information.
19 Q. Okay. So if an individual is denied
20 admission to Veterans Treatment Court, is it possible
21 that the basis for the denial is not recorded anywhere
22 that is -- in a way that's maintained?
23 A. The basis for denial would be recorded on
24 the order of denial that's signed by the judge.

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1 Q. But, you know, I've seen some denials
2 that just say, you know, failure to comply with
3 treatment. So, you know, where would the actual
4 information that informed that order be maintained?
5 A. Most often, as you said, in the case
6 notes we would take notes.
7 Q. Okay. So in addition to the new
8 applicant list, that information would be in the case
9 notes?
10 A. Yes. If the probation officer had any
11 correspondence with the treatment provider, that would
12 be noted.
13 Q. Okay. So what I'm just trying to figure
14 out is whether -- is there information that would be
15 included in the new applicant list that would not also
16 be saved in the case notes?
17 A. Potentially. I -- it's an Excel
18 document. So there is little snippets of information
19 or abbreviations that are on there from one meeting to
20 the next.
21 Q. So I mean has -- like what kind of
22 information would be in the new applicant list, but
23 would not be transferred or saved somewhere else?
24 A. Do they need housing, are they in jail,

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1 are they abiding by -- like are they attending
2 treatment programs, are they in contact with the
3 probation office, can we not get ahold of information,
4 just little information that would then generate
5 further discussion on that applicant.
6 Q. But so information like the person being
7 in jail or failing to return phone calls would not
8 also be included in the case notes?
9 A. The person being in jail may not
10 necessarily be in the case notes. If the probation
11 officer was trying to contact them, they would put a
12 note in for that.
13 Q. Okay. What about failing to comply with
14 treatment plans?
15 A. If it was discussed with the probation
16 officer and the treatment provider, yes, there would
17 be a note.
18 Q. In the case notes?
19 A. Correct.
20 Q. Okay. So how would it get -- how would
21 that information be in the new applicant file if --
22 like wouldn't it -- I mean wouldn't it have to be
23 discussed with a probation officer to even make it
24 into the new applicant file?

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1 A. I'm not sure I understand your question.
2 Q. So -- well, so we were talking about
3 information that might be in the new applicant file,
4 but not recorded anywhere else; right? So if a -- if
5 there's information in the new applicant file saying
6 that an individual is not complying with treatment,
7 it's my understanding that information would have to
8 come from the treatment provider to somebody in the
9 Probation Department; correct?
10 A. Correct. That would go to the probation
11 officer.
12 Q. Okay. And so then the probation officer
13 would be expected to record that information in the
14 case notes; right?
15 A. Correct.
16 Q. Okay. So if the information about not
17 complying with treatment were in the new applicant
18 list, it would also be included in the case notes?
19 A. Yes.
20 Q. So are there ever situations where an
21 individual is not admitted to a Treatment Court on the
22 basis that they did not comply with a treatment plan?
23 A. Yes.
24 Q. Okay. And why would that happen? Like

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1 what --
2 A. If somebody refuses to attend groups,
3 just complete lack of motivation. A lot of times it's
4 the person is refusing to attend the recommended
5 treatment. You know, we give people the benefit of
6 the doubt if they're attempting to do it, even if
7 they're in active addiction, but a lot of times those
8 denials are based on the fact that the person is just
9 not willing to do what is asked of them.
10 Q. And so what's the concern about, you
11 know -- like what's the concern sort of underlying
12 that denial? Is it that you're concerned that the
13 person's not going to, like, be an active participant
14 once they're admitted or is there some other concern
15 that's going on there?
16 A. Well, it's the entire basis of Treatment
17 Court treatment. So if they're not willing to attend
18 treatment, then what -- what further progress are we
19 going to make with that person?
20 Q. Okay. Now, does the person have to like
21 actually not attend or could it just be like their
22 attitude towards treatment that could be the basis for
23 denial?
24 A. Both potentially.

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1 Q. Okay. So if the person's saying, well,
2 I'll attend, but I don't want -- I don't really think
3 it's necessary, would that be a basis for denial?
4 A. No, not necessarily. I believe that if
5 we can get someone to attend, they could potentially,
6 you know, buy into the process and the treatment plan
7 that we're recommending for them.
8 Q. Okay. What if somebody is willing to
9 attend, but like expresses disagreement with the
10 necessity of attending like the treatment program?
11 A. It would depend on that person and
12 whether or not they're actually willing to attend
13 those groups.
14 Q. Okay. So then how do you assess whether
15 they're willing to attend the groups?
16 A. That comes from Mr. Negrea.
17 Q. Okay. And how does he assess whether
18 they're willing to attend the groups?
19 A. I assume he has conversation with them.
20 I'm not a hundred percent certain, but that he talks
21 to them on what his recommendations are and whether
22 they're willing to follow those recommendations or
23 not.
24 Q. Okay. And so how would you find out

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1 whether an individual is willing to follow
2 Mr. Negrea's recommendations?
3 A. Mr. Negrea would tell us.
4 Q. What would he tell you?
5 A. He would tell us whether or not the
6 person's willing to follow the treatment plan that was
7 recommended for them.
8 Q. Okay. And do you ask, well, what
9 particular parts of the treatment plan is this person
10 not willing to do?
11 A. I guess it would depend on the situation.
12 We may or may not ask those questions.
13 Q. Okay. Is it fair to say that, you know,
14 the Probation Department like will defer to
15 Mr. Negrea's recommendation or whether somebody will
16 successfully complete treatment?
17 A. Yes. He is the treatment provider and
18 we're not treatment providers, nor do we make those
19 assessments or recommendations. So we would defer to
20 him in those circumstances, yes.
21 Q. Okay. And then you said Judge Lieberman
22 is one of the team members for Veterans Treatment
23 Court; right?
24 A. That's correct.

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1 Q. And so what role does Judge Lieberman
2 play in like deciding whether an individual is
3 admitted to Treatment Court?
4 A. He is the final decision. So based on
5 conversation of the Treatment Court team, Judge
6 Lieberman will make the final decision on whether
7 someone is accepted or denied and then he'll sign an
8 order to that fact.
9 Q. Okay. Is it -- just in terms of the way
10 the team operates, is it like -- is there a vote taken
11 to -- or is there a recommendation made to the judge?
12 Like I mean, you know, if you could just describe to
13 me how the team sort of assesses whether an individual
14 should be admitted or not.
15 A. We sit around a table. We have
16 discussion on the person, you know, all the
17 information that we're aware of, and then, you know,
18 the judge will ask for recommendations from, you know,
19 treatment providers or anybody who's had contact with
20 the offender during the application process and then
21 he will make the final determination. So no vote is
22 taken. It's more so just general discussion and then
23 he decides one way or another.
24 Q. Okay. I mean is there typically a

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1 consensus or does it vary?
2 A. It depends. There have been times where
3 it's been a consensus, but there's also been times
4 where he has flat out denied or accepted someone based
5 solely on his own decision.
6 Q. Okay. And so since the judge
7 participates on the treatment team, like the judge
8 would have all of the same information as the other
9 members of the treatment team; is that accurate?
10 A. Yes.
11 Q. Okay. So just with respect to Veterans
12 Treatment Court, do you have a sense of, you know,
13 how -- I think -- let me see. I think you said you
14 had about 18 to 20 applications like say this month.
15 Okay? So do you have a sense of like what percentage
16 of applications are accepted into the Veterans
17 Treatment Court?
18 A. We normally don't get that many veterans
19 court applications. The highest frequency of
20 applications we get are for our drug court and DUI
21 court. So at any given time there's only maybe 2 to 3
22 applicants in the pipeline for veterans court. Most
23 often, unless there is, you know, an excludable
24 offense or the person has already participated

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1 previously in the veterans court, they will most often
2 be admitted.
3 Q. Okay. So what -- so, you know, at some
4 point -- let me backtrack for a second. So in the
5 past I understand that there was some period of time
6 between when, you know, the Commonwealth of
7 Pennsylvania enacted the Medical Marijuana Act -- some
8 period of time after that when medical marijuana was
9 not permitted in Treatment Court; is that accurate?
10 A. That's correct.
11 Q. Okay. So when was the Treatment Court
12 policy changed to, you know, allow medical marijuana
13 use on I think it says a case by case basis? Do you
14 know when that change was made?
15 A. Between February of 2023 and March of
16 2023.
17 Q. Is that just for Veterans Treatment
18 Court?
19 A. That was for all the Treatment Courts.
20 Q. Okay. So the policy wasn't changed until
21 February 2023?
22 A. Yes.
23 Q. Or, you know, between -- I think you said
24 between March and -- February and March 2023. Okay.

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1 And so it was changed at one time for all four
2 Treatment Courts?
3 A. Yes.
4 Q. Okay. And so the policy before that
5 change was just no medical marijuana whatsoever; is
6 that right?
7 A. Yes.
8 Q. So do you know why the policy was
9 changed?
10 A. We had conferred with our attorneys.
11 Q. Okay. So who was involved in the --
12 other than your attorneys, who was involved in the
13 decision to change the policy?
14 A. Myself, Judge Geishauser, Judge
15 Lieberman, and Judge Johnson.
16 Q. Okay. And at that time those were the
17 three Treatment Court judges?
18 A. Correct.
19 Q. And was there a final decision maker on
20 whether the policy should be changed or was it a
21 consensus?
22 A. I think it was a consensus between the
23 judges.
24 Q. Were there any meetings where the policy

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1 change was discussed?
2 A. After the policy change was enacted, we
3 instructed all of the team members to use, you know,
4 the new document stating that we were going to look at
5 it on a case by case basis.
6 Q. Okay. Did you and the judges have any
7 meetings to discuss changing the policy where your
8 attorneys were not present?
9 A. We may have, but I don't recall for
10 certainty.
11 Q. Okay. Now, prior to the policy change,
12 had you ever had any discussions about -- like prior
13 to, you know, the discussions about changing the
14 policy had -- in 2023, had you had any discussions
15 with the Treatment Court judges about the medical
16 marijuana policy?
17 A. I think the only time prior to that that
18 we discussed it was when we decided that we were not
19 going to allow it.
20 Q. Okay. And when was that?
21 A. I honestly cannot be certain.
22 Q. Okay.
23 A. Some time after 2020.
24 Q. Okay. And who was present for -- or were

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1 these discussions like in person or over e-mail? Like
2 how did you discuss it?
3 A. A lot of that was during COVID. So it
4 may have been over a Teams meeting or via e-mail, but
5 I'm not a hundred percent certain on that.
6 Q. Okay. And who was part of those
7 discussions?
8 A. That would have been myself and the
9 judges involved with the Treatment Court at that time.
10 Q. Okay. And why was the decision made at
11 that time not to change the policy on medical
12 marijuana?
13 A. I'm not sure I understand your question.
14 Q. Well, I think you had said you talked
15 about changing it, but decided not to. And so why was
16 the decision made not to change the policy?
17 MS. HERRMANN: Object to the form.
18 THE WITNESS: I'm still not following.
19 BY MS. ROSE:
20 Q. Oh, okay. Okay. So we talked about like
21 there was a policy change in 20 -- in February, March
22 2023; right?
23 A. Correct.
24 Q. Okay. And that was based on advice from

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1 your attorneys. So I'm not going to ask you about
2 that, but I think -- I thought you had said -- so
3 maybe this is -- I'm -- I didn't understand it. I
4 thought you had said that you had previously had a
5 discussion about -- in 2020 about whether to change
6 the policy.
7 A. So probably -- it was most likely a
8 conversation to enact that policy.
9 Q. Oh, to enact the no medical marijuana
10 policy?
11 A. Correct, yes.
12 Q. Okay. So what was the policy before the
13 no -- before you started the no medical marijuana
14 policy?
15 A. Well, prior to that medical marijuana
16 wasn't a thing. So marijuana was not able to be used
17 as part of Treatment Court.
18 Q. Okay. So at some point in 2020, you
19 specifically added medical marijuana to the list of
20 prohibited substances; is that accurate?
21 A. Yes.
22 Q. Okay. And so why was the decision made
23 to add medical marijuana to the list of prohibited
24 substances?

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1 A. Because now it was going to be a type of
2 prescription medication and, you know, based on
3 conversations with our treatment providers it was a
4 decision to, you know, not add any other mood-altering
5 substances to the people that were participating in
6 Treatment Court.
7 Q. Okay. Which treatment providers did you
8 have those discussions with?
9 A. The treatment providers from Pennsylvania
10 Counseling, Berks Counseling.
11 Q. Okay. Was Mr. Negrea a part of those
12 discussions?
13 A. I don't believe so, but I can't say for
14 certain.
15 Q. Okay. When did Mr. Negrea become the
16 veterans justice outreach?
17 A. He has been doing that --
18 Q. Was it before 2020?
19 A. Yes.
20 Q. Okay.
21 A. Yeah, it's -- yes.
22 Q. Has he been the veterans justice outreach
23 person since Veterans Treatment Court was created?
24 A. No, he was not.

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1 Q. Okay. Was there a VJO at the time that
2 Veterans Treatment Court was created?
3 A. Yes, there was.
4 Q. Okay.
5 A. Her name was Julie Bergstresser.
6 Q. Okay. So there's always been somebody in
7 that position for Veterans Treatment Court?
8 A. Yes.
9 Q. Okay.
10 THE COURT REPORTER: I'm sorry. Can you
11 say her name again?
12 THE WITNESS: Julie Bergstresser.
13 THE COURT REPORTER: Thank you.
14 BY MS. ROSE:
15 Q. Okay. So I'm going to put another
16 document up here. I'll share my screen. Okay. You
17 should see a document that looks like an e-mail from
18 you to Angela Lowry. Do you see that?
19 A. I do.
20 Q. Okay. And this document is numbered AOPC
21 370 through AOPC 372 and I think we're on Exhibit 4.
22 MS. ROSE: Is that right, Sara? Okay.
23 Exhibit 4.
24 (Deposition Exhibit 4 was

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1 marked for identification.)
2 BY MS. ROSE:
3 Q. Okay. So I'm just going to scroll down
4 here. So it looks like there's an e-mail from -- on
5 pages 1 and 2 of this document -- or let me scroll
6 down. Let me let you look at this first before I ask
7 you questions about it. So this is like the first
8 e-mail in this chain is this e-mail from Angela Lowry.
9 Do you see that?
10 A. I do.
11 Q. Okay. You can take a minute to read it.
12 Let me know when you're done and I'll scroll back up.
13 A. (Witness complies.)
14 Q. Good?
15 A. Yes, I'm fine. Thanks.
16 Q. Okay. Yeah, and then here's your
17 response to Ms. Lowry where you -- so here -- let me
18 scroll up a little bit because this is dated
19 July 30th, 2020.
20 So you say, "Since our program is
21 voluntary, people have the option of not participating
22 if they would like to use medical marijuana," but then
23 you say, "Our office policy is that if someone has a
24 medical marijuana card, they are permitted to use

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1 marijuana as long as they can provide receipts and
2 proper dispensing containers when asked."
3 So I'm just a little bit -- I'm just
4 confused about what you're referring -- what office
5 policy you're referring to here.
6 A. The general policy for adult probation.
7 Q. Okay. So this would not be a Treatment
8 Court -- the Treatment Court policy is -- the office
9 policy you're referring to, it was not the policy for
10 Treatment Court; is that right?
11 A. Yes, it was not the policy for Treatment
12 Court.
13 Q. Okay. Because at this time the policy
14 for Treatment Court was no medical marijuana; correct?
15 A. Yes.
16 Q. Okay. I'm going to stop sharing for a
17 minute. I'm going to show you another document.
18 Okay. And then I'll show you this document. So I
19 just put up a document on the screen. It looks like
20 it's an e-mail from you to Sara Sierra and Paul Missan
21 dated December 11th, 2020. It's AOPC 373. So can you
22 see that e-mail here?
23 A. Yes, I can.
24 Q. Okay. So we'll label this as Exhibit 5.

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1 (Deposition Exhibit 5 was
2 marked for identification.)
3 BY MS. ROSE:
4 Q. So here it looks like -- do you know who
5 Sara Sierra and Paul Missan are?
6 A. Yes, I do.
7 Q. Who are they?
8 A. Paul Missan is a local defense attorney
9 and Sara Sierra was his secretary at the time.
10 Q. Okay. And so it looks like you're saying
11 that this individual that they were contacting you
12 about would need to seize using medical marijuana
13 prior to sentencing and to DUI Treatment Court; is
14 that accurate?
15 A. Yes.
16 Q. Okay. So why did tell them that he would
17 have to seize using medical marijuana prior to a
18 sentencing into DUI Treatment Court?
19 A. At that time our policy was such that
20 he -- that medical marijuana was prohibited.
21 Q. Okay. And when you say sentencing into
22 DUI Treatment Court, what does that mean? Is that
23 admission into DUI Treatment Court or is that
24 something different?

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1 A. At that time DUI Treatment Court -- and
2 still currently is -- you're sentenced on the front
3 end when you're brought into the program. So sentence
4 and admission go hand in hand, which is where that
5 statement came from.
6 Q. Okay. So is there a reason why the
7 individual would need to -- as I understand, the
8 policy was you can't use medical marijuana while
9 you're in Treatment Court; right?
10 A. Correct.
11 Q. So was the policy that you had to stop
12 using it before you could be admitted to Treatment
13 Court at least in 2020?
14 A. Well, we would like some -- at that time
15 we would have liked someone to have been clean off of
16 all those substances prior to admission.
17 Q. Okay. So for admission -- is that just
18 for DUI Treatment Court or was that true for all the
19 Treatment Courts in 2020?
20 A. No. That was all -- that was true for
21 all the courts.
22 Q. Okay. So in order to be admitted to like
23 DUI Treatment Court or Drug Treatment Court, Mental
24 Health Treatment Court, and Veterans Treatment Court,

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1 an individual would have to, like, essentially have a
2 clean drug screen before admission?
3 A. Prior to the policy change, yes.
4 Q. Okay. So even if the person's in Drug
5 Treatment Court, they have to not be using any of the
6 banned substances at the time in order to be admitted;
7 is that accurate?
8 A. Correct.
9 Q. Okay. Is that -- so like setting aside
10 medical marijuana, is that true for banned substances
11 currently?
12 MS. HERRMANN: Object to the form.
13 THE WITNESS: After the policy change, we
14 just like anything else would ask for documentation
15 from a treating physician. If that person needs to be
16 on that medication and it's medically necessary, they
17 can continue.
18 BY MS. ROSE:
19 Q. Okay. So I'm actually asking about
20 like -- like excluding medical marijuana. Like for
21 the other banned substances, does an individual have
22 to, like, have a -- you know, if an individual tests
23 positive for any of the banned substances, does that
24 mean they cannot be admitted to any of the Treatment

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1 Courts currently?
2 A. It would -- sorry.
3 Q. Yeah.
4 A. It would depend on treatment and whether
5 or not they are working with them to come off of
6 something and whether or not they say, yes, this
7 person needs to be admitted in order to continue down
8 this path of getting off this medication. So it's
9 truly on a case by case basis at some instances.
10 Q. Okay. But -- okay. But as of February
11 or March 2023, all the Treatment Courts now allow
12 people to use medical marijuana if they meet the
13 requirements; is that correct?
14 A. That's correct.
15 Q. Okay. And you mentioned a letter from a
16 treating physician. Is there -- is that required of
17 all individuals who want to use medical marijuana in
18 Treatment Court?
19 A. Yes.
20 Q. Okay. And do individuals have to provide
21 that letter prior to being admitted to Treatment
22 Court?
23 A. Yes.
24 Q. Okay. And how do individuals find out

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1 about that requirement?

2 A. It's discussed with them either at a
3 status hearing or at the intake process when they
4 mention that they're currently utilizing medical
5 marijuana.

6 Q. Okay. Now, how is that -- so, for
7 example, for people who were already -- had their
8 intake meeting or, you know, had already been admitted
9 to Treatment Court, how was that -- how was the change
10 in policy conveyed to those folks in 2023?

11 A. Can you repeat that again, please?

12 Q. Yeah. So for -- so if -- because I think
13 you said that people -- well, you know what? Let me
14 back up a minute. So if an individual uses medical
15 marijuana, when would they find out about -- like are
16 they -- do probation officers ask people whether
17 they're using medical marijuana or do people disclose
18 it? Like how is that -- how do you -- how does your
19 office find out that somebody is a medical marijuana
20 patient?

21 A. During the intake process, the probation
22 officer or the pretrial services officer, depending on
23 the program, would ask them if they're taking any
24 medications currently that we need to be aware of.

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1 Q. Okay. And so if somebody says, "Yes, I'm
2 taking medical marijuana," then what happens?

3 A. Then they would discuss with them, you
4 know, the type of letter that they would need from
5 their treating physician in order to continue to
6 utilize that.

7 Q. Okay. Is there anything in writing that
8 is provided to medical marijuana patients about what
9 they have to do to be able to use medical marijuana in
10 the Treatment Court?

11 A. No.

12 Q. Okay. So this is just all communicated
13 orally by the probation officer?

14 A. Yes.

15 Q. And then, you know, at the time that the
16 policy was changed in February or March of 2023, were
17 people who were already in the process of applying
18 like told about the policy change?

19 A. Yes.

20 Q. Okay. How were they told?

21 A. I communicated with their defense
22 counsel.

23 Q. Okay. So you communicated with defense
24 counsel of every person who was in the process of

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1 applying to Treatment Court at that time?

2 A. Yes.

3 Q. Okay. And how did you communicate with
4 the defense counsel?

5 A. I sent an e-mail to most of the attorneys
6 that I am -- that I have contact information for, but
7 I also have someone who is in charge of the defense
8 counsel, like, e-mail group. So any changes in policy
9 for Treatment Court, I normally send that to her and
10 she would disseminate that to defense counsel in this
11 area.

12 Q. So I didn't -- that was not one of the
13 e-mails that was produced when we asked for the search
14 of the e-mails. So where would we be able to find
15 those e-mails?

16 MS. HERRMANN: Can you -- can we repeat
17 that? What are we talking about?

18 MS. ROSE: Yeah. So the e-mail that
19 Ms. Bodor just referred to that she said she sent to
20 attorneys, my understanding is Ms. Bodor searched her
21 e-mail and that, you know, medical marijuana was one
22 of the terms that we asked you to search for. So I
23 imagine that would have been one of the terms included
24 in the e-mail since this is about your policy on

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1 medical marijuana, but we have not received any such
2 e-mail in discovery.

3 MS. HERRMANN: The -- I mean I don't know
4 how much you want to discuss in front of the witness,
5 but it's about the -- what was requested in the actual
6 search terms that your office provided.

7 MS. ROSE: So I'm asking Ms. Bodor.

8 BY MS. ROSE:

9 Q. Like when you searched your e-mail, was
10 this -- when you were asked to search your e-mail for
11 this case, did you find the e-mail that you sent to
12 these attorneys about the change in the medical
13 marijuana policy?

14 MS. HERRMANN: I think she already
15 answered that and -- and you're asking why and the
16 answer is because the request was for certain terms
17 and the names of certain individuals and the
18 individual that we're speaking about now doesn't
19 have -- isn't on this list.

20 MS. ROSE: Oh, okay. Well, you know
21 what? I'll look at that at the break. That's not my
22 understanding of what request was made. So,
23 Ms. Bodor --

24 MS. HERRMANN: We can look at it right

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1 now. No? You're good? You're okay with it?
2 MS. ROSE: I'm going to look back at my
3 notes at the next break.
4 BY MS. ROSE:
5 Q. But, Ms. Bodor, when you did your e-mail
6 search, did you only search for e-mails associated
7 with the names of certain individuals?
8 A. Yes.
9 Q. Okay. So do you still have that e-mail
10 that you sent to the attorneys about the change in
11 policy?
12 A. I would have to look, but I probably do.
13 Q. Okay. Well, I thought you testified
14 earlier that you don't ever delete your e-mails?
15 A. Then I probably have it.
16 Q. Okay. Is there any other way that you or
17 your office provided notice to individuals applying
18 for Treatment Court about the medical marijuana policy
19 change?
20 A. I don't believe there were any.
21 Q. Okay. Was there anything that the
22 probation officers provided to their clients telling
23 them about the policy change?
24 A. They would have provided an updated

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1 banned medication list.
2 Q. Okay. Now, if a probation officer
3 provided that to a client, would that be noted in the
4 client's file?
5 A. It may be, yes.
6 Q. Why wouldn't it be noted?
7 A. I don't write the case notes so I can't
8 be certain that they would have added it in there.
9 Q. Okay. Would the banned medication list
10 like be something that would be kept in the hard copy
11 of the individual's file, if it was provided to them?
12 A. No. It would have just been handed to
13 them.
14 Q. Okay. And when you sent that e-mail to
15 the attorneys about the change in the medical
16 marijuana policy, did you include that banned
17 medication list with your e-mail?
18 A. I can't recall at this time.
19 Q. Okay. Now, is there anything besides the
20 letter from the treating physician that individuals
21 who want to use medical marijuana in Treatment Court
22 need to provide to your office?
23 A. A copy of their active card.
24 Q. Okay. So we've got the letter from the

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1 treating doctor, a copy of the active medical
2 marijuana card. Anything else?
3 A. No.
4 Q. Okay. And is it the probation officers
5 who convey both of those requirements to these
6 individuals?
7 A. Yes.
8 Q. And who determines whether the letter
9 from the treating physician is like sufficient to
10 allow the individual to use medical marijuana?
11 A. The Treatment Court team takes a look at
12 it, but ultimately it's the judge's decision.
13 Q. Is there anything specific that the
14 letter needs to include for the -- for it to be, you
15 know, considered sufficient?
16 A. Most often we would like it to include
17 whatever diagnosis the physician is treating them for
18 and that it is the only thing that will treat whatever
19 condition they are using it for.
20 Q. Okay. Is there a -- are those two
21 requirements, the diagnosis and that it's the only
22 thing that will treat the condition -- are those like
23 written down on any kind of document?
24 A. No.

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1 Q. Okay. How is that information conveyed
2 to individuals that this letter has to contain both of
3 those things?
4 A. Either the probation officer discusses it
5 with the participant or if they would come to court
6 and their attorney is present, I can convey that
7 information if the judge does not.
8 Q. Okay. Is there anything that your office
9 provides individuals that they can like take to their
10 doctor to show their doctor what they need?
11 A. No, other than the banned medication
12 policy.
13 Q. Okay. You know, if an individual uses
14 medical marijuana, is admitted to Treatment Court, is
15 like the -- their use of medical marijuana included in
16 their treatment plan?
17 A. I don't believe so.
18 Q. Okay.
19 A. But I'm not certain.
20 Q. And then if the determination by the
21 judge is that the individual is not permitted to use
22 medical marijuana, how is that information conveyed to
23 the individual?
24 A. By the judge.

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1 Q. Okay. You mean like -- sit just like in
2 open court or how is that?
3 A. Well, in DUI court specifically, the
4 judge has status hearings. Otherwise in any of the
5 other programs, it would most likely be conveyed
6 through me to their attorney.
7 Q. Okay. And do you -- and how would you
8 convey that to the attorney? Like in an e-mail or
9 in --
10 A. E-mail, phone call.
11 Q. -- a phone call? Okay. And do you tell
12 the attorney the reason why the judge denied the
13 person's request to use medical marijuana?
14 A. I don't think there's many instances
15 where I've actually had to do that so -- if any. So
16 it most likely is just that the judge denied the
17 letter that they provided.
18 Q. Okay. Can you think of any -- like
19 sitting here today any time that you have conveyed
20 that information in an e-mail to an attorney?
21 A. Maybe once.
22 Q. Okay. Do you know who that attorney was?
23 A. Off the top of my head, no.
24 Q. Okay. Do you know who the client was?

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1 A. I don't recall.
2 Q. Okay. Would you be able to find that
3 e-mail?
4 A. Yes.
5 Q. And do you have like a definition you use
6 for treating doctor or treating physician?
7 A. I think we're just looking for someone
8 who's treated the person more than one time. It's,
9 you know, established physician that they've been
10 working with with regard to any condition.
11 Q. Okay. Can it be a nurse-practitioner or
12 does it have to be somebody with an M.D.?
13 A. I think anyone as long as they've been
14 working with that offender for a period of time. We
15 would look at that as well.
16 Q. Okay. So it doesn't have to be an M.D.?
17 It could be another medical provider?
18 A. Correct.
19 Q. Okay. So what is the reason why the
20 medical marijuana card in itself -- the active medical
21 marijuana card in itself is not sufficient to allow an
22 individual to use medical marijuana in Treatment
23 Court?
24 A. Well, we believe that the doctor that

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1 prescribed the card meets with them for a very short
2 period of time and hasn't worked with them in their
3 established care.
4 Q. So what's the concern about the doctor
5 not having worked with them in their established care?
6 A. The doctor doesn't know them, doesn't
7 know their condition, hasn't been treating them for a
8 period of time.
9 Q. Okay. So why is it important the doctor
10 who's been treating an individual for a period of time
11 be the one to provide the letter?
12 A. Because they can then state what
13 medications they've tried, what therapies they've
14 tried, anything that they have done, you know, outside
15 of medical marijuana to treat whatever condition they
16 have.
17 Q. So is it the Treatment Court's position
18 that, you know, an individual has to have tried, you
19 know, other medications for their condition and, you
20 know, determined that they were not effective in order
21 to be able to use medical marijuana in Treatment
22 Court?
23 A. I think our opinion is that we would like
24 the person to use the best medication to treat them.

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1 So, yes, if there is other things that haven't worked
2 and medical marijuana's going to work, then obviously
3 the doctor would be able to provide that in a letter.
4 Q. What if, you know, medical marijuana
5 worked equally as well as another medication?
6 A. If that doctor is willing to say that,
7 then we would absolutely allow them to do that.
8 Q. That you would absolutely allow the
9 person to use medical marijuana?
10 A. That's correct.
11 Q. So they don't need to -- I mean I guess
12 I'm trying to figure out how many -- you know, is the
13 requirement the individual have tried, you know, a
14 certain number of medications before they'd still be
15 allowed to use medical marijuana or like, you know, is
16 there like a magic number there? Like I'm trying to
17 figure out like what -- how you make the decision
18 about whether, you know, the --
19 A. We're --
20 Q. You know, how -- sorry. I just want to
21 back up.
22 A. Yeah.
23 Q. Like how do you determine whether the,
24 you know, letter from the doctor shows that medical

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1 marijuana is the most effective treatment for the
2 condition?
3 A. The doctor would say that.
4 Q. So you would need a letter from a doctor
5 saying that medical marijuana is -- like I'm just
6 trying to figure out what a doctor has to say, like,
7 in this letter because I've seen different kinds of
8 letters that were produced and I -- it was hard for me
9 to see a difference in them.
10 A. Well, without looking at the letters that
11 we've approved, I mean we're looking for the doctor to
12 say that this is what is going to treat their
13 condition.
14 Q. So the doctor just has to say that I've
15 recommended that this person use medical marijuana for
16 this particular condition and that would be enough?
17 A. Yes.
18 MS. HERRMANN: Object to the form. Can
19 we have a time for a break?
20 MS. ROSE: Yeah. I have a couple more
21 questions and then I'll -- I was planning to take a
22 break.
23 BY MS. ROSE:
24 Q. So are you familiar with the requirements

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1 under Pennsylvania law to obtain a medical marijuana
2 card?
3 A. Yes and no.
4 Q. What do you mean?
5 A. I mean I am aware of some of the
6 diagnoses that are acceptable for that. Other than
7 that, not really.
8 Q. Okay. So you don't know whether an
9 evaluation by, you know, a doctor who, you know,
10 signing off on the medical marijuana card is -- you
11 know, has -- whether that doctor has considered
12 whether it's the most effective treatment or not?
13 A. No, I'm not aware of that.
14 Q. So if a person had -- you know, gets a,
15 you know, medical -- you know, sees a doctor to get a
16 medical marijuana card, you know, sees that person,
17 you know, because -- you know, I don't know whether
18 you're aware of this, but you have to, you know, get
19 a -- get your card like renewed annually; right? And
20 every time you have to see a doctor to get that
21 renewal.
22 If a person sees that doctor three times,
23 can that doctor then -- for three annual renewals, can
24 that doctor then write a letter for that person saying

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1 that this is the most effective treatment for this
2 condition?
3 MS. HERRMANN: Object to the form.
4 THE WITNESS: Maybe. I -- I don't know
5 that we've come across that.
6 BY MS. ROSE:
7 Q. Okay. You understand that a person's
8 primary care physician will often not be the same
9 person who, you know, recommends the medical
10 marijuana -- like signs off on the application for the
11 medical marijuana card; correct?
12 A. Yes.
13 MS. HERRMANN: Objection.
14 BY MS. ROSE:
15 Q. You understand that? Okay. And that's
16 because Pennsylvania law has certain requirements for
17 doctors who do sign off on applications for medical
18 marijuana cards?
19 MS. HERRMANN: Is there a question?
20 MS. ROSE: Yeah.
21 BY MS. ROSE:
22 Q. I mean do you understand that that is the
23 law that you have -- that doctors have to meet certain
24 requirements in order to be able to sign off on

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1 applications for medical marijuana cards?
2 A. Yes, I am aware of that.
3 Q. Okay. And so not all doctors go through
4 the steps to be able to do that. Do you understand
5 that?
6 A. I do.
7 Q. Okay. So since the policy was changed in
8 February or March of 2023, have any medical marijuana
9 patients been denied admission to any of the Treatment
10 Courts?
11 A. No.
12 Q. Okay. And how do you know that?
13 A. Because I'm active in the application
14 acceptance and denial process.
15 Q. Okay. Since the policy was changed in
16 February or March 2023, have any individuals admitted
17 to Treatment Courts been prohibited from using medical
18 marijuana?
19 A. I'm not sure I understand your question.
20 Q. Well, so since the policy was changed in
21 February or March of 2023, you know, have -- has
22 anyone been -- you know, who requested to use medical
23 marijuana been denied? Has that request been denied?
24 A. No.

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1 Q. And is that also based just on your
2 knowledge of being active in the program?
3 A. Yes.
4 MS. ROSE: Okay. Let's take a break. Do
5 you want to take a longer break since it's lunchtime?
6 THE WITNESS: Yes, please.
7 MS. ROSE: Okay. What's a good time to
8 come back?
9 THE WITNESS: I don't know. One o'clock?
10 Is 1:00 okay?
11 MS. ROSE: That's fine with me, yeah.
12 MS. HERRMANN: All right. Thank you.
13 MS. ROSE: Okay. Sounds good. Thanks.
14 (A brief recess was taken.)
15 BY MS. ROSE:
16 Q. We're back on the record. Do you know
17 if -- or are you aware of whether the Department of
18 Veterans Affairs has a position on medical marijuana?
19 A. I do not know.
20 Q. Okay. Have you had any conversations
21 with Mr. Negrea about medical marijuana?
22 A. The only conversation I believe was that
23 they don't prescribe it. I don't know what their
24 position is.

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1 Q. Okay. Do you have any knowledge of
2 whether a veteran who uses medical marijuana is
3 eligible to receive treatment from the Veterans
4 Administration?
5 A. I don't know that I clearly know that one
6 way or another.
7 Q. Okay. Mr. Negrea's never expressed any
8 concern about whether, you know, veterans who use
9 medical marijuana would not be able to receive his
10 services?
11 A. I don't think that he's ever mentioned
12 that specifically to me.
13 Q. Okay. Do you think -- do you know
14 whether he's had that conversation with anyone else at
15 the Probation Department?
16 A. Not that I am aware of.
17 Q. Okay. I'm going to show you another
18 exhibit here. I'm going to share my screen. Okay.
19 Can you see -- there should be a document up on your
20 screen. It looks like it's an e-mail from you sent on
21 February 18th, 2022?
22 A. Yes.
23 Q. Okay. So let me just see if there's
24 any -- I think it's -- yeah, so there's -- this is the

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1 e-mail so let me give you a minute to read over this
2 e-mail and then I'll show you the next page as well
3 before I ask you any questions.
4 THE COURT REPORTER: Sara, are you
5 marking this as Exhibit 6?
6 MS. ROSE: Yeah. So this will be marked
7 as Exhibit 6 and it is -- sorry. I don't want to -- I
8 know you're trying read it. This is AOPC 374 to 375.
9 (Deposition Exhibit 6 was
10 marked for identification.)
11 BY MS. ROSE:
12 Q. Have you had a chance to look at that
13 first page?
14 A. Yeah. I'm done with that page.
15 Q. Okay. And then here's the second page.
16 It looks like it's just an attachment to that e-mail.
17 A. Um-hum.
18 Q. Okay. So this e-mail suggests that the
19 medical marijuana policy was updated in February of
20 2022. I mean is that -- is that your understanding of
21 when the policy was changed?
22 MS. HERRMANN: Sara, are you talking
23 about the medical marijuana policy specifically or the
24 manual you referenced before?

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1 BY MS. ROSE:
2 Q. So it says, "the banned medication policy
3 was updated regarding medical marijuana and our
4 treatment courts looking at its use on a case by case
5 basis," and then when you scroll to the next page it
6 says -- there's an asterisk next to medical marijuana
7 and it says, "Medical Marijuana use will be addressed
8 on a case-by-case basis," and then describes, you
9 know, the factors that will be considered for use.
10 So I -- so, you know, my question is, you
11 know, does the fact that you sent this e-mail in
12 February of 2022 indicate that that is when the banned
13 medication policy was updated to allow people to use
14 medical marijuana while in Treatment Court?
15 A. Yeah. Now that I'm seeing this,
16 obviously I was off by a year when I said that
17 earlier, but it -- yes, it was in 2022 then. So I was
18 close, February -- not close but --
19 MS. HERRMANN: Right month.
20 THE WITNESS: Yeah, right month, wrong
21 year.
22 BY MS. ROSE:
23 Q. So I mean looking at this today, do you
24 know whether this policy was updated for all of the

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1 Treatment Courts or only some of the Treatment Courts?
2 Because at this time each of the Treatment Courts had
3 their own policy manual.
4 A. It was updated for all the Treatment
5 Courts.
6 Q. Okay. Now, if it was updated for all the
7 Treatment Courts, does that mean that the Treatment
8 Court manuals would have also been updated at this
9 time?
10 A. They should have been, yes.
11 Q. Now, was this policy documented anywhere
12 besides the Treatment Court manuals?
13 A. It may have been updated on our website,
14 but I -- I don't want to say -- give incorrect
15 information. Our website was revamped at some point
16 and all of our stuff was outdated, was placed back up.
17 So I don't know for certain if it would have been
18 updated on our website, but it should have been in the
19 manuals.
20 Q. Okay. Is there a place on the website
21 that the banned medication policy is listed other than
22 the manual?
23 A. I don't believe so.
24 Q. Okay. So you're just saying the manuals

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1 on the website may have been updated?
2 A. Yes.
3 Q. Okay. Now, earlier you had said that the
4 decision in February or March of 2023 to update the
5 policy was, like, predicated by AOPC counsel. Is that
6 true for the decision to change the policy in February
7 2022?
8 A. Yes.
9 Q. So the change in the policy was made
10 based on advice of counsel; is that correct?
11 A. Yes.
12 Q. Okay. And then in the e-mail you say, as
13 always, please see Dan, Adam, or I with any questions.
14 Who is Dan?
15 A. Dan is our chief probation officer.
16 Q. What's his last name?
17 A. Heydt, H-E-Y-D-T.
18 Q. Okay. And then who's Adam?
19 A. Adam is Adam Bechdel, another supervisor
20 in the office.
21 Q. Okay. And it looks like both of them
22 were copied on this e-mail?
23 A. Correct.
24 Q. And the individuals who this e-mail was

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1 sent to, were those the probation officers dealing
2 with Treatment Courts?
3 A. They were at that time, yes.
4 Q. Okay. And at this time was Rudy Leon the
5 probation officer assigned to Veterans Treatment
6 Court?
7 A. Yes.
8 Q. Okay. So when you referenced earlier the
9 e-mail you sent to defense counsel about the updated
10 policy, is this the e-mail you were referring to?
11 A. Defense counsel wasn't included on this.
12 So it may have been a separate e-mail.
13 Q. Okay. But do you believe you sent that
14 e-mail in 2022?
15 A. Given that I had the years mixed up and
16 there was a previous policy change, I can't be
17 certain.
18 Q. Okay. Besides this e-mail, was there any
19 other information provided to the probation officers
20 about, you know, how to implement it during a new
21 intake?
22 A. They were just given the updated policy
23 and told to discuss that with the applicants they were
24 dealing with.

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1 Q. Okay. So I'm just going to scroll down
2 to the policy that was attached to this e-mail. So
3 here it says by the asterisk, "Medical marijuana use
4 will be addressed on a case-by-case basis." It says
5 that, "Consideration for use should be accompanied by
6 a letter addressed to the Court from a treating
7 physician that details, diagnosis and medical
8 necessity for use," and then it says other factors
9 will be considered include, but are not limited to,
10 prior history of illegal use, convictions relative to
11 the substance, and prior treatment records.
12 It looks like when the manuals were all
13 combined into one in 2023, that last sentence about
14 other factors was removed. Do you have any
15 recollection of --
16 A. Yes. (Indistinguishable cross-talk.)
17 Q. -- removing that?
18 A. Yes.
19 Q. Okay. You have a recollection of
20 removing that sentence?
21 A. Yes, I do.
22 Q. Okay. And why was the sentence removed?
23 A. At the direction of counsel.
24 Q. Okay. Now, where did this -- the

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1 decision to base consideration for use on a physician
2 letter come from?
3 A. After we conferred with counsel.
4 Q. Okay. I'll stop sharing my screen for a
5 minute. Okay. Let me share my screen here. Okay.
6 It looks like there -- can you see there's another
7 e-mail from you dated February 23rd, 2022? Do you see
8 that?
9 A. Um-hum.
10 Q. Okay. So --
11 A. Yes. Sorry.
12 Q. We'll mark this as Exhibit 7. It's Bates
13 number AOPC 376 through 380.
14 (Deposition Exhibit 7 was
15 marked for identification.)
16 BY MS. ROSE:
17 Q. And it looks like it's an e-mail from you
18 to Daniel Heydt and you say, "Just wanted you to see
19 that one of our Treatment Court participants was able
20 to get a note from his doctor outlining why he should
21 be permitted to take medical marijuana." Why did you
22 send this e-mail to Mr. Heydt?
23 A. He is my chief and I wanted him to be
24 aware of the situation.

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1 Q. What situation did you want him to be
2 aware of?
3 A. That we had someone in the Treatment
4 Court who was going to be using medical marijuana
5 after providing a physician's letter.
6 Q. Okay. And do you know if the person --
7 it looks like their name's redacted. It looks like
8 the initials are JS. If this person was already in
9 Treatment Court at the time that he got the note from
10 the doctor?
11 A. Yes, he was.
12 Q. Okay. Do you know which Treatment Court
13 JS was in?
14 A. DUI court.
15 Q. DUI. Okay. And then it looks like you
16 attached the letters from the doctor to this e-mail.
17 So I'm just going to let you look at these. There's
18 two letters attached. So I'll let you look at the
19 first one and then the second one. Just let me know
20 when you finish reading the first one.
21 A. Done with the first one.
22 Q. Okay. I'll go to the second one. A
23 little bit hard to read because of the redactions
24 but -- so, you know, in your opinion, are -- would

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1 both of these letters be sufficient in terms of
2 meeting the policy requirements for this person to be
3 allowed to use medical marijuana?
4 MS. HERRMANN: Object to the form.
5 THE WITNESS: Ultimately it's the judge's
6 decision, but this person was permitted to utilize it.
7 BY MS. ROSE:
8 Q. Okay. But you don't know whether it was
9 the second letter or the first letter that --
10 A. Most likely it was both of them combined.
11 I mean there's a lot that you can't see through the
12 redaction, but there's more information there that
13 probably gave note to the case.
14 Q. So let me go back to the first one. So
15 you're saying -- it's your position that either letter
16 would be sufficient?
17 MS. HERRMANN: Object to the form.
18 THE WITNESS: Yes.
19 BY MS. ROSE:
20 Q. Okay. So if an individual submitted a
21 letter saying -- from a doctor or a -- it looks like
22 this might be a physician's assistant, the letter
23 we're looking at right now.
24 If a person submitted a letter from a

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1 doctor or physician's assistant saying the doctor --
2 person is seeing Dr. X for, you know, condition and,
3 "I agree with their recommendations regarding medical
4 marijuana use which may be beneficial for treatment of
5 these conditions," that would be enough for the person
6 to be able to use medical marijuana under the policy?
7 MS. HERRMANN: Object to the form.
8 THE WITNESS: I think given this person's
9 situation, both of these letters were taken into
10 account, not a singular letter.
11 BY MS. ROSE:
12 Q. Okay. So you think both letters --
13 you -- neither of these letters on their own would be
14 sufficient?
15 MS. HERRMANN: Object to the form.
16 BY MS. ROSE:
17 Q. They would need to have both?
18 A. I think the second letter probably, just
19 from what I can see, gives more explanation than the
20 first.
21 Q. So the letter does not suggest -- the
22 date of the letter is February 7th. It says that the
23 patient was seen on February 7th. It doesn't indicate
24 any kind of prior relationship between the doctor and

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1 this patient.
2 MS. HERRMANN: Is there a question?
3 BY MS. ROSE:
4 Q. Do you agree with that?
5 A. No, because I can't see what's been
6 redacted.
7 Q. Well -- okay. But what we can see, there
8 does not indicate any prior relationship between the
9 doctor and this patient; correct?
10 A. Yes.
11 Q. Okay. So if -- you know, assuming the
12 redacted parts do not indicate any relationship with
13 the doctor and this patient, you would still believe
14 this letter would be sufficient under the Treatment
15 Court policy for the this individual to be able to use
16 medical marijuana in Treatment Court?
17 MS. HERRMANN: Object to the form.
18 THE WITNESS: I think without seeing that
19 redacted part, I can't answer that.
20 BY MS. ROSE:
21 Q. Well, no. I'm just saying without the
22 redacted part, like do you think it's sufficient?
23 A. No.
24 Q. Like imagine that doesn't exist. I'm

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1 sorry. What'd you say?
2 A. No.
3 Q. It's not sufficient? Why isn't it
4 sufficient?
5 A. Because there needs to be more
6 information.
7 Q. What information is missing?
8 A. The redacted part.
9 Q. No. I'm saying what information do you
10 think needs to be there that is missing?
11 A. That he has tried other therapies,
12 that -- the relationship they have with the patient.
13 Q. Okay. I'll stop sharing for a minute and
14 then show you another document. Okay. I'm going to
15 zoom in a little bit because it's hard to read on my
16 screen.
17 MS. HERRMANN: Sorry. It's so tiny. I
18 can't see.
19 MS. ROSE: Yeah. Let's see. This is the
20 problem with Dropbox. It's hard to -- that's a little
21 bit better. Okay.
22 THE WITNESS: That's better.
23 BY MS. ROSE:
24 Q. You see the whole thing. Okay. So this

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1 is -- I don't know why the -- I thought the from line
2 was -- hold on. Let me just back up a little bit.
3 Oh, no. I guess the from is blacked out for some
4 reason. I don't know why because it has a name at the
5 bottom, but okay.
6 Anyway this document looks like it was an
7 e-mail sent. It looks like it was sent -- there's no
8 name on the from line, but it appears to have been
9 sent by Alexandra Kehs, who is a probation officer
10 with Berks County --
11 MS. HERRMANN: Sara.
12 MS. ROSE: Yeah.
13 MS. HERRMANN: Just let me interrupt for
14 a second.
15 MS. ROSE: Yeah.
16 MS. HERRMANN: There were some Adobe
17 difficulties with the redactions and I thought I had
18 caught them all and it's possible that's why the from
19 line is missing, like a technical thing so --
20 MS. ROSE: Okay. Okay.
21 (Indistinguishable cross-talk.)
22 MS. HERRMANN: It just may be nothing.
23 That's that.
24 MS. ROSE: Yeah, I think -- I think we

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1 can agree that this was sent from Alexandra Kehs since
2 she signed it. It has her signature on it.
3 MS. HERRMANN: Do you have any objection
4 that that would be unreasonable --
5 THE WITNESS: No.
6 MS. HERRMANN: -- that it was sent by --
7 THE WITNESS: No. I believe it was her.
8 BY MS. ROSE:
9 Q. Okay. And it looks like you were copied
10 on this e-mail as well. To get the Bates numbers, let
11 me pull it up. So It's Bates numbers AOPC 549 to 550.
12 I believe we're on Exhibit 7.
13 MS. HERRMANN: Eight. I think it's 8.
14 MS. ROSE: Oh, 8? Okay. Sara, are we on
15 8?
16 THE COURT REPORTER: We are.
17 MS. ROSE: Okay. Thanks.
18 (Deposition Exhibit 8 was
19 marked for identification.)
20 BY MS. ROSE:
21 Q. This is Exhibit 8. So I mean do you --
22 you're copied on this e-mail. Do you remember
23 receiving it, Ms. Bodor?
24 A. When I look at it, I see I was copied. I

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1 don't necessarily recall but --
2 Q. Yeah. I imagine you get copied on lots
3 of e-mails.
4 A. Yes, tons.
5 Q. Yeah, but anyway the only reason I wanted
6 to raise this was because Ms. Kehs conveys to this
7 individual that, "You will need to submit a letter
8 from your treating physician stating that Medical
9 Marijuana is the only way to successfully treat your
10 condition." Is that your understanding of the policy
11 in order to be able to use medical marijuana?
12 A. Yes.
13 Q. Okay. Oh, you know what? I'm going to
14 share my screen because I wanted to ask you one more
15 question about that. And then it looks like the
16 initials for this person are D and G. Do you know
17 like sitting here who this person is?
18 A. I do.
19 Q. Okay. Do you know whether this --
20 whether DG was currently in Treatment Court at the
21 time that Ms. Kehs sent him this e-mail?
22 A. He was.
23 Q. Okay. Do you know which Treatment Court?
24 A. DUI Treatment Court.

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1 Q. Okay. Let me show you the next document.
2 Now you should see -- I'm going to decrease this a
3 little bit. Can you read that? Is that large enough?
4 Okay. Did you say yes?
5 A. Yes.
6 Q. Okay. It looks like you're squinting.
7 Can I make it larger.
8 A. Maybe just a little bit.
9 Q. Okay. Here we go. Is that better?
10 A. Yes. Thank you.
11 Q. Okay. Let me know when you've -- let
12 me -- I'm just going to -- I'm going to scroll down
13 just for the record to put the numbers in. So this is
14 an e-mail from Alexandra Kehs that was sent on
15 November 23rd, 2022. It's AOPC 539 to 540 and I think
16 we're on Exhibit 9.
17 (Deposition Exhibit 9 was
18 marked for identification.)
19 BY MS. ROSE:
20 Q. Have you had a chance to read that?
21 A. Yes. I'm sorry. I read that part.
22 Q. Okay. I know. I was scrolling up and
23 down a little bit. So there is a -- Ms. Kehs is
24 describing a letter that was sent by an individual

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1 regarding medical marijuana and then attaches the
2 letter to this e-mail and so here is the letter. So
3 take a minute to read this letter, please.
4 A. (Witness complies.)
5 MS. HERRMANN: Are you done reading?
6 THE WITNESS: Yes. I'm sorry -- I was --
7 BY MS. ROSE:
8 Q. Oh, okay.
9 A. I was reading it twice.
10 Q. Okay.
11 A. So I was kind of making sure I --
12 Q. Yeah. Yeah, if you scroll down, you can
13 see the very end of the letter. So do you know
14 whether this letter was sufficient to allow this
15 person to use medical marijuana while in Treatment
16 Court?
17 MS. HERRMANN: Object to form.
18 THE WITNESS: I can't say for certain
19 that I recall.
20 BY MS. ROSE:
21 Q. Okay. And looking at this letter today,
22 do you believe that it is -- meets the requirements to
23 be able to use medical marijuana in Treatment Court?
24 MS. HERRMANN: Object to the form of the

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1 question.
2 THE WITNESS: No.
3 BY MS. ROSE:
4 Q. Okay. Why not?
5 A. Because of the sentence at the end of the
6 first paragraph.
7 Q. "It is my professional opinion that the
8 patient may benefit from Medical Marijuana use"?
9 A. As he opted for this as his treatment
10 program.
11 Q. What's the -- what's your concern about
12 that sentence?
13 A. That he chose this, not that the doctor
14 recommended it.
15 Q. Okay. So -- okay. Now, do you know --
16 okay. Well, you say you don't remember whether
17 this -- do you know who this person was, this GS
18 person?
19 A. Oh, yeah, I do.
20 Q. Okay. And do you know whether the letter
21 was considered sufficient to -- like the judge decided
22 whether the letter was sufficient or not?
23 A. She did not.
24 Q. Okay. And was it for the reason that you

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1 just mentioned or was there some other reason?
2 MS. HERRMANN: Object to the form.
3 THE WITNESS: I can't say for certain.
4 BY MS. ROSE:
5 Q. Okay. Did the judge communicate her
6 reasoning to you?
7 A. She may have, but I don't recall at this
8 time.
9 Q. Okay. Do you know whether this person
10 was in Treatment Court at the time that they made the
11 request to use medical marijuana?
12 A. Yes, he was.
13 Q. Okay. And which Treatment Court?
14 A. DUI Treatment Court.
15 Q. Okay. And so if the request to use
16 medical marijuana was denied, how was that
17 communicated to this person?
18 A. The judge would have communicated it at
19 the next court hearing.
20 Q. Okay. So one document that was produced
21 that I just wanted to see if it's something that you
22 still use is the -- it was a Berks Veterans Treatment
23 Court Handbook, different from the manual. It looked
24 like it was maybe several years old.

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1 A. Um-hum.
2 Q. Does that ring a bell to you?
3 A. Yes, it does.
4 Q. Okay. And is that handbook currently
5 used?
6 A. No, it's not. We utilize the one from
7 2023.
8 Q. Okay. You know what? Let me just show
9 you this just to make sure we're talking about the
10 same thing.
11 A. Okay.
12 Q. Okay. So this is what the cover of this
13 document looks like. Is this something that you
14 recognize?
15 A. Yeah. I think that one's pretty old.
16 Q. Okay. So this is -- was this ever -- I
17 mean ever used since you've been --
18 A. It probably was. I just don't recall
19 when.
20 Q. Okay.
21 A. Is there a date on it?
22 Q. I don't -- no, I don't think so. I think
23 the only way I figured it out is it had a reference to
24 a judge who is since retired.

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1 A. Oh, yes, then that is probably --
2 Q. It was Judge Schmehl maybe. I think.
3 A. Schmehl, yes.
4 Q. Schmehl, yeah. Okay. So I'm not going
5 to mark this as an exhibit if it's not something
6 that's relevant. So was the -- the document we were
7 just discussing, was that just basically replaced by
8 the Veterans Court Manual?
9 A. There was probably another handbook or
10 two in between that. If that -- if it referenced
11 Judge Schmehl, that was probably around 2012 to 2014.
12 Q. Okay.
13 A. Prior to his retirement.
14 Q. So we looked earlier at the -- I think it
15 was February 2020 veterans court -- Veterans Treatment
16 Court manual. Was that -- was there a version of that
17 before February 2020?
18 A. Probably.
19 Q. Okay. I'm just wondering like when it
20 kind of moved from -- I mean I guess would you
21 consider the document I just showed you sort of like a
22 precursor of the manual?
23 A. It was probably one of the initial
24 manuals that was put in place when we instituted the

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1 court.
2 Q. Okay. So it isn't something that's
3 provided in addition to the manual; right?
4 A. No.
5 Q. Okay. That's basically what I wanted to
6 know. Did you know since the policy change in
7 February 2022 whether anyone in Veterans Treatment
8 Court has applied to use medical marijuana?
9 A. No one that I'm aware of has attempted to
10 provide documentation.
11 Q. Okay. So as far as you know, you don't
12 have any letters from treating physicians --
13 A. Not --
14 Q. -- regarding medical marijuana for
15 individuals in Veterans Treatment Court?
16 A. Not that I'm aware of.
17 Q. Okay. Have you received any letters for
18 treating physicians for individuals who are applying
19 for admittance to Veterans Treatment Court?
20 A. Not that I'm aware of.
21 Q. So when did you first learn about Damon
22 Monyer's Veterans Treatment Court application?
23 A. When I received it after --
24 Q. Okay. So it was sent directly to you;

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1 correct?

2 A. After they're filed, the clerk
3 disseminates copies to me as the Treatment Court
4 coordinator.

5 Q. Okay. And it would have been after that
6 time that the district attorney determines
7 eligibility; correct?

8 A. Yes. It would have been once he was
9 placed on the new applicant list.

10 Q. Okay. I'll show you another exhibit
11 here. Okay. So here we've got a document that at the
12 top is labeled Adult Probation Scheduled Activities.
13 Do you see that?

14 A. Yes.

15 Q. And so this document I'm just going to
16 add the Bates numbers to the record, AOPC 354 to 367,
17 and this will be Exhibit 10.
18 (Deposition Exhibit 10 was
19 marked for identification.)
20 BY MS. ROSE:

21 Q. Is this -- so we talked before about case
22 notes. Is this document like what you were referring
23 to when you mentioned case notes?

24 A. This is a report that was pulled from our

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1 case management system, yes.

2 Q. Okay. So this is -- in order to create
3 this document, like what would -- well, first of all,
4 do you know who pulled this from the case management
5 system?

6 A. I did.

7 Q. Okay. So in order to create -- to pull
8 this from the case management system, like what do you
9 have to do in that system?

10 A. Put in date ranges and select what you
11 want to look for.

12 Q. Okay.

13 A. (Inaudible).

14 Q. I'm sorry. I missed -- what did you say?

15 A. You can select certain items or you can
16 select all.

17 Q. Okay. Do you know if you selected
18 certain items for this report?

19 A. No. I selected all.

20 Q. Okay. So would this document that is
21 marked as Exhibit 10 include everything that's in the
22 case management system related to Damon Monyer?

23 A. Anything that was entered, yes.

24 Q. Okay. So if you look at this entry on

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1 page 366 from 12 -- the last entry on page 366 from
2 12-21-22, it looks like it was entered by Rudy Leon.
3 Was Mr. Leon at this time the probation officer
4 assigned to Veterans Treatment Court?

5 A. He was.

6 Q. Okay. So it looks like Mr. Leon -- it
7 looks like, you know, he's -- this is -- well, first
8 of all, it says client-phone. Does that mean that
9 this was a discussion that Mr. Leon had with Mr.
10 Monyer by phone?

11 A. Yes.

12 Q. Okay. And then he says I received a call
13 back from Damon and then a little further on it says
14 Damon asked if he could be on medical marijuana.
15 Mr. Leon says, "I explained to him if that if would
16 like to be in Treatment Court, he would have to stop
17 using medical marijuana." Why did Mr. Leon tell Mr.
18 Monyer that?

19 MS. HERRMANN: Objection to form.

20 THE WITNESS: I don't know.

21 BY MS. ROSE:

22 Q. Okay. Because my understanding is that
23 the policy at this time was that Mr. Monyer could use
24 medical marijuana to be in Veterans Treatment Court.

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1 MS. HERRMANN: Object to the form.

2 BY MS. ROSE:

3 Q. Is that -- is that -- my understanding
4 correct or --

5 A. If he provided proper documentation, yes.

6 Q. Okay. So you don't -- so Mr. Leon was
7 giving Mr. Monyer incorrect information here; is that
8 right?

9 A. Yes.

10 Q. Okay. And then if you scroll up a little
11 bit, it looks like some notes about phone calls and
12 then if you look here at the entry on 1-12-2023
13 there's a collateral phone where it looks like
14 Mr. Leon called Gelu. I'm assuming that's Gelu
15 Negrea; correct?

16 A. I would assume so, yes.

17 Q. Yeah. Don't know many people named Gelu.
18 So Gelu said he verified he met with Damon by phone.
19 Gelu stated all went well and Damon is good to go and
20 join veterans court. Do you see that?

21 A. I do.

22 Q. Okay. And then if we scroll up a little
23 bit further, this looks like there's some
24 communications here. It looks like then on -- well,

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1 it looks like -- on January 18th, 2023 it looks like
2 there's an e-mail that Paige MacBain sent to Mr.
3 Monyer where she says, you know, "At this point the
4 team just needs to meet to approve applications. It
5 may be a week or two so don't worry if you don't hear
6 anything. If approved, you would be scheduled to
7 report to court to end the program and an order would
8 be done then," but then if you go up to the next entry
9 on February 6th of 2023, it says that,
10 "Approval/denial determination continued pending VJO's
11 input."
12 Do you have any understanding of why
13 Mr. Leon recorded Mr. Negrea as saying, you know, that
14 Damon was good to go and then a month later there's a
15 note suggesting that they're waiting for the VJO's
16 input?
17 A. He may not have been at the meeting.
18 Q. Oh, okay. Is there any record kept of
19 the people who attend these meetings?
20 A. No.
21 Q. So there's no attendance sheet for the
22 meetings?
23 A. No.
24 Q. Are there any notes kept from the

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1 meetings?
2 A. Only personal notes that the probation
3 officer may take for herself.
4 Q. Okay. Does the probation officer put
5 these notes into the case management system?
6 A. Not unless it's something that needs to
7 be placed in, no.
8 Q. Okay. And then we go up to March,
9 03-01-2023. It says, "Application determination
10 continued. Gelu will reach out to him today to get
11 him scheduled to meet and develop a treatment plan."
12 Do you have any understanding of why --
13 you know, why that was the step that was taken since
14 Mr. Leon indicated that Gelu had said that Mr. Monyer
15 was good to go previously?
16 A. I don't know.
17 Q. Were you present at this March 1st
18 meeting?
19 A. I don't recall at this time.
20 Q. Okay. And then the next entry is on
21 March 16th of 2023 where it says, "Staffed case during
22 Vet Court Team Meeting. Application will be approved
23 once Damon's THC levels drop, as he has not provided a
24 letter from his treating physician indicating that

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1 medical marijuana is the recommended treatment. ADA
2 Kelecic will advise defense counsel."
3 Do you know where the information about,
4 you know, Mr. Monyer's THC levels came from?
5 A. I don't recall.
6 Q. Do you recall -- do you know whether you
7 were present at this meeting?
8 A. No, I don't know if I was present or not.
9 Q. So, you know, based on these notes is it
10 your understanding that the team decided at this March
11 16th meeting that Mr. Monyer's application would be
12 approved if his THC levels dropped?
13 MS. HERRMANN: Object to form.
14 THE WITNESS: If I wasn't there, I don't
15 know, but from looking at it, potentially, yes.
16 BY MS. ROSE:
17 Q. Okay. And given that these notes were
18 inputted by Ms. MacBain, is it safe to assume that
19 Ms. MacBain was present at all of these meetings?
20 A. Yes.
21 Q. Okay. And now just based on your
22 knowledge of how these notes are kept, does the fact
23 that the note states that ADA Kelecic will advise
24 defense counsel -- does that suggest to you that ADA

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1 Kelecic was present at the meeting?
2 A. He may or may not have been.
3 Q. Okay. So if he was not present, somebody
4 at the meeting would have had to ask Mr. Kelecic to
5 advise defense counsel?
6 A. That's correct.
7 Q. Okay. I have another exhibit here.
8 Okay. And then here we've got an e-mail that appears
9 to have been sent from Kenneth Kelecic to Alex
10 Lasso. Do you see that?
11 A. Um-hum. Yes. Sorry.
12 Q. Yes. And this is -- this does not have
13 Bates numbers on it. So it's a March 23rd, 2023
14 e-mail and Ms. MacBain is copied on it, and so in this
15 e-mail Mr. Kelecic says, "I wanted to touch base with
16 you about Mr. Monyer. He is still pending admission
17 into Treatment Court," and then it says, "He is
18 basically ready for admission from a legal and
19 treatment plan standpoint." Do you see where it says
20 that in the second --
21 A. Yes.
22 Q. -- paragraph? Do you know where
23 Mr. Kelecic would have gotten the information that Mr.
24 Monyer is basically ready for admission from a legal

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1 and treatment plan standpoint?
2 A. That would have been probably at a
3 treatment team meeting.
4 Q. Okay. And then it says, "The only holdup
5 is his use of medical marijuana. As Mr. Monyer is
6 entering Veteran's Court and his treatment is through
7 the VA, he is required to abide by the VA's rules
8 regarding medical marijuana, which do not allow him to
9 use."
10 MS. HERRMANN: Is there a question?
11 MS. ROSE: I'm preparing a question.
12 MS. HERRMANN: Okay. Sorry.
13 BY MS. ROSE:
14 Q. Is that consistent with your
15 understanding of the VA's rules regarding medical
16 marijuana?
17 A. I do not know the VA's rules with regard
18 to medical marijuana.
19 Q. Okay. Do you have any idea where
20 Mr. Kelecic would have gotten this information?
21 A. I don't want to make an assumption.
22 Q. Okay. So do you agree with me this does
23 not say anything -- this e-mail from Mr. Kelecic to
24 Mr. Lassofoff -- well, first of all, do you know who

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1 Mr. Lassofoff is?
2 A. Yes, I do.
3 Q. So he's Mr. Monyer's defense counsel;
4 right?
5 A. Yes.
6 Q. Okay. This e-mail from Mr. Kelecic to
7 Mr. Lassofoff doesn't say anything about needing a note
8 from a doctor in order to use medical marijuana. Do
9 you agree with that?
10 A. I do.
11 Q. Okay. Had -- before -- you know, before
12 sitting here today, had you seen this e-mail before?
13 A. I don't know. I may have. I can't say
14 for certain.
15 Q. Okay. Did you have any conversations
16 with Ms. MacBain about this e-mail that Mr. Kelecic
17 sent to Mr. Lassofoff?
18 A. If I don't recall receiving it, I can't
19 say for certain that I would have.
20 Q. Okay. Did you have any conversations
21 with Ms. MacBain about Mr. Kelecic's statement in this
22 e-mail that the VA's rule on medical marijuana would
23 not allow Mr. Monyer to use it?
24 A. I don't recall at this time.

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1 Q. Are you aware of whether any information
2 regarding the physician letter requirement to use
3 medical marijuana was ever provided to Mr. Monyer?
4 MS. HERRMANN: Object to form.
5 THE WITNESS: I don't know.
6 BY MS. ROSE:
7 Q. Okay. Do you know whether any
8 information regarding the physician requirement to use
9 medical marijuana in Veterans Treatment Court was ever
10 provided to Mr. Monyer's attorney?
11 A. I don't know.
12 Q. Who would know?
13 A. I don't know.
14 Q. Okay. If this information were provided
15 to Mr. Monyer or his attorney, where would it be
16 documented?
17 A. If it would have been given by Paige, it
18 should have been in the case notes. As far as anybody
19 else, I can't say whether it would have been
20 documented anywhere. They told him verbally.
21 Q. Okay. And Mr. -- according to Mr. Leon's
22 notes, Mr. Monyer had been told he was not permitted
23 to use medical marijuana in Veterans Treatment Court;
24 correct?

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1 A. According to what the note says, yes.
2 Q. So sitting here today, do you know
3 whether or not Mr. Monyer or his attorney were ever
4 informed of -- that he would be -- that he could use
5 medical marijuana in Veterans Treatment Court if he
6 provided a letter from his physician?
7 A. I do not know.
8 Q. All right. I'm having trouble getting
9 this loaded. Okay. I'm going to show you another
10 document. Okay. There's an e-mail here. At the top
11 it looks like it's an e-mail you forwarded to
12 Mr. Krandel so we're not going to talk about this
13 part.
14 We're just going to go down to here where
15 it's an e-mail it looks like you sent to Kenneth
16 Kelecic, among others. Do you see that?
17 A. Yes.
18 Q. Okay. It's dated May 25th of 2023. The
19 Bates numbers are AOPC 30 to 32 and this is
20 Exhibit 11.
21 MS. HERRMANN: Twelve I think.
22 MS. ROSE: Oh, what? I'm sorry. What
23 did you say?
24 MS. HERRMANN: I think we're on 12.

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1 MS. ROSE: Oh. Sara, do you know which
2 one we're on? I thought the last one was 10 but --
3 THE COURT REPORTER: Sorry. Can we go
4 off the record so I can check?
5 MS. HERRMANN: Yeah.
6 THE COURT REPORTER: Okay.
7 MS. ROSE: Yeah. Sorry. I can't hear.
8 (A discussion occurred off the record.)
9 MS. HERRMANN: So the previous exhibit
10 will be Exhibit 11 and this one Exhibit 12.
11 (Deposition Exhibits 11 and 12
12 were marked for identification.)
13 BY MS. ROSE:
14 Q. So here is an e-mail. I'm actually going
15 to scroll down here to the e-mail that precedes that
16 you seem to be responding to, which is an e-mail
17 from -- there's a couple of e-mails from Mr. Kelecic.
18 The -- let's see.
19 So it starts off -- so just to make sure
20 we're all on the same page here, it starts off with an
21 e-mail from Mr. Lassoff to Mr. Kelecic. So I just
22 want to give you a chance to read through these. So
23 just let me know when you're done and I'll scroll up
24 as soon as you're ready.

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1 A. (Witness complies.) I'm finished.
2 Q. Okay. And then I'll scroll up. So
3 that's the one from Mr. Lassoff. So here's the one
4 from Mr. Kelecic.
5 A. That's fine.
6 Q. Okay.
7 A. Wait. I'm not done yet. I'm sorry. I
8 was --
9 Q. Oh, oh, sorry.
10 A. -- finishing up.
11 MS. HERRMANN: Sara, I was mumbling. My
12 apologies because I'm in her face with this. It's so
13 tiny.
14 MS. ROSE: Oh. Do you want -- I can --
15 I'm sorry.
16 MS. HERRMANN: I mean I'm probably not
17 going to be able to see it back here, even if you make
18 it big so --
19 MS. ROSE: Oh, okay.
20 THE WITNESS: All right. I've read that
21 part.
22 BY MS. ROSE:
23 Q. Okay. So Mr. Kelecic is -- this e-mail
24 looks like it's sent to the veterans court treatment

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1 team; right? It has Ms. MacBain, Mr. Negrea, Judge
2 Lieberman, and yourself; right?
3 A. Correct.
4 Q. Okay. And those are all of the people
5 who are on the Veterans Treatment Court team as of
6 May 25th, 2023; right?
7 A. With the exclusion of the public defender
8 who's not included, but probably because he didn't
9 represent him.
10 Q. Okay. So -- well, so that actually
11 raises a question. So is the public defender part of
12 a treatment team if he is not representing the
13 defendant?
14 A. Yes, but most often, as I believe I
15 mentioned before, he doesn't say anything if the
16 client is not one of his.
17 Q. Okay. So I think it was -- was it --
18 okay. I forget. Is it -- I'm forgetting the name of
19 the public defender.
20 A. Mr. Bispels.
21 Q. What's the last name? I can't --
22 A. Bispels.
23 Q. Okay. Bispels. Was Mr. Bispels present
24 for the treatment team meetings regarding Mr. Monyer?

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1 A. I don't believe he was a participant on
2 the team at that point. I believe it was another
3 public defender.
4 Q. Oh. Well, who was the public defender
5 who was present?
6 A. That's a really great question. I don't
7 know at this time.
8 Q. Okay. Is there -- where would that --
9 you know, if you were going to look for that
10 information, where would you find it?
11 A. Honestly it could have been anybody
12 because they would pretty much send whoever was
13 available if our regular attorney wasn't. I could
14 probably ask the public defender's office who was
15 covering veterans court back then.
16 Q. Okay. When you say, "our regular
17 attorney," so the regular attorney is Mr. Bispels?
18 A. He is now, yes.
19 Q. Okay. But did you not have a regular
20 attorney during this winter through spring of 2023?
21 A. They try to keep a regular attorney; but
22 if that attorney is unavailable, they'll send someone
23 else.
24 Q. Okay. But was there a regular attorney

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1 who was -- in the PD's office who was assigned to the
2 Veterans Treatment Court team in -- between
3 January and May of 2023?
4 A. There should have been, yes.
5 Q. Okay. But you just don't know who that
6 was?
7 A. No, I don't know who that is.
8 Q. Okay. Is there a document anywhere that
9 lists the Treatment Court team members for a
10 particular defendant?
11 A. No. Normally that's only on the new
12 applicant list.
13 Q. The Treatment Court team members would be
14 listed on the new applicant list?
15 A. Oh, I'm sorry. I thought you were asking
16 who the attorney was.
17 Q. No, no, no. I want -- like is there a
18 list of the Treatment Court team members for each
19 applicant to Treatment Court?
20 A. No.
21 Q. Okay. So your -- Mr. Kelecic's
22 discussing a request by Mr. Monyer's lawyer for an
23 opportunity to -- you know, I guess to explain to the
24 treatment team why he should be allowed in veterans

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1 court and to clear up confusion and then he refers to
2 their belief that Monyer's medical marijuana use is
3 why he's not being permitted in. Is that your
4 understanding of why Monyer was not being permitted
5 into Veterans Treatment Court?
6 A. No.
7 Q. Okay. What's your understanding of why
8 he was not being permitted into Veterans Treatment
9 Court?
10 A. My understanding was that he was not
11 willing to follow the treatment plan that was designed
12 by Mr. Negrea.
13 Q. Okay. And then Mr. Kelecic says I am
14 aware the majority of the team is opposed. So is it
15 your understanding that the majority of the team was
16 opposed to Mr. Monyer being permitted into Veterans
17 Treatment Court?
18 A. I don't know what he's referencing there.
19 Q. Okay. So let's go up. There's just a
20 scheduling e-mail in between and then there's an
21 e-mail from you on May 25th, 2023 to the same
22 individuals we just discussed and then you say, "I
23 feel as though we need to be clear in this case that
24 him being on medical marijuana is not the reason for

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1 denial. His inability to provide medical
2 documentation regarding the medical marijuana being
3 the only option to treat whatever health issue he is
4 currently dealing with."
5 So what does -- and then you say, "He
6 also appears unwilling to try other forms of
7 medication to deal with his health/mental health and
8 instead rely solely on medical marijuana?"
9 So what did your -- you know, what
10 from -- based on this e-mail, what is -- you know,
11 what are you conveying about the reason for Mr. Monyer
12 not being admitted to the Veterans Treatment Court?
13 A. I was trying to clarify from Ken
14 Kelecic's prior e-mail that Mr. Monyer was not denied
15 solely based on the medical marijuana usage.
16 Q. From this, it suggests to me that you're
17 saying his inability to provide medical documentation
18 regarding the medical marijuana is the reason he was
19 not admitted.
20 A. That's part of it, yes.
21 Q. That was part of the reason he wasn't
22 admitted?
23 A. Correct.
24 Q. Okay. But you don't know whether he was

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1 ever told that he needed to provide medical
2 documentation regarding his medical marijuana?
3 A. I don't recall.
4 Q. And so I don't see any other reasons
5 listed in this e-mail for denying him admission. Is
6 there a reason there were no other reasons listed
7 here?
8 MS. HERRMANN: Object to the form.
9 THE WITNESS: I don't know that we were
10 discussing anything else at that time.
11 BY MS. ROSE:
12 Q. Now, in terms of your statement here that
13 his inability to provide medical documentation
14 regarding the medical marijuana being the only option
15 to treat whatever health issue he's currently dealing
16 with, is your understanding of the policy at this time
17 that Mr. Monyer had to provide medical documentation
18 saying that medical marijuana is the only option to
19 treat whatever health issue he is dealing with?
20 A. Yes.
21 Q. Okay. And based on your understanding of
22 the policy, was it Mr. Monyer's responsibility to
23 provide medical documentation regarding medical
24 marijuana being the only option to treat his health

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1 issue?
2 A. Yes.
3 Q. Did he also need to show that other
4 medications were not as effective as medical
5 marijuana?
6 A. A physician would need to dictate that.
7 Q. Okay. But Mr. Monyer had the
8 responsibility of getting that -- a letter from a
9 doctor saying that other medications were not as
10 effective as medical marijuana for him?
11 A. Yes.
12 Q. Okay. And you said that in addition to
13 not providing the letter from a doctor allowing him to
14 use medical marijuana that he -- Mr. Monyer was not
15 willing to follow the treatment plan; correct?
16 A. Yes.
17 Q. Okay. What part of the treatment plan
18 was Mr. Monyer not willing to follow?
19 A. My understanding he was reluctant to
20 attend the groups and did not want to take medication
21 as prescribed.
22 Q. And where did you get that information
23 from?
24 A. Gelu Negrea.

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1 Q. And how did Mr. Negrea communicate that
2 information to you?
3 A. Verbally.
4 Q. Okay. Would that have been at one of the
5 treatment team meetings?
6 A. Most likely, yes. That's mostly the only
7 time I see him.
8 Q. Okay. I think that earlier you had said
9 that people don't actually attend the groups until
10 after they've been admitted to the program; is that
11 right?
12 A. No. I believe that I stated that they
13 start attending groups prior to show that they're
14 going to go and so we get treatment started as soon as
15 possible.
16 Q. Okay. So do you know whether Mr. Monyer
17 was scheduled to attend a group and did not attend?
18 A. I do not know.
19 Q. Would that something reflected in the
20 case notes?
21 A. If we knew about it, yes. If we didn't
22 know, then Mr. Negrea would be able to tell that.
23 Q. Okay. And would Mr. Negrea saying that
24 Mr. Monyer had not attended a group session -- would

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1 that information, if conveyed to the treatment team,
2 be reflected in the case notes?
3 A. Most likely, yes.
4 Q. Would Mr. -- now, how would -- oh, I
5 think you said Mr. Negrea told you that Mr. Monyer was
6 reluctant to attend the groups. Did -- do you know
7 whether Mr. Negrea said that he refused to attend the
8 groups?
9 A. I don't recall.
10 Q. Okay. So do you know whether anyone told
11 Mr. Monyer that he would not be admitted to Veterans
12 Treatment Court unless he attended the groups?
13 A. I don't know.
14 Q. Okay. So when Mr. Negrea said that
15 Mr. Monyer was reluctant to attend the groups, did --
16 you know, at the Treatment Court meeting did anyone
17 ask, well, what -- you know, what does it mean to be
18 reluctant to attend the groups?
19 A. Someone may have, but I don't recall.
20 Q. And then you said that Mr. Negrea had
21 said that Mr. Monyer was -- didn't want to take the
22 medication as prescribed. Do you know whether
23 Mr. Monyer actually refused to take any prescribed
24 medication?

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1 A. No.
2 Q. Do you know whether Mr. Negrea told
3 Mr. Monyer that Mr. Monyer had to take the medication
4 as prescribed in order to be admitted to Veterans
5 Treatment Court?
6 A. I don't.
7 Q. Do you know if Mr. Negrea had any
8 conversations with Mr. Monyer about medical marijuana?
9 A. I don't.
10 Q. So did the treatment -- I mean I
11 understand that it's Judge -- it was Judge Lieberman's
12 decision as to whether to admit or deny Mr. Monyer to
13 the program; is that right?
14 A. That's correct.
15 Q. Okay. Do you know -- did Judge Lieberman
16 have any information about Mr. Monyer's failure to
17 comply with the treatment plan from anyone else
18 besides Mr. Negrea?
19 A. No.
20 Q. And does Mr. Negrea submit any sort of
21 written report regarding his recommendations to the
22 treatment team?
23 A. Only if asked, but not regularly.
24 Q. Okay. Did anyone ask Mr. Negrea to

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1 submit a written report to the treatment team in
2 Mr. Monyer's case?
3 A. I don't know.
4 Q. If someone had asked Mr. Negrea to submit
5 a written report in Mr. Monyer's case, would that be
6 documented in the case file?
7 A. It should be, yes.
8 Q. And if Mr. Negrea did actually submit a
9 written report in Mr. Monyer's case, would that be
10 documented in the case file?
11 A. It should be, yes.
12 Q. And where would a copy of that report be
13 maintained?
14 A. Probably in the hard -- or the hard file.
15 Q. Okay. And when you were tasked with
16 providing responses to the discovery requests in this
17 case, did you review Mr. Monyer's hard file?
18 A. I did not.
19 Q. Okay. Who looked at Mr. Monyer's hard
20 file?
21 A. I don't know that anyone did.
22 Q. Did your attorneys ask you to provide
23 them with a copy of Mr. Monyer's hard file?
24 A. No.

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1 MS. HERRMANN: (Inaudible).
2 MS. ROSE: I'm sorry. I didn't catch
3 what you said.
4 MS. HERRMANN: I just -- I -- I'm just
5 trusting you're not going to ask any other questions
6 about communications with attorneys.
7 BY MS. ROSE:
8 Q. Okay. Do you know which groups
9 Mr. Negrea recommended that Mr. Monyer attend?
10 A. I do not.
11 Q. Okay. I'm just looking for this document
12 here. Okay. So I have a document up on the screen
13 that's titled Respondent 23rd Judicial District's
14 Answer to Petitioners' Petition for Review Addressed
15 to the Commonwealth Court's Original Jurisdiction.
16 Can you see that document?
17 A. Yes.
18 Q. Okay. So attached to this document is an
19 exhibit. This is -- this document is not Bates
20 stamped, but it was filed with the Court and I'm just
21 going to scroll down to the exhibit because it's --
22 sorry. I'm having some technical difficulties. I'm
23 going to scroll -- anyway there is a Declaration
24 signed by you and I'm trying to find it, but it's hard

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1 to scroll down through here.
2 MS. HERRMANN: Did you pull up a new
3 document or is this --
4 MS. ROSE: No, no. This is the same one.
5 Sorry. I thought I could scroll through the pages
6 because I'm on the Dropbox right now. So that's why
7 I'm trying to see all the documents. I thought I
8 could scroll through the pages, but it just scrolled
9 to the next document. So I just pulled up the same
10 document.
11 MS. HERRMANN: Okay. Thank you.
12 MS. ROSE: Which we will mark as Exhibit
13 13, I think.
14 (Deposition Exhibit 13 was
15 marked for identification.)
16 BY MS. ROSE:
17 Q. Okay. I think -- here we go. Finally.
18 Okay. So here is a Declaration. It says,
19 "Declaration of Jessica L. Bodor," and I'm just going
20 to let you read it over before I ask you questions
21 about it, but do you recall submitting this
22 Declaration?
23 A. Yes.
24 Q. Okay. Let me -- I'll just here -- here.

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1 Let me know when you're done with the page and I'll
2 scroll to the second page.
3 A. I'm done with the first page.
4 Q. Okay. Can you read it if I make it a
5 little bit smaller?
6 A. Yeah.
7 Q. Okay. I'm just trying to fit it all on
8 one page.
9 A. Okay. I'm done with this page.
10 Q. Okay.
11 A. Okay.
12 Q. Okay. And then that's your signature at
13 the bottom; correct?
14 A. It is.
15 Q. Now I'm going to go back up and direct
16 your attention to paragraph 5 where you say that, "all
17 decisions regarding medical marijuana for Treatment
18 Court participants are judicial decisions made by the
19 presiding judge in individual cases."
20 So are you aware of a judge ever denying
21 admission to Treatment Court because the defendant is
22 using medical marijuana?
23 A. No.
24 Q. Okay. Are you aware of a judge ever

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1 denying admission to Treatment Court in part because a
2 defendant is using medical marijuana?
3 A. No.
4 Q. Are you aware of a judge ever refusing a
5 Treatment Court participant's request to use medical
6 marijuana?
7 A. Yes.
8 Q. Okay. So let's scroll down to paragraph
9 8. Here on paragraph 8 you say that you are familiar
10 with the facts of Petitioner Damon Monyer's
11 application for Veterans Treatment Court. So how are
12 you familiar with the facts of Mr. Monyer's
13 application for Veterans Treatment Court?
14 A. I received the application, read through
15 it, and read the probable cause that was attached.
16 Q. Now, when you were participating in the
17 Treatment Court meeting about Mr. Monyer, did you have
18 an opinion about whether or not he should be admitted
19 to Veterans Treatment Court?
20 A. I would leave that up to the treatment
21 provider in this case.
22 Q. Okay. And that was Mr. Negrea; correct?
23 A. That's correct.
24 Q. And are you aware of what the treatment

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1 plan for Mr. Monyer was?
2 A. I'm not.
3 Q. Okay. But are you aware of any parts of
4 the treatment plan for Mr. Monyer?
5 A. Yes, that he was supposed to attend
6 groups and take medication as directed.
7 Q. Is that -- are those the only parts of
8 the treatment plan for Mr. Monyer that you are
9 familiar with?
10 A. Yes.
11 Q. And you're familiar with them because
12 Mr. Negrea told you Mr. Monyer was not following those
13 two requirements; correct?
14 A. Yes.
15 Q. Okay. Do you know whether Mr. Monyer
16 ever notified that he was not following these
17 requirements of the treatment plan?
18 A. I do not.
19 Q. Okay. Do you know whether Mr. Monyer's
20 attorney was ever notified that Mr. Monyer was not
21 following these two requirements of the treatment
22 plan?
23 A. I do not.
24 Q. Do you know whether Mr. Monyer ever

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1 received a copy of the treatment plan?
2 A. I do not.
3 Q. So here in paragraph 7 you say that, "I
4 am aware of Treatment Court participants who were
5 permitted to use medical marijuana while participating
6 in certain Treatment Courts based on the circumstances
7 of their situations." So how are you aware of
8 Treatment Court participants who are permitted to use
9 medical marijuana?
10 A. I was at the meeting where it was
11 discussed.
12 Q. Okay. And do you know how many Treatment
13 Court participants have been permitted to use medical
14 marijuana?
15 A. To this date, there's three.
16 Q. And do you know the names of those folks?
17 A. DB, JS, and I believe the third one is
18 SC.
19 Q. Are you aware of Treatment Court
20 participants who were not permitted to use medical
21 marijuana?
22 A. Yes.
23 Q. Okay. And how are you aware of those
24 folks?

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1 A. I was in those meetings as well.
2 Q. So are you familiar with MA?
3 A. Yes.
4 Q. Okay. So we'll refer to him in the
5 transcript by the initials MA. Did Mr. A ask to use
6 medical marijuana?
7 A. No.
8 Q. Okay. So he never asked -- he never
9 submitted a doctor's note?
10 A. No.
11 Q. And then -- sorry. Just going back for
12 SC, do you know which Treatment Court he was in?
13 A. He's currently in DUI Treatment Court.
14 Q. Okay. So the only people who have been
15 allowed to use medical marijuana in Berks County
16 Treatment Court are people who are in the DUI
17 Treatment Court; is that right?
18 MS. HERRMANN: Can I just interject about
19 the names of those other individuals? You didn't
20 mention their initials, but I just want to be clear
21 that that's what we're using.
22 MS. ROSE: Yes.
23 MS. HERRMANN: Okay. So sorry. Maybe
24 the re -- Sara can read back the question, if that's

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1 best for you, other Sara.
2 THE COURT REPORTER: Sure. One second.
3 (Reporter reads back the last question.)
4 THE WITNESS: That's correct.
5 BY MS. ROSE:
6 Q. Okay. And who's the judge for DUI
7 Treatment Court?
8 A. Judge Geishauser.
9 Q. And is the -- I know you said at the
10 beginning, but which courts does Judge Geishauser
11 oversee currently?
12 A. DUI court.
13 Q. Okay. And is Judge Lieberman currently
14 overseeing the other three?
15 A. He is.
16 Q. Now, did Mr. C submit a letter from his
17 treating physician?
18 A. He did.
19 Q. Okay. And would that be in -- would that
20 be a hard copy in his file?
21 A. It should be, yes.
22 Q. Now, are you aware of an individual named
23 JD?
24 A. Yes.

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1 Q. Okay. Now, is he -- do you know whether
2 he was admitted to Treatment Court?
3 A. He was not.
4 Q. Okay. Do you know why he wasn't
5 admitted?
6 A. Yes. There was a firearm used in his
7 offense.
8 Q. Okay. Are you aware of an individual
9 named DG?
10 A. Yes.
11 Q. Okay. And was Mr. G admitted to
12 Treatment Court?
13 A. He was.
14 Q. Do you know which Treatment Court it was?
15 A. DUI Treatment Court.
16 Q. Okay. Do you know whether Mr. G
17 requested to use medical marijuana?
18 A. He did not.
19 Q. And are you familiar with an individual
20 named DL?
21 A. Yes.
22 Q. Okay. And was Mr. L admitted to
23 Treatment Court?
24 A. He was.

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1 Q. Okay. Do you know which one?
2 A. Mental health court.
3 Q. Okay. And do you know that -- do you
4 know whether Mr. L ever asked to use medical
5 marijuana?
6 A. He did not.
7 Q. Okay. Are you familiar with JN?
8 A. I am.
9 Q. And was Ms. N admitted to Treatment
10 Court?
11 A. She was.
12 Q. Okay. Do you know which one?
13 A. She initially was placed into DUI court,
14 but due to a conflict with the judge she was
15 transferred to mental health court.
16 Q. Okay. Do you know whether Ms. N ever
17 asked to use medical marijuana?
18 A. She did not.
19 Q. Are you familiar with -- this person's
20 name came up before -- with GS?
21 A. Yes.
22 Q. Okay. And was S ever admitted to
23 Treatment Court?
24 A. Yes.

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1 Q. Which one?
2 A. DUI court.
3 Q. And did S make a request to use medical
4 marijuana?
5 A. Yes.
6 Q. Okay. And do you know whether that --
7 and that request was denied because that wasn't one of
8 the people you listed. Do you know why that request
9 was denied?
10 A. He was not able to provide proper
11 documentation.
12 Q. And what about -- do you know an
13 individual named JS?
14 A. Yes.
15 Q. Okay. And was Ms. S admitted to
16 Treatment Court?
17 A. Yes.
18 Q. Okay. And which one?
19 A. DUI court.
20 Q. And do you know whether Ms. S ever asked
21 to use medical marijuana?
22 A. She did not.
23 THE COURT REPORTER: Are those initials
24 JS?

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1 MS. ROSE: I'm sorry. What'd you say?
2 THE COURT REPORTER: Are those initials
3 JS?
4 MS. ROSE: Yeah, yes, S.
5 BY MS. ROSE:
6 Q. Let's see.
7 A. May we take a break soon?
8 Q. Yeah. I'm actually really close. Yeah,
9 I mean like give me like five more minutes and then I
10 think we'll be close to wrapping up.
11 A. Okay.
12 Q. We'll just take a break and then I'll
13 come back. You know, I'll review my notes and see if
14 I have any final questions, but we're actually very
15 close to the end. So is that okay, going five more
16 minutes?
17 A. Yeah, that's fine.
18 Q. Okay. So are you familiar with an
19 individual named -- oh, no. We already talked about
20 him. Okay. So is there anyone else like, you know,
21 sitting here today that you recall who was not -- you
22 know, who made a request to use medical marijuana and
23 was -- and whose request was denied in Treatment
24 Court?

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1 A. Not that I'm aware of.
2 Q. Okay. Are you familiar with a -- oh,
3 gosh. I'm going to name the -- a person with the last
4 name of P?
5 A. Somewhat. The name rings a bell. I
6 can't --
7 Q. The first name is something to the effect
8 of R. I'm not sure if I'm pronouncing that right.
9 A. Ah, yes.
10 Q. Okay. It's an unusual name.
11 A. He goes by R.
12 Q. Okay. Do you know whether RP ever
13 asked -- or do you know whether RP was admitted to a
14 Treatment Court?
15 A. Yes.
16 Q. Okay. Which one?
17 A. Mental health court.
18 Q. Okay. And do you know whether RP asked
19 to use medical marijuana?
20 A. I think he's in the process currently.
21 Q. Oh, okay. Do you know whether P
22 submitted a physician letter?
23 A. I think he might have, but I can't recall
24 completely.

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1 Q. Okay. And if RP did submit that letter,
2 would the hard copy be in P's file?
3 A. Yes.
4 Q. So no decision has been made yet on
5 whether P will be allowed to use medical marijuana in
6 Mental Health Treatment Court; is that right?
7 A. I don't believe so. Yes.
8 Q. Okay.
9 MS. ROSE: Okay. Yeah, let's take a
10 short break and then hopefully we can wrap up pretty
11 quickly after that.
12 THE WITNESS: Okay. Thank you.
13 MS. ROSE: Thanks.
14 (A brief recess was taken.)
15 BY MS. ROSE:
16 Q. Okay. So just a couple more questions.
17 So I'm going to share my screen so I can show you --
18 now I'm trying to remember which -- oh, it's Exhibit 1
19 because I actually wrote it down. So Exhibit 1, which
20 was the responses to Interrogatories that we've
21 already looked at, but there was something I forgot to
22 ask you about.
23 Okay. So I'll just scroll up so you can
24 see that this is the responses to Interrogatories, and

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1 I'm actually going to ask you about the supplemental
2 responses. So that starts down here. So you see
3 where it says like the 23rd Judicial District
4 submitted supplemental responses?
5 A. Yes.
6 Q. Okay. So let's go down to Interrogatory
7 Number 3. So we had asked to identify all individuals
8 who, while admitted or applying to one of the four
9 Treatment Courts, requested to use medical marijuana
10 and had that request denied and then there was -- the
11 initial response identified one person, who we've been
12 referring to by the initials GS, and then there's a
13 supplemental response and the supplemental response
14 says -- the second sentence, "It is not believed that
15 these individuals requested and were denied as this
16 Interrogatory contemplates, however Respondent
17 identifies them anyway and reserves its objections to
18 this Interrogatory."
19 So I guess I'm trying to figure out why
20 is this -- why were these individuals identified if it
21 is not believed that they requested and were denied?
22 Do you have any understanding of that?
23 A. I believe we included them because at
24 intake they had mentioned medical marijuana, but had

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1 never formally requested to utilize it.
2 Q. Okay. So what is -- in your
3 understanding, what does a request to use medical
4 marijuana by a participant in Treatment Court entail?
5 A. Providing the documentation requested
6 from a physician.
7 Q. Okay. So that would be the letter from
8 the treating physician?
9 A. That's correct.
10 Q. And so these three individuals -- I don't
11 think it goes to the next page. Yeah, these three
12 individuals identified here on -- in the supplemental
13 response to Interrogatory Number 3 are people who may
14 have mentioned that they use medical marijuana, but
15 didn't submit a letter from their treating physician?
16 A. Correct.
17 Q. Okay. Now, do you know whether these
18 individuals would have -- well, so let me -- so
19 looking at their docket numbers, I mean do you know
20 like when these individuals would have been admitted
21 to Treatment Court?
22 A. No.
23 Q. Based on the years and their -- no?
24 A. Not without looking more into it.

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1 Q. Okay. Just because I -- you know, the
2 first individual is 2019 and the other two are 2020
3 which is, you know, one or more years before the
4 policy was changed; right?
5 A. Yeah. Looking at the docket numbers, the
6 higher the number in the year, it's probably later in
7 the year and then the lower the number in the year
8 it's probably earlier in the year.
9 Q. Okay.
10 A. So they're probably -- the first two are
11 probably within a couple months of each other. The
12 second one is probably like midsummer 2020 I would
13 guess.
14 Q. So what's the -- I mean like what's the
15 timeline between -- you know, the docket is created at
16 some point after the -- this docket number is created
17 at some point after the preliminary hearing; right?
18 A. Yes.
19 Q. Okay. So what's the timeline from, you
20 know, preliminary hearing to being admitted to
21 Treatment Court?
22 A. It all depends on defense counsel and how
23 quickly they apply someone.
24 Q. Okay. But I mean would it be more than a

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1 year? I mean has that ever happened?
2 A. Potentially, yeah. If they've exhausted
3 all other avenues, then they potentially could apply
4 to Treatment Court. We've had that happen before.
5 Q. Okay. So I guess what I'm kind of
6 wondering is like how these individuals would have
7 known about -- you know, assuming that they were
8 admitted to Treatment Court at the time, you know,
9 before February of 2022 when the policy was changed,
10 as we've established.
11 A. Yes.
12 Q. How would they have known about the
13 policy change to allow medical marijuana use in
14 Treatment Court?
15 A. I believe we referenced an e-mail
16 previously where DG was e-mailed by his probation
17 officer with the updated policy.
18 Q. Okay. So the probation officers would
19 have told these people?
20 A. Yes.
21 Q. Okay. And then, you know, one person who
22 is not mentioned on here, but who an e-mail about was
23 produced -- let me stop sharing and open this back up.
24 (Deposition Exhibit 14 was

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1 marked for identification.)
2 BY MS. ROSE:
3 Q. Okay. So we've got this e-mail that was
4 similarly redacted. It appears to have been sent by
5 Nicole Brown to you on May 9th of 2023 and then it
6 says, "Morning," and the rest of it's redacted and
7 then it appears to be forwarding an e-mail from a
8 Jerome Weber about somebody with the initials JS. Do
9 you know who JS is?
10 A. I mean I have a thought, but I'm not a
11 hundred percent sure.
12 Q. Okay. Well, it looks like it's, you
13 know, an e-mail from this person. I guess a certified
14 registered nurse-practitioner because the name is
15 blocked out.
16 A. Um-hum.
17 Q. You know, where this individual says that
18 this person is asking about use of medical cannabis as
19 an option for her anxiety. This would be an option as
20 she has no cannabis abuse history, to my knowledge.
21 So would this -- would you not consider this to be a
22 request to use medical marijuana in Treatment Court?
23 A. No.
24 Q. Okay. And why not?

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1 A. Well, it discusses this would be an
2 option. What are the other options? Has she pursued
3 them?
4 Q. Okay. Do you know whether anybody ever
5 conveyed the information to JS that this was not --
6 you know, that there were other -- you know, this was
7 insufficient information for the purposes of --
8 A. I don't recall -- oh, I'm sorry.
9 Q. So what -- do you know whether anyone
10 conveyed to JS whether the e-mail from the CRNP was
11 not sufficient to allow her to use medical marijuana?
12 A. I don't -- if I don't recall who the
13 person is, I can't say for certain, no.
14 Q. Okay. Well, I mean the only person that
15 we discussed previously whose initials are JS besides
16 the individual who was permitted to use medical
17 marijuana is JS. So is that who you think this is?
18 A. Potentially, yes.
19 Q. Okay. And do you know whether anyone
20 ever communicated to Ms. S that this was -- e-mail
21 from her CRNP was insufficient to allow her to use
22 medical marijuana?
23 A. No, I don't know.
24 Q. I mean would it be your expectation that

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1 if an individual submits a letter from a treating
2 physician that is deemed insufficient under the policy
3 that the probation officer would inform the person
4 that the letter is insufficient?
5 A. Yes.
6 Q. Okay. And would it be your expectation
7 that the probation officer would inform the person why
8 the letter was insufficient?
9 A. Yes.
10 Q. Okay. And so if the probation officer
11 did inform the individual that the letter was
12 insufficient, where would that be documented?
13 A. I would think in the case management
14 system.
15 Q. Okay. So if it's not documented in the
16 case management system, you know, would you expect
17 then that it was not communicated to the person?
18 MS. HERRMANN: Object the form.
19 THE WITNESS: Yes.
20 MS. ROSE: Okay. I think those are all
21 the questions I have.
22 Jennifer and Bob, I'd like to just have a
23 discussion while we're still on the record about some
24 of the documents that were missing, but I don't know

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1 that Ms. Bodor needs to stay. That's up to you. You
2 also might have some questions so obviously you can do
3 that first.
4 MR. KRANDEL: Sara, this is Bob. I mean
5 my preference would be we just get on afterwards -- we
6 just do a call tomorrow and talk about it after we've
7 had a chance to digest the notes and then you could
8 send a letter and we can do a chase for any other
9 stuff that you need. That would be my preference on
10 that.
11 MS. ROSE: Okay. I think we can do that.
12 MR. KRANDEL: All right.
13 MS. HERRMANN: Any questions from anyone
14 else or are we all done?
15 MS. ROSE: No. I just want to make sure
16 you didn't have any questions.
17 MS. HERRMANN: No, we don't.
18 MS. ROSE: Okay. Yeah, I think we're
19 done. Thank you very much, Ms. Bodor. I appreciate
20 your time.
21 THE WITNESS: You're welcome.
22 (Witness excused.)
23 (Deposition concluded at 3:04 p.m.)
24 THE COURT REPORTER: Can I just confirm

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1 orders on the record?
2 MS. ROSE: Yep.
3 THE COURT REPORTER: Go ahead, Sara.
4 MS. ROSE: So I just need an electronic
5 copy. I don't need any hard copies.
6 THE COURT REPORTER: Okay.
7 MS. ROSE: Bill, do you have a preference
8 for how you get a transcript?
9 MR. ROARK: I agree. I would only need
10 an electronic copy, but we don't need to pay for two.
11 So if you just want to send one to Sara Rose, she can
12 then disseminate it.
13 THE COURT REPORTER: Sure.
14 MS. HERRMANN: Yep, and we'll have a copy
15 and you can attach the exhibits, if that works.
16 THE COURT REPORTER: Sure. Okay.
17 MS. HERRMANN: Thank you, and electronic
18 of course. Thanks.
19
20
21
22
23
24

540 147:15	<hr/>	26:10 83:4	105:19	admit
549 145:11	A	100:9	119:8	54:11,16
55 15:16	abbreviation	101:9	addiction	66:10
550 145:11	s	105:20	13:6 90:14	89:24
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6	abide	112:7	addition	admittance
6	162:7	accurately	93:7 153:3	26:21
42:1,3	abiding	5:22	174:12	27:21
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7	abuse	59:23	addressed	admitted
7	14:22	90:14,16	90:10	12:4
42:7,12,14	197:20	96:7,13	133:7	17:19,20
43:6	academic	119:23	137:4,6	27:17
138:12,14	14:19	120:1	179:14	51:13
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7th 141:22,23	59:11	130:2	administered	22 58:12
<hr/>	acceptable	Activities	82:15,17	59:5,20
8	20:5 127:6	154:12	administrati	63:4,17,23
8	acceptance	actual	on	82:15 83:3
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Exhibit D

**BERKS COUNTY COURT
OF
COMMON PLEAS**



BERKS COUNTY TREATMENT COURT

**POLICY AND PROCEDURE MANUAL
MARCH 2023**

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MISSION STATEMENT

The mission of the Berks County Treatment Court Programs is to integrate substance abuse, mental health and veterans specific treatment with the justice system for the promotion of public safety, individual responsibility, and reduction of drug/alcohol/mental health related recidivism. Further, the Berks County Treatment Courts provide a judicially supervised regimen of individualized treatment and intensive probation/parole supervision to the chemically-involved/ mentally ill offender through a coordinated interdisciplinary approach that treats the whole person while protecting public safety.

TREATMENT COURT GOALS AND BELIEFS

Multidisciplinary Team Approach:

The multidisciplinary team approach involves collaboration among judiciary, supervision, and treatment services to help the participant to achieve life changing goals.

Promote Community Safety:

The program's goal is to reduce recidivism rates among offenders and make the community a safer place by treating the underlying addiction/ mental health issue.

Conserve Resources:

The program utilizes various community resources (i.e. treatment services, sober support networks) to provide participants with the ability and knowledge to lead crime and substance free lives; in return reducing further impact on community resources and lowering the non-violent jail population.

Provide Framework for Better Lives:

The program allows the participant the opportunity to learn not just about their addiction/mental health issues but about themselves, what and what not to do in high risk situations, and ways to improve their life skills. This results in better, more productive lives for the participant and those around them.

TEAM MEMBERS

Each Berks County Treatment Court Team consists of a Judge, District Attorney, Public Defender, Coordinator, Probation Officer(s), The Council On Chemical Abuse (COCA), Treatment Access Services Center (TASC), Berks Connections Pretrial Service (BCPS), Forensic Case Managers from Services Access Management (SAM), YMCA Specialty Court Case Manager(s) and Treatment Providers. The Veterans Treatment Court Program also includes a Veterans Justice Outreach Coordinator (VJO) who works for the Veterans Administration. Each team holds bi-weekly team meetings to discuss each participants progress and formulate methods to help allow a successful outcome for each participant. The bi-weekly meetings also allow for the opportunity for information sharing, discussing imposition of incentives and sanctions, and for team members to hear perspectives on a participant from those filling other roles on the treatment team.

Administrative meetings are also held on a monthly basis between the coordinator and the Judges to review policy and procedure and develop program strategies. New applicants for each program are discussed at a frequency dictated by the presiding Treatment Court Judge.

ELIGIBILITY AND APPLICATION PROCESS

The Berks County Treatment Courts receives referrals from a variety of sources including the applicant, arresting officers, probation / parole officers, Magisterial District Justices, District Attorneys, and the defensebar. The applicant must meet eligibility requirements including; a resident of Berks County, if not a resident of Berks County a resident of a county that has an accepting Treatment Court program, and they must be eligible for sentencing under Title 42 subsection 9763(c) Probation with Restrictive Conditions.

Probation with Restrictive Conditions specifically refers to a new criminal case where as the offender is a level 2, 3, or 4 offender under PA state sentencing guidelines. An offender can be admitted on their current supervision case if they are in violation of their current probation case, statutorily eligible, and have at least 2 years of sentence remaining. The new case once assessed will be transferred to the appropriate Treatment Court Program for supervision and sentencing.

If deemed eligible by the Assistant District Attorney, the offender undergoes a multi step screening process. Initially, the offender is interviewed by the intake officer who explains the program's requirements and conducts a risk/need assessment using the Risk and Needs Triage Tool. Research indicates the use of a validated risk tool is a prerequisite for effective case management of offenders in problem solving courts. The intake officer also assesses the offender's motivation for the program. Once considered appropriate the offender is referred for a comprehensive drug and alcohol assessment as well as the Court Reporting Network (CRN) evaluation (if applicable) completed by the programs clinical evaluator. Once the application is processed the Treatment Court team will review all the information from the intake and evaluation process and determine if the applicant will be transferred into a Treatment Court Program or if the application will be denied.

All treatment court applicants are looked at on a case by case basis. Anyone with current charges or prior offense for acts of violence, sexual offenses, drug deliveries or firearms offenses while not statutorily excluded may be denied based on the circumstance of those cases and at the discretion of the supervising Treatment Court Judge.

DUI Treatment Court Eligible Blood Alcohol Content (BAC)

When dealing with DUI offenses per our Intermediate Punishment plan we only take offenses with blood alcohol contents in the following ranges;

- Have a BAC for a second offense DUI of .16% or higher, also including refusal and controlled substance

- Have a BAC for a third offense DUI of .08 to less than .10%
- Have a BAC for a third offense DUI of .10 to less than .16%
- Have a BAC for a third offense DUI of .16% or higher, also including refusal and controlled substance

Mental Health Treatment Court Required Diagnoses

Each Mental Health Court Participant is required as part of their participation in the program to engage in Forensic Case Management through Services Access Management Inc. In order to be eligible for these services they must have an updated mental health diagnosis from a treatment facility within the last 5 years. A diagnosis within the last year is preferred but not required. Anyone who had a diagnosis under the age of 18 will need to obtain a new evaluation and diagnosis to be eligible as an adult for forensic services. Most all mental health diagnoses are eligible for forensic services as long as the mental health diagnosis is primary to any other conditions affecting the applicant. Service Access Management Inc can always be contacted with any questions regarding a diagnosis or evaluation. Applicants may come into Mental Health Court either with a new criminal case, a probation violation or both.

Veterans Treatment Court Requirements For Entry

In order to be eligible for entry into the Veterans Treatment Court Program an applicant must have received an Honorable Discharge from any of the military branches. The person can also be active reserves if they have deployed at least once and are eligible for Veterans Administration benefits that include behavioral health services, drug and alcohol and health care. Other discharges may be eligible if the person is able to go through the appeal process and upgrade their discharge to one eligible for benefits. Applicants may come into Veterans Court either with a new criminal case, a probation violation or both.

Drug Treatment Court Eligibility Criteria

In order to be eligible for entry into the Drug Treatment Court Program they must have a substance use disorder moderate or severe and it must be the primary driver to their criminal behavior. If through evaluation it is determined they have co-occurring disorders further evaluation is done to see which is the driver in each individual case. Applicants may come into Drug Court either with a new criminal case, a probation violation or both.

INELIGIBILITY STANDARDS

For Treatment Court there are certain offenses and behaviors that are deemed in appropriate for the program for reasons of public safety. The following are a list of ineligible offenses per statute in order to receive a Probation with Restrictive Conditions sentence if they have occurred within the last ten years;

- Murder (18 Pa.C.S. 2502)
- Voluntary Manslaughter (18 Pa.C.S. 2503)

- Aggravated Assault (18 Pa.C.S. 2702)
- Assault by Prisoner (18 Pa.C.S. 2703)
- Assault by Life Prisoner (18 Pa.C.S. 2704)
- Kidnapping (18 Pa.C.S. 2901(a))
- Statutory Sexual Assault (18 Pa.C.S. 3122.1(a)(1))
- Arson and related offenses (18 Pa.C.S. 3301)
- Burglary (F1) (18 Pa.C.S. 3502(c))
- Robbery (18 Pa.C.S. 3701)
- Theft by Extortion (18 Pa.C.S. 3923)
- Incest (18 Pa.C.S. 4302(a))
- Escape (18 Pa.C.S. 5121)

Any person who has also been convicted or adjudicated delinquent of a crime requiring registration under 42 Pa.C.S. Chapter 97, subchapter H (relating to registration of sexual offenders) is ineligible for a Probation with Restictive Conditions sentence.

The Treatment Court Judge at any time may deny an applicant due to a previous or current offense that they believe would not be appropriate for the treatment court participant community.

Reconsderation Policy

The Berks County Treatment Courts will consider all appropriate referrals on a case-by-case basis. If a relevant party to the offender's case feels the Treatment Court Team failed to consider a particular factor, they may make a request in writing for the case to be reconsidered.

The reconsideration request must be filed under their current open docket with the Berks County Clerk of Courts office. The request must include supportive reasoning for reconsideration. Supportive reasoning is defined as mitigating circumstances pertaining to the crime, psychiatrist/psychological reports that may not have been available for the initial consideration, or any other relevant information that can be placed in written format.

THE PROGRAM

Treatment: Through a team approach Probation Officers work in collaboration with clinicians for the benefit of participants. This aids in forming treatment strategies and identifying issues currently affecting the participants recovery. Treatment needs are determined by a clinical assessment completed prior to admission to the program. Needs are reviewed on a bi-weekly basis if not more and are often adjusted during the program as more information is learned about the individual.

The **American Society of Addiction Medicine** (ASAM) instrument is used to determine the appropriate level of care. The full continuum of treatment modalities are available including detoxification, in-patient, halfway house, and out-patient. Both individual and group therapies are employed since the aim of the program is to treat the whole addict not just the addiction. Funding for treatment is provided by private insurance, Single County Authority

(SCA) funding and Medical Assistance. Confidentiality is maintained except where the continuum of care principle requires information to be shared.

It is required for participants to engage in pro-social sober activities as recommended by the treatment court program. The participant is encouraged to obtain a home group and sponsor in order to help understand the 12-step program or other form of recovery related activities. The 12-step program and other pro-social sober support activities are designed to help the participant create a new life in recovery which includes a healthy and sober lifestyle.

Supervision: Supervision contacts with Probation Officers are made frequently in the beginning of the program to help create a feeling of inclusion, assess attitude, and to monitor compliance with program rules and regulations. As the participant moves through the program behavior becomes the chief indicator of the appropriate frequency of supervision. While the program has minimum contact requirements in each phase, the participant is seen more often, if and when circumstances dictate.

In order to eliminate participant triangulation or manipulation, there is on-going communication between supervision and treatment. This approach is vital in maintaining accountability for the offender and is important in building responsibility, which is lacking in the lifestyle of the addict.

Judicial Supervision: A key component in the supervision of the participant is the judicial supervision. Court appearances are essential in keeping the participant focused on the ultimate goal of long-term sobriety. In the beginning of the program, the participant is scheduled for bi-weekly court appearances. Treatment Court appearances are held bi-weekly on a day determined by the supervising Judge with separate groups of males and females. Judicial supervision is reduced or increased based on the participant's performance in the program.

- Drug Court – 1st and 3rd Mondays of the month with the meeting at 9 AM and court directly after
- DUI Court – Every Thursday based on track with the meeting the Wednesday preceding court.
 - Track 1A – 1st and 3rd Thursdays beginning at 9 AM
 - Track 1B – 2nd and 4th Thursdays beginning at 9 AM
 - Track 2A – 1st Thursday of the month beginning at 1:30 PM
 - Track 2B – 2nd Thursday of the month on a quarterly basis beginning at 1:30 PM
- Mental Health Court – 1st and 3rd Tuesdays of the month with the meeting at 9 AM and court directly after
- Veterans Treatment Court – 1st and 3rd Thursdays of the month with the meeting at 1 PM and court directly after

Testing and Accountability: Substance abuse testing is considered a cornerstone of the program. The program's substance abuse testing policy is based on a random and frequent testing system. Each participant is directed to call a random testing phone line seven days per week after 5 AM to determine if they are required to report for testing. Upon finding they are directed to report for testing, the offender is to report to Treatment Access Services Center (TASC) between 11 AM and 6 PM unless they apply and participate in the "Rise and Shine"

Club from 7AM until 8 AM. All testing will be observed by someone at TASC. If the participant fails to appear, submit a sample, and/or dilutes a sample it will potentially be considered a positive test for program purposes. All positive results are sent automatically for confirmation and could result in additional sanctions. The program has a zero tolerance policy for attempting to submit an adulterated or fake urine sample. Currently co-pays for treatment court participants are \$2.00 and could be increased at any time during the program for non-compliance or if additional testing for other substances is required.

LENGTH AND PHASES OF THE PROGRAM

Participation in any of the Treatment Court Programs is a minimum of 12-18 months depending on the program and track (DUI Court) each participant is placed in. The track (DUI Court) a participant is placed in, is based on their RANT score as well as their ASAM drug and alcohol evaluation. Program progression is awarded to those who are active in their recovery, meeting treatment goals, and working through their designated check lists based on their track. (Appendix).

The participants length of time in the program consists of three or four phases. Each phase is a minimum of 3-6 months based on the participants progress through their check lists. Phase I is highly structured and demanding as it is when internal motivation is often the weakest and the most support is necessary. As the participant progresses in the phases, requirements gradually lessen.

To advance in phases the participant must be compliant with all program requirements, complete their assigned phase check list, and have 60-90 days of negative drug and alcohol tests. Prior to advancing to the final phase of their program, in addition to the check list, a participant must submit a scrapbook detailing their story of recovery up until that point.

TREATMENT PROVIDERS

Upon admission in the program the participant will enter and participate in treatment as recommended in the initial clinical assessment. The level of care is determined through the completion of the American Society of Addiction Medicine (ASAM). The treatment plan and level of care is clinically determined by the treatment provider based off goals and needs and are re-assessed on an on going basis. The participant will be referred for treatment at one of the Courts approved agencies. A list of approved agencies is as follows:

Pennsylvania Counseling Services
125 S. 5th St.
Reading, PA 19602
(610) 685-2188

Berks Counseling Center
645 Penn St. 2nd Floor
Reading, PA 19601
(610) 373-4281

CARON Outpatient Treatment Center
845 N. Park Rd.
Wyomissing, PA 19610
(484) 345-4670

New Directions Treatment Services
832 N. Park Rd.
Wyomissing, PA 19610
(610) 750-6130

Veterans Administration (Veterans Court Only)
Veterans Justice Outreach Coordinator (VJO)
Gelu Negrea
(717) 317-0365
Gelu.negrea@va.gov

The treatment providers contract with private insurance companies for treatment when possible. A participant that does not possess private insurance is directed to the Department of Public Welfare to apply for Medical Assistance. The participant may also qualify for funding through the county SCA. Anyone applying for Veterans Court will work directly with the VJO listed under treatment providers for funding and assessment.

SANCTIONS AND INCENTIVES

The use of graduated sanctions and incentives with Treatment Court participants helps shape behavior and improve outcomes. In order to be effective, there must be a proper balance of sanctions and incentives. Within the framework, incremental, proportionate and predictable responses are delivered to encourage and reinforce positive behaviors and discourage negative, noncompliant behaviors. Sanctions are administered when participants fail to comply with program requirements (supervision, treatment, drug testing, etc.) and incentives are in response to positive behavior and achievements.

SANCTIONABLE BEHAVIORS

Participant behaviors, which may be sanctioned, include, but are not limited to the following:

- Positive or diluted urine test
- Failure to submit urine sample
- Unexcused absence or absences from counseling sessions
- Failure to follow treatment conduct rules
- Willful failure to pay costs, fees and restitution as ordered
- Failure to attend scheduled status hearing without just cause
- Arrested for a new offense
- Failure to comply with treatment provider recommendations
- Leaving the jurisdiction without permission of the Treatment Court Team
- Failure to attend self-help group per treatment plan recommendation
- Possession or delivery of drugs at treatment site
- Violent or abusive behavior at treatment site, program site or other place of contact or participation
- Failure to comply with directives given by the Court, Treatment Court Team or treatment providers
- Failure to move through the phases in the appropriate designated time frame
- Dishonesty to court personnel and other treatment court staff

BEHAVIORS WORTHY OF INCENTIVE

Participant behaviors, which the Treatment Court team may apply an incentive, include, but are not limited to the following:

- Attendance at all scheduled Treatment Court sessions
- Attendance at all scheduled outpatient treatment sessions
- Attendance at all urine screens when called
- Continuously having negative urine screens
- Following all the rules of the Treatment Court program
- Making consistent payments on fines, costs, and restitution
- Attending all scheduled appointments with case management and peer support
- Showing progress in all aspects of your recovery
- Being honest with yourself, court and treatment staff

ELECTRONIC MONITORING

As part of a sentence and/or as a sanction, participants may be placed on electronic monitoring while in Treatment Court. The Secure Continuous Remote Alcohol Monitor (SCRAM) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors alcohol

consumption by sampling the participant's perspiration. The SCRAM bracelet is worn to ensure that participants do not drink alcohol and to assist in their path to abstinence from alcohol. The SCRAM bracelet communicates the information gathered via a landline phone or internet ethernet cable. Participants may be required to pay up to \$8.00 per day for the use of the bracelet with a minimum of two months up front prior to installation of the bracelet. Verification of alcohol use may result in a sanction.

The Global Positioning System (GPS) is an ankle bracelet that is worn 24 hours a day/7 days a week and monitors the participant's whereabouts using global positioning points. This information gathered from the bracelet is communicated through cellular service. Participants may be required to pay up to \$5.00 per day for this service with a minimum of two months being paid up front, prior to the installation of the device.

The assigned probation officer will be determining the schedule for windows (time allowed away from the residence) and will monitor the participant's whereabouts. Deviations from the approved schedule will be considered violations of probation.

VOLUNTARY AND INVOLUNTARY DISCHARGE FROM TREATMENT COURT

All Berks County Treatment Courts are a voluntary program. The decision to discharge a participant either voluntarily or involuntarily is the Judge's to make, after consultation with the entire team. Participants will most likely face violation regardless of whether or not they voluntarily or involuntarily discharge from the program. DUI offenses require fulfillment of a mandatory sentence.

Following a termination petition, a hearing will be held before an impartial Judge to provide evidence that would warrant termination from Treatment Court. Since participants are pre / post-conviction their case would then go through the regular Gagnon procedure or if they are pre-sentence they would be returned to the originating Judge for further disposition. Re-sentencing shall be within the sole discretion of the sentencing judge, limited only by the maximum penalty allowed by law.

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED SUBSTANCES

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. (Appendix)

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in

recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis and medical necessity for use.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in Treatment Court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive drug tests for opiates will always be deemed positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

GRADUATION AND THE REQUIREMENTS

Graduation from Treatment Court programs comes after a participant has been promoted through the phases and successfully completed the requirements of the program. The decision to allow phase changes and ultimately graduation is made by the entire team and must be approved by the Judge. The requirements for graduation are outlined in the final phase checklist. (Appendix)

TRAINING

The Treatment Court teams are committed to staying current with trends by attending trainings in addiction, recovery, evidence based practices, supervision and related topics. In addition all treatment court probation officers are required to obtain training and pass the test for the Pennsylvania Certification Board Certification to become an Certified Allied Addiction Practioner (CAAP) which involves training in a number of different areas relative to treatment and ethics. Team members also attend the National Association of Drug Court Professionals training as well as the Pennsylvania Association of Treatment Court professionals training on an on going basis to be knowledgeable of advancements I the treatment of addictions. Probation Officers in Treatment Court are also required to attend 40 hours of continuing education training per year.

CONFIDENTIALITY

The Berks County Treatment Court teams take confidentiality very seriously and are committed to ensuring that all personal information is not disseminated to any outside party without explicit written permission of the participant. The following proceedings are held on the record: admissions, guilty pleas, sentencing, discharge / termination, and any sanction being given out by the Judge.

Upon admission, the participant is required to sign a consent / waiver authorizing the transfer of information amount participating Treatment Court agencies for the duration of the court participation. Should the participant refuse to consent to disclosure or attempt to revoke consent prior to the expiration of the consent., such action is grounds for immediate sanction and possible termination from the program.

DATA COLLECTION

The Berks County Treatment Court programs maintain various data systems to measure the program's performance outcomes. Currently the program uses the following data systems to assist in maintaining data: Pennsylvania's Problem Solving Adult and Juvenile Courts Information System, The Unified Case Management System, Pennsylvania's Commission on Crime and Delinquency County Intermediate Punishment Program database and various excel databases. The program currently maintains data on the following: ethnicity, gender, martial status, employment, education, community service, termination, successful offenders, violations (new arrest and technical), admission, urinalysis, offender contacts and field work, risk and needs evaluations, incarceration days saved, offenders in program phases, drug free births and medication assisted treatment.

SUSTAINABILITY AND PARTNERSHIPS

The Berks County Treatment Courts have funding provided by the following: Berks County Board of Comissioners, Berks County Adult Probation and Parole Department, and Pennsylvania's Comission on Crime and Delinquency County Intermediate Punishment Program. The program continuously works to identify new resources and options to support the court including various grant opportunities.

The Berks County Treatment Court Programs have developed numerous community partnerships that provide invaluable support for the program. Partnerships include the following: Berks County Adult Probation and Parole Department, Berks County Jail System, Treatment Access Services Center, Council on Chemical Abuse, National Association of Drug Court Professionals and the Administrative Office of Pennsylvania Courts.

The Judge and Coordinator often speak at various community, legal and educational events about the program. The goal is to help others understand the functions of the program, connect them to possible resources, and express how the program not only benefits the

community but also how it contributes in reducing recidivism and improving the lives of the participants.

APPENDIX

ACKNOWLEDGMENT OF PARTICIPANT

DRUG COURT PHASE CHECKLISTS

DUI COURT PHASE CHECKLISTS

MENTAL HEALTH COURT PHASE CHECKLISTS

VETERANS TREATMENT COURT PHASE CHECKLISTS

GOAL WORKSHEET

TREATMENT COURT POLICY ON NARCOTIC MEDICATIONS AND PROHIBITED
SUBSTANCES WITH PARTICIPANT ACKNOWLEDGMENT

URINE TESTING GUIDELINES

ALCOHOL TESTING CONTRACT

JOB SEARCH FORM

NOTICE OF ACT 122

RELEASE OF INFORMATION

DIRECTORY OF SERVICES

ACKNOWLEDGMENT OF PARTICIPANT

I _____, hereby acknowledge that I have received a copy of the Berks County Treatment Court Participant Manual. I fully understand that it is my responsibility to review the participant manual and understand all contents. I will be given the opportunity to have any section clarified by my probation officer if necessary.

Signature of Participant Date

Probation Officer Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6)			
Requirements:	Date:	Requirements:	Date:
Complete the Introduction to Drug Court Essay		If recommended, participate with assigned recovery support specialist	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Identify need in the following areas: Employment/Resume: Yes / No Financial/Bank Account: Yes / No Education/Literacy/GED Yes / No Parenting: Yes / No	
Attend all twice monthly Court appearances.		Provide a copy of the most recent pay stub for employment if applicable	
Attend twice monthly office visits with probation officer Date of Last Missed Appointment:		Start changing people, places and things and complete support list in participant manual	
Be present for scheduled home visits (once every other month) with your probation officer		Complete 12 hours of community service	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Establish and maintain a stable living environment	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a transportation plan	
Attend 3 recovery related events weekly including support group meetings and present logs in court		Establish a child support payment plan, if applicable	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days minimum	
Select a home support group and secure a sponsor		Complete the Phase 1 checklist, essay and relapse prevention plan for advancement to Phase 2	
Sign releases of information with treatment and applicable family members and significant others		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		Obtain or maintain gainful employment and provide pay stubs or continue with other approved use of time.	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize support list	
Be present for scheduled home visits with your probation officer (once every other month)		Exhibit appropriate use of leisure time	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Complete 12 hours of community service	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a financial plan and comply with payment plan for child support, if applicable	
Maintain a date book/calendar with all meetings and appointments. Bring to all appointments and Court sessions.		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Attend 3 recovery related events weekly including support group meetings and present logs in court		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court Team	
If recommended, participate with assigned recovery support specialist		Plead guilty and be sentenced or be placed on Intermediate Punishment	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 2 checklist, essay and relapse prevention plan for Phase 3 advancement.	

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (4/22/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen:		Maintain gainful employment or continue with other approved use of time	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things and utilize support list	
Be present for scheduled home visits with your probation officer (once every other month)		Maintain a scheduled payment plan for legal costs/fines, child support, and any court ordered restitution as per your financial plan	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Complete 12 hrs. of Community Service	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Days sober and no missed drug/alcohol tests for advancement to Phase 3-90 days	
Maintain a date book/ calendar regarding all meetings and appointments. Bring date book to all apts. and court sessions.		Complete Personal Finance classes I and II with BCPS	
Attend 3 recovery related activities weekly including support groups and present logs in court		Continue with appropriate risk reduction activities as recommended	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 3 Project - Scrapbook	
If recommended, participate with assigned recovery support specialist		Complete Phase 3 checklist, essay and relapse prevention plan for advancement to Phase 4	

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY DRUG TREATMENT COURT PROGRAM PHASE 4 CHECKLIST

CLIENT _____ ENTRY DATE _____

PHASE 4 (3-6)			
Requirements:	Date:	Requirements:	Date:
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Maintain gainful employment or continue with other approved use of time.	
Attend all monthly Court appearances		Maintain a stable living environment	
Attend once monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things	
Be present for scheduled home visits with your probation officer (once every other month)		Attend and engage in the Treatment Court Alumni Group	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Pay restitution in full and demonstrate consistent compliance with scheduled payment plans for legal costs/fines and child support	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Last missed appointment:		Maintain stable living environment and lifestyle	
Attend 3 recovery related activities including support groups per week and present logs in Court		Days sober and no missed drug/alcohol tests for graduation- 90 days	
Maintain a date book/ calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions. Set monthly goals to accomplish.			
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)			
If recommended, participate with assigned recovery specialist		Complete Phase 4 checklist, essay and relapse prevention plan for Graduation	

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to Graduate.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 1
PHASE 1 CHECKLIST 3/4/19

CLIENT _____ ENTRY DATE _____

Requirements:	Date:	Requirements:	Date:
Attend twice monthly court appearances		Establish & maintain a stable living environment	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Start changing people, places and things and complete support list in Participant Manual	
Be present for scheduled home visits (once every other month) with your probation officer		Obtain medical assessment/physical and address any medical issues	
Reporting frequency for court appearances, office visits and home visits may be increased at the discretion of the Judge		Sign a release of information with service and treatment providers	
Attend 3 recovery related events weekly		Sign a release of information with significant others/parents	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		If employed, provide pay stubs	
Maintain a date book/calendar with all meetings and appointments. Bring book/calendar to all appointments and court sessions.		Identify need in the following areas: Employment/Resume: YES NO Financial: YES NO Education/Literacy: YES NO Parenting: YES NO	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Days sober and no missed drug tests required for advancement to Phase 2– 60 days minimum	
Develop a transportation plan		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2. I have been in Phase 1 for a minimum of 6 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 1

PHASE 2 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

PHASE 2 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend twice monthly court appearances		Complete all court ordered community service	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Be present for scheduled home visits (once every other month) with your probation officer		Review transportation plan	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		Maintain stable living environment	
Attend 3 recovery related events weekly		Seek out and/or maintain employment, if appropriate	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		Develop financial plan, make regular payments on monies owed (a minimum of \$40.00 a month) pursuant to financial plan and provide pay stubs Date of last payment:	
Establish recovery network/home groups/sponsor		Demonstrate changing of people, places and things and utilize support list	
Maintain a date book/calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions.		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Complete and hand in a scrapbook	
Start Advanced Alcohol Safe Driving classes		Days sober and no missed drug screens required for advancement to Phase 3- 90 days minimum	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3. I have been in Phase 2 for a minimum of 6 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

**BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 1
PHASE 3 CHECKLIST 3/4/19**

CLIENT _____ **ENTRY DATE** _____

PHASE 3 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Address transportation/license reinstatement	
Attend monthly office visits with probation officer Date of last missed appointment:		Maintain stable living environment	
Be present for scheduled home visits (once every other month) with probation officer		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		If appropriate, participate with assigned recovery support specialist	
Attend 3 prosocial/recovery related events per week		Demonstrate continued change in people, places, and things and utilize support list	
If appropriate, continue to attend and engage in treatment and exhibit progress with your treatment plan Date of last missed appointment: Date of treatment completion:		Address financial plan and make regular payments on monies owed (a minimum of \$40.00 a month) Date of last payment: Total monies paid during DUI Treatment Court participation:	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Attend and engage in the Treatment Court alumni group	
Complete Advanced Alcohol Safe Driving classes		Days sober and no missed tests for a minimum of 90 days for graduation	
Maintain employment, if appropriate		Complete risk reduction activities	
Maintain a date book/calendar with all meetings and appointments and bring book/calendar to all appointments and court sessions			

As evidenced by the above dates and the below signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Graduation. I have been in Phase 3 for a minimum of 6 months and in DUI Treatment Court a minimum of 18 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 2A

PHASE 1 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Establish & maintain a stable living environment	
Attend monthly office visits with probation officer Date of last missed appointment:		Start changing people, places and things and complete support list in Participant Manual	
Be present for scheduled home visits (once every other month) with your probation officer		Obtain medical assessment/physical and address any medical issues	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Sign a release of information with service and treatment providers	
Attend 3 recovery related events weekly		Sign a release of information with significant others/parents	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		If employed, provide pay stubs	
Maintain a date book/calendar with all meetings and appointments. Bring book/calendar to all appointments and court sessions.		Identify need in the following areas: Employment/Resume: YES NO Financial: YES NO Education/Literacy: YES NO Parenting: YES NO	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive urine:		Days sober and no missed drug tests required for advancement to Phase 2– 60 days minimum	
Develop a transportation plan		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2. I have been in Phase 1 for a minimum of 4 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2A
PHASE 2 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

PHASE 2 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Complete all court ordered community service	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Be present for scheduled home visits (once every other month) with your probation officer		Review transportation plan	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		Maintain stable living environment	
Attend 3 recovery related events weekly		Seek out and/or maintain employment, if appropriate	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		Develop financial plan, make regular payments on monies owed (a minimum of \$40.00 a month) pursuant to financial plan and provide pay stubs Date of last payment:	
Establish recovery network/home groups/sponsor		Demonstrate changing of people, places and things and utilize support list	
Maintain a date book/calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions.		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Complete and hand in a scrapbook	
Start Advanced Alcohol Safe Driving classes		Days sober and no missed drug screens required for advancement to Phase 3- 90 days minimum	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3. I have been in Phase 2 for a minimum of 4 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2A
PHASE 3 CHECKLIST 3/4/19

CLIENT _____ ENTRY DATE _____

PHASE 3 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend monthly court appearances		Address transportation/license reinstatement	
Attend monthly office visits with probation officer Date of last missed appointment:		Maintain stable living environment	
Be present for scheduled home visits (once every other month) with probation officer		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		If appropriate, participate with assigned recovery support specialist	
Attend 3 prosocial/recovery related events per week		Demonstrate continued change in people, places, and things and utilize support list	
If appropriate, continue to attend and engage in treatment and exhibit progress with your treatment plan Date of last missed appointment: Date of treatment completion:		Address financial plan and make regular payments on monies owed (a minimum of \$40.00 a month) Date of last payment: Total monies paid during DUI Treatment Court participation:	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Attend and engage in the Treatment Court alumni group	
Complete Advanced Alcohol Safe Driving classes		Days sober and no missed tests for a minimum of 90 days for graduation	
Maintain employment, if appropriate		Complete risk reduction activities	
Maintain a date book/calendar with all meetings and appointments and bring book/calendar to all appointments and court sessions			

As evidenced by the above dates and the below signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Graduation. I have been in Phase 3 for a minimum of 4 months and in DUI Treatment Court for a minimum of 12 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 2B

PHASE 1 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

Requirements:	Date:	Requirements:	Date:
Attend quarterly court appearances		Establish & maintain a stable living environment	
Attend once monthly office visits with probation officer Date of last missed appointment:		Start changing people, places and things and complete support list in Participant Manual	
Be present for scheduled home visits (once every other month) with your probation officer		Obtain medical assessment/physical and address any medical issues	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Sign a release of information with service and treatment providers	
Attend 3 recovery related events weekly		Sign a release of information with significant others/parents	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed employment:		If employed, provide pay stubs	
Maintain a date book/calendar with all meetings and appointments. Bring book/calendar to all appointments and court sessions.		Identify need in the following areas: Employment/Resume: YES NO Financial: YES NO Education/Literacy: YES NO Parenting: YES NO	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Days sober and no missed drug tests required for advancement to Phase 2– 60 days minimum	
Develop a transportation plan		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2. I have been in Phase 1 for a minimum of 4 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY DUI TREATMENT COURT PROGRAM

TRACK 2B

PHASE 2 CHECKLIST 3/4/19

CLIENT _____ **ENTRY DATE** _____

PHASE 2 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend quarterly court appearances		Complete all court ordered community service	
Attend monthly office visits with probation officer Date of last missed appointment:		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Be present for scheduled home visits (once every other month) with your probation officer		Review transportation plan	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		Maintain stable living environment	
Attend 3 recovery related events weekly		Seek out and/or maintain employment, if appropriate	
Attend and engage in recommended treatment and exhibit progress with your treatment plan Date of last missed appointment:		Develop financial plan, make regular payments on monies owed (a minimum of \$40.00 a month) pursuant to financial plan and provide pay stubs Date of last payment:	
Establish recovery network/home groups/sponsor		Demonstrate changing of people, places and things and utilize support list	
Maintain a date book/calendar regarding all meetings and appointments. Bring date book to all appointments and court sessions.		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Complete and hand in a scrapbook	
Start Advanced Alcohol Safe Driving classes		Days sober and no missed drug screens required for advancement to Phase 3- 90 days minimum	
If appropriate, participate with assigned recovery support specialist			

As evidenced by the above dates and signatures below, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3. I have been in Phase 2 for a minimum of 4 months.

Client Signature

Date

Form received by: _____
Signature of DUI Treatment Team Court Member

Date

**BERKS COUNTY DUI TREATMENT COURT PROGRAM
TRACK 2B
PHASE 3 CHECKLIST 3/4/19**

CLIENT _____ **ENTRY DATE** _____

PHASE 3 START DATE: _____

Requirements:	Date:	Requirements:	Date:
Attend quarterly court appearances		Address transportation/license reinstatement	
Attend monthly office visits with probation officer Date of last missed appointment:		Maintain stable living environment	
Be present for scheduled home visits (once every other month) with probation officer		Review areas of need (i.e. employment, job training, education, literacy, parenting, medical, etc.)	
Reporting frequency for court appearances, office and home visits may be increased at the discretion of the Judge		If appropriate, participate with assigned recovery support specialist	
If appropriate, continue to attend and engage in treatment and exhibit progress with your treatment plan Date of last missed appointment: Date of treatment completion:		Address financial plan and make regular payments on monies owed (a minimum of \$40.00 a month) Date of last payment: Total monies paid during DUI Treatment Court participation:	
Attend all random drug/alcohol screens Date of last missed screen: Date of last positive screen:		Demonstrate continued change in people, places and things and utilize support list	
Complete Advanced Alcohol Safe Driving classes		Attend and engage in the Treatment Court alumni group	
Maintain employment, if appropriate		Days sober and no missed tests for a minimum of 90 days for graduation	
Maintain a date book/calendar with all meetings and appointments and bring book/calendar to all appointments and court sessions		Complete risk reduction activities	
Attend 3 prosocial/recovery related events per week			

As evidenced by the above dates and the below signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Graduation. I have been in Phase 3 for a minimum of 4 months and DUI Treatment Court a minimum of 12 months.

Client Signature

Date

Form received by: _____

Signature of DUI Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		If appropriate, participate in psychiatric medication monitoring and take medications as prescribed	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Provide the Court with medical documentation for all current prescribed medications	
Be present for scheduled home visits (once every other month) with your probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring to all appointments and court sessions	
Reporting frequency for Court appearances, office visits, and home visits may be increased at the discretion of the Judge		Establish and maintain a stable and appropriate living arrangement	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		If necessary, develop a transportation plan to help ensure attendance at all required events	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Start changing people, places and things	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment System (ORAS) to assess risk, need and responsivity factors	
Sign releases of information with all case management, treatment providers and applicable family members and significant others		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group) and maintain a log of all activities and bring the log to all court appearances			
Provide the Treatment Court team with a copy of your current case plan from your case management agency and/or your Wellness Recovery Action Plan (WRAP) from your Peer Support Specialist			

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend twice monthly office visits with probation officer Date of last missed appointment:		Complete support list in participant manual and identify a mentor, sponsor or other support person	
Be present for scheduled home visits (once every other month) with probation officer		Identify needs in the following areas: Education/Employment/GED Parenting	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		If necessary, review transportation plan to help ensure attendance at all required events	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Demonstrate changing of people, places and things	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Review employability and current income sources and develop an income plan that includes employment, if appropriate	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		If not employed, develop a plan for appropriate use of leisure time that may include an educational program, volunteer work, community service, participation in other programming, etc.	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities and bring the log to all court appearances		Review the Ohio Risk Assessment System (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court team	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3 to 6 months)			
Requirements:	Date:	Requirements:	Date:
Attend all twice monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend all twice monthly office visits with probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for all home visits (once every other month) with probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Review areas of need (education, literacy, parenting, transportation)	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Maintain employment or continue to follow plan for appropriate use of leisure activity	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Continue to participate in risk reduction activities as directed by the Treatment Court team	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the treatment court team		Develop and submit a scrapbook reflecting your journey in recovery	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		Develop a financial plan for monies owed and make regular payments	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities and bring the log to all court appearances		Days sober and no missed drug/alcohol test for advancement to Phase 4- 90 days	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed			
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY MENTAL HEALTH TREATMENT COURT PROGRAM PHASE 4 CHECKLIST (revised 5/21/19)

CLIENT _____ ENTRY DATE _____

PHASE 4 (3 to 6 months)			
Requirements:	Date:	Requirements:	Date:
Attend monthly Court appearances		Maintain a stable and appropriate living arrangement	
Attend monthly office visit with probation officer as directed Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for home visits (once every other month) with probation officer		Maintain a date book/calendar documenting all meetings and appointments and bring date book to all appointments and court sessions	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		If necessary, review areas of need (education, literacy, parenting, transportation)	
Attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		Maintain employment or continue to follow plan for appropriate use of leisure activity	
Attend and engage in recommended mental health or dual diagnosis treatment and exhibit adequate progress with your treatment plan Date of last missed appointment:		Continue to participate in risk reduction activities as directed by the Treatment Court team	
Participate in appropriate case management, recovery support services and/or peer support services as recommended by the Treatment Court team		Make regular payments on monies owed as per your financial plan	
If updated, provide the Treatment Court team with a copy of your case plan and/or Wellness Recovery Action Plan		Attend and engage in the Treatment Court Alumni group	
Attend and engage in 3 recovery related activities per week (if dually diagnosed, one activity must be a substance abuse support group), maintain a log of all activities, and bring the log to all court appearances		Days sober and no missed drug/alcohol tests for graduation- 90 days	
If appropriate, participate in psychiatric medication monitoring and take medications as prescribed			
Provide the Court with medical documentation for all current prescribed medications			

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to graduate.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 1 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 1 (3-6)			
Requirements:	Date:	Requirements:	Date:
Meet with Veterans Justice Outreach Coordinator for Treatment Planning and attend all Veterans Affairs appointments		Sign releases of information with treatment and applicable family members and significant others	
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Identify need in the following areas: Employment/Resume: Yes / No Financial/Bank Account: Yes / No Education/Literacy/GED Yes / No Parenting: Yes / No	
Attend all twice monthly Court appearances		Provide a copy of the most recent pay stub for employment if applicable	
Attend twice monthly office visits with probation officer Date of Last Missed Appointment:		Complete the support list in the manual and start changing people, places and things	
Be present for scheduled home visits (once every other month) with your probation officer		Develop a transportation plan	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Establish and maintain a stable living environment	
Meet with the Mentor Coordinator to secure a mentor and meet with or speak to your mentor a minimum of once weekly		Write an essay for the Judge on “Why you are ready for advancement to Phase 2”	
Attend all recommended support groups and/or recovery related events and present log in court		Complete the Phase 1 checklist for advancement to Phase 2	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Days sober and no missed drug/alcohol tests for advancement to Phase 2- 60 days minimum	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Prior to advancement to Phase 2, participate in an Ohio Risk Assessment (ORAS) to assess risk, need and responsivity factors	

As evidenced by the above signatures, I have completed all requirements of Phase 1 and am now requesting advancement to Phase 2.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 2 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 2 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed drug screen:		If appropriate, obtain or maintain gainful employment and provide pay stubs or continue with other approved use of time.	
Attend all twice monthly Court appearances		Maintain a stable living environment	
Attend twice monthly office visits with your probation officer Date of last missed appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for scheduled home visits with your probation officer (once every other month)		Exhibit appropriate use of leisure time	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Develop a financial plan including a payment plan for legal costs/fines, child support and any court ordered restitution	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Days sober and no missed drug/alcohol tests for advancement to Phase 3- 90 days	
Attend all recommended support groups and/or recovery related events and present logs in court		Review the Ohio Risk Assessment (ORAS) with your probation officer and participate in risk reduction activities and programming as recommended by the Treatment Court Team	
Maintain a date book/calendar with all meetings and appointments and bring to all appointments and court sessions		Plead guilty and be sentenced or be placed on Intermediate Punishment	
Meet with or speak to your assigned mentor a minimum of once weekly		Complete the Phase 2 checklist for advancement to Phase 3	

As evidenced by the above signatures, I have completed all requirements of Phase 2 and am now requesting advancement to Phase 3.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 3 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 3 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive drug screen: Date of last missed screen:		Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)	
Attend all twice monthly Court appearances		If appropriate, maintain gainful employment or continue with other approved use of time	
Attend twice monthly office visits with your probation officer Date of Last Missed Appointment:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Be present for scheduled home visits with your probation officer (once every other month)		Maintain a stable living environment	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Exhibit appropriate use of leisure time	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Date of last missed appointment:		Maintain a scheduled payment plan for legal costs/fines, child support, and any court ordered restitution as per your financial plan	
Attend all recommended support groups and/or recovery related events and present logs in court		Perform 48 hours of Community Service if unemployed; 16 if employed full time	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Days sober and no missed drug/alcohol tests for advancement to Phase 3-90 days	
Meet with or speak to your assigned mentor a minimum of once weekly		Continue with appropriate risk reduction activities as recommended by the Treatment Court Team	
Maintain a date book/ calendar regarding all meetings and appointments and bring date book to all appointments and court sessions		Complete Phase 3 checklist for advancement to Phase 4	

As evidenced by the above signatures, I have completed all requirements of Phase 3 and am now requesting advancement to Phase 4.

Client Signature

Date

Form received by: _____

Signature to Treatment Court Team Member

Date

BERKS COUNTY VETERANS TREATMENT COURT PROGRAM PHASE 4 CHECKLIST (7/19/19)

CLIENT _____ ENTRY DATE _____

PHASE 4 (3-6)			
Requirements:	Date:	Requirements:	Date:
Call daily and attend all random drug/alcohol screens and maintain abstinence from alcohol and mood-altering substances Date of last positive screen: Date of last missed screen:		Demonstrate changing of people, places and things and utilize mentor, sponsor and/or support list	
Attend all monthly Court appearances		If appropriate, maintain gainful employment or continue with other approved use of time.	
Attend once monthly office visits with your probation officer Date of Last Missed Appointment:		Exhibit appropriate use of leisure time	
Be present for scheduled home visits with your probation officer (once every other month)		Complete required community service hours	
Reporting frequency for Court appearances, office visits and home visits may be increased at the discretion of the Judge		Pay restitution in full and demonstrate consistent compliance with scheduled payment plans for legal costs/fines and child support	
Attend and engage in all treatment as directed and exhibit adequate progress with treatment plan Last missed appointment:		Meet with Mentor Coordinator about future mentorship role	
Attend all recommended support groups and/or recovery related events and present logs in court		Attend and engage in the Treatment Court Alumni Group	
Attend all Veteran Affairs appointments and comply with all treatment planning as directed by the VJO		Maintain a stable living environment	
Meet with or speak to your assigned mentor a minimum of once weekly		Continue to participate in risk reduction activities as directed by the Treatment Court Team	
Maintain a date book/ calendar regarding all meetings and appointments and bring date book to all appointments and court sessions		Days sober and no missed drug/alcohol tests for graduation- 90 days	
Review areas of need (employment, job training, education, literacy, parenting, transportation, etc.)		Complete Phase 4 checklist for Graduation	

As evidenced by the above signatures, I have completed all requirements of Phase 4 and am now requesting to Graduate.

Client Signature

Date

Form received by: _____
Signature to Treatment Court Team Member

Date

GOALS

1. _____

2. _____

3. _____

4. _____

5. _____

Treatment Court Policy on Narcotic Medications and Prohibited Substances

Due to the high potential of narcotic medications to interfere with treatment and recovery efforts, the Berks County Treatment Court prohibits the use of all addictive medications. Addictive medications include all opiate-based pain medications, benzodiazepines or anti-anxiety medications, stimulant medications for the treatment of ADHD, sleeping pills and muscle relaxers. The list includes, but is not limited to, the following and includes any generic version of these drugs:

ADDERALL	AMBIEN	AMYTAL
ATIVAN	CODEINE	CONCERTA
DEMEROL	DEXEDRINE	DILAUDID
FOCALIN	HALCION	KLONOPIN
LORCET	LORTAB	LIBRIUM
LUNESTA	MORPHINE	NEMBUTAL
OPANA	OXYCODONE	OXYCONTIN
PERCOCET	PERCODAN	RITALIN
ROXANOL	SECONAL	SOMA
SONATA	STADOL	TYLOX
TRAMADOL	VALIUM	VICODIN
XANAX	MEDICAL MARIJUANA*	CBD OIL
FENTANYL	OTC CORICIDIN	MARINOL
GABAPENTIN	NEURONTIN	

Participants in Berks County Treatment Court and individuals seeking entry into the Berks County Treatment Court are expected to notify all their treating physicians that they are in recovery. If a treatment physician wishes to treat the individual with narcotic or addictive medications, the individual shall immediately disclose this information to the Treatment Court team.

Treatment Court participants using such medications absent permission from the Treatment Court Judge are subject to termination from the program.

*Medical Marijuana use will be addressed on a case-by-case basis. Consideration for use should be accompanied by a letter addressed to the Court from a treating physician that details, diagnosis, and medical necessity for use.

Exceptions to this policy are made only in rare occasions, such as in the case of *documented* medical emergency treatment. Participants who habitually seek exception to this policy are subject to termination. If a prescribing physician recommends that a client must be continuously maintained on prohibited prescriptions in order to sustain a certain quality of life, the client may no longer participate in treatment court.

Consuming alcohol in any form is prohibited. The use of diet pills while in Treatment Court is prohibited. Additionally, the consumption of poppy seeds is strictly prohibited while in the program. Any positive tests for opiates will always be deemed a positive for illegal substances. Lastly, consumption of salvia, morning glory seeds and any other such mood altering or hallucinogenic substance are strictly prohibited.

I understand and acknowledge this policy and agree to abide by all terms and conditions of the Berks County Treatment Court Medication Policy.

Participant Date

Witness Date

Treatment Court

TASC Collections - Urine Testing Guidelines

Urine collections are done at TASC Drug Testing Center, 19 North 6th St, Suite 100, Reading, PA 19601. Enter at the 6th Street entrance of the building and ask security to direct you to the TASC drug testing facility.

- **HOURS:** ****Call every day of the week****
 - Monday - Friday 11am – 6pm
 - Saturday 9am-12pm

During inclement weather the hours at TASC will be posted on 69 News and on this website <http://berkstasc.org/wp/>

- All urine collections will be observed by a lab technician. **NO EXCEPTIONS**
- All urine collections for treatment court are no cost to you.
- This letter will note the **frequency** of your testing. When you call the number below after 5am of the testing day, and enter your pin, you will be told if you need to report for a urine test that day.

These are considered sanctionable events in DUI Treatment Court:

- Failure to call for your testing schedule
- Failure to report for testing when scheduled
- Failure to call Saturdays and Sundays before 12
- Failure to call with enough time to get to the lab
- Failure to provide a sample after reporting
- Continued diluted test results

****Diluted Test results will be reviewed in court****

****On the day of the test please limit your consumption of liquids to no more than 2 (8 oz.) glasses 2 hours before the test. ****

Call this number after 5am the day of the test

(800) 494-1250

Enter the Pin # assigned to you

Pin #:

Please call every day.

EtG Testing

a urine test for detecting alcohol consumption...



INCIDENTAL ALCOHOL EXPOSURE CONTRACT

In an effort to promote abstinence and recovery for Treatment Court participants, the TASC Urine Collection Center is now offering EtG testing, a urine test that detects for the consumption of alcohol. When being monitored for EtG, and consistent with principles of recovery, it is important to avoid certain products that contain alcohol.

Therefore, in order to prevent “false positives,” it is YOUR responsibility to limit your consumption or exposure to the following substances:

COUGH /COLD SYRUPS:

Treatment Court participants have always been prohibited from ingesting alcohol-containing cough syrups, such as Nyquil, Dayquil, Vicks Formula 44, and so forth. Treatment Court participants are required to *read the labels* of all prescription and over-the-counter medications to determine if they contain alcohol.

MOUTHWASH/BREATH STRIPS:

Most mouthwashes, including Listerine, Scope, Listermint, etc. contain alcohol. Treatment Court participants are required to *read the labels* of all mouthwashes and breath-freshening products to determine if they contain alcohol. Non-alcoholic mouthwashes are available as an alternative.

NON-ALCOHOLIC BEER AND WINE:

Although legally considered “non-alcoholic,” NA beers such as O’Doul’s, Sharps, etc. do contain a small amount of alcohol that could produce a positive EtG test. Treatment Court participants are not permitted to consume these products.

HAND SANITIZER:

Hand sanitizers (Purell, Germex, etc.) and other antiseptic gels and foams contain up to 70% alcohol. Excessive, unnecessary or repeated use of these products could result in a positive EtG test. Hand washing with soap and water is just as effective for killing germs.

HYGIENE PRODUCTS:

Aftershave, colognes, perfumes, deodorants (i.e. Axe) and body washes often contain alcohol. Excessive use of these products could result in a positive EtG test. Treatment Court participants must use these products sparingly to avoid reaching detection levels.

SOLVENTS AND LACQUERS:

Many solvents, lacquers, and flooring products contain ethyl alcohol. Excessive inhalation of vapors that contain alcohol can result in a positive alcohol test. Frequency of use and exposure to such products should be kept to a minimum. If you work in an environment where contact with such products is unavoidable, you must discuss this with your probation officer.

FOOD AND OTHER INGESTIBLE PRODUCTS:

There are numerous consumable products that contain ethyl alcohol and could result in a positive EtG reading. Flavoring extracts, such as vanilla or almond extract, and liquid herbal extracts, such as Ginko Biloba, contain alcohol. Communion wine, food cooked with wine, and flambé dishes (alcohol poured over food and ignited) must be avoided.

REMEMBER!

When in doubt, don't use, consume, or apply!

I HAVE READ/ HAD READ TO ME AND I UNDERSTAND MY RESPONSIBILITIES TO AVOID PRODUCTS THAT CONTAIN ALCOHOL.

Participant

Date

Witness

Date

JOB SEARCH FORM

Drug Treatment Court Participant's Name: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application Attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

Place of Employment: _____

Address: _____

Phone Number: _____

Copy of Application attached **Date Submitted:** _____

Person Accepting Application – Signature: _____

Person Accepting Application – Print Name: _____

(Verification Necessary if Submitted Online)

PA Act 122 of 1990

Notice of Requirements for Restoration of Operating Privileges

You are hereby notified that, as a result of your conviction for DUI, Section 1541(d) of the Pennsylvania Consolidated Statutes, Title 75, Vehicles-Continued Suspension of Operating Privilege, now applies to you.

Section 1541(d) provides that, “in order for driving privileges to be restored, a defendant must successfully complete all requirements of the treatment program ordered by the court. *Successful completion of a treatment program includes the payment of all court-imposed fines and costs, as well as fees to be paid to the treatment program...being current on a payment plan shall be considered as a part of a successfully completed program.*”

WHAT DOES THIS MEAN?

In order to have your driver’s license restored, you must:

- (1) **Successfully complete treatment at a licensed treatment program as recommended by your CRN evaluation.** Please be advised that treatment may include, but is not limited to, inpatient, outpatient, halfway housing, and aftercare counseling.
- (2) **Complete the Alcohol Safe Driving Program (ASDP).**
- (3) **Pay all court-imposed fines, costs, and restitution.**
 - a. If you are currently under probation/parole supervision for your DUI offense, you must be current with the minimum payment plan of \$200 per month.
 - b. If your DUI probation/parole has expired, you must satisfy your financial obligation in full in order for Act 122 to be approved.

This signature verifies that I have read and understand the above-listed conditions and have been officially notified of the requirements of PA Act 122 regarding the restoration of my driving privileges.

(Signature)

(Date)

**BERKS COUNTY TREATMENT COURTS
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I _____, understand and consent to the disclosure of my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program and prognosis. This information may be disclosed only as necessary for, and pertinent to application and participation in one of the Treatment Court Programs.

I understand that the Treatment Court Team Members include the Judge, District Attorney's Office, Public Defender's Office, Treatment Court Coordinator, Treatment Court Probation Officers, Treatment Access Services Inc. (TASC), Berks Connections Pretrial Services (BCPS) Case Managers, Sheriff's Office, Treatment Court Treatment Providers and other members designated on the Berks County Treatment Court Team.

Additional agencies and/or individuals may include but are not limited to: Council on Chemical Abuse, Administrative Office of Pennsylvania Courts, Veterans Justice Outreach Coordinator, Veteran Mentor Coordinator, YMCA Housing Staff and Service Access Management (SAM) Staff.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations. That the recipients of this information may disclose it only in connection with their official duties.

I understand that my records are also protected under federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164, and that such HIPAA protections may not apply to a redisclosure by the recipients of information disclosed pursuant to this authorization.

This consent expires automatically as follows:

- There has been a formal and effective termination, revocation or withdrawal of my participation in Treatment Court.
- I have successfully completed the Treatment Court Program.

I recognize that my review hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Treatment Court.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action are grounds for termination from Treatment Court. I do hereby acknowledge that I have read, am familiar with, and fully understand the terms and conditions of this consent. I understand that I am entitled to receive a copy of this authorization after it is signed.

I have been offered a copy of this form and I have _____ Accepted _____ Refused

Dated: _____
Signature of Treatment Court Participant

Witness: _____
Position

Driver’s License and ID Reinstatement/ Replacement

PA Department of Transportation.....800-932-4600

Call or go online for Driver’s license status/suspension info

Berks Co. Domestic Relations Section.....610-478-2900

Handle suspensions related to child support

Berks County Services Center- 6th Floor 633 Court St. Reading, PA

PA Driver’s License Center.....610-775-7728

Renewal fees: DL is \$30.50, ID is \$29.50. Checks/money orders only

600 East Lancaster Avenue Shillington, PA 19607

Social Security Card

Social Security Administration.....1-866-274-5960

Bring photo ID, no cost 201 Penn St. 2nd Floor Reading, PA 19601

Birth Certificate

Fee varies by state (PA is \$20), complete paper or online

application, photo ID is required, family may be able to help apply

Housing

Berks Coalition to End Homelessness.....610-372-7222

Oversight and governance to local agencies receiving HUD funding.

336 S 18th St. Reading, PA 19601

Berks Community Action Program.....610-376-6571

Housing referral. 247 N. 5th St. 1st Floor Reading, PA 19601

Housing Programs and Shelters

Hope Rescue Mission.....610-375-4224

Homeless shelter and rooms for rent. Services available to men only.

645 N. Sixth St. Reading, 19601

Mary’s Shelter610-376-1973

Pregnant women and children only. Must schedule intake interview and

meet qualifications. Diaper drive available.

736 Upland Ave. Reading, PA 19607

Opportunity House610-374-4696

430 N. 2nd St. Reading, PA 19601

ADDAPT.....610-478-8800

428 Walnut St. Reading, PA 19601

Berks Counseling Center610-373-4281

Transitional/permanent housing at various locations.

645 Penn St. Reading, PA 19601

Berks County Housing Authority610-370-0822

Subsidized housing: low-income/ elderly individuals.

1803 Butter Lane Reading, PA 19606

Bridge of Hope – Berks County.....610-568-1250

2 yr. holistic program assisting single mothers: must be 20 years of age or

older. Must have a GED & 12-24 months of sobriety. Referrals preferred.

300 Church St. Reading 19601

Clare of Assisi House.....484-869-5483

Transitional house for women coming out of prison that need a home

Plan. Applications should be submitted prior to release.

City of Reading Housing Authority.....610-372-3933

Housing assistance to low income families through public housing and

section 8 programs. *Must be a Reading resident.*

815 Franklin St. Reading, PA 19602

Easy Does ItLeesport 610-373-2463 , Reading 610-373-955

Transitional & permanent housing for chemically dependent men &

women 1300 Hilltop Rd, Leesport and 647 Walnut St, Reading

Family Promise of Berks County.....610-373-3323

Provides housing for low income homeless families in Berks County

325 N 5th St. #1 Reading, PA 19601

Freedom Gate Ministries.....610-750-5685

Christian aftercare support for ex-prisoners.

131-133 S. 9th St. Reading, PA 19602

Hogar Crea.....610-372-8410

18-20 months intensive drug and alcohol program for males.

302 S. 5th St. Reading, PA 19602

Mary’s Home.....610-603-8010

Provides up to 2 years of transitional housing for single mothers with

newborns. 736 Upland Avenue Reading, PA 19607

Neighborhood Housing Services of Greater Berks610-372-843

Educates returning citizens on their rights and responsibilities.

213 N. 5th St. Suite 1030 Reading, PA 19601

New Person Center.....610-777-2222

Transitional housing for men (primarily sexual offenses) coming out of

prison. Private Christian faith-based 3 month program. Application

process. 730 Philadelphia Ave. Reading, PA 19607

Oxford House – Reading.....610-372-0631

Group Home for recovering male substance abusers. New members

must be approved by existing members. 1045 N. 5th St. Reading 19601

Oxford House –East Reading

1806 Perkiomen Avenue Reading, PA 19606

Salvation Army.....610-373-5208

Provides assistance with electric and gas bills.

PO Box 1099 301 S. 5th St. Reading, PA 19601

PA Adult & Teen Challenge Treatment Center 717-933-4181, 717-673-4219

Medical detox, 30 day rehab and 14 mo. Recovery program.

PO Box 98 33 Teen Challenge Road Rehrersburg, PA

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent, men/ women. Must be

Berks County resident for 90 days. History of Arson, Child Abuse, Sex and

Violent Crimes not permitted 631 Washington St.

YMCA Camp Joy Program.....20 bed program for men with history

of substance abuse and involvement in the Criminal Justice system.

Single Room Occupancy Units – at the YMCA

Rooms for rent to men and women. Residents are exempt from program

requirements and eligibility.

Soup Kitchens / Food Pantries

Holy Trinity Church of God/C.A.R.E.....610-374-0790

130 W. Buttonwood St. Reading 19601 M- F 11:30am to 1:30pm

Kennedy House.....610-378-1947

530 Spruce Street Reading Soup Kitchen Sat-Sun 11:30pm –12:30pm

Food Pantry: Wed. 9:30-11:30am

New Journey United Methodist Church.....610-375-2662

138 S. 6th Street Reading. Mon/Tues/Thurs/Fri 11:30-12:30p

Mobile Faith Kitchen.....610-621-5227

5th and Penn St. (1st, 3rd and 5th Fridays of month starting at 5:30pm and

kitchen cupboard Wed. 10am-1pm.....610-375-3310

Boyertown Area Multi-Service Inc.....610-367-6957

Provides services to individuals in Boyertown School District – townships

of Amity, Oley, Hereford, District and Pike. Call for appts.

200 W. Spring St. Boyertown, PA 19512

City Reach Church’s Faith.....610-621-5227

1011A Cotton St. Reading, PA 19602

2nd & 4th Saturdays of the month 11:30am

Friend, Inc.....610-683-7790

658D Noble St. Kutztown, PA 19530

Must be resident of Fleetwood/Kutztown/Topton/Albany/Greenwich/

Longswamp/Rockland/ Maiden creek/Maxatawny/Richmond/

Ruscombmanor. 658D Noble St. Kutztown, PA 19530

1st & 3rd weeks of the month (Call for appt.)

Greater Berks Food Bank.....610-926-5802

Provides food to local pantries/ soup kitchens/shelters. Call to get food

pantry closest to you. 117 Morgan Drive Reading, PA 19608

New Journey United Methodist Church.....610-375-3310

138 S. 6th St. Reading 19602 Kitchen Cupboard: Wed: 10a-12p (Bring ID)

Lunch served Mon/Tues/Thurs/Fri: 11:30am-12:30pm

Salvation Army.....610-373-5208

PO Box 1099 301 S. 5th St. Reading, PA 19601. 2nd and last Thursday of

month at 4:30pm & Tues. and Thurs. at 9:30am

St. James Chapel Church of God and Christ.....610-375-7537

11 S. 9th St. Reading, PA 19602

4th Wed. of month: 10:00am - 12:00pm (Need ID)

Women Infants & Children.....610-939-8353

Vouchers for healthy food for pregnant/breastfeeding/postpartum

women with infants and children under 5yrs.

Clothing Resources

Catholic Charities.....610-376-7144

Assistance with footwear necessary for employment

400 Washington St; Suite 100 Madison Bldg. Reading, PA 19601

City Thrift Shop.....610-376-3320

Clothing for men and women available at a discounted price.

314 Penn St. Reading, PA 19602

Goodwill.....610-777-5250

Clothing and footwear available at a discounted price.

602 E. Lancaster Ave Shillington, PA 19607

Hispanic Center.....610-376-3748

Provides info/referrals/advocacy to those seeking help with basic needs

such as housing, food, clothing, health care, education, legal issues,

financial concerns, government forms, notary service, job apps.

501 Washington St. Reading, PA 19601

New Journey Community Outreach.....610-375-2662

Clothing Center available at no cost to the public. Back to work clothing

available by appointment.

138 S. 6th Street Reading, PA 19602 Fridays 10:30am - 12:30pm

Spring Valley Church of God.....610-929-7969

Free clothing for women, men and children. 1st Sat of each month

10a-12pm (call first to confirm open)

2727 Old Pricetown Road Temple, PA 19560

Hope Rescue Mission.....610-375-4224

Sells used clothing, shoes and furniture at affordable prices.

645 N. 6th St. Reading, PA 19601

Childcare or Parenting Needs

Berks Community Action Program610-376-6571

Fatherhood Initiative Program – Fathers learn values and responsibility,

Family Center and Parenting classes

645 Penn St. Reading, PA 19601

BCIU – Berks County Intermediate Unit..... 610-987-2248

Subsidized childcare for those who are unable to afford it

1111 Commons Boulevard PO Box 16050 Reading, PA 19605

Even Start Family Literacy Program.....484-258-7000

Offers ESL, Parenting skills, PACT and Child Development classes for

residents in the Reading School District with children between the ages

of 0 and 8 years old.

Second Street Learning Center.....610-374-4696, ext. 242

Accepts childcare subsidies and assists with subsidy enrollment

paperwork. Accepts children age 6 weeks to 13 years of age with special

needs. 430 N. 2nd St. Reading, PA 19601

Mary’s Shelter.....610-376-1973

Prenatal care/child care. Parenting, relational and housekeeping skills.

Partnering with Diaper Bank. 736 Upland Ave. Reading, PA 19607

Caring Community

Community Prevention Partnership..... 610-921-9820

New Road Ministry.....610-373-3907

Interactive coaching centering on life topics and fellowship around a

family-style meal. Hopewell Mennonite Church

6th & Cherry St. Reading, PA 19602 Thursdays at 5:45pm

Domestic Violence

SAFE BERKS.....610-373-1206

24 hr. Bilingual Hotline: 844-789-SAFE (7233)

TEXT LINE: TEXT SAFE BERKS to 20121

255 Chestnut St. Reading, PA 19602

Reentry Guide

A resource guide for returning citizens

Published by

Berks Connections/Pretrial Services

A Life Improvement Business

www.berksconnections.org



This resource guide was created by Berks Connections/Pretrial Services with assistance from local agencies and government departments that participate in the Berks County Community Resources Network.

Returning home can be difficult - we hope that this guide helps you to find resources that make you ready to reenter!

Berks Connections/Pretrial Services

Berks County Courthouse – 16th Floor

633 Court Street

Reading, PA 19601

610-478-6920



United Way of Berks County

Updated May 25, 2018

Employment Programs

Pennsylvania CareerLink Berks County.....610-988-1300

Government “one stop” location for employment-related assistance.

www.pacareerlink.state.pa.us 1920 Kutztown Rd, Suite F Reading, PA

Berks Connections/Pretrial Services.....610-478-6920

Referrals/assistancefor residents of BCJ-CRC, referred clients of the DOC and Berks County Treatment Courts.

Berks County Courthouse - 16th Fl. 633 Court St. Reading, PA 19601

Berks Personnel Network / Threshold.....610-288-1448

Employment support services; Available to individuals with disabilities/barriers to employment. 1015 Rockland St.Reading, PA 19604

Community Skills Program®.....610-376-3380

Counseling & Rehabilitation, Inc. Vocational/psychological testing, job develop & placement, case management and cognitive rehab therapy to people with brain injuries/neurological impairments. Referrals only. 1150 Berkshire Blvd Suite 210 Wyomissing, PA 19610

Office of Vocational Rehabilitation.....610-621-5800

Vocational evaluation, training, placement & support services for individuals with disability. Applications online/phone. 3602 Kutztown Road, Suite 200 Reading, PA 19605

United Community Services.....610-374-3319

GED and vocational education, work readiness and on-site construction experience and job placement. 1251 N. Front St. Reading, PA 19601

Hispanic Center.....610-376-3748

Provides assistance with job applications. 501 Washington St. Reading, PA 19601

Public Assistance / Food Stamps / Medical Assistance/Veterans

Assistance

Berks County Assistance Office.....610-736-4211

Apply in person or apply online 625 Cherry St. 3rd Floor Reading, PA

Social Security Administration.....866-274-5960

Must be aged, blind, disabled or Medicare eligible through employment to apply. 201 Penn Street, 2nd Floor Reading, PA

Berks VA Clinic.....484-220-2572

Provides Primary Care, nurses, lab, social work, psychiatry, psychology, group therapy support/ counseling, assessments, treatments and referrals to honorably discharged vets and their spouses through the CHAMP program.

2752 Century Blvd. Wyomissing, PA 19610

Berks County Veterans Affairs.....610-378-5601

Submits claims pertaining to service connected benefits/pension/ burial/death benefits/state veteran’s benefits. 726 Cherry St. Reading

Lebanon VA Medical Center(Incarcerated Veterans Reentry Center).....717-272-6621 or 800-409-8771

Substance abuse treatment, vocational and independent living skills programs, Community Transitional Residence Programs, ongoing support, case management and coordination of treatment. 1700 South Lincoln Ave Lebanon, PA 17042

Opportunity House.....610-374-4696

Provides assistance to veterans. 430 N. 2nd. St. Reading, PA 19601

Hope Rescue Mission.....610-375-4224

On site social/resource center for veterans. Single occupancy rooms for homeless veterans. Food, clothing and toiletries available for veterans. 645 N. 6th St. Reading, PA 19601

Drug/Alcohol and Mental Health Referrals and Treatment

Treatment Access & Service Center..... 610-375-4426

Intake and assessment services for individuals without private insurance. 19 N. 6th Street Suite 300 Reading, PA 19601

Council on Chemical Abuse.....610-376-8669

Offer educational resources on their website: www.councilonchemicalabuse.org

ADAPPT.....610-478-8800

Intensive drug & alcohol program for state parolees with maximum stay of 90 days where parolees are provided with treatment services. 428 Walnut St. Reading, PA 19601

Berks Counseling Center.....610-373-4281

Outpatient and intensive outpatient counseling services for chemically dependent individuals. 645 Penn Street Reading, PA 19601

Caron Foundation.....610-678-2332

Inpatient and outpatient services for patients 13+ years of age 243 N. Galen Hall Road PO Box 150 Wernersville, PA 19565

Family Guidance Center.....610-374-4963

Outpatient mental health and drug and alcohol therapy. 1235 Penn Avenue; Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Dual diagnosis treatment, methadone maintenance and chemical dependency services 20-22 N. 6th Avenue West Reading, PA 19611

Pennsylvania Counseling Services.....610-478-8088

Reading Psychiatric.....610-478-8088

Outpatient and intensive outpatient drug and alcohol counseling 125 S. 5th Street Reading, PA 19602

Reading Hospital Medical Center.....610-988-8070

Drug & alcohol center offers detox, short-term residential, individual/ group counseling, aftercare. 401 Buttonwood St. West Reading, PA

Easy Does It, Inc.....610-373-2463

Provides space for 12 step meetings, drug and alcohol free social events. Meetings for AA, NA, OA, Al-Anon, Alateen 1300 Hilltop Road, Leesport PA & 647 Walnut Street Reading, PA

Hogar Crea.....610-372-8410

18-20 month intensive drug and alcohol program for males. 302 S. 5th St. Reading, PA 19602

Adult/Teen Challenge Treatment Center.....717-933-4181/717-673-4219

Medical detox, 30 day rehab and 14 month recovery program. 33 Teen Challenge Rd. Rehrersburg, PA 19550

YMCA of Reading and Berks County.....610-378-4736

Group home settings for chemically dependent homeless men and women. Must be resident for at least 90 days. 631 Washington St. Reading, PA 19601

Berks County MH/DD Program.....610-478-3271

Subcontracts with SAM to provide MH and MR programs & administers oversight with the HealthChoices program. 633 Court Street; 8th Floor Berks County Services Center Reading, PA 19601

Service Access Management, Inc.....610-236-0530

Mental Health intake and assessment services for individuals who do not have private insurance. 19 N. 6th St. Reading, PA 19601

Greater Reading Mental Health Alliance.....610-775-3000

Referral information and advocates for parents and children. 1234 Penn Avenue Wyomissing, PA 19610

Berks Counseling Center.....610-373-4281

Mental health counseling/services for children adolescents and adults. 645 Penn. St. Reading, PA 19601

Child & Family Support Services, Inc..... 610-376-8558

Therapy for adults/couples/families. 4 South 4th St. 2nd Fl. Reading, PA

Family Guidance Center.....610-374-4963

Provides psychiatric services and medication management. 1235 Penn. Ave. Suite 205-206 Wyomissing, PA 19610

New Directions Treatment Services.....610-478-0646

Licensed psychiatric outpatient services for adults, provides evaluation, medications management, psychotherapy. 20-22 N. 6th Ave. West Reading, PA 19611

Mosaic House.....610-375-7840

Psycho/Social rehabilitation center. Assists with a MH/MR diagnosis with education and employment services. 525 Franklin St. Reading, PA 19601

Pennsylvania Counseling Services Reading Psychiatric....610-685-2188

Provides outpatient mental health counseling and psychiatric care. Spanish-speaking services available. 125 S. 5th St. Reading, PA 19609

Pennsylvania Counseling Services Reading-Wyomissing..610-670-7270

Provides mental health counseling. Medical Assistance not accepted. 1733 Penn Ave. Reading, PA 19609

Progressions.....610-375-7454

Outpatient MH/MR therapy for adults, family and children. 144 N. 6th St. Reading, PA 19601

Reading Hospital Medical Center.....610-988-8070

Provides inpatient and outpatient services as well as partial hospitalization programs for individuals experiencing psychiatric, emotional or behavioral health problems. 6th and Spruce St. West Reading, PA 19611

Health and Dental Needs

Berks County State Health Center.....610-378-4377

Tuberculosis treatment and diagnosis, communicable disease control/investigation, info on PKU, SIDS, Animal Bite and Child Lead Poisoning. 625 Cherry St.; Room 401 Reading

Berks Deaf & Hard of Hearing Services.....610-685-4520

TTY: 610-685-4525 2045 Centre Avenue Reading, PA 19605

Berks Community Health Center.....610-988-4838

838 Penn Street Reading, PA 19602 (main location)

Co-County Wellness Services.....610-375-6523

Services for HIV/STD/HCV prevention, risk reduction, counseling, planning, testing and screening in addition to services for HIV positive individuals. 429 Walnut St. Reading, PA 19601

Farias Health Care.....610-898-0766

New patient visits, physicals, sick visits, follow-up appointments and injection. Payment based on household income. 525 Penn St. Reading, PA 19601 Monday – Friday (Hours 8:30am-4:30pm)

Planned Parenthood of Northeast PA.....610-376-8061

Education about safe sex, STD care and prevention, birth control and pregnancy tests to clients under the age of 18 (fees are based on household income) 48 S. 4th Street Reading, PA 19601

St. Joseph Medical Center.....610-378-2445

Dental Clinic 145 N. 6th St. Reading, PA 19601

Salvation Army.....610-373-5208

Prescription Assistance when funds available. 301 S. 5th St. Reading

Western Berks Free Medical Clinic610-693-6207

Clinic at St. Daniel’s Lutheran Church and meets the minor acute healthcare needs 480 Big Spring Road Besonia, PA 19551 Wednesdays beginning at 6pm by appointments only. Women’s Clinic 3rd Tues. of every month by appt. only

GED/ESL/Education Related Assistance

Catholic Charities.....610-376-7144

Provides GED and job training. 400 Washington St. Suite 100 Madison Bldg. Reading, PA 19601

Even Start Family Literacy Program.....610-370-8540 ext. 60218

ESL/ Parenting skills/PACT/Child Development classes for residents in the Reading School District: children between 0-8 yrs. old

Hispanic Center.....610-376-3748

Refers to appropriate agencies who provide ESL testing. 501 Washington St. Reading, PA 19601

Literacy Council of Reading / Berks.....610-670-9960

Workplace foundation skills training, support, materials and linkage services for clients. Also offers ESL classes and 1:1 literacy trainings and GED classes. 35 South Dwight Street West Lawn, PA 19609

Reading Area Community College (RACC).....610-372-4721 ext. 5322

ABE/GED/ESL classes & GED testing. 10 S 2nd Street Reading 111 Riverfront Dr. Reading, PA 19602

United Community Services.....610-374-3319

YouthBuild Program provides 17-24 yr. olds with GED and vocational education, on site construction experience and job placement 1251 N. Front St. Reading, PA 19601

Wisdom 31.....610-373-5777

Beginning intermediate and advanced ESL classes as well as citizenship classes. 640 Centre Avenue Reading, PA 19601

Berks County Career & Technology Center.....610-374-4073

1057 County Road Leesport, PA 19533

Berks Technical Institute.....610-372-1722

2205 Ridgewood Road Wyomissing, PA 19610

Ilead.....610-624-3712

Charter school provides Associate’s Degrees in human services 401 Penn St. Reading, PA 19601

RACC Schmidt Training and Technology Center.....610-372-4721

10 S. 2nd St. Reading, PA 19603

Bus and Taxi

BARTA.....610-921-0601

www.bartabus.com 1700 N. 11th St. Cost: \$1.70 plus \$0.25 to transfer or ride between different route Zones. 1 Day Pass is \$4 when purchased on the bus and \$3 if purchased ahead

Inter-City Bus Terminal.....610-373-9911

Bus transportation between Reading and surrounding cities 20 N. 3rd St. Reading, PA 19601

Reading Metro Taxi.....610-374-5111

615 Elm Street Reading, PA 19601

Grab-A-Cab.....610-478-1111

YMCA Reconnection Program.....610-378-4700

Transportation costs to reconnect with supportive services and loved ones outside the Berks County area. 631 Washington St. Reading, PA

Miscellaneous

Berks Community Action Program610-376-6571

Budgeting assistance/credit repair/tax assistance 247 N. 5th Street, 1st Floor Reading, PA

Berks Co. Election Services.....610-478-6490

Berks County Services Center – 1st Fl. 633 Court St. Reading, PA

Legal Services

Pennsylvania State Parole.....610-378-4331

Reading State Office Building 633 Cherry Street Reading, PA

Berks Co. Adult Probation & Parole Office.....610-478-3400

633 Court St, 7th Floor Reading, PA Mon. – Fri. 8am – 5pm

Berks Co. Juvenile Probation Office610-478-3200

633 Court St, 10th Floor Reading, PA Mon.-Fri. 8am – 5pm

Berks Co. Domestic Relations Section.....610-478-2900

633 Court St, 6th Floor Reading, PA Mon.-Fri. 8am-5pm

Berks County Bar Association..... 610-375-4591

Lawyer Referral Service 544 Court Street Reading, PA

Berks County Clerk of Courts.....610-478-6550

Access your record and pay criminal case fines and costs. Berks County Courthouse – 4th Fl. 633 Court St. Reading, PA

Mid-Penn Legal Services.....1-800-326-9177

Provides legal services for Barriers to Employment, Custody, Domestic Violence, Debt Collection, Housing (including landlord/tenant issues and utility issues), SSI/SSD, unemployment, wage claims and welfare issues. 501 Washington Street – 4th Floor Reading, PA 19601

Pennsylvania Prison Society.....215-564-4775

Reviews prison conditions & provides assistance with inmate rights/advocacy. 245 N. Broad St; Suite 200 Philadelphia, PA

Hispanic Center.....610-376-3748

Provides info. and referrals regarding legal issues and government forms. 501 Washington St. Reading, PA

Exhibit E

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

DAMON MONYER and PENNSYLVANIA	:	
CANNABIS COALITION,	:	
	:	NO. 283 MD 2023
Petitioners,	:	Original
	:	Jurisdiction
-VS-	:	
	:	
23rd JUDICIAL DISTRICT, BERKS	:	
COUNTY,	:	
	:	
Respondent.	:	

* * * * *

TUESDAY, JANUARY 30, 2024

* * * * *

Videoconference deposition of KENNETH KELECIC, ESQUIRE, was taken at the law offices of Deasey, Mahoney, Valentini, 103 Chesley Drive, Medial, Pennsylvania, before Renee Schumann, a Notary Public of the State of New Jersey and Notary Public of the Commonwealth of Pennsylvania, on the above date, commencing at 9:32 a.m.

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A P P E A R A N C E S:

LAW OFFICES OF DEASEY, MAHONEY & VALENTINI
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 Media, Pennsylvania 19063
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 Aadair@dmvlawfirm.com
 Representing the Respondent

ACLU OF PENNSYLVANIA
 BY: STEVE LONEY, ESQUIRE
 ANDREW CHRISTY, ESQUIRE
 SARA ROSE, ESQUIRE
 PO BOX 60173
 Philadelphia, Pennsylvania 19102
 (215) 592-1513
 Sloney@aclupa.org
 Presenting Petitioners Damon Monyer and
 Pennsylvania Cannabis Coalition

AOPC LEGAL DEPARTMENT
 BY: ROBERT KRANDEL, ESQUIRE
 JENNIFER HERMANN, ESQUIRE
 1515 Market Street, Suite 1414
 Philadelphia, Pennsylvania 19102
 (717) 231-3380
 Jennifer.hermann@pacourts.us
 Robert.krandel@pacourts.us
 Representing 23rd Judicial District, Berks
 County

Page 3

1 I N D E X
 2
 3 WITNESS PAGE
 4 KENNETH KELECIC, ESQUIRE,
 5 (Witness Sworn.)
 6
 7 DIRECT EXAMINATION BY MR. LONEY 4
 8 CROSS-EXAMINATION BY MS. HERMANN 113, 141
 9 REDIRECT EXAMINATION BY MR. LONEY 129
 10
 11 E X H I B I T S
 12 NUMBER DESCRIPTION PAGE
 13 Kelecic-1 December 14, 2022 E-mail 34
 14 Kelecic-2 May 15, 2023 E-mail 37
 15 Kelecic-3 May 25, 2023 E-mail 38
 16 Kelecic-4 March 23, 2023 E-mail 73
 17 Kelecic-5 Adult Probation Scheduled Activities
 79
 18 Kelecic-6 July 19th E-mail 110
 19
 20 (Exhibits attached to the transcript.)
 21
 22 REQUESTS FOR PRODUCTION:
 23
 24 None

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1 * * * * *
 2 KENNETH KELECIC, ESQUIRE, having been
 3 duly sworn according to law, was examined and
 4 testified as follows:
 5 * * * * *
 6 DIRECT EXAMINATION
 7 * * * * *
 8 BY MR. LONEY:
 9 Q. Good morning, Mr. Kelecic, am I saying
 10 that correctly?
 11 A. That's perfect, first try.
 12 Q. I think Drew helped me out with that
 13 when I first spoke with him. My name is Steve Loney,
 14 I am an attorney with ACLU of Pennsylvania, I
 15 represent Damon Monyer and the Pennsylvania Cannabis
 16 Coalition in a lawsuit against the 23rd Judicial
 17 District. Also for the record, my colleagues, Sara
 18 Rose and Andrew Christy are also on the Zoom, but I
 19 will be the one primarily speaking.
 20 How are you today?
 21 A. I'm good. How are you?
 22 Q. I'm okay.
 23 Are you familiar with the defendant in
 24 this case, the 23rd Judicial District?

Page 5

1 A. That's Berks County and I'm an employee
 2 of Berks County.
 3 Q. Is the District your employer?
 4 A. Not the District, my county is the
 5 employer.
 6 Q. And your job with the county is as an
 7 Assistant District Attorney?
 8 A. That's correct.
 9 Q. Have you ever been deposed?
 10 A. I haven't been deposed before, but I've
 11 testified previously.
 12 Q. In trial proceedings?
 13 A. In trial proceedings and
 14 post-conviction relief acts proceedings.
 15 Q. As an attorney, have you ever taken
 16 depositions?
 17 A. I did, but like 2006, 2007, it's been a
 18 little bit.
 19 Q. Fair enough. Even though it's been a
 20 while, I suspect you are familiar with the basics.
 21 If there's anything that is unclear, please stop me,
 22 otherwise I am going to assume that you understood my
 23 questions and that you're able to answer them; is
 24 that fair?

Page 6

1 A. That is. If I don't understand
2 something, I will ask.
3 Q. One baseline point I will go over
4 before we start is to note that the Judicial District
5 is represented here by Mr. Krandel and Ms. Hermann.
6 If they object to any of my questions or your
7 attorney representing you here today objects to any
8 of my questions, you should let them get their
9 objection on the record and then answer the question
10 that I posed, if you understand it.
11 The one exception to that is if they
12 object on the basis of privilege. You being an
13 attorney, I want to be careful, we don't want to know
14 any attorney/client privileged information you may
15 have acquired in your role working for the county.
16 So if anyone has a privilege objection,
17 we'll try to deal with that before deciding whether
18 or not you can answer the question without violating
19 privileges?
20 Does that make sense?
21 A. It does.
22 Q. Great. If you need a break, just say
23 so, we'll do our best to accommodate as long as there
24 isn't a question pending when you ask for the break.

Page 7

1 A. Okay.
2 Q. My first question with all of that said
3 is since we're not in the room together, where are
4 you located right now?
5 A. I'm currently in my office in the Berks
6 County District Attorney's Office.
7 Q. Is anybody else in the room with you?
8 A. No.
9 Q. I know you are looking at a computer
10 screen to participate in this Zoom, is that the only
11 screen you have up in front of you or do you have
12 multiple monitors up?
13 A. I have multiple monitors. The other
14 monitor just shows the Zoom launch meeting website.
15 Q. So the monitor you are looking at has
16 just our pictures and then the other monitor has just
17 the Zoom link; is that right?
18 A. Correct.
19 Q. Do you have any other windows open on
20 your computer?
21 A. On the other screen there's some Lexis
22 tabs from some research I was doing.
23 Q. Is that research relating to this case?
24 A. Not at all.

Page 8

1 Q. Do you have any other devices like a
2 smart phone in front of you?
3 A. My personal cell, my work cell phone is
4 in the room as well, I'm on call for the county this
5 week, so that's sitting on my desk as well.
6 Q. If your phone rings and you need to get
7 it, again, we'll do our best to accommodate requests
8 for a break.
9 A. Understood.
10 Q. I know you're in your office, so I
11 suspect you have documents around you. Do you have
12 any papers in front of you that relate in any way to
13 Mr. Monyer or in this case?
14 A. The only thing I have is the -- I have
15 the packet I was forwarded this morning of exhibits
16 that you forwarded to my attorney. I do have a copy
17 of the lawsuit itself in a binder in front of me as
18 well.
19 Q. And so did you print out that
20 collection of exhibits that I e-mailed this morning?
21 A. I did.
22 Q. So I may use the Zoom screen to show
23 you documents as we go along, they are probably some
24 of the same documents you have in front of you. I

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1 will just ask that you not consult any of the
2 materials that you have in your office other than
3 when I'm showing them on the screen; is that okay?
4 A. Understood.
5 Q. If you do just organically find
6 yourself looking at something in front of you while
7 you're answering the question, please just let me
8 know what you're looking at as we go.
9 A. Will do.
10 Q. So you mentioned printing out some of
11 the materials, did you review the complaint in this
12 case to get ready for this deposition?
13 A. I have. I reviewed it on this past
14 Friday.
15 Q. And other than discussions with your
16 own counsel, Mr. Adair, have you discussed this
17 deposition with anybody else?
18 A. I mean my supervisor knows it's
19 occurring because I am unavailable right now, and
20 Mr. Adams knows I'm being deposed simply because when
21 this happens I do need to inform him of things like
22 this.
23 Q. Mr. Adams is your supervisor?
24 A. Mr. Adams is the head DA of the county.

Page 10

1 Q. Did you speak with Mr. Krandel or
2 Ms. Hermann in preparation of this deposition?
3 A. I did not.
4 Q. I'm just going to quickly go through
5 your background.
6 How long have you been an attorney?
7 A. I've been an attorney in Pennsylvania
8 since 2006.
9 Q. Were you an attorney in another
10 jurisdiction before Pennsylvania?
11 A. No.
12 Q. And where did you go to law school?
13 A. University of Kentucky.
14 Q. What year did you graduate?
15 A. 2006.
16 Q. So your entire career as an attorney
17 has been in Pennsylvania?
18 A. That's correct.
19 Q. Has it all been in Berks County?
20 A. It has not. My first -- from 2006
21 until about the middle of 2008 I practiced privately
22 in Fayette County and then I moved to Berks County --
23 well, moved to this area and I've been practicing in
24 Berks County ever since.

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1 Q. You said that was in 2008 when you made
2 that move?
3 A. Correct.
4 Q. Where did you get your undergraduate?
5 A. Ursinus College.
6 Q. What year did you graduate from
7 Ursinus?
8 A. 2003.
9 Q. What was your degree in?
10 A. Political science.
11 Q. And aside from normal continuing legal
12 education courses that you have to take as an
13 attorney, do you have any other specialized training
14 or degrees?
15 A. I do not.
16 Q. I know you said you moved to the Berks
17 County area in 2008, what job did you have at that
18 point?
19 A. In 2008 I began employment with the
20 Berks County Public Defender's Office and I was
21 employed there from 2008 until the fall of 2014.
22 Q. During your time in the PD's office,
23 did you interact at all with the Berks County
24 Treatment Court Programs?

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1 A. Very little.
2 Q. But there -- back in -- prior to 2014
3 there was at least one treatment court; is that
4 right?
5 A. I believe so. I believe there was a
6 DUI Treatment Court at that point and I would have
7 probably applied people to that treatment court
8 program but I didn't -- I never went to it, I didn't
9 preside over it. That would have been my only
10 involvement is applying people to that program.
11 Q. As a defense attorney, did you ever go
12 to the meetings where applications were discussed?
13 A. Not that I remember.
14 Q. Am I correct that now Berks County has
15 four treatment court programs?
16 A. That's correct.
17 Q. So as we go through this deposition, if
18 I refer to generally to the treatment courts to refer
19 to all four treatment courts available in Berks
20 County, sometimes also called the problem solving
21 courts; is that okay?
22 A. Yes.
23 Q. Am I right that the treatment courts
24 currently available are the DUI Treatment Court that

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1 you mentioned before, in addition to the Mental
2 Health Treatment Court, the Drug Treatment Court and
3 Veterans Treatment Court.
4 Do I have those right?
5 A. Yes, you do. Those are the four
6 treatment courts.
7 Q. If I ask you a question generally about
8 the treatment courts as a whole but your answer would
9 be different depending on which ones, could you just
10 let me know when you're specifically talking about
11 one versus all four?
12 A. Yes.
13 Q. In 2014 when you left the PD's office,
14 what did you do?
15 A. I came directly to the District
16 Attorney's Office.
17 Q. And you've been in the District
18 Attorney's Office ever since?
19 A. That's correct.
20 Q. So I know before you mentioned that
21 your employer as an ADA is Berks County, right?
22 A. Correct.
23 Q. When you are prosecuting a case, who is
24 your client?

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1 A. The Commonwealth of Pennsylvania.
2 Q. And aside from prosecuting cases, do
3 you have any other roles within the DA's office?
4 A. Not really. I mean that's kind of an
5 open-ended question because I mean we do generally do
6 a lot of things within this office. I mean I also
7 advise, you know, law enforcement on charges, that
8 sort of stuff, but I mean the gist of it is we're
9 still prosecuting crimes.
10 Q. Understood. I'll try to make it a
11 little bit more specific.
12 Do you have supervisory duties? Do you
13 have any anybody working under you?
14 A. I do not.
15 Q. Has that been true since you joined in
16 2014?
17 A. That is correct.
18 Q. What about with the treatment court
19 programs, do you have any role in connection with
20 those?
21 A. I do. I am currently assigned to the
22 Veterans Treatment Court program and the Mental
23 Health Treatment Court program.
24 Q. Have you ever been assigned to the DUI

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1 Treatment Court program during your time in the DA's
2 office?
3 A. I may have covered a meeting or two
4 years ago, but I was never permanently assigned
5 there.
6 Q. And what about the Drug Treatment
7 Court?
8 A. The Drug Treatment Court, I
9 occasionally will cover when the other -- when the
10 ADA who is assigned there is unavailable. Since it
11 is only the two of us that are assigned to those
12 three courts, so I occasionally cover those meetings
13 as well.
14 Q. When you say you are assigned to the
15 Veterans Treatment Court and the Mental Health
16 Treatment Court, what do you mean by "assigned to"?
17 A. I would be the assistant district
18 attorney that goes to the new applicant meetings and
19 then the regular court sessions, as well as the
20 regular team meetings for those two courts.
21 I'm also the Assistant District
22 Attorney who makes the plea offers, once the person
23 is admitted and it's time for them to enter a plea
24 bargain of some sort. I'm also the ADA who compiles

Page 16

1 those plea offers.
2 Q. Is that the case that's your role in
3 connection with all of the defendants who applied to
4 either of those two treatment courts, Veterans and
5 Mental Health?
6 A. Correct.
7 Q. Am I correct that there is somebody
8 from the DA's office assigned to each one of the four
9 treatment courts in Berks County?
10 A. Yes. There's another ADA who is
11 assigned to the drug treatment court, and then as far
12 as the DUI treatment court, I believe all four of the
13 ADAs who are regularly assigned to the DUI -- the
14 regular DUI court, they all share the
15 responsibilities of the DUI treatment court.
16 Q. You mentioned three different pieces
17 within the treatment courts where you're assigned,
18 the new applicant meeting, court sessions, I think
19 your regular court sessions, right?
20 A. Correct.
21 Q. And team meetings, do I have that
22 right?
23 A. Correct.
24 Q. Is it your understanding that those

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1 three pieces of the process are the same for all four
2 treatment courts?
3 A. I can speak to mental health and drug,
4 they are. DUI Treatment Court, I can't speak with
5 any knowledge to that.
6 Q. So when you said previously that you
7 sometimes cover the meetings for Drug Treatment
8 Court, would those be the regular team meetings or
9 the new application meetings or both?
10 A. Typically the regular court meeting, I
11 don't believe I ever went to a new applicant meeting
12 for DUI court.
13 Q. And specific, do you know who Damon
14 Monyer is, the plaintiff in this case?
15 A. I am familiar with his case and his
16 charges. I don't believe I've ever met him, no.
17 Q. Were you the ADA assigned to Mental
18 Health Treatment Court -- strike that.
19 Were you the ADA assigned to Veterans
20 Treatment Court at the time that Mr. Monyer's
21 applications were being considered?
22 A. I was.
23 Q. Is there sometimes another ADA who will
24 cover meetings when you're not available for Veterans

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1 Treatment Court?
2 A. Yes.
3 Q. Do you know whether there was ever a
4 different ADA attending meetings where Mr. Monyer's
5 applications were being considered?
6 A. Not that I recall, and in my review of
7 our file, I've only seen my notes in reference to
8 Veterans Treatment Court, so I don't believe anyone
9 else covered for me.
10 Q. Got it. So I'd like to walk through a
11 little bit from your perspective how all of this
12 works in Veterans Treatment Court.
13 I assume the new applicant meeting is
14 first of those three sessions you mentioned?
15 A. It is.
16 Q. And is that specific to a particular
17 applicant or do you have a routine meeting where you
18 discuss all of the new applicants at once?
19 A. At the time that Mr. Monyer was
20 applying, we were having a monthly new applicant
21 meeting, normally the first Tuesday morning of the
22 month we would have a new applicant meeting where
23 Judge Lieberman who was assigned to the courts at
24 that point would have his new applicants for Veterans

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1 Court and Mental Health Court. He, at some point,
2 also took over Drug Treatment Court so Drug Court was
3 also -- their new applicants would happen all during
4 that same meeting.
5 We would typically do the veterans
6 first followed by the mental health applicants and
7 then the Drug Court applicants last and that was just
8 based on the volume of applicants for each of those
9 courts.
10 Q. Were you going -- which order in terms
11 of volume --
12 A. The smallest was Veterans Treatment
13 Court.
14 Q. So the Veterans Treatment Court had the
15 smallest number of applicants at the time?
16 A. Yes.
17 Q. And Drug Treatment Court had the
18 largest of those three?
19 A. Correct.
20 Q. So given that there is another ADA
21 assigned to Drug Treatment Court, were both of you in
22 those new applicant meetings and present for the full
23 discussion for all three of those courts?
24 A. I can't really speak to when the other

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1 ADA was -- whether she sat through the portions
2 dealing with my dockets or not. I know that most of
3 the time when I was done with Mental Health Court, I
4 would sign off. They were done by Zoom meetings, so
5 I would sign off. I can't say for certain whether
6 she was present during veterans court or mental
7 health or not.
8 Q. Who is this so we can put a name to the
9 person we're talking about?
10 A. Her name is Colleen Dugan, D-U-G-A-N.
11 Q. Thank you.
12 Who else at the new applicant
13 meeting -- who else was on that team for those
14 meetings at the time Mr. Monyer's applications were
15 being considered, which would be in 2023?
16 A. For veterans court, Gelu Negrea is the
17 Veterans judicial outreach coordinator was present
18 for that time period. I don't remember which adult
19 probation officer was there when Mr. Monyer first
20 applied. I don't know if that was Rudy Leone or if
21 Paige MacBain had already been assigned to that
22 court. I know for most of this it's been
23 Ms. MacBain.
24 Supervising APO Jessica Bodor would be

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1 present during those team meetings. Judge Lieberman
2 would be present during those meetings. There is an
3 individual, I can't say I remember her last name off
4 the top of my head, Claudia that works for adult
5 probation that is present and there is always a
6 sheriff in the room but that's a rotating basis. I
7 couldn't tell you the names of who they are during
8 that. I don't write that down.
9 Q. Does the sheriff have a role on the
10 team or is the sheriff just present because the Judge
11 is there?
12 A. Simply just present because the Judge
13 is there.
14 Q. So does this team vote, so if I refer
15 to them as voting members, would that be a relevant
16 reference?
17 A. No. It's not really a voting -- I
18 don't think voting would be the right word. I would
19 say those people are capable of giving input to the
20 judge, but I think the decision whether someone gets
21 admitted or not ultimately it comes down to what the
22 judge decides.
23 Q. The presiding judge is always there as
24 a member of the team, right?

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1 A. Correct.

2 Q. And there's always a member or a
3 representative from the District Attorney's Office,
4 right?

5 A. Correct.

6 Q. Always somebody from the probation
7 office, at least one person?

8 A. Correct.

9 Q. Are there any other offices or entities
10 that are represented at these meetings?

11 A. Yes, I left out there's typically a
12 representative from the Public Defender's Office
13 there as well.

14 Q. Is the public defender representative
15 always there even in cases where the applicants have
16 their own private attorneys?

17 A. Yes.

18 Q. Can the private attorneys attend the
19 new applicant meeting as well?

20 A. Yes, they can.

21 Q. Do they frequently attend the new
22 applicant meeting?

23 A. Very rarely do I ever remember private
24 attorneys being present for the new applicant

Page 23

1 meeting.

2 Q. And you also referred to regular team
3 meetings, is that something separate from the new
4 applicant meeting?

5 A. It is.

6 Q. Is the roster the same?

7 A. Yes, the roster of people who are there
8 for the team meetings are normally the same as the
9 new applicant meeting.

10 Q. And are private defense attorneys also
11 able to participate in the routine team meetings?

12 A. Yes, they are.

13 Q. We'll get into this in more detail, but
14 just at a high level, could you tell me what the
15 difference is between the new applicant meeting and
16 the team meeting?

17 A. So the new applicant meeting is for
18 people who have recently applied to the court who
19 have not yet been admitted. During those meetings
20 there's a number of topics discussed, as far as
21 whether their charges are appropriate for treatment
22 court, whether their prior record makes them
23 appropriate for treatment court.

24 Sometimes depending on the nature of

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1 the case, the victim input is discussed at those
2 meetings. We'll discuss whether -- you know, in
3 reference to the veterans whether they're service
4 connected or not, whether they can actually get their
5 treatment through the VA.

6 We'll also discuss, you know, their
7 prior times being on probation, if they were. Those
8 are the things that are typically discussed, as well
9 as the other team members who dealt with any of these
10 people before, whether they have mental health
11 evaluations that have been completed, drug and
12 alcohol evaluations. It's more of the new app
13 meeting is the, you know, the pre-admission work to
14 see whether they are appropriate for the court or
15 not.

16 Once a person is admitted into the
17 treatment court, then the team meeting occurs before
18 every regular court session. They typically start
19 half an hour to 45 minutes before the regular team
20 meeting and those meetings are to discuss the people
21 who are already admitted into court.

22 Basically just an update on how they're
23 doing, whether they have had any, you know, positive
24 drug tests, are they complying with their treatment,

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1 are they going to their groups, are they seeing their
2 psychologist or psychiatrist. And from my end, you
3 know, if I'm aware of any further contact with law
4 enforcement.

5 So it's pretty much the difference
6 between you're pending to get into the court versus
7 you're already in it.

8 Q. So the new applicant meeting, is that
9 where the decision gets made as to whether or not
10 somebody is formally admitted into the treatment
11 court program?

12 A. Yes, that's the meeting where we decide
13 whether or not they're going to be -- I shouldn't say
14 we, whether the judge decides whether or not he's
15 going to accept them into the program.

16 Q. And does the judge generally follow
17 recommendations from other members of the team?

18 A. Not always because we can be split on
19 our recommendations for whether someone is an
20 appropriate candidate or not. I'm assuming the judge
21 hears all those opinions and then decides what he
22 wants to do.

23 Q. In situations where there's a consensus
24 among the group, does the judge usually go with the

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1 consensus?
2 A. Typically, yes.
3 Q. So we talked about the new applicant
4 meeting, the regular team meetings that happen after
5 that, you also mentioned regular court sessions?
6 A. Yes.
7 Q. Where does that fit in in terms of the
8 treatment programs?
9 A. That is when the actual treatment court
10 participants in the case of veterans court when the
11 veterans themselves come in, that's held the first
12 and third Thursday of the month and the team meeting
13 would be before that regular court session on the
14 same days.
15 During that meeting that is when the
16 veterans themselves come in, the judge brings them
17 all forward one at a time, addresses how they are
18 doing, whether they're complying with everything that
19 is being asked of them, whether they are lacking in
20 certain areas.
21 If there needs to be, you know, any
22 admonishments or penalties given out for not doing
23 certain things, that happens at the regular court
24 sessions, as well as rewards for people who have done

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1 everything or have gone above and beyond what they
2 need to do.
3 Q. Okay. So just to make sure I have this
4 right in sort of the life cycle of an applicant, the
5 new applicant meeting is where the team discusses
6 whether or not somebody is appropriate for a given
7 program and ultimately a decision is made whether to
8 admit them at that meeting, right?
9 A. Correct.
10 Q. And then their routine check-ins where
11 the participant actually comes in and stands in front
12 of the judge and talks about their progress and
13 either, you know, gets a pat on the back or
14 admonishment, right?
15 A. Correct.
16 Q. And the team meets without the
17 participant routinely for about 45 minutes before
18 those regular court sessions before the participants
19 come in. Do I have that right?
20 A. Yes.
21 Q. And if the participant has their own
22 attorney, that person is permitted to go to any one
23 or all of those three seasons, right?
24 A. Absolutely.

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1 Q. You mentioned before that at the time
2 Mr. Monyer applied for Veterans Treatment Court, the
3 new applicant team was meeting -- strike that.
4 At the time Mr. Monyer applied, the
5 team was holding new applicant meetings monthly,
6 right?
7 A. Correct.
8 Q. Has that since changed?
9 A. It has. At the beginning of calendar
10 year 2024, Judge Lieberman stepped back from -- he's
11 a senior judge so he had stepped back from some of
12 his duties and is no longer presiding over any of the
13 treatment courts.
14 With that being the case, Judge
15 Geishauser has taken over, she was already presiding
16 over DUI treatment court, she's now presiding over
17 drug and mental health court and Judge Bodor is now
18 presiding over veterans court.
19 With that, in order to just keep up on
20 applications, both of those judges have now decided
21 that there will no longer be new applicant meetings,
22 but that at every team meeting prior to the regular
23 court sessions, we would address all of the new
24 applicants at that point. So that meeting became a

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1 little longer each time, so now new applicants are
2 discussed. Typically when we get to the end of the
3 regular team meeting, we'll spend 15 to 20 minutes
4 discussing the new applicants.
5 Q. And remind me again, how often the
6 regular team meetings and court sessions happen?
7 A. Twice a month. With veterans court,
8 it's the first and third Thursday. With mental
9 health, it's the first and third Tuesday.
10 Q. So the procedure you described from
11 2023 where the new applicant meetings or multiple
12 treatment courts were happening together?
13 A. Correct.
14 Q. Is that no longer the case because you
15 have different days where Veterans Treatment Court is
16 meeting versus Mental Health Court?
17 A. Correct.
18 Q. But you're on the team for both of
19 those, right?
20 A. I am on the team for both of those
21 courts.
22 Q. And the judge is different from Mental
23 Health Court now from -- Judge Geishauser is handling
24 Mental Health Court, right?

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1 A. Correct.

2 Q. And Judge Bodor is handling Veterans
3 Treatment Court?

4 A. That's correct.

5 Q. Are any of the other team members -- is
6 the roster different other than the judge as between
7 Mental Health Court and Veterans Treatment Court?

8 A. Yes. With Mental Health Court there
9 are a larger number of providers for mental health
10 services. There's Berks Connections, which is the
11 pretrial arm of the court when someone makes the bail
12 condition, when they apply -- when someone applies to
13 the Mental Health Court, they are required to check
14 in with Berks Connections.

15 There's Berks Counseling that provides
16 mental health treatment. There are a couple of other
17 mental health providers that only do the Mental
18 Health Court, not the Veterans Court.

19 Q. Are there representatives for each of
20 those providers at the regular team meetings for
21 mental health court?

22 A. Typically, yes.

23 Q. Is the expectation that anybody who has
24 applied for mental health treatment court has been

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1 seen by at least one of these providers?

2 A. That -- yes, there needs to be some
3 evaluation ahead of time because in order to be
4 appropriate for mental health treatment court, you
5 have to have a qualifying diagnosis.

6 Q. And for Veterans Treatment Court, am I
7 correct that that provider role is filled by
8 Mr. Negrea?

9 A. That's my understanding, yes. All of
10 the applicants get their treatment through the VA.

11 Q. I want to roll back even a little bit
12 more. How does one apply for Veterans Treatment
13 Court?

14 A. Either at their preliminary hearing or
15 around the time of their arraignment there is a
16 one-page application for the treatment court program.
17 It lists the Veteran's, you know, name, biographical
18 information, as well as an understanding that they
19 wish to partake in the program and a waiver of their
20 speedy trial rights and then at that point the --
21 it's a civil application. They apply for it by
22 filing that with the Clerk of Courts and serving a
23 copy of that, plus their Affidavit of Probable Cause
24 on adult probation.

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1 Q. Now, does that filing kick off a
2 process that has to happen between filing date and
3 the new applicant meeting?

4 A. It typically does, yes.

5 Q. And so from your perspective, what is
6 that process, what happens between submission of the
7 application and the discussion of that application at
8 the new applicant meeting?

9 A. My understanding, and this is all
10 secondhand, is once that application is filed, adult
11 probation starts the evaluation process and would
12 probably reach out to Mr. Negrea just to check to see
13 whether the individual is service connected and
14 whether they have any records with the VA that could
15 be useful in determining whether the person is an
16 appropriate candidate or not.

17 Q. And typically, how long does that take,
18 how much time is there between the initial
19 application and that first monthly meeting when it
20 would be considered?

21 A. That -- it varies. A number --
22 sometimes Veterans apply and they're not service
23 connected at that point, so Mr. Negrea -- that
24 sometimes takes a little while because they have to

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1 get their services connected so they're available to
2 VA benefits. Sometimes there are problems with
3 getting the individuals in to be seen and there are
4 times where the applicant themselves simply doesn't
5 cooperate with, you know, going in for all of their
6 evaluations. Some evaluations take longer than
7 others.

8 I've seen people apply and be in as
9 quickly as 45 days and there are other times where
10 it's, you know, six to nine months before -- between
11 the time someone applies and they actually get
12 admitted.

13 Q. When you're the prosecutor on a case
14 and the defendant applies for one of the treatment
15 courts, how are you notified of that?

16 A. Most of the time I find out that
17 someone's applied for the Veterans Treatment Court
18 program when I get the list of new applicants. Prior
19 to this year, you know, maybe three or four days
20 before the new applicant meeting, I would be told
21 here is your list of new applicants for your courts.

22 Now in -- it's kind of a new process in
23 2024. I've been told I'll be given about a week
24 before the first meeting, I'll be given names and

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1 information to check them out, but typically I'm told
2 by adult probation who has filled out the
3 applications.
4 There are times where defense counsel
5 who know that I'm assigned, the Veterans Court will
6 send me a copy of the application by e-mail but
7 that's not common.
8 Q. So I'm going to try to show you a
9 document and for the court reporter's purposes, this
10 is a PDF tab 1 which I'd like to mark as Kelecic-1
11 for the deposition.
12 * * * * *
13 (Whereupon, Exhibit Kelecic-1 was
14 marked for identification.)
15 * * * * *
16 BY MR. LONEY:
17 Q. Mr. Kelecic, are you able to see my
18 shared screen the document labeled tab 1?
19 A. I can see it and I have the printed
20 copy of it in front of me as well.
21 Q. For the record, this is an e-mail dated
22 December 14, 2022 from Alex Lassoff to the e-mail
23 KKelecic@CountyofBerks.com?
24 A. Yes.

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1 Q. Mr. Kelecic, is that your business
2 e-mail address?
3 A. Yes. At the time it was.
4 Q. And do you know Mr. Lassoff?
5 A. He's the attorney for Mr. Monyer. I've
6 spoken with him on a couple of occasions and met him
7 in person once.
8 Q. You mentioned that sometimes defense
9 attorneys will e-mail a copy of the treatment court
10 applications, is that what Mr. Lassoff was doing
11 here?
12 A. He was.
13 Q. Do you know whether Mr. Monyer's
14 attorneys had separately filed an application for
15 Veterans Treatment Court in addition to e-mailing
16 you?
17 A. Off the top of my head, I don't
18 remember seeing his initial application. That's not
19 uncommon because my office doesn't always get served
20 with a copy of it, that initial application, but I do
21 remember receiving this e-mail from Mr. Lassoff.
22 Q. Do you remember what you did after
23 receiving this e-mail with Mr. Monyer's application?
24 A. I remember I reviewed the packets, the

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1 attachments that were with it, which was the
2 mitigation packet.
3 I should add Mr. Monyer was
4 originally -- he had applied for the ARD program in
5 this case and was denied that program based upon the
6 nature of the charges here, and I think this
7 mitigation packet was originally put together as part
8 of the process of convincing our office to give him
9 accelerated rehabilitative disposition.
10 So I think when he decided that he was
11 going to be -- apply for the treatment court program,
12 that's when this packet was mailed to us because the
13 copy of this packet that appears in my physical file
14 actually came from Joe Coleman who is listed in this
15 e-mail as Mr. Lassoff's (sic) original attorney.
16 Q. Understood.
17 Do you recall passing along the
18 information from Mr. Lassoff's December 14th e-mail
19 to the other members of the treatment court team?
20 A. I don't recall if I did or not.
21 Q. I'm going to move on to another
22 document. For the court reporter it's labeled tab 2
23 and I'd like to mark it as Exhibit Kelecic-2.
24 * * * * *

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1 (Whereupon, Exhibit Kelecic-2 was
2 marked for identification.)
3 * * * * *
4 BY MR. LONEY:
5 Q. Mr. Kelecic, can you see on your screen
6 a May 15th, 2023 e-mail from you to Mr. Lassoff?
7 A. Yes, I can see it.
8 Q. In your binder of materials it's
9 labeled tab 2, so if it's easier to review in paper,
10 feel free. Just let me know if you turn to another
11 document in here.
12 A. I have it.
13 Q. Okay. So I'm going to scroll down to
14 the bottom of the first page, which is actually a May
15 11th, 2023 e-mail from Mr. Lassoff to you.
16 Do you see where I'm looking?
17 A. I do.
18 Q. And it references a conversation that
19 Mr. Lassoff had with you about Mr. Monyer's Veterans
20 Court application being denied. Do you recall his
21 initial application being denied around this time?
22 A. I do. Yes, I remember his initial
23 application being denied.
24 Q. Then do you recall Mr. Lassoff then

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1 e-mailing you a re-application or an application of
2 reconsideration of that determination?
3 A. Yes, I do.
4 Q. Scrolling back up to the top of the
5 page, which is the later e-mail in the chain --
6 actually, strike that.
7 MR. LONEY: I'm going off the record
8 for a second and stop sharing my screen.
9 Off the record.
10 * * * * *
11 (Whereupon a discussion was held off
12 the record.)
13 * * * * *
14 BY MR. LONEY:
15 Q. Tab 8 will be Exhibit-3.
16 * * * * *
17 (Whereupon, Exhibit Kelecic-3 was
18 marked for identification.)
19 * * * * *
20 BY MR. LONEY:
21 Q. Mr. Kelecic, I want to show you the
22 next document which is being marked as Exhibit-3, it
23 is labeled tab 8 from what I just sent around.
24 Are you able to see tab 8 on the shared

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1 screen?
2 A. I am.
3 Q. And this is an e-mail forward from
4 Jessica Bodor to Mr. Krandel, but I'm going to
5 actually ask you about an e-mail earlier on this
6 chain.
7 For the record, this is document
8 produced as AOPC 030 through 032.
9 I'm going to scroll down to page 031
10 which shows an e-mail from you dated May 25, 2023 to
11 a group of people.
12 Do you see where I'm looking?
13 A. I do.
14 Q. And this appears to be a forward of an
15 e-mail we were just talking about in Exhibit-2 from
16 Mr. Lassoff on May 11th providing you with a copy of
17 the Veterans Treatment Court re-application for
18 Mr. Monyer.
19 Do I have that right?
20 A. Yes.
21 Q. And the group that you forwarded this
22 to on May 25th includes some people we've talked
23 about, is this essentially the Veterans Treatment
24 Court team as of May 2023, the recipients on this

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1 e-mail?
2 A. Yes. Yes, it is.
3 Q. So we talked about Paige MacBain from
4 the probation office, we talked Mr. Negrea from the
5 VA, Steven Lieberman I assume is Judge Lieberman?
6 A. That's correct.
7 Q. We talked about Jessica Bodor also from
8 the probation office.
9 Who is Trisha Stine who's copied on
10 this e-mail?
11 A. She is Judge Lieberman's secretary.
12 Q. Okay. And what about Valerie Kramer?
13 A. She's Judge Lieberman's judicial
14 coordinator.
15 Q. Do you know whether as of May 25th in
16 addition to e-mailing the application to you,
17 Mr. Monyer's attorneys had actually filed their
18 application for reconsideration?
19 A. As of May 25th I did not know if he had
20 or not. I know subsequently that they did not
21 physically file it, but I knew -- as of May 25th I
22 knew that they had e-mailed it to me and I forwarded
23 it around.
24 Q. Is that method of distribution among

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1 the team where you or another team member receives by
2 e-mail and then passes it along to the rest of the
3 team, is that consistent with how applications for
4 admission may be handled?
5 A. No. Typically me forwarding this
6 around like this would have just been a courtesy to
7 make sure the full team had it as quickly as possible
8 because sometimes when things go through Clerk of
9 Courts they take a little while. So I was doing this
10 -- forwarded this to the rest of the team as a
11 courtesy.
12 Q. Do you, as the representative of the
13 DA's office on the treatment court team, make any
14 sort of initial eligibility determination before
15 passing information to other team members?
16 A. Before that initial meeting when I said
17 earlier I get the names and the docket numbers a
18 couple of days before the meeting, at that point my
19 office pulls the file and they'll leave it for me to
20 review the charges right off the bat. There is a
21 list under Title 42 of what an eligible offender
22 for -- all of these treatment courts are technically
23 intermediate punishment programs.
24 There's a statute under Title 42 that

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1 talks about intermediate punishment programs and in
2 order for someone to be eligible for an IP sentence,
3 they have to be under the definition of what we
4 consider to be an eligible offender. So what I will
5 do is I will go through the list of -- I'll go
6 through the current charges, as well as an
7 individual's prior charges -- actually, not prior
8 charges, prior convictions, and look to see whether
9 they are considered to be an eligible offender under
10 the statute.

11 At that point, depending if they are an
12 eligible offender, meaning they don't have a prior
13 conviction or their current charge doesn't exclude
14 them, when we get to the meeting I will tell the
15 court there's no -- they're statutorily eligible for
16 the program.

17 Other than that, I don't really make
18 much of a recommendation because I don't do the
19 treatment. I don't know these people, I don't really
20 have the grounds to make any other recommendations
21 other than that.

22 On the other hand if the person is not
23 an eligible offender, there is -- the Commonwealth
24 can waive that eligibility requirement and then in

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1 that case there is a number of things that go into
2 it. We'll typically reach out to the victims and
3 discuss -- if the current charge is the problem, we
4 will reach out to the victim and see what their
5 position is on this individual getting into treatment
6 court.

7 I will take that into consideration and
8 then typically if it is a -- if it's a closed case, I
9 will go to Mr. Adams and discuss with him whether or
10 not he wants the individual to be admitted -- I
11 shouldn't say admitted, whether we're going to waive
12 that eligibility requirement.

13 If the victim is adamantly opposed to
14 it, my office typically does not waive the
15 eligibility requirement because since this is an
16 intermediate punishment program and the crimes that
17 make a person ineligible are typically your more
18 serious personal offenses, crimes against the person,
19 we take the victim's input seriously in those
20 situations.

21 In regard to a person's prior
22 convictions making them ineligible, we'll look at
23 the -- how long ago they were, for example, if
24 there's a person who their offense that makes them

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1 ineligible is nine and a half years old and since
2 then they have had no issues with the law, we may be
3 willing to waive that eligibility requirement then at
4 that point as well.

5 But that is the extent of my input
6 prior to the admission is basically statutorily
7 eligibility and whether my office is going to be
8 willing to waive that eligibility or not.

9 Q. Thank you for that. That's extremely
10 helpful and I'll jump back in to pieces of that, but
11 everything that you just described in terms of
12 communicating an eligibility issue or lack of issue,
13 does that all happen at the -- you communicate your
14 conclusions at the new applicant meeting?

15 A. Correct.

16 Q. So am I right that there's no mechanism
17 for you to kind of screen out applicants before the
18 new applicant meeting?

19 A. No, I don't have that authority.

20 Q. Is it your understanding that every
21 defendant who applies for a treatment court will come
22 up at the new applicant meeting?

23 A. That's my understanding.

24 Q. So to your knowledge, nobody else in

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1 the group has any sort of pre-meeting veto power or
2 screening power to take somebody off the list before
3 you get to the meeting?

4 A. No, I've never heard that.

5 Q. So it's all done at the meeting
6 including your role in communicating whether the
7 person is legally eligible, right?

8 A. Correct.

9 Q. Do you have a role beyond communicating
10 whether the person is legally eligible?

11 In other words, do you offer opinions
12 that go beyond formal legal eligibility as to whether
13 or not somebody should or should not be admitted to
14 the treatment court program?

15 A. No, because other than what -- the
16 point when I'm making that -- when we get to that
17 first meeting, I will typically not have a whole lot
18 of information about the person. I'll have their
19 NCIC to be able to look at what their prior
20 convictions are.

21 If they have a prior presentence
22 investigation from an older case, I'll look those up
23 to see, you know, based on just prior criminal
24 history, and I'll have the current complaint. That's

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1 about all the information I typically have at that
2 point. So I don't really -- I don't have a basis of
3 knowledge.
4 Occasionally I will have notes in the
5 file from the attorney who handled the preliminary
6 hearing or the attorney who has done -- who it was
7 originally assigned to when it was in a regular
8 courtroom about the victim's feelings about treatment
9 court or any of those things, but that is about all
10 the information I typically have. I don't have any
11 frame of reference to advise on anything else.
12 Q. You mentioned just now sometimes
13 getting information about the victim's feelings on
14 treatment court admission. If somebody is
15 technically legally eligible, will a victim's
16 opinions impact your view as to whether the person is
17 eligible?
18 A. We typically -- in a situation where an
19 individual is statutorily eligible, but the victim
20 does not want them to participate in treatment court,
21 I will typically call the victim and try to speak
22 with them about their objections to it because
23 sometimes the -- I shouldn't say sometimes, most of
24 the time when a victim is objecting to a treatment

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1 court program, it's because they don't understand how
2 the treatment court program works. They seem to
3 think it's a walk in the park, so they'll object for
4 that purpose.
5 I think my success rate in convincing
6 people that these programs work is pretty good. So
7 most of the time I will convince the victim let's
8 give this a try before we say absolutely not because
9 ultimately the goal of these programs is to avoid
10 recidivism, so let's give it a try before we say no
11 or before the court says no I should say.
12 In situations where the victim has
13 objected though to a statutorily eligible person, my
14 advice to the court is the same, which is the case is
15 -- the defendant is statutorily eligible. I may note
16 to the court that the victim objects, but that just
17 goes into the judge's decision making at that point.
18 Q. Is your initial advice as to
19 statutorily eligibility documented anywhere?
20 A. I would probably document it in the
21 file. Typically when I do my initial evaluation of
22 the case, I'll note that, you know, no issues or
23 eligible, something along those lines. It's not a
24 formal document, it's basically to know what I would

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1 say when I get to the meeting.
2 Q. When you say "the file," are you
3 talking about your file or the treatment court file?
4 A. The District Attorney's internal file.
5 Q. Do you know whether anybody on the
6 treatment court team documents your determination as
7 to legal eligibility?
8 A. I don't.
9 Q. Did you consult the DA office's file of
10 Mr. Monyer before this deposition?
11 A. I did.
12 Q. And do you know whether there is a note
13 in that file as to his statutory eligibility for
14 Veterans Treatment Court?
15 A. I did not write one in regard to
16 Mr. Monyer, but I remember that he was statutorily
17 eligible.
18 Q. When you forwarded his re-application
19 in May of 2023 to the rest of the team, does that
20 indicate one way or the other anything about his
21 statutorily eligibility? Would you have sent that if
22 he wasn't eligible?
23 A. Yeah, I would have made them aware on
24 his first application that he was statutorily

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1 ineligible.
2 Q. I'm sorry, that he was statutorily
3 eligible?
4 A. If he were ineligible, I would have
5 noted that during his initial application process.
6 Q. But it's your recollection that legally
7 statutorily speaking he was eligible from the
8 beginning, right?
9 A. Correct.
10 Q. And just to delve into what eligibility
11 means, you mentioned that has to do with the type of
12 offense the applicant is charged with currently,
13 right?
14 A. Correct.
15 Q. And the nature of any prior
16 convictions, right?
17 A. Correct.
18 Q. Does anything else go into your
19 determination as to whether the person is statutorily
20 or legally eligible?
21 A. So the statute that deals with
22 statutory eligibility, it has a list of enumerated
23 offenses that a person can't have in their history or
24 the current case could be.

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1 The paragraph though above the
2 enumerated offenses also makes reference to felony
3 convictions under the Drug Act, as well as a past or
4 present history of violence. So those are the only
5 factors we look at as far as whether or not someone
6 is statutorily eligible or not.

7 Q. The last factor that you mentioned
8 whether the person has a history of violence, in your
9 understanding and approach, is that about prior
10 convictions that indicate history of violence or can
11 other information, aside from convicted crimes, come
12 into play?

13 A. Yes. These would be something that
14 would be a violent conviction, that is not
15 necessarily one of the enumerated offenses.

16 Q. And again, whatever the criteria was,
17 it's your understanding that Mr. Monyer met those
18 criteria?

19 A. Correct.

20 Q. The process you've described in terms
21 of incoming applications, the team's consideration
22 and the DA's office representative's role in that
23 evaluation of an application, is that any different
24 as between Veterans Treatment Court and mental health

Page 51

1 court?

2 A. No. My role in both of those is
3 exactly the same, as far as whether someone is
4 eligible -- statutorily eligible or not.

5 Q. And based on the role limited as it may
6 have been over time in Drug Treatment Court, is the
7 process that you described essentially the same for
8 Drug Treatment Court?

9 A. I believe so.

10 Q. Are you familiar with the term
11 treatment plan?

12 A. I know what it means, yes.

13 Q. So can you just in a nutshell describe
14 your understanding of what a treatment plan is in
15 this process?

16 A. My understanding of a treatment plan
17 would be after the initial evaluation and between
18 applicant and provider, they decide what the issues
19 are, whether those be mental health or substance
20 abuse and from there they decide what sorts of
21 medications and/or therapies, whether that would be
22 group or individual are appropriate.

23 Q. And when you say it's between the
24 applicant and the provider in Veterans Treatment

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1 Court, again, that provider would be Mr. Negrea?

2 A. Mr. Negrea and I -- he doesn't -- he
3 runs -- my understanding is he runs some of the group
4 programs, but I believe there are also other
5 providers of mental health services and drug and
6 alcohol services as well through the VA. I don't
7 believe he's the sole provider, but he's typically
8 the individual who helps set up the treatment plan,
9 but I don't know if he talks to other providers or
10 not when doing so. I don't -- I'm not involved in
11 that process.

12 Q. Does the rest of the treatment court
13 team actually see the treatment plan once it's
14 developed?

15 A. To be honest, I don't know. I don't,
16 but I am not sure about the other team members.

17 Q. Have you ever seen a treatment plan for
18 Mr. Monyer?

19 A. Not that I recall.

20 Q. When, in the process or where in the
21 process that we've been talking about, does the
22 treatment plan enter from thinking about when
23 somebody applies and then you have the new applicant
24 meeting and then the later check-ins, where in that

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1 process do you know that there's a treatment plan?

2 A. I believe the treatment plan comes into
3 play between the initial application and admission
4 into the program because I think that's where they
5 determine whether or not based upon what their
6 diagnoses are whether they're an appropriate
7 candidate or not. Just because someone is
8 statutorily eligible doesn't mean they are
9 necessarily appropriate for the program.

10 Q. The fact that providers are developing
11 a treatment plan for somebody, is that providing you
12 any indication as to whether or not they are likely
13 to be admitted?

14 A. I'm not sure I understand your
15 question.

16 Q. I'll phrase it a different way.
17 As far as you know, do the providers
18 develop treatment plans for folks who aren't going to
19 be eligible?

20 A. I don't believe they do them --
21 actually, well, I think once the applicant applies
22 for the program, I think the wheels start going as
23 far as seeing whether that person is going to be
24 eligible regardless of what my office says about

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1 statutorily eligibility because we don't want to
2 delay the process unnecessarily.
3 So I think that process starts
4 regardless because I know there have been times where
5 Gelu has met with people and has said I think they
6 are going to be a really good candidate and then I
7 unfortunately have to say well, they're statutorily
8 not eligible for -- you know, their current case is
9 an aggravated assault, so they're not eligible for
10 the program.
11 I know there have been situations where
12 that treatment component has begun, but the person is
13 ultimately not admitted for other reasons.
14 Q. Are there situations where Mr. Negrea
15 will come back to the group and say this person won't
16 be good for a particular treatment court program
17 before even going deep enough to develop a treatment
18 plan?
19 A. I don't know the answer to that.
20 Q. Are you aware of any physical or mental
21 conditions that would make an applicant ineligible
22 for Veterans Treatment Court?
23 A. That's outside of the -- that's outside
24 of the realm of what I -- my expertise. I don't know

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1 the answer to that.
2 Q. And in your observations, have you
3 observed anybody advising the team that applicants
4 would not be eligible for Veterans Treatment Court
5 based on a particular diagnosis?
6 A. We have had individuals before in both
7 Veterans and more so in Mental Health Court where the
8 individual is just -- they're too impaired to
9 participate in the court because there has to be a
10 certain level of functionality to be able to get
11 through just the -- being able to go to groups, go to
12 your other -- checking in with your probation officer
13 where unfortunately the person is too impaired to be
14 able to do those things.
15 In an effort to basically not set
16 someone up to fail, we talk to their -- their defense
17 attorney will be brought in to say hey, we're don't
18 think this is going to work, explain why and then
19 basically leave it up to the defense attorney to
20 decide how they want to handle things.
21 Q. Understood.
22 Are you familiar with the treatment
23 court policy on applicant's use of medical marijuana?
24 A. I am.

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1 Q. And what is your understanding of that
2 policy?
3 A. My understanding of the policy is that
4 individuals are allowed to use medical marijuana
5 while on the program. They need to provide proper
6 documentation, but I also understand that it can't
7 contradict other recommendations as far as medication
8 or other treatments.
9 Q. When you say proper documentation, what
10 is included in proper documentation for somebody to
11 be able to use medical marijuana in the program?
12 A. To be honest, I have no idea what that
13 means. That's handled by adult probation. I can't
14 say I've actually ever even seen someone's proper
15 documentation. I'm told by adult probation that they
16 have turned in what forms they needed to turn in and
17 I take their word for it.
18 Q. Your understanding of the policy that
19 you just described, has that been the same -- strike
20 that.
21 Is that the same for all four Berks
22 treatment courts?
23 A. As far as I know it is. When I read
24 the lawsuit here, it was the first time that I was

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1 made aware that there were different policies, but
2 that's always been my understanding of it.
3 Q. For as long as you've worked with
4 Veterans Treatment Court, for example, it's been your
5 understanding that folks could be admitted and still
6 use medical marijuana if they had proper
7 documentation to the satisfaction of the probation
8 office?
9 A. Correct, with Veterans Court though
10 there was always the hold up of -- because marijuana
11 itself was still federally illegal, that the veteran
12 may run into problems if they were to be caught with
13 it on VA property and that was the information I was
14 given secondhand.
15 So that was the only hang up with that,
16 but I don't think it was a problem necessarily that
17 they were using medical marijuana, just more along
18 the lines of don't get caught with it on veterans
19 property just because I didn't want to see someone
20 get jammed up with new charges while they're
21 participating in our program.
22 Q. Do you know if the status of marijuana
23 federally was a hold up for anybody in terms of
24 getting a VA provider to provide the proper

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1 documentation of their use of medical marijuana?
2 A. I don't remember anyone telling me
3 that, and that's also something I would be told, not
4 my own personal knowledge of it.
5 Q. And the policy that you described
6 earlier or at least your understanding of it, has
7 that always been the same for as long as there has
8 been a Veterans Treatment Court?
9 A. Yes. I started doing Veterans
10 Treatment Court in the middle of 2019 and that's been
11 the policy since then.
12 MR. LONEY: I'm sorry, can we go off
13 the record for a second?
14 * * * * *
15 (Whereupon, an off the record
16 discussion was held.)
17 * * * * *
18 BY MR. LONEY:
19 Q. Does the DA's office have its own
20 policy with respect to medical marijuana use for
21 folks in treatment court?
22 A. No.
23 Q. Does your knowledge that somebody is a
24 medical marijuana patient impact at all your

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1 determination as to whether or not someone is
2 eligible for Veterans Treatment Court?
3 A. It's not in the statutes, so no.
4 Q. Are you aware of any Veterans Treatment
5 Court participants who have been approved to use
6 medical marijuana while they are participating in the
7 court program?
8 A. Not that I recall. No, not that I
9 recall.
10 Q. Are you aware of anybody who has ever
11 been asked to provide a doctor's note, aside from
12 their medical marijuana card, but a doctor's note as
13 their documentation to be allowed to use medical
14 marijuana while in Veterans Treatment Court?
15 A. Not in Veterans Treatment Court, no.
16 Q. Has that occurred in connection with
17 the other treatment courts?
18 A. I know of individuals who have been
19 required to provide documentation in Mental Health
20 Treatment Court, and I'm aware there was an issue
21 before with a DUI Treatment Court person. I was not
22 involved in it, but I was aware of.
23 Q. Do you know who the individuals were
24 who were required to provide a doctor's note?

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1 A. Off the top of my head, I couldn't give
2 you those names, but I remember -- I remember the
3 issue coming up.
4 Q. Are you aware of anyone who has
5 actually been turned away from Veterans Treatment
6 Court because of medical marijuana use without proper
7 documentation, whatever that entails?
8 A. Not that I recall.
9 Q. I want to turn to Mr. Monyer in
10 particular.
11 When did you first become aware that
12 Mr. Monyer had applied for Veterans Treatment Court?
13 A. It would have been some time probably
14 late 2022 based upon the e-mail that I got from his
15 attorney, but I don't recall the actual date that
16 I -- I remember I spoke with Mr. Lassoff but I can't
17 say what date that was.
18 Q. We looked before at Exhibit-1, which
19 was a December 2022 e-mail from Mr. Lassoff forwarded
20 to you, the application, does that refresh your
21 recollection at all as to when you became aware of
22 the application?
23 A. It would have been before December 14th
24 then of 2022 when he sent me the mitigation packet

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1 that he had sent me. It would have been before that
2 because I had a phone conversation with him prior to
3 him sending me that e-mail because I remember having
4 a conversation with him about Mr. Monyer and why
5 Mr. Lassoff thought he was a good candidate for the
6 program.
7 Q. And if I'm remembering the sequence
8 that you described before correctly, that mitigation
9 packet was initially something that was created with
10 an ADR (sic) application?
11 A. ARD.
12 Q. ARD, I'm sorry.
13 A. Yeah. The mitigation packet, because
14 the physical copy that appears in my file has a cover
15 letter on it, if I remember correctly from
16 Mr. Coleman who was his prior attorney, asking
17 Mr. Adams to consider him for the ARD program. And
18 it looks like that same packet was then forwarded to
19 me by e-mail to consider in whether the Veterans
20 Court was going to consider him or not.
21 I told Mr. Lassoff on the phone that I
22 would pass that along to the other members of the
23 court and if I remember correctly, I think they might
24 have already had it by the time I was going to

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1 forward it around.
2 Q. Got it. Do you know -- do you recall
3 as you're sitting here today around what time frame
4 you would have become aware of those conversations of
5 Mr. Monyer's Veterans Treatment Court application?
6 A. It would have been -- I mean it wasn't
7 long before that December 14th date, so I mean maybe
8 a week or two. It wasn't too long before that, I
9 don't remember the date though.
10 Q. Do you recall when Mr. -- which month's
11 meeting Mr. Monyer's Veterans Treatment Court
12 application first came up in the new applicant
13 meetings?
14 A. I don't. I can't say I reviewed those
15 old lists before this deposition, so I don't know
16 exactly which month he first would have appeared on
17 the list.
18 Q. Ultimately Mr. Monyer's application for
19 Veterans Treatment Court was denied, right?
20 A. The first application, yes, was denied.
21 Q. Sitting here today, do you have an
22 understanding as to why that was?
23 A. My recollection is that he was not
24 cooperative with the treatment aspect of it. That

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1 was my understanding of it. There were things they
2 wanted him to do in regard to the groups, as well as
3 his use of medical marijuana that either he wasn't
4 willing to do or tried and didn't like, but that's
5 all knowledge I would have gotten secondhand.
6 Q. That's my next question, where you got
7 that information from.
8 A. That would have been during the team
9 meetings and based upon who was there that likely
10 would have come from Mr. Negrea or from Ms. MacBain.
11 Q. So Mr. Negrea and/or Ms. MacBain would
12 be the original sources for any information about
13 whether or not Mr. Monyer was willing to comply with
14 treatment recommendations?
15 A. Correct.
16 Q. And I believe you said part of that was
17 about -- part of what you would have heard was about
18 group therapy and part of it was about medical
19 marijuana, right?
20 A. Those are my recollections. When I say
21 his use of medical marijuana, my understanding was
22 there were medications they wanted him to use for his
23 diagnoses that there would have been a problem with
24 the medical marijuana. Once again, that's all stuff

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1 that I'm getting secondhand. I've got no psychology
2 or psychiatry background, so...
3 Q. So Mr. Negrea would be the best source
4 for that answer?
5 A. Yes, or whoever else it was at the VA
6 that he was interacting with.
7 Q. Understood. Do you know if Mr. Monyer
8 or his counsel was ever told that he needed to submit
9 a doctor's letter about his use of medical marijuana
10 in order to participate in a treatment court program?
11 A. I can't say I remember specifically,
12 that may have been in an e-mail. I do know that the
13 typical thing that happens in these situations where
14 you have someone who is using medical marijuana is
15 there needs to be some sort of doctor's note. I
16 can't really say I've ever seen one, but that's my
17 understanding is there is some sort of doctor's note
18 that comes into play.
19 Q. I'm going to share my screen again
20 going back to what has been marked as Kelecic-3, it's
21 the document I e-mailed earlier today, PDF tab 8.
22 Do you see the document on your screen?
23 A. I can.
24 Q. I'm going to go back to the May 11th

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1 e-mail from Alex Lassoff to you. It spans pages AOPC
2 031 through 032. Do you see where I'm looking?
3 A. I do.
4 Q. In the first line of that e-mail
5 Mr. Lassoff references a conversation in the prior
6 weeks about Mr. Monyer's formal denial into the
7 Veterans Treatment Court program.
8 Do you see where I'm reading from?
9 A. Yes, I do.
10 Q. Do you remember the treatment court
11 team having a meeting earlier in May where
12 Mr. Monyer's application was denied?
13 A. I don't remember if that occurred
14 during the May meeting or if that was actually the
15 April meeting where Mr. Monyer's application was
16 denied. Typically there is an order signed by the
17 judge denying it and that probably would be the
18 better frame of reference as to which of those
19 meetings his application was actually denied.
20 Q. And was this the same denial as you
21 were describing before, the reasons for the denial
22 being, as far as you were told, treatment related?
23 A. That's correct.
24 Q. I'm going to scroll up to the next

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1 e-mail in this chain, this is the e-mail that we
2 discussed earlier from May 25th from you to the rest
3 of the treatment court team.
4 Do you see where I am?
5 A. I do.
6 Q. And I'm not sure if you can see where
7 my cursor is highlighting.
8 A. I can see it.
9 Q. Okay. And the phrase that I
10 highlighted for the record is: I am aware that the
11 majority of the team is opposed.
12 Did I read that correctly?
13 A. That's correct.
14 Q. And so it was your understanding in May
15 of 2023 that the majority of the Veterans Treatment
16 Court team was opposed to admitting Mr. Monyer,
17 right?
18 A. The treatment side of it, yes. They
19 were, at that point, my understanding is they were
20 opposed to his admission.
21 Q. And we've talked before, it's not
22 really a voting group, how do you know that a
23 majority of the team was opposed to admitting
24 Mr. Monyer?

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1 A. Well, when we have the applicant
2 meetings when we're talking about the new applicants
3 prior to that, you know, there is conversations
4 amongst the treatment side of it as to whether or not
5 someone is a good candidate or not. You know, that
6 could be based upon their attitude as far as, you
7 know, whether they're willing to participate in
8 groups and treatment.
9 In this case I do remember
10 conversations amongst the treatment side of it
11 basically saying they didn't think he was a good
12 candidate and they were opposed to his admission
13 because he didn't really want to do the groups, you
14 know, wasn't going to -- wasn't really a big fan of
15 medications, so that I believe was why the rest of
16 the team was opposed. That was my reaction to what
17 was said during the meetings.
18 Q. And during the meetings that you're
19 just describing, did other members of the team talk
20 about Mr. Monyer's use of medical marijuana?
21 A. I'm sure it came up.
22 Q. Do you remember what they said about
23 what, if any, impact that would have on his
24 application?

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1 A. My recollection is that his use of
2 medical marijuana was affecting his ability to take
3 other medications that they wanted him to use. I do
4 also remember conversations that -- about him not
5 having --
6 MS. ROSE: I'm sorry to interrupt, can
7 you stop sharing your screen?
8 MR. LONEY: I'm sorry, thank you.
9 You can go ahead.
10 THE WITNESS: My recollection is there
11 was an issue with him taking medications that
12 were going to have some -- we wouldn't see how
13 effective the medications were if he was still
14 using the medical marijuana. And then there
15 was also conversations about not providing
16 whatever that documentation is. That's my
17 recollection of how medical marijuana played
18 into his initial denial.
19 BY MR. LONEY:
20 Q. Now, this was in May if -- I understand
21 you don't recall if this conversation happened in the
22 May meeting or the April meeting, do you recall
23 Mr. Monyer's application being discussed at any prior
24 treatment court team meeting?

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1 A. I remember from his initial application
2 until when it was denied, I do remember there being a
3 hold up in regards to just not having a treatment
4 plan ready for him and there being some discussion
5 about like what diagnoses he actually had. I
6 remember that being an initial difficulty, that that
7 information wasn't available at that time.
8 Q. So at some point his application came
9 up at a new applicant meeting and there was no
10 determination that the first time it came up as to
11 whether or not he would be admitted because there was
12 some further evaluation that needed to be done?
13 A. Correct.
14 Q. And do you recall that first
15 conversation about Mr. Monyer's application coming up
16 at a January or February team meeting?
17 A. I don't remember the month off the top
18 of my head, but it would have been around that time
19 period.
20 Q. Do you remember medical marijuana
21 coming up at one of those prior or initial meetings
22 earlier in 2023 when Mr. Monyer's application was
23 being discussed?
24 A. I don't remember if it came up during

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1 his initial -- like the first time we talked about
2 him. I do remember being aware of it though prior to
3 the March e-mail that I sent to his attorney. I
4 don't remember the exact date though that I -- I
5 don't know if it was February or whether it was the
6 March meeting, but I remember some time during that
7 time period being made aware of it.

8 Q. Do you remember if the team's views
9 about Mr. Monyer's I'll say fitness as a participant
10 in Veterans Treatment Court changed throughout the
11 course of these meetings?

12 A. I'm not sure I understand your
13 question. Like, he changed? I don't understand the
14 question.

15 Q. I'll ask it a different way.
16 Do you recall ever telling Mr. Lassoff
17 that Mr. Monyer would likely be admitted to Veterans
18 Treatment Court earlier in 2023?

19 A. I do remember initially telling him I
20 thought he would be admitted because my initial
21 evaluation or I should say my initial impression was
22 he was statutorily eligible, his prior record is I
23 believe nonexistent. The current charge that he was
24 being charged with was being in a possession of a

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1 firearm at that point was not a problem, that wasn't
2 going to make him statutorily ineligible.

3 The initial feeling I got from it was
4 we just needed to get all of his evaluations done,
5 but based upon what was initially reported because
6 the initial report, prior to any of the evaluations
7 coming in, was that he suffered from PTSD which is
8 probably the most common ailment we see amongst the
9 veterans that participate in court.

10 So at that point I believe he was going
11 to be admitted at some point, but I know at some
12 point that also changed.

13 Q. So when you say that your initial
14 feeling was that he would be admitted, was that
15 initial feeling something that developed not only
16 from your review of statutory eligibility, but also
17 from your early conversations with the rest of the
18 team?

19 A. Yes, that would have been based upon
20 the initial team meetings when he was discussed.

21 Q. But at that initial team meeting there
22 were -- it seemed like he would be admitted, but the
23 team did not, at that time, recommend his admission,
24 right?

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1 A. Correct.

2 Q. Because some further evaluation the
3 team felt needed to be done?

4 A. Correct.

5 Q. So what changed between early let's say
6 January, February of 2023 and May of 2023 when he was
7 denied?

8 A. I think the initial -- the initial
9 conversations about him being an appropriate
10 candidate were based upon his self-reporting of the
11 diagnosis, as well as his attitude for being kind of
12 enthusiastic about the program. Mr. Monyer's
13 enthusiasm about the program.

14 Subsequent to that, once the
15 evaluation -- and that would be the point where I had
16 the feeling that hey, I think he's going to be a
17 candidate and he'll be admitted.

18 Subsequent to that I know that I got
19 from the remainder of the team that he was not as
20 cooperative as he was before, wasn't as enthusiastic
21 about the program and then there was also some
22 questions about what his actual diagnosis was and I
23 think that's what changed how the rest of the team
24 felt about him being a good candidate.

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1 Q. I'm going to put on the screen PDF
2 labeled tab 4 and I'd like that marked as Exhibit
3 Kelecic-4.

4 * * * * *

5 (Whereupon, Exhibit Kelecic-4 was
6 marked for identification.)

7 * * * * *

8 BY MR. LONEY:

9 Q. This is an e-mail chain with the top
10 e-mail being a March 23, 2023 e-mail from you to Alex
11 Lassoff copying Paige MacBain.

12 Do you see the document I'm describing?

13 A. I do.

14 Q. In this e-mail you told Mr. Lassoff in
15 the language I'm highlighting with my cursor, he's
16 basically ready for admission from a legal and
17 treatment plan standpoint.

18 Did I read that correctly?

19 A. That's what I wrote, yes.

20 Q. So this March 23, 2023, this is after
21 the first time Mr. Monyer's application was discussed
22 at a team meeting?

23 A. It would have been afterwards, yes.

24 Q. But before the meeting where he was

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1 finally denied, right?

2 A. Correct, because at that point he was

3 still pending application.

4 Q. But as late as March 23rd, your view

5 still was that he was basically ready for admission,

6 right?

7 A. At that point I still believed from

8 what I was being told at meetings and he didn't

9 commit any new crimes, so I thought he was still an

10 appropriate candidate at that point.

11 Q. You wrote that he was ready from a

12 legal entry standpoint, right, so I'll break that

13 down a little bit.

14 From a legal standpoint, that is your

15 determination that we talked about before that he's

16 statutorily eligible; is that right?

17 A. Correct.

18 Q. So what, from your perspective, were

19 you talking about when you said he was ready from a

20 treatment standpoint?

21 A. In that I was told that there was a

22 treatment plan that was in place. Simply that

23 Mr. Negrea had sat down with him and gone over what

24 he needed to do.

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1 Q. And you also wrote in language I'm now

2 highlighting that the only holdup is his use of

3 medical marijuana.

4 Did I read that correctly?

5 A. You did.

6 Q. From your standpoint in March of 2023

7 am I understanding correctly you didn't think that

8 Mr. Monyer could have been both on medical marijuana

9 and participated in Veterans Treatment Court?

10 A. It's kind of a compound question, I'll

11 answer it as best I can. My understanding was his

12 holdup as far as the medical marijuana was the

13 documentation that was required and that there was

14 some aspect of him using medical marijuana that was

15 affecting the other prescription medications that the

16 treatment providers wanted him to use. That was my

17 understanding of medical marijuana being a problem.

18 Q. You also wrote here in March of 2023

19 he's required to abide by the VA's rules regarding

20 medical marijuana which does not allow him to use.

21 Did I read that correctly?

22 A. You did.

23 Q. From your standpoint in March of 2023

24 am I understanding correctly you didn't think that

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1 Mr. Monyer could have been both on medical marijuana

2 and participated in Veterans Treatment Court?

3 A. It's kind of a compound question, I'll

4 answer it as best I can. My understanding was his

5 hold up as far as the medical marijuana was the

6 documentation that was required and that there was

7 some aspect of him using medical marijuana that was

8 affecting the other prescription medications that the

9 treatment providers wanted him to use. That was my

10 understanding of medical marijuana being a problem.

11 Q. You also wrote here in March of 2023

12 he's required to abide by the VA rules regarding

13 medical marijuana which does not allow him to use.

14 Did you read that correctly?

15 A. I did.

16 Q. What is the source of your

17 understanding that the VA's rules wouldn't allow him

18 to use medical marijuana?

19 A. I have to apologize, that e-mail is a

20 little unartful and if you look at the end of the

21 sentence that ends with the words regarding medical

22 marijuana, there's a period and then a comma.

23 I remember around this time period

24 being busy, I believe there was an additional

Page 77

1 sentence in there. I can tell you what I meant by

2 that statement was I didn't want him to get caught

3 with medical marijuana on VA property, that is a

4 problem and jams him up with new charges. That is

5 what I meant by that sentence.

6 Because ultimately new charges they end

7 up being a problem especially since the VA facility

8 we typically use isn't in Berks County. So I wasn't

9 sure if that would cause a problem for him, but I

10 didn't want that to be a problem.

11 Additionally, I was -- that was

12 something I made Mr. Lassofo aware of when he and I

13 spoke after this before his May e-mail but that was

14 my concerns. I wanted him just to be careful

15 basically.

16 Q. Thank you for that explanation, and I'm

17 going to go further in this e-mail just to ask about

18 other elements.

19 So you went on to say that he's

20 apparently agreed, he being Mr. Monyer, to

21 discontinue his use while in the program, right?

22 A. Yes.

23 Q. And his use meaning use of medical

24 marijuana, is that what you meant?

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1 A. Correct.

2 Q. So was the bottom line to all of this

3 that Mr. Monyer was going to stop using medical

4 marijuana in order to get into the Veterans Treatment

5 Court?

6 A. Yes, not per se stopping use though.

7 Stopping use for the purpose of being able to use the

8 other medications the treatment court providers

9 wanted him to use.

10 Q. So it's your understanding that

11 Mr. Negrea's conclusion or advice that Mr. Monyer

12 should be on different medications and not medical

13 marijuana?

14 A. That's my understanding from speaking

15 with Mr. Negrea.

16 Q. When did you speak with him?

17 A. Things he said during the meetings.

18 Q. Are there minutes of these teams

19 meetings kept anywhere?

20 A. No, the only time the treatment court

21 sessions are -- the only time there's a stenographer

22 there is if we are doing a plea and admission or if

23 we're doing a sanction that would involve, you know,

24 serious repercussions like house arrest or additional

Page 79

1 community service hours being added. That is the

2 only time any of the treatment court activities are

3 recorded.

4 Q. This e-mail that you sent to

5 Mr. Lassoff in March of 2023, was this something you

6 sent coming out of another team meeting where his

7 application was discussed?

8 A. I don't -- based upon the date of it

9 being March 23rd, it wouldn't have been a new

10 applicant meeting because those are held earlier on

11 in the month. I don't remember if this was after one

12 of our regular court sessions I sent it or if I

13 remember that I hadn't sent Mr. Lassoff a response

14 e-mail after the last time we had talked. I'm not

15 sure what led to me sending this e-mail off the top

16 of my head.

17 Q. I'm going to mark another document it's

18 in the Exhibit collection PDF labeled tab 5. I would

19 like to mark this as a deposition Exhibit Kelecic-5.

20 It's a multipage document, so if you have the paper

21 copy in front of you, make sure it is what I say it

22 is, please feel free.

23 * * * * *

24 (Whereupon, Exhibit Kelecic-5 was

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1 marked for identification.)

2 * * * * *

3 BY MR. LONEY:

4 Q. The document is Bates numbered AOPC 354

5 through 367 and it's labeled Adult Probation

6 Scheduled Activities.

7 Do you have that document in front of

8 you?

9 A. I do.

10 Q. Are you familiar with probation notes

11 being kept in this format?

12 A. I know they exist. This morning was

13 the first time I have seen these.

14 Q. Have you ever seen a collection of

15 probation notes kept in this format, not for

16 Mr. Monyer but for anybody?

17 A. The only time I've ever seen these is

18 during -- I've seen probation officers refer to them

19 during -- like a probation or a parole violation

20 hearing, during a Gagnon hearing, that's the only

21 time. I don't know that I've ever been provided with

22 them before.

23 Q. Fair enough.

24 I'm going to direct your attention to

Page 81

1 the page labeled AOPC 362 and it has multiple notes.

2 The first full note at the top of the page is dated

3 3/16/23. Do you see where I'm looking?

4 A. You said page 362?

5 Q. Yes.

6 A. Which date?

7 Q. 3/16/23.

8 A. Okay, I see it.

9 Q. So there's an entry here from March

10 16th, apparently it's got Paige MacBain's name

11 connected to it and it says staff case during vet

12 court team meeting.

13 Do you see where I'm reading from?

14 A. I do.

15 Q. Do you know what it means the phrase

16 "staff case"?

17 A. I don't. I don't know what she means

18 by that.

19 Q. Okay. Does this indicate there was a

20 Veterans Court team meeting on or around March 16th,

21 2023?

22 A. From reading it, that's what I would

23 assume.

24 Q. But that wouldn't have been the new

Page 82

1 applicant meeting, right, because that would have
2 been earlier in the month?
3 A. That would have been earlier in the
4 month. If we're looking somewhere around the 16th,
5 this probably would have been the second meeting in
6 the month of March.
7 Q. And that's the regular team meeting,
8 right, that happened before the court session?
9 A. Yes.
10 Q. I think I remember you saying that that
11 regular team meeting is usually for addressing
12 participants who have already been admitted, right?
13 A. Correct.
14 Q. Do you know why Mr. Monyer's case would
15 have come up in the context of that kind of meeting?
16 A. Because there were times when we would
17 have new applicants where when the first meeting of
18 the month kind of overlaps with when the new
19 applicant meeting was, instead of waiting a full 30
20 days to take action on some of the other new
21 applicants, at that middle meeting of the month every
22 now and then, they would say hey, do you remember
23 applicant Jim from the beginning of the month, well,
24 there is an update on it, here is what is going on.

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1 Because we were trying to get things done before the
2 next new applicant meeting because there would be a,
3 you know, a hope that we could not have to delay it a
4 whole other month.
5 So sometimes new applicants were
6 discussed, not a whole lot in depth, but some things
7 would be discussed during that second team meeting of
8 the month.
9 Q. And does that indicate to you that an
10 applicant whose name comes up in that second team
11 meeting is somebody who is being seriously considered
12 for admission or on track to be admitted?
13 A. It depends on the situation. Sometimes
14 that is, you know, they've done a couple of things
15 but we still need them to do this, you know, the
16 judge would ask me to reach out to their attorney or
17 the judge would say tell APO to reach out to the
18 participates.
19 Sometimes it was also we reached that
20 point and the applicant had said I don't want this
21 program anymore, so we would be told of that. It
22 kind of varied per, you know, individual cases.
23 Q. I'm going to ask now about the next
24 entry on this list, I should say it's the previous

Page 84

1 one in time, but it's the next in order, dated March
2 1, 2023.
3 Do you see where I'm looking?
4 A. Yes.
5 Q. And it says application determination
6 continued.
7 A. Uh-huh.
8 Q. Does this indicate to you that
9 Mr. Monyer's application came up in the new applicant
10 meeting at the beginning of the month?
11 A. It does.
12 Q. And the note here is that Gelu -- is
13 that Mr. Negrea?
14 A. Correct.
15 Q. Gelu would reach out to him today to
16 get him scheduled to meet and develop a treatment
17 plan.
18 Did I read that correctly?
19 A. Yes.
20 Q. And then going back to that March 16th
21 note just above, it says the application will be
22 approved once Damon's THC levels drop.
23 Do you see where I'm reading from?
24 A. I do.

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1 Q. Do you have an understanding as to why
2 that determination had been made that his approval
3 was pending a drop in his THC levels?
4 A. Just from reading this, I don't. My
5 recollection is it had to deal with the medication
6 issue, but from this I'm not able to take anything
7 from it.
8 Q. It doesn't indicate to you one way or
9 the other that the Veterans Treatment Court practice
10 at the time was to deny folks who were on medical
11 marijuana?
12 A. It doesn't because I don't think that
13 was ever the flat, firm policy, at least as it was
14 explained to me.
15 Q. It does go on to say that the
16 application will be approved once Damon's THC levels
17 would drop as he has not provided a letter from his
18 treating physician indicating that medical marijuana
19 is the recommended treatment.
20 Did I get that right?
21 A. Yes, that's what's written in the
22 notes.
23 Q. Does that indicate that the policy is
24 not a flat prohibition of marijuana, it is a

Page 86

1 requirement that folks submit a letter from their
2 physician indicating that medical marijuana is the
3 recommended treatment?
4 A. Yes, and that is my understanding of
5 what the policy was.
6 Q. And a couple of weeks prior Mr. Negrea
7 was just getting started on scheduling a meeting to
8 develop a treatment plan. Seeing these two notes
9 together, does that provide any indication to you
10 that there was an issue with Mr. Monyer not following
11 a treatment plan as it pertains to medical marijuana?
12 A. From the -- not from those notes. I
13 didn't write the notes, so I don't know exactly what
14 she meant by them, but for me I don't see that as
15 saying one way or the other.
16 Q. Again, I'll ask it a different way
17 which is the requirement to submit a letter from a
18 treating physician, is that a standalone requirement
19 regardless of what the treatment plan says?
20 A. I would -- I'm not sure I could answer
21 that. I don't know the answer to that.
22 Q. Fair enough.
23 Just rounding out this March 16th note
24 after the sentence we just read into the record, it

Page 87

1 says ADA Kelecic will advise defense counsel, this is
2 right after the note about a letter from the treating
3 physician, right?
4 A. Correct.
5 Q. Does reading this note from Ms. MacBain
6 refresh your recollection as to why you reached out
7 to Mr. Lassoff on March 23rd?
8 A. Yes. From reading these two together,
9 that e-mail was probably in reference to the court
10 advising me to reach out to Mr. Lassoff about this.
11 Q. But your notes of Mr. Lassoff only
12 discussed Mr. Monyer stopping use of medical
13 marijuana, it didn't mention anything about the
14 letter from his treating physician, why is that?
15 A. I don't actually have an answer as to
16 why I didn't include that. I will say I assumed that
17 that information was being passed on to Mr. Monyer by
18 members of adult probation, but I don't know why I
19 did not include it.
20 Q. Do you know if anybody every told
21 Mr. Monyer or his attorneys that he needed a letter
22 from his treating physician to be admitted to
23 Veterans Treatment Court while using medical
24 marijuana?

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1 A. I can only speak for my myself. I know
2 I didn't because I don't really get involved with the
3 letters. As far as anyone from adult probation, I
4 know it's standard practice but I don't know if
5 anyone specifically told Mr. Monyer or not.
6 Q. Okay. I want to make another time jump
7 here, back to Mr. Monyer's re-application, so we
8 looked at tab 8, which is Exhibit-3 from May of 2023
9 when you forwarded that re-application along with the
10 rest of the team.
11 A. Uh-huh.
12 Q. Do you recall what happened with that
13 re-application?
14 A. My recollection of the re-application
15 was I had spoken with Mr. Lassoff about doing the --
16 about having him apply because once an individual is
17 denied, the two routes they can take are to file a
18 motion for re-application -- sorry, motion for
19 reconsideration of the court's denial order or they
20 can just fill out a new application.
21 For most attorneys it's much easier to
22 fill out a one-page simple application than it is to
23 write a multiple page motion asking for a
24 reconsideration.

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1 So during that conversation,
2 Mr. Lassoff said he would file the new application.
3 I told him to send me a courtesy copy of it so I
4 could get that out to the team faster, you know, just
5 not to lose time since this had already been dragging
6 on a little bit long.
7 I never checked to see whether he
8 actually ever physically filed an application or not
9 and since I don't always get those anyway I never
10 check. There was a date coming up, I want to say it
11 was in June, it might have been July when we had
12 initially were going to have him in -- both
13 Mr. Monyer and Mr. Lassoff to discuss it.
14 I believe somewhere in that time period
15 was when this lawsuit was filed and my understanding
16 was is that his application, pending the lawsuit, was
17 going to be put on hold and that was the extent of my
18 knowledge about what happened as far as his new
19 application.
20 Subsequently when we arrived in court
21 that day, I was informed by the court that there was
22 never actually an application filed and that was --
23 since there was an application before the court, they
24 weren't going to do anything with it and that was my

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1 understanding of it.

2 Q. When you went to court the day that you

3 learned there was no application on file, was

4 Mr. Monyer and/or Ms. Lassoff in attendance?

5 A. Mr. Lassoff was in, he showed up. It

6 was after a regular or during -- I should say it was

7 during a regular Veterans Treatment Court session. I

8 remember seeing Mr. Lassoff. I don't remember seeing

9 Mr. Monyer, to be honest I don't know that I've ever

10 seen Mr. Monyer. He might have been there and I just

11 don't know what he looks like because -- I can't say

12 he was there or not.

13 Q. Did you see Mr. Lassoff actually --

14 strike that.

15 I should ask I don't think I asked

16 before, where do these sessions take place, are they

17 all in the same courtroom, in the Judge's courtroom?

18 A. Veterans Court, except for rare

19 occasions, always took place in courtroom 3 in the

20 Berks County Courthouse.

21 Q. Was that Judge Lieberman's courtroom?

22 A. Judge Lieberman was a senior judge, so

23 he wasn't given an assigned courtroom, but courtroom

24 3 is literally right next to where the senior judges

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1 all have their chambers. So just for the ease of the

2 court or if we need to hurry up and print something,

3 Veterans Court was almost always in courtroom 3.

4 Q. So the Veterans Court sessions are in

5 the courtroom and then you testified earlier that the

6 regular team meetings occurred for 45 minutes before

7 the regular court session, were the team meetings

8 also in courtroom 3?

9 A. Yes.

10 Q. Were they open to the public?

11 A. They are not open to the general public

12 because of the fact there's sensitive information

13 discussed during them. So those sessions are not

14 open. On the other hand if they -- but they are open

15 to an attorney if you have a candidate, but we don't

16 let the general public in to those, no.

17 Q. So do you remember Mr. Lassoff actually

18 coming into courtroom 3 on that June or July date

19 when the application was going to be discussed again?

20 A. He was. I don't remember if he came in

21 though during the team meeting or if he came in when

22 we actually started the regular court sessions, I

23 can't say I remember at what point he walked in the

24 room.

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1 Q. I know you've testified that the team

2 had determined that because there was no pending

3 application on file, that there was nothing to be

4 done with an application. Does that mean

5 Mr. Monyer's application wasn't part of the court

6 session portion of the day?

7 A. Yes. Mr. Lassoff had sent an e-mail to

8 me the day before or maybe the Tuesday before, this

9 would have been a Thursday for the meeting. He

10 either sent an e-mail to me on Tuesday or Wednesday.

11 I don't make the docket, I wasn't

12 exactly sure what was happening on that day anymore.

13 So I had forwarded that onto the judge's staff saying

14 I received this and I don't know the answer to it. I

15 remember being copied on an e-mail from the Judge's

16 clerk saying that it wasn't going to be addressed. I

17 can't say I remember the exact wording, but I

18 remember there was an e-mail saying that it wasn't

19 going to be addressed on whatever that day was in

20 June or July.

21 Q. So when Mr. Lassoff showed up in

22 person, did you speak with him at all?

23 A. I didn't because I was in the team

24 meeting and didn't know he was there until he

Page 93

1 actually walked in the courtroom.

2 Q. After you did see him in the courtroom,

3 did you interact with him at all that day?

4 A. I think the only thing I told him was

5 it was never exactly filed. I think that was -- the

6 only thing I said. I don't think I spoke to him very

7 much. I know I didn't have any long conversation

8 with him. I had only very briefly spoke with him.

9 Q. Did you let him know that he still

10 needed to file or could file another application?

11 A. I don't think I said that, but I don't

12 recall the exact conversation we had.

13 Q. Are you aware of a subsequent

14 application for Veterans Treatment Court filed on

15 behalf of Mr. Monyer in August of 2023?

16 A. I don't and I can't say I recently

17 checked the docket to see if that happened. But if I

18 remember correctly, I believe when Mr. Lassoff left

19 he said he was going to re-file it. So that wouldn't

20 surprise me if it was re-filed in August of '23.

21 Q. But do you remember a new application

22 since July of 2023 coming up in a new applicant

23 meeting for Mr. Monyer?

24 A. I don't. I don't think we -- I don't

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1 remember discussing him during a new applicant
2 meeting after that June or July court appearance, I
3 don't remember that. I don't think it happened, I
4 don't remember.

5 Q. Do you know if Mr. Monyer's name has
6 come up at all in any of the treatment court meetings
7 that you participated in since this case was filed?

8 A. Only in reference to the fact that
9 there was a lawsuit pending, that would be about it.

10 Q. And did the treatment court team decide
11 that it would not take action on any applications for
12 Mr. Monyer pending the outcome of this litigation?

13 A. That was my recollection, yes.

14 Q. And as far as you understand, would
15 that decision apply to any future applications,
16 either to Veterans Treatment Court or Mental Health
17 Treatment Court or otherwise?

18 A. In reference to Mr. Monyer?

19 Q. Yes. Yes.

20 A. I don't -- I don't think we've had a
21 conversation -- I don't think I've heard Mr. Monyer's
22 name outside of, you know, people saying hey, my
23 deposition is scheduled for X or mine is not
24 scheduled yet. I don't think we've had any

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1 conversation about the specifics of Mr. Monyer's
2 application probably since June or July.

3 Q. Is there anything, any rule or practice
4 addressing how many applications somebody can file
5 once denied?

6 A. I don't think there's a hard and fast
7 rule, no. No, not that I heard of.

8 Q. Have you ever observed an application
9 being denied because the same person keeps
10 reapplying?

11 A. There have been instances where people
12 have had previously failed out of the program and
13 then reapplied and those have been denied. I can't
14 say -- I don't have any recollection of someone being
15 denied just for reapplying multiple times. I don't
16 have a recollection of that.

17 Q. And I know you discussed, you know, way
18 back before this case was filed, I believe you
19 testified that you discussed with Mr. Lassoff the
20 possibility of him filing a new application for
21 Mr. Monyer, right?

22 A. Correct. That would have been prior to
23 that May 11th e-mail that you showed me earlier as
24 Exhibit-2, it was prior to that confer because that

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1 e-mail says per our conversation last week, that was
2 the phone conversation we had about him doing a new
3 application.

4 Q. And there's nothing in the treatment
5 court's rules that would have prevented Mr. Monyer
6 from applying that second time after being denied,
7 right?

8 A. No, and we frequently have people who
9 they fill out an application more so in Mental Health
10 Court where someone will fill out an application,
11 something will happen to them mentally where they
12 don't comply with what's asked. We eventually have
13 them come back in and, you know, they end up filling
14 out a new application for, you know, it wasn't
15 explained to them properly the first time or
16 something like that and they reapply and are
17 admitted. Sometimes they reapply and they're still
18 denied, it kind of goes on a case by case basis.

19 MR. LONEY: Let's go off the record and
20 take a break.

21 * * * * *

22 (Whereupon, a brief recess was taken.)

23 * * * * *

24 BY MR. LONEY:

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1 Q. Mr. Kelecic, I want to go back to our
2 conversation about the more recent treatment court
3 meetings since July of 2020 -- I'm sorry, since July
4 of 2023. Have you been present for all of the
5 Veterans Treatment Court team meetings that have
6 occurred since July of 2023?

7 A. I would have to go back and look. I've
8 been present for most of them, there may be one or
9 two where I needed to get coverage for one reason or
10 another but even the meetings I wouldn't have been
11 present for, I would have seen the lists prior to
12 court and been aware of any involvement with
13 Mr. Monyer's case.

14 Q. Okay. So as far as you know,
15 Mr. Monyer's re-application has not been listed for
16 discussion in any Veterans Treatment Court meetings
17 since July of 2023?

18 A. No. Since we were in court that date
19 in July and Judge Lieberman said he wasn't going to
20 address this with the pending litigation, I don't
21 think we've brought it up. I don't remember him
22 being mentioned other than, like I said, people
23 saying I have my deposition coming up. His last
24 application has not been discussed in any substantive

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1 way.

2 Q. What about Mental Health Court, are you
3 aware of Mr. Monyer's name coming up in that court?

4 A. I don't recall him being brought up in
5 Mental Health Court.

6 Q. As far as you can recall, has
7 Mr. Negrea been present for all of the Veterans
8 Treatment Court team meetings where Mr. Monyer's
9 applications have been discussed?

10 A. Mr. Negrea has been there for most of
11 the meetings, I can't say all, and the interesting
12 thing with Mr. Negrea is if he's not present, there's
13 not -- like no one else comes in his place, he's
14 simply just not there during the team meeting. And
15 in those situations I think if there's any treatment
16 notes, he communicates those to Ms. MacBain ahead of
17 time.

18 Q. So if there is something treatment
19 related for an applicant, including Mr. Monyer, had a
20 meeting where Mr. Negrea can't attend then his views
21 are being communicated through Ms. MacBain?

22 A. Correct.

23 Q. Do you know how Ms. Negrea gets those
24 notes to Ms. MacBain, is that an e-mail?

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1 A. I don't. I am not privy to that.

2 Q. Is it your understanding that any
3 treatment court application, Veterans, Mental Health,
4 Drug Treatment Court, will be not be considered for
5 Mr. Monyer while this litigation is pending?

6 A. To be honest, as much as I know is what
7 Judge Lieberman said during that date back in June or
8 July. I haven't heard -- there hasn't been any other
9 discussion of it.

10 Q. Do you know whether that session in
11 June or July was transcribed?

12 A. I don't remember if there was a
13 stenographer there or not.

14 Q. Do you know if the court sessions for
15 the treatment courts are routinely transcribed?

16 A. No. The only time we have a
17 stenographer present for the treatment courts, at
18 least as they were being done then by Judge Lieberman
19 was either the initial -- acceptance into the program
20 when they would sign their rules and regulations,
21 their guilty plea and sentence as part of the program
22 and if they were being sanctioned, that involved
23 house arrest or something like that. Those are the
24 only times a stenographer is present.

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1 Q. And it's my understanding that during
2 those court sessions there are multiple cases being
3 discussed, right, so does a court reporter have to be
4 brought in if there's a particular case being
5 discussed where one of those events is going to take
6 place?

7 A. Typically when we have an admission or
8 one of those other things, we'll do it at the
9 conclusion of the regular court session. When an
10 order is done, it will typically say like 2:30, but
11 when we get closer to the time, the court staff will
12 contact whoever the scheduled stenographer is and
13 have her come down.

14 Q. Got you. You don't remember whether
15 that occurred in that June or July meeting where
16 Judge Lieberman made the last comment about
17 Mr. Monyer's application?

18 A. Yeah, I don't remember if there was --
19 I would doubt it because it either happened during
20 the team meeting or -- let me back up.

21 If I don't -- when Mr. Lassoff came in,
22 that was either near the end of the team meeting or
23 it was at the beginning of the actual court session
24 and Judge Lieberman would have made that comment

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1 prior to that. So my guess is there would not have
2 been a stenographer there.

3 Q. When you refer to that comment by Judge
4 Lieberman, I just want it to be clear what that is,
5 is that the comment that there is no application to
6 consider for Mr. Monyer or was there something else
7 to it?

8 A. Correct. That there was no application
9 to consider and there wouldn't be any -- because
10 there was a pending lawsuit about his application he
11 wasn't making a decision based upon there being a
12 pending lawsuit.

13 Q. And --

14 A. One way or the other, he wasn't going
15 to deny or grant it either way.

16 Q. Did you take that to mean he also
17 wouldn't rule on an application, any future
18 applications for as long as this lawsuit is pending?

19 A. I didn't really think about it either
20 way, one way or the another. I just knew that day he
21 wasn't ruling on it.

22 Q. Let me go back to the denial of
23 Mr. Monyer's first application back in May.

24 A. Sounds right.

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1 Q. I think you testified -- I heard two
2 reasons for the denial, one being that there was some
3 resistance or lack of enthusiasm for the group
4 therapy recommendation, right, and the other being
5 that there is an issue in terms of drug interaction
6 between what his treatment providers are recommending
7 he take and the medical marijuana, right?

8 A. That was what was explained to me, yes.

9 Q. Was there any reasons, as far as you
10 know, that were discussed in the team meetings for
11 Mr. Monyer's denial?

12 A. Not that I recall. I do remember there
13 being some discussion about Mr. Monyer's diagnosis
14 actually being a paranoid schizophrenic as opposed to
15 having PTSD, but I don't remember how exactly that
16 played into whether it was appropriate or not. It
17 was part of that conversation, but I don't remember
18 if that was part of their reasoning, you know, the
19 recommendation from Mr. Negrea not thinking it was
20 appropriate. I don't remember if that played in, but
21 that was part of the conversation that went along
22 with the treatment aspect of it.

23 Q. Are you aware of any treatment court
24 applications being denied based on a psychiatric

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1 diagnosis like schizophrenia?

2 A. I know there are times we will shift
3 people back and forth between courts depending on a
4 mental health diagnosis. I don't recall any Vets
5 specifically, but I know that there are individuals
6 who will be -- applied for Drug Treatment Court and
7 then when they get into, you know, doing the
8 pre-admission evaluations, they'll realize that
9 there's an underlying mental health issue as well, so
10 those people will get shifted over to the Mental
11 Health Court instead of drug.

12 I do know we've denied people from Vet
13 Court before for being too impaired because of mental
14 health issues and told them to go ahead and reapply
15 for Mental Health Court as well, but typically in
16 those situations the defense attorney has taken
17 another route with them as far as getting the charges
18 dismissed for not guilty by reason of insanity, those
19 sort of routes.

20 But typically if an individual is too
21 impaired for Drug Court or Mental Health Court, they
22 may be an appropriate candidate for Mental Health
23 Court.

24 Q. So a schizophrenia diagnosis, for

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1 example, is that -- have you seen that diagnosis lead
2 to the shifting over from a Veterans Treatment Court
3 application to a Mental Health Treatment Court as you
4 described?

5 A. I don't think I've seen that in Vet
6 Court. I don't know if that specific schizophrenic
7 diagnosis had shifted someone from drug to mental
8 health before. I do know that there are individuals
9 I have in Mental Health Court that are diagnosed as
10 paranoid schizophrenics, but I can't say off the top
11 of my head if they were initially applied to one
12 court and then shifted over to mental health or if
13 they just applied and --

14 Q. If I said Drug Court before, I meant to
15 ask whether a schizophrenia diagnosis, in your
16 experience, has ever been a basis for shifting
17 somebody from Veterans Treatment Court to Mental
18 Health Court?

19 A. I don't recall an individual that fit
20 those parameters.

21 Q. Was there any discussion, as far as you
22 remember, among the Veterans Treatment Court team of
23 possibly shifting Mr. Monyer's application over to
24 the Mental Health Court once schizophrenia was among

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1 his diagnoses?

2 A. I do remember -- I do remember a
3 comment by Mr. Negrea he thought he might be more
4 appropriate for that court. I don't know if it ever
5 got far enough that there were discussions about
6 actually doing it or whether his attorney was ever
7 looped in on that aspect of it. I know I wasn't
8 involved in it. I don't know if it happened, I
9 wasn't involved in it.

10 Q. So in cases where applicants do get
11 shifted over to one court to another, how does that
12 happen, like what are the mechanics of that shifting
13 over?

14 A. So typically if that doesn't happen in
15 the court session, my understanding is that people
16 from adult probation will reach out to the -- either
17 the attorney or to the candidate themselves and see
18 whether that's something they would be comfortable
19 doing and that's how that occurs.

20 For the longest time, the application
21 for all those three courts was the exact same
22 application, you just checked a different box at the
23 top as far as which court you were looking to go
24 into. I don't know if we've gone back to specific

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1 applications or not. Like I said, I don't -- I don't
2 typically see the applications, I only find out after
3 they have applied.

4 Q. So when the applications were the same,
5 would the team ever essentially change one check box
6 to the other in shifting it over?

7 A. Not without talking to the applicant
8 and their attorney.

9 Q. I believe you testified that that would
10 be somebody from the probation office --

11 A. Correct.

12 Q. -- doing an outreach?

13 A. Correct. I don't do that. I've never
14 done that.

15 Q. And you don't know whether that
16 happened -- that outreach occurred to Ms. Lassoff or
17 Mr. Monyer in Mr. Monyer's case?

18 A. I do not.

19 Q. Do you know why you were the person
20 tasked with following up with Mr. Lassoff after that
21 March 16th meeting?

22 A. I don't. I can tell you what Judge
23 Lieberman -- I don't remember a specific in this
24 situation but my guess is -- I shouldn't say guess.

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1 There was a lot of times where when Judge Lieberman
2 wanted information to get to an attorney, but it's
3 not necessarily something that would go in an order.
4 It wasn't scheduling. It wasn't a flat out denial.
5 It was something along the lines of, you know,
6 so-and-so needs to start doing what they need to do
7 in order to get into this program, the judge would
8 say hey, call the attorney and let him know what is
9 going on and let him know what we need to expect or
10 what they need to get done.

11 That is what would have happened in
12 this situation that he's not quite ready to go and
13 there's been some issues with, as we've discussed
14 earlier, the judge asked me to reach out to his
15 attorney since I had already been in contact with
16 Mr. Lassoff.

17 Q. In March of 2023, the information that
18 you were tasked with conveying was if Mr. Monyer gets
19 his THC levels down and stops using medical
20 marijuana, he will be admitted, right?

21 A. It was -- once his THC levels come down
22 and we see how the other medications are working, we
23 thought that would be -- it was more along the lines
24 that we had to make sure that he was serious about

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1 what the treatment team was recommending in regard to
2 the medications, which would have required the THC
3 levels to come down because if he's just going to get
4 admitted and then kind of blow us all off as far as
5 doing whatever treatment program he wants to do on
6 his own, that becomes a problem because then we end
7 up having to remove people for not abiding by
8 treatment recommendations.

9 Q. And then when -- after Mr. Monyer's
10 application was denied in May, you then had that
11 conversation with Mr. Lassoff about him reapplying,
12 right?

13 A. Correct.

14 Q. And at that point, was it still your
15 expectation that if Mr. Monyer stopped using medical
16 marijuana or got a letter from the treatment
17 provider, that he would be admitted the second time
18 around?

19 A. Along with complying with the other
20 recommendations by the treatment providers, yes. I
21 thought he would be admitted as long as everything --
22 treatment that was recommended was abided by.

23 Q. At that point his diagnosis wasn't the
24 roadblock?

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1 A. I'm sorry?

2 Q. His diagnosis was not the roadblock in
3 your mind?

4 A. I think kind of all of those things
5 were converging at the same time because I think the
6 diagnosis was what led to the -- you know, I'm only
7 going by what I was told. I think the diagnosis is
8 what led to the medication request.

9 Q. Understood. But given the
10 schizophrenia diagnosis, if he either complied to the
11 medication recommendation or got a doctor's note to
12 smooth this over, then he would have been admitted?

13 A. Yeah, I think all of those things would
14 have had to have happened, but yes.

15 Q. When you say this is what you were
16 told, who was it that said these things?

17 A. That would have been the people on the
18 treatment team meeting. As far as the actual -- the
19 medication side of it, that would have been
20 Mr. Negrea, the stuff about the letter would have
21 come from either Ms. MacBain or Jessica Bodor.

22 Q. I've got one more document to show you
23 I guess to clear up. We keep talking about the last
24 comment from Judge Lieberman and whether that was

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1 either a June or July meeting.
2 A. Um-hum.
3 Q. So I'm going to put up on the screen
4 what is labeled as tab number 7 and ask that that be
5 marked as Exhibit Kelecic-6.
6 * * * * *
7 (Whereupon, Exhibit Kelecic-6 was
8 marked for identification.)
9 * * * * *
10 BY MR. LONEY:
11 Q. It's an e-mail from Alex Lassoff to you
12 dated July 19th. Do you see that up on your screen?
13 A. I do.
14 Q. And I believe you testified before that
15 Mr. Lassoff had e-mailed you in the days leading up
16 to that last meeting where Judge Lieberman said
17 there's no pending application for Mr. Monyer. Is
18 this the e-mail that you were remembering?
19 A. Correct, that's the e-mail that I
20 forwarded on to Judge Lieberman's staff.
21 Q. And does this refresh your recollection
22 that we've been talking about the July meeting and
23 not the June meeting?
24 A. Correct. It would have been in July.

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1 Q. Are you aware of that -- are you aware
2 of a subsequent treatment court application being
3 denied by the Judge -- a subsequent treatment court
4 application for Mr. Monyer being denied by the Judge
5 in August of 2023?
6 A. I know we've talked about it today. I
7 don't specifically recall seeing a denial order or
8 that the judge -- I don't know that anyone told me in
9 the meeting that it happened. I have to be honest,
10 it's been a couple of months, I don't know if I heard
11 that in passing or not, but I don't have a specific
12 recollection of it.
13 Q. Fair enough. Going back to that
14 initial denial back in May, we went through the
15 reasons for that denial. Did Judge Lieberman
16 articulate any reasons other than those that we've
17 discussed?
18 A. Not that I recall.
19 MR. LONEY: Let's go off the record.
20 * * * * *
21 (Whereupon, a brief recess was taken.)
22 * * * * *
23 BY MR. LONEY:
24 Q. Mr. Kelecic, is it possible or has it

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1 ever happened in your experience that the treatment
2 court judge could rule on an application without it
3 going through discussion by the treatment court team?
4 A. I never -- I've never heard of that
5 happening. Theoretically it's possible since I don't
6 find out most of the time about applications until we
7 have the new app meeting, but at some point my office
8 would be made aware because all of these people have
9 -- they still have criminal charges that would be
10 before one of the other judges. So at some point
11 that case would go back before the originating judge
12 and there would be a discussion about it with one of
13 my co-workers.
14 So I don't ever know of that happening,
15 and if a judge did deny it without a discussion,
16 that's eventually going to come out.
17 Q. And just to be clear, you had no
18 discussions with Judge Lieberman about a secondary
19 application by Mr. Monyer after the readmission of
20 Veterans Treatment Court after that July 2023
21 meeting?
22 A. Not that I remember.
23 Q. And in the May session when the first
24 application was denied, did Judge Lieberman ever tell

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1 you what his basis was for denying Mr. Monyer's
2 application?
3 A. I don't remember him saying anything on
4 the record. I know the bottom of the denial order
5 will sometimes have a reason put on them, but I don't
6 remember him saying anything specifically during the
7 court session.
8 Q. How about separately from the court
9 session, do you remember Judge Lieberman ever
10 articulating any views as to Mr. Monyer's application
11 that wouldn't be reflected in the written order?
12 A. If he did, I don't remember.
13 MR. LONEY: Okay, thank you. That's
14 all I have.
15 * * * * *
16 CROSS-EXAMINATION
17 * * * * *
18 BY MS. HERMANN:
19 Q. Hi, Mr. Kelecic. Good morning, I am
20 Jen Hermann from AOPC. Nice to meet you on screen.
21 A. Good morning.
22 Q. Good afternoon.
23 A. Oh, it is afternoon already.
24 Q. I have just a few clarifying questions

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1 and they are based off your testimony, which is based
2 off of my notes which I can barely read. So if I
3 mis-summarize your testimony in any way, please feel
4 free to correct me. I hope that you do.
5 With that, you testified regarding
6 Title 42 intermediate punishment program.
7 A. Yes.
8 Q. And you were testifying whether an
9 offender is eligible for treatment court programs.
10 Do you have a specific statute citation?
11 A. The original thing I was told, it's
12 literally three feet in front of me in a stack of
13 papers, I can look at it. I can tell you what that
14 section is.
15 Is that allowable?
16 MS. HERMANN: Yes. As long as
17 Mr. Loney has no objection, I don't.
18 MR. LONEY: No objection.
19 THE WITNESS: It's titled 42, Section
20 9802. And it's the definition section of the
21 intermediate punishment statute which lists
22 eligible offenders.
23 BY MS. HERMANN:
24 Q. Great. Thank you so much for that.

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1 There were some references to the
2 meeting when applications were denied and you also
3 referenced court orders, does that mean that the
4 judge signed court orders at the team meetings?
5 A. No. Typically when we would have the
6 new applicant meeting or if we were discussing an
7 applicant during the regular team meeting, the judge
8 would a lot of times take notes.
9 The new applicant meetings are all done
10 on Zoom and his staff would typically also be on the
11 meeting taking notes, you know, waiting to make any
12 order that he would recommend be done. A lot of
13 times they were done close in time, maybe not that
14 day, sometimes even later depending on whether his
15 staff was around during the meeting.
16 Like I said, a lot of times they were
17 on the Zoom calls, they weren't always. Sometimes it
18 would take a follow-up e-mail from APO to remind the
19 judge that, you know, this person we need a denial
20 letter for and then because Judge Lieberman is a
21 senior judge, he wasn't always in the building. So
22 sometimes they would be a week, two weeks, maybe even
23 a longer delay on that order coming out that denies a
24 person treatment court.

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1 Q. So the denials did not happen at the
2 meetings, but rather in a court session following the
3 team meeting; is that right?
4 A. Not even in a court session. Sometimes
5 during the applicant meeting we would discuss what
6 was going to happen with someone. The judge would
7 kind of make a decision, but it really wouldn't be
8 final until he issued a paper order denying the
9 application.
10 Q. Got it. Thank you for that.
11 With regard to Mr. Monyer, you
12 testified regarding his charges of possession of a
13 firearm, and you said, I think, not, quote, "at that
14 time," close quote, statutorily ineligible, what did
15 you mean by at that time?
16 A. So subsequent to Mr. Monyer's entire
17 situation, Judge Lieberman, based upon some other
18 cases had decided for the courts that he presided
19 over, he was no longer going to admit people who had
20 any gun crime, whether that be a firearm without a
21 license possession.
22 What jumps out at me is the case that I
23 think we had a couple of domestics that involved, you
24 know, threats with guns and the judge at some point

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1 just decided blanketly he wasn't going to admit
2 anyone where there was a gun involved in the crime.
3 The only exception being if someone was
4 charged with the false swearing or lying on a gun
5 form, that was the only gun case he was going to
6 allow in and that's not really a possessory offense
7 anyway. But if it was anything where a defendant was
8 in possession of a gun, he was not going to allow
9 them in.
10 Q. Understood. Thank you for that
11 clarification.
12 You testified regarding a denied
13 applicant's ability to submit a new application or a
14 motion for reconsideration. Are there any other
15 avenues of relief for an applicant who is denied
16 treatment court?
17 A. Not that I've ever seen. And just, you
18 know, knowing the system, I'm not even sure -- I
19 don't know if that would be something that you would
20 be able to appeal to the Superior Court either.
21 Assuming there's -- I am not sure if that could be
22 appealed anyway because it's -- treatment court is
23 a -- it's not like a sentence right off the bat
24 whether you're admitted to the specialty courts, I

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1 don't think it is exactly the same. So those are the
2 two avenues that I've ever seen for someone to try to
3 use to get back to treatment court after an
4 application was denied.
5 Q. Understood. Who makes the decision
6 whether to reapply or to file a motion for
7 reconsideration or I guess do nothing?
8 A. The defendant and their attorney.
9 Q. Now, with regard to Mr. Monyer -- I
10 can't find my notes, I'm sorry. There we go, sorry.
11 You testified regarding speaking to
12 Mr. Lassoff about a new application and that you also
13 asked him to send a courtesy copy so that you could
14 get it to the treatment court team faster.
15 Do you recall that testimony?
16 A. Correct, yes.
17 Q. It sounds to me like you were pretty
18 supportive of Mr. Monyer's admission into the
19 program. Is that fair to say?
20 A. I was, based upon what -- and that
21 arises from a couple of things, one, Mr. Monyer had
22 no prior record. The incident that's alleged to have
23 occurred here was a case where he was intoxicated in
24 public and had -- the allegations are that he had a

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1 gun on him and his license was expired. It wasn't a
2 violent outburst or anything like that, so I was
3 initially in favor of his participation in the
4 program because the underlying facts and his
5 background spoke to me as someone who was in need of
6 that sort of service.
7 Additionally, when I spoke with
8 Mr. Lassoff, he talked to me about Mr. Monyer kind of
9 being a -- someone who is kind of shut in. I don't
10 know if he used the word hermit, but that was kind of
11 the impression I had, someone that kept to
12 themselves, stayed away from people and the Veterans
13 Treatment Court program -- I've been doing this
14 almost five years now, one of the things it does is
15 it actually helps with camaraderie with these guys.
16 So they come back from the service and
17 they don't have the same support system of friends
18 that they had when they were, so based upon that,
19 Mr. Monyer sounded like a good candidate where this
20 would be something that would bring him out of his
21 shell.
22 Also, Mr. Lassoff had informed me how
23 much his client wanted this program and wanted the
24 help and he wanted all this stuff and was willing to

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1 do whatever we were asking of him to be in this
2 program. So based upon all of those things, and I
3 remember being impressed by the packet of information
4 that he had given us even with the ARD denial, I
5 thought at that point Mr. Monyer would have been a
6 good candidate for the court.
7 Q. Did you have any reason not to support
8 his admission into treatment court?
9 A. Initially, no.
10 Q. Did you change your mind at any point?
11 A. I became less -- my enthusiasm for him
12 did lessen, not that my opinion on that aspect plays
13 a role. But generally speaking when you start to
14 have people that don't listen to what the medical
15 professionals are advising, don't want to go to
16 groups, don't want to do those things, that's not
17 normally a recipe for someone that is going to be
18 successful in the program or it's their participation
19 in the program eventually proves to be just a way to
20 get out of more serious repercussions.
21 In Mr. Monyer's case, even though he
22 had no prior record his -- you know, his offense
23 gravity score would have been calling for jail time.
24 So with that being the case, at first he sounded --

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1 the way Mr. Lassoff sold it, sounded like he was very
2 much going to be a good candidate and I was hoping he
3 was. The more time went on and he didn't see as
4 enthused about doing the programs, he seemed more
5 like someone who was just trying to get out of a jail
6 sentence or even a conviction at this point because
7 ARD might have still been on the table for him if he
8 had successfully completed Veterans Court and then he
9 -- he come through with no problems, you know, he did
10 what we asked him to do, he might have still been
11 able to get ARD, something that Mr. Adams would have
12 to make a decision on.
13 Q. You testified about a concern that
14 Mr. Monyer, if admitted into Veterans Court, would be
15 removed by not abiding by treatment recommendations;
16 is that right?
17 A. Correct.
18 Q. And what was problematic to you about
19 that?
20 A. So one of the -- when you sign up to go
21 into any other problem solving courts, there's a list
22 of rules and regulations that you sign right off the
23 bat. It includes, you know, avoiding the use of
24 alcohol. It typically involves not using controlled

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1 substances, staying away from law enforcement, as far
2 as not getting new charges. But one of them is agree
3 to abide by treatment recommendations, so when you
4 have someone that is being told by their treatment
5 providers, we need you to do these three things and
6 you refuse to do them, at that point you're not in
7 compliance with the rules and recommendations of
8 treatment court and if you're not going to do the
9 treatment, this is still a treatment court program,
10 so you're not fulfilling your end of the bargain.
11 When that happens and we have someone
12 who habitually doesn't follow the recommendations,
13 I'm normally informed by adult probation that someone
14 is not in agreement -- not agreement, is not in
15 compliance, and a lot of times I'll end up filing a
16 motion to have them removed from the treatment court
17 program and if they've already pled guilty, it
18 also -- since the completion of the program is a
19 condition of their sentence, now they are in
20 violation of their intermediate punishment sentence
21 as well.
22 Q. Is it fair to say you did not want to
23 see Mr. Monyer violate the conditions and be removed
24 from treatment court?

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1 A. Correct. I mean that's kind of the
2 long end to that, but I certainly didn't want to see
3 that happen to him.
4 Q. I think you testified that when
5 individuals are removed for noncompliance and they
6 reapply to treatment court, that they are denied; is
7 that right?
8 A. Well, there's a difference between
9 being removed and being denied in the first place.
10 Being removed means we've admitted you, you've
11 entered a guilty plea, you've been sentenced and for
12 a time period you're in compliance with the program.
13 The difference being when you get to
14 that point and then I file a motion to remove you and
15 the judge does, after argument, remove you from the
16 program. At that point you're in violation of your
17 sentence so now you're facing a Gagnon hearing
18 potentially looking at going to jail.
19 When you apply and your application is
20 denied, that's normally presentence. So when you're
21 denied, your case would just go back to your
22 originating courtroom and as a defendant you can
23 decide on how you want to handle that, whether that's
24 take some other sort of guilty plea, go to trial,

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1 whatever else people regularly do in Common Pleas
2 criminal court.
3 Q. And the applicant does not have the
4 same kind of flexibility and choice if they are
5 admitted to treatment court and then removed for
6 noncompliance?
7 A. Correct, yes. At that point you
8 already pled guilty, so the only chance you really
9 have is you're showing up at a Gagnon hearing and
10 asking the court to cut you a break.
11 Q. What is -- tell me about a Gagnon, what
12 happens there?
13 A. That is just a probation or parole
14 revocation hearing. Typically in that -- so every
15 person that applies for one of our treatment courts
16 ends up getting an intermediate punishment sentence
17 which is a term of probation plus some additional
18 thing. Sometimes that additional thing is jail, if
19 they've already served prior to their sentence,
20 sometimes it's house arrest, sometimes it's given
21 credit for an inpatient treatment. It kind of goes
22 on a case by case basis. It also depends on what the
23 underlying crime is.
24 Once they have pled guilty and they are

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1 given that intermediate punishment sentence, if they
2 don't abide by the conditions of the treatment court
3 and they get removed, they've now violated a
4 condition of their IP sentence.
5 At that point the court would have a
6 hearing on the violation, the judge will want to hear
7 from the defendant, whether they admit the violations
8 or not. If the defendant admits the violations, it
9 goes straight to a resentencing hearing where the
10 court has all the leeway up to the statutory maximum
11 to sentence a person. If they deny that they
12 violated it, then we have what's called a formal
13 Gagnon hearing.
14 A Gagnon is just a case that all this
15 arises from in the Supreme Court. You end up having
16 a hearing to determine whether or not the
17 Commonwealth can show you actually violated your
18 conditions, which involves putting the adult
19 probation officer up, but if you're removed from
20 treatment court, it's kind of per se that you have
21 violated the conditions of your sentence since
22 completing treatment court was the condition of your
23 sentence.
24 Q. You did not want this to happen to

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1 Mr. Monyer; is that correct?
2 A. Based upon his prior records and
3 everything I was given in the beginning, I did not
4 want to see that happen. I thought he was a good
5 candidate for the court.
6 Q. You testified something to the effect
7 of all things were converging at the same time, do
8 you remember that?
9 A. I do.
10 Q. You were discussing about, I think, the
11 multiple factors that seem to have gone into the
12 discussion regarding Mr. Monyer's admission?
13 A. Yes.
14 Q. Is it fair to say that these multiple
15 factors came up at different points of time between
16 his application and the ultimate decision?
17 A. Yes. His use of the medical marijuana
18 fairly early on became known that he was using
19 medical marijuana and adult probation was asking
20 about documentation, that came up fairly earlier on.
21 We were waiting for him to provide documentation.
22 Initially he seemed very willing to
23 comply with treatments in groups. As Mr. Negrea
24 started to get those things lined up for him, he

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1 seemed less willing to do those things. The initial
2 diagnosis that Mr. Monyer provided for us was that he
3 suffered from PTSD. As the VA started doing some of
4 their testing, that's when it became that he had --
5 that he actually had paranoid schizophrenia.
6 Mr. Negrea also went back, if I remember correctly
7 and looked at some of his prior interactions with the
8 VA and didn't see a diagnosis for PTSD anywhere along
9 the line.
10 So when I said they all kind of
11 converged, it was -- these things had all started
12 popping up and it didn't appear at that point that he
13 was the candidate we were initially told he was. But
14 even with that being said, a lot of that could be
15 overcome. It just means a little switch up from
16 necessarily being offered one course of treatment to
17 a different course of treatment.
18 Q. Okay. So I'm hearing a multifactor
19 decision with those different factors being
20 considered over time at different points in time?
21 A. Correct, I would agree with that.
22 Q. At any time, was prohibition on medical
23 marijuana one of those reasons?
24 A. The only way the prohibition on medical

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1 marijuana was a reason was, according to Mr. Negrea,
2 they wanted him to use different medications to treat
3 his underlying mental health issues and the medical
4 providers would not be able to determine how well
5 those things were working if he were also still using
6 the medical marijuana.
7 Q. That was a determination made by the VA
8 providers and not anybody on the treatment court
9 team; is that right?
10 A. Correct. I don't think any of the
11 other -- I don't think anyone from the team from APO
12 or the court or myself have sort of a medical
13 background to make that determination.
14 Q. Understood.
15 And with all of those factors being
16 considered over time by the treatment court team,
17 ultimately a decision is made by whom?
18 A. The court. It's ultimately up to the
19 judge. I mean I've never seen it, but technically
20 the rest of us could be objecting to someone getting
21 in and the judge can say I like him, I'm going to let
22 him in anyway. So ultimately the responsibility
23 comes down to the judge.
24 MS. HERMANN: Understood. Thank you.

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1 That's all I have right now.
2 * * * * *
3 REDIRECT EXAMINATION
4 * * * * *
5 BY MR. LONEY:
6 Q. I have a few redirect questions, so
7 indulge me for a minute.
8 In your testimony in response
9 Ms. Hermann just now, you talked about concerns over
10 applicants who don't listen or follow what they are
11 supposed to do, right?
12 A. Correct.
13 Q. And in Mr. Monyer's case I would like
14 to drill down on exactly what aspects of the
15 treatment recommendations, in your understanding,
16 what aspects was Mr. Monyer unwilling or unable to
17 comply with?
18 A. Was there another question coming or
19 you want me to answer that?
20 Q. No, that's the question.
21 A. My understanding from what I was told
22 by the rest of the treatment team was in regard to
23 just the treatment aspect of, it was twofold.
24 Initially he was resistant to using any of the

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1 prescription medications that they were recommending
2 that he use and that was initially why they wanted
3 him to stop using the medical marijuana which he
4 agreed to do which is why I noted that in my e-mail
5 when I spoke to Mr. Lassoff.
6 Additionally, I recall Mr. Negrea
7 saying he also wanted him to participate in group and
8 individual counseling and one of them he didn't want
9 to do. For the life of me, I can't remember which
10 one of those it was, I'd like to say it was the group
11 that he didn't want to do but I'm not positive.
12 Those were my recollections for what
13 was wrong with the treatment aspect of it. Now, in
14 saying that, whether he wants to comply with those or
15 not is entirely up to Mr. Monyer. If he's willing to
16 do the groups, that doesn't change my position on him
17 being a good candidate.
18 If he's willing to take the medications
19 and the treatment he was provided, which required him
20 to stop smoking the medical marijuana, then he's
21 still a good candidate, but those were the two areas
22 that I remember Mr. Negrea saying were constituting a
23 problem.
24 Q. You mentioned that you talked about one

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1 of those areas in your communication with
2 Mr. Lassoff, the medical marijuana aspect of this,
3 right?
4 A. Correct. The medical marijuana is what
5 came up in the initial e-mails. I don't remember at
6 the point that I sent him the e-mail if Mr. Monyer
7 had agreed to do whatever the other -- the speaking
8 treatment portion of it was. I can't remember if he
9 had changed his mind on being willing to do those or
10 not because that was kind of fluent throughout a lot
11 of his pending application position, while sometimes
12 he was fine with doing it and other times he wasn't
13 as cooperative with it and I got that information
14 both from Ms. MacBain and from Mr. Negrea.
15 This is common with applicants of
16 Veterans Court, they'll find out they have to do
17 something treatment-wise, they'll call Ms. MacBain
18 for their regular check-ins and that's when they'll
19 complain about all the stuff they have to do. I
20 can't say off the top of my head if I remember which
21 of those sources I got that information about as far
22 as Mr. Monyer.
23 Q. So at some point it's possible that
24 Mr. Monyer actually was willing to follow the

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1 recommended talk portion of the treatment and it
2 really wasn't that as you wrote to Mr. Lassoff, the
3 only holdup was his use of medical marijuana?
4 A. Actually I remember there was a time
5 period where Mr. Monyer was all right, I'll do what I
6 have to do in order to get into this court and follow
7 the recommendations. There was a time period where
8 he was willing to do that, but like I said, that kind
9 of isolated. Sometimes he was fine with willing to
10 do it and then two weeks later he wasn't.
11 Q. I guess I'll ask the question how do
12 you know all of this?
13 A. Anything I know in regards to his
14 treatments or his desire to do it or not do it either
15 comes from his attorney telling me he was willing to
16 do all these things, his attorney telling adult
17 probation he was willing to do it and getting it
18 secondhand from adult probation, statements
19 Mr. Monyer made directly to adult probation or
20 conversations Mr. Monyer would have had with
21 Mr. Negrea or the other service providers.
22 I can tell you I don't know that I've
23 ever spoken with Mr. Monyer personally, so all of
24 that information would have had to come secondhand

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1 from him.
2 Q. So in your testimony just now where you
3 talked about sort of the timeline where I believe you
4 said he seemed less willing to do certain things and
5 became a less attractive candidate in your mind for
6 treatment court?
7 A. Yes.
8 Q. All of that is also based on what you
9 heard from others in the treatment court team, not
10 based on any firsthand observation of Mr. Monyer?
11 A. Correct, absolutely.
12 Q. And for all things treatment related,
13 am I correct that Mr. Negrea would be the best
14 source, other than Mr. Monyer himself, for talking
15 about Mr. Monyer's ability to comply with his
16 treatment recommendations?
17 A. Yes, the only -- and I can't say I know
18 her last name, I know there is another therapist with
19 the VA, her first name is Karen, I don't know her
20 last name, but she does some of the group treatments
21 as well -- excuse me, she might do the individual
22 treatments. She might be the only other one, but
23 Mr. Negrea would be -- would have her notes and those
24 sorts of things, but Mr. Negrea would be your first

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1 place to look about those sorts of things.
2 Q. I also wanted to follow-up on a comment
3 you made in response to Ms. Hermann's questions that
4 whatever concerns you had about Mr. Monyer's fitness
5 as a participant in treatment court could be
6 overcome, can you tell me what you meant by that,
7 like how could those concerns be overcome?
8 A. Well, I mean if the concern is him not
9 being willing to do the treatment or do groups by him
10 doing the groups or the individual treatment, he can
11 overcome that issue.
12 In regards to the medications, it would
13 be taking what the treatment providers recommended he
14 take, which in turn in this case would have also
15 meant decreasing his medical marijuana use because of
16 the -- the way it was explained to me to the fact
17 that you can't tell how well the meds are working if
18 you are also using another substance.
19 Q. And again, that last piece of what you
20 just testified to, that's based on other's opinions,
21 not your medical expertise?
22 A. Correct, I'm not a real doctor.
23 Q. Shifting gears a little bit to the
24 testimony that you just provided about Judge

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1 Lieberman approach to candidates with a gun charge.
2 A. Yes.
3 Q. That approach is newer; am I
4 understanding correctly?
5 A. That approach was probably maybe as
6 early as August, but definitely in place by
7 September, October of last year. I don't remember
8 the name of the defendant who brought it up. There
9 was an individual who applied for Mental Health Court
10 on two different dockets, both of which involved him
11 threatening people with firearms, never actually
12 caused them any harm, but pulled a gun, stuck it in
13 their face and threatened to hurt them for not doing
14 what he wanted, not like a robbery situation, but
15 like get off my property, that sort of thing.
16 Then there was also a different
17 defendant that was a domestic sort of situation where
18 the individual was threatening to harm his girlfriend
19 and I think may have hit her in the face, didn't
20 shoot her, but had a gun present with him. Based
21 upon those cases and the fact that we were starting
22 to see more applications that involved cases with
23 guns, Judge Lieberman had decided, you know what,
24 that's the -- statutorily to him that is the past or

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1 present history of violence that he was considering
2 them not to be an eligible offender.
3 Regardless of my position on it, he was
4 finding them not to be an eligible offender so he
5 wasn't going to let them in.
6 Q. And prior to this time frame of
7 August/September of 2023, Judge Lieberman had
8 approved people for admission to the Berks treatment
9 courts despite having a gun charge and did not deem
10 that to indicate a history of violence, right?
11 A. Yes, there have been prior cases, not
12 any -- I can tell that's a -- for both me as far as
13 thinking someone is an eligible offender and I guess
14 certainly for the court, it's a red flag, but Judge
15 Lieberman, at that point, decided it was going to be
16 a prohibition.
17 But there were -- I can think of a few
18 people who had gun possession sort of cases where
19 they were -- never like someone shot someone, that's
20 not getting into treatment court, but like certainly
21 threats with a gun or I can think there was an
22 individual who was a DUI and had a gun in the center
23 console and he got into treatment court.
24 Q. Do you know -- sorry.

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1 A. The name of that one? Louis Diaz was
2 that individual's name and that was a Veteran. I
3 think it was Louis Diaz. I'm very good with fact
4 patterns, not great with names, but he was a Veteran,
5 if I am recalling that correctly. He was a DUI with
6 a firearm.
7 Q. I'll really test your memory to the
8 name here, do you now if it was D-I-A-S or D-I-A-Z?
9 A. D-I-A-Z. If that's the individual that
10 I'm thinking of, it was D-I-A-Z.
11 Q. Do you know the names of I think it was
12 two other individuals that you mentioned who
13 precipitated this change in Judge Lieberman's
14 approach?
15 A. Off the top of my head I don't.
16 Q. So this wasn't based on any change in
17 the statute, it was based on a change of how Judge
18 Lieberman was applying the statute in his courtroom?
19 A. Correct.
20 Q. Do you know whether he was applying
21 that approach retroactively, so to folks whose charge
22 originated long before this shift in approach?
23 A. I don't. I don't know that it ever
24 came up. I know that it was -- it was what he was

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1 going to do with new applicants going forward, you
2 know, specifically in regard to Mr. Monyer, I don't
3 know if he was applying them to Mr. Monyer or not. I
4 don't know that I ever had that conversation with
5 him.

6 Q. Is this a policy that Judge Lieberman
7 started applying for all four treatment courts, so an
8 applicants to any treatment court?

9 A. He only presided over three, DUI Court
10 was never his. It was something he was going to
11 apply over Drug, Mental Health and Veterans Court.

12 Q. So Judge Lieberman is no longer
13 presiding over those three treatment courts, correct?

14 A. Correct.

15 Q. Is Judge Geishauser following the same
16 policy when it comes to folks with gun charges?

17 A. To be honest, I don't know. We're only
18 at the end of January. Unfortunately the first -- I
19 should say the first meeting of January this year,
20 instead of us having a regular court session where we
21 discussed a lot of candidates and what they are
22 doing, we had a large graduation ceremony. So there
23 wasn't a real in-depth meeting the first week of
24 January, and unfortunately -- it was fortunate for me

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1 I wasn't available for the second set of meetings in
2 the month of January because I was on vacation.

3 The issue of the gun -- participants
4 being allowed in with guns has not come up. I
5 imagine that's when we'll figure out what Judge
6 Geishauser wants to do in regards to Drug Court,
7 Mental Health Court and I'm assuming she'll apply it
8 to DUI Court as well.

9 In regards to Judge Bodor in covering
10 Veterans Treatment Court, it hasn't come up, we've
11 only had one meeting with him and it wasn't something
12 that arose. And none of the new applicants that we
13 had was there a gun involved, so that didn't come up.

14 Q. Do you know when the next session is
15 where you're going to be considering new applicants?

16 A. It looks like February 1st is a
17 Thursday, so I would assume probably our first
18 Thursday meeting in February then on the 1st.

19 Q. In two days?

20 A. In two days.

21 Q. Do you know if anybody is on the agenda
22 for that meeting who has a gun charge?

23 A. At this point I have not received the
24 new list in my e-mail, it seems to be running a

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1 little behind this week, so I don't know for certain.
2 I know that no one that was on the last list had a
3 gun, unless there's a new applicant in the last two
4 weeks, it's a Veteran with a gun, that's when I would
5 find out then.

6 Q. When is the next Mental Health
7 Treatment Court session for new applicants?

8 A. That would be on the 6th of February.

9 Q. Do you know whether Damon Monyer has a
10 Mental Health Court application on the docket for
11 that meeting?

12 A. I don't. I also haven't gotten that
13 list for the 6th yet.

14 Q. If his name is on that list and you are
15 the person weighing in on whether someone is
16 statutorily eligible, would you again submit that
17 he's statutorily eligible based on the same charges?

18 A. Yeah. My position on Mr. Monyer in
19 regards to statutory eligibility would not change. I
20 think he's still statutorily eligible. Judge
21 Lieberman's decision not to let anyone with a gun in
22 was his decision, not mine.

23 The crime -- possession of a gun
24 without a license is not one of the enumerated

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1 offenses that is listed there, so I don't think you
2 get into even being able to argue that it's a past or
3 present history of violence.

4 On the other hand if you have one of
5 the guys that you discussed with a terroristic threat
6 and you're waving a gun around, I think that's closer
7 to a present history of violence. But simply the
8 firearms without a license as it applies to
9 Mr. Monyer, I would not think he's ineligible for
10 that reason.

11 Q. And you don't know one way or the other
12 whether Judge Geishauser will adopt the same approach
13 as -- that Judge Lieberman adopted late last year
14 when it comes to future Mental Health Court
15 applications?

16 A. I do not. That was actually -- when we
17 have our first actual meeting where I can -- that's
18 not a graduation ceremony, I was hoping to address
19 that, as well as a couple of other procedural things
20 with her since she has just taken over this court.

21 MR. LONEY: That is all I have. Thank
22 you again.

23 * * * * *
24 RECCROSS-EXAMINATION

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1 * * * * *

2 BY MS. HERMANN:

3 Q. One point of clarification and then

4 hopefully it's lunchtime.

5 You testified regarding your

6 understanding of Mr. Monyer's reluctance to take

7 medication, and I believe you were referring to the

8 medication quote, "the treatment team," closed quote,

9 wanted him to take.

10 When you said treatment team which is

11 what I think I heard, do you mean the treatment court

12 team or the VA treatment providers?

13 A. Yes, I meant the VA providers because

14 adult probation or the court can't really prescribe

15 medication. So it would be the psychiatrist or

16 psychologist that he's seeing with the VA that would

17 be prescribing those meds.

18 MS. HERMANN: Got it. Thank you.

19 MR. LONEY: I don't have any follow-up

20 to that. Thank you again.

21 * * * * *

22 (This concludes the deposition of

23 Kenneth Kelecic, Esquire at 1:04 p.m.)

24 * * * * *

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1 C E R T I F I C A T I O N

2

3

4 I hereby certify that the proceedings and

5 evidence noted are contained fully and accurately in

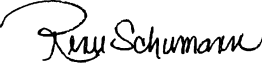
6 the stenographic notes taken by me upon the foregoing

7 matter dated _____2024, and that this is a

8 correct transcript of the same.

9

10

11 

12 RENEE SCHUMANN

13 COURT REPORTER

14

15

16 (The foregoing certification of this

17 transcript does not apply to any reproduction of the

18 same by any means, unless under the direct control

19 and/or supervision of the certifying reporter.)

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1 THE COURT REPORTER: Ladies and

2 gentleman, who would like a copy?

3 MR. ADAIR: Renee, I will let you know.

4 MR. LONEY: Yes, I would like a rough

5 transcript as soon as you got it.

6 Normal delivery is fine.

7 MS. HERMANN: Yes.

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Exhibit F

IN THE COMMONWEALTH OF PENNSYLVANIA

DAMON MONYER and :
PENNSYLVANIA CANNABIS :
COALITION, :
 :
Petitioner(s), :
 :
vs. :
 :
23rd JUDICIAN :
DISTRICT, BERKS :
COUNTY, :
 :
Respondent(s). : NO. 283 MD 2023

- - -
Thursday, February 8, 2024
Philadelphia, Pennsylvania
- - -

Oral Deposition of PAIGE E. MACBAIN, via
Zoom webconference, commencing at approximately
10:02 a.m., on the above date, before Josephine
Guerrieri, Professional Court Reporter and
Commissioner of Deeds.

- - -
Lexitas Legal/Philadelphia
54 Friends Lane, Suite 116
Newtown, PA 18940
- - -

Page 2

A P P E A R A N C E S:

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Page 3

1 DEPOSITION SUPPORT INDEX
 2
 DIRECTIONS NOT TO ANSWER:
 3 PAGES: None
 4
 REQUESTS FOR DOCUMENTS OR INFORMATION
 5 PAGES: None
 6
 7
 STIPULATIONS AND/OR STATEMENTS:
 8 PAGES: 6
 9
 MARKED QUESTIONS:
 10 PAGES: None
 11
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 22
 23
 24

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 3
 WITNESS PAGE
 4
 PAIGE E. MACBAIN
 5
 EXAMINATION BY
 6
 MS. ROSE 7
 7
 8 - - -
 9
 10
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 12
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 15 3 AOPC354-357 119
 16 4 E-Mail 3/23/2023 138
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 20
 21
 22
 23
 24

Page 5

1 - - -
 2 P R O C E E D I N G S
 3 - - -
 4 Whereupon the court reporter
 5 placed the following statement on
 6 the record:)
 7 The attorneys participating
 8 in this deposition acknowledge
 9 that I am not physically present
 10 in the deposition room and that I
 11 will be reporting this deposition
 12 remotely.
 13 They further acknowledge
 14 that, in lieu of an oath
 15 administered in person, I will
 16 administer the oath remotely.
 17 The parties and their counsel
 18 consent to this arrangement and
 19 waive any objections to this
 20 manner of reporting.
 21 Counsel, please indicate your
 22 agreement by stating your name,
 23 who you represent and your
 24 agreement on the record.

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1 MS. ROSE: My name is Sara
2 Rose, I am an attorney in
3 Pennsylvania, I represent the
4 petitioners and I agree.
5 MS. HERRMANN: Jennifer
6 Herrmann of the Administrative
7 Office of Pennsylvania Courts
8 representing the respondent and I
9 agree.
10 - - -
11 PAIGE E. MACBAIN, having been
12 first duly sworn, was examined and
13 testified under oath as follows:
14 - - -
15 (It is agreed by and among
16 Counsel for the respective parties
17 that the reading, signing,
18 sealing, filing and certification
19 are hereby waived, and all
20 objections, except as to the form
21 of the question, are reserved
22 until the time of trial.)
23 - - -
24 E X A M I N A T I O N

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1 - - -
2 BY MS. ROSE:
3 Q. Like I said, Ms. MacBain, I'm
4 Sara Rose, I represent the petitioners, have
5 you ever had your deposition take before?
6 A. No.
7 Q. Have you testified in court
8 before?
9 A. Yes.
10 Q. So, a little bit similar in
11 terms of being under oath. I'm going to
12 give you some instructions to make sure we
13 are on the same page going through this with
14 a clear record.
15 Is there any reason that you
16 are not able to answer my questions
17 truthfully today?
18 A. No.
19 Q. And when I ask a question, if
20 I ask it inartfully or in a way you don't
21 understand, please let me know. If you do
22 answer a question, I will assume that you
23 understood the question, but if you don't,
24 please tell me that you don't understand

Page 8

1 what I'm asking. I would prefer that you
2 tell me that now, rather than finding that
3 out later.
4 Another important rule for
5 both of us to follow is that we answer
6 verbally. I'm sure I will be asking the
7 questions verbally, but you can't answer by
8 shaking your head or saying uh-huh, it's
9 hard for the court reporter to get that
10 down, so, just make sure you answer a yes or
11 no questions, I mean answer yes or no.
12 If you need a break, just let
13 me know. If after the deposition is over
14 you remember something that you forgot to
15 tell me, or you realize that something you
16 said was incomplete, will you agree to
17 contact your lawyer to make a supplemental
18 record?
19 A. Yes.
20 Q. Okay. So, Ms. MacBain, where
21 are you located right now?
22 A. 633 Court Street, Reading
23 Pennsylvania.
24 Q. Is that your office?

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1 A. Yes.
2 Q. And I see that Ms. Herrmann is
3 in the room with you, correct?
4 A. Correct.
5 Q. Is there anyone else in the
6 room with you?
7 A. No.
8 Q. And I would ask that you not
9 look at your cell phone during the
10 deposition.
11 A. Okay.
12 Q. If you get a call and you need
13 to take that call, that's completely fine,
14 but just not be looking at it while I'm
15 asking you questions.
16 A. Okay.
17 Q. Do you agree not to
18 communicate by text, instant message, social
19 media or e-mail while we are on the record?
20 A. Yes.
21 Q. Do you have any documents in
22 front of you today?
23 A. I have the case notes for Mr.
24 Monyer's case.

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1 Q. Okay. And have you discussed
2 this case with anyone besides your lawyers?
3 A. No.
4 Q. I'm going to ask you some
5 questions about your educational and
6 employment background.
7 Could you just describe your
8 education since high school.
9 A. Sure. I attended Penn State
10 Harrisburg and received my bachelor's degree
11 in psychology and bachelor's degree in
12 criminal justice, that was in 2012. I
13 graduated with my master's in 2018 in
14 forensic psychology.
15 Q. And before you received your
16 master's did you work anywhere?
17 A. Yes.
18 Q. Where did you work?
19 A. First I worked for a security
20 company for three years at Met Ed and then I
21 --
22 Q. Is that after college?
23 A. Yes. After three years I
24 worked at Lancaster County Prison as a

Page 11

1 correctional officer for a year and then
2 after that I worked for Crozer Keystone
3 Health Systems for three years as a
4 intensive case management case manager for
5 people with serious mental illness. And I
6 received my master's during that time.
7 Q. Okay. And then what about
8 after you received your master's where did
9 you work?
10 A. I continued to work at Crozer
11 for a couple months and then I worked as a
12 probation officer at Lancaster County.
13 Q. And what year did you start
14 working at Lancaster County as a probation
15 officer?
16 A. In 2018, I believe.
17 Q. How long did you work there?
18 A. Approximately four-and-a-half
19 years.
20 Q. And then what did you do after
21 that?
22 A. I came here to Berks County.
23 Q. And what year was that?
24 A. In 2022, October.

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1 Q. And what was your position
2 when you started at Berks County?
3 A. I didn't know. I was just a
4 probation officer, so, I was in training.
5 Q. Okay. And then after you were
6 done with your training?
7 A. Then I took over veteran's
8 court as a probation officer.
9 Q. And about what time did you
10 start working in veteran's court?
11 A. Some time in January of 2023.
12 Q. Okay. And what was the reason
13 you decided to move from being a probational
14 officer in Lancaster County to Berks County?
15 (Whereupon, the court
16 reporter requested that counsel
17 speak up.)
18 THE WITNESS: Yeah, can you
19 repeat that. I didn't hear it
20 either.
21 BY MS. ROSE:
22 Q. What was the reason you moved
23 from Berks County probation -- I mean from
24 Lancaster County probation to Berks County

Page 13

1 probation?
2 A. I live in Berks County, so,
3 it's closer to home, I'm not commuting 30
4 miles one day every day. Pay and benefits
5 were a little better in Berks County.
6 Q. Were you living in Berks
7 County the entire time you worked for
8 Lancaster County?
9 A. Yes.
10 Q. And what did your training
11 consist of when you started at Berks County?
12 A. I did mentoring, so, I
13 shadowed the other officers in the office.
14 I went through defensive tactics, firearms
15 training, I'm sure there's other little
16 trainings in there. I can't think of them
17 off the top of my head.
18 Q. Did you have any training that
19 was specific to Veterans Treatment Court?
20 A. Other than shadowing and being
21 with that officer, no, not here in Berks
22 County.
23 Q. Now, did you -- was it your
24 choice to be assigned to Veterans Treatment

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1 Court or was that -- let me stop there, was
2 it your choice to be assigned to Veterans
3 Treatment Court?
4 A. Yes.
5 Q. What is it about Veterans
6 Treatment Court?
7 A. That is what I asked for when
8 I was hired here, yes.
9 Q. And why were you interested in
10 Veterans Treatment Court?
11 A. Because I was a Veterans
12 Treatment Court officer for a period of time
13 in Lancaster and that's where my passion and
14 interest is.
15 Q. What is it about Veterans
16 Treatment Court that interests you?
17 A. That it gives veterans who
18 have sacrificed a lot for our country the
19 ability to go to treatment and more
20 restoration than punishment. You get to
21 know your clients a lot more closely than
22 you do with general supervision and it's
23 just overall a different experience.
24 Q. Besides Veterans Treatment

Page 15

1 Court, did you work with any other treatment
2 courts in Lancaster County?
3 A. Not in Lancaster County. I
4 did in Delaware County when I did the case
5 management.
6 Q. Was that with the Crozer
7 Keystone?
8 A. Correct.
9 Q. And what was your role with
10 respect to treatment courts when you worked
11 at Crozer Keystone?
12 A. Sure. I had a forensic
13 caseload, so, I had a caseload that did --
14 that was in mental health treatment court
15 and then after a year I got promoted to
16 supervisor, so, I supervisors the mental
17 health treatment court case managers and I
18 reported to that court as the treatment
19 provider.
20 Q. Okay. Was that any kind of
21 specialized treatment court?
22 A. Yes, it was a mental health
23 treatment court.
24 Q. What did you say?

Page 16

1 A. Yes, it was a mental health
2 treatment court.
3 Q. And, so, are you the only
4 probation officer assigned to Veterans
5 Treatment Court in Berks?
6 A. Correct.
7 Q. And was the -- did you take
8 over for Rudy Leon?
9 A. Correct.
10 Q. And where did Mr. Leon go?
11 A. To general supervision.
12 Q. Do you know why he left
13 Veterans Treatment Court?
14 A. I believe just because it
15 wasn't his thing he wanted to do
16 necessarily.
17 Q. Do you know how long he had
18 been assigned to Veterans Treatment Court
19 before he left?
20 A. I do not.
21 Q. Now, do you in your role as a
22 probation officer with Veterans Treatment
23 Court do you supervise anyone -- I mean, not
24 the clients, but any employees?

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1 A. Do I supervise employees?
2 Q. Yes.
3 A. No.
4 Q. And do you have a supervisor?
5 A. I do.
6 Q. Who is that?
7 A. Currently it's Adam Bactal.
8 Q. Was it Jessica Bodor
9 previously?
10 A. Correct.
11 Q. And when did that switch
12 happen?
13 A. January of this year.
14 Q. And my understanding is that
15 Jessica Bodor is no longer at Veterans
16 Treatment Court because her husband is the
17 judge supervising -- overseeing Veterans
18 Treatment Court; is that right?
19 A. Correct.
20 Q. And have you ever had any
21 training specific to drug treatment?
22 A. Yes.
23 Q. What -- can you describe that
24 training, please.

Page 18

1 A. I have gone through many, just
2 the cycle of addiction, the different
3 modalities, things of that nature.
4 Q. Have you ever had any training
5 provided by Berks County on drug treatment?
6 A. We had a -- I'm not sure what
7 they call it, a training where other
8 officers were trained in substance abuse,
9 trained us on the different substances and
10 what those look like and the symptoms of
11 that substance use.
12 Q. And what was the purpose of
13 that training?
14 A. To educate all visitors on
15 substances and substance abuse and
16 treatment.
17 Q. Was it to recognize whether
18 people were using substances?
19 A. I don't know for sure.
20 Q. And -- so, what made you
21 decide to go into the field of probation?
22 A. I had an interest in
23 psychology, the treatment end, and why
24 people do the things that they do and also I

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1 had an interest in criminal justice, so,
2 this just seemed like the avenue to using
3 both of those interests in one. I had
4 experience as a case manager and as a
5 probation roles were becoming more
6 case-management like, so, it was easy to
7 transition that into this role.
8 Q. I'm going to ask you some
9 questions more specific to Veterans
10 Treatment Court.
11 What are the eligibility
12 criteria for being admitted to Veterans
13 Treatment Court?
14 A. Are you asking currently or at
15 the time of Mr. Monyer's --
16 Q. Well, let's start at the time
17 that Mr. Monyer submitted his application
18 for Veterans Treatment Court?
19 A. Sure. Well, I wasn't here
20 when he submitted his application, but you
21 had to have an honorable discharge on your
22 record and be eligible for VA services, no
23 homicide charges or registered sex offense
24 charges.

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1 Q. Is that it?
2 A. As far as I am aware, yes, and
3 you had to have a treatment need.
4 Q. Okay. And when you say
5 treatment need, what do you mean by that?
6 A. Whether it be PTSD, Post
7 Traumatic Stress Disorder, military sexual
8 trauma, substance abuse disorder or some
9 other type of medical illness.
10 Q. Okay. And, so, you said it
11 changed over time, what changes have
12 happened since Mr. Monyer submitted to that
13 location?
14 A. So, as of January of this
15 year, we started taking individuals who were
16 not eligible for VA services, so, generally
17 that is individuals that the VA would not
18 consider veterans because they didn't have
19 combat experience or they were like national
20 guard, however, we've been more looking on
21 those as a case-by-case basis, rather than
22 just you're not eligible because you're not
23 VA eligible.
24 Q. Okay. Since the policy about

Page 21

1 -- that you just described changed, have any
2 individuals not eligible for VA services
3 been admitted to Veterans Treatment Court?
4 A. Admitted at this time, no.
5 Q. Is the Veterans Treatment
6 Court considering any applications from any
7 of those individuals?
8 A. Yes, we have one.
9 Q. Okay. And, so, if that
10 individual with a pending application would
11 be admitted to Veterans Treatment Court
12 where would that individual receive, you
13 know, the services that go along with being
14 at Veterans Treatment Court?
15 A. He is currently receiving
16 services with Pennsylvania Counseling.
17 Q. And would that continue?
18 A. Yes.
19 Q. Are you aware of any mental
20 health diagnosis that would make a veteran
21 ineligible for admission to Veterans
22 Treatment Court?
23 A. That's also a case-by-case
24 basis. We don't deny somebody based solely

Page 22

1 on their mental health condition, however,
2 if their condition inhibits them to the
3 point that they cannot or we feel that they
4 will not be able to participate in the
5 program or do the things that are required
6 or follow the rules and regulations of the
7 program, then they may be denied on that
8 basis.

9 Q. So, if an individual has, you
10 know, mental health diagnosis that, you
11 know, that might make it more challenging
12 for them to be at Veterans Treatment Court,
13 are there any accommodations that Veterans
14 Treatment Court will make for that person?

15 A. You likely would refer them to
16 mental health court.

17 Q. And why would mental health
18 court be a better -- well, I don't want to
19 put words in your mouth, but why would you
20 refer them to mental health court?

21 A. It's less intensive than
22 Veterans Treatment Court is.

23 Q. In what way is it less
24 intensive?

Page 23

1 A. The requirements are -- from
2 my understanding the requirements are
3 different. I don't -- I don't believe that
4 they are required to do as much on a daily
5 basis.

6 Q. Okay. What are Veterans
7 Treatment Court veterans required to do on a
8 daily basis?

9 A. They need to engage in social
10 activities, activities that are productive.
11 They need to complete community service.
12 Currently there is 16 hours of community
13 service in Phases I and II. If they have a
14 substance abuse history and/or antisocial
15 characteristics or personality, they score
16 high on those factors, they are placed in in
17 moral recognition therapy, which is a group
18 treatment modality.

19 Q. What is it called?

20 A. Moral recognition therapy.

21 Q. And what is that?

22 A. It's group treatment.

23 Q. Can you just describe that a
24 little bit more?

Page 24

1 A. Sure. It's individuals with
2 substance abuse history and/or those who
3 score high in the antisocial traits and
4 characteristics. It's meant to challenge
5 the participate's cognitive distortions and
6 their views and beliefs as to why they do
7 the things that they do, whether it's
8 drinking and driving, et cetera. So, it's
9 meant to restructure their thinking.

10 Q. Who runs that treatment group?

11 A. Gelu Negrea.

12 Q. Can you spell that?

13 A. G-E-L-U.

14 Q. You want to put his last name
15 down.

16 A. Yeah, his last name is
17 N-E-G-R-E-A.

18 Q. N-E-G-R-E-A?

19 A. That's right, Jen?

20 MR. HERRMANN: Yes, I think
21 your first E cut out.

22 THE WITNESS: Okay.

23 BY MS. ROSE:

24 Q. Yeah, he did say how to

Page 25

1 pronounce it, but I don't remember.

2 A. I don't know if I got it right
3 or not.

4 Q. So, going back a bit, what
5 happened, like, you know, can you just walk
6 me through the process of what happens after
7 an individual submits an application to be
8 admitted to Veterans Treatment Court?

9 A. Once I receive the application
10 from the treatment coordinator veteran
11 either whether they are out in the community
12 or in jail and I schedule with them to
13 complete any review or orientation, if you
14 will, describing what the program is, the
15 steps, the phrases in the program, what's
16 required of them, inform them that this is a
17 treatment program, if treatment is
18 recommended, that's what they need to
19 complete and then I complete the risk and
20 needs triage, which is an assessment we've
21 used to help gauge the individuals
22 appropriateness for the program.

23 Q. Is that interview that you
24 just described, does that take place in

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1 person?
2 A. Yes, if they are not in jail.
3 If they are in jail, it's the jail.
4 Q. And the risks and needs
5 triage, is that something that is in
6 writing?
7 A. Yes.
8 Q. And is that something that you
9 fill out?
10 A. It's a program on the
11 computer.
12 Q. So, does that have, you know,
13 questions that you have to answer or
14 prompts?
15 A. Correct.
16 Q. And is the -- is this
17 essentially like a form on the computer?
18 A. No, I wouldn't say it's a
19 form. It's each page is a different
20 question.
21 Q. Okay. Is -- is -- are -- are
22 the -- is the information that you input
23 into that triage saved anywhere?
24 A. Yes, it's saved in the system.

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1 Q. When you say system, what does
2 that mean?
3 A. The triage website.
4 Q. So, if you did a triage with a
5 veteran and you wanted to go back and look
6 at it from six months ago, could you find
7 that?
8 A. Yes, it should be in there.
9 Q. And is that -- has that
10 changed over time since you joined the
11 Veterans Treatment Court?
12 A. It's stayed the same as far as
13 I am aware of.
14 Q. And what kind of information
15 does the risks and needs triage collect?
16 A. There's questions regarding
17 the individual's criminal history, substance
18 abuse, if they have used substances when the
19 earliest age they started. If they have any
20 mental health diagnosis, diagnoses, things
21 like that.
22 Q. Okay. And what is the purpose
23 of doing the risks and needs triage?
24 A. To determine whether they are

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1 -- what their risk of reoffending and what
2 their needs are. After you complete the
3 triage, it spits out a score whether the
4 individual is high risk, high needs, high
5 risk, low needs, et cetera.
6 Q. And is there like a numerical
7 score?
8 A. On.
9 Q. What is the -- describe what a
10 score would say.
11 A. The highest score would be a
12 high risk, high need.
13 Q. Okay. So, was is the scale,
14 low or high, low, medium, high?
15 A. It can be high/high, high/low,
16 low/high, low/low.
17 Q. Okay. So, just low or high
18 for each?
19 A. Essentially, yes.
20 Q. And what do you do with the
21 information that you get from a risks and
22 needs triage?
23 A. I would then talk with the
24 team at a meeting. The risks and needs

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1 triage also helps identify what you can do
2 to help them succeed. So, then I would work
3 with Gelu and myself to try to, you know,
4 get the client into treatment that they may
5 need or things that are barriers to them,
6 potentially being successful.
7 Q. Does the risks and needs
8 triage inform the decision of that letter to
9 admit the veteran to Veterans Treatment
10 Court?
11 A. Not on its own.
12 Q. What other information does
13 the Veterans Treatment Court consider in
14 determining whether to admit a veteran in
15 the Veterans Treatment Court?
16 A. So, if they would score like
17 no risk, no need on the triage and also not
18 have a history of substance abuse and not
19 have any mental health diagnosis then have
20 no really treatment need that could
21 potentially exclude somebody from
22 participating.
23 Q. And why would that exclude
24 someone from participating?

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1 A. Because there wouldn't be
2 anything to work with them on and we could
3 potentially be over supervising that client,
4 which has been proven to actually cause
5 recidivism to go up.
6 Q. Okay. Any other ways that the
7 risks and needs triage informs the decision
8 about whether to accept a veteran into
9 Veterans Treatment Court?
10 A. No, not that I am aware of.
11 Q. Since you have been working in
12 Veterans Treatment Court have you ever had a
13 situation where the risks and needs triage
14 showed that the veteran was not in need of
15 services?
16 A. No.
17 Q. So, you did the risks and
18 needs triage, what happens after that?
19 A. I would reach out to Gelu who
20 would then meet with the participate to, on
21 his end, gauge a treatment need or what the
22 treatment recommendations would be. He
23 would also look into their system to see if
24 the individual is eligible on their end like

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1 from the VA end.
2 Q. And did you say that -- what
3 did you call him, Gelu -- did you say that
4 Gelu schedules a meeting with the veteran?
5 A. Yes.
6 Q. Do those meetings take place
7 in person or on the phone?
8 A. Either in person or on the
9 phone.
10 Q. And is there a time frame in
11 which those meetings take place, is it a
12 certain amount of time after you have done
13 the risks and needs triage or does it vary?
14 A. It varies.
15 Q. And then what happens after
16 the meeting with Gelu?
17 (Whereupon, the court
18 reporter requested that counsel
19 speak up.)
20 MS. ROSE: What happens after
21 the meeting with Gelu?
22 THE WITNESS: We would
23 discuss the case again at the next
24 team meeting and discuss if

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1 there's any barriers that would
2 prevent the participant -- the
3 applicant from participating in
4 the program.
5 The assistant district
6 attorney would give his input on
7 his end and if we are able to make
8 a determination at that point we
9 will, or sometimes the
10 determination is deferred to
11 gather more information.
12 BY MS. ROSE:
13 Q. Okay. Who is on the -- who
14 participate in these team meetings?
15 A. An assistant district
16 attorney, myself, Gelu, a representative
17 from the public defender's office, the judge
18 and now as of January of this year, we also
19 have an individual from the -- this title's
20 very confusing -- it's the -- he works out
21 of Career Link, but he is not -- he doesn't
22 work for Career Link, he helps disabled
23 veterans find employment and refers them to
24 employment services.

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1 Q. Why did that person from
2 Career Link join the meeting?
3 A. Because he was interested in
4 our program and how he could help our
5 participants and we found him to be a good
6 resource. Also, the treatment corp
7 coordinator sits in on those meetings at
8 all.
9 Q. And is that Mr. Bactal?
10 A. Yes, now it is.
11 Q. So, you've got the district
12 attorney, yourself, Gelu, the public
13 defender's office, the judge, this person
14 from Career Link and the treatment
15 coordinator; is that right?
16 A. Correct.
17 Q. Is that everyone?
18 A. There is also a sheriff
19 present as well.
20 Q. Why is a sheriff present?
21 A. The deputy sheriff. Because
22 he's -- he has to maintain security of the
23 courtroom and also the treatment court
24 modality has a law enforcement officer on it

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1 or on the team.
2 Q. Does this meeting take place
3 in the courtroom?
4 A. Correct.
5 Q. And is it the courtroom of the
6 judge overseeing Veterans Treatment Court?
7 A. Yes.
8 Q. Who is that right now?
9 A. It's --
10 Q. Oh, that's Judge Bodor. Okay.
11 A. Yes.
12 Q. So, what is it that you would
13 discuss at the team meeting?
14 A. Client's mental health. If
15 they have a significant mental illness, any
16 transportation barriers, family barriers, if
17 the individual lacks housing, needs
18 somewhere to go.
19 Q. What do you mean by barriers?
20 A. Things that would make it
21 difficult for a participate to be successful
22 in the program or successful with not
23 reoffending.
24 Q. And what input does the

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1 assistant district attorney provide?
2 A. Whether or not their office
3 agrees to enter the applicant into the
4 program. He might relay what the offer
5 would be for entering the program. That's
6 it.
7 Q. Since you have been working at
8 Veterans Treatment Court, has the ADA ever
9 disagreed with a veteran entering the
10 program?
11 A. Disagreed in general or
12 disagreed with the rest of the team?
13 Q. It sounds like there's some
14 sort of threshold decision-making that the
15 ADA makes; is that right?
16 A. Yes.
17 Q. At that stage, has the ADA
18 ever said they don't think a veteran should
19 enter the Veterans Treatment Court?
20 A. Not initially that I can
21 recall.
22 Q. Are there like certain
23 offenses that would disqualify someone from
24 entering the Veterans Treatment Court?

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1 A. Homicide charges or registered
2 sexual offenses. Then it really is on a
3 case-by-case basis, any dangerous behaviors
4 would be something we would take into
5 consideration.
6 Q. Does the ADA ever say that a
7 veteran should not be admitted to the
8 program based on the underlying offense for
9 which the veteran was charged with?
10 A. I don't remember.
11 Q. Was there ever a time when
12 veterans were not admitted into Veterans
13 Treatment Court because of the a firearms
14 offense?
15 A. Not that I'm aware of.
16 Q. And what kind of additional
17 information would need to be gathered before
18 making a determination?
19 A. If somebody is willing to
20 participate in the recommended treatment is
21 often discussed. Sometimes there are
22 concerns regarding the individual's ability
23 to comply with the rules and regulations and
24 understand them or participate. Sometimes

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1 where the individual is going to live needs
2 to be addressed, if they don't have a stable
3 residence in Berks County.
4 Q. So, how would the treatment
5 court team gather this additional
6 information?
7 A. It really depends on what the
8 information is. Sometimes I would gather
9 it. Sometimes Gelu would gather it.
10 Sometimes the ADA would gather it.
11 Q. Okay. And then who would make
12 the treatment recommendations?
13 A. Gelu.
14 Q. And, so, is it fair to say
15 that he would discuss with the rest of the
16 team what he believed the veteran needed in
17 terms of mental health treatment?
18 A. Yes.
19 Q. Now, what is the treatment
20 court team's role in deciding to grant an
21 application for admission to Veterans
22 Treatment Court?
23 A. We give our opinions and what
24 we have observed and offer the information

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1 we have collected to the judge and then,
2 ultimately, it up to the judge to decide
3 whether to approve or deny the application.
4 Q. And how do you give those
5 opinions to the judge?
6 A. Verbally at the team meeting.
7 Q. Does everyone present give an
8 opinion?
9 A. Yes, typically.
10 Q. Are these opinions written
11 down anywhere?
12 A. Not that I am aware of.
13 Q. Is there any recording made of
14 these meetings?
15 A. Not that I am aware.
16 Q. Does the judge make a decision
17 during the team meeting?
18 A. Typically, yes.
19 Q. So, what sort of criteria does
20 the treatment court team consider in making
21 these recommendations about whether an
22 applicant should be admitted to Veterans
23 Treatment Court?
24 A. The charges the individual has

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1 pending, their potential ability or
2 inability to complete the program due to
3 things like serious mental illness, no
4 willingness to follow through with the
5 recommended treatment, their willingness to
6 participate because it is voluntary, their
7 willingness to comply with the rules and
8 regulations of the program and supervision
9 in general.
10 Q. How does the treatment court
11 judge whether an individual is willing to
12 fulfill -- how does the treatment court
13 determine whether an individual is willing
14 to follow through with the recommended
15 treatment?
16 A. Sometimes it's a conversation
17 between of the treatment court team members
18 and the applicant and then we also take into
19 consideration the applicant, whether or not
20 the applicant has been doing what we have
21 asked them to do in order to make a
22 determination, whether that's keeping in
23 contact with us, reaching out to Gelu when
24 asked to do so, things of that nature.

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1 Q. Are there any other things
2 that the applicant is asked to do prior to
3 admission to treatment court?
4 A. Sometimes they are asked to do
5 drug testing to determine whether or not any
6 substance abuse treatment will be
7 recommended and/or if they are on any of the
8 prohibited medications if they do not have a
9 doctor's note from a treating physician and
10 if that is the recommended medication, we
11 would look to see if they are weaning off of
12 that medication.
13 Q. And why would you look to see
14 if they were weaning off their medication?
15 A. To gauge their willingness to
16 do it.
17 Q. To do what?
18 A. To wean off the medication.
19 Q. Is that because they would not
20 be able to participate in treatment court if
21 they stayed on the medication?
22 A. I don't know that answer.
23 Q. Why is it important that the
24 individual be willing to wean off their

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1 medication?
2 A. Because in the past there has
3 been issues with applicants stating that
4 they are willing to come off the medication
5 and go on something else, if they do not
6 have a doctor's note recommending the
7 medication and then once they are admitted
8 that has changed and the participant then
9 states that they are not willing to or it's
10 just a more drawn-out process.
11 Q. So, if an applicant that is on
12 a prohibited medication gets admitted to
13 Veterans Treatment Court, what happens if
14 they continue using that prohibited
15 medication?
16 A. It could potentially result in
17 a sanction or extreme removal from the
18 program.
19 Q. When you say extreme, you mean
20 removal from the program being an extreme
21 result?
22 A. It would be the last result,
23 yes.
24 Q. So, how does the Veterans

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1 Treatment Court team gauge an individual's
2 willingness to participate in the
3 recommended treatment?
4 A. Again, another conversation
5 with that client and whether they are
6 verbally stating that they are in agreement
7 and will do it or whether, no, they do not
8 want to participate in that recommended
9 treatment or if sometimes Gelu will set them
10 up with appointments, if they are failing to
11 appear for their appointments, and not
12 rescheduling we would consider that a
13 potential unwillingness to complete the
14 recommended treatment.
15 Q. Who has the conversation with
16 the client?
17 A. What as that last word you
18 said?
19 Q. Who has the conversation with
20 the client?
21 MS. HERRMANN: The applicant?
22 MS. ROSE: Yeah, Ms. MacBain
23 had been using the word client.
24 So, is that -- I guess I would be

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1 interested to know how do you
2 refer to people at the point they
3 are applying to the Veterans
4 Treatment Court, is it applicant,
5 client, what do you call it?
6 THE WITNESS: Applicant or
7 client.
8 BY MS. ROSE:
9 Q. Okay. So, who has the
10 conversation the individual about their
11 willingness to participate in the Veterans
12 Treatment Court prior to admission?
13 A. It could be myself or Gelu or
14 really any team member.
15 Q. And how do you gauge an
16 applicant's willingness to comply with the
17 rules of the Veterans Treatment Court?
18 A. Same thing, verbally have a
19 conversation with them. I ask them when I
20 initially meet with them if that's something
21 they feel that they would be able to do and
22 whether they would be willing to follow
23 these rules.
24 Q. Do you know if a veteran can

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1 reapply to Veterans Treatment Court if their
2 initial application is denied?
3 A. Yes, I believe they can.
4 Q. Are you aware of that ever
5 happening?
6 A. Yes.
7 Q. And are you aware of anyone
8 who had their initial application denied and
9 they reapplied and was admitted?
10 A. No, not that I can recall.
11 Q. Do you know whether a veteran
12 can apply to a different Veterans Treatment
13 Court if their original application were
14 denied?
15 A. Yes.
16 Q. Are you aware of that
17 happening?
18 A. Yes.
19 Q. And are you aware of any
20 veteran who had a Veterans Treatment Court
21 application that was denied and then was
22 admitted to a different treatment court?
23 A. No, I am not aware.
24 Q. At what point in time in this,

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1 you know, process of applying to and being
2 admitted to the Veterans Treatment Court is
3 a treatment plan created?
4 A. There is no specific time
5 line.
6 Q. Okay. Is it before a decision
7 is made on admission?
8 A. Typically, yes.
9 Q. But there have been times that
10 the treatment plan was created after the
11 veteran was admitted to Veterans Treatment
12 Court?
13 A. No, not really. The only
14 example I can think of is if the veteran was
15 recommended to go to inpatient treatment,
16 upon admission or prior to admission then
17 whatever recommended treatment while the --
18 like after they get admitted, there could be
19 tweaks to the treatment plan, but typically
20 it was before we admit.
21 Q. Okay. Who creates the
22 treatment plan?
23 A. Gelu with the VA.
24 Q. And what is the purpose if a

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1 treatment plan?
2 A. To determine what treatment
3 the individual needs and what their
4 treatment would look like throughout the
5 program or at least in the beginning stages
6 as they moved along through.
7 Q. And does every veteran who is
8 admitted to Veterans Treatment Court have a
9 treatment plan?
10 A. I believe so.
11 Q. Those treatment plans, to your
12 knowledge, have they ever been created by
13 somebody other than Gelu?
14 A. Only the one that we have
15 pending that isn't VA eligible.
16 Q. Okay. And was that treatment
17 plan created by PA Counseling?
18 A. Correct.
19 Q. Now, do you receive a copy of
20 the treatment plan?
21 A. No, not currently.
22 Q. Have you ever received a copy
23 of a treatment plan?
24 A. The one for PA Counseling or

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1 the recommendations, yes.
2 Q. Okay. When I say -- well, how
3 do you define treatment plan?
4 A. What the treatment is
5 recommended. What medications are
6 recommended.
7 Q. Do you know these treatment
8 plans are in writing?
9 A. I don't know.
10 Q. So, you have never seen a
11 written treatment plan?
12 A. Not from Gelu.
13 Q. Does Gelu communicate the
14 treatment plans to the treatment court team
15 verbally?
16 A. Yes.
17 Q. And does that take place at
18 the first meeting?
19 A. It --
20 MS. HERRMANN: Object to the
21 form.
22 THE WITNESS: It takes place
23 throughout all the meetings. It
24 depends if it has it completed or

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1 not by the first meeting, likely
2 not.
3 BY MS. ROSE:
4 Q. But at some point Gelu
5 communicates the treatment plan verbally to
6 the Veterans Treatment Court team; is that
7 right?
8 A. Correct, yes.
9 Q. And do you know how the
10 treatment court -- do you know the plan is
11 communicated to the veteran?
12 A. I do not.
13 Q. So, you don't know whether
14 Gelu provides written treatment court plans
15 to veterans?
16 A. I do not.
17 Q. Did you know whether he
18 explains the treatment court plans verbally?
19 A. Not for sure, I do not.
20 Q. Do you know how veterans learn
21 what the treatment plan is?
22 A. From Gelu.
23 Q. Okay. Is there any sort of
24 written document that tells the veteran what

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1 the veteran must do to be successful in
2 treatment court?
3 A. They receive a court order.
4 Q. Does the court order
5 incorporate Gelu's treatment
6 recommendations?
7 A. I don't know for certain.
8 Q. Have you seen any of these
9 court orders?
10 A. I have, yes.
11 Q. The ones that you have seen,
12 do they incorporate Gelu's treatment court
13 recommendations?
14 A. Sometimes they will say must
15 have mental health evaluation and we will
16 follow through with any recommended
17 treatment, but I don't have specific names
18 off the top of my head.
19 Q. So, does that mean that the
20 veteran has not previously had that
21 evaluation done?
22 A. No, not necessarily.
23 Q. So, that evaluation is not a
24 prerequisite for being admitted to Veterans

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1 Treatment Court?
2 A. I don't understand the
3 question.
4 Q. If the evaluation has not yet
5 been done by the time the court admits the
6 applicant to Veterans Treatment Court does
7 that mean that the veteran has not had that
8 evaluation done prior to admission?
9 A. They could have previously had
10 an evaluation done like before our time but,
11 no, we would typically not admit them
12 without the evaluation and recommendations
13 done by Gelu.
14 Q. Well, why would the court
15 order require to have someone to have that
16 evaluation done if it's already happened?
17 A. So, that if they don't follow
18 through with the treatment, it is on the
19 court order and record that that is what
20 they are supposed to do.
21 Q. When you have had clients who
22 had that evaluation requirement included in
23 the order, has the client then done another
24 evaluation after that or -- let me stop

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1 there.
2 A. No, not typically, unless
3 there is a reason to do that.
4 Q. Okay. So, am I correct in
5 saying that the court is ordering the
6 evaluation be done but is going to rely on
7 the evaluation has already been done before
8 admission in terms of the recommended
9 treatment?
10 A. I don't know the answer to
11 that question.
12 Q. It that because you didn't
13 under it, it was a very unclear question?
14 A. Yeah, rephrase that.
15 Q. So, you have seen court orders
16 that say the veteran needs to have a mental
17 health evaluation done, right?
18 A. Correct.
19 Q. Okay. In those instances, has
20 the veteran already had the mental health
21 evaluation, but the court order is just
22 formalizing that requirement, for lack of a
23 better term?
24 A. Correct.

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1 Q. Okay. So, it doesn't sound
2 like that court order includes what the
3 treatment recommendations are?
4 A. No, not that I am aware of.
5 Q. Okay. It basically
6 incorporates them by reference saying you
7 have to have an evaluation and follow the
8 recommendations, but it doesn't explicitly
9 lay out the recommendations; is that right?
10 A. No.
11 Q. So, the court orders are
12 saying you have to comply with the treatment
13 recommendations that the treatment provider
14 has made?
15 A. Essentially. It says you must
16 have this evaluation done and follow through
17 with anything that's recommended.
18 Q. Okay. Once the veteran has
19 been admitted to Veterans Treatment Court
20 and there is a court order requiring that
21 veteran to comply with the treatment
22 recommendations, do you then receive
23 anything in writing about what the treatment
24 recommendations are?

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1 A. No, I have not.
2 Q. So, how do you know if a
3 client is complying with the treatment plan
4 once they have been admitted to the Veterans
5 Treatment Court?
6 A. Gelu relays that information
7 to the team, routinely.
8 Q. And how does he relay that
9 information?
10 A. Verbally during the team
11 meeting. Occasionally he will call me if
12 there is an issue that needs to be addressed
13 more urgently than waiting for a team
14 meeting.
15 Q. So, is it fair to say all of
16 your information about whether a veteran is
17 complying with the treatment plan comes from
18 Gelu?
19 A. Correct.
20 Q. So, let's say prior to the
21 change in January where people were not
22 considered veterans by the VA, was there any
23 policy about where a veteran must obtain
24 their medical treatment when they are

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1 participating in Veterans Treatment Court?
2 A. Not that I am aware of. I
3 think it was just they were eligible for VA
4 services and that's where they went.
5 Q. Was there ever any discussion
6 among the Veterans Treatment Court team
7 about, prior to January of 2024, a veteran
8 getting any kind of medical or psychological
9 treatment from a non-VA provider?
10 A. No, not unless the VA refers
11 that veteran to a different provider for
12 services.
13 Q. So, do you know whether the
14 Veterans Treatment Court has a policy on
15 medical marijuana use?
16 A. Yes.
17 Q. And what is the policy?
18 A. If an individual has their
19 medical marijuana card or wants to have a
20 medical marijuana card, they need to have a
21 doctor's note from their treating physician
22 recommending or stating that that is the
23 recommendation.
24 Q. When you say stating that's

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1 the recommendation, what do you mean by
2 that?
3 A. That's the medication that is
4 recommended.
5 Q. And when you say treating
6 physician, who would that be?
7 A. The provider that has
8 diagnosed the individual with the illness or
9 disorder that they are using the medical
10 marijuana for and following them throughout
11 their treatment.
12 Q. So, under the policy could the
13 doctor who certified the veteran to use
14 medical marijuana write this letter?
15 A. I don't know the answer to
16 that.
17 Q. And is that because the policy
18 is unclear?
19 A. I just never had that
20 situation occur.
21 Q. Have you ever had a veteran
22 submit a letter from a medical provider?
23 A. No.
24 Q. I'm sorry, have you ever had a

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1 veteran submit a letter from a medical
2 provider about medical marijuana?
3 A. No.
4 Q. Okay. Do you know when was
5 that the policy since you have been at the
6 Veterans Treatment Court?
7 A. Yes, as far as I'm aware of.
8 Q. How did you learn of this
9 policy?
10 A. That was what I was told when
11 I started and I believe it was an e-mail I
12 received with the policy.
13 Q. Who did you get the e-mail
14 from?
15 A. Jessica Bodor.
16 Q. And was that e-mail just sent
17 to you or other people?
18 A. I don't know off the top of my
19 head.
20 Q. Did you still have that
21 e-mail?
22 A. I don't know. The policy is
23 also saved on our share drive that all of
24 the treatment court individuals have access

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1 to or I should say all the treatment court
2 POs have access to.
3 Q. Is that different from the
4 treatment court manual on the website?
5 A. I don't know.
6 Q. When you say the policy, is
7 that specific to medical marijuana or is it
8 just a broader policy?
9 A. No, there is a policy specific
10 to medical marijuana and the policy
11 regarding the banned medications includes
12 medical marijuana.
13 Q. Okay. And is that policy
14 saved on the share drive?
15 A. Yes.
16 Q. Are you familiar with the
17 Veterans Treatment Court manual?
18 A. Yes.
19 Q. And it's actually now -- well,
20 all of the treatment court manuals are
21 combined into one; is that right?
22 A. No.
23 Q. Oh, Veterans Treatment Court
24 has its separate manual?

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1 A. Yes.
2 Q. Do you know the date that is
3 on the manual?
4 A. I do not.
5 Q. Has it been the same since you
6 started with Veterans Treatment Court?
7 A. No, it has not.
8 Q. Okay. Do you know when it
9 changed?
10 A. There's been changed made
11 throughout the time that I have been here.
12 I would say more recently with the new judge
13 and there have been changes to the
14 requirements or the things that each
15 participant must do at each phase within the
16 past couple of months.
17 Q. When I'm talking about the
18 treatment court manual, in my mind that's
19 something that is provided to the
20 participant; is that correct?
21 A. Correct.
22 Q. When do you give veterans the
23 Veterans Treatment Court manual?
24 A. At the first meeting.

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1 Q. So, that would be before they
2 are admitted to the Veterans Treatment Court
3 program?
4 A. Correct.
5 Q. And why is it given to them at
6 the first meeting?
7 A. Because I review the manual in
8 its entirety. I ask the applicant if they
9 have any questions or concerns, if anything
10 is unclear and I ask them if they are
11 willing to follow what is in this manual and
12 if there is anything preventing them from
13 being able to follow it.
14 Q. So, is it fair to say that one
15 of the reasons you share the manual with the
16 applicant is that so they know what they are
17 getting into?
18 A. Correct.
19 Q. And where are -- do you have
20 the different versions of the manual that
21 have been used at the start of the Veterans
22 Treatment Court?
23 A. I do not have the full -- I'd
24 have to look. I don't know off the top of

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1 my head.
2 Q. Is there a central, you know,
3 folder or computer -- I don't know how to
4 explain it, I think you mentioned the share
5 drive, is there a place on the share drive
6 where the manuals are saved?
7 A. Correct.
8 Q. Okay. And, so, we have been
9 talking about the banned medication policy.
10 Do you recall whether the policy that you
11 mentioned that is on the share drive is the
12 same as the policy that is on the Veterans
13 Treatment Court manual?
14 A. Yes.
15 Q. They are the same?
16 A. Correct.
17 Q. So, there's no policy that
18 provides more guidance about banned
19 medication that's available to you as a
20 probation officer that's not available to
21 participants?
22 A. Not that I can think of.
23 Q. Are you aware of any other
24 written guidance on the banned medication

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1 policy that you have access to as a
2 probation officer?
3 A. Not that I am aware of.
4 Q. And have you talked about
5 specifically the medical marijuana policy
6 with anyone else on the Veterans Treatment
7 Court team?
8 A. Yes.
9 Q. And who have you talked to,
10 and not the lawyers, I know they are not on
11 the Veterans Treatment Court team?
12 A. Can you ask that question
13 again.
14 Q. Have you talked about the
15 medical marijuana policy with anyone else on
16 the Veterans Treatment Court team?
17 A. Yes, the entire team.
18 Q. So, the entire team has had
19 discussions about it?
20 A. Yes.
21 Q. What were those discussions?
22 A. Just that a participant needs
23 to provide a doctor's note from a treating
24 physician.

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1 Q. Have you ever had anyone --
2 have you ever had a person after they have
3 been admitted to Veterans Treatment Court
4 ask to use medical marijuana?
5 A. No.
6 Q. Have you had a person ask to
7 use medical marijuana prior to their being
8 admitted to Veterans Treatment Court?
9 A. Yes.
10 Q. Anyone besides Mr. Monyer?
11 A. No.
12 Q. So, when did this team
13 discussion about the medical marijuana
14 policy occur?
15 A. For this specific applicant?
16 Q. No, when was the first time
17 you recall discussing the medical marijuana
18 policy with the Veterans Treatment Court
19 team?
20 A. I don't recall exactly.
21 Q. Have you had more than one
22 discussion about the policy with Veterans
23 Treatment Court team?
24 A. Yes, I imagine so.

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1 Q. And how did you learn about
2 the requirement that the person who wants to
3 you medical marijuana provide a doctor's
4 note?
5 A. From the policy.
6 Q. Have you ever had any
7 discussions about that specific part of the
8 policy, the doctor's note part, with anyone
9 from Veterans Treatment Court team?
10 A. Can you rephrase that.
11 Q. Yeah, have you ever had any
12 discussions with anyone at the Veterans
13 Treatment Court team about why the policy
14 required a doctor's note?
15 A. Yes.
16 Q. Okay. And what were those
17 discussions?
18 A. To ensure that the medical
19 marijuana was the recommended treatment.
20 Q. And did someone say that to
21 you?
22 A. I don't understand your
23 question.
24 Q. Well, you're saying the

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1 discussion -- it sounds like somebody
2 conveyed to the Veterans Treatment Court
3 team that the reason for the doctor letter
4 was to make sure that it was the recommended
5 treatment; is that accurate?
6 A. Yes.
7 Q. Who was it on the Veterans
8 Treatment Court that conveyed that
9 information to the team?
10 A. I don't know.
11 Q. Was it you?
12 A. Possibly.
13 Q. Did someone on the Veterans
14 Treatment Court team raise a question about
15 the doctor note?
16 A. No, not that I'm aware of.
17 Q. How did you learn that that
18 was the purpose of the doctor letter?
19 A. Through discussions with the
20 treatment court probation officer, not the
21 Veterans Treatment Court team but us a
22 probation officers in general.
23 Q. Have you -- let's put aside
24 the Veterans Treatment Court and focus on

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1 the probation department.
2 Have you had discussions with
3 anyone at the probation department about the
4 medical marijuana policy?
5 A. Yes.
6 Q. And what were those
7 discussions?
8 A. Just specifics on what the
9 policy was.
10 Q. And who conveyed what the
11 policy was to you at the probation
12 department?
13 A. Jessica Bodor.
14 Q. And do you know when those
15 discussions took place?
16 A. I do not have specific dates.
17 Q. But some time after January of
18 2023 after you joined the probation
19 department, right?
20 A. Yes.
21 Q. And did Ms. Bodor convey the
22 reason why the doctor's letter was required?
23 A. Yes.
24 Q. And what was her explanation

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1 on why the doctor's letter was required?
2 A. To ensure that it is the
3 recommendation medication or treatment of
4 the doctor.
5 Q. Did Ms. Bodor ever provide any
6 criteria that these doctor letters had to
7 meet?
8 A. Not that I recall.
9 Q. And was this a one-time
10 discussion?
11 A. There have been multiple
12 discussions. However, just within the
13 treatment court department.
14 Q. Okay.
15 A. I haven't had discussions with
16 other general officers.
17 Q. Okay.
18 A. Or supervisors.
19 Q. Okay. Do you have regular
20 meetings of probation department employees
21 who work on the (inaudible) --
22 (Whereupon, the court
23 reporter requested that counsel
24 speak up.)

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1 BY MS. ROSE:
2 Q. Do you have regular meeting of
3 probation department employees who work with
4 the treatment courts?
5 A. What is your definition of
6 regular?
7 Q. Is there like a -- do you have
8 -- you know, is there a meeting that's on
9 the calendar?
10 A. No.
11 Q. How frequently do you have
12 meetings of probation department employees
13 who work with the treatment court?
14 A. I don't have an exact number
15 for you.
16 Q. Okay. So, is it fair to say
17 that those meetings are as needed?
18 A. Correct.
19 Q. Do they take place in person?
20 A. Yes.
21 Q. How many probation officers in
22 Berks County work with the treatment court?
23 A. Six, I believe.
24 Q. Okay.

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1 A. I'm sorry, seven, there's one
2 that is split between general and Spanish
3 speaking.
4 Q. And when have meetings, do all
5 seven of your attend?
6 A. If available.
7 Q. Did you ever have a meeting of
8 the probation department employees who work
9 with treatment court, specifically to
10 discuss the medical marijuana policy?
11 A. Specifically the medicine
12 marijuana policy, I don't recall.
13 Q. Are -- does anybody keep notes
14 of these meetings?
15 A. Not that I am aware of.
16 Q. Is there an agenda for the
17 meeting?
18 A. Sometimes, like when I was
19 under Jessica, she would send an e-mail of
20 what we may discuss.
21 Q. And who would make the
22 decision to hold the meeting of the
23 probation department employees who worked
24 with treatment court?

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1 A. Jessica, as far as I am aware.
2 Q. Did the banned medication
3 policy apply to applicants to Veterans
4 Treatment Court or does it only apply once
5 the Veterans Treatment Court has been
6 admitted to Veterans Treatment Court?
7 A. Can you rephrase that.
8 Q. Do veterans have to comply
9 with the -- let me back up.
10 Do veterans have to comply
11 with the treatment court rules prior to be
12 admitted to Veterans Treatment Court?
13 A. Not necessarily.
14 Q. And what do you mean by not
15 necessarily?
16 A. I mean no firearms, I can't
17 think of anything off the top of my head
18 right now.
19 Q. But you can't think of any
20 treatment court rules that veterans have to
21 comply with before being admitted to
22 Veterans Treatment Court?
23 A. Not definitely, no.
24 Q. So, when you had said earlier

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1 about veterans needing to wean themselves
2 off of prohibited medications, is it
3 accurate to say that that's not because they
4 had to comply with the banned medications
5 policy, but rather because you were trying
6 to see whether they would be able to comply
7 with the policy once they were admitted?
8 A. Correct, or whether their
9 ability to comply with the policy or wean
10 themselves off showed any other issues that
11 might need to be addressed, such as
12 inpatient treatment or a different type of
13 treatment.
14 Q. And is inpatient treatment not
15 compatible with the Veterans Treatment
16 Court?
17 A. No, it is.
18 Q. Okay. I know you have been
19 with Berks County probation since the
20 beginning of 2023, do you know --
21 A. No, I have been with Berks
22 County probation since October of 2022. I
23 have been with vet court since --
24 Q. Thank you --

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1 A. --
2 Q. -- for clarifying that.
3 Okay. Do you know who made
4 the decision to adopt the medical marijuana
5 policy?
6 A. I do not.
7 Q. And how is the medical
8 marijuana policy communicated to applicants
9 to Veterans Treatment Court?
10 A. It's in the handbook that I
11 give them upon the initial meeting and I
12 review it with them and I ask them if they
13 have any questions or concerns about it.
14 Q. So, it's part of that banned
15 medications policy in the treatment manual?
16 A. Correct.
17 Q. So, since having worked with
18 Veterans Treatment Court, do you have any
19 clients who have been allowed to use medical
20 marijuana?
21 A. No.
22 Q. Do you have any clients in
23 Veterans Treatment Court who have been
24 sanctioned for using medical marijuana?

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1 A. No.
2 MS. ROSE: We've been going
3 for an hour-and-a-half, let's just
4 take a quick break.
5 THE WITNESS: Can I -- I just
6 thought of something. We have a
7 client who has been sanctioned for
8 using marijuana, but it was not
9 medical marijuana.
10 BY MS. ROSE:
11 Q. Do you know if that person had
12 a medical marijuana card?
13 A. I don't believe they do.
14 MS. ROSE: Okay. Thank you
15 for the clarification.
16 Let take ten minutes.
17 - - -
18 (At this point, there was a
19 brief recess taken, after which,
20 the deposition continued as
21 follows:)
22 - - -
23 MS. ROSE: Back on the
24 record.

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1 BY MS. ROSE:
2 Q. So, I think you had mentioned
3 something about case notes; is that what you
4 called them?
5 A. Yes.
6 Q. And what are -- what do you
7 mean when you say case notes?
8 A. The notes that I enter into
9 our case management system after I meet with
10 the clients.
11 Q. And you keep these notes on
12 applicants, right?
13 A. Yes.
14 Q. And you also keep notes on
15 people who have been admitted to Veterans
16 Treatment Court?
17 A. Yes.
18 Q. Did you ever receive any
19 training from Berks County about keeping
20 case notes?
21 A. When we switched over to the
22 new case management system maybe September
23 of 2023, we got a training on how to use
24 that system.

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1 Q. Have you received any training
2 on what kinds of information to put in your
3 case notes?
4 A. The role of mentoring with the
5 other officers, yes.
6 Q. Okay. So, essentially
7 on-the-job training; is that accurate?
8 A. Yes.
9 Q. Okay. And, so, what kind of
10 -- you mentioned some very broad categories,
11 but can you just describe the kind of
12 information that you include in your case
13 notes?
14 A. Issue concerns that the client
15 reports, what we talked about, goals that
16 the client is setting, steps that will get
17 them to those goals, their address, phone,
18 positive or negative drug screens, what step
19 in the program they are in and maybe when
20 their next eligibility date to phase up is
21 and what might be keeping them from phasing
22 up, that sort of stuff.
23 Q. So, any time you had a meeting
24 with a client, would that be recorded in the

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1 notes?
2 A. Yes.
3 Q. What about phone calls with
4 the clients, do you records those in the
5 notes?
6 A. Yes.
7 Q. What about e-mails, are those
8 recorded in the notes?
9 A. Yes.
10 Q. Text messages, are those
11 recorded in the notes?
12 A. Yes, for the most part.
13 Q. When you say for the most
14 part, what do you mean?
15 A. If a client asks when their
16 next appointment is and I text them back
17 with the time, I generally don't put that in
18 the notes.
19 Q. Any other kinds of
20 communications that you have with clients?
21 A. No, I mean, video appointment
22 occasionally, but no.
23 Q. If you had a video appointment
24 with a client, would that be included in the

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1 notes?
2 A. Yes.
3 Q. And what is the purpose of
4 keeping the case notes?
5 A. To have on record what was
6 discussed your working on and it helps me
7 also to remember what we talked about the
8 last time and what we may need to talk about
9 this next appointment.
10 Q. So, you are able to go back
11 and look at notes that you have written in
12 the past?
13 A. Correct.
14 Q. Do you use the notes to
15 provide information to other people on the
16 Veterans Treatment Court team?
17 A. They do not have access to my
18 notes unless I print them out and give them
19 to them. They do have access to my court
20 list that I send out before every meeting,
21 but not my general notes, no, unless they
22 would request them.
23 Q. Okay. Would you ever look at
24 your notes prior to a meeting with the

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1 Veterans Treatment Court team to refresh
2 recollection?
3 A. Yes.
4 Q. So, you would use your notes
5 as a basis for providing information to the
6 Veterans Treatment Court?
7 A. Correct.
8 Q. And you just mentioned the
9 court list, what is that?
10 A. Typically a day or two before
11 our next court session, there is a system
12 called Pages, off the top of my head, I
13 don't know what it stands for, but we use
14 that to write notes on each client or
15 participate, pretty much an update and then
16 it puts those notes into one list and then I
17 send it off to the team to review prior to
18 our meeting.
19 Q. Okay. So, that court list
20 would only include individuals who have been
21 admitted to the Veterans Treatment Court; is
22 that correct?
23 A. Yes, unless we needed to
24 discuss an applicant at that time I would

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1 generally send it in the e-mail to the team.
2 Q. Send what in an e-mail to the
3 team?
4 A. Like I would say something
5 like I'd like to discuss this applicant at
6 our next meeting.
7 Q. Okay. And you would have to
8 say that in the e-mail because the person
9 would not be on the court list; is that
10 right?
11 A. Correct, yes.
12 Q. Now, in terms of providing
13 information about Veterans Treatment Court
14 applicants to the court, do you only provide
15 information to the court about Veterans
16 Treatment Court applicants during the
17 Veterans Treatment Court team meetings?
18 A. No. Prior to January, when the
19 new judge took over we did an individual
20 applicant meeting the first Wednesday of
21 every month I think it was.
22 Q. Okay. And when you say like
23 an individual applicant meeting, like what
24 was that?

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1 A. So, Judge Lieberman had mental
2 health court and we would start with one of
3 the courts and go over our applicants and
4 usually we started with vet court and I
5 would get off of the meeting and we just
6 discussed the applicants.
7 Q. So, who decides -- who from
8 the Veterans Treatment Court besides you and
9 Judge Lieberman would be part of that
10 meeting?
11 A. Everybody.
12 Q. So, the entire Veterans
13 Treatment Court team?
14 A. Yes, unless somebody was
15 unavailable that day for various reasons,
16 yes, the entire team.
17 Q. So, what changed in January?
18 A. The judge. The way that we
19 previously did it was just Judge Lieberman's
20 preference. He was also a senior judge and
21 his scheduling was more limited. Judge
22 Bodor is okay with discussing them at every
23 team meeting, so, we discussed them twice a
24 month as opposed to once a month.

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1 Q. So, when Judge Lieberman was
2 the Veterans Treatment Court judge, the
3 Veterans Treatment Court team would have
4 meetings twice a months; is that accurate?
5 A. No. Well, to discuss current
6 participants, yes, to discuss new applicants
7 once a month.
8 Q. And how that Judge Bodor is
9 the Veterans Treatment Court judge you
10 discuss new applicants twice a month?
11 A. Correct.
12 Q. Is that the only difference in
13 the treatment court meeting?
14 A. Yes, I believe so.
15 Q. Apart from the treatment court
16 meetings, is there any other way in which
17 you provide information to the Veterans
18 Treatment Court about an applicant?
19 A. No, not typically.
20 Q. When you say not typically,
21 have there been other ways that you provided
22 information to a judge about a treatment
23 court applicant outside of the treatment
24 court meeting?

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1 A. If an applicant was scheduled
2 to go to inpatient treatment and needed like
3 bail orders and stuff like that completed, I
4 would typically send out an e-mail to the
5 team which included the judge that this
6 individual is scheduled for transport to the
7 VA on this date and just to clarify that
8 those orders or done or ask that they be
9 done if they weren't.
10 Q. Okay. And you said you
11 switched in September of 2023 to a new
12 system for these case notes.
13 What did you use before
14 September of 2023?
15 A. I believe it's called Unified
16 Case Management, UCM.
17 Q. And what do you use now?
18 A. Connectrix or Monitor.
19 Q. Is there any difference in
20 terms of the information you include in your
21 case notes since you switched to Connectrix?
22 A. No.
23 Q. Who had access to the case
24 notes that you record?

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1 A. Anybody that works within the
2 adult probation department.
3 Q. Do you know if anyone besides
4 yourself regularly accesses your case notes?
5 A. My supervisor.
6 Q. So, your supervisor will
7 review your case notes?
8 A. Yes.
9 Q. And do you include all
10 information relevant to an individual that
11 you are working with in your case notes?
12 A. Yes.
13 Q. Is there any information that
14 is not included in the case notes?
15 A. General case notes or notes
16 that go out to the team?
17 Q. So, let's -- when you say
18 general case note -- well, let me just make
19 sure.
20 So, general case notes, are
21 those the notes that you are inputting into
22 the Connectrix system?
23 A. Correct.
24 Q. And when you say notes that go

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1 out to the team, what do you mean by that?
2 A. Those are updates.
3 Q. And is that the court list?
4 A. Yes, correct.
5 Q. So, there's the notes in the
6 Connectrix database and then there's the
7 notes you send to the team which include the
8 court list?
9 A. Correct.
10 Q. Any other kinds of notes that
11 you keep for individuals?
12 A. No.
13 Q. When you send the notes to the
14 court list, does the information that you
15 include in that come from the notes that you
16 have input into the database?
17 A. Yes.
18 Q. So, is there any information
19 that you do not include about either an
20 applicant or a participant you are working
21 with for Veterans Treatment Court in your
22 Connectrix or before that the UCM case
23 notes?
24 A. Can you repeat the question.

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1 Q. That kinda got lost, sorry.
2 So, just talking about the UCS
3 system and the Connectrix system, is there
4 any information about either an applicant or
5 a participate at Veterans Treatment Court
6 that you do not include in those case notes?
7 A. I'm confused by your question.
8 Q. It sounds like you try to
9 include, you know, as much information as
10 possible in your case notes; is that
11 accurate?
12 A. Yes.
13 Q. Is there anything that like,
14 you know, any specific topics or things that
15 you would not regularly include in your case
16 notes?
17 A. Sure, on occasion if a client
18 reports something, pretty personal that
19 doesn't necessarily need to be accessible to
20 the rest of the probation department, and
21 that's something that's not illegal or that
22 would harm them or somebody else, or maybe a
23 medical condition, I may not put the exact
24 medical condition, but generally, I try to

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1 include everything.
2 Q. Okay. For that sensitive
3 information, would you write that down
4 anywhere or would you just not record it?
5 A. Sometimes not record it.
6 Q. Do you take -- what is your
7 process for inputting information in the
8 database, do you have handwritten notes that
9 you then put into the database or do you
10 just -- let me back up.
11 So, when you put this
12 information into the Connectrix database, do
13 you do it while you are having a
14 conversation with a client or after?
15 A. While.
16 Q. So, you don't also keep
17 handwritten notes?
18 A. No.
19 Q. And do you ever paste an
20 e-mail into the database?
21 A. Yes.
22 Q. And why do you do that?
23 A. To keep a record of the
24 e-mail.

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1 Q. Is that so other people in the
2 probation department can see the e-mail?
3 A. Yes.
4 Q. Do you know how often your
5 supervisor records your case notes?
6 A. I do not.
7 Q. Did you ever have any
8 conversations with your supervisor about the
9 case notes?
10 A. One occasion we went over my
11 cases, but I don't recall specifically what
12 was discussed.
13 Q. Was there any like reason that
14 you went over your cases with the
15 supervisor?
16 A. I believe that's standard
17 practice.
18 Q. Has that happened more than
19 once since you have been at Veterans
20 Treatment Court?
21 A. As scheduled, no, but I
22 routinely staff my cases with my supervisor.
23 Q. And so would you agree that it
24 is important to keep accurate notes?

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1 A. Yes.
2 Q. And is it fair to conclude
3 that anything relevant to informing the
4 decision about whether to admit an applicant
5 to Veterans Treatment Court would be
6 included in your case notes?
7 A. Can you repeat that question.
8 Q. Is it fair to conclude that
9 anything relevant -- is it fair to conclude
10 that anything that you believe is relevant
11 to the decision about whether to admit an
12 applicant to Veterans Treatment Court would
13 be included in your case notes?
14 A. Yes.
15 Q. Is it also fair to conclude
16 that anything relevant to the decision to
17 sanction a participant would be included in
18 your case notes?
19 A. I would make a recommendation
20 but I do not put that case note in after the
21 fact, after the sanction has occurred, our
22 support staff does that.
23 Q. If you were to -- if you had
24 information about a participate in Veterans

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1 Treatment Court that was relevant to a
2 sanctioned hearing, would that be included
3 in your case notes?
4 A. That would be included case
5 list, and yes, it the case notes.
6 Q. Is there anything that is in
7 the court list that would also not be in
8 your case notes?
9 A. No, not typically.
10 Q. An you think of a time when
11 you included information in the court list
12 that was not in your case notes?
13 A. No.
14 Q. So, we talked a little bit
15 earlier about Veterans Treatment Court which
16 is the -- Veterans Treatment Court
17 applicants undergoing drug testing before
18 admission, is that -- do all Veterans
19 Treatment Court applicants have to be drug
20 tested before they could be admitted to
21 Veterans Treatment Court?
22 A. It's not a requirement, but we
23 typically do. Like I said earlier, to try
24 to determine if there's a current substance

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1 abuse issue and if that helps to aid in
2 whether treatment would be recommended to
3 not.
4 Q. Okay. Are there a certain
5 number of drug tests that Veterans Treatment
6 Court participates in -- Veterans Treatment
7 Court applicants have to undergo before an
8 admission decision is made?
9 A. No.
10 MS. HERRMANN: Objection to
11 the form.
12 You can answer.
13 THE WITNESS: No, there's not
14 a specific required number.
15 BY MS. ROSE:
16 Q. Is there a typical number?
17 A. No.
18 Q. And are the drug tests, if you
19 know, like a panel of drugs, where they test
20 for a number of different drugs?
21 A. Correct.
22 Q. Do those drug tests include
23 THC?
24 A. Correct.

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1 Q. And are they urine drug tests?
2 A. Correct. Occasionally we
3 would utilize Breathalyzer.
4 Q. Okay. And where do the drug
5 tests take place?
6 A. Upon admission meeting here in
7 the office we try to drug test them.
8 Sometimes we will have to send them over to
9 TASC if they are not able to provide a urine
10 while they are in here, if there is a reason
11 why we need more than one urine.
12 Q. Okay. So, you typically have
13 applicants do a drug test at the initial
14 meeting with you in the office?
15 A. Correct.
16 Q. What about once people are
17 admitted to Veterans Treatment Court, are
18 there regular drug tests?
19 A. Yes.
20 Q. How -- is there -- how
21 frequent are those tests?
22 A. It depends on their phases,
23 but typically it's two to three times a
24 week.

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1 Q. And where do those tests take
2 place?
3 A. Typically over at TASC, the
4 facility that we use, however, if I have a
5 client in the office for an appointment and
6 they say they have a drug test scheduled
7 that day I might just help them out and save
8 them the time and do it here in the office.
9 Q. When you do it in the office,
10 do you have to send a test out or are you
11 able to test it right there?
12 A. It gives us results right
13 there, however, if they get a positive test
14 and they are denying using any substances,
15 we can send it out to the lab for
16 confirmation testing.
17 Q. What was the name -- what was
18 that you said?
19 A. T-A-S-C, Treatment Access
20 Service Center, I think.
21 Q. And, now, if an applicant has
22 -- if you do a drug test on an applicant, do
23 you note the result of that drug test in
24 your case notes?

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1 A. Yes.
2 Q. Regardless of whether it's
3 positive or negative?
4 A. Yes.
5 Q. Are the results of those drug
6 test included in your case notes?
7 A. Yes. Well, they are included
8 in the monitored Connectrix system, they get
9 automatically inputted in, so, they would be
10 in that specific drug testing tab. And then
11 if there was a presumptive positive test or
12 a positive test, then I would typically call
13 the client and inform them and then I would
14 put that in my case notes.
15 Q. So, only the positive tests
16 you would put in the case notes?
17 A. Yeah, I wouldn't put that,
18 otherwise they all get inputted
19 electronically.
20 Q. So, is there a tab for your
21 case notes and a tab for other information
22 on the client?
23 A. Yes. The system automatically
24 inputs a note into the case notes that a

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1 drug test was taken.
2 Q. Okay. What are the different
3 tabs you have?
4 A. Journal is what the case notes
5 are called. Drug test, assessments,
6 background history, residency, phone
7 numbers, there's a DNA tab, flag tab, which
8 you can put like different notifications in,
9 like if somebody has already had their DNA
10 collected.
11 Q. Okay. So, when you say DNA,
12 do you mean drug and alcohol or DNA?
13 A. DNA, yeah, their fingerprint.
14 Q. Now, is this -- did you -- is
15 this a similar system to what you were using
16 to the UCM system or --
17 A. Essentially, there are a lot
18 of differences, but the purpose is the same.
19 Q. Did the UCM system capture the
20 same information that the Connectrix system
21 captures?
22 A. Yeah, for the most part.
23 Q. Was there a specific tab in
24 the old system?

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1 A. It might be notes or journal,
2 I don't recall.

3 Q. When you moved to the new
4 system, did it input all of the notes from
5 the old system?

6 A. It was supposed to. From my
7 understanding, yes, it did.

8 Q. For the clients that you have,
9 are the old notes still there?

10 A. Yes.

11 Q. So, you can -- so, if you have
12 a client who is participating since February
13 of 2023, you can access your notes on that
14 client from the --

15 A. Yes.

16 Q. -- I know you know what I'm
17 asking, but just let me get the question out
18 for the court reporter, so she can get
19 everything down.

20 So, if you have an applicant
21 to the Veterans Treatment Court who tests
22 positive for THC, what do you do with that
23 applicant?

24 A. I don't do anything with them

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1 at that time. I give that information then
2 to the team.

3 Q. Okay. Do you have a
4 conversation with the applicant about why
5 they tested positive for THC?

6 A. Yes, I give them the
7 opportunity to either admit when their last
8 use was or deny use.

9 Q. What happens if they deny use?

10 A. Well, we may send it out, we
11 may not, it depends on if the client's not
12 currently on probation and we can't really
13 -- we're not under stipulations, it just
14 kind of depends.

15 Q. And, so, is that -- so, you
16 refer that information in the case notes,
17 correct?

18 A. Yes.

19 Q. And then do you communication
20 that information to the Veterans Treatment
21 Court team that you are meeting?

22 A. Yes.

23 Q. Is that something that the
24 Veterans Treatment Court team would then

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1 consider in making the recommendation about
2 whether to admit an applicant?

3 A. Yes.

4 Q. And since you've been with the
5 Veterans Treatment Court, has that happened
6 where a veteran tests positive for THC and
7 the it's discussed at the Veterans Treatment
8 Court meeting?

9 A. Yes.

10 Q. And what happened, was that
11 once or more than once?

12 A. Multiple times.

13 Q. And, so, what typically is the
14 next step there?

15 A. Well, the client also tested
16 positive for alcohol and is denying use of
17 substances and patient treatment was
18 recommended but the client did not want to
19 go and then eventually the client stopped
20 communicating with us so he was denied.

21 Q. Have there been other people
22 as well?

23 A. No others that have tested
24 positive for THC.

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1 Q. Okay. What about people who
2 have been admitted to Veterans Treatment
3 Court, have you had any client that has been
4 admitted to Veterans Treatment Court who
5 tested positive for THC?

6 A. There was a participant that
7 tested positive for THC, however, that was
8 before my time in the department.

9 Q. Do you know what happened to
10 that person?

11 A. Not off the top of my head.

12 Q. So, if there is nothing in
13 your case notes documenting a positive test
14 for THC, is it fair to conclude that the
15 participant was not using marijuana?

16 MS. HERRMANN: Objection to
17 form, but you can answer.

18 THE WITNESS: If they
19 verbally admit to the use of
20 marijuana then that would be
21 considered a positive.

22 BY MS. ROSE:

23 Q. But if there is nothing in the
24 case notes documenting either a positive

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1 test or a verbal admission for THC, then is
2 is fair to conclude that the participant was
3 not using marijuana?
4 A. Yes.
5 Q. Now, I'm going to move onto
6 Mr. Monyer's application to Veterans
7 Treatment Court.
8 Are you familiar with Mr.
9 Monyer's application to Veterans Treatment
10 Court?
11 A. Yes.
12 Q. And how are you familiar with
13 it?
14 A. Because I was given the case
15 after I took over as the Veterans Treatment
16 Court officer.
17 Q. And were you given it by Mr.
18 Leon?
19 A. Yes.
20 Q. Do you recall having any
21 discussions with Mr. Monyer about medical
22 marijuana?
23 A. Yes.
24 Q. And what were those

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1 discussions?
2 A. I advised him that if he
3 wished to continue with his medical
4 marijuana he would have to provide a letter
5 from his treating physician stating that
6 that's what is recommended.
7 Q. Okay. Did you have that
8 discussion with him after you took over his
9 case from Mr. Leon?
10 A. Yes.
11 Q. Was that discussion in person?
12 A. There was a phone call, I
13 believe, and also an in-person discussion
14 and e-mail as well.
15 Q. So, you did have at least one
16 in-person meeting with Mr. Monyer?
17 A. Yes.
18 Q. Was it more than one?
19 A. I had one.
20 Q. Do you recall when that
21 in-person meeting took place?
22 A. Not off the top of my head.
23 Q. Was that in-person meeting
24 with Mr. Leon, too?

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1 A. The initial meeting or the
2 meeting that I had alone with him.
3 Q. So, you had an initial meeting
4 with Mr. Monyer where Mr. Leon was present;
5 is that correct?
6 A. I was observing, but I was not
7 leading the meeting, no.
8 Q. And then you had an in-person
9 meeting with you and Mr. Monyer?
10 A. Yes.
11 Q. And then you -- have you had
12 any phone calls with Mr. Monyer?
13 A. Yes.
14 Q. And e-mails with Mr. Monyer?
15 A. Yes.
16 Q. What about text messages?
17 A. No.
18 Q. When you told Mr. Monyer about
19 the medical marijuana policy, did you tell
20 him like what kind of medical provider note
21 he had to provide?
22 A. I told him from his treating
23 physician.
24 Q. And did he say whether he was

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1 going to try to get that?
2 A. He initially said he would
3 stop using the medical marijuana and when I
4 met with him myself and spoke with him
5 myself, he advised that he would like to be
6 put on a different medication before
7 stopping.
8 Q. So, he never indicated one way
9 or another whether he had a letter from his
10 treating physician?
11 A. No, he did not.
12 Q. And do you know why in the
13 meeting with Mr. Leon that Mr. Monyer said
14 that he would stop using medical marijuana?
15 A. I do not.
16 Q. Do you know why when he told
17 you that he would, you know, try to stop
18 using medical marijuana once he received a
19 new medication, you know, why he said that?
20 A. He said he needed to be on a
21 new medication.
22 Q. Do you know why he decided to
23 try a new medication rather than get a note
24 from his doctor?

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1 A. No, I do not.
2 Q. Do you know whether Mr. Monyer
3 would have been -- well, let me phrase it a
4 different way.
5 Do you know whether the VA is
6 able to recommend medical marijuana to its
7 patients?
8 A. I do not.
9 Q. Have you ever talked to Gelu
10 about that?
11 A. Yes, I believe so, during a
12 team meeting we had a discussion.
13 Q. And what did Gelu say about
14 that?
15 A. Just that they do not
16 recommend medical marijuana for Mr. Monyer.
17 Q. So, Gelu told you during one
18 of these team meetings that the VA did not
19 recommend medical marijuana for Mr. Monyer?
20 A. Correct.
21 Q. But you don't know whether the
22 VA has any rules prohibiting its medical
23 providers from recommending medical
24 marijuana?

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1 A. I do not know.
2 Q. Did you ask Gelu why the VA
3 did not recommend medical marijuana for Mr.
4 Monyer?
5 A. Yes.
6 Q. And what did Gelu say?
7 A. He has a schizophrenia
8 paranoid-type diagnosis which is not one of
9 the diagnoses that you can get medical
10 marijuana for or that is recommended for
11 medical marijuana use.
12 Q. Okay. So, it's your
13 understanding from Gelu that the VA could
14 have recommended medical marijuana for Mr.
15 Monyer, but did not because of Mr. Monyer's
16 diagnosis?
17 MS. HERRMANN: Objection to
18 form. You can answer.
19 THE WITNESS: No, I do not
20 know that.
21 BY MS. ROSE:
22 Q. So, you don't know whether the
23 VA did not recommend medical marijuana
24 because of Mr. Monyer's diagnosis or because

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1 it's not allowed to recommend medical
2 marijuana to anyone?
3 MS. HERRMANN: Object to the
4 form. You can answer.
5 THE WITNESS: No, I do not
6 know that.
7 BY MS. ROSE:
8 Q. Have you had a conversations
9 with anyone about Mr. Monyer that did not
10 take place within the context of the
11 Veterans Treatment Court meetings?
12 A. Just with Jessica and my
13 current supervision.
14 Q. What conversations did you
15 have with Jessica?
16 A. Just what was going on with
17 his application process and what has been
18 brought about with the lawsuit, like she had
19 to inform me that a lawsuit was happening.
20 Q. So, the conversations with
21 Jessica did those take place before the
22 lawsuit was filed?
23 A. Yes.
24 Q. And were those initiated by

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1 you or by Ms. Bodor?
2 A. I don't recall.
3 Q. Were they in-person
4 conversations?
5 A. Yes.
6 Q. And you said that you had
7 conversations with your current supervisor,
8 Mr. Bactal, what were those conversations?
9 A. Just informing him what I am
10 doing currently, like, I had updated him on
11 what's going on and what I will be doing
12 today.
13 Q. So, those were conversations
14 about having to appear for this deposition
15 today?
16 A. Yes, yes, correct.
17 Q. I am going to attempt to share
18 my screen with you and show you some
19 documents.
20 And this is an e-mail from you
21 to Alex Lassoff on March 8th?
22 A. Yes.
23 Q. Is that large enough or should
24 I make it larger?

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1 A. I can read it.
2 Q. And it looks like you sent
3 this -- you understand who Mr. Lassoff is,
4 right?
5 A. Yes.
6 Q. Mr. Monyer's criminal defense
7 lawyer?
8 A. Yes.
9 Q. You sent an e-mail to Mr.
10 Lassoff saying that he team reviewed Mr.
11 Monyer's application, right?
12 A. Yes.
13 Q. Do know why the treatment team
14 determined that Mr. Negrea needed to meet
15 with Mr. Monyer?
16 (Whereupon, the court
17 reporter requested that counsel
18 speak up.)
19 BY MS. ROSE:
20 Q. Do you know why the treatment
21 team determined that Mr. Negrea needed to
22 meet with Mr. Monyer?
23 A. To develop his treatment plan.
24 Q. Do you know whether, as of

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1 March 8th, Mr. Negrea had met with Mr.
2 Monyer previously?
3 A. I do not know if he did or
4 not.
5 Q. Now, is this the normal
6 process for Veterans Treatment Court?
7 A. What do --
8 Q. For Mr. Negrea to meet with a
9 treatment court applicant to develop a
10 treatment --
11 A. Yes.
12 Q. -- plan?
13 MS. HERRMANN: Just let her
14 finish the question.
15 BY MS. ROSE:
16 Q. I'm trying to make my
17 questions as specific as possible so that
18 the record is clear, but you know what I'm
19 asking.
20 Do you know whether this
21 meeting that you described in this e-mail
22 ever took place?
23 A. Yes, I believe so.
24 Q. Do you know when it took

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1 place?
2 A. I do not.
3 Q. How do you know that it took
4 place?
5 A. Because Gelu would inform the
6 team that he met with Mr. Monyer and we
7 wouldn't accept him prior to him doing so.
8 Q. Now, did Mr. Negrea ever
9 communicate any information to you from the
10 meeting that he had with Mr. Monyer to
11 develop a treatment plan?
12 A. He did, but I'm not sure if
13 it's specific to that one meeting or if it's
14 specific to more conversations he's had with
15 him.
16 Q. Okay. Now, when that
17 information was communicated, was that to
18 you along or in the context of the treatment
19 court team?
20 A. In the treatment court team.
21 Q. And do you know what
22 information Mr. Negrea communicated?
23 A. That Mr. Monyer was reluctant
24 to participate in groups and that he only

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1 wanted to take the medications that the
2 psychiatrist prescribed PRN.
3 Q. What does PRN mean?
4 A. As needed.
5 Q. Okay. I'm going to mark this
6 as one.
7 - - -
8 (Whereupon, a document was
9 marked for identification as
10 Exhibit-1.)
11 - - -
12 MS. HERRMANN: Sara, can you
13 just state for the record what
14 Exhibit-1 is.
15 MS. ROSE: Oh, sure, yes.
16 MS. HERRMANN: In it's
17 entirety.
18 MS. ROSE: Exhibit-1 is --
19 are the documents AOPC48 through
20 AOPC49.
21 MS. HERRMANN: Thank you.
22 MS. ROSE: That should now be
23 in that drop box.
24 MS. HERRMANN: Thank you.

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1 BY MS. ROSE:
2 Q. This document will be
3 Exhibit-2. It is -- the numbers on the
4 front are AOPC52 through AOPC55 --
5 (Whereupon, the court
6 reporter requested that counsel
7 speak up.)
8 MS. ROSE: It's AOPC51
9 through AOPC55 are the document
10 numbers.
11 - - -
12 (Whereupon, a document was
13 marked for identification as
14 Exhibit-2.)
15 - - -
16 BY MS. ROSE:
17 Q. What I am showing to you right
18 now is an e-mail, looks like Mr. Monyer sent
19 to you on March 31st, and he says in the
20 e-mail, thank you for talking with me today
21 about my situation; do you see that?
22 A. Yes.
23 Q. Do you know what he meant --
24 what that means, like what did you talk to

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1 him about?
2 A. He came into the office
3 because he was going to submit a drug yes,
4 however, we did not do the drug test because
5 he verbally admitted that he would be
6 positive for marijuana and that he wished to
7 get prescribed medication, alternative
8 medication first before stopping the medical
9 marijuana because he did not have a letter.
10 Q. Do you know he meant in this
11 e-mail when he said proper medication?
12 A. I do not.
13 Q. Did you ever have any
14 conversations with him about medications?
15 A. Just that if he wasn't
16 providing us a letter for medical marijuana,
17 to use medical marijuana while in the
18 program, he would need to talk with his
19 doctor about being prescribed something
20 else.
21 Q. Okay. I am going to bring up
22 another e-mail in the same document,
23 Exhibit-2, it looks like it's an e-mail from
24 Mr. Monyer to -- this is a e-mail dated

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1 April 17th from Mr. Monyer to you and one
2 from you on April 12th to Mr. Monyer and
3 your e-mail says that Gelu has been trying
4 to get in contact with Mr. Monyer about
5 treatment options.
6 Do you know why Mr. Negrea was
7 trying to get in touch with Mr. Monyer about
8 treatment options?
9 A. Because he had voiced that Mr.
10 Monyer was having difficulty getting off the
11 medical marijuana.
12 Q. That Mr. Negrea had voiced
13 that?
14 A. Yes.
15 Q. And where did -- was that
16 during a Veterans Treatment Court team
17 meeting?
18 A. Correct.
19 Q. And was this after Mr. Monyer
20 had met with Mr. Negrea?
21 A. I believe so, yes.
22 Q. And at this point were you
23 aware that Mr. Negrea had done an assessment
24 of Mr. Monyer by phone on March 14th?

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1 A. I was under that impression,
2 yes.
3 Q. Did Mr. Negrea ever discuss
4 that assessment with you?
5 A. No, he did not.
6 Q. Did he discuss the assessment
7 with the treatment court team?
8 A. He discussed his diagnosis and
9 his concerns regarding his ability to
10 participate in the program and he discussed
11 that Mr. Monyer wanted to take the
12 medications PRN and was reluctant to
13 complete the groups.
14 Q. When you say -- when you refer
15 to Mr. Negrea's concerns about Mr. Monyer's
16 ability to participate in the program.
17 Those concerns were taking the medications
18 PRN and participating in groups; is that
19 correct?
20 A. Correct.
21 Q. Were there any other concerns
22 that Mr. Negrea discussed with the Veterans
23 Treatment Court team about Mr. Monyer?
24 A. Not that I can recall.

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1 Q. Did you ever discuss with Mr.
2 Monyer those concerns that Mr. Negrea had
3 expressed?
4 A. I don't recall.
5 Q. If you had discussed those
6 concerns with Mr. Monyer, would they be in
7 your case notes?
8 A. They would be.
9 Q. Okay. So, I'm going to scroll
10 back here in Exhibit-2 and there's an e-mail
11 from Mr. Negrea April 26th to you -- to Mr.
12 Negrea that you were copied, can you see
13 that e-mail?
14 A. Yes.
15 Q. Do you recall seeing this
16 e-mail?
17 A. Yes.
18 Q. Do you -- did you know at the
19 time that you received this e-mail that Mr.
20 Monyer intended to stop using medical
21 marijuana?
22 A. That was my understanding at
23 that time.
24 Q. Do you know why he intended to

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1 stop?
2 A. Because he do not have a
3 letter recommending that it was the
4 recommended medication for him.
5 Q. And he needed to either
6 provide that letter or stop using it in
7 order to be admitted into Veterans Treatment
8 Court; is that correct?
9 A. Correct.
10 MS. HERRMANN: I'm too late,
11 but objection to form.
12 BY MS. ROSE:
13 Q. Did you -- when you received
14 this e-mail, did you have an understanding
15 of when Mr. Monyer intended to stop using
16 medical marijuana?
17 A. No, my understanding of when
18 he intended to use medical marijuana was
19 starting to get confusing after that e-mail.
20 Q. And why was it starting to get
21 confusing?
22 A. Because he initially informed
23 Rudy that he would be stopping, then he
24 informed me that he would stop after he gets

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1 on different medication and then in this
2 e-mail he states that if it works for him,
3 he will stop using medical marijuana.
4 Q. Okay. So, why did you think
5 that he was waiting to get new medication
6 before stopping medical marijuana?
7 A. I don't know, that's what he
8 stated he would like to do.
9 Q. So, you didn't -- you had no
10 -- it was not your understanding that the
11 reason he needed new medication was so that
12 he would be able to stop using medical
13 marijuana?
14 A. No, that was not my
15 understanding.
16 Q. So, what was your
17 understanding of why Mr. Monyer wanted to
18 get on a new medication?
19 A. My understanding was that it
20 was a replacement medication for the medical
21 marijuana.
22 Q. Okay. So, you had just said
23 it was not your understanding that he wanted
24 to get new medication so that he could stop

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1 using medical marijuana. So, I'm confused,
2 now you are saying it was a replacement
3 medication.
4 So, was it your understanding
5 that Mr. Monyer believed that he needed a
6 new medication to enable him to stop using
7 medical marijuana?
8 MS. HERRMANN: Object to the
9 form. And, Sara, I'm sorry that a
10 question is pending, but the
11 witness is hungry and it's
12 becoming difficult for her to
13 receive your questions and to
14 answer them accurately is my
15 sense.
16 THE WITNESS: Yes.
17 MR. ROSE: I'm happy, I don't
18 have a ton more, but I'm happy to
19 take a break now, if you prefer
20 that, or if you want to have like
21 a snack, 'cause I really don't
22 have much more.
23 It's completely up to you,
24 but if you could answer the

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1 question that's pending before we
2 take a break, that would be great.
3 MS. HERRMANN: We'll have to
4 read it back or rephrase it, it
5 was very long.
6 MS. ROSE: I will ask it
7 again.
8 MS. HERRMANN: I just want to
9 get an accurate response from the
10 witness.
11 BY MS. ROSE:
12 Q. So, was it your understanding
13 that Mr. Monyer was waiting to start a new
14 medication so that he would be able to stop
15 using medical marijuana?
16 MS. HERRMANN: Object to the
17 form. You may answer, if you can.
18 THE WITNESS: I cannot answer
19 your question at this time.
20 BY MS. ROSE:
21 Q. Why not?
22 A. Because I am starting to get
23 light-headed and I am having a hard time
24 comprehending your question.

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1 MS. ROSE: Okay. Well, then
2 I guess we should take a break.
3 How long do you want to take a
4 break for?
5 MS. HERRMANN: Thirty
6 minutes.
7 MS. ROSE: That's fine with
8 me.
9 - - -
10 (At this point, there was a
11 brief recess taken, after which,
12 the deposition continued as
13 follows:)
14 - - -
15 MS. ROSE: Back on the
16 record.
17 BY MS. ROSE:
18 Q. So, I'm going to share my
19 screen and show you a document that is being
20 marked as Exhibit-3. It's Bates numbered
21 AOPC354 to 367. It's titled Adult Probation
22 Scheduled Activities.
23 - - -
24 (Whereupon, a document was

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1 marked for identification as
2 Exhibit-3.)
3 - - -
4 BY MS. ROSE:
5 Q. I know this may look different
6 than when you look at it in the database,
7 but is this what you have been referring to
8 as your case notes?
9 A. Yes. And this is printed out
10 in UCM, I believe.
11 Q. Okay. And you can see Mr.
12 Monyer's name is on here, so, these would be
13 the case notes for Mr. Monyer?
14 A. Correct.
15 Q. Do you know whether Mr. Leon
16 ever discussed medical marijuana with Mr.
17 Monyer?
18 A. Not -- no, not that I can
19 recall other than what is in his note.
20 Q. If you look at the bottom row
21 on AOPC366 it looks like there is a note
22 that Mr. Leon made about a phone call with
23 Mr. Monyer; do you see that?
24 A. I do.

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1 Q. And if you can take a moment
2 to read that note and when you are the
3 bottom, I'll scroll to the next page, just
4 let me know when you are ready.
5 A. (At which time the Witness
6 reviews the document.) Ready.
7 Q. So, when you received Mr.
8 Monyer's case from Mr. Leon, did you review
9 Mr. Leon's notes on Mr. Monyer?
10 A. Yes.
11 Q. And did you see this note on
12 12/21 where Mr. Leon says that Damon asks if
13 he could be on medical marijuana. I
14 explained to him that if he would like to be
15 in treatment court, he would have to stop
16 using medical marijuana; do you see that?
17 A. Yes.
18 Q. Do you know why Mr. Leon told
19 Mr. Monyer that he would have to stop using
20 medical marijuana to be in treatment court?
21 A. No.
22 Q. When you saw that note, did
23 you ask Mr. Leon why he told Mr. Monyer he
24 had to stop using medical marijuana to be in

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1 treatment court?
2 A. No.
3 Q. Did you ever tell Mr. Monyer
4 that the information that Mr. Leon gave him
5 about medical marijuana was incorrect?
6 A. No, I do not recall.
7 Q. Okay. I'm going go scroll up
8 here to the entry on January 4, 2023 on page
9 AOPC365, where Mr. Monyer reported to the
10 office for an office visit; do you see that?
11 A. Yes.
12 Q. And it looks like -- well,
13 were you present for that office visit?
14 A. Yes, I believe that was the
15 one that I was observing.
16 Q. Okay. And in it Mr. Leon says
17 that he told -- he advised Damon we will
18 discuss at that location on 1/9/23 and will
19 let him know by Wednesday if he entered the
20 program or not and he also says, Damon
21 appears to be onboard to participate in the
22 program and willing to complete what is
23 necessary.
24 Do you know why Leon told

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1 Damon that his application will be discussed
2 on 1/9 and there would be a decision by
3 Wednesday?
4 A. No, I do not.
5 Q. Do you recall Mr. Leon telling
6 Mr. Monyer that after a meeting?
7 A. No, I do not.
8 Q. Do you have any reason to
9 believe that Mr. Leon did not say that to
10 Mr. Monyer in the meeting?
11 A. I do not.
12 Q. Do you recall any discussion
13 of medical marijuana during that meeting?
14 A. I don't remember, no.
15 Q. Was anyone besides you, Mr.
16 Leon and Mr. Monyer present for that
17 meeting?
18 A. No.
19 Q. Do you know why no decision
20 was made on Mr. Monyer's application on
21 January 9th?
22 A. I do not recall off the top of
23 my head.
24 Q. Were you present at the

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1 Veterans Treatment Court team meeting on
2 January 9th?
3 A. I am not certain.
4 Q. Would you have any, you know,
5 documentation that you could look to
6 determine whether you were present at that
7 meeting on January 9th?
8 A. I could potentially go through
9 my Outlook schedule and see if it was on
10 there.
11 Q. I am going to move up to the
12 entry just above on January 12, 2023, Mr.
13 Leon has a note that says?
14 called Gelu and verified he met with Damon
15 by phone; do you see that?
16 A. I do.
17 Q. Do you -- did you ever have
18 any conversations with Mr. Leon about, you
19 know, his note here that Gelu stated all
20 went and Damon is good to go and join
21 Veterans Treatment Court?
22 A. No, I do not.
23 Q. Did you ever ask Gelu about,
24 you know, his statement to Mr. Leon that

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1 Damon was good to go and join Veterans
2 Treatment Court on January 12th?
3 A. I don't remember.
4 Q. Looking at this here today, do
5 you have any understanding of why Mr. Monyer
6 was not admitted to Veterans Treatment Court
7 at this time given Mr. Leon's note that all
8 went and Damon is good to go and join
9 Veterans Treatment Court?
10 A. No, I do not.
11 Q. And if we go up some more we
12 see on 1/17, AOPC363, there's an e-mail from
13 you to Mr. Monyer, do you see that e-mail?
14 A. Yes.
15 Q. So, at this point he's sending
16 this e-mail to you, so, does that mean that
17 as of January 17th you had taken over his
18 case with Veterans Treatment Court?
19 A. I would believe so, yes.
20 Q. Okay. And did you communicate
21 to Mr. Monyer that you would be taking over
22 his case?
23 A. I believe during the initial
24 meeting Rudy informed him that I would be

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1 coming into Veterans Treatment Court.
2 Q. And then here Mr. Leon said in
3 his note that Mr. Negrea had said that Mr.
4 Monyer was good to go with respect to
5 Veterans Treatment Court, here you tell Mr.
6 Monyer that he had to meet with Mr. Negrea
7 to review his treatment needs and develop a
8 treatment plan.
9 Why did you tell Mr. Monyer
10 that?
11 A. I don't know off the top of my
12 head.
13 Q. But you were aware at this
14 time on January 17th that Mr. Monyer had
15 already done a phone assessment with Mr.
16 Negrea?
17 MS. HERRMANN: Objection to
18 form. You can answer.
19 THE WITNESS: I did not get
20 that information from Mr. Negrea
21 himself, so, I didn't know one way
22 or another whether that was
23 accurate.
24 BY MS. ROSE:

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1 Q. So, you don't know whether Mr.
2 Leon's note that Mr. Monyer had done a --
3 had talked to Mr. Negrea was accurate?
4 A. I do not.
5 Q. Do you have any reason to
6 believe that Mr. Leon's note was not
7 accurate?
8 A. No.
9 Q. So, where did you get the
10 information that Mr. Monyer needed to meet
11 with Mr. Negrea to develop a treatment plan?
12 A. Well, looking at that e-mail I
13 ask him where he is with that step. So, I
14 was asking him if that was done yet.
15 Q. Well, let's look back at the
16 note from Mr. Leon which you had access to
17 which says that Mr. Leon called Gelu and
18 verified that he met with Damon by phone,
19 right? So, you would have know that that
20 occurred.
21 MS. HERRMANN: Object to the
22 form. You can answer.
23 THE WITNESS: No.
24 BY MS. ROSE:

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1 Q. Why wouldn't you have known
2 that -- that Gelu had met with Damon by
3 phone?
4 A. Because I wasn't present
5 during any treatment court meetings at that
6 time to verify what was discussed and what
7 the plan moving forward was.
8 Q. So, you didn't trust the
9 accuracy of Mr. Leon's note?
10 A. That's not accurate.
11 Q. Okay. So, what -- what -- why
12 would you -- it sounds like Mr. Monyer had
13 done what Mr. Leon had told him he needed to
14 do, all of the sudden he gets a new
15 probation officer and he has to go through
16 the steps again.
17 MS. HERRMANN: What is the
18 question?
19 BY MS. ROSE:
20 Q. Why would he have to repeat
21 those steps simple because you took over the
22 Veterans Treatment Court?
23 MS. HERRMANN: Object to the
24 form. You can answer.

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1 THE WITNESS: I am not sure
2 what your question was.
3 BY MS. ROSE:
4 Q. The question is you are saying
5 you didn't know whether -- let's back up.
6 At the time that you took over the probation
7 officers duties with Veterans Treatment
8 Court, you did not know whether Mr. Monyer
9 had met or any kind of assessment done with
10 Mr. Negrea; is that accurate?
11 A. I had not had any
12 conversations with Mr. Negrea, no.
13 Q. Okay. But you did see in the
14 case notes that Mr. Monyer had met with Mr.
15 Negrea by phone?
16 MS. HERRMANN: Object to the
17 form. You can answer.
18 THE WITNESS: Can you repeat
19 that question.
20 BY MS. ROSE:
21 Q. As of January 17th, you had
22 access to these case notes, correct?
23 A. Correct.
24 Q. So, you could see that there

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1 was a note by Mr. Leon that Mr. Monyer had
2 met with Mr. Negrea by phone?
3 A. Yes, I see that note.
4 Q. Okay. Why did you tell Mr.
5 Monyer on January 17th that he had to have a
6 meeting with Mr. Negrea?
7 A. I do not recall.
8 Q. So, you have no idea why you
9 told Mr. Monyer that he needed another
10 meeting with Mr. Negrea before the Veterans
11 Treatment Court could consider his
12 application?
13 MS. HERRMANN: Object to the
14 form. You can answer.
15 THE WITNESS: No, I do not.
16 BY MS. ROSE:
17 Q. And then you see this e-mail
18 response from Mr. Monyer to you on
19 January 17th, 2023 where he tells you that
20 he and Gelu spoke on the phone and he had an
21 assessment, correct?
22 A. Correct.
23 Q. And then your response on
24 January 18th to Mr. Monyer's e-mail is that

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1 the team need to approve applications. So,
2 when you sent that e-mail on January 18th,
3 did you believe that Mr. Monyer had to have
4 another meeting with Mr. Negrea?
5 A. I don't recall.
6 Q. Well, if you thought that Mr.
7 Monyer needed to meet with Mr. Negrea again,
8 you would have said so, right?
9 A. Correct.
10 Q. And, so, then we go up to
11 February 6, 2023 where it says the approval
12 denial determination is continued pending
13 VJO's input; do you see that?
14 A. Yes.
15 Q. VJO is Mr. Negrea, right?
16 A. Yes.
17 Q. And do you -- were you present
18 at the February 6, 2023 Veterans Treatment
19 Court meeting?
20 A. Yes.
21 Q. Was Mr. Negrea present?
22 A. I believe that was an
23 applicant meeting not your traditional team
24 meeting.

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1 Q. So, what terminology do you
2 use when you are talking about treatment
3 court applicant, is it an applicant meeting?
4 A. Yes.
5 Q. So, you went through a list of
6 people that were present for the treatment
7 court meetings, are those same people
8 present for the applicant meeting?
9 A. Yes, correct, typically, yes.
10 Q. So, was Mr. Negrea present for
11 this applicant meeting on February 6, 2023?
12 A. No, he was not.
13 Q. So, is that why the
14 determination was continued?
15 A. Correct.
16 Q. So, we will go up to the
17 March 1st meeting, was that an applicant
18 meeting?
19 A. That was likely, yes.
20 Q. And it says, application
21 determination continued, Gelu reached out to
22 him today to get him scheduled to meet and
23 develop a treatment plan; did I read that
24 correctly?

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1 A. Correct.
2 Q. Was Mr. Negrea present at that
3 March 1st meeting?
4 A. Yes.
5 Q. Do you know why you wrote in
6 your note that Gelu was going to reach out
7 to Mr. Monyer to get him scheduled to meet
8 and develop a treatment plan?
9 A. Because that's what he
10 informed me and the team.
11 Q. That's what Mr. Negrea said at
12 the meeting he would do?
13 A. Yes.
14 Q. Did Mr. Negrea inform the
15 people from at that meeting why he needed to
16 schedule a meeting with Mr. Monyer?
17 A. I don't recall.
18 Q. Okay. Did you ask during the
19 meeting by Mr. Negrea to schedule a meeting
20 with Mr. Monyer?
21 A. I don't recall.
22 Q. Did Mr. Negrea ever deny
23 having a meeting with Mr. Monyer prior to
24 March 1st?

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1 A. I don't recall.
2 Q. Have you ever had a situation
3 where Mr. Negrea met with a veteran more
4 than once before the decision or their
5 veteran's application to Veterans Treatment
6 Court was decided?
7 A. Yes, often.
8 Q. And why does that typically
9 happen?
10 A. To further discuss what
11 treatment options were available or what was
12 recommended or if new information came to
13 light that it was something that needed to
14 be discussed on his end with the applicant,
15 he would speak with the applicant again.
16 Q. And then we go up to
17 March 16th. Was that meeting a new
18 applicant meeting?
19 A. No, that was a team meeting
20 prior to vet court.
21 Q. Okay. When you say prior to
22 vet court, was that a meeting that occurred
23 prior to a session of Veterans Treatment
24 Court?

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1 A. Yes.
2 Q. So, here there is a note
3 saying that application will be approved
4 once Damon's THC levels drop as he is not
5 providing a letter from his treating
6 physician indicating that medical marijuana
7 is the recommended treatment.
8 So, is this -- was Mr.
9 Monyer's medical marijuana discussed at this
10 Veterans Treatment Court team meeting?
11 A. Yes.
12 Q. Had his medical marijuana use
13 been discussed at any prior applicant or
14 treatment court team meeting?
15 A. I can't recall dates, no.
16 Q. If Mr. Monyer's medical
17 marijuana use had been discussed in a prior
18 meeting, would that have been included in
19 your notes?
20 A. Possibly, yes.
21 Q. Why -- is there some reason
22 you would not include it in your notes?
23 A. No.
24 Q. Is this the first time on

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1 March 16th that you learned about this
2 requirement that individuals who want to use
3 medical marijuana in court have to provide a
4 letter from their doctor.
5 A. No.
6 Q. So, you already knew about
7 that requirement prior to the March 16th
8 meeting?
9 A. Yes.
10 Q. And how did you know about it
11 prior to this March 16th meeting?
12 A. The policy.
13 Q. So, the policy of the Veterans
14 Treatment Court prior to March 16, 2023 as
15 that individuals could use medical marijuana
16 in treatment court if they provided a letter
17 from their treating physician; is that
18 correct?
19 A. Correct.
20 Q. But you don't know when that
21 policy came to be?
22 A. That was before my time here,
23 correct.
24 Q. And then it says -- now, prior

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1 to this March 16, 2023 meeting, had you
2 communicated to Mr. Monyer what he needed to
3 do to be allowed to use medical marijuana in
4 treatment court?
5 A. Yes, in an e-mail.
6 Q. And you sent that prior to
7 March 16th?
8 A. Can I read my notes, I don't
9 recall.
10 Q. We'll get to that.
11 If you had told Mr. Monyer
12 that he could request to use medical
13 marijuana if he provided a letter from his
14 treating physician, would you have included
15 that in your notes.
16 A. Yes.
17 Q. So, here the last sentence
18 there says, ADA Kelecic will advise defense
19 counsel.
20 Do you know whether Mr.
21 Kelecic was present at this March 16th
22 meeting?
23 A. Yes.
24 Q. Was he present?

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1 A. He was present.
2 Q. Do you know why Mr. Kelecic
3 was tasked with advising defense counsel?
4 A. Because that's what he stated
5 he would do.
6 Q. So, Mr. Kelecic volunteered to
7 advise defense counsel?
8 A. Yes.
9 Q. Okay. I'm going to another
10 document here.
11 Can you see this document,
12 it's an e-mail from Mr. Kelecic to Mr.
13 Lassoff and you are copied on it; do you see
14 that?
15 A. Yes.
16 Q. And this will be Exhibit-4.
17 - - -
18 (Whereupon, a document was
19 marked for identification as
20 Exhibit-4.)
21 - - -
22 BY MS. ROSE:
23 Q. This is dated March 23, 2023.
24 Have you seen this e-mail before?

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1 A. Yes.
2 Q. And would it be correct to say
3 that this is the information that Mr.
4 Kelecic was tasked in providing to Mr.
5 Monyer at that Veterans Treatment Court
6 meeting we were just discussing?
7 A. Yes.
8 Q. So, you see where in the
9 second paragraph Mr. Kelecic says, he is
10 basically ready for admission from a legal
11 and treatment plan standpoint. The only
12 hold up is this use of medical marijuana.
13 Do you see that?
14 A. Yes.
15 Q. And then it says, he is
16 required to abide by the VA rules regarding
17 medical marijuana, which do not allow him to
18 use.
19 Do you see that?
20 A. Yes, I do.
21 Q. So, I don't see anything in
22 this e-mail from Mr. Kelecic to Mr. Lassoff
23 about the option for Mr. Monyer to submit a
24 note from his treating physician in order to

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1 be allowed to use medical marijuana in
2 Veterans Treatment Court.
3 Do you see anything in there
4 about that?
5 A. I do not.
6 Q. Do you know why Mr. Kelecic
7 did not say anything to Mr. Lassoff about
8 the policy that would allow Mr. Monyer to
9 use medical marijuana?
10 A. I do not.
11 Q. Did you, when you received
12 this e-mail, did you reach out to Mr.
13 Kelecic to inform him that the information
14 that he was providing to Mr. Lassoff was
15 incorrect?
16 A. I don't recall.
17 Q. Well, do you know whether the
18 VA's rule regarding medical marijuana
19 wouldn't -- do not allow Mr. Monyer to use
20 medical marijuana?
21 A. I do not recall. I do not
22 know.
23 Q. So, you do not know whether
24 the VA has any rules about whether

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1 individuals who get their treatment from the
2 VA are permitted to use medical marijuana or
3 not?
4 A. No, I do not.
5 Q. Did you ever ask anyone what
6 the VA's rules on medical marijuana are?
7 A. No, I have not.
8 Q. So, you never had any
9 conversations with Mr. Negrea about the VA's
10 rule on medical marijuana?
11 A. No, I have not.
12 Q. Did you reach out to Mr.
13 Lassoff after seeing this e-mail to let him
14 know that the information that Mr. Kelecic
15 was providing to him was inconsistent with
16 the treatment court policy?
17 A. No, I do not recall if I did.
18 Q. Did you ever have any
19 conversations with Mr. Kelecic about this
20 statement in this e-mail that Mr. Monyer was
21 required to abide by the VA's rules
22 regarding medical marijuana, which did not
23 allow him to use?
24 A. I don't not recall.

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1 Q. And do you agree with Mr.
2 Kelecic's statement in this e-mail that Mr.
3 Monyer was basically ready for admission
4 from a legal and treatment plan standpoint?
5 A. No, I do not.
6 Q. Do you agree with Mr.
7 Kelecic's statement in this e-mail that Mr.
8 Monyer was basically ready for admission
9 from a legal and treatment plan standpoint
10 on March 23, 2023?
11 A. No, I do not.
12 Q. What part of that don't you
13 agree with?
14 A. Because we were waiting on
15 either a letter from his treating physician
16 or him showing that he was willing to stop
17 using it without the letter.
18 Q. Did you ever communicate that
19 you disagreed with him to Mr. Kelecic?
20 A. I don't recall.
21 Q. If you had communicated with
22 Mr. Kelecic about Mr. Monyer, would that be
23 reflected in your case notes?
24 A. If it was at a team meeting,

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1 no, not necessarily.
2 Q. If it was not part of a team
3 meeting, would you -- would that be
4 reflected in your case notes?
5 A. It if was an e-mail, yes.
6 Q. What other kind of
7 communications would not be reflected in
8 your case notes?
9 A. Potentially a phone call.
10 Q. Have you ever had a
11 communication with Mr. Kelecic that didn't
12 occur in the context of Veterans Treatment
13 Court meetings?
14 A. General conversations, I'm not
15 sure what you are referring to.
16 Q. Any kind of conversation.
17 Have you ever talked to Mr. Kelecic outside
18 the context of a Veterans Treatment Court
19 meeting?
20 A. Yes.
21 Q. Have you ever talked with Mr.
22 Kelecic about an applicant in Veterans
23 Treatment Court outside of a Veterans
24 Treatment Court meeting?

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1 A. No.
2 Q. So, I'm going to AOPC361,
3 there is an e-mail from Mr. Monyer --
4 (inaudible) --
5 (Whereupon, the court
6 reporter requested that counsel
7 speak up.)
8 BY MS. ROSE:
9 Q. I'm going to APOC361, there is
10 an e-mail from Mr. Monyer to you on March
11 27th, 2023 at the bottom of the page, do you
12 see that?
13 A. I see the heading, I don't see
14 the e-mail.
15 Q. So, I'm going to scroll down,
16 here's the context of the e-mail.
17 So, he says that he needs to
18 set up an appointment to come in for a drug
19 test.
20 So, why did he need to do
21 that?
22 A. Because he was continuing to
23 use medical marijuana and did not provide
24 the letter stating it was the recommended

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1 treatment.
2 Q. And if you go down there are
3 notes from a phone call you had with Mr.
4 Monyer; do you see that?
5 A. Yes.
6 Q. And in those notes you say,
7 advised Damon that he will be tested several
8 times to show that his THC levels are coming
9 down before he is formally admitted to the
10 program as he is not permitted to use
11 medical marijuana while an active vet court
12 participant without a letter from his
13 treating physician indicating that it is the
14 recommended treatment.
15 So, do you believe that you
16 advised Mr. Monyer on March 27th that he
17 would need to provide a letter from his
18 treating physician to be able to use medical
19 marijuana?
20 A. Yes.
21 Q. And you say you provided him
22 with several dates and times to come in for
23 his first test; do you see that?
24 A. Yes.

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1 Q. Now, was this phone call
2 before or after you received the e-mail from
3 Mr. Monyer that said he needs to set up an
4 appointment with you?
5 A. The phone call was before the
6 appointment.
7 Q. Okay. So, why would he e-mail
8 you after the phone call to explain why he
9 had to set up a test if he already had a
10 phone call discussing it?
11 MS. HERRMANN: Object to the
12 form. You can answer.
13 THE WITNESS: He had stated
14 during that phone call that he
15 wasn't ready to schedule the
16 appointment and requested that I
17 give him a couple dates to choose
18 from.
19 BY MS. ROSE:
20 Q. Well, at the bottom of the
21 phone call note you say agreed to e-mail
22 Damon with the dates and times available for
23 his first drug test, so, did you ever send
24 that e-mail to Damon?

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1 A. Yes, it should be above the
2 top e-mail.
3 Q. Okay. So, you sent that after
4 you received the e-mail from Damon?
5 A. Correct.
6 Q. Okay. I'm just confused about
7 why you didn't -- why he had to e-mail you
8 for that information when you said you had
9 provided it over the phone.
10 A. I provided it over the phone,
11 however, he stated he was not ready to
12 schedule the appointment and needed to think
13 about it, so, I agreed to e-mail him the
14 dates and times that I was available so he
15 could check his schedule and get back to me.
16 Q. It's just -- I mean, do you
17 know what time that phone call took place?
18 A. It says it in the system, but
19 I don't see it on the notes, no. I believe
20 that he e-mailed me pretty shortly after we
21 had that phone conversation.
22 Q. So, if we asked your lawyers
23 to provide us with a time that that phone
24 call took place, they would be able to do

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1 that?
2 A. I can't answer that. We no
3 longer have access to that system.
4 Q. I thought you say everything
5 transported into the new system.
6 A. It should have. I can't
7 answer on specifics on that.
8 Q. When you -- okay, so -- so,
9 you -- you don't have access to that
10 information or you don't know whether you
11 have access to that information about the
12 time the phone call was made?
13 A. I have not gone back in our
14 new system to check that that note
15 transferred over accurately and is there. I
16 do not have access to the old system where
17 the note was originally put in.
18 Q. Does anyone have access to the
19 old system?
20 A. I believe it is no longer up
21 and running, that's the reason why we had to
22 change systems.
23 Q. So, if you are unable -- so,
24 there is no way to know what time that phone

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1 call took place, if the information did not
2 transfer to the new system; is that right?
3 A. If it did not transfer to the
4 new system, correct.
5 Q. And you are saying that even
6 if it did transfer to the new system, it
7 might not be accurate?
8 A. I have not observed the note
9 in the new system, so, I cannot say whether
10 it would be or not.
11 Q. Have you come across other
12 notes that transferred from the prior system
13 to the new system that were not accurate?
14 A. Notes, no, but there's been
15 other information.
16 Q. What kind of information?
17 A. Addresses, sentencing
18 information.
19 Q. And if there's been -- and
20 when you say it has not transferred
21 correctly, in what way has it not
22 transferred correctly?
23 A. The dates didn't transfer over
24 correctly for sentencing information,

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1 addresses, didn't have full addresses.
2 Q. And is that the kind of
3 information that is automatically populated
4 to the database; do you understand what I
5 mean by that?
6 A. No, I don't understand.
7 Q. You had said earlier there was
8 some information that you don't have to
9 implement, that that populates
10 automatically, right?
11 A. Correct.
12 Q. So, when we are talking about
13 the information that did not transfer
14 correctly to the new database, is that only
15 the information that is auto populated or
16 does it also include information that you
17 would have inputted yourself?
18 A. It includes information that
19 would have been inputted manually.
20 Q. So, you have seen inaccurate
21 information for multiple times --
22 inaccuracies -- sorry. So, you've seen
23 inaccuracies in transferring multiple kinds
24 of information since you switched to the new

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1 database?
2 A. Yes.
3 Q. So, have you looked through
4 the probation notes that kept for Mr. Monyer
5 to determine whether there is any inaccurate
6 information there?
7 A. Yes.
8 Q. What did you do to -- to
9 determine that?
10 A. I do not have access to any of
11 the notes prior to our transfer of -- the
12 transition to the new system, I do not have
13 access to those notes.
14 Q. Okay. So, how did you look --
15 how did you check the accuracy of Mr.
16 Monyer's information?
17 A. I did not.
18 Q. Oh, I misunderstood, I thought
19 you said you had looked through that?
20 A. No, no, I had not.
21 Q. Is it possible in the UCM
22 database to go back and add more information
23 to notes that you had put in previously?
24 A. Currently?

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1 Q. No, in the prior system that
2 you had?
3 A. You could, technically, yes.
4 Q. Can you do that in the current
5 system?
6 A. I believe so.
7 Q. So, there is an entry at the
8 bottom of the page, we are on AOPC357, and
9 is that -- are those notes from an in-person
10 meeting you had with Mr. Monyer?
11 A. Yes, that was in person.
12 Q. And then if you go to the next
13 page, I'm going to scroll down, here you
14 say, it is likely he will not be admitted
15 until he stops using and his levels begin to
16 come down; do you see that?
17 A. Yes, I do.
18 Q. Okay. Did you tell him that
19 during the meeting?
20 A. Yes, we did.
21 Q. Did you tell him whether he
22 had any time line he had to meet for his
23 levels to come down?
24 A. No, I did not.

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1 Q. And we are talking about
2 levels of THC; is that right?
3 A. Correct.
4 Q. Now, AOPC356, there is an
5 entry for staff during that court team
6 meeting on 4/20/23; do you see that?
7 A. Yes.
8 Q. And then it looks like Mr.
9 Monyer's application was continued; is that
10 right?
11 A. Yes.
12 Q. And it says that Mr. Monyer
13 wishes to wait stop using medical marijuana
14 until he meets with his psychiatrist next
15 month.
16 Was that a discussion that was
17 had at the next court meeting?
18 A. Yes.
19 Q. And was there any discussion
20 of whether Mr. Monyer would be permitted to
21 stop using medical marijuana until he met
22 with his psychiatrist?
23 A. Can you repeat that question.
24 Q. Sure. During that court

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1 meeting, did you discuss or did anyone
2 discuss at the meeting discuss whether Mr.
3 Monyer would be permitted to wait to stop
4 using medical marijuana until the
5 psychiatrist appointment?
6 A. Yes, that's why we continued
7 the determination on his application.
8 Q. So, the team was willing to
9 give Mr. Monyer an opportunity to start new
10 medication in order to stop using medical
11 marijuana is; is that correct?
12 A. Yes.
13 Q. And did you have an
14 understanding that Mr. Monyer did not want
15 to stop using medical marijuana until he
16 started a new medication?
17 A. At that time, yes.
18 Q. Did that understanding change
19 over time?
20 A. Yes.
21 Q. What was the charge?
22 A. When he then e-mailed me, I
23 don't recall the exact date, that he did
24 meet with his psychiatrist, he was

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1 prescribed new medications and if the
2 medications worked for him would be stop
3 taking the medical marijuana.
4 Q. Okay. So, how is that
5 different from your previous understanding
6 of why he wanted to wait until he had a new
7 medication before he stopped taking medical
8 marijuana?
9 A. Because he initially stated he
10 wanted a different medication before he
11 stopped and then it changed to if the
12 medication works, I will stop, which is I
13 interpreted to be two different statements.
14 Q. And why did you interpret
15 those to be two different statements?
16 A. Because he stated he will stop
17 the medical marijuana use when he's
18 prescribed the medication and then after he
19 was prescribed the new medication, he stated
20 I will stop using them medical marijuana if
21 the new medication works.
22 Q. Did you ever have any
23 conversations with Mr. Negrea about what you
24 perceived as a different approach by Mr.

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1 Monyer to the medication?
2 A. Yes.
3 Q. And what was the -- what were
4 those conversations?
5 A. Just that it seemed that he
6 was backtracking on his willingness to use a
7 different medication than was recommended as
8 Mr. Negrea then reported that Mr. Monyer
9 stated to him that he only wanted to --
10 stated to him or somebody in the VA system
11 that he only wanted to use it PRN, which is
12 not as recommended, it's as he feels needed.
13 Q. And you don't know who Mr.
14 Monyer stated that to?
15 A. I do not.
16 Q. Why did you consider it
17 important that Mr. Monyer expressed a desire
18 to wait and see whether the new medication
19 was helpful to him before he stopped using
20 medical marijuana?
21 A. Because medical marijuana is
22 not recommended or identified as one of
23 medications for somebody with a
24 schizophrenia diagnosis and it is known to

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1 do the opposite with individuals with a
2 schizophrenia diagnosis. So, it was
3 concerning about how would he was going to
4 determine that the new medications were
5 working if he was using medical marijuana
6 along with them.
7 Q. When did you learn that Mr.
8 Monyer had a schizophrenia diagnosis?
9 A. I don't recall when it was.
10 Q. Would you have included that
11 in your notes when you learned it?
12 A. Potentially.
13 Q. Okay. Why wouldn't you
14 include it I your notes?
15 A. I don't know.
16 Q. Let's scroll up to ACOP355, do
17 you see that?
18 A. Yes.
19 Q. If you look at the bottom of
20 the page there is an e-mail from Mr. Monyer
21 to you on April 26th, 2023; do you see that?
22 A. Yes.
23 Q. Okay. So, it's -- just read
24 the bottom and let me know when you're

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1 ready.
2 A. (At which time the Witness
3 reviews the document.) I'm ready.
4 Q. So, here he says, as soon as I
5 have it, he's referring to the new
6 medication, and try it, I will inform you if
7 it works for me and I can stop using medical
8 marijuana.
9 So, is this the e-mail that
10 you were referring to when you said you had
11 a concern about, you know, whether Mr.
12 Monyer -- about Mr. Monyer changing his -- I
13 can't remember exactly what you said, but is
14 this the e-mail that caused you some concern
15 about Mr. Monyer switching to the new
16 medication and stopping the medical
17 marijuana?
18 A. Yes.
19 Q. And did you share this e-mail
20 with the Veterans Treatment Court team?
21 A. The e-mail, no, I don't
22 believe so.
23 Q. Did you share any of the
24 information in the e-mail with the Veterans

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1 Treatment Court team?
2 A. Yes.
3 Q. What information did you
4 share?
5 A. That he has new medication
6 coming and if it works for him, he will then
7 stop using the medical marijuana.
8 Q. Okay. And was there any
9 discussion of, you know, giving -- by the
10 Veterans Treatment Court of giving Mr.
11 Monyer time to see if the new medication
12 would work for him?
13 A. I do not recall.
14 Q. Did anyone else from Veterans
15 Treatment Court team share your view that
16 Mr. Monyer should not be permitted to wait
17 and see if the new medication worked before
18 he stopped using medical marijuana?
19 A. Rephrase your question.
20 Q. Did anyone else in the
21 treatment -- did anyone on the treatment
22 court team share your concerns about Mr.
23 Monyer waiting to see if the new medication
24 worked before he stopped using medical

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1 marijuana?
2 A. Yes.
3 Q. Who share it?
4 A. Gelu or Mr. Negrea.
5 Q. And how do you know he had
6 those concerns?
7 A. Because we had that
8 conversation during the following team
9 meeting.
10 Q. So, Mr. Negrea shared those
11 concerns at the team meeting?
12 A. Yes.
13 Q. And who else was present at
14 the team meeting when Mr. Negrea shared his
15 concerns?
16 A. It was definitely the judge
17 and an ADA, a public defender and myself.
18 Q. Was it the same public
19 defender (inaudible) --
20 Whereupon, the court reporter
21 requested that counsel speak up.)
22 BY MS. ROSE:
23 Q. Was it the same public
24 defender who was present at all of these

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1 Veterans Treatment Court team meetings?
2 A. It is unless they have
3 something else scheduled or they are out of
4 the office, then somebody covers.
5 Typically, yes, but I don't recall if it was
6 the same one that day.
7 Q. Is there a list kept of who
8 attends these Veterans Treatment Court
9 meetings?
10 A. Can you elaborate on list
11 kept?
12 Q. Yes. Is there, you know,
13 we've talked about multiple meetings that
14 are in your notes, would I be able to locate
15 a list or would you be able to locate a list
16 that says which members of the treatment
17 court team were present at each of the
18 meetings that you describe in your case
19 notes?
20 A. No, I'm not aware of anything
21 like that exists.
22 Q. So, there's no kind of
23 attendance kept or anything like that?
24 A. Not that I am aware of.

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1 Q. Do people have to sign in to
2 get into the court house for these meetings?
3 A. No.
4 Q. Do you know when Mr. Monyer
5 received the new medication?
6 A. Not a specific date, but on or
7 around when I received the e-mail or after I
8 received that e-mail.
9 Q. He says in this e-mail on
10 April 26th, that his psychiatrist saw him
11 and prescribed medication and it is coming
12 by mail.
13 So, it would have had to have
14 been some time after April 26th, correct?
15 A. Correct.
16 Q. So, did you ever convey your
17 concerns about what Mr. Monyer said in the
18 e-mail on April 26th to Mr. Monyer?
19 A. I don't recall.
20 Q. So you don't know whether you
21 ever told Mr. Monyer that he had to stop
22 using medical marijuana before he started
23 the new medication?
24 A. I don't recall.

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1 Q. Do you know whether Mr. Negrea
2 ever had a conversation with Mr. Monyer
3 about stopping using the medical marijuana
4 before starting the new medication?
5 A. I don't know.
6 Q. If you had had that
7 conversation with Mr. Monyer, you would have
8 included that in your notes, right?
9 A. Correct.
10 Q. Do you know whether anyone
11 associated with Veterans Treatment Court
12 told Mr. Monyer that he would not be
13 admitted to Veterans Treatment Court unless
14 he stopped using medical marijuana before he
15 started the new medication?
16 MS. HERRMANN: Object to the
17 form. You can answer.
18 THE WITNESS: I don't recall.
19 BY MS. ROSE:
20 Q. So, let's move onto the next
21 entry in your notes, which is May 3, 2023,
22 and you are describing a stacked case during
23 a new applicant meeting.
24 Here it says that Judge

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1 Lieberman denied Damon's application due to
2 his continued medical marijuana without his
3 letter indicating doctor's recommendation
4 and reluctance to complete recommended
5 treatment groups.
6 This doesn't say anything
7 about your concerns regarding Mr. Monyer's
8 stated intent to take the new medication
9 along with medical marijuana to see if it
10 works, right, it doesn't say anything about
11 that?
12 A. Correct.
13 Q. And you don't know whether
14 anyone -- so, this reluctance to complete
15 recommended treatment groups, where did that
16 come from?
17 A. Gelu. That's what was report
18 from Gelu to the VA.
19 Q. So, what specifically did Mr.
20 Negrea say regarding Mr. Monyer's reluctance
21 to complete recommended treatment groups?
22 A. That he didn't want to
23 complete the groups.
24 Q. And Mr. Negrea conveyed that

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1 information verbally?
2 A. Yes.
3 Q. Did you receive anything in
4 writing from Mr. Negrea conveying that
5 information?
6 A. No.
7 Q. What were the recommended
8 treatment groups?
9 A. Typically veterans or
10 participants participate in moral
11 affirmation therapy and smart recovery.
12 Q. And do you know whether those
13 were the recommended treatment groups for
14 Mr. Monyer?
15 A. I do not.
16 Q. Do you know whether Mr. Negrea
17 ever conveyed to Mr. Monyer that he had to
18 participate in those groups in order to be
19 admitted to Veterans Treatment Court?
20 A. I have never heard that
21 conversation, no.
22 Q. Did you ever convey to Mr.
23 Monyer that he had to participate in those
24 treatment groups in order to be admitted to

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1 Veterans Treatment Court?
2 A. No, not that I recall.
3 Q. And if you had conveyed that
4 information to Mr. Monyer, it would be
5 included in our case notes, correct?
6 A. Yes.
7 Q. So, this meeting is on
8 May 3rd, which is less than two weeks after
9 Mr. Monyer had his appointment with his
10 psychiatrist, right?
11 A. Correct.
12 Q. Do you have any understanding
13 of why Mr. Monyer was not permitted to try
14 using, you know, given a chance to try using
15 the new medication before his application
16 was denied?
17 A. I do not.
18 Q. And it says that Damon advised
19 his psychiatrist that he only wants to take
20 medications PRN and that he does not want to
21 do the group. So, based on this, it looks
22 like Mr. Negrea reported to the Veterans
23 Treatment Court team information that he had
24 learned from the psychiatrist; is that

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1 right?
2 A. Correct.
3 Q. Do you know whether Mr. Monyer
4 told Mr. Negrea directly that he only wants
5 to take medications PRN?
6 A. I do not.
7 Q. Do you know whether Mr. Monyer
8 told Mr. Negrea directly that Mr. Monyer did
9 not want to do the groups?
10 A. I do not.
11 Q. Now, did you ever have any
12 discussion with Mr. Monyer about his alleged
13 reluctance to take the medications PRN?
14 A. No.
15 MS. HERRMANN: Wait, I think
16 you misspoke, Sara, I'm sorry.
17 BY MS. ROSE:
18 Q. My question was, did you ever
19 have any discussion with Mr. Monyer about
20 his alleged reluctance to take the
21 medications PRN?
22 MS. HERRMANN: That wasn't
23 the testimony, but answer if you
24 can.

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1 THE WITNESS: I had not had
2 any conversations about those
3 medications with him, no.
4 BY MS. ROSE:
5 Q. Did you tell anyone at this
6 May 3rd meeting that Mr. Monyer had had a
7 meeting with a psychiatrist?
8 A. I don't recall if it was
9 myself or Gelu who brought that information
10 up.
11 Q. So, there was a discussion at
12 this meeting about Mr. Monyer having met
13 with a psychiatrist?
14 A. Yes.
15 Q. Was there a discussion at this
16 meeting about Mr. Monyer receiving a new
17 medication prescribed by a his psychiatrist
18 through the mail?
19 A. No, I don't recall.
20 Q. At the time of the May 3, 2023
21 meeting, did anyone on the treatment court
22 team know whether Mr. Monyer had started
23 taking the new medication or not?
24 A. No.

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1 Q. One more entry here, AOPC354,
2 and there is an e-mail on July 28, 2023; do
3 you see that?
4 A. Yes.
5 Q. And do you know why you sent
6 this e-mail to Mr. Monyer on July 28th?
7 A. I was directed by my
8 supervisor at the time, Jessica Bodor to
9 reach out to Mr. Monyer as he had submitted
10 a new application for Veterans Treatment
11 Court.
12 Q. Okay. And why did you ask him
13 for an update regarding your treatment and
14 your thoughts in attending the recommended
15 groups?
16 A. That's what I was directed to
17 ask him.
18 Q. Do you ever receive a response
19 from Mr. Monyer to this e-mail?
20 A. I don't recall, no.
21 Q. Was Mr. Monyer's second
22 Veterans Treatment Court application ever
23 discussed with the treatment court team?
24 A. It was discussed at the new

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1 applicant meeting.
2 Q. And who was present for that
3 discussion?
4 A. The Veterans Treatment Court
5 team.
6 Q. Was Mr. Negrea there?
7 A. Yes.
8 Q. Was Mr. Kelecic there?
9 A. I don't recall.
10 Q. And then it says at the top
11 entry from August 2, '23, it says, the VA
12 maintains that Mr. Monyer is not appropriate
13 for vet court based on his diagnosis.
14 Where did that information
15 come from?
16 A. Mr. Negrea.
17 Q. And is that the first time
18 that Mr. Negrea had expected the opinion
19 that vet court was not appropriate for Mr.
20 Monyer based on his diagnosis?
21 A. No.
22 Q. When he express that before?
23 A. I don't recall an exact date.
24 Q. Was it before Mr. Monyer's

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1 first application was denied?
2 A. Yes.
3 Q. And how do you know that?
4 A. Because I had the knowledge of
5 the diagnosis prior to the second
6 application.
7 Q. But having a knowledge of the
8 diagnosis is different from having heard
9 from Mr. Negrea that that diagnosis was not
10 appropriate for vet court, right?
11 A. Correct, we had a discussion
12 about his diagnosis prior to the first
13 denial.
14 Q. So, why was the first denial
15 not based on Mr. Monyer's diagnosis?
16 MS. HERRMANN: Object to the
17 form. You can answer.
18 THE WITNESS: I don't know.
19 BY MS. ROSE:
20 Q. Did Mr. Monyer's diagnosis
21 come up in any of the previous treatment
22 court team meetings?
23 A. Yes.
24 Q. And did Mr. Negrea ever

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1 express his opinion that Mr. Monyer's
2 diagnosis was not appropriate Veterans
3 Treatment Court prior to the August 2nd,
4 2023 vet court meeting?
5 A. Yes.
6 Q. But that -- you know -- is
7 there a reason you did not include that in
8 your case notes?
9 A. I do not know.
10 Q. Is there a reason why the vet
11 count team continued to consider Mr.
12 Monyer's application given Mr. Negrea's
13 misgivings about the appropriateness of vet
14 court based on Mr. Monyer's diagnosis?
15 A. We would agree -- we agreed
16 that we would talk about it again and the
17 team gave their recommendations and their
18 input, but ultimately it is up to the judge
19 to determine whether they are approved or
20 denied.
21 Q. So, what was the team's
22 recommendation on Mr. Monyer's first vet
23 court application?
24 A. That he be denied.

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1 Q. What was the team's
2 recommendation on Mr. Monyer's second vet
3 court application?
4 A. That he be denied.
5 Q. Were the reasons for the
6 recommendation changed for the first vet
7 court application to the second?
8 A. The -- by the second
9 application, we had a better understanding
10 of Mr. Monyer's diagnosis and how his
11 diagnosis plays into his ability to comply
12 with the rules and regulations of the
13 program.
14 Q. And where did that
15 understanding come from?
16 A. Communicating with Mr. Monyer.
17 Q. Who communicated with Mr.
18 Monyer?
19 A. Gelu and myself.
20 Q. So, any communications you had
21 with Mr. Monyer between the denial of the
22 initial application and the denial of the
23 second application would have been reflected
24 in your case notes, right?

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1 A. Yes.
2 Q. Okay. So, if those
3 communications are not in the case notes,
4 they didn't happen, correct?
5 A. Correct.
6 Q. So, did Mr. Negrea have
7 communications with Mr. Monyer between the
8 time his initial application was denied and
9 the time his second application was denied?
10 A. I am not aware if he did.
11 Q. How did you get the
12 information -- how did you obtain the better
13 understanding of Mr. Monyer's diagnosis
14 between the time the first vet court
15 application was denied and the time the
16 second vet court application was denied?
17 MS. HERRMANN: Objection to
18 form. You can answer.
19 THE WITNESS: I didn't state
20 that I obtained more information
21 in between that time, it was
22 during the entire process of
23 working with Mr. Monyer.
24 BY MS. ROSE:

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1 Q. So, you had all of this
2 information at the time that you're
3 referring to about Mr. Monyer's diagnosis,
4 at the time of that his first vet court
5 application was denied, correct?
6 A. Correct.
7 Q. Did Mr. Negrea ever suggest to
8 the vet court team that Mr. Monyer would be
9 a more appropriate candidate for mental
10 health court?
11 A. Yes.
12 Q. When did he make that
13 suggestion?
14 A. I don't have an exact date.
15 Q. Was that before Mr. Monyer's
16 first application was denied?
17 A. Yes, I believe so.
18 Q. Okay. Did you ever
19 communicate that to Mr. Monyer?
20 A. No.
21 Q. Why not?
22 A. Because my understanding was
23 that the assistant district attorney was
24 communicating that.

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1 Q. So, you believed that -- is
2 that Mr. Kelecic?
3 A. Yes.
4 Q. So, you believed that Mr.
5 Kelecic communicated to Mr. Monyer that he
6 should apply for mental health treatment
7 court.
8 A. That was my understanding.
9 Q. Do you know whether that
10 communication ever happened?
11 A. I do not.
12 Q. Did you ever ask Mr. Kelecic
13 whether he had told Mr. Monyer or his
14 attorney that Mr. Monyer was a better
15 candidate for mental health court?
16 A. No.
17 Q. So, even after Mr. Monyer
18 submitted a second application for Veterans
19 Treatment Court, you didn't communicate to
20 Mr. Monyer that Mr. Negrea felt that he
21 should apply for mental health court?
22 A. No.
23 Q. Is there any reason why you
24 didn't communicate that to Mr. Monyer?

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1 A. Because I was under the
2 understanding that the district attorney was
3 going to communicate that to Mr. Monyer's
4 attorney.
5 Q. Okay. But when you saw that
6 Mr. Monyer had submitted a second
7 application for Veterans Treatment Court did
8 you ask Mr. Kelecic whether that information
9 ever had been communicated?
10 A. No.
11 Q. Why not?
12 A. I don't know.
13 Q. So, just to clarify this
14 decision to deny Mr. Monyer's second
15 application was not related to the
16 underlying criminal charge; is that right?
17 MS. HERRMANN: Object to the
18 form. You can answer.
19 THE WITNESS: From my
20 understanding that is correct.
21 BY MS. ROSE:
22 Q. Now, are you aware of anyone
23 communicating to Mr. Monyer or his lawyer
24 after the second application for vet court

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1 was denied that Mr. Monyer should consider
2 for applying for mental health Court?
3 MS. HERRMANN: Objection. We
4 can ask the witness to leave the
5 room, I'm having a problem with
6 the question about a second time
7 and I'll discuss it with you
8 without her here.
9 MS. ROSE: Well, what's your
10 objection?
11 MS. HERRMANN: It is my
12 understanding that Mr. Monyer
13 withdrew his application, there
14 wasn't a denial of the second one.
15 MS. ROSE: Well, Ms. MacBain
16 just testified that a second
17 application was denied and it's
18 reflected in the notes that we are
19 looking at on the screen right
20 now.
21 MS. HERRMANN: No, she
22 testified about what the treatment
23 court team felt about the
24 application --

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1 MS. ROSE: Well, let me --
2 MS. HERRMANN: The question
3 is confusing, that's just not
4 factually correct.
5 MS. ROSE: Okay.
6 BY MS. ROSE:
7 Q. Was Mr. Monyer's second
8 application to vet court denied?
9 A. I believe so, yes.
10 Q. Okay. So, after the second
11 denial, did anyone ever communicate to Mr.
12 Monyer that he should consider applying for
13 mental health court?
14 A. I do not know.
15 Q. Are you aware of whether there
16 was ever any court order entered denying Mr.
17 Monyer's second application to vet court?
18 A. I am not aware, no.
19 Q. So, you don't know whether or
20 not one exists or not?
21 A. Correct.
22 Q. Now, when you have -- in the
23 database with your case notes, do you keep
24 records of court order in there?

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1 A. No, not for applicants that
2 were denied.
3 Q. Okay. But when someone is
4 admitted to Veterans Treatment Court then,
5 are court orders maintained in the database?
6 A. Yes.
7 MS. ROSE: I think I'm done,
8 let's just take a very quick
9 five-minute break to look at my
10 notes to make sure I didn't miss
11 anything, but I don't expect to
12 have anymore questions.
13 - - -
14 (At this point, there was a
15 brief recess taken, after which,
16 the deposition continued as
17 follows:)
18 - - -
19 MS. ROSE: Back on the
20 record. I have no further
21 questions. Do you have any
22 questions?
23 MS. HERRMANN: Let me go off
24 the record.

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1 - - -
2 (Whereupon, a discussion was
3 held off the record.)
4 - - -
5 MS. HERRMANN: Back on the
6 record. I don't have any
7 questions.
8 THE COURT REPORTER: Would
9 counsel like a copy of the
10 transcript.
11 MS. HERRMANN: Yes,
12 electronic.
13 - - -
14 (Witness excused.)
15 - - -
16 (Whereupon the deposition
17 concluded at 3:15 p.m.)
18 - - -
19
20
21
22
23
24

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C E R T I F I C A T I O N

I, JOSEPHINE GUERRIERI,

Professional Court Reporter and Notary Public,

do hereby certify that the proceedings and evidence noted are contained fully and accurately in the notes taken by me at the deposition of the above matter, and that this is a correct transcript of the same.

I further certify that I am not an attorney or counsel of any of the parties, nor a relative or employee of any attorney or counsel in connection with the action, nor financially interested in the action.

Josephine Guerrieri
Josephine Guerrieri

My Commission Expires:

March 23, 2024

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Exhibit G

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1 Q I'm sorry. Can you say again who
2 does the CRN?
3 A The name is TASK. Treatment Access
4 Services Center, is what it stands for.
5 Q Is the Treatment Access Services
6 Center also part of Berks County Adult
7 Probation?
8 A No.
9 Q Or is that part of treatment court?
10 A Treatment court.
11 Q Can you tell me what CRN stands
12 for?
13 A Something reporting network. I'm
14 not sure exactly.
15 Q It sounds, to me, like that's sort
16 of an initial step when someone wants to be
17 part of DUI treatment court; is that right?
18 A Prior to sentencing, they need a
19 CRN.
20 Q As part of that CRN, somebody might
21 be designated as high risk, high need and put
22 on that 1A track. Do I have that right?
23 A Correct.
24 Q Your job is specific to DUI

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1 treatment court, correct?
2 A Correct.
3 Q Do you have any role in any of the
4 districts, other treatment court programs,
5 like Veteran's treatment court or mental
6 health?
7 A No.
8 Q So folks who are put on the 1A
9 track, are they essentially assigned to you
10 as their probation officer while their
11 application is pending?
12 A Once they are sentenced.
13 Q So once somebody -- and by
14 sentencing, do you mean that to include
15 placement in a treatment court program?
16 A I don't understand your question.
17 Q Sure.
18 In other words, when somebody is
19 assigned to you as their probation officer,
20 does that mean they are in the DUI treatment
21 court program?
22 A Correct.
23 Q And that's post-sentencing?
24 A Correct.

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1 Q DUI treatment court can be an
2 alternative to jail time as part of their
3 sentence, right?
4 A Yes.
5 Q Do you meet with folks who have
6 applied to be part of DUI treatment court,
7 but have not yet been sentenced?
8 A Yes.
9 Q How does that work? How do you end
10 up with those folks assigned to you?
11 A We get them initially for an
12 initial assessment and go over details, you
13 know, specifics they may need, the court
14 needs.
15 Q When you talk about what the court
16 needs and what the applicant may need, do you
17 mean what they need to qualify for DUI
18 treatment court?
19 A Well, we make sure we have all the
20 demographics correct, where they are, we
21 check criminal backgrounds to see, make sure
22 how many DUIs they have, what their past
23 record was, you know, which is all helpful in
24 determining, also, which track they go into.

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1 Q And in that process of that initial
2 assessment and determining what track folks
3 go into and what they need in terms of
4 qualifications, what is your role in that
5 process? So leaving aside folks that are
6 assigned to you post-sentencing, just
7 thinking about people in the applicant pool.
8 A I explain the program to them, what
9 it entails, what the length would look like,
10 et cetera, what they are kind of looking at,
11 their house arrest, things like that.
12 Q Is it fair to say that you have
13 some familiarity with the policies and
14 criteria used to determine eligibility and
15 fitness for admission into DUI treatment
16 court?
17 A Somewhat, but the judge has the
18 ultimate say.
19 Q Am I correct there's also a team of
20 folks who weigh in with the judge, right?
21 A Correct.
22 Q Does the phrase "treatment court
23 team" resonate with you, am I referring to
24 that team correctly?

Exhibit H

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

DAMON MONYER and the	:	No. 283 M.D. 2023
PENNSYLVANIA CANNABIS	:	
COALITION,	:	
	:	
Petitioners	:	
	:	
vs.	:	
	:	
23RD JUDICIAL DISTRICT,	:	
BERKS COUNTY,	:	
	:	
Respondent.	:	

- - -

Wednesday, April 3, 2024

- - -

Zoom deposition of HEATHER WINSLOW
was taken before Julie Kavanaugh, a Court
Reporter and Notary Public of the
Commonwealth of Pennsylvania, on the above
date, commencing at 2:25 p.m.

- - -

LEXITAS LEGAL/PHILADELPHIA
54 FRIENDS LANE, SUITE 116
NEWTOWN, PENNSYLVANIA 18940
(215) 504-4622

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1 partially un-redacted. Do you see that?
2 A Yes.
3 Q As part of that note, it says he
4 provided a letter from BCC regarding medical
5 marijuana.
6 What does BCC mean in this context?
7 A Berks Counseling Center.
8 MR. LONEY: I'm going to now turn
9 to the PDF labeled T-12 and ask the
10 reporter to mark it as Exhibit
11 Winslow-4.
12 (At this time, a document was
13 marked as Winslow-4 for identification.)
14 BY MR. LONEY:
15 Q The document marked Winslow-4 is an
16 October 4, 2023 letter on a Berks Counseling
17 Center letterhead. Is this the letter that
18 you were referencing in that October note in
19 the prior document?
20 A Yes.
21 Q Was this letter deemed sufficient
22 to authorize Mr. R.P. to start using medical
23 marijuana while in the mental health court
24 program?

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1 A No.
2 Q And why not?
3 A I provided the judge with the
4 letter.
5 Q Was there any feedback with the
6 sufficiency of this letter?
7 A I do not recall.
8 Q I'm going to turn back to the
9 previous document, which I think was
10 Winslow-3, the treatment notes, the same note
11 we were looking at a minute ago from
12 October 10. It says we directed "R" to
13 obtain a more detailed letter from BCC before
14 officially approving his medical marijuana?
15 A Yes.
16 Q Why was it determined that Mr. R.P.
17 needed a more detailed letter than the one we
18 were just looking at?
19 A I do not recall.
20 Q I'll turn back to the letter,
21 Winslow-4.
22 As you sit here today looking at
23 this, does anything stand out as lacking in
24 this letter in terms of sufficiency for

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1 approval to use medical marijuana while in
2 the program?
3 A Well, the first sentence says I
4 have met with him for the first time today.
5 Q So does the district require a
6 letter from somebody who has met with the
7 patient more than once?
8 MR. KRANDEL: Object to the form.
9 You can answer.
10 THE WITNESS: Yes, because they
11 want a treating physician, so it was
12 only the first time she met him.
13 BY MR. LONEY:
14 Q So a treating physician in this
15 context means somebody who has been treating
16 over a period of time?
17 A Yes.
18 Q And that's got to be somebody who
19 had been treating him a period of time, but
20 not the person who issued the medical
21 marijuana card, right?
22 A I don't know.
23 MR. LONEY: I am going to turn to
24 another document. It's a PDF marked

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1 T-13, and ask the reporter to mark it as
2 Exhibit Winslow-5.
3 (At this time, a document was
4 marked as Winslow-5 for identification.)
5 BY MR. LONEY:
6 Q This is another on Berks Counseling
7 Center letterhead, dated February 8, 2024.
8 Do you have that document in front
9 of you?
10 A Yes.
11 Q Do you know whether this second
12 letter from Berks Counseling Center was
13 submitted to the judge in the treatment court
14 team?
15 A It was.
16 Q Do you know whether Mr. R.P. was
17 approved to use medical marijuana while in
18 the mental health court program after this
19 letter was submitted?
20 A Yes.
21 Q What was it about this letter that
22 made it sufficient when the first letter from
23 October was not?
24 A I can't speak for the judge.

Exhibit I

COMMONWEALTH OF PENNSYLVANIA

vs.

Damon Monyer

In the Court of Common Pleas of Berks
County, Pennsylvania Criminal Division

DOCKET NO: CP-06-CR-2140-22

Kelecic/Coleman

Interpreter

Judge: Stephen B. Lieberman


ORDER

AND NOW, this day **3** of **May**, **2023**, it is hereby **ORDERED** and **DECREED**,
the Defendant's **Veterans' Treatment Court** application is hereby **DENIED**.

The above Defendant and Counsel shall appear in Courtroom 4A, Berks County SERVICES CENTER
on May 4, 2023 at 9:00 AM before Judge **Barrett**, the originating Judge,
for a status hearing.

Other: Denied due to failure to comply with pretrial services.

BY THE COURT:



Stephen B. Lieberman, S.J.

CLERK OF COURTS
2023 MAY -3 PM 3:15
BERKS COUNTY

COMMONWEALTH OF PENNSYLVANIA

vs.

Damon Monyer

In the Court of Common Pleas of Berks
County, Pennsylvania Criminal Division

DOCKET NO: CP-06-CR-2140-2022

Kelecic/Lassoff

Interpreter

Judge: Stephen B. Lieberman

ORDER

AND NOW, this day **28** of **August**, **2023**, it is hereby **ORDERED** and **DECREED**, the Defendant's **Veterans' Treatment Court** application is hereby **DENIED**. The above Defendant and Counsel shall appear in Courtroom **4A**, Berks County SERVICES CENTER on November 20, 2023 at 9:00 AM before Judge **Barrett**, the originating Judge, for a status hearing.

Other: Denial due to Defendant not meeting appropriate requirements needed to enter Treatment Court.

BY THE COURT:



Stephen B. Lieberman, S.J.

BERKS COUNTY PA
2023 AUG 31 AM 8:34
CLERK OF COURTS

Exhibit J

VS.

OF BERKS COUNTY, PENNSYLVANIA

CRIMINAL

Damon Bruce Monyer

DOCKET NO.: CP-06-CR-2140-2022

Check if Interpreter required Language:

OTN: R 280895-6

VETERANS TREATMENT COURT APPLICATION

This form will be reviewed by the Treatment Court Application Committee to determine your eligibility for admission into Veterans Treatment Court. Eligibility requirements may be viewed at <http://www.co.berks.pa.us/Pages/CourtInfo.aspx>

The Defendant hereby applies for consideration for Veterans Treatment Court and represents the following:

Type of Offense: DUI Offense Non-DUI Offense

(TYPE or PRINT INFORMATION)

1. Defendant's present address and phone number: 110 Arlington St, Reading, PA 19611

Home: 610-376-3421

2. Prior Arrest(s): Yes No Date of Birth: 09-08-XXXX SSN last 4 #s: XXX-XX-1483

4. Date complaint filed: 4-19-22

5. Date of arraignment: 8-10-22 (Waived 8-5-22) Assigned Judge: Patrick T. Barrett

6. Criminal charges: Carrying Firearm W/0 a License, Disorderly Conduct, & Public Drunkenness

7. Past or Present Military Service?: Yes No Type of Discharge: Honorable

8. Currently Under Supervision?: Yes No

9. If Yes; Where? Max Date?:

I desire to have my case considered for Treatment Court and hereby waive my speedy trial right pursuant to Pa. R. Crim. P. Rule 600. I certify that I am currently a Berks County resident and have been for at least 90 days, excluding time served in the Berks County Jail System. I understand that I may be required to provide written documentation of residency. Failure to provide appropriate documentation or to provide false or misleading information may result in the denial of my Treatment Court application or removal from the Treatment Court program.

(Signature of Defendant)

Date: May 10 2023

I am the attorney of record for the defendant in this case and I certify that I have advised the defendant of all his/her rights under Rule 600 and that I have made the defendant aware of the general guidelines/requirements for the Treatment Court Program.

Alexander D. Lassoff, Esq.

(Printed Name & Signature of Defense Attorney)

Date: May 11, 2023

- * Application and Probable Cause must be filed with Clerk of Courts within 21 days of Preliminary Hearing
- * Defendant must report to the Adult Probation & Parole Office (APO - 7th Floor Services Center) within 3 days of filing application.
- * Defendant must sign Release of Information at APO



POLICE CRIMINAL COMPLAINT

Docket Number: CR. 94-22	Date Filed: 4.19.22	OTN/Livescan Number: R 280895.6	Officer ID: 22-0189
First: DAMON	Middle: BRUCE	Last: MONYER	

AFFIDAVIT OF PROBABLE CAUSE

On 04/13/2022 at approx. 0940 hours I was dispatched to Redners Market located at 3205 N 5TH ST HWY, Muhlenberg Township, Berks County, PA, for a report of a disorderly male. Dispatch advised the caller from Redners described a white male with dark hair and a dark beard, wearing black pants and a black shirt and carrying a cross body bag. I arrived at Redners Market at approx. 0943 hours. When I arrived, Ofc. Colella advised over the radio that he had observed the subject alongside of Boscovs. and was going to make contact. Ofc. Gisler advised over the radio that he was with Ofc. Colella.

I made contact with the Redners store manager, who stated that the subject had come into the store and gone to the section where alcohol was sold and purchased an alcoholic beverage and began to drink the beverage before he paid for it. Schmeer stated she advised the customer that he needed to pay for the alcoholic beverage and could not drink inside the business. Schmeer stated that while the subject was in line to check out he was stumbling into other customers and throwing his cash at the cashier while attempting to pay. Schmeer handed me a bag containing a plastic container of what appeared to be prescription marijuana and a PA Medical Marijuana ID Card that the subject had left behind at checkout.

I heard over the radio Officers Colella and Gisler were speaking with the Subject and the Subject was shouting in the background. I then drove to the corner of George St and Eisenbrown St. While I was driving to the intersection of George St and Eisenbrown St, dispatch advised that they had just gotten a call from the manager at AppleBees located at 3050 N 5TH ST HWY stating that a man had thrown a glass bottle at one of the windows at Applebees approx. 10 minutes prior. Dispatch advised the description of the subject was the same as the description of the call that I was on. I arrived at the intersection of George St. and Eisenbrown St. where I found Officers Colella, Jones, Gisler, Shewbridge, and Criminal Investigator Barndt with the Subject on the ground in front of the Thai Cuisine restaurant attempting to get the Subject into handcuffs. The Subject was resisting being placed in handcuffs by trying to keep his arms underneath and close to his body. I assisted in getting the Subject's arms out from beneath his body and into handcuffs.

The Subject continued resisting despite efforts to put the Subject into the recovery/seated position. The subject also continued to struggle with his arms while in handcuffs causing superficial bleeding on his wrists/arms due to his resistance. The Subject was shouting that he was being harassed and was a victim and continuously asked if he was being arrested or detained. The Subject also continuously referenced the fact that he was a combat veteran and made mention of his deployments and that he had a 100% disability rating from the VA. The Subject stated that he was seeing a representative from the Lebanon VA hospital named Tammy Shay. The Subject stated that he was having a difficult time breathing at which time Ofc. Colella requested EMS respond. We were then able to get Monyer up off the ground and onto a nearby bench outside of a business. The entire time that I was interacting with the subject, he had a strong odor of an alcoholic beverage emitting from his breath and person.

I informed the Subject that he was detained for Public Drunkenness and Disorderly Conduct. The Subject stated that his name was Damon Monyer, and that his Passport was in his bag. Ofc. Colella collected Monyer's Passport and also found a document from the VA corroborating that Monyer is 100% disabled. While waiting for EMS Monyer continuously stated that he had done nothing wrong, and was being harassed. Western Berks EMS then arrived and took Monyer's vitals. Monyer asked for water and nearby business owner brought out some water for Monyer to drink. EMS then administered a sedative to Monyer.

Exhibit K

COMMONWEALTH OF PENNSYLVANIA

vs.

Damon Monyer

In the Court of Common Pleas of Berks
County, Pennsylvania Criminal Division

DOCKET NO: CP-06-CR-2140-2022

Kelecic/Lassoff

Interpreter

Judge: Stephen B. Lieberman

ORDER

AND NOW, this day **28** of **August**, **2023**, it is hereby **ORDERED** and **DECREED**, the Defendant's **Veterans' Treatment Court** application is hereby **DENIED**. The above Defendant and Counsel shall appear in Courtroom **4A**, Berks County SERVICES CENTER on November 20, 2023 at 9:00 AM before Judge **Barrett**, the originating Judge, for a status hearing.

Other: Denial due to Defendant not meeting appropriate requirements needed to enter Treatment Court.

BY THE COURT:



Stephen B. Lieberman, S.J.

BERKS COUNTY PA
2023 AUG 31 AM 8:34
CLERK OF COURTS

COUNTY OF BERKS, PENNSYLVANIA

Clerk of Courts



Courthouse, 4th Floor
633 Court Street
Reading, PA 19601-3585

Phone: 610.478.6550

BethAnn G. Hartman, Chief Deputy
James M. Polyak, Solicitor
Daryl F. Moyer, Solicitor, Emeritus

James P. Troutman, Clerk of Courts

PROOF OF SERVICE

Docket No. 2140-22

I, Joey Suchomelly, certify that I served the within documents upon the following:

- | | | | |
|---|---|---|------------------------------------|
| <input checked="" type="checkbox"/> District Attorney | <input type="checkbox"/> Solicitor | <input type="checkbox"/> Prison Society | <input type="checkbox"/> CYS |
| <input checked="" type="checkbox"/> CIM | <input type="checkbox"/> Court Reporter | <input type="checkbox"/> Controller | <input type="checkbox"/> GAL |
| <input checked="" type="checkbox"/> Adult Probation | <input type="checkbox"/> Prothonotary | <input type="checkbox"/> Commissioner | <input type="checkbox"/> Elections |
| <input type="checkbox"/> Bureau of Traffic Safety | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Bar Association | |
| <input type="checkbox"/> Reading Central Court | <input type="checkbox"/> MHMR | <input type="checkbox"/> Reading Eagle | |
| <input type="checkbox"/> Law Library | <input type="checkbox"/> Dr. Rotenberg | <input type="checkbox"/> Beth Hartman | |
| <input type="checkbox"/> BCP Records | <input type="checkbox"/> TASC | <input type="checkbox"/> Court Administration – 7 th Floor | |
| <input type="checkbox"/> Public Defender | _____ | | |

Judge Lieberman
 District Justice by regular mail / certified mail to the following address:

 Police Department by regular mail / certified mail to the following address:

Defendant and/or Petitioner by regular mail / certified mail to the following address:

 Surety and/or Bail Bondsman by regular mail / certified mail to the following address:

Defendant and/or Petitioner's attorney by regular mail / certified mail to the following address:

Lassoff

This 1 day of September, 2023

Statements in this proof of service are made subject to the penalties for unsworn falsification to authorities under the Crimes Code § 4904 (18 PACS § 4904).

Joey Suchomelly
Signature of Server

Dedicated to public service with integrity, virtue & excellence

www.countyofberks.com

Docket No.: CP-06-CR-0002140-2022
Date Mailed: 09/01/2023

Address Sheets

File Copy Recipient List

Addressed To: Alexander David Lassoff (Private)
1717 Arch St Ste 320
Philadelphia, PA 19103

Damon Bruce Monyer (Defendant)
110 Arlington Street
Reading, PA 19611

Exhibit L

COMMONWEALTH OF PENNSYLVANIA

IN THE COURT OF COMMON PLEAS
OF BERKS COUNTY, PENNSYLVANIA

TCL

VS.

CRIMINAL

Damon Bruce Monyer

DOCKET NO.: CP-06-CR-2140-2022

Check if Interpreter required Language:

OTN: R 280895-6

MENTAL HEALTH TREATMENT COURT APPLICATION

This form will be reviewed by the Treatment Court Application Committee to determine your eligibility for admission into Mental Health Treatment Court. Eligibility requirements may be viewed at <http://www.co.berks.pa.us/Pages/CourtInfo.aspx>

The Defendant hereby applies for consideration for Mental Health Treatment Court and represents the following:

Type of Offense: DUI Offense Non-DUI Offense

(TYPE or PRINT INFORMATION)

1. Defendant's present address and phone number: 323 Hazel St Reading, PA 19611 Home Phone 610-376-3421

2. Prior Arrest(s): Yes No Date of Birth: 09-08-XXXX SSN last 4 #s: 1483

4. Date complaint filed: 4-19-22

5. Date of arraignment: 8-10-22 (Waived) Assigned Judge: Patrick T. Barrett

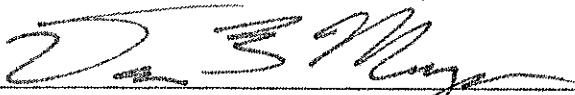
6. Criminal charges: Carrying Firearm W/O a License, Disorderly Conduct, & Public Drunkenness

7. Past or Present Military Service?: Yes No

8. Currently Under Supervision?: Yes No

9. If Yes; Where? Max Date?: _____

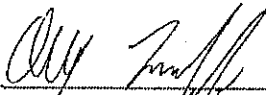
I desire to have my case considered for Treatment Court and hereby waive my speedy trial right pursuant to Pa. R. Crim. P. Rule 600. I certify that I am currently a Berks County resident and have been for at least 90 days, excluding time served in the Berks County Jail System. I understand that I may be required to provide written documentation of residency. Failure to provide appropriate documentation or to provide false or misleading information may result in the denial of my Treatment Court application or removal from the Treatment Court program.



Date: 01/13/2024

(Signature of Defendant)

I am the attorney of record for the defendant in this case and I certify that I have advised the defendant of all his/her rights under Rule 600 and that I have made the defendant aware of the general guidelines/requirements for the Treatment Court Program.



Date: January 16, 2024

(Printed Name & Signature of Defense Attorney)

- * Application and Probable Cause must be filed with Clerk of Courts within 21 days of Preliminary Hearing
- * Defendant must report to the Adult Probation & Parole Office (APO - 7th Floor Services Center) within 3 days of filing application.
- * Defendant must sign Release of Information at APO



POLICE CRIMINAL COMPLAINT

Docket Number: CR. 94-22	Date Filed: 4.19.22	OTN/LiveScan Number: R 280895.6	Officer/Dispatch Number: 56-22-06894-746
First: DAMON	Middle: BRUCE	Last: MONYER	

AFFIDAVIT OF PROBABLE CAUSE

On 04/13/2022 at approx. 0940 hours I was dispatched to Redners Market located at 3205 N 5TH ST HWY, Muhlenberg Township, Berks County, PA, for a report of a disorderly male. Dispatch advised the caller from Redners described a white male with dark hair and a dark beard, wearing black pants and a black shirt and carrying a cross body bag. I arrived at Redners Market at approx. 0943 hours. When I arrived, Ofc. Colella advised over the radio that he had observed the subject alongside of Boscovs. and was going to make contact. Ofc. Gisler advised over the radio that he was with Ofc. Colella.

I made contact with the Redners store manager, who stated that the subject had come into the store and gone to the section where alcohol was sold and purchased an alcoholic beverage and began to drink the beverage before he paid for it. Schmeer stated she advised the customer that he needed to pay for the alcoholic beverage and could not drink inside the business. Schmeer stated that while the subject was in line to check out he was stumbling into other customers and throwing his cash at the cashier while attempting to pay. Schmeer handed me a bag containing a plastic container of what appeared to be prescription marijuana and a PA Medical Marijuana ID Card that the subject had left behind at checkout.

I heard over the radio Officers Colella and Gisler were speaking with the Subject and the Subject was shouting in the background. I then drove to the corner of George St and Eisenbrown St. While I was driving to the intersection of George St and Eisenbrown St, dispatch advised that they had just gotten a call from the manager at AppleBees located at 3050 N 5TH ST HWY stating that a man had thrown a glass bottle at one of the windows at Applebees approx. 10 minutes prior. Dispatch advised the description of the subject was the same as the description of the call that I was on. I arrived at the intersection of George St. and Eisenbrown St. where I found Officers Colella, Jones, Gisler, Shewbridge, and Criminal Investigator Barndt with the Subject on the ground in front of the Thai Cuisine restaurant attempting to get the Subject into handcuffs. The Subject was resisting being placed in handcuffs by trying to keep his arms underneath and close to his body. I assisted in getting the Subject's arms out from beneath his body and into handcuffs.

The Subject continued resisting despite efforts to put the Subject into the recovery/seated position. The subject also continued to struggle with his arms while in handcuffs causing superficial bleeding on his wrists/arms due to his resistance. The Subject was shouting that he was being harassed and was a victim and continuously asked if he was being arrested or detained. The Subject also continuously referenced the fact that he was a combat veteran and made mention of his deployments and that he had a 100% disability rating from the VA. The Subject stated that he was seeing a representative from the Lebanon VA hospital named Tammy Shay. The Subject stated that he was having a difficult time breathing at which time Ofc. Colella requested EMS respond. We were then able to get Monyer up off the ground and onto a nearby bench outside of a business. The entire time that I was interacting with the subject, he had a strong odor of an alcoholic beverage emitting from his breath and person.

I informed the Subject that he was detained for Public Drunkenness and Disorderly Conduct. The Subject stated that his name was Damon Monyer, and that his Passport was in his bag. Ofc. Colella collected Monyer's Passport and also found a document from the VA corroborating that Monyer is 100% disabled. While waiting for EMS Monyer continuously stated that he had done nothing wrong, and was being harassed. Western Berks EMS then arrived and took Monyer's vitals. Monyer asked for water and nearby business owner brought out some water for Monyer to drink. EMS then administered a sedative to Monyer.



POLICE CRIMINAL COMPLAINT

AFFIDAVIT CONTINUATION PAGE

Docket Number: CR-94-22	Date Filed: 4-19-22	OTN/LiveScan Number: R 290895-6	Symbol/Incident Number: 66-22-06891-265
First: DAMON	Middle: BRUCE	Last: MONYER	

AFFIDAVIT OF PROBABLE CAUSE CONTINUATION

We then moved Monyer from where he was sitting at the bench to a stretcher and EMS took Monyer into their ambulance. Western Berks EMS then administered a second dose of sedative and advised they would be transporting Monyer to Reading Hospital. Ofc. Colella and I followed the ambulance to Reading Hospital and assisted Hospital security with securing Monyer to a hospital bed. Ofc. Colella then searched Monyer's bag and discovered a Hi Point 9MM semi-automatic pistol with one full metal jacket 9MM round in the chamber and a magazine loaded into the pistol containing 4 full metal jacket 9MM rounds. We then checked Monyer through Berks Scope and discovered that Monyer's PA License to carry a concealed weapon had expired on 07/15/2021. We also ran the gun through Berks Scope which showed Monyer as the owner of the gun. I later confirmed through the PA State Police CLEAN Portal that Monyer's license to carry firearms had on 07/15/2021.

I then visited Applebees and spoke with the manager. The Applebees manager stated that earlier in the day she had been working in the bar area of the restaurant when she observed an individual matching Monyer's description walk through the parking lot. The Applebees Manager stated she lost sight of Monyer but moments later heard a crashing sound from the front of the restaurant. The Applebees manager stated that a minute after hearing the crash a man who did the landscaping for Applebees walked in and told her that he had observed a man throwing a glass bottle at the window. I walked outside to the window that The Applebees Manager indicated and did find pieces of what appeared to be a broken glass wine bottle still present on the ground near the window.

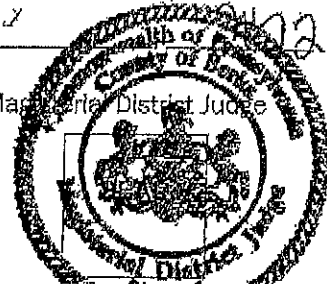
Charges filed based on investigation conducted and information received.

I, **DANIEL C FLETCHER**, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

I CERTIFY THAT THIS FILING COMPLIES WITH THE PROVISIONS OF THE CASE RECORDS PUBLIC ACCESS POLICY OF THE UNIFIED JUDICIAL SYSTEM OF PENNSYLVANIA THAT REQUIRE FILING CONFIDENTIAL INFORMATION AND DOCUMENTS DIFFERENTLY THAN NON-CONFIDENTIAL INFORMATION AND DOCUMENTS.

Damon
(Signature of Affiant)

Sworn to me and subscribed before me this 21 day of April,
4-21-22 Date _____, Magisterial District Judge _____



My commission expires first Monday of January, 2026
[Signature]

Exhibit M

COMMONWEALTH OF PENNSYLVANIA

vs.

In the Court of Common Pleas of Berks
County, Pennsylvania Criminal Division

DOCKET NO: CP-06-CR- 2140-22

Damon Monyer

Attorney: **Lasoff**

Interpreter

Judge: **Patrick T. Barrett**

ORDER

AND NOW, this day **6th** of **February**, **2024**, it is hereby ORDERED and DECREED,
the Defendant's **Drug Treatment Court** application is hereby DENIED.
The above Defendant and Counsel shall appear in Courtroom **7B**, Berks County Courthouse
on **February 8, 2024** at **9:00** a.m. before **Judge Patrick T. Barrett**, the originating Judge.

Other:

**The defendant is ineligible to participate in Mental Health Treatment Court due to the
firearms offense**

BY THE COURT:



Eleni Dimitriou Geishauser, Judge

BERKS COUNTY, PA
2024 FEB -7 AM 9:11
CLERK OF COURTS

COUNTY OF BERKS, PENNSYLVANIA

Clerk of Courts



Courthouse, 4th Floor
633 Court Street
Reading, PA 19601-3585

Phone: 610.478.6550

BethAnn G. Hartman, Chief Deputy
James M. Polyak, Solicitor

Beth A. Jones, Clerk of Courts

PROOF OF SERVICE

Docket No. 2140-22

I, Sienna Yeager, certify that I served the within documents upon the following:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> District Attorney | <input type="checkbox"/> Prothonotary | <input type="checkbox"/> CYS |
| <input checked="" type="checkbox"/> CIM | <input type="checkbox"/> Sheriff | <input type="checkbox"/> Guardian Ad Litem |
| <input checked="" type="checkbox"/> Adult Probation | <input type="checkbox"/> MH/DD | <input type="checkbox"/> Elections |
| <input type="checkbox"/> Reading Central Court | <input type="checkbox"/> BC/PS | <input type="checkbox"/> Bar Association |
| <input type="checkbox"/> BCJS Records | <input type="checkbox"/> TASC | <input type="checkbox"/> Treatment Court Coordinator |
| <input type="checkbox"/> Solicitor | <input type="checkbox"/> Beth Hartman | |
| <input type="checkbox"/> Court Reporter | <input type="checkbox"/> Court Administration – 7 th Floor | |
| <input type="checkbox"/> Public Defender | | |
| <input checked="" type="checkbox"/> Judge <u>Barrett</u> | | |
| <input type="checkbox"/> District Justice by regular mail / certified mail to the following address: | | |

Police Department by regular mail / certified mail to the following address:

Defendant and/or Petitioner by regular mail / certified mail to the following address:

Surety and/or Bail Bondsman by regular mail / certified mail to the following address:

Defendant and/or Petitioner's attorney by regular mail / certified mail to the following address:

This 8th day of February, 20 24.

Statements in this proof of service are made subject to the penalties for unsworn falsification to authorities under the Crimes Code § 4904 (18 PACS § 4904).

Sienna Yeager
Signature of Server

Dedicated to public service with integrity, virtue & excellence

www.countyofberks.com

Rev. 06/2023

Docket No.: CP-06-CR-0002140-2022
Date Mailed: 02/08/2024

Address Sheets

File Copy Recipient List

Addressed To: Alexander David Lassoff (Private)
1717 Arch St Ste 320
Philadelphia, PA 19103

Damon Bruce Monyer (Defendant)
110 Arlington Street
Reading, PA 19611

Exhibit N

COURT OF COMMON PLEAS OF BERKS COUNTY

DOCKET

Docket Number: CP-06-CR-0002140-2022

CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Damon Bruce Monyer

Page 1 of 9

CASE INFORMATION

Judge Assigned: Barrett, Patrick T.

Date Filed: 07/13/2022

Initiation Date: 04/19/2022

OTN: R 280895-6

LOTN:

Originating Docket No: MJ-23106-CR-0000094-2022

Initial Issuing Authority: Dean R. Patton

Final Issuing Authority: Dean R. Patton

Arresting Agency: Muhlenberg Twp Police Dept

Arresting Officer: Fletcher, Daniel C.

Complaint/Citation No.: 66 22 06894 7465

Incident Number: 66 22 06894 7465

County: Berks

Township: Muhlenberg Township

Case Local Number Type(s)

Case Local Number(s)

STATUS INFORMATION

<u>Case Status:</u>	<u>Active</u>	<u>Status Date</u>	<u>Processing Status</u>	<u>Arrest Date:</u>	<u>05/09/2022</u>
		10/31/2022	Status Hearing Scheduled		
		08/08/2022	Awaiting Disposition Hearing		
		08/05/2022	Arraignment Waived		
		07/14/2022	Awaiting Formal Arraignment		
		07/13/2022	Awaiting Filing of Information		

Complaint Date: 04/19/2022

CALENDAR EVENTS

<u>Case Calendar</u>	<u>Schedule</u>	<u>Start</u>	<u>Room</u>	<u>Judge Name</u>	<u>Schedule</u>
<u>Event Type</u>	<u>Start Date</u>	<u>Time</u>			<u>Status</u>
Arraignment	08/10/2022	8:30 am		Judge Patrick T. Barrett	Cancelled
Disposition Hearing	10/25/2022	10:30 am		Judge Patrick T. Barrett	Cancelled
Status Hearing	12/05/2022	9:00 am		Judge Patrick T. Barrett	Scheduled
Status Hearing	02/06/2023	9:00 am	Courtroom 4A	Judge Patrick T. Barrett	Cancelled
Status Hearing	03/08/2023	10:30 am	Courtroom 4A	Judge Patrick T. Barrett	Scheduled
Status Hearing	05/04/2023	9:00 am	Courtroom 4A	Judge Patrick T. Barrett	Cancelled
Status Hearing	06/01/2023	10:30 am	Courtroom 4A	Judge Patrick T. Barrett	Scheduled
Status Hearing	07/27/2023	9:00 am	Courtroom 4A	Judge Patrick T. Barrett	Cancelled
Status Hearing	08/07/2023	9:00 am	Courtroom 4A	Judge Patrick T. Barrett	Cancelled
Status Hearing	11/20/2023	9:00 am	Courtroom 4A	Judge Patrick T. Barrett	Cancelled
Status Hearing	02/08/2024	9:00 am	Courtroom 7A	President Judge M. Theresa Johnson	Cancelled
Status Hearing	02/08/2024	9:00 am	Courtroom 7B	Judge Patrick T. Barrett	Cancelled
Status Hearing	05/02/2024	9:00 am	Courtroom 7B	Judge Patrick T. Barrett	Scheduled

DEFENDANT INFORMATION

Date Of Birth: 09/08/1983 City/State/Zip: Reading, PA 19611

COURT OF COMMON PLEAS OF BERKS COUNTY

DOCKET

Docket Number: CP-06-CR-0002140-2022
CRIMINAL DOCKET



Court Case

Commonwealth of Pennsylvania
v.

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Damon Bruce Monyer

CASE PARTICIPANTS

<u>Participant Type</u>	<u>Name</u>
Defendant	Monyer, Damon Bruce

BAIL INFORMATION

Monyer, Damon Bruce					Nebbia Status: None
<u>Bail Action</u>	<u>Date</u>	<u>Bail Type</u>	<u>Originating Court</u>	<u>Percentage</u>	<u>Amount</u>
Set	05/09/2022	Unsecured	Magisterial District Court		\$15,000.00
<u>Surety Type</u>	<u>Surety Name</u>	<u>Posting Status</u>	<u>Posting Date</u>	<u>Security Type</u>	<u>Security Amt</u>
Self	Monyer, Damon Bruce	Posted	07/15/2022	Unsecured	\$15,000.00

CHARGES

<u>Seq.</u>	<u>Orig Seq.</u>	<u>Grade</u>	<u>Statute</u>	<u>Statute Description</u>	<u>Offense Dt.</u>	<u>OTN</u>
1	1	F3	18 § 6106 §§ A1	Firearms Not To Be Carried W/O License	04/13/2022	R 280895-6
2	2	S	18 § 5503 §§ A4	Disorderly Conduct Hazardous/Physi Off	04/13/2022	R 280895-6
3	3	S	18 § 5505	Public Drunkenness And Similar Misconduct	04/13/2022	R 280895-6

DISPOSITION SENTENCING/PENALTIES

Disposition

<u>Case Event</u>	<u>Disposition Date</u>	<u>Final Disposition</u>
<u>Sequence/Description</u>	<u>Offense Disposition</u>	<u>Grade</u> <u>Section</u>
<u>Sentencing Judge</u>	<u>Sentence Date</u>	<u>Credit For Time Served</u>
<u>Sentence/Diversion Program Type</u>	<u>Incarceration/Diversionary Period</u>	<u>Start Date</u>
<u>Sentence Conditions</u>		

Waived for Court (Lower Court)

Defendant Was Present

Lower Court Disposition	07/11/2022	Not Final
1 / Firearms Not To Be Carried W/O License	Waived for Court (Lower Court)	F3 18 § 6106 §§ A1
2 / Disorderly Conduct Hazardous/Physi Off	Waived for Court (Lower Court)	S 18 § 5503 §§ A4
3 / Public Drunkenness And Similar Misconduct	Waived for Court (Lower Court)	S 18 § 5505

Proceed to Court

Defendant Was Not Present

Information Filed	08/05/2022	Not Final
1 / Firearms Not To Be Carried W/O License	Proceed to Court	F3 18 § 6106 §§ A1
2 / Disorderly Conduct Hazardous/Physi Off	Proceed to Court	S 18 § 5503 §§ A4
3 / Public Drunkenness And Similar Misconduct	Proceed to Court	S 18 § 5505

COURT OF COMMON PLEAS OF BERKS COUNTY

DOCKET

Docket Number: CP-06-CR-0002140-2022
CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania
v.
Damon Bruce Monyer

Page 3 of 9

COMMONWEALTH INFORMATION

Name: Berks County District Attorney's Office
District Attorney

Supreme Court No:
Phone Number(s):
610-478-6000 (Phone)

Address:
Berks County Services Center, 5th Floor
633 Court Street
Reading, PA 19601

ATTORNEY INFORMATION

Name: Alexander David Lassoff
Private

Supreme Court No: 331661
Rep. Status: Active
Phone Number(s):
267-719-8714 (Phone)

Address:
1717 Arch St Ste 320
Philadelphia, PA 19103

Representing: Monyer, Damon Bruce

ENTRIES

<u>Sequence Number</u>	<u>CP Filed Date</u>	<u>Document Date</u>	<u>Filed By</u>
1	05/09/2022		Bagenstose, Kim L.
Bail Set - Monyer, Damon Bruce			
1	07/13/2022		Court of Common Pleas - Berks County
Original Papers Received from Lower Court			
1	07/15/2022		Monyer, Damon Bruce
Bail Posted - Monyer, Damon Bruce			
1	08/05/2022		Commonwealth of Pennsylvania
Information Filed			
2	08/05/2022	08/01/2022	Coleman, Joseph L.
Entry of Appearance			
3	08/05/2022	08/01/2022	Coleman, Joseph L.
Waiver of Arraignment / Case Disposition 10/25/22			
1	08/26/2022	08/22/2022	Coleman, Joseph L.
Informal Request for Pre-Trial Discovery and Inspection			
2	08/26/2022	08/22/2022	Monyer, Damon Bruce
ARD Application Request			
1	09/01/2022	08/31/2022	Barrett, Patrick T.
Order Granting Motion for Discovery			

COURT OF COMMON PLEAS OF BERKS COUNTY

DOCKET

Docket Number: CP-06-CR-0002140-2022

CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Damon Bruce Monyer

Page 4 of 9

ENTRIES

<u>Sequence Number</u>	<u>CP Filed Date</u>	<u>Document Date</u>	<u>Filed By</u>
1	09/08/2022	09/07/2022	Berks County District Attorney's Office
ARD Disapproved by District Attorney			
1	09/14/2022	09/09/2022	Berks County District Attorney's Office
Informal Discovery Conference Notice and Discovery Demand Filed			
1	10/24/2022	10/21/2022	Barrett, Patrick T.
Order Scheduling Case Status Hearing 12/5/22; VACATE 10/25/22; Waiver of PA.R.Crim.P.600/1013			
1	12/05/2022	12/05/2022	Barrett, Patrick T.
Order Scheduling Case Status 2/6/2023; Waiver of PA.R.Crim.P.600/1013			
2	12/05/2022	12/05/2022	Berks County Clerk of Courts
Clerks Worksheet			
1	12/08/2022	12/02/2022	Coleman, Joseph L.
Veterans Treatment Court Application			
1	02/06/2023	02/03/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 3/8/23; VACATE 2/6/23; Waiver of PA.R.Crim.P.600/1013			
Berks County District Attorney's Office	02/07/2023	eService	Served
Coleman, Joseph L.	02/07/2023	eService	Served
1	02/07/2023	02/09/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 3/8/23; VACATE 2/6/23; Waiver of PA.R.Crim.P.600/1013			
Berks County District Attorney's Office	02/08/2023	eService	Served
Coleman, Joseph L.	02/08/2023	eService	Served
1	03/08/2023	03/08/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 5/4/2023; PSI; EM Evaluation; Waiver of PA.R.Crim.P.600/1013			
Berks County District Attorney's Office	03/08/2023	eService	Served
Coleman, Joseph L.	03/08/2023	eService	Served

COURT OF COMMON PLEAS OF BERKS COUNTY

DOCKET

Docket Number: CP-06-CR-0002140-2022

CRIMINAL DOCKET

Court Case



Commonwealth of Pennsylvania

v.

Damon Bruce Monyer

Page 5 of 9

ENTRIES

<u>Sequence Number</u>	<u>CP Filed Date</u>	<u>Document Date</u>	<u>Filed By</u>
<u>Service To</u>	<u>Service By</u>		
<u>Issue Date</u>	<u>Service Type</u>	<u>Status Date</u>	<u>Service Status</u>
2	03/08/2023	03/08/2023	Berks County Clerk of Courts
Clerks Worksheet			
Berks County District Attorney's Office			
03/08/2023	eService		Served
Coleman, Joseph L.			
03/08/2023	eService		Served

1	05/02/2023	05/02/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 7/27/23; Waiver of PA.R.Crim.P.600/1013			
Berks County District Attorney's Office			
05/05/2023	eService		Served
Coleman, Joseph L.			
05/05/2023	eService		Served

1	05/03/2023	05/03/2023	Lieberman, Stephen B.
Order Denying Treatment Court Application; Hearing Held On 5/4/23; Transferred Back To Judge Barrett			
Berks County District Attorney's Office			
05/09/2023	eService		Served
Coleman, Joseph L.			
05/09/2023	eService		Served

1	05/11/2023		Lassoff, Alexander David
Entry of Appearance			
Berks County District Attorney's Office			
05/12/2023	eNotice		Notified
Coleman, Joseph L.			
05/12/2023	eNotice		Notified

1	06/08/2023	06/08/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 8/7/23; Waiver of PA.R.Crim.P.600/1013			
Berks County District Attorney's Office			
06/14/2023	eService		Served
Coleman, Joseph L.			
06/14/2023	eService		Served
Lassoff, Alexander David			
06/14/2023	eService		Served

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<u>Service To</u>			
<u>Service By</u>			
<u>Issue Date</u>	<u>Service Type</u>	<u>Status Date</u>	<u>Service Status</u>
1	06/22/2023		Monyer, Damon Bruce
Copy Of Petitioner Defendant's Application For Special Relief In The Nature Of A Preliminary			
Berks County District Attorney's Office			
06/22/2023	eService		Served
Coleman, Joseph L.			
06/22/2023	eService		Served
Lassoff, Alexander David			
06/22/2023	eService		Served

2	06/22/2023		Monyer, Damon Bruce
Copy Of Petition For Review Addressed To The Court's Original Jurisdiction			
Berks County District Attorney's Office			
06/22/2023	eService		Served
Coleman, Joseph L.			
06/22/2023	eService		Served
Lassoff, Alexander David			
06/22/2023	eService		Served

1	07/21/2023		Lassoff, Alexander David
Agreement to Participate in Treatment Court			
Berks County District Attorney's Office			
07/26/2023	eNotice		Notified
Coleman, Joseph L.			
07/26/2023	eNotice		Notified

2	07/21/2023		Lassoff, Alexander David
VeteransTreatment Court Application			
Berks County District Attorney's Office			
07/21/2023	eNotice		Notified
Coleman, Joseph L.			
07/21/2023	eNotice		Notified

1	08/03/2023	08/03/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 11/20/23; Previously Scheduled Date Of 8/7/23 Is VACATED			
Berks County District Attorney's Office			
08/09/2023	eService		Served
Coleman, Joseph L.			

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<u>Issue Date</u>	<u>Service Type</u>	<u>Status Date</u>	<u>Service Status</u>
08/09/2023	eService		Served
Lassoﬀ, Alexander David			
08/09/2023	eService		Served

1	08/23/2023	08/28/2023	Lieberman, Stephen B.
Order Denying Treatment Court Application; Hearing To Be Held 11/20/23 @ 9AM			
Berks County District Attorney's Office			
09/01/2023	eService		Served
Coleman, Joseph L.			
09/01/2023	eService		Served
Lassoﬀ, Alexander David			
09/01/2023	eService		Served

1	11/16/2023	11/16/2023	Barrett, Patrick T.
Order Scheduling Case Status Hearing 2/8/24; Previously Scheduled Date Of 11/20/23 Is VACATED			
Berks County District Attorney's Office			
11/20/2023	eService		Served
Coleman, Joseph L.			
11/20/2023	eService		Served
Lassoﬀ, Alexander David			
11/20/2023	eService		Served

1	01/16/2024		Lassoﬀ, Alexander David
Mental Health Treatment Court Application			
Berks County District Attorney's Office			
01/17/2024	eNotice		Notified
Coleman, Joseph L.			
01/17/2024	eService		Served

1	02/07/2024	02/06/2024	Geishauser, Eleni Dimitriou
Order Denying Drug Treatment Court Application; Hearing To Be Held 2/8/24 @ 9AM			
Berks County District Attorney's Office			
02/15/2024	eService		Served
Coleman, Joseph L.			
02/15/2024	eService		Served
Lassoﬀ, Alexander David			
02/15/2024	eService		Served

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<u>Issue Date</u>	<u>Service Type</u>	<u>Status Date</u>	<u>Service Status</u>
2	02/07/2024	02/06/2024	Barrett, Patrick T.
Order Scheduling Case Status Hearing 5/2/24; Previously Scheduled Date Of 2/8/24 Is VACATED			
Berks County District Attorney's Office			
02/22/2024	eService		Served
Coleman, Joseph L.			
02/22/2024	eService		Served
Lassoff, Alexander David			
02/22/2024	eService		Served

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CASE FINANCIAL INFORMATION

Last Payment Date:

Total of Last Payment:

Monyer, Damon Bruce Defendant	<u>Assessment</u>	<u>Payments</u>	<u>Adjustments</u>	<u>Non Monetary Payments</u>	<u>Balance</u>
Costs/Fees					
Server Fee	\$39.00	\$0.00	\$0.00	\$0.00	\$39.00
Automation Fee (Berks)	\$5.00	\$0.00	\$0.00	\$0.00	\$5.00
Sheriff Central Processing (Berks)	\$225.00	\$0.00	\$0.00	\$0.00	\$225.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Order (Berks)	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
Costs/Fees Totals:	\$479.00	\$0.00	\$0.00	\$0.00	\$479.00
Grand Totals:	\$479.00	\$0.00	\$0.00	\$0.00	\$479.00

** - Indicates assessment is subrogated