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Sharon E. Carpinello, RN, Ph.D., Acting Commissioner
New York State Office of Mental Health

BRYAN F. RUDES
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Associate Executive Director

Geoffrey Porosoff, Ph.D.
Director of Treatment Services

Steven Schwarzkopf, M.D.
Clinical Director

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Director of Quality Improvement

Elizabeth A. Miller, R.N.
Director of Nursing

JAN 20 2004

January 16, 2004

Via Certified Mail

The Honorable Shirley Troutman
Erie County Court Judge
92 Franklin St.
Buffalo, NY 14202

Dear Judge Troutman:

**RE: JEREMY PERKINS, Indictment #00586-2003
330.20 CPL EXAMINATION REPORTS**

Enclosed for the Court's review are the two Examination Reports for the above-named defendant, prepared by Gary Rosenberg, D.O. and Rajendra P. Singh, M.D., in accordance with your Order dated December 22, 2003.

Sincerely,

Steven Schwarzkopf, M.D.
Clinical Director

jgn
Encs.

cc: Mr. Miraglia, OMH Forensic Services
Patient's Record
Health Information Management Services

FORM Y
EXAMINATION REPORT
BY QUALIFIED PSYCHIATRIC EXAMINER

STATE OF NEW YORK
_ SUPREME COURT X COUNTY COURT
PART: ___ COUNTY ERIE

In the Matter of An Examination
Report by a Qualified Psychiatric
Examiner Pursuant to CPL 330.20 in
Relation to

PERKINS, JEREMY,
Defendant

(1) The undersigned is a qualified psychiatric examiner who pursuant to the regulations adopted by the State Commissioner of Mental Health is authorized to conduct an examination of the above-named defendant pursuant to an Examination Order issued by the court on 12/22/03 to determine whether the defendant has a dangerous mental disorder, and if the defendant does not have a dangerous mental disorder, to determine whether the defendant is mentally ill.

(2) Pursuant to the aforementioned Examination Order, the above named defendant was personally observed and examined by the undersigned on the following date or dates: 1/05/04 and 1/09/04.

(3) On the basis of facts and information that the undersigned has obtained and on the basis of the observation and examination referred to in paragraph (2) of this report, it is the opinion and clinical judgement of the undersigned that:

X (a) the above-named defendant has a dangerous mental disorder in that the defendant currently suffers from an affliction with a mental disease or mental condition which is manifested by a disorder or disturbance in behavior, feeling, thinking, or judgement to such an extent that the defendant requires care, treatment and rehabilitation, and that because of such condition the defendant currently constitutes a physical danger to himself or others.

_ (b) the above-named defendant does not have a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric facility under the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgement is so impaired that he is unable to understand the need for such care and treatment.

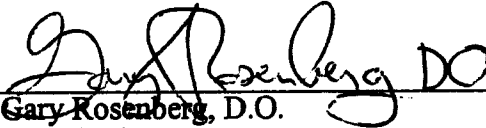
_ (c) the above-named defendant does not have a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, and the above-named defendant is not mentally ill, as that term

is defined in paragraph (d) of subdivision one of CPL 330.20.

(4) Annexed hereto and made a part of this examination report is a detailed statement prepared by the undersigned which sets forth the following:

- (a) The diagnosis and prognosis made by the undersigned concerning the defendant's mental condition; and
- (b) The findings and evaluation made by the undersigned concerning the defendant's mental condition; and
- (c) Pertinent and significant factors in the defendant's medical and psychiatric history; and
- (d) The psychiatric signs and symptoms displayed by the defendant; and
- (e) The reasons for the opinion stated by the undersigned in paragraph (3) of this report [including, when defendant has a dangerous mental disorder, an explanation as to why, because of defendant's mental condition, he currently constitutes a physical danger to himself or others].

Date: January 9, 2004



Gary Rosenberg, D.O.
Psychiatrist II
Rochester Regional Forensic Unit

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January 9, 2004

The Honorable Shirley Troutman
Erie County Court Judge
Erie County Hall
92 Franklin Street
Buffalo, NY 14202

Re: Perkins, Jeremy - C #: 089 035
DOB: 12/20/74
CPL 330.20 Examination
Indictment #: 00586-2003

Dear Judge Troutman:

As per your Order, Mr. Jeremy Perkins was transferred to Rochester Regional Forensic Unit (RRFU) on 8/08/03 for a CPL 330.20 Examination to determine if he has a dangerous mental disorder, a mental disorder, or no mental disorder.

OPINION

It is the opinion of the undersigned, Dr. Rosenberg, within a reasonable degree of medical certainty, that Mr. Perkins suffers from a dangerous mental disorder.

IDENTIFYING DATA

I refer the reader to the attached evaluations by Dr. Christopher Deakin dated 9/12/03 and Dr. Srinivas Yerneni dated 9/29/03 for this information.

STATEMENTS OF NONCONFIDENTIALITY

I informed Mr. Perkins the information gathered during interviews with the undersigned would

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be used to prepare a report for the Court; therefore, this information would not be kept in confidence. He understood this and consented to the examination process.

SOURCES OF INFORMATION

1. Interviews with John Perkins on 1/05 /04 and 1/09/04 with a total time of two hours and 30 minutes
2. Interview with Christopher Deakin, M.D., the patient's treating psychiatrist, on 1/05/03
3. CPL 330.20 Examination by Christopher Deakin, M.D. dated 9/12/03 and CPL 330.20 Evaluation by Srinivas Yerneni, M.D. dated 9/29/03
4. Review of Mr. Perkins' current psychiatric record at RRFU
5. CPL 730 Examination reports by Joseph Liebergal, Ph.D. and Brian Joseph, M.D. dated 4/07/03 and 4/10/03
6. Forensic Psychiatric Evaluation performed by Gary Horowitz, M.D. dated 7/23/03
7. Amherst Police Reports fro the day of the instant offense
8. Buffalo News articles dated 3/14/03 and 7/30/03
9. Depositions given to the Amherst police by Jeremy Perkins, Donald Perkins, Charon Epstein, Ronald Epstein, and Paula Bruski
10. Erie County Medical Center Discharge Summary dated 3/23/03
11. Statements by the Amherst Police Officer, Mark Martinelli following Mr. Perkins' arrest on 8/14/02
12. CPL 730 Examination by John Treanor, M.D., dated 8/16/02
13. The Williamsville High School Grade Reports

For information regarding developmental/social history, past psychiatric, the instant offense, and hospital course, I refer the reader to the attached evaluations by Dr. Christopher Deakin (9/12/03) and Dr. Srinivas Yerneni (9/29/03). In this report, I will be summarizing important parts of that history.

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Mr. Perkins was born and raised by his biological parents in Buffalo, New York. Regarding this CPL 330.20 Examination, it is to be noted his parents practiced Scientology which is very opposed to traditional psychiatry, and this was a part of the reason he did not get adequate help within a proper time frame, for treatment of his Schizophrenia. In first grade, he needed Special Education classes to help him with reading, but otherwise it appears he was an average student. He had few friends and was not involved in many extracurricular activities. He admits to having committed inappropriate behaviors which indicate some antisocial tendencies at that age. He stole things with some friends two to three times, including firewood, squirt guns, and wine. On one occasion, he stole a bicycle which he planned to return the following day. From 16 to 17 years of age, he stayed out later than he was supposed to, probably greater than 20 times. He reports he usually did not get caught. When he did get caught, he was punished. He did not meet any other significant criteria for Conduct Disorder, thereby precluding a diagnosis of Antisocial Personality Disorder. As an adult. About one week prior to the instant offense, he stole about \$1300 from his parents in order to run away. He was acutely psychotic at the time, and it is unknown whether he would be committing deceitful acts of this nature if he were not psychotic. He reports his father used to spank him when he was bad, and he probably spanked him five to ten times during his life, with the last time being at 15 years of age. He does not feel he was abused physically. He denies a history of symptoms which would be consistent with Post Traumatic Stress Disorder. He denies any significant history of being physically or sexually abused. He denies ever sexually abusing others. Besides the instant offense, he denies ever being physically aggressive towards others, except for one time in which he pushed a male against a wall in the mid 1990's and another time when he punched his father in the arm in about 1997, because he thought he was making fun of his friend's name.

Regarding Mr. Perkins' drug and alcohol history, he has had significant alcohol use which has caused disturbance in his functioning. He does meet criteria for at least Alcohol Abuse, but it is not clear as to whether he meets criteria to be diagnosed as Alcohol Dependence. He admits to driving while intoxicated on many occasions. On time he was caught by the authorities, and he was let go. Another time he received a DWAI. His mother and others expressed concern about his drinking. He started drinking regularly when he was 18 or 19, and for about one year drank a 40 oz. bottle of Crazy Horse Malt Liquor and four Zima's per day, once a week during the weekend.. When he was about 24, there was a period for one week when he drank daily, sometimes up to 20 beers per day. Over the last three to four years, he admits to drinking beer about twice a month. He usually drinks two or three beers, but at times he will drink up to seven beers. On one occasion, he had a blackout. On at least one occasion, he had tremors and vomited. He denies any history of seizures. He denies using any alcohol for at least a few weeks before the instant offense. He smoked marijuana on three occasions, when he was about 20 or 21 years old. In the same period, on one occasion he drank a half a bottle of Robitussin, and another time he drank a bottle of Robitussin and also ingested Sudafed, and he did this to get high. He denies any history of illicit drug use other than marijuana or any IV drug use.

Regarding his past psychiatric history, he never received formal psychiatric treatment prior to the instant offense. He denies any history of symptoms consistent with hypomanic, manic, or major depressive episodes. At the time of the instant offense, he cut himself superficially with a razor

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blade, but he denies any prior history of self-mutilating behavior. He denies any history of suicide attempts or gestures. He denies a history of symptoms consistent with panic disorder, specific or social phobias, post traumatic disorder, or generalized anxiety disorder. In the spring of 2002, his job performance began to deteriorate. He had difficulty following instructions and was not able to concentrate on his work. It appears this is when his psychotic symptoms most likely began. In the same period, he suffered a head trauma after bumping his head on a truck door. He had two subsequent head CT scans, and both were negative, indicating the head trauma was not related to his psychosis/mental illness. In August of 2002, he was arrested for Trespassing and Resisting Arrest at the University of Buffalo, South Campus. He was evaluated by John Treanor, M.D. the following day, and he was acutely psychotic at the time. He was transferred to Erie County Medical Center for evaluation. It appears his mother convinced staff that he did not need a psychiatric admission, and he was discharged. He continued to demonstrate unusual behavior, and he was evaluated by a neurologist who recommended he be seen by a psychiatrist. Due to religious beliefs, his parents ignored this advice. Instead they brought him to Dr. Maulfair in Topton, PA. This is a physician who is a Scientologist. Reportedly he was diagnosed as having Schizophrenia, but Dr. Maulfair decided to treat him with herbs, vitamins, and nutritional supplements.

The instant offense is well documented in the attached evaluations. His psychosis had never been treated with antipsychotic medications, and it appears he was acutely psychotic at the time of the offense. In the period proceeding this, he had been sleeping on a couch in the living room because he feared there was an alien ship in the ceiling of his bedroom. On the morning of the offense, his parents threatened to take him to "Albert's place", and he was scared of this because of paranoid fears towards others who lived there. He felt his mother's face had an evil grin, and her eyes were evil. In fact during the offense he attempted to remove his mother's eye, responding to psychotic thought processes.

After the instant offense, Mr. Perkins was housed at the Erie County Holding Center. He was transferred to the Erie County Medical Center for psychiatric stabilization. He was started on Risperdone, and he improved significantly, and he was transferred back to the Erie County Holding Center on 3/23/03. He was then determined to be competent, was found Not Responsible by Reason of Mental Disease or Defect, and he was transferred to RRFU for the purpose of the CPL 330.20 Exam. Risperdone was not controlling his psychosis well enough, so Abilify was added. This caused a worsening of his clinical status, and Abilify was discontinued, and Olanzapine (Zyprexa) was added, with the intentions of converting from Risperdone to Zyprexa. Risperdone is gradually being decreased. His medications are still being titrated. In late December, he thought another patient had an "evil eye" and he had thoughts of wanting to "sear" it. On another day, he heard voices commanding him to "sear his eyes".

MENTAL STATUS EXAMINATION

The patient is cooperative with the interview. His eye contact is good. He has mild psychomotor retardation. His grooming and hygiene are appropriate. He has no abnormal ticks or

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mannerisms. His speech shows significant hesitations in responses to questions intermittently, indicating some disorganization of thought processes. His affect is restricted. His mood is "sometimes good", but discussing the issues regarding the instant offense have caused him over the last few days to feel "sunk down". He continues to experience auditory hallucinations a couple times a day. For example the voices tell him "everything will be all right". He denies command auditory hallucinations telling him to do things. He denies any visual hallucinations. He continues to feel he can communicate telepathically with his sister's friend, Diane. He continues to feel he has known Diane for thousands of years. He continues to feel that, when he was sleeping on the couch in his living room, he was justifiably afraid that the ceiling in his bedroom might cave in because there was a ship with his other body in it, and the aliens put it there. He continues to feel he is Jesus Christ, although he is less convinced of this than previously. He denies present suicidal or homicidal ideation. His insight into his potential dangerousness is very poor. When asked if his mental illness causes him to be dangerous, he replies, "no". The reason he states this is so because he now uses a regular fork and knife at meals, and he has never attempted to hurt anyone with these eating utensils. When asked if the medications help his symptoms, he replies, "I'm not sure." When asked if he were not taking medications, would he be potentially dangerous, he replies, "I don't think so." His poor insight causes his judgment to be limited. He is alert and oriented times three.

DIAGNOSIS

Axis I: Schizophrenia, Undifferentiated Type
Alcohol Abuse, R/O Alcohol Dependence

Axis II: No Diagnosis

Axis III: No Diagnosis

Axis IV: Legal Issues - CPL 330.20
Limited Social Support

Axis V: GAF Score: 45 - 50

DISCUSSION

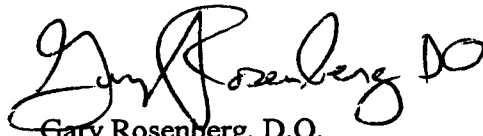
Mr. Perkins suffers from Schizophrenia, a serious and persistent mental illness. As a result of his mental illness, he brutally murdered his mother by stabbing her greater than 70 times. Medication is necessary to control his violent tendencies; however, unfortunately, his insight into the need for medication is poor. In fact, he is not even certain he needs medications at all. This makes it much less likely that he would comply with medications if he were in a less restrictive environment. He is presently acutely psychotic, experiencing many psychotic symptoms, including very recently having very similar delusions to those of the instant offense, i.e. feeling

Re: Jeremy Perkins
January 9, 2004
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another patient has an "evil eye". It is of great concern that he recently experienced command auditory hallucinations instructing him to "sear his eye", i.e. cut out his eye as he attempted to do to his mother during the instant offense. He is psychotic even though he is on higher than average doses of antipsychotic medications. His insight into his potential dangerousness is poor, and such poor insight makes it less likely that he would comply with prescribed medications in a less restrictive environment. In addition, he has a history of alcohol abuse/dependence, and his insight into the potential seriousness of this, considering his mental illness symptoms, is poor. This makes it much more likely he would continue to drink alcohol if he were in a less restrictive environment. This would make him even more impulsive and dangerous. In addition, the patient's religious beliefs in Scientology, which opposes the use of psychotropic medications, make it significantly more likely he would be noncompliant with medications if he were in a less restrictive setting. Even if his psychosis was well controlled, which it is not, his poor insight, substance abuse, and significant potential for noncompliance with medications, he would be considered a continued threat to others and possibly to himself. The fact that his psychosis is poorly controlled increases this threat substantially. In summary, it is the opinion of the undersigned, that Mr. Perkins suffers from a dangerous mental disorder.

Mr Perkins needs continued treatment in a maximum security forensic setting. He needs continued treatment with psychotropic medications. He needs continued individual, group, and milieu therapy, to include psychoeducational groups to help him learn about mental illness and the effects of medications.

Sincerely,



Gary Rosenberg, D.O.

Psychiatrist II

Rochester Regional Forensic Unit

GR:jms