

MH 42222

# REQUEST FOR COURT HEARING

(Before Signing See Information Below)

Patient's Name (Last, First, M.I.) Sutherland, William  
Sex M Date of Birth 1965

**FILED**

Facility Name 330 Unit/Ward/Residence No. 67  
Admission Date 7/13/2001 Current Local Status 330.20

## PART I REQUEST ACTIONS & PROCEEDINGS

TO: Facility Director

OCT 30 2017

Commitment date

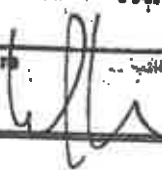
330.20

Subsequent Retention

ERIE COUNTY  
CLERK'S OFFICE

I REQUEST THAT A COURT HEARING BE HELD TO DETERMINE WHETHER THE PATIENT NAMED ABOVE IS IN NEED OF INVOLUNTARY HOSPITALIZATION.

Signature



Print Name Signed

William SUTHERLAND

If Not Patient, State Relationship

Date Signed

10 16 17  
MO DAY YEAR

## PART II INFORMATION

### Mental Hygiene Legal Service

The Mental Hygiene Legal Service is an agency of the New York State Supreme Court which provides protective legal services, advice and assistance, including representation, to all patients admitted to psychiatric facilities. Patients are entitled to be informed of their rights regarding hospitalization and treatment, and have a right to a court hearing, to be represented by a lawyer, and to seek independent medical opinion.

There is a Mental Hygiene Legal Service office in many psychiatric hospitals. Where there is no office at the hospital, a representative of the Service visits periodically and frequently. Any patient or anyone in his or her behalf may see or communicate with a representative of the Service by telephoning or writing directly to the office of the Service or by requesting someone on the staff of the patient's ward to make such arrangements for him or her. The Mental Hygiene Legal Service representative for this hospital may be reached at:

**MENTAL HYGIENE LEGAL SERVICE  
APPELLATE DIVISION, FOURTH DEPARTMENT  
438 MAIN STREET, SUITE 400  
BUFFALO, NEW YORK 14202-3211  
(716) 848-3880**

### General Information

Copies of any written request for a Court Hearing, along with a record of the patient, will be forwarded by the Director to the appropriate court and the Mental Hygiene Legal Service.

The Court Hearing will be held in the County in which the facility is located, unless a specific request for another location is made and is permitted by law.

You and other interested parties will be notified by the court as to the time and place of the hearing.

If you have any questions, feel free to ask any staff member of this facility for assistance.

**FORM L**  
**APPLICATION FOR A SUBSEQUENT RETENTION ORDER**  
**AND NOTICE OF APPLICATION**

**STATE OF NEW YORK**

**[ X ] SUPREME COURT [ ] COUNTY COURT**

**PART: COUNTY: Erie**

**IN THE MATTER  
OF  
AN APPLICATION FOR A  
SUBSEQUENT RETENTION ORDER  
PURSUANT TO CPL 330.20  
IN RELATION TO**

**WILLIAM SUTHERLAND  
Defendant**

**INDICTMENT #: 00-0590**

- (1) The undersigned is authorized by the State Commissioner of Mental Health to submit this application for a *Subsequent Retention Order* for and on behalf of the said Commissioner.
- (2) This application for a *Subsequent Retention Order* is being submitted to the following court:
  - Court that issued the *Second Retention Order*
  - Court that issued the last *Subsequent Retention Order*
  - Court where the psychiatric center and defendant are located
- (3) This application for a *Subsequent Retention Order* is made pursuant to subdivision nine of CPL 330.20. If this application is granted, the undersigned requests that the *Subsequent Retention Order* issued by this court take effect at the expiration of the most recent order referred to in paragraph (8) or (9) of this application and that it authorize continued custody of the above named defendant by the Commissioner of Mental Health for a period not to exceed two years.
- (4) The above named defendant was committed to the custody of the State Commissioner of Mental Health for confinement in a secure psychiatric center for care and treatment for six months pursuant to a;

**Commitment Order** issued under the provisions of subdivision six of CPL 330.20,

**Recommitment Order** issued under the provisions of subdivision fourteen of CPL 330.20,

by the following court on the following date:

[Name of court] Essex County Supreme Court  
[Date of order] 7/12/2001

(5) Subsequent to the issuance of the order referred to in paragraph (4) of this application, a **Transfer Order** was issued by the following court on the following date:

[Name of court] Orange County Supreme Court  
[Date of order] 1/6/2015

(6) Prior to the issuance of the **Commitment or Recombitment Order** referred to in paragraph (4), of this application, a **Release Order** was issued by the following court on the following date:

[Name of court]  
[Date of order]

(7) Subsequent to the issuance of the order referred to in paragraph (4) of this application, a **First Retention Order** was issued by the following court on the following date:

[Name of court] Orange County Supreme Court  
[Date of order] 5/30/2002

(8) Subsequent to the issuance of the **First Retention Order** referred to in paragraph (7) of this application, a **Second Retention Order** was issued by the following court on the following date:

[Name of court] Orange County Supreme Court  
[Date of order] 3/3/2004

(9) Subsequent to the issuance of the **Second Retention Order** referred to in paragraph (8) of this application, **Subsequent Retention Orders** were issued by the following courts on the corresponding dates:

Orange County Supreme Court  
Monroe County Court

1/18/2006; 2/2/2007; 1/13/2015  
10/26/2009; 2/6/2013

(10) Pursuant to the most recent retention order identified in paragraphs (8) or (9) of this application, the above-named defendant is currently confined in the following:

Secure psychiatric center

Non-secure psychiatric center

Of the State Office of Mental Health: Buffalo Psychiatric Center

(11) The most recent retention order authorized the Commissioner of Mental Health to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed. The period prescribed in the most recent retention order expires on: 10/20/2017

(12) This application is made upon the ground that the undersigned is of the view that the above-named defendant:

Does currently suffer from 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 judgment 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.

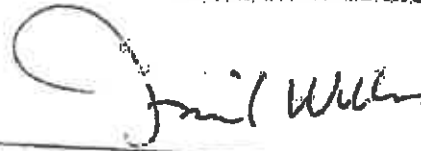
Does not currently suffer from a dangerous mental disorder, as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but the above-named defendant is mentally ill in that the defendant currently suffers from a mental illness for which care and treatment as a patient, in the in-patient services of a psychiatric center under

the jurisdiction of the State Office of Mental Health, is essential to such defendant's welfare and that his judgment is so impaired that he is unable to understand the need for such care and treatment.

- (13) The annexed psychiatric reports are made a part of this application for a *Subsequent Retention Order* and support the opinion of the undersigned, concerning the current mental condition of the above-named defendant.
- (14) Pursuant to the provisions of subdivision nine of CPL 330.20, this application is being made at least thirty (30) days prior to the expiration of the most recent retention order, stated in paragraph (12) of this application.
- (15) Written notice of this application for a *Subsequent Retention Order* has been given to the above-named defendant, counsel for the defendant; the Mental Health Legal Service and the District Attorney.
- (16) No application for a *Subsequent Retention Order* is currently pending before any other court.

WHEREFORE, the undersigned respectfully requests that this application be granted and that a *Subsequent Retention Order* be issued authorizing continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years from the date such retention order takes effect.

Date: 10/11/2017



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**FORM L**  
**APPLICATION FOR A SUBSEQUENT RETENTION ORDER**  
**AND NOTICE OF APPLICATION**

**NOTICE OF APPLICATION**  
**FOR**  
**SUBSEQUENT RETENTION ORDER**

**To:**

1. Above-named defendant
2. Counsel for above-named defendant
3. Mental Health Legal Service
4. District Attorney of Erie County

**PLEASE TAKE NOTICE** that the above application for a *Subsequent Retention Order* will be submitted to the court indicated in paragraph (2) of the application on the following date:

Date: 10/25/2017

Or at a date and time to be determined by the court.

Upon receipt of the above application for a *Subsequent Retention Order*, the court may, on its own motion, conduct a hearing to determine whether the defendant has a dangerous mental disorder. The court must conduct a hearing to determine whether the defendant has a dangerous mental disorder, if a timely demand is made to the court by the defendant, counsel for the defendant, the Mental Health Legal Service or the District Attorney. A demand for a hearing is timely if it is made within ten (10) days from the date that this Notice of Application was given to you.

You may make a demand for a hearing by writing directly to the court indicated in paragraph (2) of the above application. Failure to demand a hearing will permit the court to rule on the above application without a hearing.

## **SPECIAL NOTICE TO DEFENDANT**

You are also hereby advised that the Mental Hygiene Legal Services, which is an agency of the Supreme Court of the State of New York, has been established to provide you with assistance and information as to your rights under the law and the procedures governing your legal relationship with the New York State Office of Mental Health.

- You have a right to a court hearing on the above application for a *Subsequent Retention Order*.
- You have a right to be represented by counsel at such hearing.
- You have the right to have counsel assigned by the court if you are financially unable to obtain your own lawyer.

You are entitled to communicate with a representative of the Service at any time. The address and telephone number of the Mental Hygiene Legal Services Office serving your hospital appears below:

### **Mental Hygiene Legal Service ADDRESS AND PHONE NUMBER**

**Buffalo PC  
438 Main Street  
Suite 400  
Buffalo, New York**

**FORM M**  
**SUBSEQUENT RETENTION ORDER**

**STATE OF NEW YORK**

**SUPREMECOURT**     **COUNTYCOURT**

**PART: \_**    **COUNTY: Erie**

**IN THE MATTER  
OF  
A SUBSEQUENT RETENTION ORDER  
PURSUANT TO CPL 330.20  
IN RELATION TO**

**WILLIAM SUTHERLAND  
DEFENDANT**

**INDICTMENT #: 00-0590**

**Present:  
Honorable**

**Justice of the Supreme Court**  
 **Judge of the County Court**

The above-named defendant having been found not responsible by reason of mental disease or defect and having been thereafter committed to the custody of the State Commissioner of Mental Health for confinement in a secure psychiatric center for a period of six months for care and treatment pursuant to subdivision six of CPL 300.20, by the following court on the following date:

[Name of court] **Erie County Supreme Court**  
[Date of order] **7/12/2001**

And a *Transfer Order* having been thereafter issued under the provisions of subdivision eleven of CPL 330.20 by the following court on the following date:

[Name of court] **Orange County Supreme Court**  
[Date of order] **1/6/2015**

And, a *Release Order* having been thereafter issued under the provisions of subdivision twelve of CPL 330.20 by the following court on the following date:

[Name of court]  
[Date of order]



[ ] And, the above-named defendant having been thereafter committed to the custody of the State Commissioner of Mental Health for confinement in a secure psychiatric center for a period of six months for care and treatment pursuant to a *Recommitment Order* issued under the provisions of subdivision fourteen of CPL 330.20 by the following court on the following date:

[Name of court]  
[Date of order]

And, the Commissioner of Mental Health being thereafter authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed one year from the expiration of the aforesaid *Commitment or Recommitment Order* by a *First Retention Order* issued under the provisions of subdivision eight of CPL 330.20 by the following court on the following date:

[Name of court] Orange County Supreme Court  
[Date of order] 5/30/2002

And, the Commissioner of Mental Health being thereafter authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the aforesaid *First Retention Order* by a *Second Retention Order* issued under the provisions of subdivision nine of CPL 330.20 by the following court on the following date:

[Name of court] Orange County Supreme Court  
[Date of order] 3/3/2004

[X] And, the Commissioner of Mental Health being thereafter authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the *Second Retention Order* by *Subsequent Retention Orders*, issued under the provisions of subdivision nine of CPL 330.20 by the following courts on the following dates:

Orange County Supreme Court	1/18/2006; 2/2/2007
Monroe County Court	10/26/2009; 2/6/2013
Orange County Supreme Court	1/13/2015
Erle County Supreme Court	1/27/2017

**FORM M**  
**SUBSEQUENT RETENTION ORDER**

And, pursuant to the most recent retention order, the above-named defendant is currently confined in the following:

- Secure psychiatric center
- Non-secure psychiatric center

Of the State Office of Mental Health at: Buffalo Psychiatric Center

And, the period prescribed in the most recent retention order expires on: 10/20/2017

And, an application having been made, pursuant to subdivision nine of CPL 330.20 by the State Commissioner of Mental Health for a *Subsequent Retention Order* to authorize the continued custody of the above-named defendant by the Commissioner of Mental Health for a period not to exceed two years from the date of the expiration of the aforesaid most recent retention order.

- And, a demand for a hearing not having been made;
- And, a demand for a hearing having been made, and such hearing having been held on \_\_\_\_\_;
- And, the court, on its own motion, having conducted a hearing on \_\_\_\_\_;

And due deliberation thereon having been had,

And, the court having found, that the above-named defendant;

- Does currently suffer from a dangerous mental disorder as that term is defined in paragraph (c) of subdivision one of CPL 330.20;
- Does not currently suffer from a dangerous mental disorder as that term is defined in paragraph (c) of subdivision one of CPL 330.20, but that the said defendant currently suffers from a mental illness as that term is defined in paragraph (d) of subdivision one of CPL 330.20. [Note: If this box is checked, the court must also issue a

*Transfer Order and Order of Conditions if the above-named defendant is currently confined in a secure psychiatric center pursuant to the Second Retention Order or last Subsequent Retention Order.]*

**It is hereby,**

**ORDERED**, that the Commissioner of Mental Health is authorized to continue custody of the above-named defendant for care and treatment for a period not to exceed two years from the expiration of the period prescribed in the most recent retention order that was issued.

**Dated:** \_\_\_\_\_

\_\_\_\_\_  
**Signature**  
 **Justice of the Supreme Court**  
 **Judge of the County Court**

STATE OF NEW YORK  
SUPREME COURT: COUNTY OF ERIE

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In the Matter of an Application for a Subsequent  
Retention Order Pursuant to CPL 330.20  
in Relation to  
WILLIAM SUTHERLAND

PHYSICIAN'S AFFIRMATION

a Patient of the Buffalo Psychiatric Center

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Kristin Ahrens, M.D., being duly sworn deposes and says:

1. I am a physician, duly licensed to practice in the State of New York.
2. I currently hold the position of Psychiatrist and am employed by the Buffalo Psychiatric Center.
3. I submit this affirmation in support of the Commissioner's application for a Subsequent Retention Order in relation to William Sutherland.
4. I am familiar with the patient in that I have examined him on pursuant to my position as Psychiatrist on October 2, 2017.
5. It is my opinion that the defendant's clinical diagnosis is Delusional Disorder.
6. A detailed analysis of the defendant's mental condition upon which I based this opinion is attached.
7. It is further my opinion that at this time the defendant should continue Mandatory inpatient treatment, and that the issuance of Subsequent Retention Order is consistent with the public safety of the community and the welfare of the defendant.
8. For the above stated reasons, I respectfully request that the Court grant the Commissioner's application for a Subsequent Retention in relation to William Sutherland

Affirmed under penalty of perjury pursuant to New York Civil Practice Law and Rules  
2106 this 2nd of October 2017.

  
\_\_\_\_\_  
Kristin Ahrens, M.D.

STATE OF NEW YORK)

COUNTY OF ERIE)

Kristin Ahrens, M.D., being duly sworn deposes and says:

That she is a psychiatrist at the BUFFALO PSYCHIATRIC CENTER; that she has read the foregoing Affirmation and knows the contents thereof and that the same is true to his own knowledge, except as to matters therein stated to be on information and belief, and as to those matters, he/she believes it to be true.



Kristin Ahrens, M.D.  
Psychiatrist 2  
Buffalo Psychiatric Center

Sworn to before me this

2nd Day of October 2017

  
Notary Public

KENNETH J. DUSZYNSKI  
Notary Public, State of New York  
No. 01DU6329439  
Qualified in Erie County  
Commission Expires Aug. 24, 2019

**BUFFALO PSYCHIATRIC CENTER**  
**Risk Based Psychiatric Assessment**  
**CPL 330.20 Application: Check Appropriate Request:**

- A. Extension of Order of Conditions
- B. Retention Application
- C. Unescorted Off Grounds
- D. Conditional Release
- E. Other: (e.g. escort off grounds): \_\_\_\_\_

<b><u>IDENTIFYING DATA</u></b>			
Name of Patient:	<u>William Sutherland</u>	C# <u>090-465</u>	Date of Birth: <u>10-30-65</u>
Admission Date:	_____	Marital Status: <u>Single</u>	Race: <u>Caucasian</u>
Years of Education:	_____	Copy of Current CPL Order and Expiration Date:	_____

**I. Detailed psychiatric history including reasons for hospitalizations (prior to CPL 330.20 event)**

Mr William (Bill) Sutherland is a 50 year old single Caucasian male who is a CPL 330.20 for an offense (arson) committed on 3/27/00. Prior to this offense Mr Sutherland had no formal psychiatric treatment, although there were indications that he had suffered from a psychiatric illness. His girlfriend at the time of the instant offense in 2000 reported that in the years leading up to the arson that Bill reported seeing and hearing things. He had believed that people were trying to kill him, that he was having conversations with the devil and that he didn't want the windows left open at home lest the devil enter his home that way. He wouldn't eat in certain restaurants for fear of being poisoned. He talked about people being channeled thru him and that he could channel his thoughts thru other people in an effort to communicate with his biological father who he believes to be John Gotti Jr, the deceased mob boss. Bill Sutherland has consistently denied these statements from his former girlfriend. He was seen on 1/12/00 by Dr John Wadsworth at the request of the court after an arrest for harassment. The evaluation documents "Mr Sutherland reports a number of odd ideas, such as being the son of John Gotti....he speaks of spiritual connections." Drug and alcohol abuse as well as Bipolar/manic or schizoaffective disorder was considered in the etiology of his behaviors. It was recommended that Mr Sutherland be linked with a local clinic upon release from custody.

It is unknown if he ever linked with that clinic.

Mr Sutherland was arrested for the instant offense on 3/28/00, and pled Not Responsible by Reason of Mental Illness, his plea was accepted and he was sent to MidHudson Psychiatric Center on 10/18/00 for the CPL 330.20 examinations. He was subsequently found to be dangerously mentally ill by two forensic examiners and following a hearing at Erie County Supreme Court he was ordered committed to a secure forensic facility and was thus readmitted to MidHudson on 8/8/01.

2. Detailed description of instant offense from sources other than patient (such as initial CPL 330.20 exams, DA reports, police reports, victim reports, and hospitalizations since instant offense, etc.)

Mr Sutherland is reported to have set 3 separate fires in his apartment building on the night of March 27, 2000 causing approximately \$75,000 in damages and endangering the lives of the occupants of the other apartments. It is reported that Mr Sutherland was angry at his landlord, Carl Paladino, was in the process of moving from the apartment building, was being evicted from his office for failure to pay rent (which was owned by the same landlord), and that his landlord had three children residing in the apartment building. He was charged with Arson in the Second Degree and Reckless Endangerment as well as Aggravated Harassment charges related to threatening phone calls to his landlord. Just prior to instant offense, Mr Sutherland was arrested for causing a disturbance at a local police station on 12/24/99. After setting the fires in his apartment, Mr Sutherland was arrested short distance away by Buffalo Police officers.

*As per Buffalo Police Officer Mott report on 12/24/99 at 11:50pm:* Mr Sutherland identified himself as Vincent Gotti to the officers prior to being arrested. "the defendant did state to Officer Mott when told he would have to leave the station house if he did not have a legitimate complaint to lodge, " Fuck you, do you know who I am? My dad is John Gotti, I ain't leaving so get the fuck away from me." Obstructing Governmental administration 2<sup>nd</sup> degree: in that the defendant, while at 672 Main St, did intentionally obstruct and impair a public servant from performing an official function by means of physical interference, in that the defendant did come into the police station after Officer Mott told the defendant to leave the area across the street where he had been harassing several females and was being bothersome towards a report technician, and did become loud and did swear and when officer Mott attempted to get the defendant to leave the Station House the defendant did begin to throw punches at Officer Mott and did have to be forcibly subdued. Resisting Arrest: the defendant did fight and struggle with officers, refused to be handcuffed and did have to be forcibly subdued and handcuffed. Trespass: Defendant did knowingly enter and remain unlawfully at 672 Main St (station house) after being told to leave the area. Harassment 2<sup>nd</sup> degree charge as well. After arrest, Mr Sutherland stated "I'm gonna drop you to your knees, you obviously don't know who I am or who I'm related to, my dad is John Gotti, you're gonna pay for this."

*Recordings of 3 voice mail messages left by William Sutherland for Carl Paladino:*

*1/27/00 at 7:24 pm:* "Sir, this is Billy Sutherland, and I'm one of your tenants at 857 Delaware, I'm fucking sitting here and these people are coming in my house and fucking police coming in my fucking home telling me that I got to.....Listen Sir, I think you might want to give me a shout and fucking lets work all this out because ya know I'm a pacifist, not a fucking masochist, but by the same token I'm not really fucking happy and if you don't like my fucking voice fuck me, kill me, I don't fucking care, see if I screw me cause you hold onto life as a most precious fucking thing and I hold onto life as an extension of death and in death there is life and in life there is death and guess what I don't fucking care. You want to fuck with me? Send these motherfuckers back to me and I will fucking wipe them all out. I don't fucking care. But don't fuck with me anymore. I am fucking death dragging. I'm fucking serious. I fucking got no fucking fear is that understood?" *1/27/00 at 8:03pm:* "hey sir, it's me again, the second message I left you, um, in case you don't realize just to relate, I really don't care if I die tonight, tomorrow, or next week or next year, I don't care, I am sick of the fucking bullshit, I'm sick of these people coming to my house, I'm sick of the police coming up to me, I think this is fucking garbage, I'm a good fucking person, and sooner you realize that the better off it will all be for all of us, but you know, if you want to be my friend you can have me today, I don't fucking care." *3/11/00 at 12:42 am:* "hey Carl, you know what? Can I, can I share something with you? You're a fucking asshole, and when I'm done with you, you ain't gonna breath out of your fucking head, you know why? Cause you're a mother fucking dick (noises), cock, fagboy."

*As per Buffalo Police report 3/28/00:* In regards to this call, the Def. was at 216 Summer St at 0006hrs, threatening a man in Apt 2, the description given was a W/M, 170 lbs wearing a leather jacket, at approx. 0030 hrs the def. was seen at Delaware and Summer by B-320 (Leatherbarrow/Strobele-Lillis), the call for the fire was dispatched at 0044hrs.

*As per the Felony Complaint from Arresting Officer Halor in regards to the events of 3/28/00:* "Arson in the 2<sup>nd</sup> degree: in that the defendant, while at 857 Delaware Ave, did intentionally damage an apartment building, Apt #3, by starting a fire at such time when (names of three individuals) and several other occupants, all being non-participants in the crime, were present in said building.....the defendant was reasonably aware of the presence of the above named persons and others being present in the apartment building when he started three separate fires in apartment #3 causing a total of \$75,000 in damage to building and contents." Reckless Endangerment 1<sup>st</sup> Degree and Criminal Mischief in the 2<sup>nd</sup> degree are listed in the felony complaint as well.

*As per the Fire Department report on 3/28/00:* "On above date and time ....investigate a fire which occurred in Apt 3, upon further investigation it was determined that the fire occurred in the living room area, discovered that there was three points of origin unrelated, at this time have eliminated all natural and accidental causes except human element."

*As per Buffalo Police Officer statement on 3/28/00 in patrol vehicle:* "deft (defendant)



spontaneously stated to Ofer. Strobele/Lillis and Officer Leatherbarrow "I was just coming from my house a little while ago, Carl Paladino is a pussy, he's a rat and hold him close to your heart, put me in jail, you'll get yours, I'm a Gotti, Vincent Anthony Gotti, that's my name, I'll make things happen in the city, I'll put heads in the ground. How much money did I make tonight? You think Paladino is god, this kids a scum bag. This kid told me Carl is going to get whacked and he doesn't care, he's out drinking....sometimes you people have to look past a situation and realize it's not what it looks like. I'll kill Carl, I swear, you ain't gonna find nothing, I'm like tephlon, it won't stick. I can do twenty years, Carl can't, he's a pussy."

*As per Dr Treanor's evaluation on 6/1/00:* "last examined by me on 5/10/00 and previously on 3/29/00. During those evaluations he appeared rather manic due to rapid, rambling speech but appeared competent for trial at the time. There is a history of alcohol and marijuana abuse. In recent weeks it appears he has been unable to work with his attorney due primarily to rather elaborate delusions regarding plots against him extending to mental health administrators and penal authorities who are deliberately attempting to discredit him. He presents today with pressured speech and circumstantiality and difficulty maintaining focus upon pertinent issues. There is no hint of insight. He firmly maintains his innocence re: arson and feels that his examining physicians have been giving purposeful false testimony. Impression: Incompetent for trial.

*As per ECMC/CPEP evaluation on 5/17/00:* patient believes he is the son of Gotti and persecuted by local businessmen. Also believes the tox was falsely reported as negative because he was poisoned with the date rape drug at the time of arrest."

*As per ECMC psychiatric admission: 5/17/00-6/28/00:* brought in from the Erie County Holding center due to delusions and "agitated and negativistic behavior, refusing to take medications." A Treatment Over Objection was granted by the court and Haldol Decanoate was started. After two shots he was sent back to the Holding Center on 6/28/00 "denying any delusional thoughts that he had verbalized on admission." He refused to take medication upon return to the Holding Center.

*As per Dr John Wadsworth's psychiatric evaluation on 6/14/00:* "He verbosely discussed his life situation and various problems, denying psychiatric illness and aggressively minimizing the possibility that any of the symptoms that he has had could be related to a psychotic illness. He was irritated with me and claimed he did not like my clothing and manner. He believed I interrupted him too frequently and would not let him talk on at length about the various subjects that he seemed to want to talk about. In the interview he was intense, very talkative, jovial at times, but irritable and angry at other times. His insight and judgment seemed significantly impaired... the delusions regarding the Gotti connection and other areas seemed still to be continuing, although he does not talk actively and will not initiate conversations about those....it is my opinion that Mr Sutherland is suffering from Schizoaffective Disorder."

*As per Dr Brian Joseph's psychiatric examination completed on 8/21/00 to determine if*

*Mr Sutherland would qualify for an insanity plea:* "lucid and emotionally reactive and continues to feel that he was framed by his half-brother (John Gotti) and accused by him of being a homosexual for vague, unsubstantiated motives, suggestive of financial exploitation. Again, I feel that he has no insight into the nature of his difficulty....I do not feel that he has the capacity to understand the nature of his actions at the time he committed the Instant Offense....I feel that he certainly qualifies for a plea of not guilty by reason of insanity."

*As per Dr Joseph Liebergall's psychological examination completed on 8/21/00 to determine if Mr Sutherland would qualify for an insanity plea:* "It is the opinion of this examiner, at the time of the offense, was suffering from a psychotic mental illness- Paranoid Schizophrenia, which rendered him delusional and confused. At the time of his offense, he was operating under a number of delusions, including that he was John Gotti's son, still believed that various people were monitoring and overseeing him and that they had been doing it for quite some time. Indeed, he is still delusional and declined to take antipsychotic medication. This examiner is of the opinion that as a result of his psychotic mental illness and the psychotic process that was active at the time of the instant offense, Mr Sutherland lacked the capacity to know or appreciate the nature of the consequences of his acts or that they were wrong."

*As per Dr M.A. Malik's CPL 330.20 examination at MidHudson on 11/28/00:* "At the time of the incident the patient was living at 857 Delaware Ave, Buffalo. He was having financial problems. His business was doing poorly. He was becoming increasingly paranoid and was making accusatory statements. He was blaming others for his financial difficulties. On March 27, 2000 the patient went to a bar. He did drink there. Allegedly he became angry with another patron. Later on, the patient went to another person's home and kicked down the door. Following this, the patient was seen going back to his apartment and soon after a fire broke out. At the time of arrest Mr Sutherland stated to the police officer, "Fuck you, do you know who I am? My dad is John Gotti. You are going to pay for this." ..... "In 1999 at Christmas the patient claimed that he saw John Gotti's daughter. He heard singing "All I want is a dead Gotti." ..... He is not remorseful for his actions and he has no insight into his mental illness and his judgment is poor. The patient is refusing to take antipsychotic medications. Mr Sutherland suffers from a dangerous mental disorder and needs inpatient care and treatment in a secure psychiatric hospital."

*As per Dr Amruta Kodukula's CPL 330.20 examination at MidHudson on 12/4/00:* "According to the Fire Marshall, the fire was set in the patient's apartment and there were no natural causes. The patient is accused of owing \$1500 to Carl Paladino, the landlord. "I was at the bar. I was drugged by the bartender with animal tranquilizer. I had only one drink at that bar. The bar is owned by my half brother (John Gotti) and the Mafia. I don't remember what happened after I was drugged. I was about to move with my girlfriend to some other apartment the next day. I am innocent. I did a wrong thing accepting the 330.20 plea. It was Carl Paladino who was harassing. He may have set the fire, not me." ..... At the present time the patient is dangerously mentally ill."

Mr Sutherland was treated at the Erie County Medical Center from 5/17/00-6/28/00. He was transferred there from the Erie County Holding Center for psychosis, agitation and behavioral problems. He was started on Prolixin but he refused to take it. A treatment Over Objection was approved by the court and he was given Haldol Decanoate 50mg IM and then two weeks later another shot. He was sent back to the Holding Center but he refused to take medication. While at ECMC it is documented that he seemed improved with the Haldol and there was no evidence of side effects.

*Midhudson Psychiatric Center: 8/8/01-4/5/07:* During his first hospitalization at Midhudson (10/18/00) he refused medication. When he was committed to MidHudson on 8/8/01 he refused to cooperate with treatment. He maintained his status as John Gotti's son, that he had been set up at the bar by someone spiking his drink, and that his landlord was the one harassing him. A Treatment Over Objection was court approved on 1/23/02 following a report from an independent psychiatric examiner that he would likely benefit from a trial of psychotropic medication and he was started on Zyprexa. He experienced some blood pressures changes, but otherwise tolerated the medication well. The TOO expired on 4/15/02 and Mr Sutherland refused to take any further medications. According to reports Mr Sutherland became less paranoid, less argumentative and less delusional. He has told various examiners that he checked this medication. Following this Mr Sutherland contested his pending hospital retention. He was seen by another independent psychiatric examiner 5/17/02, Dr John Lucas, who reported, "He continues to suffer from a dangerous psychiatric illness requiring treatment in a secure hospital. The following data support that opinion: 1) the examinee remains beset with fixed false beliefs about his paternity and other matters, 2) the examinees systematized delusions give rise to anger and anxiety, affective states linked to violent actions, 3) paranoid psychotics are more likely than any other diagnostic group suffering psychosis to act violently in the community and can often behave unobtrusively if separated by hospitalization from targets of opportunity associated with delusions, 4) defended against emotional turmoil primarily by denial and grandiose fantasy, the examinee is currently ill equipped to cope with the vicissitudes of a less structured environment, 5) impenetrable denial of mental illness prevents the examinee a) from understanding the relationship between his symptoms and the instant offense, b) from identifying internal states prodromal of acting violently in accord with persecutory delusions and c) from developing less primitive means of dealing with his vulnerabilities. Following this Mr Sutherland's hospital retention was continued for another two years. Throughout the next three years Mr Sutherland declined psychiatric medications and was resistant to psychotherapy.

Another independent evaluation was requested by the court in 2005 due to the treatment team's request for a Treatment Over Objection for medication. He was evaluated by Dr Marc Mednick, PhD initially on 4/15/05: "Mr Sutherland presented then as suffering from delusional thinking that is quite well contained, limited primarily to this belief about his familial origin. He was, and still is, a narcissistically disturbed person with an exquisite self-centeredness, with paranoid and antisocial features....lack of concern for the thoughts and feelings of others, he bends reality to suit his own needs, is highly manipulative....highly resistant to any authority, feels compelled to challenge any and all

rules that confront him, his presence in a secure facility is experienced as a source of control that he must resist. He does so by provoking staff, using his intelligence to humiliate, embarrass, confuse or irritate staff...and other patients. He was re-evaluated on 7/8/05 and was noted to be more anxious and paranoid. Dr Mednick agreed with the proposed Medication over Objection. However, the court turned down the request to medicate Mr Sutherland on 7/21/05. Dr Mednick evaluated Mr Sutherland again on 10/25/05 to assess his level of dangerousness and thus whether he could be considered for a transfer to a less secure setting. Dr Mednick wrote: "Mr Sutherland is a difficult patient. He resists most treatment options, enjoys baiting staff and flouting authority. Mr Sutherland has no insight into the presence of any mental illness, and has made no progress in this regard. He avoids or otherwise derogates any treatment alternative that might be of some assistance, and simply maintains, as he did on admission, that he committed the instant offense but had no desire to do so. His explanation is part of a paranoid delusion, that he was setup. This reflects a total lack of acceptance of a mental disturbance or alcohol problem that may have impacted the instant offense. By denying any actual motivation or intentionality in committing the instant offense, distances himself from any personal responsibility for it. Mr Sutherland was deemed dangerously mentally ill prior to admission. Since there has been no substantive progress since that time, he remains so, and must remain at MidHudson."

***Rochester Psychiatric Center Regional Forensic Unit: 4/5/07-7/7/13:*** He was transferred at the request of his adoptive father to be closer to him. Mr Sutherland was initially happy about the transfer but within several months was demanding a transfer back to MidHudson. Throughout his time at RRFU he was continuously retained. He appealed the retention in 2007 and requested a jury trial. That trial occurred 9/8/08-9/11/08 and the jury unanimously agreed that he remained mentally ill and in need of inpatient care and thus the retention was upheld. He declined to participate in any programming and continued to deny mental illness and thus decline psychiatric medication. He showed no changes in characterologic issues or delusional beliefs. A Treatment Over Objection was court approved 12/2/08 and he was tried on Haldol but complained of side effects so Trilafon was started. In November 2009 he was heard telling his peers that he is John Gotti's son, the evidence is overwhelming, and the "time is opportune for establishing himself in the family business" with the "acknowledged son facing an extended prison term." On 12/1/09 he was being verbally abusive to a staff member and a peer and the peer asked him to be quiet. He continued his abuse and told the peer to "go fuck yourself." So the peer got up and punched Mr Sutherland several times in the face. Mr Sutherland sustained no significant injury, and accepted no responsibility for his role in the incident. He gained weight and refused to follow any dietary recommendations and blamed the weight gain on Trilafon. Medication was changed to Geodon and a psychiatry note from April 2010 reported that Mr Sutherland seemed improved (less paranoid, less angry, less provocative, more focused) and that the patient's father reported "this is the best he has seen Bill in the past 10 years." Unfortunately he did not sustain this level of improvement and he later admitted that he had been cheeking (self acknowledged, purging) the Geodon for an extended period of time from approximately June 2010 into 2011. He was taken "off" medication (even though he was cheeking it) in August 2011 and was monitored for an extended period of

time. In August 2011 he was diagnosed with mild Chronic Pancreatitis. Throughout this time he continued to engage minimally in programs, showed no insight, challenged staff about rules and policies of the hospital, was consistently noted to be sarcastic, arrogant, disrespectful and argumentative when his needs were not met. In August 2011 his assigned psychologist Dr Doolittle began to process the possibility of her leaving RPC with Mr Sutherland.

A pivotal event occurred that requires detailed reporting in this record due to the level of pattern repetition that it demonstrates for Mr Sutherland: He was beginning to show worsening mood symptoms and more misinterpretation of events around him. *A well-documented note from Dr Doolittle 12/20/11 clearly outlines his increasing difficulties:* "Mr Sutherland has been working on achieving a "new corrective emotional experience" guided by his psychiatrist. Because of the fact that Mr Sutherland is emotionally immature and has a tendency to be paranoid, misinterpret information, become anxious, and persevere on certain topics this "emotional experience" has been hard on him. Mr Sutherland has been trying to not react intensely to a situation but instead will call this writer and leave emotionally charged voice mails (note: this behavior was similar to what he displayed when he was in the community, ie leaving voice mails on Mr Paladino's machine). Moreover, with this new found "experience" of feeling emotions, he has voiced many different feelings for this writer and different objects that this writer represents to him (advocate, confidant, friend, mother) and when this writer tries to discuss the different objects he misinterprets what is being said. For example, when this writer tried to clarify that she is not his friend, he perseverated on the topic and would leave multiple messages on this writers machine. Furthermore, Mr Sutherland continues to not take responsibility for his behavior and under the slightest amount of stress he becomes unraveled, anxious, agitated and very condescending to this writer, staff and peers." *On 2/14/12 Dr Doolittle again documented clearly Mr Sutherland's propensity to anger:* "Mr Sutherland proceeded to discuss how he is angry at himself for "having feelings for you." Mr Sutherland proceeded to tell this writer how he has romantic feelings for this writer and is angry when this writer tells him he has mental illness because he has an overwhelming need to "convince you I am not mentally ill and you can see me and like me if I see you out on the streets." Mr Sutherland has been more agitated and reacting more intensely to this writer (cursing, perseverating over what this writer states, leaving multiple emotionally charged voice mails, stating this writer is evil and is hurting him, and wanting to engage in an argumentative discourse). Mr Sutherland continues to lack acceptance of his mental illness and is not open to psycho or behavioral therapy at this time. This writer has asked to be taken off Mr Sutherlands case."

Mr Sutherland had a difficult five weeks following this, and per the nursing note on 3/12/12: "Bill feels this is a betrayal to him and blames her ....he fails to see that his personal feelings for her and the way that he cursed and yelled at her during sessions was not a therapeutic relationship for either one of them." Bill begged to be allowed to talk to her. He then reacted by reporting to a staff member on 3/20/12: "he feels like he was rejected by Dr Doolittle and that he saw her as a mother figure. He has abandonment issues...he said the real reason he was dropped (by Dr Doolittle) as a patient was he discovered what Dr Doolittle was doing...staff members were having sexual relationships

with each other...he accused two male SHTA's of having a sexual relationship with Dr Doolittle, in addition Dr Doolittle was also having sexual relations with a former patient." He continued to remain angry at her which was then compounded with his anger over another Treatment Over Objection being initiated and on 5/15/12 he told his psychiatrist "he informs me he will now launch a full investigation into the Doolittle incident." In October 2012 Mr Sutherland was informed that the court appointed psychiatric consultant agreed that he should be medicated. Following the court hearing for the TOO, but prior to hearing of the decision, Mr Sutherland informed his team that "if treated (with medication) he had developed a plan to specifically target nursing staff and would shank or stab someone in the milieu (so that he could be arrested and sent to jail). The Judge rejected the TOO, but in doing so indicated that Mr Sutherland was aware that he might remain hospitalized for a very long time due to his refusal to consider medication for a treatable illness. In Dr Patricia Simon-Phelan's psychiatric report 8/27/13 Mr Sutherland told her about Dr Doolittle: "We had a falling out over a personal issue. What really happened? I had an intuition that she was possibly involved with an SHTA on a personal level....Our relationship became poisonous after that." He was asked twice why he would make such an accusation without substantiation and he stated "it was either one of two things. One, I was hurt because she was leaving or two, I was looking to build a bridge with the charge nurse, who was still going to be there." The allegations against his therapist were deemed false.

On 3/6/13 Mr Sutherland behaved in a way at RRFU that the staff felt threatened. Following the incident he targeted staff members that were directly involved, blaming them for his current situation. He requested multiple investigations and despite no inappropriate conduct being found from any investigation he believed that his rights were violated. He was transferred back to MidHudson on 7/17/13 for ongoing psychiatric care in a secure facility.

*MidHudson Psychiatric Center 7/17/13-2/5/15:* Mr Sutherland was evaluated by two forensic examiners upon his return to MidHudson to ascertain whether he remained dangerously mentally ill for a pending retention application. Both Dr Simon-Phelan and Dr Michael Stone documented in their reports that Mr Sutherland remained dangerously mentally ill. The HCR-20 evaluated Mr Sutherland as high risk. Mr Sutherland made no clinical progress over the next year at MidHudson. Dr Berenson's note 6/28/14 states "Mr Sutherland has been causing a lot of trouble recently...staff and patients are increasingly pitted against one another and it has been thoroughly disruptive to the milieu as well as the work skills crew, Mr Panetta would like him removed from the work crew as soon as possible, citing his disparaging rants as contagious and infectious....overall Mr Sutherland's nearing hypomanic and cognitively distorted patterns are toxic at best, and potentially dangerous. He may not be the aggressor but he could certainly incite violence." A staff reported on 6/30/14 that Mr Sutherland "is trying to setup the SHTA staff as well as convince other patients to report falsely to the Justice Center." Another note from Dr Berenson 7/9/14 reports "Mr Sutherland was found to have 3 bags of coffee and over a hundred dollars in his possession...he was clear about his dealings...was the very essence of glib...clearly proud of his endeavoring and eager to blame the oppressive rules of the facility for his having to employ antisocial tactics to have his needs met. His

money scheming of a few years ago was brought up...he fails to recognize why this kind of enterprising is not allowed. It is unfortunate that Mr Sutherland completely lacks self awareness as well as any sense of personal responsibility-he is not reachable." From her note on 12/12/14, Dr Flores wrote "Patient became argumentative and demanded that writer change her clinical judgment about his diagnosis and agree with his assertion that he does not need medication. Writer refused. Patient escalated and had to be ejected from room." On 12/17/14 patient went to court to on a retention application pending from September 2013. Judge Bartlett ordered on 1/6/15 that Mr Sutherland no longer met the legal definition of dangerously mentally ill and was suitable for transfer to a civil facility. On 1/13/15 Judge Bartlett signed a two year retention order, dated from the expiration of the previous order, thus his retention expires 10/15. Mr Sutherland was transferred to Buffalo Psychiatric Center on 2/5/15.

**Buffalo Psychiatric Center 2/5/15-Present:** Since arriving at BPC he has been free of aggression and self-harm. Initially, he declined all therapy related programs due to "not needing them." His programs were only fitness and education. His programs were changed to increase the balance of fitness and education with therapeutic groups. He was unhappy about the change. Mr Sutherland was transferred to unit 67 on 4/23/15 for ongoing care. Since that time he has focused primarily on getting personal needs met, to the exclusion of therapeutic needs. He accepts no psychiatric illness other than self-diagnosed "ADD, inattentive type, personality disorder with antisocial/narcissistic traits and alcohol abuse in remission in controlled setting." He has referred to the group therapies that have been offered to him as "stupid." He continues to verbalize the "script" of the instant offense that he appears to have memorized. When confronted with facts that don't match his version of events he becomes quickly frustrated and challenging. He disputed the voice mail recordings of his phone calls to Mr. Paladino. He then stated that MidHudson records are inaccurate, as well as RPC, when facts from the records are reviewed with him. It became apparent that when data does not fit with his distorted view of events he resorts to calling the data inaccurate, false, lies ect. During a treatment team meeting he was not able to tolerate the challenges to his version of some of the events of the last 15 years and he became increasingly frustrated and anxious, louder, more circumstantial, more pressured in speech until finally he started talking about being John Gotti's son. He showed no insight into the depth of his illness, his instant offense, the need for treatment other than fitness or computer time. He continued to state that he will not take medication.

From 4/23/15-9/15- Mr Sutherland has been preoccupied with phone calls to various attorneys and attempts to secure an attorney in the community who will agree to work with him on "overturning the CPL plea." His father remains supportive and visits regularly. Mr Sutherland filed a formal request with the Executive Director, Dr Spacone, to be transferred to another unit due to this writers "refusal" to provide him treatment. That request was denied. These tactics are chronic and well documented in the records of Mr Sutherland and are believed to be distractions from him being involved in treatment. He does not believe he is mentally ill and as such declines all treatment interventions. He has been free of aggression, but his anger and hostility are often seen especially when his needs are not met immediately. His frustration tolerance can be quite low. He has few

peers that engage with him. His primary focus upon the unit is his perception of his "rights" and getting them met.

9/15-present-Mr Sutherland hired a private attorney and private evaluator in an attempt to challenge his hospital retention in October 2015. Ultimately Judge Wolfgang retained him for an additional two years. Since that time very little has changed for Mr Sutherland. Mr Sutherland continues to be preoccupied with phone calls to various attorneys and attempts to secure an attorney in the community who will agree to work with him on "overturning the CPL plea." He has continued to request transfer to another unit for "better care." He has changed very little over the past two years.

Overall since admission to BPC, Mr Sutherland has continued his pattern of focusing on externalized issues irrelevant to his care and recovery. He cannot or will not recognize any internal issues that contribute to his lack of progress in the mental health system. He continues to negatively target staff and peers, especially those that he perceives are intellectually or mentally inferior to him, is insensitive and disrespectful of others, continues to attempt to control his living environment regardless of how it affects others or may pose a safety risk. He can be highly negative in his expressed thoughts leaving his peers feeling poorly and angry and dysphoric. He has peers that have approached various staff reporting feeling confused and frustrated after speaking with Mr Sutherland due to his attempts to bully them into challenging rules and policies as well as telling his peers which staff to go to to get needs met. He remains preoccupied with rules and policies and remains irritable and challenging of staff who are just trying to follow unit and hospital rules. Mr Sutherland has demonstrated little respect for authority and rules and valid decision making processes. He has had several very serious angry outbursts over the last several months. His privileges has not been able to be advanced. He calls the OMH complaint line, the Justice Center, Risk Management, BPC administrators and staff at the Division of Forensic Services to complain about violations of his rights.

### 3. Patient's current perspective of instant offense.

On March 27, 2000 Mr Sutherland reports he went to a bar and had one drink and someone must have slipped him "something" as that's the last thing he remembers. "if you know me, you would know I would never do that." He does not accept responsibility for the instant offense. "They say I set the fires, but it's never been proven, they say they have it on a security camera, but who knows if it's really me."

### 4. Identification of risk factors in patient's history and their current status such as:

#### I. Alcohol and Drug Abuse or Dependency

Mr Sutherland acknowledges regular alcohol use starting around age 16 or 17 years old. He told one examiner that he drank alcohol 2-3 times per week and could consume 3-12 drinks per drinking episode and that this resulted in him being "just mellow, nothing out



of the ordinary." He denied during a drinking episode that he was ever really intoxicated or that his behavior changed. Mr Sutherland has been charged with Driving While Intoxicated on three occasions with BACs of .10, .11, and .15 after consuming only "2-3 drinks." On 12/24/99 after only a "couple drinks" he harassed several females and ultimately was arrested after he refused to leave the scene and then entered a nearby police station and was arrested on multiple charges after he attempted to assault a police officer. He committed his instant offense after only "one drink." Mr Sutherland appears to minimize the significant role alcohol has on his behavior as well as his tolerance to alcohol (which appears to be quite high).

Mr Sutherland has reported to this writer that "alcohol, drugs and hookers" were "my coping mechanism, that's how I treated myself, it numbed me, it was my escape for years." He elaborated, somewhat proudly, that he used cocaine heavily in 1990 and 1991 and that he acted as a "consultant" to the neighborhood drug dealer and due to how well the drug dealer did Mr Sutherland was given access to a large personal supply. He further reported that the positive influence of his girlfriend, Dawn, whom he met in the early 1990's resulted in him cutting back significantly on drug use. He continued to use alcohol, however, quite heavily. He acknowledges regular marijuana use since age 14.

He tried heroin twice and did not like it. He smoked cigarettes from 8<sup>th</sup> grade until 2006.

Mr Sutherland is not able to identify any coping skills to remain sober in the community other than "I just won't use." He also reports that he will attend AA "if I have to" but he indicates that his role is to help others, because he does not need the help himself.

## II. History of Conduct Disorder and details of arrests and outcomes from Crimnet.

Mr Sutherland reports that he "did stuff, kid stuff, nothing too bad" while a teenager and in his 20's. He did not elaborate. Records report Youthful Offender status for robbery when he was 16 years old.

12/2/87: charged with Burglary, 3<sup>rd</sup>, Class D felony and Criminal trespass 2<sup>nd</sup>, for breaking into his employer's office and stealing money from the safe. "He (the employer) was robbing from me, he wasn't giving me and some of the other sales guys our commissions, so I went to get what was mine, I knew the safe code, but all I got was \$106." He was sentenced to probation 3 years.

4/2/90: charged with issuing a Bad Check with knowledge of Insufficient funds, charge dismissed

1/29/92: charged with DWI, 1<sup>st</sup> degree, pled guilty to DWAI, fined and license suspended

2/11/98: Charged with DWAI, sentenced to 15 day incarceration by bench trial, bench warrant issued, returned on warrant 1/10/2000 and served time.

3/28/2000: Instant offense, Arson, felony

While committed to MidHudson and Rochester Psychiatric Centers Mr Sutherland is reported to have operated a contraband operation by earning substantial money selling coffee to patients. He showed no insight into the illegal nature of the business or the fact that he took advantage of other patients. The record reveals that the business opportunity was available to him so he participated in it.

### III. Other Instances of Violence which did not result in arrests.

Mr Sutherland denies any other violent history and the record does not reveal other data.

### IV: Relationship Instability/Problems:

Mr Sutherland was adopted at 5 days old and raised as an only child by his adoptive parents. The records do not reveal any significant problems until his adoptive mother died of complications from diabetes when he was 16 years old. However, it appears from data in the record that Mr Sutherland was smoking cigarettes by age 13, regular marijuana use at age 14 and alcohol around the same time so it is suspected that his behavioral problems started well before age 16. Mr Sutherland has had a strained relationship with his adoptive father, who by all accounts has tried to remain supportive since the instant offense. Mr Sutherland did have a girlfriend, Dawn, for about 9 years. She remained in contact with Mr Sutherland for several years while he was at MidHudson, but then ceased contact. Mr Sutherland has not engaged well with staff or peers at any of the institutions where he has resided. His arrogance and negativity often results in disrespectful interactions with others. He is known to bully others in attempts to get what he wants. He has in the past responded to abandonment (or the perception thereof) with retaliation.

Mr Sutherland reports that his adoptive father obtained his birth records of his biologic father and this led to further family information about siblings, a sister with whom he reports he has connected with.

### V: History of Non-compliance to Medications and Psychiatric Treatment

Mr Sutherland is currently refusing to take any psychiatric medications due to his belief that he is not mentally ill. He has only taken psychiatric medications in the past with court ordered Treatment Over Objection orders. Even with TOOs in place, he has often refused to take the medication or has cheeked the medications.

VI: Prior Supervision Failure:

Mr Sutherland has been continuously institutionalized since the instant offense in 2000.

VII: Personality Disorders. Please describe characteristics.

Mr Sutherland meets criteria for Antisocial Personality Disorder as defined by failure to conform to social norms with respect to lawful behaviors, irritability, reckless disregard for the safety of others, and lack of remorse. He also meets criteria for Narcissistic Personality Disorder as defined by a grandiose sense of self importance, preoccupied with fantasies of success, power, brilliance, believes that he is unique and should only associate with others of equal status, sense of entitlement, interpersonally exploitive, lacks empathy, and displays arrogant haughty behaviors and attitude.

VIII: Degree of Cognitive and Emotional Insight into Mental Health and Legal Processes.

While Mr Sutherland has a basic understanding of his personality issues he lacks insight into his overall mental health problems and has externalized his struggles as everyone else's fault. He accepts no responsibility for the Instant Offense or his lack of progress in the mental health system since he committed the Instant Offense. He has an understanding of the CPL system, but has chosen to fight the system rather than work within it.

IX: Relevant Medical History (such as head injury, seizure disorder, etc.)

In December 2010 he experienced the onset of chronic dyspepsia and mild chronic pancreatitis diagnosed after extensive testing in 2011. He has Glaucoma and sees a specialist regularly.

X: Victim of Domestic Violence, Sexual Abuse or Psychological Trauma

Although Mr Sutherland denies being the victim of overt abuse, he has struggled with the concept of adoption and abandonment by his biologic mother.

XI: Social/Environmental Stressors and Lack of Personal Support

The CPL system is very stressful for Mr Sutherland. He is not accepting of the CPL system and is not willing to work within it. He has been fighting the system since his acceptance of the NGRMI plea in 2000. His adoptive father has remained supportive over the past years, but Mr Sutherland has at times not been accepting of his support. He has the support of an uncle who visits at times.

## XII: Family History of Psychiatric Problems

Mr Sutherland was adopted at birth. Mr Sutherland reports that his adoptive father obtained his birth records of his biologic father and this led to further family information about siblings, a sister with whom he reports he has connected with. Mr Sutherland reports that his biologic father was an "alcoholic bipolar" who fathered many children. Mr Sutherland reports that he was told several of his half siblings have been diagnosed mentally ill.

XIII: Assessment of Family Involvement: If family is involved with the patient, what family work has been done? What is the family's understanding of the mental illness, the criminal activity and the relationship between the two? What is the family's understanding of medication and the importance of compliance? What is the family's understanding of the prodromal signs and what emergency plan can they implement if necessary?

Mr Sutherland's father, Al, has been involved in his care since his entry into the CPL system in 2000. He has received education about mental illness and the CPL system from both MidHudson and Rochester Psychiatric Centers. He has tried to remain neutral in his support of his son by showing acceptance of him and by not challenging him. Al has participated in two treatment team meetings at the Buffalo Psychiatric Center.

XIV: Current privilege level. When was it granted. How it was used and describe its benefits and compliance.

Mr Sutherland has Unescorted Building (U1) privileges at this time. He uses this privilege for attending in building programs and activities without requiring staff escort. For a while he also maintained E2 (Escorted Grounds privileges), but that privilege was lost secondary to poor anger management. Per review with the Division of Forensic, he was under consideration for temporarily skipping U2 (unescorted on grounds) and applying for E3 (escorted community), but he has not been able to maintain emotional control as required for community activities.

5. Current mental status and rationale for prescribed medications and describe its positive and negative effects.

Mr Sutherland is a male who appears his stated age of 50 year. He dresses casually, wears glasses and has appropriate attention to hygiene. His weight is normal. Eye contact varies between normal gaze and overly intense. His energy level is high. His speech is normal volume and rate, but can quickly show an increased rate when he is stressed by something. His behavior is calm. Mood is "pretty good, how do you think I am stuck in here?" Affect is intense. Thought process is overinclusive and

circumstantial. Though content is negativistic, sarcastic, entitled, arrogant, insulting. He has an underlying belief that he might be the son of John Gotti, and he has numerous ideas of reference about why he believes this to be true, but he circles around this theme as though he has learned not to talk about it. He is externalized to his issues and accepts no responsibility for any of his life's problems. He focuses exclusively on external issues that have little impact on his mental health and recovery process. He has some insight about his characterologic issues, but he has little insight about his false belief system and its impact on his mental health. He has gained some insight into his addiction issues, but cannot verbalize any real coping skills for sobriety other than "I just won't use." His judgment about inpatient mental health treatment is poor. His judgment about his outpatient mental health needs is poor (I'm not mentally ill, I just have ADD and personality disorder). He refuses psychiatric medication.

6. **Diagnosis:** It is very difficult to use the DSM criteria to accurately diagnose Mr Sutherland due to the subtleties of his symptoms. While he has some mood symptoms, he does not clearly meet criteria for Bipolar disorder. While he has numerous false beliefs about his adoptive father, and many ideas of reference that he uses to substantiate his beliefs, he does not clearly meet criteria for one particular disorder of psychosis. He has self-diagnosed with Attention Deficit Disorder, but he does not meet criteria. As reviewed in an above section, he does meet criteria for both Narcissistic and Antisocial Personality Disorder. He meets criteria for Polysubstance Dependence (alcohol, cannabis, cocaine) in full remission in a controlled environment.

At this time the working diagnoses are:

Delusional Disorder  
Bipolar Disorder NOS  
Antisocial Personality Disorder  
Narcissistic Personality Disorder  
Polysubstance Dependence (alcohol, cannabis, cocaine), full remission, controlled environment

7. Rationale for the request of this application. Summarize relevant risk factors in support of supervised treatment. State if patient would need continued medication and monitoring of his condition.

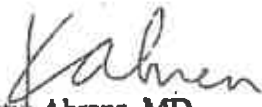
Clinically, he is exhibiting varying levels of irritability, arrogance, entitlement, obsessiveness, hypergraphia, overinclusive and circumstantial thoughts and generally elevated energy levels. He now denies the belief that he is the son of John Gotti due to his report that his biologic father has been identified thru adoption records. He does,

however, continue to substantiate his belief that he "was" the son of John Gotti with numerous ideas of reference dating back to his teenage years. He has shown no significant improvements over the past 17 years of institutionalization with these symptoms. Additionally, Mr Sutherland demonstrated symptoms of psychosis as recorded by years of interviews with various independent psychiatric examiners.

Historically, Mr Sutherland committed a serious felony arson while under the influence of both delusions and alcohol that he continues to accept no responsibility for. He seeks to retaliate on others when he perceives he is wronged, abandoned or somehow mistreated. He has consistently denied that he has a mental illness and declined mental health care. He has a serious substance dependence history for which he reports no skills to abstain in the community other than "I just won't use again." He has a characterologic pattern consistent with both antisocial and narcissistic features. He accepts little responsibility for his current or past life problems.

Mr Sutherland does well when everything in his "world" is exactly as he needs it to be, but he is unable to tolerate any deviation from or challenge to his world. He seems unaware that the real world, the community that he desires to return to, is filled with imperfections, challenges, and that many things will not go his way. And he has not changed much, other than forced sobriety, since he committed the instant offense 17 years ago. If he struggles to deal with life in the structure of the hospital setting, how will he handle the unpredictability of the real world? He lacks empathy and is unaware and/or uncaring when he is talking to or interacting with others and is insulting/disrespectful. He misperceives events happening to him and around him. It is easy to picture Mr Sutherland quickly getting into altercations with others outside the hospital. This is similar to what led up to the instant offense.

Thus, due to his clinical instability, historical data, interpersonal difficulties, refusal to accept standard practice psychiatric care (medication), lack of insight and poor judgment, and history of significant retaliation against others who have "wronged" him (employer, landlord, psychologist among others) a hospital retention will be sought. It is hopeful that Mr Sutherland will continue his work in individual therapy such that he can advance appropriately thru the GPL privileging system.



Kristin Ahrens, MD  
Psychiatrist  
October 2, 2017

STATE OF NEW YORK  
SUPREME COURT: COUNTY OF ERIE

In the Matter of the Application for a  
Subsequent Retention Order  
Pursuant to CPL 330.20

AFFIDAVIT OF SERVICE  
Index # MH 42222  
Indictment # 00-0590

Patient Name, WILLIAM SUTHERLAND

STATE OF NEW YORK, COUNTY OF ERIE

Kenneth J. Duszynski, Legal Coordinator, being duly sworn deposes and says:

THAT: He is employed by the Buffalo Psychiatric Center,

THAT: He is the age of 18 years old or older

THAT: On the 10th day of October 2017 He served upon:

Mr. Michael Russo

Assistant Attorney General  
Main Place Tower Suite 300 A  
350 Main Street; Buffalo, NY 14202

Mr. Ellis Bozzolo

Chief Clerk, Supreme Court  
25 Delaware Avenue; Buffalo, NY 14202

Donna Hall, Ph. D.

Acting Associate Commissioner  
New York State Office of Mental Health  
44 Holland Avenue; Albany, NY 12229

John Flynn

District Attorney of Erie County  
25 Delaware Avenue; Buffalo, NY 14202

Mental Hygiene Legal Service

438 Main Street; Buffalo, NY 14202

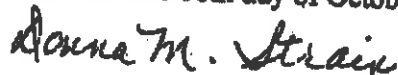
William Sutherland

400 Forest Avenue; Buffalo, NY 14213

The within Notice by depositing a true and correct copy thereof, properly enclosed in a postage paid wrapper in a Post Office Box regularly maintained by the Government of the United States at 400 Forest Avenue, Buffalo, NY 14213, directed to said parties at the address within the State designated for them for that purpose. The patient was served directly.

  
Kenneth J. Duszynski

Sworn to before me the 10th day of October 2017

  
Donna M. Strain

DONNA M. STRAIN  
Notary Public, State of New York  
No. 01574826617  
Qualified in Erie County  
Commission Expires Aug. 31, 2018

