

Exhibit A

EXHIBIT-A

<u>IN THE MATTER OF:</u>	<u>FILE NO:</u>
FINLEY, Timothy	
<u>A PRISONER IN THE CUSTODY OF THE MICHIGAN DEPARTMENT OF CORRECTIONS CMHP:</u>	<u>DATE:</u>
Marquette Branch Prison - MBP	10/05/2016

1. **TO THE EXAMINER:** The following statement must be read to the individual before proceeding with any questions.

I AM AUTHORIZED BY LAW TO EXAMINE YOU FOR THE PURPOSE OF ADVISING THE HEARING COMMITTEE OF THE CORRECTIONS MENTAL HEALTH PROGRAM IF YOU ARE DEVELOPMENTALLY DISABLED OR HAVE A MENTAL ILLNESS, WHICH NEEDS TREATMENT SERVICES PROVIDED BY THE CORRECTIONS MENTAL HEALTH PROGRAM. I MAY BE REQUIRED TO TELL THE HEARING COMMITTEE WHAT I OBSERVE AND WHAT YOU TELL ME.

I certify that on this date I read the above statement to the individual before asking any questions and conducting the examination.

2. I further certify that I personally examined Timothy Finley on 10/05/2016 at Marquette Branch Prison - MBP, commencing at 3:15 a.m./ p.m. and continuing for 10 minutes.

3. My determination is that the person is:

MENTALLY ILL: *Has a substantial disorder of thought or mood which significantly impairs judgment, behavior, capacity to recognize reality, ability to cope with ordinary demands of life*

NOT MENTALLY ILL AS DEFINED ABOVE

4. My diagnosis is Bipolar Disorder, Borderline Personality Disorder, Antisocial Personality Disorder

5. **FACTS SERVING AS THE BASIS FOR MY DETERMINATION ARE:**


The diagnosis of ASPD is well-secured by his extensive history of criminality and by interpersonal dynamics. Also, he meets criteria for Borderline Personality Disorder, with a significant history of SIB by cutting, unstable relationships and self-image, affective instability, high impulsivity, and inappropriate anger. Although these personality disorders bring affective instability, elevated impulsivity, suicidal or parasuicidal behaviors and inappropriate anger he has demonstrated excursions of mood into depression and mania that exceed that expected from his personality disorders. The diagnosis of Bipolar Disorder has been made on three occasions previously – before that he was diagnosed with Major Depressive Disorder.

He has required hospitalizations in the past but also has sustained stable mood and behavior for up to two years, when compliant with OPT treatment. However, he has a history of significant treatment non-compliance and current high risk of self-harm so an involuntary treatment order is requested.

6. **SET FORTH IN THE SPACE BELOW ARE THE FACTS WHICH LEAD TO THE BELIEF THAT THE DISORDER:**

A) **Significantly Impairs Judgment:**

Although he requests treatment for mental illness he has often been non-compliant with treatment, without adequate rationale. He has repeatedly harmed himself. He refused the local hospital's attempt to remove a razor lodged in his esophagus.

SIGNATURE	1 of 2	PRINT/TYPE NAME	TITLE	PROVIDER ID	DATE
		Terry Meden M.D.	Psychiatrist	MM40090	10/07/2016
PHYSICIAN'S CERTIFICATE PA 252			PRISONER INFORMATION		
			Name:	FINLEY, Timothy	
			Number:	266147	
			D.O.B.:	02/16/1981	

Therefore, I believe that as a result, the person presently has significantly impaired judgment.

B) Significantly Impairs Behavior:

He has repeatedly attempted to harm himself. He has ingested razors several times in past months, once requiring emergent surgical intervention at University of Michigan Hospital. He has hung himself at twice.

Therefore, I believe that as a result, the person presently has significantly impaired behavior.

C) Significantly Impairs Capacity to Recognize Reality:


Therefore, I believe that as a result, the person presently has significantly impaired capacity to recognize reality.

D) Significantly Impairs Ability to Cope with the Ordinary Demands of Life:

Therefore, I believe that as a result, the person presently has significantly impaired ability to cope with the ordinary demands of life.

7. I therefore conclude the individual is a person requiring treatment services available within the Corrections Mental Health Program.

I further certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage to the person about whom this certificate is concerned. I declare this certificate has been examined by me and that its contents are true to the best of my information, knowledge and belief.

SIGNATURE	2 of 2	PRINT/TYPE NAME	TITLE	PROVIDER ID	DATE
		Terry Meden M.D.	Psychiatrist	MM40090	10/07/2016

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