

AFFIDAVIT OF RYAN C.W. HALL, M.D.

STATE OF FLORIDA

COUNTY OF SEMINOLE

On this day personally appeared before me, the undersigned authority, Ryan C.W. Hall, M.D., who, being by me first duly sworn under oath deposes and says:

1. My name is Ryan C.W. Hall, M.D. I am over the age of majority, and make this affidavit and declaration upon the basis of personal knowledge of the factual matters contained herein.
2. I have maintained a private practice in psychiatry and forensic psychiatry since 2008.
3. I, also, currently serve as an Affiliate Instructor of the Department of Psychiatry and Behavioral Medicine at the University of South Florida, Tampa, Florida, and Assistant Professor of the University of Central Florida College of Medicine.
4. I received my undergraduate degree from the Johns Hopkins University and medical degree from the Georgetown University.
5. I have been requested to perform an Independent Medical Examination.

Scope of examination: Time: 9 am, 8/20/09

EXHIBIT 

6. Place: Burman, Critton, Luttier & Coleman, 515 N. Flagler Dr, Ste. 400, West Palm Beach, FL 33401
7. Manner: Face-to-face Independent Medical/Psychiatric Examination
8. Duration: Anticipated 6-8 hours
9. Conditions: Exam to take place with only evaluator and evaluatee in the room with the evaluation being videotaped with appropriate audio and visual recordings.
10. Scope: Full medical and psychiatric history, including chief complaint, history of present illness, specific complaints of symptoms or injury, medical history, past psychiatric history, family history, abuse history, birth history, childhood history, school history, occupational history, violence history, legal history, relationship history, substance use history, sexual history, review of systems, activities of daily living, mental status examination, diagnoses using DSM-IV axes, and discussion of case findings and opinions.
11. Psychological tests and questionnaires: Zung Depression Scale, Zung Anxiety Scale, Mini Mental State Examination, MCMI-III, MMPI -2 with forensic implications, Life History Questionnaire, and Forensic Questionnaire.

12. No opinion of mine has ever been disqualified in a legal proceeding.
13. I declare under penalty and perjury that the foregoing is true and correct.

Executed this 29 day of July 2009, in Lake Mary, Florida.

Ryan C.W. Hall MD
RYAN C.W. HALL, M.D.

STATE OF FLORIDA
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BEFORE ME, the undersigned authority, personally appeared RYAN C.W. HALL, M.D., who is () personally known to me or () who has produced _____ as identification, and who did take an oath, deposes and says that the attached Affidavit is true and correct to the best of his knowledge and belief.

SWORN TO AND SUBSCRIBED before me on this 29th day of July, 2009.

Marcia J. Chapman
Notary Public
Printed Name: _____
My Commission Expires: _____

