

SC - 8 - 19

STATE OF WISCONSIN

CIRCUIT COURT

KENOSHA COUNTY

For Official Use

James Kenneth Jackson
Plaintiff(s)

vs.

Mary T. Kubiki et al
Defendant(s)CONFERENCE ORDER
AND NOTICE OF
SCHEDULING
CONFERENCE**FILED**

MAR 26 2019

REBECCA MATOSKA-MENTINK
CLERK OF CIRCUIT COURT

APR 16 2019

Case No. 2019CV 000354
Judge Anthony MilisauskasMARY T. KUBICKI
COUNTY CLERK**This case is scheduled for:** Scheduling Conference pursuant to Sec. 802.10(3) Stats.**DATE:** Thursday, August 1st, 2019**TIME:** 8:45 AM**COURT OFFICIAL:** Anthony Milisauskas**LOCATION:** Room: 117 Kenosha County Courthouse
912 56th Street, Kenosha, WI 53140**THE COURT ORDERS:**

1. The plaintiff shall serve this notice upon all defendants to this action and provide proof of service to the court. Any party in this case who causes another party to be joined shall serve this notice upon the joined party and provide proof of service to the court.
2. All plaintiffs and defendants named in this case shall appear either in person OR by attorney of record; unless otherwise authorized by the court.
3. Any party who fails to comply with this order may have the court enter an order pursuant to Sec. 805.03 and 804.12, Stats. which may include a finding of contempt of court and entry of a default judgment against the offending party.
4. If you intend to challenge the allegations by the plaintiff in the complaint, you must file a written Answer within the number of days specified on the summons. If you do not file such an Answer you do not have to appear at the above date and time.

Dated : March 26, 2019

☒ **JUDGE ANTHONY MILISAUSKAS**
Circuit Court Judge, Branch 4

DATE SERVED:	4-16-19
TIME:	1126
PERSONAL:	SUBSTITUTE
BY:	[Signature]
Deputy Sheriff - Kenosha County	

Updated 7/30/14

COPY

PLAINTIFF

JAMES KENNETH JACKSON

DEFENDANT(S)

COUNTY OF KENOSHA (AS REPRESENTED BY)

MARY T. KUBICKI – COUNTY CLERK

JOSEPH M. CARDAMONE III – CORPORATION COUNSEL

JOHN MOYER – SR. ASSISTANT CORPORATION COUNSEL

JAMES KREUSER – COUNTY EXECUTIVE

GEOFFREY DOWSE – COURT COMMISSIONER

ET ALIA

MR. JEFFREY BEZOS – OWNER OF THE AMAZON CORPORATION

THE AMAZON CORPORATION

Mr. Jackson is claiming / charging the above defendants with the following:

- 1) Abuse of a profoundly disabled person, terrorizing, threatening and intimidation of a severely mentally and physically disabled person that suffered permanent brain damage at the age of seven after being shot in the head.
- 2) Conspiracy to commit fraud by taking advantage of a severely disabled person that has paid with great sacrifice just under \$80,000.00 in property taxes over the previous nineteen years since the death of Mr. Jackson's widowed mother in October of 1998.

The Plaintiff had repeatedly asked the County Treasurer, Ms. Teri Jacobson if he could receive forgiveness or a waiver of only the interest and penalties, not the actual property tax, as many states consent to. He was told that it was not possible. However, it has since been learned of the case of over 120 million dollars in property tax exemptions were provided to Mr. Jeffrey Bezos, owner of the Amazon Corporation. Mr. Bezos, a man whose estimated worth is in excess of 126 billion dollars by most financial experts. The outrageousness of this situation, the taking of the home of a person disabled since the age of seven, who has paid nearly \$80,000.00 in property taxes over the last nineteen years and presenting the world's wealthiest person with 120 million dollars of property tax exemptions is something a writer of fiction could only conceive of. The shameful comparison of these two deeds must not be disregarded by the court.
- 3) Intentional infliction of mental and emotional distress upon a physically and mentally disabled person.
- 4) Theft of U.S. Mail (a federal offence).
- 5) The refusal by county officials to enter into mediation, to arrive at an arrangement that would allow the Plaintiff to remain in his lifelong home where he has lived since the age of

eight. The Plaintiff offered to turn over the entire amount of his sole income of \$950.77 from Social Security disability payments each and every month, as long as he could remain living in his home. They coldly refused!

No dollar amount will ever be able to compensate for the anguish, trauma and extreme humiliation inflicted upon the Plaintiff, Mr. Jackson, during the previous eleven months.

The final straw was the indignity of the Plaintiff being taken by two armed police officers on a two hour journey to the Mendota Mental Health Institute at Madison. Crammed into the back seat of a police SUV, his wheel chair collapsed in the back, locked in, confined as if he were a convicted criminal being transported to prison. (The Plaintiff has never been arrested, nor has he ever committed a criminal offence.) And yet he was treated as if he were a dangerous felon.

Upon arrival at the Mendota Mental Health Institute, the Plaintiff was placed in a locked room for days, under continuous surveillance by closed circuit TV. Even the room's bathroom was kept locked; it was only allowed to be utilized while an attendant remained outside the open door.

After several days of this unwarranted treatment, Mr. Jackson was interviewed/evaluated separately by two psychiatrists and members of their staffs. Both doctors of psychiatry rapidly arrived at the identical conclusion. They both determined that there was not any credible reason for Mr. Jackson to even be, or to remain there. The video link court hearing that was scheduled to occur on January 11th to determine the Plaintiff's sanity was cancelled and the immediate release of Mr. Jackson was ordered.

The Plaintiff, Mr. Jackson, is asking for/requiring a minimum of five million dollars in general and exemplary damages, for the pain, intense suffering and humiliation inflicted upon a lifelong disabled person who's only desire was and is to remain in his boyhood home for what remaining time is left of his sad and tragic life.

Your Honor, the Plaintiff requests that the Court immediately issue a preliminary injunction halting the removal of any items of personal property from the Plaintiff's lifelong residence at 1906 35th Street and, if any items of personal property were removed, that they be immediately be returned undamaged.

In addition, the Plaintiff requests a Court order preventing any sale of the property (the residence) at 1906 35th Street until this entire matter is brought before the Bar of Justice where both Plaintiff and Defendants can present all the facts of this incredible injustice.

And also, the Court order that the Plaintiff, James K. Jackson be allowed unrestricted access to his life long home, to reside there until adjudication of the Plaintiff's claims.

It is apparent that the indigent, the infirmed do not always receive a fair, an impartial hearing. It is evident that power and influence are respected. I have neither; I do not possess the financial resources to fight an entire county with millions of dollars at their disposal. I will do my best for all I possess is truth.

Abraham Lincoln once stated "the law must be tempered with mercy," and Oliver Wendel Holmes once said "Justice is neither swift nor cheap." I hope for the former and not the latter.

My phone numbers are: 1-262-221-1613 and 1-262-496-7032

My temporary address is: 1528 30th Avenue, Apt. 1C

KENOSHA POLICE DEPARTMENT & KENOSHA COUNTY SHERIFF'S DEPARTMENT CRIME VICTIM'S RIGHTS

As a victim of a crime, you have been informed by the investigating officer that you have the right to have access to records maintained by the law enforcement agency investigating the crime. The records that you have access to, will be limited to information concerning any injury, loss or damage that you have incurred. The information may also be used to determine if the offender has been released from jail, a juvenile detention facility, or other involuntary confinement.

The information that you are being provided is confidential and may be used to determine if the offender is being held in a secure facility, or for the purpose of restitution for the injury, loss or damage incurred as a result of the offender's act.

CASE STATUS

Offender's Name(s) and DOB(s) if known:

Agency:

1. _____
2. _____
3. _____

- ☒ Kenosha Police Department, 262-605-5200
☐ Kenosha Sheriff's Department, 262-605-5100

Case Number	Date of Offense	Investigating Officer
2018-35636	06/27/2018	S. WINTER #545

RIGHTS OF VICTIMS

- To have your interest considered when the court is deciding whether to grant a continuance in the case, as provided under S.S.938.315(2) and S.S.971.10(3)(b).
- To voluntarily (at your own expense), attend court proceedings in the case. Witness fees are only paid to subpoenaed witnesses at court hearings.
- The right to ask for help with an employer to promote a mutual understanding of and cooperation with the criminal justice system.
- To be accompanied to court by a friend or service representative, as provided in S.S. 895.73, if you so request.
- To be provided a waiting area under S.S. 967.10
- To have your interests considered by the court in determining whether to exclude persons from a preliminary hearing.
- To have the Parole Commission make a reasonable attempt to notify the victim of applications for parole, if you sign up for the Department of Corrections Notification Program.
- To have reasonable attempts made to notify the victim of hearings or court proceedings, if you return the District Attorney's Victim's Rights Packet to them within 5 days of receipt. The victim must notify the District Attorney's Office about any change of address or telephone number when they wish to receive notices.
- To have a speedy disposition of the case in which they are involved in as a victim.
- To have the District Attorney's Office make a reasonable attempt to inform the victim concerning their right to provide a Victim/Impact statement to the court at the time of disposition and/or parole. These statements may be made in writing, in person, or both.
- To restitution for monetary loss. Pain and suffering is not recoverable in criminal court.
- To file for Crime Victim Compensation benefits for out of pocket medical expenses or funeral expenses.
- To complain to the Department of Justice concerning the treatment of crime victims and to request review by the Crime Victim Right's Board of any complaint. **The number to contact is 1-800-446-6564.**

The Wisconsin VINELink service provides release and custody status information about offenders in county jails.

There is a live operator available 24 hours a day, 7 days a week who can offer you further assistance if you need it. VINE is anonymous and free. The offender will not know you are registered. To register, call the toll free number or go to their website.

WISCONSIN STATEWIDE VINE SERVICE • 1-888-944-8463 • www.vinelink.com

The Wisconsin Department of Corrections-Office of Victim Services & Programs offers information for victims of crimes that were committed in Wisconsin. To receive information regarding inmates in STATE PRISONS: ie, custody status; releases; escapes; community confinements; leaves granted to inmates; the status of a defendant who is being considered for Probation or Parole, call the toll free number or go to their website.

WISCONSIN DEPARTMENT OF CORRECTIONS-OFFICE OF VICTIM SERVICES & PROGRAMS

1-800-947-5777 • www.WIVictimsVoice.org

ANOTHER REPORT OF THIS INCIDENT WAS SUBMITTED TO THE F.B.I.

INCIDENT REPORT

May 24th, 2018 (late afternoon)

Last Thursday, May 24th, after I was brought back to my home by Care-A-Van after leaving Pick-N-Save for prescriptions and some groceries, while I was placing the few bags I had in my back hall, a man appeared behind me on my back porch. He called me "Jackson," then he told me "don't interfere with things that are not your business." Then he said, "You know what I'm talking about!" And then I was told, "You won't be warned again!" Then he quickly walked away to the east between my neighbors house and garage. He must have had a car parked on the north/south 19th Avenue. I could not see a vehicle; I could not follow him as I can barely walk due to a spinal cord injury. I'm in my wheelchair whenever I leave my home. When I'm at home, I'm sitting or laying down.

A few weeks prior to the threat I received, I asked the County Treasurer Ms. Teri Jacobson for a copy of the agreement contract between the County of Kenosha and the City of Kenosha with the Amazon Corporation and it's owner Jeff Bezos, wherein the latter was given \$120,000,000 in property tax exemptions; 120 million dollars to a man, Mr. Bezos, who's estimated worth is said to be in the hundreds of billions. The only person that I asked for the document was Ms. Teri Jacobson, the County Treasurer. I can't believe that she would have anything to do with having my life threatened. It's possible she told others of my request for a copy of the agreement, or someone in the office overheard my request. Ms. Jacobson informed me that she was unable to provide me with the document.

I have been both physically and mentally disabled since I was 15 years of age. I am now facing having my home and much more taken away from me, the home where I have lived since the age of eight. This after paying them over \$80,000 in property taxes over the previous 18 years since my mother's death in 1999, while a multi billionaire is given 120 million dollars in property tax exemptions. The disparity between these two instances cries out for justice or at least a serious examination of the facts. Thus, my request for a copy of the documents.

Here is a description of the man who threatened me: About 6 feet tall; appeared to be very fit; age between 35 and 50; graying hair around the ball cap he was wearing; wearing sunglasses. I believe he was carrying a gun in a belt holster under his jacket due to the bulge on his right side.

I have been very distraught since this threat was made. I hereby attest that the incident as described above occurred as stated, so help me God.

James K. Jackson

A Partial List of Personal Property in the Plaintiff's Home at 1906 35th Street:

Medications

Medical and Insurance Records

Eyeglasses – 4 plus pair

Clothing, Shoes, Towels, Sheets and Blankets

Family Photographs of my Mother and Father

Physical Therapy Equipment

Canes – at least six

Mother's, Father's and My Wedding Rings

Jewelry, Watches – twenty plus items

Coin Collection – Silver and Copper US Mint Sets

Stamp Collection

Train Collection, "O" Gauge – 15 to 20 Items

Antique Sculptures

Silverware

Dishes, Fine China

Wheelchair Replacement Parts

Bookshelves with over 1000 Volumes

Telescope and Microscope

Binoculars – six pair

Cameras – six items

Movie Camera and Projector

DVD, CD and Record Collection – 100's of each

TV's – 5 items

Typewriters – 5 or 6 (2 IBM, 1 Smith Corona, 1 Brother, 1 Royal, manual)

Computer – Apple

Phonographs – 3 items

Radios – approximately 20 items

Tape Recorders – 4 items

Tools of my Father's and My Own

Cell Phones

DVD Players – 3 items

CD Players – 4 items

Furniture – Book Cases, Desk, Tables

Family Bible and 3 to 4 other Bibles

Plastic Model Kit Collection – unbuilt, still in boxes

Die Cast Models – Autos, Tanks, Aircraft

Small Appliances - Vacuum Cleaners, Pizza Oven, Roaster Oven, Toasters, Small Refrigerator

Personal Care Items – Electric Shavers, Electric Barber Clipper

Kitchenware – Glassware, Cooking Utensils, Pans, Pots, Dishes

Military Relics Collection – My Father's Collection of uniforms and medals

1963 Ford Galaxy 500XL – My Mother's car, in the Garage

Lawn Mowers and Gardening Tools

Lease Agreement

This Lease Agreement (Lease) is entered into on this ____ day of _____, 20__, by and between County of Kenosha (Landlord) and James Kenneth Jackson (Tenant). Landlord is the owner of land and property whose address is: 1906 35th Street, Kenosha, WI 53140. Landlord makes available for lease the property at 1906 35th Street, Kenosha, WI 53140 (Leased Premises).

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the provisions set forth herein.

THEREFORE, in consideration of the mutual promises contained herein, and for other good and valuable consideration, it is agreed:

1. Term

The Term of the Lease shall begin on the 12th day of September, 2018, and end on the 12th day of November, 2018.

There shall be no renewal of this lease. Tenant agrees that he will vacate the premises on November 12, 2018.

2. Rent

Tenant shall pay to Landlord during the Term rent of five hundred (250) Dollars (\$) per month. Each payment shall be due in advance on the eleventh day of each calendar month during the lease term to Landlord at the following address: Office of the County Clerk, 1010 56th Street, Kenosha, WI 53140. Failure to pay rent on the eleventh day of each calendar month will be considered a breach of this Lease.

Returned Checks

In the event that any payment by Tenant is returned for insufficient funds ("NSF") or if Tenant stops payment, Tenant will pay fifty (50) Dollars (\$) to Landlord for each such check, plus late charges, as described above, until Landlord has received payment. Furthermore, Landlord may require in writing after such returned check, that Tenant pay all future Rent payments by cash, money order, or cashier's check.

3. Order in which funds are applied

Landlord will apply all funds received from Tenant first to any non-rent obligations of Tenant including late charges, returned check charges, charge-backs for repairs, brokerage fees, and periodic utilities, then to rent, regardless of any notations on a check.

4. Rent Increases

There will be no rent increases through the Termination Date.

5. Security Deposit

Tenant shall also pay to Landlord a "Security Deposit" in the amount of one (1) month of the initial Base Rent and Additional Rent, as security for Tenants performance of its obligations. If Tenant defaults with respect to any provision of this Lease, Landlord may retain all or any portion of deposit for the payment of any rent or other charge in default, or to compensate Landlord for any loss or damage which Landlord may suffer.

19CV354

THE WHITE HOUSE
WASHINGTON, DC 20502



U.S. POSTAGE >> PITNEY BOWES



ZIP 20500 \$ 000.47⁰
02 1W
0001380733 DEC 07 2018

THE WHITE HOUSE
WASHINGTON

December 6, 2018

Mr. James Jackson
1906 35th Street
Kenosha, Wisconsin 53140

Dear Mr. Jackson,

Thank you for taking the time to write and share your story with President Donald J. Trump. He is honored by the opportunity to serve you and the American people.

White House staff reviewed your correspondence and forwarded it to the appropriate Federal agency for further action. For additional information about the Federal government in the meantime, please visit www.USA.gov or call 1-800-FED-INFO.

Respectfully,

The Office of Presidential Correspondence

THIS MATTER WAS REFERRED TO
THE DEPT. OF JUSTICE - WASH. D.C.

19CV354

STATE OF WISCONSIN

CIRCUIT COURT

KENOSHA COUNTY

In the Matter of the Mental Condition of:

James Jackson,

dob: 8/28/47

Presently located at:

Mendota Mental Health FacilityAlleged to be:
Mentally Ill.**ORDER FOR A PROBABLE CAUSE HEARING &
ORDER TO TRANSPORT/OR VIDEOCONFERENCING**

On: 1/11/19

At: 10:30am

At Room 157 Kenosha County
INTAKE COURT BUILDING
927 - 54TH Street
Kenosha, Wisconsin
File No. 19-ME-16
Hon. Loren J. Keating

Upon the Statement for Emergency Detention or Petition for Examination on file herein to determine the mental condition of the above-named individual, hereinafter referred to as the subject of these proceedings, and the Court having appointed the Public Defender to represent that subject, James Jackson

IT IS HEREBY ORDERED THAT A PROBABLE CAUSE HEARING WILL BE HELD BEFORE THE COURT AT THE INTAKE COURT BUILDING IN KENOSHA COUNTY, WISCONSIN, AT THE TIME AND DATE AS NOTED ABOVE.

At this probable cause hearing, the Court will determine, based upon evidence presented to it, whether there is probable cause to believe the allegations contained in the Statement for Emergency Detention or Petition for Examination on file herein.

If probable cause is found, the matter will be set for trial within fourteen (14) days from date of detention and:

- (1) The subject may be detained pending the trial.
- (2) The trial will be to the Court unless the subject requests a trial by jury more than 48 hours prior to the final hearing except if the subject is alleged above to be an alcoholic, in which case trial shall be by jury unless waived;
- (3) The Court will appoint either two licensed physicians specializing in psychiatry, or one licensed physician and one licensed psychologist, or two licensed physicians, one of whom shall have specialized training in psychiatry, if available, to personally examine the subject. One of the two court appointed physicians may be selected by the subject, upon timely application with the Court, except if the subject is alleged above to be an alcoholic in which case the court may appoint one physician.

Attached hereto is a copy of the Statement or Petition referred to above which states the basis for the probable cause hearing.

IT IS FURTHER ORDERED that the Sheriff of Kenosha County shall take the subject herein into custody and convey said subject from his present location as noted above to the Kenosha County Intake Court Building, Room 157 for the purpose of said probable cause hearing at the time and date herein specified pending alternate plans to be made for the care of the subject by the 51.42 Board of Kenosha County IF TELECONFERENCE is not utilized.

Dated at Kenosha, Wisconsin this 9th day of January, 2019.

BY THE COURT:


Circuit Court Commissioner

P. O. ADDRESS:
Office of Corporation Counsel
912 56 Street
Kenosha WI 53140
(262) 925-8020

STATE OF WISCONSIN :

CIRCUIT COURT

: KENOSHA COUNTY

IN THE MATTER OF THE MENTAL
CONDITION OF:
James Jackson

NOTICE OF TELEPHONE TESTIMONY

Presently located at:
Mendota Mental Health

ON 1/11/19 AT 10:30 am
ROOM 157

File No. 19-ME-16

Alleged to be: Alcoholic
 Drug Dependent
 X Mentally Ill
 Developmentally Disabled

Hon. Loren J. Keating

PLEASE TAKE NOTICE, that the Public Interest, by the Kenosha County Corporation Counsel's Office, will take the testimony of a psychiatrist at Mendota Mental Health Facility by telephone at the hearing in this matter.

KENOSHA COUNTY CORPORATION
COUNSEL'S OFFICE

By



Matthew Perz
Senior Assistant Corporation Counsel

P. O. ADDRESS:
Office of Corporation Counsel
912 - 56th Street
Kenosha, WI 53140
Phone: (262) 925-8020

STATE OF WISCONSIN : CIRCUIT COURT : KENOSHA COUNTY

IN THE MATTER OF THE MENTAL
CONDITION OF:

James Jackson,

Presently located at:
Mendota Mental Health

Alleged to be: Alcoholic
 Drug Dependent
 x Mentally Ill
 Developmentally Disabled

NOTICE OF MOTION AND MOTION
FOR AN ORDER FOR MEDICATION
SUBSEQUENT TO A HEARING HELD

ON 1/11/19 AT 10:30 am
x At Kenosha Co. Intake
ROOM 157

File No. 19-ME-16

Hon. Loren J. Keating

PLEASE TAKE NOTICE that at the conclusion of the probable cause hearing in the above referenced matter the Kenosha County Corporation Counsel's Office, pursuant to Section 51.61(1)(g) Stats., will move the Court for an Order for Medication for the reason that the above-named subject is incompetent to refuse medication and/or such medication is necessary to prevent serious physical harm to himself or others, all as stated in the Report of the Examining Physician which will be on file with the Court no later than 48 hours before this hearing.

KENOSHA COUNTY CORPORATION
COUNSEL'S OFFICE

By



Matthew Perz
Assistant Corporation Counsel

P. O. ADDRESS:
Office of Corporation Counsel
912 56 Street
Kenosha WI 53140
Phone (262) 925-8020



KENOSHA POLICE FIELD CASE REPORT

CASE# 2019-00001407

EVENT	REPORTED DATE/TIME 01/08/2019 17:33	OCCURRED INCIDENT TYPE Chapter 51 Investigation	
	OCCURRED FROM DATE/TIME 01/08/2019 17:33	OCCURRED THRU DATE/TIME 01/08/2019 17:33	LOCATION OF OCCURRENCE FROEDTERT SOUTH - KENOSHA HOSPITAL (KMH) 6308 8TH AVE KENOSHA, WI

OFFENSES	STATUTE/DESCRIPTION	COUNTS	ATTENTION/CHARGE

SUBJECT	JACKET/SUBJECT TYPE Adult Other		NAME (LAST, FIRST, MIDDLE, SUFFIX) JACKSON, JAMES KENNETH					
	DOB 08/28/1947	AGE & AGE RANGE 71	ADDRESS (STREET, CITY, STATE, ZIP) 1906 35TH ST KENOSHA, WI 53140					
	RACE White		SEX Male	HEIGHT & RANGE 6'4. 6'4.	WEIGHT & RANGE 260 260	HAIR Brown	EYE Brown	
	IDENTIFICATION TYPE Verbal		PRIMARY PHONE (262)221-1613		PHONE #2	PHONE #3		

SUBJECT	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE, SUFFIX)					
	DOB	AGE & AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)					
	RACE		SEX	HEIGHT & RANGE	WEIGHT & RANGE	HAIR	EYE	
	IDENTIFICATION TYPE		PRIMARY PHONE		PHONE #2	PHONE #3		

SUBJECT	JACKET/SUBJECT TYPE		NAME (LAST, FIRST, MIDDLE, SUFFIX)					
	DOB	AGE & AGE RANGE	ADDRESS (STREET, CITY, STATE, ZIP)					
	RACE		SEX	HEIGHT & RANGE	WEIGHT & RANGE	HAIR	EYE	
	IDENTIFICATION TYPE		PRIMARY PHONE		PHONE #2	PHONE #3		

REPORTING OFFICER 655 HealyJustin	DATE 01/08/2019	REVIEWED BY Nichols, Dusty J	01/09/2019
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KENOSHA POLICE
 FIELD CASE REPORT

CASE 2019-00001407

NARRATIVE

On Tuesday, 1/8/19, I, PO Healy #655, was on patrol in full Kenosha Police Department (KPD) uniform, operating fully marked squad #3231 (not recording). At about 1738hrs, I was dispatched to Froedtert South Campus- (KMH), 6308 8th AVE, for a Chapter 51 evaluation. Dispatch advised that Adult Crisis was already on scene and requested PD for a transport.

Upon arrival, I spoke with Rebecca Ribar with Adult Crisis who advised that James Jackson (verbal ID) made statements that he wanted to jump in front of a train, overdose or jump off of a pier to drown himself. Rebecca advised that Jackson was already Chaptered at 1720hrs. Jackson was seen in KMH in room 16 by RN Farley.

At 2014hrs, PO Goldberg #653 and I transported Jackson to Mendota Mental Health, 301 Troy Dr, Madison. At 2235hrs I read the Rights on Emergency Detention verbatim to Jackson. He said he understood his rights and signed the form. Jackson was released to Mendota Mental Health staff without incident. No further action taken by this officer.

REPORTING OFFICER 655 Healy, Justin	DATE 01/08/2019	REVIEWED BY Nichols, Dusty J	01/09/2019
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Case No. 209-0001467**RIGHTS ON EMERGENCY DETENTION**

1. YOU HAVE THE RIGHT TO CONTACT AN ATTORNEY. IF YOU ARE INDIGENT OR DO NOT RETAIN AN ATTORNEY, THE COURT WILL APPOINT AN ATTORNEY TO REPRESENT YOU.
2. YOU HAVE THE RIGHT TO REMAIN SILENT AND TO NOT TALK TO ANY PHYSICIANS. ANYTHING YOU SAY TO ANYONE MAY BE USED AS PART OF THE BASIS FOR A COMMITMENT.
3. YOU HAVE THE RIGHT TO TALK TO AN ATTORNEY BEFORE A REQUEST IS MADE TO UNDERGO ANY TREATMENT.
4. YOU HAVE THE RIGHT TO BE EXAMINED BY A PHYSICIAN IF YOU SO CHOOSE AND TO ACCEPT ANY OFFERED TREATMENT VOLUNTARILY. YOU HAVE THE RIGHT TO CONSULT YOUR ATTORNEY BEFORE ACCEPTING ANY OFFERED TREATMENT.
5. YOU HAVE THE RIGHT TO CONTACT A MEMBER OF YOUR IMMEDIATE FAMILY.
6. YOU HAVE THE RIGHT TO REFUSE ALL DRUGS, MEDICATION AND OTHER TREATMENT UNLESS THE COURT, AFTER HEARING, ORDERS OTHERWISE. YOU MAY ACCEPT DRUGS, MEDICATION AND OTHER TREATMENT VOLUNTARILY. IF YOU PRESENT A SERIOUS RISK OF HARM TO YOURSELF OR OTHERS IN THE FACILITY, MEDICATION MAY BE GIVEN TO YOU AGAINST YOUR WILL AND WITHOUT A COURT HEARING TO PREVENT HARM TO YOU OR OTHERS.
7. YOU HAVE THE RIGHT TO RECEIVE A COPY OF THE STATEMENT OF EMERGENCY DETENTION, PETITION FOR EMERGENCY COMMITMENT, PETITION FOR INVOLUNTARY COMMITMENT OR OTHER DOCUMENT WHICH FORMS THE BASIS OF YOUR DETENTION.
8. YOU WILL BE PRESENT AT ALL HEARINGS AND TRIALS IN THIS MATTER AND YOU HAVE THE RIGHT TO TESTIFY IF YOU SO CHOOSE.
9. YOU HAVE THE RIGHT TO A PROBABLE CAUSE HEARING WITHIN 72 HOURS, EXCLUDING SATURDAYS, SUNDAYS AND LEGAL HOLIDAYS, OF YOUR DETENTION AND YOU WILL BE NOTIFIED OF THE EXACT TIME AND PLACE OF THIS HEARING. AT THIS HEARING, THE PETITIONERS HAVE TO SHOW THERE IS PROBABLE CAUSE TO BELIEVE THAT YOU ARE MENTALLY ILL, DRUG DEPENDENT OR DEVELOPMENTALLY DISABLED, ARE A PROPER SUBJECT FOR TREATMENT AND ARE DANGEROUS TO YOURSELF OR OTHERS. IF THE COURT FINDS PROBABLE CAUSE, YOU MAY BE DETAINED IN A HOSPITAL OR OTHER FACILITY UNTIL THE TRIAL.
10. AFTER A PROBABLE CAUSE FINDING, YOU WILL BE EXAMINED BY 2 COURT-APPOINTED DOCTORS. YOU HAVE THE RIGHT TO REQUEST TO CHOOSE ONE IF YOU NOTIFY THE COURT WITHIN 24 HOURS OF THE PROBABLE CAUSE FINDING. YOU HAVE THE RIGHT TO REMAIN SILENT DURING THESE EXAMINATIONS.
11. YOU HAVE THE RIGHT TO TRIAL BY JURY. YOU MUST SUBMIT A WRITTEN DEMAND FOR JURY TRIAL AT LEAST 48 HOURS BEFORE TRIAL TO THE COURT WHO WILL HOLD A JURY TRIAL WITHIN 14 DAYS OF YOUR DEMAND; OTHERWISE, YOU WILL HAVE A TRIAL BEFORE THE JUDGE WITHIN 14 DAYS OF YOUR DETENTION.

Case No. 2019-00001407

12. YOU AND YOUR ATTORNEY MAY PROPOSE TO THE COURT AN ALTERNATIVE TO INVOLUNTARY COMMITMENT. SUCH ALTERNATIVES MAY INCLUDE, BUT ARE NOT LIMITED TO, OUTPATIENT TREATMENT, DAY OR NIGHT TREATMENT IN A HOSPITAL, PLACEMENT IN THE CUSTODY OF A FRIEND OR RELATIVE, OR REFERRAL TO A COMMUNITY MENTAL HEALTH CLINIC.
13. AT LEAST 96 HOURS BEFORE THE TRIAL, YOU WILL RECEIVE A COPY OF THE ORDER FOR TRIAL INCLUDING THE NAMES OF THOSE PERSONS WHO MAY TESTIFY IN FAVOR OF YOUR COMMITMENT.
14. AT THE TRIAL, THE PETITIONERS WILL HAVE TO SHOW, BY CLEAR AND CONVINCING EVIDENCE, THAT YOU ARE MENTALLY ILL, DEVELOPMENTALLY DISABLED OR DRUG DEPENDENT, A PROPER SUBJECT FOR TREATMENT AND ARE DANGEROUS TO YOURSELF OR OTHERS, ALL AS THOSE TERMS ARE DEFINED IN WISCONSIN STATUTES CH 51.

THE ABOVE RIGHTS HAVE BEEN PRESENTED AND READ TO ME THIS 8 DAY OF
JANUARY, 20 19

[Signature]
(PATIENT)

WITNESSED BY:

[Signature]
(NAME)
(EMERGENCY ROOM STAFF)
ST. LUKE'S HOSPITAL (RACINE, WI)

(Name if NOT St. Luke's Hospital)

OFFICER:

[Signature]
(NAME)

655
(UNIT#)

1/8/19
(DATE)



COUNTY OF KENOSHA

Joseph M. Cardamone III
Corporation Counsel

Jennifer Kopp
First Assistant

John Meyer
Senior Assistant

Matthew Perz
Senior Assistant

Courthouse
912 - 56th Street, LL13
Kenosha, WI 53140-3747
(262) 925-8020
Fax: (262) 925-8028

IN THE MATTER OF THE CONDITION OF:

James Jackson
Name of Subject

Law Enforcement
Agency No: 19-1407

DATE OF BIRTH: 8/28/47

NOTICE TO INSTITUTION OF ANTICIPATED COURT DATE

If needed, the above-named subject will require a hearing on the following date to determine

Probable cause:

January 11 2019

A specific date and time will be provided if there is a decision to pursue probable cause.

Date: January 9 2019

Matthew Perz

Matthew Perz
Assistant Corporation Counsel

STATE OF WISCONSIN, CIRCUIT COURT, <u>Kenosha</u> COUNTY		For Official Use
IN THE MATTER OF THE CONDITION OF <u>Jackson, James</u> Name of Subject <u>8/28/47</u> Date of Birth		Physician's Report for Medication or Treatment and Request for Hearing Case No. _____

Report of Physician

I am a licensed physician and based upon my examination of the subject individual, I state:

1. The subject is mentally ill, drug dependent, alcoholic, or developmentally disabled.
2. The subject needs medication or treatment that would be therapeutic.
3. The medication or treatment will not unreasonably impair the subject's ability to prepare for and participate in future court proceedings.
4. I have explained to the subject the advantages and disadvantages and alternatives to accepting medication or treatment. Due to the subject's condition, the subject is incapable of expressing an understanding of the advantages and disadvantages and alternatives to accepting this particular medication or treatment, or is substantially incapable of applying an understanding of the advantages, disadvantages and alternatives to his or her condition in order to make an informed choice as to whether to accept or refuse medication or treatment, with the result being that the subject is not competent to refuse medication or treatment due to his or her condition.

MMHI
Name of Facility
608-301-1256
Phone Number

Kenneth Durgins
Signature of Physician
Kenneth Durgins
Name Printed or Typed
1/9/19
Date

Request for Hearing

I request the court conduct a hearing at a date, time, and place set by the court, to determine whether the subject is competent to refuse medication or treatment and grant an appropriate order.

Signature of Corporation Counsel

Date

Name of Corporation Counsel	
Address	
Telephone Number	Bar Number

PROBABLE CAUSE INFORMATION SHEET

TIME IS OF THE ESSENCE

(Fax to Kenosha County Corporation Counsel's Office at (262) 925-8028)

PATIENT NAME: Jackson, James

DATE OF ADMISSION 4/8/19

1. Is the subject more likely than not:

Mentally ill?

Yes ☒ No ☐

If yes, what mental illness does the subject suffer from?

MDD, Alc Use No, No OCD, Agoraphobia

Drug Dependent? (Does not include alcohol dependency)

Yes ☐ No ☒

Developmentally Disabled?

Yes ☐ No ☒

Alcoholic? (Not a basis for a 51.20 Stats. Commitment)

Yes ☒ No ☐

Preliminary Opinion/Comments:

Active alcoholism

2. Is the subject dangerous to:

Self?

Yes ☒ No ☐

Others?

Yes ☐ No ☒

Opinion/Comment:

not SI

3. Is the person a proper subject for treatment? (In other words, will the administration of any treatment techniques help control, improve or cure the mental illness, drug dependency or developmental disability?)

Yes ☒ No ☐

If you have checked "yes" in #1-3 above, please complete the following: (If you have checked "no" completely in either #1, #2, or #3 above, THE MATTER WILL BE DISMISSED).

4. Is the subject appropriate for:

A voluntary agreement (30 days or when released from inpatient?)

Yes ☐ No ☒

A 90 day hold open agreement?

Yes ☐ No ☒

A bind over (6 month commitment appears probable)

Yes ☒ No ☐

5. When is the subject likely to be discharged from hospital?

3-4 wks

6. Is an order for medication requested?

Yes ☒ No ☐

Psychiatrist's Signature

Kenneth Burges

Date: 4/9/19

Office of the Kenosha County Corporation Counsel

912 - 56th Street
Kenosha, WI 53140
(262) 925-8020

KHDS Client Tracking System

Date Generated: 1/8/2019 1:27:24 PM



Crisis Event Summary

Name: Jackson, James		SSN: 000-00-0000	DOB: 06/28/1947
Gender: Male	Address: 1906 35TH STREET		
Ethnicity: Unknown	Kenosha, WI 53140		
Marital Status: Unknown	Phone: (262) 221-1613		

Event Date/Time: 1/8/2019 12:49:00PM		MA Number:
Crisis Type: Adult Crisis	Insurance: Unknown	
Staff: Funari-Foster, Jessica	HMO Name:	
Presenting Problem: Attempt, Threat, or Danger of Suicide	Disability Status: Unknown	
CAN Type:	Legal Status: Voluntary	
Place of Service: Emergency Room - Hospital	Referred By: Other	
Program: None	Referred To: Crisis	
Hospital Admission: Voluntary	Kenosha Worker: Unknown	
Location: n/a	Caregiver:	
Date:		

Presenting Problem:

PER SUPERVISOR PALMER THIS WORKER AC WAS ASKED BY APS SANDOR TO GOT O FROEDTERT SOUTH KMH ER WHERE HE WAS WITH THE CLIENT WHO WAS PRESENTING WITH SI.

Intervention Summary:

WORKER SPOKE WITH SANDOR WHO EXPLAINED THAT THE EVICTION WOULD BE POSTED AND THE CLIENT HAD NOT BEEN DOING WELL. / WORKER HAD PREVIOUS KNOWLEDGE OF THE CIRCUMSTANCES FROM PRIOR CONTACT WITH SANDOR AND SUPERVISOR PALMER REGARDING THIS. SANDOR STATED THAT THE CLIENT HAD BEEN SHAKING AT THE TABLE SPEAKING VAGUELY OF SUICIDAL THOUGHTS.

WORKER SAT WITH CLIENT AS WELL AS SANDOR AND HIS FAMILY CARE WORKERS. CLIENT SPOKE OF A PSYCHIATRIST HE SAW THAT MORNING MARGARRET ERDMAN WHO HAD RECOMMENDED HE LOOK INTO INPATIENT TREATMENT. WORKER AND CLIENT SPOKE OF THE REASONING BEHIND THAT DECISION.

CLIENT WAS VERY SOFT SPOKEN DURING CONVERSATION. HE EXPRESSED FEELINGS OF HUMILIATION REGARDING THE EVICTION AND THE SHERIFF DEPARTMENT "RUMMAGING THROUGH HIS STUFF". HE STATED "I DON'T THINK I CAN SURVIVE THIS" MANY TIMES DURING CONVERSATION. WHEN SANDOR ASKED CLIENT WHAT HIS COURSE OF ACTION IS CLIENT SAID THE "END IT." WHEN WORKER ASKED IF THAT MEANT TO END HIS LIFE. CLIENT WAS HESITANT TO ANSWER AT FIRST, WHEN ASSURED THAT WORKER WAS THERE TO HELP, CLIENT RESPONDED I DON'T SEE ANY OTHER WAY AT THIS POINT. DURING CONVERSATION CLIENT SAID "I WISH I HAD A CYANIDE CAPSULE".

CLIENT WAS VISIBLY SHAKING AT THE TABLE AND HAVING DIFFICULTY HOLDING HIS CUP OF SOUP STEADY AS WELL AS HIS DRINK. WORKER EXPLAINED WHAT THE PROCESS FOR GOING INPATIENT WAS. CLIENT WAS WILLING TO GO. CLIENT BEGAN TO SPEAK ABOUT BLACK DOTS IN HIS VISION AND SANDOR TOOK CLIENT TO THE ER.

Determination of Need:

CLIENT WAS EXPRESSING SUICIDAL FEELINGS DURING CONVERSATION, SAYING HE DOESN'T KNOW ANY OTHER WAY.

Response Plan:

CRISIS WILL BE CONTACTED IF CLIENT WERE NOT TO GO INPATIENT VOLUNTARILY.

KHDS Client Tracking System

Date Generated: 1/8/2019 1:27:24 PM



Crisis Event Summary

Name: Jackson, James SSN: 000-00-0000 DOB: 08/28/1917

Service provided by Jessica Funari-Foster, BA and verified by password.

Follow-Up Activities						
Date	Staff	MA Reimbursable	Direct	Phone	Travel	Mileage
1/8/2019	Funari-Foster, Jessica	Unknown	0	0	0	0.00
...see Crisis Event						

KHDS Client Tracking System

Data Generated: 1/9/2019 1:27:50 PM



Crisis Event Summary

Name: Jackson, James		ISSN: 000-00-0000	DOB: 08/28/1947
Gender: Male	Address: 1906 35TH STREET		
Ethnicity: Unknown	Kenosha, WI 53140		
Marital Status: Unknown	Phone: (262) 221-1613		
Event Date/Time: 1/8/2019 5:20:00PM			
Crisis Type: Adult Crisis	MA Number:		
Staff: Ribar, Rebecca	Insurance: Unknown		
Presenting Problem: Emergency Detention	HMO Name:		
CAN Type:	Disability Status: Unknown		
Place of Service: Emergency Room - Hospital	Legal Status: Detained		
Program: None	Referred By: Hospital		
Hospital Admission: Chapter 51/Law enforcement	Referred To: Inpatient Psych		
Location: Mendota Mental Health Institute	Kenosha Worker: Unknown		
Date: 01/08/2019	Caregiver:		

Presenting Problem: WORKER IS REQUESTED BY SUPERVISOR PALMER TO REPORT TO KMH FOR ASSESSMENT OF JAMES AS THERE ARE NO VOLUNTARY BEDS AVAILABLE AT THIS TIME. JAMES HAS BEEN APPROVED FOR DETAINMENT DUE TO STATEMENTS MADE ON THIS DAY.

Intervention Summary: WORKER RECEIVES REPORT FROM SW BECKY, APS WORKER SANDOR, AND SUPERVISOR PALMER STATING THAT JAMES HAS MADE S/I WITH PLAN AND INTENT TO FOLLOW THROUGH WITH SUCH PLAN. PLAN INCLUDES BUT IS NOT LIMITED TO DROWNING, OD ON MEDICATIONS, AND STANDING FRONT OF A TRAIN. SANDOR DOES REPORT THAT JAMES HAD PRESENTED FOR MEETING ON THIS DAY AND HAD COME WITH ITEMS TO DONATE AND REQUESTING TO TAKE WORKERS TO LUNCH AS HE "WOULD NOT NEED MONEY ANYMORE," "WOULD NO LONGER NEED THESE THINGS."

WORKER DOES ARRIVE AT KMH. ER STAFFS BRIEFLY WITH SW BECKY AND WORKER SANDOR REGARDING S/I STATEMENTS MADE BY JAMES. WORKER DOES REVIEW DETAINMENT AS WELL AS MULTIPLE ATTEMPTS TO PLACE JAMES FOR VOLUNTARY INPATIENT.

WORKER DOES SPEAK WITH JAMES TO INFORM HIM OF DETAINMENT. WORKER SANDOR AS WELL AS FAMILY CARE RN ARE PRESENT. HOWEVER WORKER DOES REQUEST TO SPEAK WITH JAMES AND WORKER LEAVE ROOM. WORKER DOES SPEAK WITH JAMES WHO REPORTS HOPELESSNESS AND LIVING IN A NIGHTMARE AT THIS TIME, AS HE IS BEING EVICTED FROM HIS LIFETIME HOME ON THURSDAY. HE DOES INITIALLY DENY S/I AND MAKING STATEMENTS TO FOLLOW THROUGH WITH. PLANS HE HAD MENTIONED PREVIOUSLY.

HE SPEAKS WITH WORKER ABOUT MAKING STATEMENT OF S/I INTENTIONS AND VARIOUS SITUATIONS IN WHICH HE WOULD END HIS LIFE PREVIOUSLY WITH SW. HE DOES REPORT HE DID NOT INTEND ON FOLLOWING THROUGH WITH THESE IDEALS. HOWEVER DOES NOT DENY MAKING THESE STATEMENTS. WORKER DOES ACTIVELY LISTEN AS JAMES REPORTS MAJOR RECENT STRESSORS. JAMES IS COOPERATIVE WITH WORKER DURING INTERVIEW.

SHERIFF HEALY DOES ARRIVE AT KMH. WORKER DOES BRIEF SHERIFF HEALY ON DETAINMENT. JAMES WILL BE PLACED AND ADMITTED TO INPATIENT FACILITY.

Determination of Need: ASSESMENT AND DETAINMENT FOR JAMES.

Response Plan: JAMES WILL BE ADMITTED TO INPATIENT FACILITY FOR S/I WITH REPORTS OF ACTIVE PLAN. SERVICE AUTH # 104501

KHDS Client Tracking System

Date Generated: 1/8/2019 1:27:50 PM



Crisis Event Summary

Name: Jackson, James SSN: 000-00-0000 DOB: 08/28/1947

Service provided by Rebecca Ribar, B.A and verified by password.

Follow-Up Activities:						
Date	Staff	MA Reimbursable	Direct	Phone (Minutes)	Travel	Mileage
1/8/2019	Ribar, Rebecca	Yes	45	0	5	1.00
...see Crisis Event						

KHDS Client Tracking System

Date Generated: 1/8/2019 1:28:43 PM



Crisis Event Summary

Name: Jackson, James

SSN: 000-00-0000

DOB: 08/28/1947

Gender: Male

Ethnicity: Unknown

Marital Status: Unknown

Address: 1906 35TH STREET

Kenosha, WI 53140

Phone: (262) 221-1613

Event Date/Time: 1/7/2019 10:56:00AM

Crisis Type: Adult Crisis

Staff: Palmer, Kristen

Presenting Problem: Attempt, Threat, or Danger of Suicide

CAN Type:

Place of Service: Office

Program: None

Hospital Admission: n/a

Location: n/a

Date:

MA Number:

Insurance: Unknown

HMO Name:

Disability Status: Unknown

Legal Status: Voluntary

Referred By: Agency

Referred To: Crisis

Kenosha Worker: Unknown,

Caregiver:

Presenting Problem: WORKER RECEIVED MESSAGE TO RETURN CALL TO ADULT PROTECTIVE SERVICES (APS) SANDOR MARIYANI ABOUT CLIENT'S WELL BEING.

Intervention Summary: APS REPORTS THAT HE HAD SPOKEN WITH CLIENT TODAY, AND FAMILY CARE SPOKE WITH CLIENT TODAY AS WELL. CLIENT WAS MAKING "DRAMATIC, VAILED THREATS OF SUICIDE". AT THIS TIME THERE IS NO REPORTED PLAN. APS SANDOR REPORTS CLIENT TO BE DESPONDENT. HE HAD BEEN MAKING STATEMENTS OF "THIS IS THE END" AND "I'M NOT GOING TO NEED ANYTHING". CLIENT OFTEN MEETS WITH APS AND FAMILY CARE WORKERS AND KENOSHA MEMORIAL CAFETERIA. CLIENT HAD REPORTED TO THEM THAT THIS WOULD BE HIS "LAST TRIP TO THE HOSPITAL".

APS SANDOR REPORTS THAT HE HAD SPOKEN WITH CORP COUNCIL MATT PERZ AND PERZ FEELS THERE MAY BE ENOUGH FOR AN EMERGENCY DETENTION. THIS WORKER DOES AGREE. THE ISSUE AT THIS TIME IS THAT APS AND FAMILY CARE HAVE WORKER DILIGENTLY TO BUILD RAPPORT WITH CLIENT, AND THE CHANCE OF TESTIFYING IN FRONT OF CLIENT IS TROUBLESOME.

APS IS MEETING WITH CLIENT TOMORROW AT THE HOSPITAL CAFETERIA BETWEEN 12P-3P, AND ASKED THAT IF CLIENT MAKES A SUICIDAL STATEMENT, THAT APS WOULD CALL CRISIS AND WE WOULD RESPOND TO MEET WITH CLIENT. WORKER AGREED THIS TO BE A GOOD PLAN. DID ALSO DISCUSS KARE CENTER IF APPROPRIATE.

Determination of Need: CLIENT HAD MADE VAGUE SUICIDAL STATEMENTS TO TREATMENT PROVIDERS.

Response Plan: APS TO FOLLOW UP TOMORROW 1/8/19.

Service provided by Kristen Palmer, MA and verified by password.

Follow-Up Activities

Date	Staff	MA Reimbursable	Direct	Phone	Travel	Mileage
1/7/2019	Palmer, Kristen	Yes	0	20	0	0.00
...see Crisis Event						

19CV354

OHA PSYCHIATRIC REVIEW TECHNIQUE FORM

NAME: James K. Jackson SSN: 399-17-5242

Assessment is for: Current Evaluation

Administrative Law Judge's Signature

Date

9/1/00

I. MEDICAL SUMMARY

A. Medical Disposition(s): Meets Listing
12.04, 12.06, 12.08

B. Based Upon Category(ies): 12.04, 12.06, 12.08

II. Reviewer's Notes (Does not apply to OHA)

III. DOCUMENTATION OF FACTORS THAT EVIDENCE THE DISORDER
(Evaluation of the existence of a sign or symptom
CLUSTER or SYNDROME for the Listed Disorder.)

PRESENT

ABSENT

☐	☒	A.	12.02	Organic Mental Disorders
☐	☒	B.	12.03	Schizophrenic, Paranoid and other Psychotic Disorders
☒	☐	C.	12.04	Affective Disorders
☐	☒	D.	12.05	Mental Retardation and Autism
☒	☐	E.	12.06	Anxiety Related Disorders
☐	☒	F.	12.07	Somatoform Disorders
☒	☐	G.	12.08	Personality Disorders
☐	☒	H.	12.09	Substance Addiction Disorders

- C. 12.04 Affective Disorders - Disturbance of mood,
accompanied by a full or partial manic or depressive
syndrome, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☒ ☐ ☐ Depressive syndrome characterized by at
least four of the following:
- a. ☒ Anhedonia or pervasive loss of
interest in almost all
activities, or
 - b. ☒ Appetite disturbance with
change in weight, or
 - c. ☒ Sleep disturbance, or
 - d. ☒ Psychomotor agitation or
retardation, or



- e. ☒ Decreased energy, or
- f. ☐ Feelings of guilt or worthlessness, or
- g. ☒ Difficulty concentrating or thinking, or
- h. ☐ Thoughts of suicide, or
- i. ☐ Hallucinations, delusions or paranoid thinking
- 2. ☐ ☐ ☐ Manic syndrome characterized by at least three of the following:
 - a. ☐ Hyperactivity, or
 - b. ☐ Pressures of speech, or
 - c. ☐ Flight of ideas, or
 - d. ☐ Inflated self-esteem, or
 - e. ☐ Decreased need for sleep, or
 - f. ☐ Easy distractibility, or
 - g. ☐ Involvement in activities that have a high probability of painful consequences which are not recognized, or
 - h. ☐ Hallucinations, delusions or paranoid thinking
- 3. ☐ ☐ ☐ Bipolar syndrome with a history of episodic periods manifested by the full symptomatic picture of both manic and depressive syndromes (and currently characterized by either or both syndromes)
- 4. ☐ ☐ ☐ Other

E. 12.06 Anxiety Related Disorders - Anxiety as the predominant disturbance or anxiety experienced in the attempt to master symptoms, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

- 1. ☐ ☐ ☐ Generalized persistent anxiety accompanied by three of the following:
 - a. ☐ Motor tension, or
 - b. ☐ Autonomic hyperactivity, or
 - c. ☐ Apprehensive expectation, or
 - d. ☐ Vigilance and scanning
- 2. ☒ ☐ ☐ A persistent irrational fear of a specific object, activity or situation which results in a compelling desire to avoid the dreaded object, activity, or situation
- 3. ☐ ☐ ☐ Recurrent severe panic attacks manifested by a sudden unpredictable onset of intense apprehension, fear, terror, and sense of impending doom

- occurring on the average of at least once a week
4. ☒ ☐ ☐ Recurrent obsessions or compulsions which are a source of marked distress
5. ☐ ☐ ☐ Recurrent and intrusive recollections of a traumatic experience, which are a source of marked distress
6. ☐ ☐ ☐ Other: Agoraphobia

G. 12.08 Personality Disorders - Inflexible and maladaptive personality traits which cause either significant impairment in social or occupational functioning or subjective distress, as evidenced by at least one of the following:

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

1. ☐ ☐ ☐ Seclusiveness or autistic thinking
2. ☐ ☐ ☐ Pathologically inappropriate suspiciousness or hostility
3. ☐ ☐ ☐ Oddities of thought, perception, speech and behavior
4. ☐ ☐ ☐ Persistent disturbances of mood or affect
5. ☐ ☐ ☐ Pathological dependence, passivity, or aggressivity
6. ☐ ☐ ☐ Intense and unstable interpersonal relationships and impulsive and damaging behavior
7. ☒ ☐ ☐ Other: Schizoid Person Dx

IV. RATING OF IMPAIRMENT SEVERITY

A. "B" CRITERIA OF THE LISTINGS

THE FOLLOWING FUNCTIONAL LIMITATIONS (WHICH APPLY TO PARAGRAPH B OF LISTINGS 12.02-12.04 AND 12.06-12.08 AND PARAGRAPH D OF 12.05) EXIST AS A RESULT OF THE INDIVIDUAL'S MENTAL DISORDER(S).

NOTE: ITEMS 3 AND 4 BELOW ARE MORE THAN MEASURES OF FREQUENCY. DURATION AND EFFECTS OF THE DEFICIENCIES (ITEM 3) OR EPISODES (ITEM 4) ARE DISCUSSED IN THE DECISION.

Listing(s) under which the items below are being rated: 12.04, 12.06, 12.08

FUNCTIONAL LIMITATION AND DEGREE OF LIMITATION

1. Restrictions of Activities of Daily Living:

None ☐ Slight ☐ Moderate ☐ Marked* ☒ Extreme ☐ Insuff Evid ☐

2. Difficulties in Maintaining Social Functioning:

None[] Slight[] Moderate[] Marked*[x] Extreme[] Insuff Evid[]

3. Deficiencies of Concentration, Persistence or Pace Resulting in Failure to Complete Tasks in a Timely Manner (in work settings or elsewhere):

Never[] Seldom[] Often[x] Frequent*[] Constant[] Insuff Evid[]

4. Episodes of Deterioration or Decompensation in Work or Work-Like Settings Which Cause the Individual to Withdraw from that Situation or to Experience Exacerbation of Signs and Symptoms (which may Include Deterioration of Adaptive Behaviors):

Never[] Once/Twice[] Repeated*(3+)[] Continual[] Insuff Evid[]

*Degree of limitation that satisfies the Listings: Extreme, Constant and Continual also satisfy that requirement.

B. Summary of Functional Limitation Rating for "B" Criteria

NO. OF FUNCTIONAL LIMITATIONS MANIFESTED AT THE LISTING LEVEL: []
(The number must be at least 2 to satisfy the requirements of paragraph B in Listings 12.02, 12.03, 12.04 and 12.06 and paragraph D in 12.05; and at least 3 to satisfy the requirements in paragraph B in Listings 12.07 and 12.08.)

C. "C" Criteria of the Listings

2. If 12.06 Disorder (Anxiety Related)

PRESENT-ABSENT-INSUFFICIENT EVIDENCE

[x] [] [] Symptoms resulting in **complete** inability to function independently outside the area of one's home.

(If present is checked, the requirements in paragraph C of 12.06 are satisfied.)



State of Wisconsin \

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF VOCATIONAL REHABILITATION

312 SEVENTH STREET
RACINE, WISCONSIN 53403

October 26, 1967

Kenosha Vocational School
3520 - 30th Avenue
Kenosha, Wisconsin
658-4371

632-4477

Mr. James Jackson
1906 - 35th Street
Kenosha, Wisconsin

Dear Mr. Jackson:

Your name has been referred to our agency by the Social Security Office.

The enclosed pamphlet briefly describes the functions and services of our agency in helping handicapped adults to enter employment.

If you feel we can help you, would you please complete the enclosed application form and return it to me in the envelope provided for your convenience. After receiving the completed form, I will make an appointment to personally meet you in my office, or in your home if your disability prevents you from coming to my office.

If you feel we cannot be of help to you, please return the application form immediately and write across the front of the form "not interested."

We will expect to hear from you soon.

Sincerely yours,

L. F. Bianchi, Counselor
Vocational Rehabilitation

LFB/av
Enclosures 2

P. S. I am available at the Kenosha Vocational School on Tuesday mornings between 8:00 and 9:30, Thursday afternoons between 1:00 and 2:30, and Wednesday and Friday between 11:00 and 12:00 noon.

EXHIBIT

tabbies

D2

18SC4802

19CU354

THESE ARE JUST TWO OF THE
DOZENS OF PAYMENTS I HAVE
MADE SINCE 2000

KENOSHA COUNTY
1010 56th Street
Kenosha, WI 53140

5/29/2015 Receipt Number: 150004717
4:16 PM Received by: DONG
FROM: JAMES KENNETH JACKSON

Tax Receivable Payment	6,020.00
241 11-223-30-234-010	
2000 Tax/2001 Certifi	959.54
100-0029	
Interest on Taxes	1,650.41
100-150-1560-1000-4199	
Penalty Delinquent Ta	1,433.40
100-150-1560-1000-4198	
2001 Spec City 2002 C	760.25
100-0725	
Del. Spec.-City Ken In	1,216.40
100-3555	
Receipt Total :	6,020.00
Amount Tendered :	6,020.00
Change :	.00
Payment Rcvd: Cash :	.00
Check :	6,020.00
Charge :	.00
Other :	.00

FOR CHECK PAYMENTS, RECEIPT IS
NOT VALID UNTIL THE CHECK HAS
CLEARED ALL BANKS.

- Stop Payment can only be placed if the Cashier's Check
is lost, stolen, or destroyed
- We may not re-issue or refund the funds after the stop payment has
been placed until 90 days after the original check was issued
* Please visit a Chase branch to report a lost, stolen, or destroyed Cashier's Check
or for any other information about this item

FOR YOUR PROTECTION SAVE THIS COPY
CASHIER'S CHECK
Customer Copy 9120310162

04/17/2015
Valid after 7 years

Remitter: JAMES K JACKSON
\$** 6,020.00 **

Pay To The
Order Of: KENOSHA COUNTY TREASURER

Drawer: JPMORGAN CHASE BANK, N.A.
NON NEGOTIABLE

Memo:
Note: For information only. Comment has no effect on bank's payment.

PURPOSE/REMITTER: JAMES K. JACKSON



OFFICIAL CHECK

No. 510675405

93-541
920

DATE: MARCH 27, 2007

PAY FOUR THOUSAND FIVE HUNDRED DOLLARS AND 00 CENTS

\$ 4,500.00

TO THE
ORDER OF: KENOSHA COUNTY TREASURER

Location: 2573324

Issued By: MoneyGram Payment Systems, Inc. P.O. Box 9476, Minneapolis, MN 55480

NON NEGOTIABLE

AUTHORIZED SIGNATURE

In March I was compelled to return two small life insurance policies, that Social Security allowed me to retain, for their cash surrender value. The amount I received I applied to the property tax bill.
I now no longer own any life insurance.

35545 / M 1436084

THIS DOCUMENT HAS AN ARTIFICIAL WATERMARK PRINTED ON THE BACK. THE FRONT OF THE DOCUMENT HAS A MICRO-PRINT BORDER. ABSENCE OF THESE FEATURES WILL INDICATE A COPY.



OFFICIAL CHECK

No. 510675405

93-541
920

DATE: MARCH 27, 2007

PAY FOUR THOUSAND FIVE HUNDRED DOLLARS AND 00 CENTS

\$ 4,500.00

TO THE
ORDER OF: KENOSHA COUNTY TREASURER

PURPOSE/REMITTER: JAMES K. JACKSON

Location: 2573324

Issued By: MoneyGram Payment Systems, Inc. P.O. Box 9476, Minneapolis, MN 55480


AUTHORIZED SIGNATURE

⑈0510675405⑈ ⑆092005411⑆0160010698282⑈